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Culture, HIV & AIDS

an annotated bibliography



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Introduction

While several decades have passed since HIV was first identified, the pandemic's complexities persist in challenging communities, countries and response efforts. The challenges associated with HIV and AIDS have proven to be especially difficult because they differ from culture to culture. The ways in which the pandemic is regarded as well as the ways in which responses are conceived and implemented are intimately linked to factors such as traditional practices, gender issues and beliefs. For these reasons, UNESCO advocates for interventions that are culturally appropriate, gender and age sensitive, grounded in human rights and involve people living with HIV at all stages.

According to the World Conference on Cultural Policies in Mexico (1982), and the UNESCO Universal Declaration on Cultural Diversity (2001) culture in its anthropological approach, is a set of distinctive spiritual, material, intellectual and emotional features of a society or social groups, which encompasses, in addition to arts and literature, lifestyles, ways of living together, value systems, traditions and beliefs. Given the wide range of dynamics which culture may include, designing culturally appropriate programs for HIV and AIDS education can be extremely challenging. In an attempt to assist in these efforts, this annotated bibliography provides an overview of theoretical perspectives analyzing the complex relations between culture, HIV and AIDS. In particular, it will demonstrate how the cultural lens offers a critical perspective in shaping the response. It also offers practical insights into how responses to HIV and AIDS can be made more accountable to achieving epidemiologically and historically meaningful cultural change.

This bibliography is divided into two main sections. In the first section, we have gathered literature that examines how culture shapes the pandemic and its impacts. In the second, we have grouped references that focus on the response to the epidemic, and situate this response in the broader socio-cultural context. What follows is a short brief overview of the document's organization and content.

Part 1: Culture and everyday life: micro and macro approaches

The role of culture in addressing HIV and AIDS has evolved considerably over the past two decades, and the epidemic itself has forced critical examination of how the concept of culture has been used in biomedical and social science research. By far, the most voluminous literature has examined culture as an explanatory force in understanding power and its ramification in the everyday lives of individuals. We have grouped these references into four areas. The first area includes literature that considers how gender roles and power relations shape patterns of vulnerability and levels of risk and, therefore, trace social fault lines along which the epidemic can spread. We have devoted the second part to the growing body of research connecting sexual violence and HIV. The third group focuses on sexuality and identity, and shows how these factors may provide exposure to or protection from contracting HIV.

The fourth group brings together a broad demographic and quantitative literature concerned with how population structure and dynamics can shape epidemics through, for instance, patterns of sexual relationships and family structure. Two sub-sections are organized around (1) orphans and vulnerable children, and (2) migration. Finally, a related body of work examines culture as systems of thought that shape a diversity of social relations and inform everyday practices that may inhibit or accelerate HIV transmission. We have divided this literature into references that deal with how culture organizes (1) communities of worship, (2) explanatory systems and bodily practices, and (3) healing traditions.

Part 2: The response to the epidemic: culture of prevention and care

The literature on the response to HIV and AIDS closely tracks its evolving nature. We have thus organized this literature according to which facet of the response to and impact of the epidemic it is concerned. The first section deals with the biomedical response, here narrowly defined as those biomedical technologies that are deployed in an effort to stem the spread of HIV. These include HIV testing, sexual technologies such as condoms and microbicides, circumcision, and antiretroviral therapy and vaccines. The second section selects from a voluminous literature concerned with the behavioral response to the epidemic, the most of which is concerned with high risk groups and the strategies used to target and intervene in these populations. A minor literature is included here which deals with reinvigorated and reinvented cultural practices that represent indigenous attempts to behavior change. A third section brings together a diverse set of references concerned with the human rights response, a particularly strong movement that developed in the wake of challenges arising from HIV associated stigma and discrimination.

A significant body of literature reflects a growing trend away from individually focused responses to those addressing broader systemic and social determinants. The fourth section of this review therefore brings together literature that is concerned with the role of education, particularly in prevention. The fifth section reflects the growing concern with health systems reform and policy responses to the epidemic, a concern that is driven by the impact of HIV on health systems access and utilization. The sixth section groups together studies of the role and impact of civil society, understood to include organized and spontaneous forms of religion including faith-based organizations, NGOs and grassroots community groups. The seventh section provides an analytic and descriptive focus of national responses to HIV and AIDS, and frames these literatures at broader global context. The final, eighth section reviews recent literature that address HIV and AIDS in post-conflict situation.

Method

This bibliography is compiled from an extensive review of academic, policy and “grey” literature in English, French, and Spanish, utilizing the following electronic databases: CSA Illumina (<http://www.csa.com>), ISI Web of Knowledge (<http://www.isiknowledge.com>), Proquest® (<http://proquest.umi.com>), OVID® (<http://gateway.ut.ovid.com>), and Science Direct (<http://www.sciencedirect.com/science/search/allsources>). Development-oriented databases such as Eldis and the Development Gateway were also searched, as were the websites of multilateral and bilateral organizations, including UNAIDS, UNICEF, UNDP, UNESCO, the World Bank, and USAID, and major international research and non-governmental organizations, including the Population Council, the Alan Guttmacher Institute, and the International AIDS Alliance. More than twenty key terms were used to search for relevant articles and documents, ranging from the general (such as culture, gender, sexuality, religion, governance, migration, family structure, human rights) to the more specific (e.g. faith-based organizations, sexual and gender based violence and exploitation, traditional healers, orphans, adolescents, and microbicides). More than 1500 articles were reviewed. Final selections were based on the number of times articles were cited and the impact factor of the journal. Additionally, special efforts were made to include “classic” books and journal articles, as well as more innovative and cutting-edge papers.

Part I. Culture and everyday life > Power and everyday life > Gender roles and power relations

Amaro, H. (2000). "On the margin: Power and women's HIV risk reduction strategies." *Sex Roles* **42**(7-8): 723-749.

HIV risk and prevention research has failed to investigate adequately the effects of gender-related factors such as relationship power sexual communication, abuse, and gender roles on women's abilities to engage in protective actions. We propose that women's HIV risk from heterosexual transmission is embedded in the context of gender, race/ethnicity, and class oppression. This context has central implications for interpersonal relationship factors relevant to women's HIV risk. We suggest a framework for understanding women's HIV risk within the context of oppression and the role of power in intimate sexual relationships. Three common dynamics of oppression are considered: (1) Silencing, (2) Violence and Fear of Violence and (3) internalized Oppression. These dynamics are based on characteristics of oppression discussed in the work of Jean Baker Miller on gender, Hussain Bulhan on race, and Paulo Freire on class. These dynamics are discussed in the context of findings reported in this journal issue and those of other authors. Finally, the discussion identifies common patterns across studies, as well as areas of disagreement and directions for future research and public health prevention efforts.

Bowleg, L. (2000). "Gender roles, power strategies, and precautionary sexual self-efficacy: Implications for Black and Latina women's HIV/AIDS protective behaviors." *Sex Roles* **42**(7-8): 613-635.

This cross-sectional study tested a conceptual model of women's HIV/AIDS protective behaviors using gender roles, relationship power strategies, and precautionary sexual self-efficacy as predictors in a predominantly Black and Latinas community sample of heterosexual women (N = 125). Results revealed no support for the full model, but partial confirmation for several components of the model. Education significantly predicted gender roles, and gender roles and use of direct power strategies were significant predictors of sexual self-efficacy. Most of the participants were married or partnered and were unconcerned about contracting NN, suggesting that if women perceive that they are at low or no risk their gender roles, power strategies, and precautionary sexual self-efficacy will be inconsequential to their HIV AIDS risk reduction practices.

Buck, J., M. S. Kang, et al. (2005). "Barrier method preferences and perceptions among Zimbabwean women and their partners." *Aids and Behavior* **9**(4): 415-422.

In Zimbabwe, adult HIV prevalence is over 25% and acceptable prevention methods are urgently needed. Sixty-eight Zimbabwean women who had completed a barrier-methods study and 34 of their male partners participated in focus group discussions and in-depth interviews to qualitatively explore acceptability of male condoms, female condoms and diaphragms. Most men and about half of women preferred diaphragms because they are female-controlled and do not detract from sexual pleasure or carry stigma. Unknown efficacy and reuse were concerns and some women reported feeling unclean when leaving the diaphragm in for six hours following sex. Nearly half of women and some men preferred male condoms because they are effective and limit women's exposure to semen, although they reportedly detract from sexual pleasure and carry social stigma. Female condoms were least preferred because of obviousness and partial coverage of outer-genitalia that interfered with sexual pleasure.

Campbell, C. A. (1995). "Male Gender-Roles and Sexuality - Implications for Womens Aids Risk and Prevention." *Social Science & Medicine* **41**(2): 197-210.

The focus of prevention of the heterosexual AIDS epidemic in the U.S. has been on women. The role of men in sexual decision making has not been emphasized in AIDS prevention approaches. As a result, the heterosexual epidemic for women continues unabated because of the lack of attention to the behavior of male sex partners. This article describes a profile of male sex partners and emphasizes gender roles and sexuality. Prevention efforts that focus singly on women have been misguided and have actually served to undermine women by making them responsible for HIV risk reduction. Prevention of AIDS among heterosexuals will require an examination of how traditional gender role socialization runs counter to safer sex practices. Control of the epidemic will require a focus on men as individuals responsible for their own health and the health of women.

Charlesworth, D. (2003). "Transmitters, caregivers, and flowerpots: rhetorical constructions of women's early identities in the AIDS pandemic." *Women's Studies in Communication* **26**(1): 60.

The essay argues that women's identities, as created early in the AIDS pandemic via educational brochures, were ultimately designed to benefit the medical community by reproducing power relations within that institution as well as our patriarchal culture in general. Rather than benefiting women by alerting them to their risk of becoming infected with HIV, these identities become especially harmful when they are rhetorically reflected by other institutions, most notably the government. This study reinforces the value of examining nontraditional rhetorical texts, especially those texts that seem, on the surface, to be objective. Such texts may influence individuals without their awareness, and this grants these texts a certain type of rhetorical power. In our highly mediated information society, these nontraditional and influential texts are proliferating rapidly. It is imperative, therefore, that future AIDS brochures recognize and draw from more realistic identities of women. With the AIDS messages that appeared in the early 1990s, many women may have been unable or unwilling to identify with the representations constructed for them by cultural institutions such as the medical community. After all, who would want to accept responsibility for the AIDS pandemic? If women did not wish to be perceived as scapegoats for the AIDS pandemic, their only option was to identify with the general population (in this case, white, male heterosexuals), who were encouraged to stigmatize and label HIV-positive mothers and prostitutes as the Other and as agents responsible for this pandemic. Thus, women were effectively set against one another.

de Snyder, V. N. S. (2000). "Understanding the sexuality of Mexican-born women and their risk for HIV/AIDS." *Psychology of Women Quarterly* **24**(1): 100-109.

Participants in this study were 300 Mexican women of rural origin who were born and raised in villages of that country and who belong to one of three groups: married and living with their husbands in Los Angeles, California (n = 100), married to migrant workers but living in Mexico (n = 100), and living in Mexico with their spouses (n = 100). Trained female professionals conducted face-to-face interviews in Spanish, in Mexico and in the United States. The purpose of this study was to identify specific sexual practices, coping strategies in sex-related situations, and fears and concerns regarding sexual intercourse. This article analyzes how these elements place Mexican rural-origin women at risk for HIV/AIDS. It discusses the need to design intervention strategies to prevent HIV/AIDS that take into consideration the limited power of women in traditional societies and the cultural precepts that promote gender roles characterized by male dominance and female submissiveness in the sexual arena.

Frankenberg, R., P. Aggleton, et al. (1989). *One epidemic or three: Cultural, social and historical aspects of the AIDS pandemic*. Oxford, England, Falmer Press/Taylor & Francis, Inc. viii, 276 pp.

(From the chapter) show how the three epidemics associated with HIV infection have already had profound effects on every aspect of social action and experience; with social relations at an international level, family and household relationships, the social control of supposedly deviant groups, or the control of women, both individually and collectively the first epidemic: desire, practice, identity and culture in the prevention of HIV infection / preventing the second epidemic: living with infection or dying from it / preventing the third epidemic: discrimination, ostracism and attacks on civil rights regional patterns 1: USA, the industrial West, Australasia and Latin America / regional patterns 2: East, Central and Southern Africa, the Caribbean / Regional patterns 3: Asia and Eastern Europe, the Pacific (PsycINFO Database Record (c) 2005 APA, all rights reserved)

Gahagan, J. C. and C. J. Loppie (2001). "Stacked against us: HIV/AIDS statistics and women." *Canadian Woman Studies* **21**(2): 6.

Within most HIV/AIDS literature, high-risk behaviours are conceptualized within rather myopic social, historical, economic, cultural, and political contexts. The process by which this conceptualization occurs is particularly important because it often determines the extent to which we assign responsibility to individuals. Originating in the minds of researchers and policy makers, concepts of risk dictate the degree to which HIV/AIDS and women is given priority in society and the manner in which related issues of power and patriarchy are understood, investigated, and ameliorated. Consequently, a discussion of women and HIV/AIDS cannot occur in isolation of their socio-economic and political position, which is characterized by diminished social and sexual autonomy (Arber and Cooper; [G. Rao Gupta]). During their lifetime, heterosexual women are at increased risk of exposure to HIV through gender and power relations relative to sexual decision making (Long and Ankrh; Wojcicki and [J. Malala]). Women's sexuality is controlled through religion and legislation which dictate sexual activity, contraception, pregnancy, abortion, and birthing while silently sanctioning sexual assault (Lewis and Bernstein). Despite a 1948 Declaration enshrining women's rights to physical security, male violence remains a major threat to women's safety and a vector of HIV transmission (Gallagher; Champion, Shain, Piper, and [S. Perdue]; Doyal). Distributive justice begins with data that inform HIV/AIDS policies and programs in a way that ensures equitable prevention, treatment, and care. To do so, research must address situational issues (e.g., access to resources, gender roles and responsibilities, socio-economic and political constraints) that structure behaviour. HIV/AIDS statistics permit us to glimpse the ill effects of high-risk behaviour yet, tell us nothing about how social, economic, and political structures create high-risk conditions. Indeed, statistics often obscure more than they reveal. Regrettably, these data often represent the sole source of information used in the development of HIV/AIDS policies and programs. Although qualitative research findings are becoming increasingly available, they are frequently ignored in favour of large-scale epidemiological evidence. In failing to acknowledge the limitations of our reliance on the spurious neutrality of epidemiological inquiry, we have adopted what Mills refers to as "an epistemology of ignorance." HIV/AIDS policy and research is often conceived in an environment that is subtly and perniciously structured around race, gender, and class. Yet, many researchers, policy makers, and program planners choose to disregard certain truths about their privileged perspective, thereby failing to notice the disturbing implications for those with little economic or political power (Mills). HIV/AIDS Policies and interventions aimed at reducing risk must, by necessity, be broad. Broad enough, in fact, that they do not isolate women on an ethno-cultural or international scale (Boehm; UNAIDS). The process must begin by addressing social and economic conditions that play a key role in creating disparities in women's risk of exposure. This will not be accomplished, however, by present trends that focus on women as vectors of infection rather than as individuals in their own right, deserving of equal consideration in all aspects of HIV/AIDS research, prevention, treatment, and care.

Gollub, E. L. (2000). "The female condom: Tool for women's empowerment." *American Journal of Public Health* **90**(9): 1377-1381.

International and US experience with the female condom has shown that the device empowers diverse populations of women, helping them negotiate protection with their partners, promoting healthy behaviors, and increasing self-efficacy and sexual confidence and autonomy. This commentary reflects on some approaches that have been taken to study empowerment and makes several observations on the political and scientific initiatives needed to capitalize on this empowerment potential. Women's interest in the female condom indicates a need for more women's barrier methods to be made available. For some women, cultural proscriptions against touching the genitals may create initial hesitancy in trying these methods. But the disposition of regulatory agencies and the attitudes of health care providers has unfortunately exaggerated this reticence. thereby effectively reducing access to these methods. Also, lack of important detail in clinical studies restricts our capacity to introduce the female condom, or similar methods, under optimal conditions. Future trials should prioritize community-based designs and address a range of other critical health and social issues for women. Women's

need for HIV/AIDS prevention technologies remains an urgent priority. Both political and scientific efforts are needed to realize the public health potential embodied in the female condom.

Green, G., R. Pool, et al. (2001). "Female control of sexuality: illusion or reality? Use of vaginal products in south west Uganda." Social Science & Medicine **52**(4): 585-598.

This paper reports on a trial of vaginal products that were distributed and used by 131 women and 21 men in south west Uganda. It focuses specifically upon the issue of female control in heterosexual relationships and examines whether methods which are ostensibly under women's control, will in practice give women greater control of their sexual health. Participants were invited to select two from a range of vaginal products that included the female condom, contraceptive sponge, film, tablets, foam and gel, and use each for five weeks and their favourite product for a further three months. They were interviewed up to seven times over a five-month period. Although the women perceived that a major advantage of the products (with the exception of the female condom) was that they could be used secretly, less than 40% were using the products without their partner's knowledge after one week and this proportion declined over time with only 22% using the products secretly after ten weeks. In the main male partners were told as women felt it their duty to inform them. In general the women were very much more positive about the products than they were about the male condom, as were the men. A contributory factor to their popularity among women was the greater control they gave them. Even though, use of these products in practice often involved negotiation with male partners, the fact that use was contingent on women's action was empowering and increased somewhat their ability to control their sexual health.

Hoosen, S. and A. Collins (2004). "Sex, sexuality and sickness: Discourses of gender and HIV/AIDS among KwaZulu-Natal women." SOUTH AFRICAN JOURNAL OF PSYCHOLOGY **34**(3): 487-505.

Current HIV-prevention work indicates that simply providing HIV-related information plays a limited role in changing sexual practices, and instead stresses the need to address the social and cultural forces shaping individual behaviour. The aim of this study was thus to explore the social influences that shape women's sexual behaviour. With specific attention given to discourses of gender and HIV/AIDS. Material was generated through seven focus group discussions with black women living in a peri-urban area in Durban, and was interpreted using discourse analysis. The study clarified the ways in which women are not necessarily in a position to make purely rational, individual decisions about safe sex, since these decisions are intimately linked to social constructions of sexuality and the power relations that operate in cultures. It identified specific cultural practices linked to the organisation of gender roles and how these influence safe sex practices. The analysis then examined the implications of these findings for future HIV/AIDS education interventions.

Liguori, A. L. and M. Lamas (2003). "Gender, sexual citizenship and HIV/AIDS." Culture, Health & Sexuality **5**(1): 87.

An analysis of the AIDS epidemic from a gender perspective allows us to discern the impact that the cultural constructs of 'feminine' and 'masculine' have on HIV transmission and its effects. The cultural symbolization of sexual difference has had a profound mark on human existence. Most human activity classified as masculine or feminine is not 'naturally' determined by biology. While a well-informed perspective often leads to profound respect for sexual diversity, religious beliefs and the universal fear of what is different are powerful obstacles to serious treatment of the subject. These kinds of resistances feed intolerant beliefs. A clear understanding of what gender is and how it operates offers solid arguments with which to question traditional representations of what is considered 'natural'. Sexism and homophobia are two sides of the same coin and derive from a gender logic that, in the context of AIDS, is deadly. Changing the dominant cultural discourse and advocating for diversity, tolerance and the right to be different, needs to be high priority on the agenda to create a new sexual citizenship. Confronting sexism and homophobia are not only urgent human rights responses, but also have profound implications for preventing the further spread of AIDS. (PsycINFO Database Record (c) 2005 APA, all rights reserved)

MacMillan, C. and S. N. Ndegwa (1996). "Women and AIDS in Africa: The Mortal Significance of an Inferior Social Position." Scandinavian Journal of Development Alternatives **15**(2): 21.

Argues that African women have a higher incidence of human immunodeficiency virus (HIV) infection than their male counterparts & other women due primarily to their social status. It is suggested that for prevention programs to make a noticeable dent in the spread of AIDS (acquired immune deficiency syndrome) in Africa, the social status of women must become a more significant point of focus. 17 References. Adapted from the source document.

Mill, J. E. and J. K. Anarfi (2002). "HIV risk environment for Ghanaian women: challenges to prevention." Social Science & Medicine **54**(3): 325-337.

Ghana is experiencing high rates of HIV transmission and women have been identified as a group with increased vulnerability to infection. Women's vulnerability may be influenced by factors such as gender, unequal power relationships and poverty. Research was undertaken in Ghana from January to May 1999 to examine the experiences of HIV sero-positive women. Thirty-one women were interviewed to explore the broad context of disease transmission and to identify factors that mediated women's ability to protect themselves from infection. The poverty experienced by many of the women during their childhood years, coupled with a societal belief that favored the education of males, restricted the participants' educational and vocational opportunities. With limited education and few vocational skills, many of the women took boyfriends to assist them with the purchase of food, clothing and shelter, as a strategy for survival. For most women, the use of condoms with sexual partners was restricted by the high value placed on fertility, the negative association of condoms with prostitution, and the women's limited ability to influence decision-making in this area. The women's narratives provide a compelling description of the context of HIV transmission in Ghana. Strategies to expand and intensify the response to HIV prevention are presented and critiqued.

Muntemba, S. and M. Blackden (2000). *The Gender Dimensions of HIV/AIDS: Putting Gender on the Map* (draft), Africa Region Gender Team, World Bank.

The draft proposes three critical and interconnected factors that place gender issues at the core of the HIV/AIDS problem in Africa: risk factors and vulnerability that differ between men and women, the differing impact of HIV/AIDS along gender lines, and the urgent need to tackle the AIDS epidemic through a transformation of gender roles and relations in Africa. The document addresses these factors in detail and provides practical approaches to applying a transformative process to HIV prevention in Africa.

Newmann, S., P. Sarin, et al. (2000). "Marriage, monogamy and HIV: A profile of HIV-infected women in south India." *International Journal of Std & Aids* **11**(4): 250.

A retrospective study was conducted on 134 HIV-infected females evaluated at an HIV/AIDS center in south India to characterize their sociodemographics, HIV risk factors, and initial clinical presentations. The mean age was 29 years (range 18-50+ yrs), 81% were housewives, 95% were currently or previously married, 89% reported heterosexual sex as their only HIV risk factor, and 88% reported a history of monogamy. The majority were of reproductive age; thus, the potential for vertical transmission of HIV and devastating impacts on families is alarming. Nearly half of these women initially presented asymptotically, implying that partner recruitment can enable early HIV detection. Single partner heterosexual sex with their husband was the only HIV risk factor for the majority of women. HIV prevention and intervention strategies need to focus on married, monogamous Indian women whose self-perception of HIV risk may be low, but whose risk is inextricably linked to the behavior of their husbands. (PsycINFO Database Record (c) 2005 APA, all rights reserved)

Nyanzi, S., R. Pool, et al. (2001). "The negotiation of sexual relationships among school pupils in south-western Uganda." *Aids Care- Psychological and Socio-Medical Aspects of Aids/Hiv* **13**(1): 83-98.

The objective of the study was to explore how school-going adolescents in south-western Uganda negotiate sexual relationships. Qualitative data were obtained from 15 boys and 15 girls (14-18 years old), during a series of role plays, focus group discussions and one-to-one interviews. A questionnaire was administered to 80 pupils (12-20 years old) from the same school. Most of the pupils were sexually active. Sexual relationships between boys and girls were mediated by peers. Boys initiated relationships. Exchange played an important role in the negotiation of sexual relationships. Money or gifts were given and received in exchange for sexual favours and to strengthen the relationship. To maximize gains, some adolescents had sexual relationships with adults. Sexual relationships were characterized by ambiguity. Love is intertwined with sexual desire, money and prestige. Girls have to be explicit enough to get a good deal; if they are too explicit they will be stigmatized as 'loose' but if they are not interested in money they may be suspected of wanting to spread HIV. Boys try to persuade girls that they have money, but do not want to emphasize this too much. In sexual negotiations a boy must persuade a girl that although he is modern and sophisticated (i.e. experienced) he does not chase after every girl; the girl does not want to come over as an unsophisticated virgin, but does not want to give the impression that she is loose either. There is a tension between the traditional ideal of female chastity and submissiveness and the modern image of sexual freedom. Multiple partnerships were highly valued as a sign of sophistication. Condoms were not considered important. Interventions aimed at reducing the spread of HIV do not seem to be having an effect on the behaviour of this group of adolescents. On the contrary, risky attitudes and behaviour are part of an adolescent ideal of modernity and sophistication. New approaches are needed to persuade this group of the need for change. Shifting the source of interventions from adults to the adolescents themselves, encouraging girls to try other means of earning money and debunking the idea that having many partners is sophisticated may be productive alternatives.

Pettifor, A. E., D. M. Measham, et al. (2004). "Sexual power and HIV risk, South Africa." *Emerg Infect Dis* **10**(11): 1996-2004.

Gender power inequities are believed to play a key role in the HIV epidemic through their effects on women's power in sexual relationships. We hypothesized that lack of sexual power, measured with a four-point relationship control scale and by a woman's experience of forced sex with her most recent partner, would decrease the likelihood of consistent condom use and increase the risk for HIV infection among sexually experienced, 15- to 24-year-old women in South Africa. While limited sexual power was not directly associated with HIV, it was associated with inconsistent condom use: women with low relationship control were 2.10 times more likely to use condoms inconsistently (95% confidence interval [CI] 1.17-3.78), and women experiencing forced sex were 5.77 times more likely to use condoms inconsistently (95% CI 1.86-17.91). Inconsistent condom use was, in turn, significantly associated with HIV infection (adjusted odds ratio 1.58, 95% CI 1.10-2.27).

Population Council. (2001). *Power in Sexual Relationships: An Opening Dialogue among Reproductive Health Professionals*, Population Council.

This document is a product of the meeting on power in sexual relationships, convened in Washington, DC, 1-2 March 2001, and was a joint effort of the Population Council's New York and DC offices and the USAID Interagency Gender Working Group's Men and Reproductive Health Sub-committee. Eight previously conducted field-based interventions have provided valuable information and an overwhelming message highlighted in the dialogue: - many men and women in less-developed countries are ready to discuss the issue of inequality in sexual relationships and believe changes are in order.

Raffaelli, M., J. Pranke, et al. (1995). *Women and AIDS in developing countries*. New York, NY, US, Plenum Press. xiv, 278 pp.

(From the chapter) describe factors that contribute to women's risk of HIV infection / summarize the HIV/AIDS situation in developing countries / discuss ways of preventing the further spread of HIV/AIDS among women regional dimensions of the HIV/AIDS pandemic [Africa, Asia, Latin America and the Caribbean] / combating AIDS in developing countries [empower women and girls, target men in prevention programs, promote alternatives to condoms, expand STD [sexually transmitted

disease] treatment services to other health care delivery settings, educate children and adolescents about sex] (PsycINFO Database Record (c) 2005 APA, all rights reserved)

Rivers, K. and P. Aggleton (1999). *Men and the HIV Epidemic, Gender and the HIV Epidemic*, United Nations Development Programme HIV and Development Programme.

This review provides an analysis of the position of men in relation to the HIV epidemic and suggests that involving them more fully in HIV prevention work is essential if rates of transmission are to be reduced. It raises questions and provides a discussion of men and masculinities in relation to the epidemic, and offers some useful leads for future programme development. The review includes an introduction of gender and the HIV epidemic; a discussion on working with men; some key lessons learned; and concludes with ideas for future work.

Ryan, A. (2001). "Feminism and Sexual Freedom in an Age of AIDS." *Sexualities* 4(1): 91.

This article explores the ways in which concepts of sexual freedom, democracy, & citizenship may be helpful as "moral sources" for feminists addressing issues of risk & pleasure in women's heterosexual relationships. I address this question by critically examining feminist research on the relationship between women's sexuality, power relations, & safe sex. The article concludes by arguing, in response to HIV risk, that feminist theory & sexual politics may find notions of sexual citizenship, sexual democracy, & mutuality more appropriate than the recourse to discourses emphasizing women's lack of sexual agency (the position of WRAP [Women Risk & AIDS Project]) or a New Zealand project focused on a "permissive discourse" (the position of the Macquarie Heterosexuality & AIDS Project). 27 References. Adapted from the source document.

Sacks, V. (1996). "Women and AIDS: An analysis of media misrepresentations." *Social Science & Medicine* 42(1): 59-73.

A close reading of popular discourses on women and the AIDS epidemic reveals the ways in which such depictions produce and reiterate power-laden notions of normative sexuality. Prostitutes, one frequently depicted "kind" of woman, are presented as indiscriminate, polluting to men and categorically different from "normal" women. Other women depicted in AIDS discourses are almost always HIV-positive mothers or pregnant women; these women are usually only of concern insofar as they may infect their babies. The themes of self-control, self-discipline and personal responsibility may also stigmatize women. Such discourses suggest that those who have AIDS are responsible for their own illness. They also deflect attention away from the socioeconomic contexts that may make it more difficult for some to avoid infection, away from the connections between poverty, illness and disempowerment, and away from systematic inequalities that characterize U.S. society.

Seidel, G. (2000). "Reconceptualising issues around HIV & breastfeeding advice: findings from KwaZulu-Natal, South Africa." *Review of African Political Economy* 27(86): 501.

This article is concerned with the dynamics between health care workers and pregnant women, and advice given to women about mother-to-child transmission (MTCT) through breastfeeding in KwaZulu-Natal (KZN). Using ethnographic methods, it explores issues relating to HIV and infant feeding in settings where a period of breastfeeding is expected. The anti-baby milk action of the 1970s remains an important point of reference, which has profoundly shaped attitudes towards breastfeeding as 'the culture of health'. For many health professionals in KZN, the breastfeeding lobby, on which the authority of many nurses depends, and its successes, are now perceived to be undermined by AIDS and the 'AIDS camp'. International data that point to the risks attached to any period of breastfeeding have provoked a range of reactions among health workers in KZN, from suspicion attached to information 'from outside', to confusion and outright disbelief. An integral part of this study is the pattern of power relations that pertain between health workers and their patients, and the values they may seek to sustain. Many nurses hold negative attitudes about young, pregnant and largely unmarried mothers, and HIV/AIDS is an additional stigma. Nurses' professional socialisation, influencing how they construct gender, women with HIV, and 'motherhood', has an important bearing on how they interact with vulnerable young women, and on the information and advice they make available to them. These patterns will also shape the ways in which they engage with the new South African and UN AIDS policy guidelines, which emphasise a woman's right to make an informed decision on infant feeding, in what is a 'rights' culture. These representations, investments, and practices, are also shaped by earlier identity processes, and are shot through with images of gender, class and ethnicity. How to advise and counsel HIV+ women on how best to feed their babies raises some of the most complex and hotly debated issues in health care ethics today. It is imperative that these issues, including the ideologies and discourses that may accompany changes in breastfeeding practices, and the values they underwrite, be explored from new angles, underpinned by social theory; Reprinted by permission of Carfax Publishing, Taylor & Francis Ltd.

Sorrell, J. B. J. and M. Raffaelli (2005). "An exploratory study of constructions of masculinity, sexuality and HIV/AIDS in Namibia, Southern Africa." *Culture, Health & Sexuality* 7(6): 585.

The goal of the current study was to explore notions of masculinity and their linkages to HIV/AIDS among Owambo men and women in Namibia, where an estimated one-fifth of 15-49 year-olds have acquired HIV. Thirteen open-ended interviews and three focus groups were conducted with 50 male and female participants aged 19-50 in rural and urban Namibia. Qualitative analysis revealed six central themes: the evolving meanings of masculinity, power dynamics between men and women, women as active agents, the tension between formal and informal education and HIV transmission, alcohol and masculinity, and the blending of masculinity and explanations of HIV and AIDS. The findings suggest both direct and indirect linkages between notions of masculinity and AIDS, and highlight the need for prevention efforts that focus on providing alternative avenues for attaining culturally recognized markers of masculinity. (PsycINFO Database Record (c) 2006 APA, all rights reserved) (journal abstract)

Tarr, C. M. and P. Aggleton (1999). "Young people and HIV in Cambodia: Meanings, contexts and sexual cultures." *AIDS Care* **11**(3): 375.

Like many other countries in South East Asia, Cambodia is experiencing a rapidly developing AIDS epidemic. Groups reported as being particularly seriously affected include sex workers and their clients. Young people too may be at heightened risk: some young women find sex work a lucrative option in the context of low wages and poor employment opportunities, and some young men pay for sex either as individuals or as part of group socializing. These same young men may subsequently have sex with other partners, thus extending networks of transmission. This paper reports on findings from an in-depth qualitative study conducted among two groups of young people: one urban, the other rural. Following an initial Rapid Assessment Process, data was collected via individual interviews, focus group interviews and participant observation. A total of 281 young people (aged 13-26 yrs) and 62 older informants (e.g., parents) participated in the study. Data is presented on dominant discourses about sex and sexuality in Cambodia; contemporary patterns of sexual behavior; sexual meanings and sexual practices; sexual relations among young people involving payment; and sexual relations not involving payment. The implications for more effective HIV prevention efforts are discussed. (PsycINFO Database Record (c) 2005 APA, all rights reserved)

Tharao, E. and N. Massaquoi (2001). "Black women and HIV/AIDS: contextualizing their realities, their silence and proposing solutions." *Canadian Woman Studies* **21**(2): 72.

In the more than 20 years since the emergence of the HIV/AIDS epidemic, the disease has become endemic in many developing countries especially in Sub-Saharan Africa and the Caribbean fuelling a fear of the spread of HIV/AIDS across borders. This factor alone has numerous implications for Black women living in Canada and other industrialized nations. Labels, cultural meanings, and interpretations about the disease formed since its emergence continue to influence both the discourse on HIV/AIDS and the access to programs and services geared to its control for those most vulnerable to or at risk of infection.

Turmen, T. (2003). "Gender and HIV/AIDS." *Int J Gynaecol Obstet* **82**(3): 411-8.

The impact of gender on HIV/AIDS is an important dimension in understanding the evolution of the epidemic. How have gender inequality and discrimination against women affected the course of the HIV epidemic? This paper outlines the biological, social and cultural determinants that put women and adolescent girls at greater risk of HIV infection than men. Violence against women or the threat of violence often increases women's vulnerability to HIV/AIDS. An analysis of the impact of gender on HIV/AIDS demonstrates the importance of integrating gender into HIV programming and finding ways to strengthen women by implementing policies and programs that increase their access to education and information. Women's empowerment is vital to reversing the epidemic.

Sexual violence and exploitation

Dunkle, K. L., R. K. Jewkes, et al. (2004). "Transactional Sex among Women in Soweto, South Africa: Prevalence, Risk Factors and Association with HIV Infection." *Social Science & Medicine* **59**(8): 1581.

Sex workers have long been considered a high-risk group for HIV infection, but to date little quantitative research has explored the association between HIV risk & exchange of sex for material gain by women in the general population. The objective of this study was to estimate the prevalence of such transactional sex among women attending antenatal clinics in Soweto, South Africa, to identify demographic & social variables associated with reporting transactional sex, & to determine the association between transactional sex & HIV serostatus. We conducted a cross-sectional study of women seeking antenatal care in four Soweto health centres who accepted routine antenatal HIV testing. Private face-to-face interviews covered socio-demographics, sexual history & experience of gender-based violence. 21.1% of participants reported having ever had sex with a non-primary male partner in exchange for material goods or money. Women who reported past experience of violence by male intimate partners, problematic substance use, urban residence, ever earning money, or living in substandard housing were more likely to report transactional sex, while women who reported delayed first coitus, were married, or had a post-secondary education were less likely to report transactional sex. Transactional sex was associated with HIV seropositivity after controlling for lifetime number of male sex partners & length of time a woman had been sexually active (OR=1.54, 95% CI: 1.07, 2.21). Women who reported non-primary partners without transactional sex did not have increased odds of being HIV seropositive (OR=1.04, 95% CI: 0.75, 1.43). We conclude that transactional sex may place women at increased risk for HIV, & is associated with gender-based violence, substance use & socio-economic disadvantage. Research, policy & programmatic initiatives should consider the role of transactional sex in women's HIV risk, with attention to the intersecting roles of violence, poverty, & substance use in shaping women's sexual behaviour. 5 Tables, 53 References. [Copyright 2004 Elsevier Ltd.].

El-Bassel, N., L. Gilbert, et al. (2000). "Fear and violence: Raising the HIV stakes." *Aids Education and Prevention* **12**(2): 154-170.

Through focus group methodology, the study examines three contexts that delineate the co-occurrence of intimate partner violence and sexual risk behaviors among 68 women on methadone. First, it explores the ways in which the presence of physical abuse in an intimate relationship prevents women from asking their partners to use a condom. Second, it describes the ways in which the couple's drug involvement increases the risk of physical and sexual violence, and concomitant sexual HIV risks. Third, it discusses the context in which sexual assault and rape occur in these established intimate relationships and how these abusive events increase women's risks of becoming infected with HIV. The research is guided

by feminist theory, which affords powerful insight into the contexts in which women are put at risk for HIV and partner violence. The study provides a discussion on the implications of the findings to HIV prevention for women who are risk for both HIV and partner violence.

Garcia-Moreno, C. and C. Watts (2000). "Violence against women: its importance for HIV/AIDS." *Aids* **14**: S253-S265.

Go, V. F., C. J. Sethulakshmi, et al. (2003). "When HIV-Prevention Messages and Gender Norms Clash: The Impact of Domestic Violence on Women's HIV Risk in Slums of Chennai, India." *AIDS and Behavior* **7**(3): 263.

This paper examines how marital violence affects women's ability to protect themselves from HIV/AIDS. In-depth interviews (n = 48) & focus groups (n = 84, 3-7 per group) were conducted among men & women in two randomly selected slums of Chennai, India. The study showed that community gender norms tacitly sanction domestic violence that interferes with adopting HIV-preventive behaviors. Given the choice between the immediate threat of violence & the relatively hypothetical specter of HIV, women often resign themselves to sexual demands & indiscretions that may increase their risk of HIV acquisition. In conclusion, AIDS-prevention interventions must incorporate gender-related social contexts in settings where husbands strictly enforce their locus of control. HIV-prevention messages targeting men may effectively reduce women's exposure to HIV/AIDS. 62 References. Adapted from the source document.

Guedes, A. (2004). Addressing gender-based violence from the reproductive health/HIV sector: A literature review and analysis, USAID Interagency Gender Working Group.

Gender-based violence can result in many negative consequences for women's health and well-being as it has become a public health and human rights problem throughout the world. It can also affect their children and undermine the economic well-being of the societies. Gender-based violence and HIV/AIDS are also inextricably linked. The experience of violence affects the risk of HIV and other sexually transmitted infections (STIs) directly when it interferes with women's ability to negotiate condom use. This document provides a literature review and analysis to the United States Agency for International Development's (USAID) Bureau for Global Health (GH) on programs in developing countries that have addressed or challenged gender-based violence with a link to the reproductive health (RH)/HIV sectors.

Jewkes, R. K., J. B. Levin, et al. (2003). "Gender Inequalities, Intimate Partner Violence and HIV Preventive Practices: Findings of a South African Cross-Sectional Study." *Social Science and Medicine* **56**(1): 125.

Investigates associations between a range of markers of gender inequity, including financial, psychological, & physical violence, & two proximal practices in HIV prevention, ie, discussion of HIV between partners & the woman suggesting condom use. The paper presents an analysis of data from a cross-sectional study of a representative sample of women from three South African Provinces, which was primarily undertaken as an epidemiological study of gender-based violence. A multistage sampling design was used with clusters sampled with probability proportional to the number of households. Households were randomly selected from within clusters. One randomly selected woman aged 18-49 years was interviewed in each selected home. One thousand three hundred & six women were interviewed (90.3% of eligible women). One thousand one hundred sixty four women had a partner in the previous year & were asked questions related to HIV prevention & gender inequalities in the relationship. The results indicate that discussion of HIV was significantly positively associated with education, living in Mpumalanga Province, the man being a migrant, the woman having multiple partners in the past year, & having no confidante. It was significantly negatively associated with living in the Northern Province, the relationship being poor, & existence of a substantial age difference between partners. The woman suggesting condom use was significantly positively associated with her education, her having multiple partners, domestic violence prior to the past year, & financial abuse. It was negatively associated with the relationship being poor. We conclude that this suggests that some indicators of gender inequalities are significantly associated with discussion of HIV & condom use but the direction of association found was both positive & negative. This highlights the need for a more nuanced understanding of gender inequalities & their relationship to HIV risk. Suggestions for key research questions are made. 3 Tables, 43 References. Adapted from the source document.

Kalichman, S. C., L. C. Simbayi, et al. (2005). "Gender attitudes, sexual violence, and HIV/AIDS risks among men and women in Cape Town, South Africa." *Journal of sex research* **42**(4): 299.

This study examined gender attitudes and sexual violence-supportive beliefs (rape myths) in a sample of South African men and women at risk for HIV transmission. Over 40% of women and 16% of men had been sexually assaulted, and more than one in five men openly admitted to having perpetrated sexual assault. Traditional attitudes toward women's social and gender roles, as well as rape myths, were endorsed by a significant minority of both men and women. Multivariate analyses showed that for men, sexual assault history and rape myth acceptance, along with alcohol and other drug use history, were significantly related to cumulative risks for HIV infection. In contrast, although we found that women were at substantial risk for sexually transmitted infection (STI), including HIV, women's risks were only related to lower levels of education and alcohol use history. We speculate that women's risks for STI/HIV are the product of partner characteristics and male-dominated relationships, suggesting the critical importance of intervening with men to reduce women's risks for sexual assault and STI/HIV. (PsycINFO Database Record (c) 2006 APA, all rights reserved) (journal abstract)

Karanja, L. (2003). *Just Die Quietly: Domestic Violence and Women's Vulnerability to HIV in Uganda*, Human Rights Watch.

This report documents the linkages between domestic violence and the spread of HIV/AIDS in Uganda. Based on interviews conducted in the country, the publication provides testimonies and interviews with women who have experienced rapes, attacks and violence by their husbands. The report also contains experiences of women whose fear of violent repercussions impeded their access to HIV/AIDS information, HIV testing, and HIV/AIDS treatment and counseling. In respond-

ing to the findings and analysis of this research, Human Rights Watch also outlines strong recommendations for the Government, donors, and regional and international organizations to ensure women are protected.

Maman, S., J. Campbell, et al. (2000). "The intersections of HIV and violence: directions for future research and interventions." *Social Science & Medicine* **50**(4): 459-478.

The purpose of this paper is to review the available literature on the intersections between HIV and violence and present an agenda for future research to guide policy and programs. This paper aims to answer four questions: (1) How does forced sex affect women's risk for HIV infection? (2) How do violence and threats of violence affect women's ability to negotiate condom use? (3) Is the risk of violence greater for women living with HIV infection than for noninfected women? (4) What are the implications of the existing evidence for the direction of future research and interventions? Together this collection of 29 studies from the US and from sub-Saharan Africa provides evidence for several different links between the epidemics of HIV and violence. However, there are a number of methodological limitations that can be overcome with future studies. First, additional prospective studies are needed to describe the ways which violence victimization may increase women's risk for HIV and how being HIV positive affects violence risk. Future studies need to describe men's perspective on both HIV risk and violence in order to develop effective interventions targeting men and women. The definitions and tools for measurement of concepts such as physical violence, forced sex, HIV risk, and serostatus disclosure need to be harmonized in the future. Finally, combining qualitative and quantitative research methods will help to describe the context and scope of the problem. The service implications of these studies are significant. HIV counseling and testing programs offer a unique opportunity to identify and assist women at risk for violence and to identify women who may be at high risk for HIV as a result of their history of assault. In addition, violence prevention programs, in settings where such programs exist, also offer opportunities to counsel women about their risks for sexually transmitted diseases and HIV.

Miller, M. and D. Paone (1998). "Social network characteristics as mediators in the relationship between sexual abuse and HIV risk." *Social Science & Medicine* **47**(6): 765-777.

Recent research suggests that sexual abuse may be a potent risk factor for engaging in HIV risk behaviors for women. This relationship is likely mediated by the long term sequelae of sexual abuse. One plausible causal pathway posits that specific social network characteristics increase HIV risk exposure opportunities. This is premised on the belief that previous sexual abuse predisposes some women to become members of risk networks characterized by deviant behaviors and that HIV risk occurs in the context of these networks. One hundred and thirty women opiate users were systematically recruited from methadone maintenance and syringe exchange programs in New York City. The women participated in a one hour interview and provided information on drug use and frequency, HIV drug and sex risk behaviors, social network characteristics, and sexual abuse histories. Univariate and logistic regression techniques were used to test the relationship between sexual abuse and increased HIV risk as mediated by social network characteristics. Previous sexual abuse was strongly related to all social network characteristics examined. Moreover, these network characteristics appeared to affect patterns of drug use in identifiable ways. Social isolation was the only network characteristic associated with both HIV drug and sex risk behaviors. However, although a history of sexual abuse was significantly associated with five of the seven specific HIV risk behaviors examined, the relationship between sexual abuse and HIV risk behaviors remained unchanged when social network characteristics were included in the statistical model. Overall, the results suggest that a sexual abuse experience or its aftermath influence behavior far into the future. However, the results of this study did not show social network characteristics mediating the relationship between sexual abuse and HIV risk. Rather, previous sexual abuse and social network characteristics appear to be independent contributors to HIV risk behaviors for women.

Mitsunaga, T. M., A. M. Powell, et al. (2005). "Extramarital sex among Nigerian men - Polygyny and other risk factors." *J AIDS-Journal of Acquired Immune Deficiency Syndromes* **39**(4): 478-488.

The AIDS epidemic in Nigeria is generalized, with infection primarily occurring through heterosexual transmission. It is important to understand patterns of sexual behavior to assess their impact on the epidemic and to design appropriate intervention strategies. This study examined risk factors for extramarital sex among Nigerian men, with a particular focus on polygyny and peri- and postpartum abstinence. Data from the 2003 Nigeria Demographic and Health Survey were analyzed for 1153 men and their wives. Eleven percent of men reported extramarital sex in the previous year. Logistic regression models showed that men with 3 or more wives were at the greatest risk for extramarital sex, followed by monogamous men, when compared with men with 2 wives. Other significant predictors included region, religion, wealth, age at sexual debut, and self-perceived risk of HIV infection. Peri- and postpartum abstinence was not significant. Based on these findings, HIV prevention programs should include men with 3 or more wives and those living in the southwest region, in addition to activities targeting men of all ages. Given the heterogeneity within Nigeria, further in-depth studies should be undertaken to explore the relation between number of wives, peri- and postpartum abstinence, and extramarital sex within specific communities.

Morris, M. and M. Kretzschmar (1997). "Concurrent partnerships and the spread of HIV." *Aids* **11**(5): 641-648.

Objective: To examine how concurrent partnerships amplify the rate of HIV spread, using methods that can be supported by feasible data collection. Methods: A fully stochastic simulation is used to represent a population of individuals, the sexual partnerships that they form and dissolve over time, and the spread of an infectious disease. Sequential monogamy is compared with various levels of concurrency, holding all other features of the infection process constant. Effective summary measures of concurrency are developed that can be estimated on the basis of simple local network data. Results: Concurrent partnerships exponentially increase the number of infected individuals and the growth rate of the epidemic during its initial phase. For example, when one-half of the partnerships in a population are concurrent, the size of the epidemic after 5 years is 10 times as large as under sequential monogamy. The primary cause of this amplification is the

growth in the number of people connected in the network at any point in time: the size of the largest 'component'. Concurrency increases the size of this component, and the result is that the infectious agent is no longer trapped in a monogamous partnership after transmission occurs, but can spread immediately beyond this partnership to infect others. The summary measure of concurrency developed here does a good job in predicting the size of the amplification effect, and may therefore be a useful and practical tool for evaluation and intervention at the beginning of an epidemic. Conclusion: Concurrent partnerships may be as important as multiple partners or cofactor infections in amplifying the spread of HIV. The public health implications are that data must be collected properly to measure the levels of concurrency in a population, and that messages promoting 'one partner at a time' are as important as messages promoting fewer partners.

Outwater, A., N. Abrahams, et al. (2005). "Women in South Africa: Intentional violence and HIV/AIDS: intersections and prevention." *Journal of Black Studies* 35(4): 135.

South Africa is experiencing the turbulent aftermath of apartheid and the ravages of HIV/AIDS. Levels of violence are extremely high. In South Africa, violence has become normative and, to a large extent, accepted rather than challenged. Unusual for sub-Saharan Africa, there is a strong national research institute and rigorous data-based scientific literature describing the situation. Much of the research has focused on violence against women. This article reviews the intersection of HIV/AIDS and violence in the lives of women in South Africa. The evidence for the need for positive change is solid. The potential for positive change in South Africa is also very strong. There are suggestions that an African renaissance based on the principle of ubuntu has already begun on national, community, family, and individual levels. If so, it can lead the way to a society with decreased levels of violence and decreased levels of HIV transmission.

UNFPA, UNIFEM, et al. (2005). *Combating Gender-Based Violence: A Key to Achieving the MDGs*, UNFPA, UNIFEM, and OSAGI.

This advocacy kit outlines the problem of gender-based violence, elaborates its linkages to poverty, reproductive health, HIV/AIDS and conflict, and discusses its impact on a nation's development. The goal is to mobilize leadership at the national, regional and global levels to make violence unacceptable. Produced by the United Nations Population Fund (UNFPA) in collaboration with the United Nations Development Fund for Women (UNIFEM) and Office of the Special Adviser on Gender Issues and Advancement of Women (OSAGI); March 2005. (Available in English, French and Portuguese, 32 Pages, PDF)

UNHCR (2003). *Sexual and Gender-Based Violence against Refugees, Returnees and Internally Displaced*, United Nations High Commissioner for Refugees.

The 158-page book is a revision of the first edition published in 1995. While the original version focused on issues related to sexual violence like rape, the revised guidelines have been expanded to include other forms of gender-based violence like trafficking, domestic violence, female genital mutilation and demands for sexual favours in exchange for offers of services or assistance. The new publication offers practical advice on how to address the problem of sexual violence against refugee women and girls. It recommends that refugees participate centrally in the design and implementation of programmes to prevent and respond to sexual and gender-based violence. Such programmes include rights-awareness training among refugees and decision-makers in the camps. The book also offers tips on how to monitor and evaluate the effectiveness of these programmes. The guidelines detail the various responses needed to help victims, including meeting the need for legal redress and providing access to medical and counseling support. These guidelines are intended for use by all humanitarian and development partners working with refugees and other displaced populations.

Zierler, S., B. Witbeck, et al. (1996). "Sexual violence against women living with or at risk for HIV infection." *American Journal of Preventive Medicine* 12(5): 304-310.

Objectives: This study investigates factors associated with sexual violence against adult women living with and at risk for HIV infection. Methods: Women at least 18 years old and living in Rhode Island or southeast Massachusetts enrolled from 1987 to 1992 in a cohort study of heterosexual HIV risk. A total of 408 women provided interviews on lifetime experiences of rape and HIV-related risk exposures. Data are presented on 96 women reporting experiences with rape as adults, and 231 women who reported never experiencing rape or forced sex. Results: Lifetime prevalence of sexual abuse was 43%. Over half occurred during adulthood. Thirty-five percent of women with HIV were raped as adults. Among women with HIV, adult: rape experiences were associated with earlier age of first sex, more sexual partners, unprotected sex involving drugs, earlier age of injection drug use, teen pregnancy, STDs, and serious gynecologic surgery than those reporting they were never raped (prevalence odds ratios ranged from 2.8 to 11.2). Among women without HIV, adult rape was associated with similar experiences, although with some exception, the relative odds estimates were less pronounced. Women engaged in sex work were more likely to report rape. Conclusion: The high prevalence of rape reported in this cohort of mostly economically poor women living with and at risk for HIV infection is consistent with other studies. Economic and social vulnerability that frames HIV risk and subsequent infection in women includes rape. Clinicians caring for women with HIV and counseling women at risk for infection need to screen routinely for sexual abuse.

Sexuality and constructions of identity

- Adkins, L. (2001). "Risk Culture, Self-Reflexivity and the Making of Sexual Hierarchies." *Body & Society* 7(1): 35.
Recent social and cultural theory has emphasized that in risk culture the achievement of a reflexive self-identity is a key resource, for example, in terms of employment, citizenship and intimacy. Commentators on shifts in the organization of health have also stressed the significance of achieving a self-reflexive identity. So, for example, knowing, self-monitoring subjects have emerged as optimal citizens in relation to health. While there is certainly some critical commentary on these kinds of moves, nevertheless reflexive sexual subjects in relation to health have received less critical attention. In this article, through an analysis of HIV antibody testing and, in particular, by looking at the making of reflexivity through the practice of testing, I consider the emergence of a heterosexuality defined in terms of reflexivity. In so doing I suggest that reflexivity should not be understood - as many commentators suggest - as an effect but rather as constitutive of risk culture.
- Aggleton, P. (1996). *Bisexualities and AIDS: International perspectives*. Taylor & Francis, Philadelphia, PA, US.
(From the cover) Since the earliest days of the HIV epidemic, behaviourally bisexual men have been characterized both as more vulnerable to infection and more likely to transmit the virus to their female partners. "Bisexualities and AIDS" reviews, from a global perspective, what has been learned about the relationship between male bisexuality and AIDS. It examines the forms and contexts in which bisexuality exists, and the difference between bisexual behaviour and bisexual identity. The implications of diverse forms of bisexuality for HIV prevention are discussed in subsequent chapters. Prevention efforts in a range of contexts and countries are examined. (PsycINFO Database Record (c) 2005 APA, all rights reserved)
- Altman, D. (2004). "Sexuality and Globalization." *Sexuality Research and Social Policy: Journal of NSRC* 1(1): 63.
Globalization has an impact on all aspects of life, including the construction, regulation & imagination of sexuality & gender. This paper aims to suggest some of the ways in which this impact is occurring, primarily in the developing world, with some emphasis on questions of HIV, sexual identity, & human & sexual rights. In issues of sexuality, as in other spheres, globalization increases inequalities, acting both as a liberatory & an oppressive influence. 33 References. Adapted from the source document.
- Asthana, S. and R. Oostvogels (2001). "The social construction of male "homosexuality" in India: Implications for HIV transmission and prevention." *Social Science & Medicine* 52(5): 707.
Investigated homosexual behavior and locations in Madras, India, where men have sex with men or meet socially, and discusses appropriate HIV prevention strategies. Several hundred males completed interviews concerning known areas of homosexual activity, including pick-up points, cruising areas, cinemas, and hotels. Results show that approximately 1,400 males cruise on an average day in Madras and that there are 1,500-3,000 pick-ups. Socioeconomic segregation was evident in the 25 cruising areas and sexual meeting places for men who have sex with men (MSM). Although gender identity was related to sexual preferences among MSM, the Indian system does not strictly link them and there was fluidity in sexual behavior. Condom use was extremely low due to limited knowledge about HIV/AIDS and attitudes linking AIDS with foreigners and heterosexual transmission. A large percentage of sexual encounters involved penetration, and the necessity for furtive sex resulted in anal sex that may increase HIV risk. Findings suggest that male-male sexual activity in Madras is not conducive to collective action. Important differences between India and the West in the sexual identities and circuits of MSM have important implications for the development and implementation of HIV prevention strategies. (PsycINFO Database Record (c) 2005 APA, all rights reserved)
- Cáceres, C. F. (2002). "HIV among gay and other men who have sex with men in Latin America and the Caribbean: A hidden epidemic?" *AIDS International Conference 2000, Durban, South Africa; An earlier version of this article was presented at the aforementioned conference.* 16(Suppl3): S23.
The objectives of this study are to assess the epidemiological and social/cultural context of, and the social response to, the HIV epidemic among gay and other men who have sex with men (MSM) in Latin America and the Caribbean. A review of epidemiological surveillance reports to the Pan American Health Organization/UNAIDS; published studies on HIV prevalence/incidence among MSM in the region; social/cultural studies on homosexuality; documents analysing risk and vulnerability among MSM and publications documenting the social response to the MSM epidemic. The regional HIV epidemic is concentrated in MSM populations in most urban centres (HIV prevalence 5-20%). Incidence rates (1.5-3.3 in Brazil and Peru) are still moderately high, and call for continued programmatic action. Transmission from bisexual men to women is increasingly observed, demonstrating that the neglect of intervention will fuel co-existent epidemics. MSM in the region are culturally diverse, with mediation of social class, sex, and ethnicity. Renewed, imaginative efforts are needed from governments and community organizations to strengthen culturally sensitive prevention work, and integrate it into community empowerment and the promotion of sexual rights. (PsycINFO Database Record (c) 2005 APA, all rights reserved)
- Dolan, K. A. and P. W. Davis (2003). "Nuances and shifts in lesbian women's constructions of STI and HIV vulnerability." *Social Science & Medicine* 57(1): 25-38.
This study examines the subjective side of vulnerability as a social construct rooted in interpersonal relationships and community membership. Analysis is based on a survey of an especially diverse sample of 162 lesbian women, 67 of whom also participated in depth interviews. Another 24 of the original sample also participated in transcribed focus groups. One third were African American, Latina, and Asian, and two thirds were white. This sample reported an overall infection rate of 23%. Three subjective stances, or risk frames, are identified: essentially invulnerable, socially inoculated, and fundamentally

vulnerable. Some women describe shifts in their interpretations of their own vulnerability, moving from one stance to another in response to obtaining information, becoming infected, having friends or acquaintances who become infected, and becoming involved with new partners. It is suggested that these shifts comprise a subjective "vulnerability career". The significance of lesbian women's constructions of vulnerability is examined, and the implications of this study for a better understanding of their risk for STIs are discussed. (C) 2003 Elsevier Science Ltd. All rights reserved.

Dowsett, G. W. (2003). "Some considerations on sexuality and gender in the context of AIDS." *Reproductive Health Matters* **11**(22): 21-29.

Gender has become a major conceptual tool for understanding the evolving HIV pandemic globally. As such, it has provided a powerful way to see the structure of relations between men and women as central to various epidemics, and added weight to our understanding of HIV infection as not simply an individual experience of disease. Yet, as a concept, gender has its blind spots. This paper argues that there are four issues central to our understanding of how the HIV pandemic moves and develops that are not necessarily best understood through an analysis that uses gender alone, namely: women's vulnerability, men's culpability, young people's sexual interests and marginalised sexual cultures. The paper proposes using sexuality as a framework for analysing these issues and seeks to utilise developments in critical sexuality research to add to gender as a way to increase the capacity to respond to the HIV/AIDS crisis. (C) 2003 Reproductive Health Matters. All rights reserved.

Frizelle, K. (2005). "Negotiating identity within the politics of HIV/AIDS: developing interventions for young South Africans." *International journal of critical psychology* **13**: 76.

Many HIV interventions aimed at youth in South Africa have been criticised for not acknowledging the complex context in which identities and sexual behaviour are constantly negotiated. This paper shares the thoughts of a psychologist attempting to develop meaningful and effective HIV interventions amongst youth. The paper argues that prevention programmes need to move away from deficit models of youth development towards a view that youth are capable of engaging meaningfully in decisions regarding their well being. Youth should be encouraged to view their identities as projects in the making and to be positive about the uncertainty of life so that they are in a better position to negotiate their way through challenging life situations. The paper suggests that youth need to be given more opportunities to debate HIV/AIDS as a fascinating reflection of their times and to enable them to become critically aware of the way in which contextual factors impact on their sexual identities. The paper proposes that interventions include more open and honest debate about sexual desire and experiences that move beyond narrow heteronormative constructs of sexuality. It argues that discussion groups run by well-trained facilitators can provide a safe context in which young people can begin to understand and negotiate their location within the context of HIV/AIDS.; Reprinted by permission of Lawrence & Wishart

Gatter, P., P. Aggleton, et al. (1995). *One of us, one of them, or one of those? The construction of identity and sexuality in relation to HIV/AIDS*. Philadelphia, PA, US, Taylor & Francis. vii, 232 pp.

(From the chapter) focuses on the relationship of sexual identity to HIV/AIDS from an anthropological perspective / draws attention to the fact that identity, and its attribution, is a matter of perspective, and has to be understood at a collective as well as individual level / one. perspective is offered here: one which has perhaps been less well developed than others, and one which may be controversial for a gay author writing of gay community, since it argues that identities become vehicles for legitimacy claims, claims which are articulated as resource demands on AIDS Service Organizations / apply a critical discourse perspective to a number of voices that argue about and for gay men in relation to HIV/AIDS in Britain and elsewhere in the West it is informative to view identity as a cultural product, a particular discourse emerging in specific historical and political circumstances (PsycINFO Database Record (c) 2005 APA, all rights reserved)

Gatter, P. N. (1995). "Anthropology, Hiv and Contingent Identities." *Social Science & Medicine* **41**(11): 1523-1533.

The paper explores the relationship between social identity and HIV/AIDS, with special reference to gay men in Britain. This relationship was first seen as significant since it might have a bearing on the spread of HIV in the population. Three major forms of commentary have emerged on the issue: (i) basic research into the relationship between sexual identities and behaviours; (ii) applied research on how to convert the findings from (i) into health promotional materials, and (iii) discourse from within the politically gay community on what HIV/AIDS means for gay people. These different forms of commentary arise from a diverse range of voices, within and outside academia. The paper draws comparison between different disciplinary approaches to questions of identity and HIV/AIDS, in terms of their relative strengths and weaknesses (for example, contrasting psychology with anthropology). An ethnography of a day centre for people living with HIV/AIDS is used to illustrate the need to understand identity from a processual perspective, so that both individual and collective identities are seen as emerging from specific historical circumstances and struggles. A dialogic approach to understanding identity, tied to qualitative empirical research, is suggested as necessary to understanding how different forms of identity engage with HIV/AIDS (gender, ethnicity, age, sexual orientation), and how the identities of individuals and groups are always complex, shifting mosaics.

Gil, V. E. (1991). "An Ethnography of Hiv Aids and Sexuality in the Peoples-Republic-of-China." *Journal of Sex Research* **28**(4): 521-537.

Gosine, A. (2005). "Stumbling Into Sexualities: International Development Encounters Dissident Desire." *Canadian Woman Studies* **24**(2/3): 59.

Development practitioners may have been forced to deal with sexuality because of the impact of HIV/AIDS, but they appear entirely unwilling to raise questions about sexual dissidence in other contexts. Outside of HIV/AIDS work and specific campaigns launched by human rights organizations like Human Rights Watch and Amnesty International, the develop-

ment machinery continues to characterize Third World peoples as universally heterosexual. No room is made available for recognizing the existence of people engaged in same-sex relationships, or for advocating for their participation and rights. Thus, even the promotion of gender-equality policies has sometimes worked against the interests of lesbians and unmarried women in many countries because of their assignment of heterosexist gender roles for men and women.

- Gruskin, S. and et al. (2004). "Special focus: Sexuality, human rights, and health." *Health and human rights* 7(2): 1.
Partial contents: (Dis)continuities of custom in Zimbabwe and South Africa: the implications for gendered and sexual rights, by Oliver Phillips; When doctors torture: the anus and the state in Egypt and beyond, by Scott Long; The articulation of rights around sexuality and health: subaltern queer cultures in India in the era of Hindutva; Prohibiting sex work projects, restricting women's rights: the international impact of the 2003 U.S. global AIDS act, by Penelope Saunders; Interrogating the absence of HIV/AIDS interventions for migrant sex workers in South Korea, by Sealing Cheng; Youth, sexuality, and human rights: some reflections from experience in Mexico, by Lydia I. Alpizar D., Marina Bernal G.; Sex work and migration: the dangers of oversimplifications--a case study of Vietnamese women in Cambodia, by Joanna Busza; Integrating rights-based approaches into community-based health projects: experiences from the prevention of female genital cutting project in East Africa, by Susan Igras, Jacinta Muteshi, Asmelash WoldeMariam, and Saida Ali.
- Hirsch, J. S. (2002). "The social constructions of sexuality: Marital infidelity and sexually transmitted disease - HIV risk in a Mexican migrant community." *American Journal of Public Health* 92(8): 1227-1237.
Objectives. This article explores the social context of the migration-related HIV epidemic in western Mexico.
- Hunter, M. (2004). "Masculinities and multiple-sexual-partners in KwaZulu-Natal: the making and unmaking of Isoka." *Transformation* 54: 123.
- Liguori, A. L., M. G. I. Block, et al. (1996). *Bisexuality and HIV/AIDS in Mexico*. Philadelphia, PA, US, Taylor & Francis. vii, 234 pp.
(From the chapter) [describe] male sexual culture in Mexico / [discuss research examining HIV/AIDS related activities] among [Mexican] construction workers since [it had been noticed] that building workers sometimes had sexual relationships with each other / interested in studying men who had sex with other men but who identified themselves as being heterosexual literary responses / the view from research / a government view / agreements, differences and questions / 'bisexuality' among construction workers in Mexico / intervention implications (PsycINFO Database Record (c) 2005 APA, all rights reserved)
- Niang, C. I., P. Tapsoba, et al. (2003). "'It's raining stones': Stigma, violence and HIV vulnerability among men who have sex with men in Dakar, Senegal." *Culture, Health & Sexuality* 5(6): 499.
Research in many countries has highlighted the vulnerability of men who have sex with men to HIV and other sexually transmitted infections (STIs). Yet in Africa, such men have received little attention in HIV/AIDS programming and service delivery because of the widespread denial and stigmatization of male homosexual behaviour. In Dakar, Senegal, a study conducted by researchers from Cheikh Anta Diop University, the Senegal National Council Against AIDS, and the Horizons Program elicited quantitative and qualitative data about the needs, behaviours, knowledge, and attitudes of men who have sex with men. Findings reveal that respondents have distinct identities and social roles that go beyond sexual practices, that sex with men is driven by many reasons, including love, pleasure, and economic exchange, and that respondents' lives are often characterized by stigma, violence and rejection. The data also highlight that many men are at risk of HIV because of unprotected sex with other men, a history of STI symptoms, and poor knowledge of STIs. The study underscores the need for non-stigmatizing, sexual health information and services. (PsycINFO Database Record (c) 2005 APA, all rights reserved) (journal abstract)
- Parker, R. (2002). "Change of Sexuality: Masculinity and Male Homosexuality in Brazil." *Alteridades* 12(23): 49.
This work focuses on the changes Brazilian male homosexuals underwent during the last decades of the 20th century. It also describes the impact of HIV & AIDS & how it contributed to the transformation of (homo)sexual identities, cultures, & communities. The article starts with a revision of the changes in the social organization of masculine homosexuality & the emergence of gay communities in Brazil, & continues with the description of the changes of these communities as well as its great visibility within the context of the defense of gay rights. Last but not least, this paper closes by reviewing the transformations in the subjective experience & in erotic practices amongst active homosexual & bisexual men in Rio. 42 References. Adapted from the source document.
- Parker, R. and C. Caceres (1999). "Alternative Sexualities and Changing Sexual Cultures among Latin American Men." *Culture, Health & Sexuality* 1(3): 201.
Introduces a special journal issue devoted to Latin American male sexual identity, highlighting alternative sexualities & shifting sexual cultures. Topics include ethical problems faced by gay male researchers, changing homosexual cultures & subcultures of late-20th-century Mexico & Brazil in terms of hybridization & globalization, & the human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) epidemic in Latin America. 66 References. J. Lindroth.
- Pattman, R. (2005). "'Boys and Girls should not be too Close': Sexuality, the Identities of African Boys and Girls and HIV/AIDS Education." *Sexualities* 8(4): 497.
This article explores the significance of sexuality in relation to the ways boys and girls in southern and eastern Africa construct their identities. It draws on a UNICEF-funded study conducted in the region with 6-18-year-olds from 2001 to 2002.

This addressed young people as active and intelligent beings and encouraged them (in interviews and diaries) to elaborate upon their interests, pleasures and anxieties, and their relations with contemporaries and adults of either sex. It seemed impossible, at times, for the young people not to allude to sexuality, and this and their emotional engagement when addressing sexuality in the interviews suggested that sexuality was fundamental in their lives. Focusing in particular on young people, the accounts of contemporaries and others of the opposite sex, the article investigates how sexuality was invoked (and contested) by boys and girls and the sorts of identities they assumed in relation to the ways they spoke and wrote about sexuality. In the conclusion I argue that the issues raised by Carole Vance about female sexuality are extremely pertinent for understanding and working with both girls and boys in sex education, being introduced in many African countries in response to HIV/AIDS. The implications of this research for developing student-centred, gender-sensitive and relevant forms of HIV/AIDS and life skills education which address the sexual and non-sexual cultures, pleasures and anxieties of girls and boys are discussed in some detail.

Spronk, R. (2005). "Female sexuality in Nairobi: flawed or favoured?" *Culture, health and sexuality* 7(3): 267.

ABSTRACT: Studies of female sexuality in Africa tend to adopt an instrumental approach, many times problematizing sexual conduct in relation to HIV infection and/or reproduction. This study aimed to explore sexuality as a relational concept. Using interviews and participant observation, the paper shows how sexuality becomes a point of self-identification for young professional women in Nairobi between 20 and 30 years-old. These women form a group who implicitly and explicitly criticize conventional gender roles through the overt pursuit of sexual pleasure as recognition of their womanhood. This aspect of the feminine sense of self is at odds with normative notions of femininity. To avoid criticism for being 'unproper', women adopt a deferential attitude towards men. The focus on upwardly mobile professional women and their experiments with new types of heterosexual relations in dating provides insight into both sexuality and gender.

Storer, G. (2001). *A Night out with the Boys: The Discursive and Sexual Practices Surrounding Bar-Based Male Sex Work in Bangkok, Thailand*. United States. 62: 352-A.

Set against a backdrop of the HIV/AIDS epidemic in Thailand and the recent Asian economic crisis, this study focuses attention on the discursive and sexual interactions among bar-based male sex workers in Bangkok, the management of the bars in which they work and regular male customers of the workers. A premise underpinning the study is that despite the boldness of the Thai Government's public health campaign, a shift in the response to HIV/AIDS is timely in order to effectively address changing modes of HIV transmission. A second premise is that discussions about gender/sexuality have been dominated by a medicalised discourse and that homosexuality has been largely removed from public health campaigns and from public purview. Drawing on ethnographic and social science research methodologies and critical discourse analysis, the study sets out to learn more about the complex interplay between homosexual and heterosexual contexts and, more generally, to broaden understandings of male sexuality. At a macro level, the study asks: What are the traditions and discourses that contribute to constructions of gender in Thailand? How do these institutionalised practices constitute and regulate public discussions of sexuality? How are the discourses of male-male sex and male sex work shaped by medical and scientific literature, by the media and the arts? At a local level, the research focuses on how these discourses are displayed in talk and how they frame the interactions between Thai male bar workers and their customers. In laying open the boundaries where these global and local representations of gender intersect and where meanings are reassigned, the study considers the significance male sex workers and their customers attach to their homosexual encounters, illustrates how notions of identity and identity maintenance affect behavioural norms and group identification and describes a set of correlates that intersect with the negotiation of sexual practice. Drawing on the research findings, the author concludes that gender categories are best understood as contingent and context-dependent practices, situated within a dynamic sexual ecology, and argues that this insight has equal significance for understanding heterosexual and homosexual, commercial and non-commercial and Thai and non-Thai socio-sexual contexts.

Worth, H. (2000). "Up on K Road on a Saturday night: sex, gender and sex work in Auckland." *Venereology-the Interdisciplinary International Journal of Sexual Health* 13(1): 15-24.

This paper examines the lives of six sex workers of Maori or Pacific Island background who live in south Auckland, New Zealand and who took part in a larger research project, *Frayed at the Margins: Underclass Men Who Have Sex with Men*. All six were 'gender-liminal'; that is, they had adopted attributes associated with a gender other than their own. This term is used in order not to assume Western sexual identity categories such as 'transgender' or 'gay'. The interviewees spoke in contradictory ways about their sex and gender, describing themselves as a combination of queen, fa'afafine, woman and/or girl. They all began sex work at a young age, usually precipitated by violence or abuse at home and school. Most were too young to be eligible for government assistance and had begun sex work to survive. It could be expected that the women in this study would also be doing risky sex with clients. Instead, most had found ways of staying relatively safe by providing oral sex and/or masturbation, and few had anal sex with clients. In fact, they are all very conscious about safe sex and most use condoms for oral sex. The combination of structural and social factors acting against these young sex workers creates enormous problems. And yet the participants in this study showed remarkable resilience, resistance, fortitude and courage in the face of sometimes overwhelming odds. They display a human resilience, agency and ability to carry on and carve out a life in the face of structural, economic and social disadvantage.

Demographic issues and reproductive health implications

Ankrah, E. M. (1993). "The Impact of Hiv Aids on the Family and Other Significant Relationships - the African Clan Revisited." *Aids Care-Psychological and Socio-Medical Aspects of Aids/Hiv* **5**(1): 5-22.

Although changing in size, structure and function, the African family has persistently maintained its place as the central human social unit. Beyond the traditional African family—whether in the nuclear or the extended form—is a network of people, most of whom are connected by kin or blood relationships, termed the clanship system. Patterns of family treatment and care are deeply embedded in this wider kinship system. The AIDS epidemic has caused adverse psychosocial and economic consequences leading to change in the family structure, and thus disturbed the capacity of the nuclear and extended family to respond to the needs of members afflicted by HIV and AIDS. Hence, the clanship system could become the locus of AIDS activity designed to ensure the well-being and continuity of the family where its leadership undertakes to sustain, to reorganize, or to create wholly new families or structures among populations being devastated by AIDS. New associations based on common emotional bonds of caring beyond kinship ties will be necessary to support some vulnerable members. However, for such to prove durable in the troubled socio-economic context of Sub-Saharan Africa these will need strong links to or derive their legitimacy from the resilient traditional social network, the African kinship system.

Bharat, S. and P. Aggleton (1999). "Facing the Challenge: Household Responses to HIV/AIDS in Mumbai, India." *AIDS Care* **11**(1): 31. In an in-depth study of household & family responses to HIV/AIDS (human immunodeficiency virus/acquired immune deficiency syndrome) in India, interview data from infected individuals & their family members (total N = 50) were used to ascertain type & extent of care & support offered to the infected family member. Findings show that responses are greatly influenced by prevailing gender relations, with men being responded to more positively than women, as well as other variables such as social status. The quality of responses is also influenced by preexisting patterns of support & discord in the family. Where trust is high & spousal conflict slight, HIV/AIDS is reacted to more positively than when there is mistrust & interspousal conflict. Suggestions are made concerning program & intervention development so as to strengthen existing responses & maximize the success of home-based care. 23 References. Adapted from the source document.

Brahmbhatt, H., D. Bishai, et al. (2002). "Polygyny, maternal HIV status and child survival: Rakai, Uganda." *Social Science & Medicine* **55**(4): 585-592.

The objective of this research was to assess the association of child mortality with polygyny and maternal HIV status through a prospective community-based study in Rakai district, Uganda. We sought to test whether there was an indirect evidence that polygynous households in an HIV prevalent area may divert resources away from the children of HIV-infected mothers in favor of children with better survival prospects. We test this theory using data from a follow-up study which collected detailed behavioral and medical information at 10-month intervals on a cohort of over 4000 pregnant women and their infants (5300 person years of observation). Cox proportional hazards models estimated the mortality hazard (RR) associated with polygyny for children of HIV-negative and HIV-positive mothers. HIV prevalence in the full cohort of mothers was 11.9%, and 23% of mothers lived in polygynous households. Multivariate analysis showed an increased hazard of child mortality if the mother was HIV-positive (RR=1.75, p<0.05), HIV-positive (RR=2.17, p<0.05) mothers. Being born to an HIV-positive mother increased mortality risk and polygyny accentuated a child's risk of death. Polygyny had no significant effect on the survival of children with HIV-negative mothers. Polygynous households, where not all wives may have HIV, could be diverting resources away from the children of the infected wives.

Bruce J., C. S. (2004). *The Implications of Early Marriage for HIV/AIDS Policy*, The Population Council.

This is a brief based on a background paper prepared for the WHO/UNFPA/Population Council Technical Consultation on Married Adolescents held in Geneva, Switzerland, 9–12 December 2003. Over the next decade in developing countries, more than 100 million girls under the age of 18, "children" as defined by the Convention on the Rights of the Child, will be married. In countries with HIV epidemics, these girls, most of whom live in Africa and Asia, are at substantial risk for HIV/AIDS infection. The Consultation brought together experts from the United Nations, donors, and nongovernmental agencies to consider the evidence regarding married adolescent girls' reproductive health, vulnerability to HIV infection, social and economic disadvantage, and rights. The relationships to major policy initiatives—including safe motherhood, HIV, adolescent sexual and reproductive health, and reproductive rights—were explored, and emerging findings from the still relatively rare programmes that are directed at this population were discussed.

Burnette, D. (1997). "Grandparents raising grandchildren in the inner city." *Families in Society-the Journal of Contemporary Human Services* **78**(5): 489-499.

Increasingly, middle-aged and older adults are parenting grandchildren and other young kin in "skipped generation" families. Changes in the multigenerational family structure devastating social problems in our inner cities, notably the substance-abuse and HIV/AIDS epidemics of the 1980s, and public policy and ethnocultural norms that govern kin care are discussed as contributing factors to this phenomenon. Recent studies focusing on grandparent caregivers of color, as well as policy and programmatic responses to the rapid growth of this family configuration, are discussed. The author offers recommendations for assessing and building on existing strengths and addressing the service needs of grandparent caregivers and their families through direct practice and public policy.

Clark, S. (2004). "Early marriage and HIV risks in sub-Saharan Africa." *Studies in Family Planning* **35**(3): 149-160.

This article examines the effects of girls' early marriage on their risk of acquiring HIV/AIDS. By comparing several underlying HIV risk factors, it explores the counterintuitive finding that married adolescent girls in urban centers in Kenya and

Zambia have higher rates of HIV infection than do sexually active unmarried girls. In both countries, we find that early marriage increases coital frequency, decreases condom use, and virtually eliminates girls' ability to abstain from sex. Moreover, husbands of married girls are about three times more likely to be HIV-positive than are boyfriends of single girls. Although married girls are less likely than single girls to have multiple partners, this protective behavior may be outweighed by their greater exposure via unprotected sex with partners who have higher rates of infection. These results challenge commonly held assumptions about sex within marriage.

- D'Cruz, P. (2004). "The Family Context of Care in HIV/AIDS: A Study from Mumbai, India." *Qualitative Report* **9**(3): 413.
 Though the continuum of care model has been adopted in HIV/AIDS intervention, there is little empirical work documenting the experiences of caregiving families. Addressing this gap, a study on family caregiving & care receiving was undertaken in Mumbai, India. In-depth interviews were conducted with seven seropositive caregivers, seven seropositive care receivers & five seronegative caregivers. Thematic analysis of the data was conducted, yielding a number of key themes. This paper discusses the key theme of the family context of care which includes the caregiving system, family values, perceived mode of infection, gender of the seropositive person, & class. Implications of the findings for policy & program planning are discussed. 49 References. Adapted from the source document.
- Jones, H. and L. Pardthaisong (2000). "Demographic interactions and developmental implications in the era of AIDS: findings from northern Thailand." *Applied Geography* **20**(3): 255-275.
 The relationships in northern Thailand between fertility decline, AIDS-induced mortality and migration are analysed against a backdrop of important differences in modern demographic transformation between sub-Saharan Africa and Asia. For a peripheral agrarian society, northern Thailand has a remarkable combination of early, rapid fertility decline, extensive out-migration, and the highest incidence of AIDS in Thailand's substantial national epidemic. The interaction of these demographic changes, and their implications for development, are analysed through intensive survey work in four villages. The key concern for the future is found to be the aged-dependency ratio, and the uncertain ability to cope of the traditional, family-based system of support for the elderly. (C) 2000 Elsevier Science Ltd. All rights reserved.
- Jones, R. H. (1999). "Mediated action and sexual risk: Searching for 'culture' in discourses of homosexuality and AIDS prevention in China." *Culture, Health & Sexuality* **1**(2): 161.
 Examines the concept of "culture" and its relationship to HIV prevention. Culture is viewed in this article as the interaction between human beings and the various "cultural tools" they appropriate when taking action. The author examines the ways individuals in China draw on different voices (meanings) of HIV and homosexuality when constructing texts and taking action around the virus and how, by doing so, they negotiate identities for themselves in relation to HIV and various "communities of practice". A conceptual framework is applied to recent discourses of homosexuality and AIDS prevention in China. An instance of "official" discourse in the form of an AIDS education pamphlet for "gays" is analyzed for the voices it contains and how these voices are strategically marshalled by the authors and mixed with other voices in ways which amplify participation in AIDS prevention for some and limit it for others. This "official" discourse is then compared to the discourse of homosexually active Chinese men recently interviewed in Beijing and Fuzhou to examine which of these official voices and other voices they appropriate, and how they adapt these voices in responding to HIV. An English translation of the AIDS education pamphlet is appended. (PsycINFO Database Record (c) 2005 APA, all rights reserved)
- Kieren, D. K., M. Doherty-Poirier, et al. (1999). "Family structure and functions identified by persons living with HIV/AIDS." *Canadian Home Economics Journal* **49**(3): 91-96.
- Osei-Hwedie, K. (1994). "AIDS, the Individual, Family and Community: Psychosocial Issues." *Journal of Social Development in Africa* **9**(2): 31.
 Examines the impact of the HIV/AIDS (human immunodeficiency virus/acquired immune deficiency syndrome) pandemic on individuals, families, & communities within Africa, with focus on psychosocial issues involved. These issues include: depersonalization of those affected by the virus; a tendency toward overidentification & burnout on the part of the helper; fears of contagion, dying, & death; & a sense of helplessness & anger. Social isolation, stigmatization, & rejection may lead to further negative consequences for those with HIV/AIDS. Socioeconomic effects of the disease are also considered, including the loss of the most active & skilled category of the work force. Ethical issues are addressed, considering how special education & community programs can help in reducing the spread of the disease. 22 References. Adapted from the source document.
- Runganga, A. O., J. Sundby, et al. (2001). "Culture, Identity and Reproductive Failure in Zimbabwe." *Sexualities* **4**(3): 315.
 This article describes findings from a study of reproductive failure conducted in Zimbabwe. It examines the perspectives of men and women who believed they were potential reproductive failures by not having the socially expected numbers and types of children. In-depth interviews and focus group discussions were used to explore the meanings of reproductive failure and their links to local beliefs and culture, sexual behaviour and gender identities, and HIV prevention. Among study participants, a preoccupation with conception undermined the adoption of what are currently regarded as safer sexual behaviours. In seeking to overcome what was seen as reproductive failure, men, and women to a lesser extent, engage in unprotected sex with multiple concurrent and serial partners. Such behaviours are given meaning by long-held local beliefs concerning the importance of childbearing for individuals and for the wider community. These beliefs need to be taken seriously by future programmes and interventions to promote sexual and reproductive health.

Sekokotla, D. and A. J. Mturi (2004). "Effects of the HIV/AIDS Epidemic on the South African Families." Loyola Journal of Social Sciences **18**(2): 189.

Discuss the changes that are taking place in South African families as a result of the spreading HIV/AIDS. Looking at the changes in the structure of the families, the study points out that the HIV/AIDS epidemic in South Africa has serious negative effects on the well-being of the families in the country & is found to be responsible for the creation of new types of families such as child-headed & skip-generation families. Based on a qualitative study, the paper highlights the need to understand the lifestyles & coping mechanisms in such families. Children are left behind to take care of their siblings & most of them are still too young to handle those responsibilities that would have been taken up by their parents. The standard of care for those in skip-generation families is also compromised because grandparents are often too old to adequately provide for children's well being. 1 Table, 5 Figures, 26 References. Adapted from the source document.

Zabin, L. S. and K. Kiragu (1998). "The health consequences of adolescent sexual and fertility behavior in sub-Saharan Africa." Studies in Family Planning **29**(2): 210-232.

This article reviews the literature on health consequences of adolescent sexual behavior and childbearing in sub-Saharan Africa, and the social and cultural context in which they occur. It suggests that, in addressing the most serious health sequelae, sexual intercourse that occurs in early marriage and premaritally must both be considered. Some limitations of the data are noted. Despite the excess risk to which adolescents are exposed, due both to custom and age-related vulnerability, differences between health effects among adult and adolescent women are often differences in degree. They are attributable to behavioral, social, and biological causes, exist in traditional and nontraditional settings, in union and out of union, and are exacerbated by declining ages at menarche, pressures of HIV/AIDS and STDs, and a dearth of appropriate services-especially for young people. Some current interventions are discussed, and the need for policy as well as medical intervention is stressed.

Demographic issues and reproductive health implications > Migration

Anderson, A. F., Z. Qingsi, et al. (2003). "China's floating population and the potential for HIV transmission: a social-behavioural perspective." Aids Care-Psychological and Socio-Medical Aspects of Aids/Hiv **15**(2): 177-185.

Historical, geo-economic and behavioural perspectives are used in an exploratory analysis of China's migrant or 'floating' population as a factor in the spread of HIV on the mainland. Participants in the interview format survey (N = 506) included in-transit individuals in Beijing, and peddlers, restaurant workers, and employment seekers in Shanghai. When viewed in light of various social dynamics, the convenience survey data suggest that elements within this migrant population, as well as their rurally located partners and spouses, may be at increased risk of acquiring the virus. Given the sheer size and broad movement of this population, it is contended that it may well be a 'tipping point' factor in AIDS prevention and control in China.

Axmann, A. (1998). "Eastern Europe and Community of Independent States." International Migration **36**(4): 587.

Investigates the correlation between migration & HIV/AIDS (human immunodeficiency virus/acquired immune deficiency syndrome) in Eastern Europe & in the Community of Independent States (CIS), using published literature & data collected from Russian specialists. The prevalence of HIV/AIDS & sexually transmitted diseases (STDs), the nature of migration, migrants' understanding of HIV/AIDS & STDs & use of condoms, & the availability of HIV/AIDS- & STD-related services for migrants are examined. It is asserted that HIV/AIDS information & awareness in both regions, especially in the CIS, is inadequate; coordinated programs with the respective nations are practically nonexistent; & adjacent nations do not share HIV/AIDS-related information. Recommendations for improving the migrant & national populations' knowledge of HIV/AIDS & STDs include reviewing current national expenditures on sexual awareness programs, coordinating extant medical services, improving the efficacy of public prevention programs among migrants, & improving the collection & evaluation of HIV/AIDS & STD data. 3 Tables, 19 References. Adapted from the source document.

Dawson, M. T. (2003). "Social change, migration and sexual health: Chilean women in Chile and Australia." Women & Health **38**(4): 39-56.

Cultural beliefs, norms and values regarding sexuality and gender roles forge people's sexual behaviour and understanding of sexual health risk. Acknowledging a person's cultural background is a key challenge for the promotion of sexual health programs and strategies for the prevention of sexually transmitted diseases (STDs) and HIV/AIDS. This challenge acquires larger dimensions when health promotion programs are directed towards migrant communities. This article examines narratives about past and present life experiences of Chilean women living in Australia and Chilean women in Chile. We inquire about social changes and exposure to education women experienced in their own country and in Australia and the ways in which migrant women define and articulate their experiences in relation to sexual health prevention. In comparing these experiences, we raise a number of questions about sexual health promotion and programs, including the prevention of STDs and HIV/AIDS targeted to specific migrant communities in Australia. Very few sexual health policies and strategies in Australia take into account the impact that the social and cultural background of migrants, social changes and the 'settlement process' has on the cultural construction of gender identity of migrants in the new country. We propose that these cultural constructs are key in the formulation of migrants' beliefs and attitudes towards sexuality and sexual health. We suggest that there is a need to build effective and culturally appropriate sexual health promotion and prevention strategies that build upon the social and cultural background and the present and past life experiences of migrant women and men. (C) 2003 by The Haworth Press, Inc. All rights reserved.

Bain, I. (1998). "South-East Asia." *International Migration* **36**(4): 553-585.

This article investigates the issue of HIV and mobile populations in the Mekong Region countries (Cambodia, China, Laos, Myanmar, Thailand and Vietnam), with particular regard to cross-border migrants (both legal and undocumented), internal migrants, sex workers, and mobile occupational groups such as truck drivers; fishermen, seafarers and cross-border traders. Economic opening in the region is occurring rapidly as some Mekong States move from centrally planned to market economies and some locations undergo unprecedented economic growth. The uneven nature of economic development has resulted in imbalances between rural and urban, agricultural and industrial areas, and in most places the health and education systems are inadequate for the needs of these new residents. Much of the movement between countries is illegal (i.e., by persons without necessary travel documents). At the same time, HIV/AIDS is highly prevalent in much of the region, particularly in Myanmar and Thailand. Responses to the epidemic range from extremely limited approaches in Cambodia, Laos and Myanmar to wide-ranging and sophisticated strategies in Thailand. In recent years China has begun to devote increased efforts to HIV/AIDS research and interventions in its huge "floating population" and to the provinces bordering the other South-East Asian countries. However, there is as yet little systematic focus on migration and HIV/AIDS at a national level, and no significant regional cooperation on the issue. Nevertheless, several region-wide research/interventions have been created by aid organizations, NGOs and academic institutions in recent years, and these show considerable potential as models. AIDS Control and Prevention Project's (AIDSCAP) cross-border "hotspot" studies have included river trade routes on the Thai-Lao border and fishing ports in Thailand and Cambodia.

Bourdier, F. (2002). "Ill and illness in exile: Brazilian migrations to French Guiana in the context of HIV." *Sciences Sociales Et Sante* **20**(3): 5-28.

French Guiana has the gloomy record of being proportionally the most infected department by the HIV/AIDS epidemic. It is also a destination land for Caribbean and Latino-American population. If on one side the exception laws adopted to control migration have little effects on population movements, on the other side they generate social problems, including the complicated access of the non regularized population to the health delivery system. In that respect, the relatively low rate (around 50 %) of persons infected by AIDS that actually receive regular care cannot only be due to their cultural behaviour as is often argued, but more importantly to the political and legal conditions which determine their immigration status.

Brockerhoff, M. (1999). "Migration, Sexual behavior and the risk of HIV in Kenya." *International Migration Review* **33**(4): 833-856.

The association of migration with AIDS in sub-Saharan Africa is well documented, yet the social and behavioral mechanisms underlying this relationship remain poorly understood. Using data from the 1993 Kenya ic and Health Survey, this article examines whether migrants are more likely than nonmigrants to have multiple recent sexual partners and not use condoms with those partners. Results indicate that migration is a critical factor in high-risk sexual behavior and that its importance varies by gender and by the direction of movement. Independent of marital and cohabitation status, social milieu, awareness of AIDS, and other crucial influences on sexual behavior, male migrants between urban areas and female migrants within rural areas are much more likely than nonmigrant counterparts to engage in sexual practices conducive to HIV infection. In rural areas, migrants from urban places are more likely than nonmigrants to practice high-risk sex. Given the predominance of men in urban migration and the large volume of circulatory movement between urban and rural areas, these results have serious implications for HIV transmission throughout Kenya.

Brummer, D. (2002). *Labour Migration and HIV/AIDS in Southern Africa*, International Organisation for Migration Regional Office for Southern Africa.

By far the worst affected region, sub-Saharan Africa is now home to 29.4 million people living with HIV/AIDS, 70% of the total 42.9 million people living with HIV/AIDS globally. Approximately 3.5 million new infections occurred there in 2002, while the epidemic claimed the lives of an estimated 2.4 million Africans in the past year. Ten million young people (aged 15-24) and almost 3 million children under 15 are living with HIV. Countries like Lesotho, Botswana, South Africa, Swaziland and Zimbabwe have the highest HIV prevalence rates in the world. What the exact impact of the HIV/AIDS epidemic will be is still unknown, but the epidemic is likely to have an impact on nearly every aspect of life in southern Africa. The region will be faced by great personal emotional suffering, a major decline in life expectancy, a great loss of both skilled and unskilled labour, rising costs of health care, social and economic disruption at the family and community level and a reduction of human and financial resources available for civil society organisations and the government. Some even consider HIV/AIDS a threat to social and political stability.

Cook, S. S. (2000). "The exclusion of HIV-positive immigrants under the Nicaraguan Adjustment and Central American Relief Act and the Haitian Refugee Immigration Fairness Act." *Michigan Law Review* **99**(2): 452-487.

Dawson, M. T. (2003). "Social change, migration and sexual health: Chilean women in Chile and Australia." *Women & Health* **38**(4): 39-56.

Cultural beliefs, norms and values regarding sexuality and gender roles forge people's sexual behaviour and understanding of sexual health risk. Acknowledging a person's cultural background is a key challenge for the promotion of sexual health programs and strategies for the prevention of sexually transmitted diseases (STDs) and HIV/AIDS. This challenge acquires larger dimensions when health promotion programs are directed towards migrant communities. This article examines narratives about past and present life experiences of Chilean women living in Australia and Chilean women in Chile. We inquire about social changes and exposure to education women experienced in their own country and in Australia and the ways in which migrant women define and articulate their experiences in relation to sexual health prevention. In comparing these experiences, we raise a number of questions about sexual health promotion and programs, including the prevention of STDs and HIV/AIDS targeted to specific migrant communities in Australia. Very few sexual health policies and

strategies in Australia take into account the impact that the social and cultural background of migrants, social changes and the 'settlement process' has on the cultural construction of gender identity of migrants in the new country. We propose that these cultural constructs are key in the formulation of migrants' beliefs and attitudes towards sexuality and sexual health. We suggest that there is a need to build effective and culturally appropriate sexual health promotion and prevention strategies that build upon the social and cultural background and the present and past life experiences of migrant women and men. (C) 2003 by The Haworth Press, Inc. All rights reserved.

Decosas, J. and A. Adrien (1997). "Migration and HIV." *Aids* **11**: 577-584.

Girdler-Brown, B. (1998). "Eastern and Southern Africa." *International Migration* **36**(4): 513-551.

The countries included in this review are Angola, Botswana, Burundi, Djibouti, Eritrea, Ethiopia, Kenya, Lesotho, Malawi, Mozambique, Namibia, Rwanda, Somalia, South Africa, Sudan, Swaziland, Tanzania, Uganda, Zambia, and Zimbabwe. Very little research has specifically addressed the important issue of the relationship between migration and HIV/AIDS in these regions of Africa. However there is a great deal of information about migration, and also about HIV/AIDS, in isolation from each other.

IOM (2004). *HIV/AIDS and Mobile Populations in the Caribbean: The Baseline Assessment*. Washington, DC, International Organization for Migration.

Given the high level of population movement and the high prevalence of HIV infection in the Caribbean, the link between mobility and the spread of HIV/AIDS is an important dimension of the region's epidemic. According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), HIV/AIDS now affects more than 2% of the population in Bahamas, Belize, Dominican Republic, Guyana, Haiti, and Trinidad and Tobago. The Caribbean now ranks second only to sub-Saharan Africa as the most affected region in the world. Many of the same factors that drive the spread of HIV/AIDS also drive migration, such as unbalanced distribution of resources, unemployment, political instability and conflict. Though migrants are sometimes perceived as contributing to the spread of HIV/AIDS across borders, studies have shown that migrants are often more vulnerable than local populations and face greater obstacles in accessing care and support if living with HIV/AIDS. The circumstances of movement - e.g. whether voluntary or involuntary, or whether legal or clandestine - directly affect the potential risk of HIV infection for migrants. A better understanding of the interaction between HIV/AIDS and population movements in the Caribbean is essential in order to develop effective AIDS intervention strategies.

Kidder, R. (1996). "Administrative discretion gone awry: The reintroduction of the public charge exclusion for HIV-positive refugees and asylees." *Yale Law Journal* **106**(2): 389-422.

Lydie, N. and N. J. Robinson (1998). "West and Central Africa." *International Migration* **36**(4): 469-511.

In West and Central Africa, countries with high rates of emigration and immigration tend to have higher rates of HIV infection. However, there is one exception, Senegal, an exception demonstrating that high levels of mobility and migration do not necessarily lead to rapid and extensive spread of HIV infection. Five different population groups are considered in this article, either because their numbers are substantial or because their role in the spread of HIV and STDs is known to be important. They are migrant labourers, truck drivers, itinerant traders, commercial sex workers (CSWs), and refugees. The research indicates a complex relationship between migration and HIV infection. Clearly not all migrants have the same risk of infection and thus do not contribute equally to the spread of HIV. However, there is little analysis to date on the influences of different types of migration (which might be characterized by duration, frequency of return visits, living conditions, etc.) on the spread of HIV infection. Strong associations between migration and HIV seropositivity have suggested to various authors that migrant workers may be more involved in sexual activities with multiple partners, particularly while away from their home environment. However, few studies verify this hypothesis directly. Practical strategies for preventing the spread of HIV/AIDS among migrant populations in West and Central Africa must aim at providing information before departure, along the communication routes, at the final destination and at the time of their return journey.

Lyttleton, C. and A. Amarapibal (2002). "Sister cities and easy passage: HIV, mobility and economies of desire in a Thai/Lao border zone." *Social Science & Medicine* **54**(4): 505-518.

It is recognised that people movement can increase potential risk of HIV transmission. In recent years, mobile populations moving across national borders have become a focus for HIV/AIDS prevention campaigns. These programs generally target border "hot zones" that produce high levels of HIV vulnerability due to the degree of mobility and the risk behaviours fostered by these marginal environments. However, high degrees of movement and social exploitation need not be the only criteria for borders to exacerbate HIV vulnerability. The types of social interactions promoted by mobility take many forms. In this paper we consider a border zone between Thailand and Laos to show that the links between movement and HIV vulnerability are not confined to stereotypical instances of coercion and exploitation. Rather we demonstrate that HIV risk in this area is a product of both a sense of community and a sense of difference that together foster a range of interactions based on mobility back and forth across the border. As HIV/AIDS prevention programs increasingly control forms of sexual interaction, the border provides a practical and symbolic opportunity to establish new forms of sexual relationship falling outside these constraints. This tendency to move outside bounds is not limited to border areas but has implications for prevention programs everywhere.

Morin, S. F., H. Carrillo, et al. (2004). "Policy perspectives on public health for Mexican migrants in California." *J AIDS-Journal of Acquired Immune Deficiency Syndromes* **37**: S252-S259.

This analysis focuses on public policies that affect primary HIV prevention and access to HIV care for Mexican migrants residing in California. Policy or structural level interventions, as opposed to behavioral or psychologic interventions, help to shape the environment in which people live. We use a conceptual model for policy analysis in public health to understand better the challenges faced by Mexican migrants. We assess potential policy level interventions that may serve as barriers to or facilitators of primary HIV prevention and care for Mexican migrants. Among potential barriers, we discuss restrictions on public health services based on legal immigration status, limits placed on affirmative action in education, and laws limiting travel and immigration. Under potential facilitators, we discuss community and migrant health centers, language access laws, and the use of community-based groups to provide prevention and treatment outreach. We also report on the limited research evaluating the implications of these public policies and ways to organize for more responsive public policies.

Parrado, E. A. (2005). "Migration and relationship power among Mexican women." *Demography* **42**(2): 347-372.

Our study drew on original data collected in Durham, NC, and four sending communities in Mexico to examine differences in women relationship power that are associated with migration and residence in the United States. We analyzed the personal, relationship, and social resources that condition the association between migration and women's power and the usefulness of the Relationship Control Scale (RCS) for capturing these effects. We found support for perspectives that emphasize that migration may simultaneously mitigate and reinforce gender inequities. Relative to their nonmigrant peers, Mexican women in the United States average higher emotional consonance with their partners, but lower relationship control and sexual negotiation power. Methodologically, we found that the RCS is internally valid and useful for measuring the impact of resources on women power. However, the scale appears to combine diverse dimensions of relationship power that were differentially related to migration in our study.

Pison, G., B. Leguenno, et al. (1993). "Seasonal Migration - a Risk Factor for Hiv-Infection in Rural Senegal." *Journal of Acquired Immune Deficiency Syndromes and Human Retrovirology* **6**(2): 196-200.

Sociodemographic and epidemiological data collected on a rural population of the Ziguinchor region of Senegal showed that a large part of the adult population, 80% of women between 15 and 24 years old and 82% of men between 20 and 40 years old, move each year on seasonal labor migrations to the main cities of Senegal or the Gambia or their proximity. In October 1990, an exhaustive seroprevalence survey of the population aged 20 years or older (3,230 persons tested) showed that 0.8% was HIV-2 and 0.1% HIV-1 seropositive. Interviews of 91 persons (24 seropositive persons and 67 seronegative controls) revealed that seropositivity was associated with a history of blood transfusions, injections, sexually transmitted diseases, and seasonal migration. Our findings suggest that in the rural area under study, beside a few cases of transmission by blood transfusion or injection, HIV-2 and HIV-1 are mainly transmitted first to adult men through sexual contacts with infected women met during their seasonal migration and second to their wives or regular partners once they are back home.

Quinn, T. C. (1994). "Population Migration and the Spread of Type-1 and Type-2 Human Immunodeficiency Viruses." *Proceedings of the National Academy of Sciences of the United States of America* **91**(7): 2407-2414.

Over 14 million people are estimated to be infected with the human immunodeficiency viruses (HIV), with nearly three-fourths of the infected persons residing in developing countries. One factor responsible for dissemination of both HIV-1 and HIV-2 worldwide was the intense migration of individuals, from rural to urban centers with subsequent return migration and internationally due to civil wars, tourism, business purposes, and the drug trade. In sub-Saharan Africa, between 1960 and 1980, urban centers with more than 500,000 inhabitants increased from 3 to 28, and more than 75 military coups occurred in 30 countries. The result was a massive migration of rural inhabitants to urban centers concomitant with the spread of HIV-1 to large population centers. With the associated demographic, economic, and social changes, an epidemic of sexually transmitted diseases and HIV-1 was ignited. Migratory patterns were also responsible for the spread of endemic HIV-2 to neighboring West African countries and eventually to Europe, the Americas, and India. Although Southeast Asia was the last region in which HIV-1 was introduced, it has the greatest potential for rapid spread due to population density and inherent risk behaviors. Thus, the migration of poor, rural, and young sexually active individuals to urban centers coupled with large international movements of HIV-infected individuals played a prominent role in the dissemination of HIV globally. The economic recession has aggravated the transmission of HIV by directly increasing the population at risk through increased urban migration, disruption of rural families and cultural values, poverty, and prostitution and indirectly through a decrease in health care provision. Consequently, social and economic reform as well as sexual behavior education need to be intensified if HIV transmission is to be controlled.

Seddon, D. (1998). "HIV-AIDS in Nepal: The coming crisis." *Bulletin of Concerned Asian Scholars* **30**(1): 35-+.

The number of officially reported cases of HIV infection and of AIDS in Nepal remains low in comparison with numbers in many other Asian countries. But Nepal's open border with India (where HIV infection rates are rapidly rising) and the high level of physical mobility within Nepal and abroad, associated with widespread labor migration and encouraged by the recent development of road transport, means that there is a real danger of a rapid spread of HIV within Nepal. The major means of infection is through heterosexual encounters involving male clients and female sex workers, but other sections of the population are also at risk from infection. Media attention has focused on female sex workers, particularly those who have worked abroad in India, but the issue is far broader than this. Social and economic factors forcing or encouraging young men and women to seek employment away from home underlie the widespread growth of "the sex industry" and the "trafficking" of girls and young women. The state's capacity to respond effectively is limited, in part through lack of resources; international agencies are supporting local nongovernmental organizations (NGOs) in a variety of activities designed to "educate" and to "support" those at risk; but in the last analysis, it is the local communities from which young

men and women migrate and to which they return that are obliged to find ways of coping. Sometimes these communities are supportive of the victims, sometimes not. The spread of HIV-AIDS is not just a "health" issue, but an issue of economic and social development, of gender relations and of human rights.

Smith-Estelle, A. (2003). "Vulnerability to HIV/STIs among rural women from migrant communities in Nepal: A health and human rights framework." Reproductive Health Matters **11**(22): 142-151.

Human rights norms and standards can be applied to health issues as an analytical tool and as a framework to identify and shape interventions to reduce the impact of ill-health and improve the lives of individuals and populations. This article discusses how migration, health status, gender-based discrimination and access to education have an impact on HIV/STI vulnerability among rural women from migrant communities in Nepal. It is based on data from a clinic-based HIV/STI prevalence study with 900 women aged 15-49 from two rural communities in Kailali district, Western Nepal, and existing legal and policy data. Existing efforts to address HIV/STI vulnerability and risk in this Population focus primarily on risk-taking behaviour and risk-generating situations, and largely fail to address contextual issues that create and facilitate risky behaviour and situations. Respecting, protecting and fulfilling the rights of individuals can reduce vulnerability to HIV/STI infection. Greater emphasis must be given to addressing the gender discrimination embedded in Nepalese culture, the acute lack of access to health care and education in rural areas, and the precarious economic, legal and social circumstances facing many migrants and their families. (C) 2003 Reproductive Health Matters. All rights reserved.

Soskolne, V. and R. A. Shtarkshall (2002). "Migration and HIV prevention programmes: linking structural factors, culture, and individual behaviour--an Israeli experience." Social Science & Medicine **55**(8): 1297-1307.

Migration is one of the structural factors associated with HIV infections, but the dynamic and complex role of migrant situations as determinants of HIV-related vulnerability is still a major issue for social science research. Moreover, interventions to address the specific structural and contextual factors inherent in this association are limited and many do not take into account the cultural components. This paper presents a multi-level framework for analysis of the links between migration and HIV. It includes the association of migration with structural macro factors--lower socio-economic status and limited power in the new society; intermediate structural factors--limited social capital and bi-directional interaction of cultural norms; and individual-level factors--stressors unique to the migration context, depleted psychosocial resources, loss of cultural beliefs and low use of health services. All these factors affect risky sexual behaviour and transmission of HIV. The paper utilises those elements of the framework that are relevant to the specific needs of immigrant populations from the former Soviet Union and from Ethiopia in Israel. We demonstrate their application to integrated, multi-level HIV prevention interventions and propose several special principles for development of migration-related HIV prevention programmes.

Spiegel, P. B. and A. Nankoe (2004). "UNHCR's Work with Refugees and HIV/AIDS: Lessons Learned." Forced Migration Review **19**: 21. Inclusion of refugees in HIV/AIDS programs reduces the spread of pandemic among refugee populations & host countries. Adapted from the source document.

Tomasevski, K. (1991). "Aids, travel and migration - legal and human rights aspects." International Migration **XXIX**(1): 33.

UNESCO (2005). Women Migrants and HIV/AIDS: An Anthropological Approach. Paris.

The round table on "Migrant women and HIV/AIDS in the world: an anthropological approach", held at UNESCO in Paris on 20 November 2004, afforded an opportunity to reflect on the social and cultural aspects of HIV/AIDS on the basis of two closely linked issues, namely women and migration. The round table was part of the Joint United Nations Programme on HIV/AIDS (UNAIDS) World AIDS Campaign 2004 on women, girls, HIV and AIDS. UNAIDS chose the theme in order to draw attention to the growing feminization of the epidemic since it began: women now account for half of the people living with HIV/AIDS in the world, and the percentage is even higher (57%) in sub-Saharan Africa where the infection rate among women under 24 years old is a matter of particular concern. UNESCO, a co-sponsor of UNAIDS, has naturally made a point of being fully involved in this awareness-raising and prevention mission, with the aim of lessening the impact of the virus on both women and men.

United Nations Joint Programme on, A. and M. International Organization for (1998). "Migration and AIDS." International Migration **36**(4): 445.

Introduces several articles sponsored by the International Organization for Migration & the UN Joint Program on AIDS that investigate the relationship between migration & HIV/AIDS (human immunodeficiency virus/acquired immune deficiency syndrome). Policy issues concerning the migration process, reasons for migration, the passage of legislation designed to restrict migration in certain states, & the role of human rights within the migration context are discussed. Problem regions are encouraged to adopt the following preventive measures: health services designed to reduce the spread of sexually transmitted diseases (STDs) & HIV/AIDS; voluntary counseling & testing for STDs & HIV; improving living & working conditions; & balancing legislation that concerns the connection between migration & HIV/AIDS with state regulations. Research is encouraged to study the risk-taking behavior of immigrants & to examine immigrants' vulnerability to HIV; the need for better HIV/AIDS treatment & prevention is articulated. Migration movements & the HIV/AIDS situations of the following regions are summarized: West & Central Africa; East & Southern Africa; Southeast Asia; Eastern Europe; & Mexico & Central America. 15 References. Adapted from the source document.

Young, L. and N. Ansell (2003). "Young AIDS migrants in Southern Africa: policy implications for empowering children." Aids Care- Psychological and Socio-Medical Aspects of Aids/Hiv **15**(3): 337-345.

Many AIDS-affected children in southern Africa engage in migration when household members fall sick or die from AIDS, or because they are sent to assist relatives. Despite this, little attention has been paid to the consequences of these movements for children's lives. Multi-method research, conducted in Lesotho and Malawi, revealed that children sent to live with kin commonly move over long distances and between urban and rural areas. They are generally not consulted or informed about these migrations and face a range of associated difficulties, particularly with integrating into new families and communities. Severed family ties exacerbate the difficulties faced by children who end up in institutions or on the streets. This paper advocates that policy approaches for those affected by AIDS should be children-centred and take into account the implications of migration at three levels. First, many of the difficulties children face could be overcome if they were familiar with the place and people they were moving to. Second, children would be better able to cope with new situations if they were included in family discussions with decision-makers regarding their migration preferences. Third, maintaining ties with kin would ensure that children do not become distanced from their family and cultural heritage, which is essential for post-institutional support.

Demographic issues and reproductive health implications > Orphans and vulnerable children

Ansell, N. and L. Young (2004). "Enabling households to support successful migration of AIDS orphans in Southern Africa." *AIDS Care* **16**(1): 3.

Most southern African orphans are cared for by extended families but the implications of the spatial dispersal of such families are seldom recognized: orphans often have to migrate to new homes and communities. This paper, based on qualitative research conducted with children and guardians in urban and rural Lesotho and Malawi, examines orphans' migration experiences in order to assess how successful migration might best be supported. Most children found migration traumatic in the short term, but over time many settled into new environments. Although much AIDS policy in southern Africa stresses the role of communities, the burden of care lay with extended family households. Failed migrations, which resulted in renewed migration and trauma, were attributable to one of two household-level causes: orphans feeling ill-treated in their new families or changes in guardians' circumstances. Policy interventions to reduce disruption and trauma for young AIDS migrants should aim at facilitating sustainable arrangements by enabling suitable households to provide care. Reducing the economic costs of caring for children, particularly school-related costs, would: allow children to stay with those relatives (e.g. grandparents) best able to meet their non-material needs; reduce resentment of foster children in impoverished households; and diminish the need for multiple migrations.; Reprinted by permission of Routledge, Taylor & Francis Ltd.

Beard, B. J. (2005). "Orphan Care in Malawi: Current Practices." *Journal of community health nursing* **22**(2): 105.

HIV and AIDS has moved rapidly throughout sub-Saharan Africa, dramatically adding to the crisis of orphaned children on the continent. Knowledge of African responses to their problem is needed so that interventions from the global community are culturally appropriate. An assessment of 73 programs caring for over 100,000 vulnerable and orphaned children in Malawi was conducted. A cross section of programs throughout the country was visited. Three primary care strategies were found: community-based orphan care, institutional and residential care, and self-care. The model of care preferred by Africans is community based because this keeps a child in a family environment in their own village and tribe. By listening to the people of Africa, the worldwide community can learn how to work with them as they care for millions of orphaned children. (PsycINFO Database Record (c) 2005 APA, all rights reserved) (journal abstract)

Dicks, B. A. (2001). HIV/AIDS and children in the English speaking Caribbean. Haworth Press, Inc., New York, NY, US, [URL:<http://www.haworthpress.com>].

(From the cover) This book provides an overview and informed discussion of HIV/AIDS as it impacts children and adolescents in the English-speaking Caribbean. With contributions from noted HIV/AIDS experts in Jamaica, Trinidad, Barbados, and Grenada, it examines the biopsychosocial, environmental, spiritual, and policy issues that affect HIV/AIDS prevention/service delivery issues for Caribbean youths. This book examines topics such as psychocultural issues and adolescents, school programs, evaluation of residential placements for children with AIDS, sexual risk-taking behaviors of Jamaican street boys, the impact of dance hall music on HIV and adolescents, and much more. User-friendly tables and figures make the statistical information easy to understand. (PsycINFO Database Record (c) 2005 APA, all rights reserved)

Foster, G. and J. Williamson (2000). "A Review of Current Literature on the Impact of HIV/AIDS on Children in Sub-Saharan Africa." *Aids* **14**(supplement 3): S275.

This study of children (particularly orphans) who have been affected by the HIV/AIDS epidemic in sub-Saharan Africa provides statistical information regarding the severity of the epidemic & discusses the use of mathematical models to help policymakers predict future trends of the epidemic. It also explores the role of the extended family in caring for orphaned relatives; the stresses put on children as they care for an ailing mother or father; the increased need for elderly grandparents to take on child care duties when parents & even aunts & uncles have died; the psychological impact of death on the children; the impact on well family quality of life when orphaned children move in; & nutritional inadequacy due to adults' preoccupation with an ailing relative. A call is made for the development of partnerships that integrate community-based & nongovernmental organizations to achieve positive results. 3 Figures, 96 References. M. D. Cowder.

Hankin, C., C. Thorne, et al. (2004). "The health and social environment of uninfected infants born to HIV-infected women." *AIDS Care* **16**(3): 293.

Against a background of increasing numbers of uninfected children born to HIV-infected women in Europe, we describe the social environment and occurrence of infectious disease in 1,667 infants enrolled in the European Collaborative Study (ECS) and followed prospectively. In the ECS, the proportion of children born to black women from Sub-Saharan Africa who acquired their HIV infection heterosexually has increased since the mid-1980s, while the proportion of those born to white women with a history of illicit drug use has decreased, in both northern and southern Europe. The percentage of children who had been in alternative (non-parental) care decreased from 17% (82/469) in 1985-1989 to 5% (23/436) in 1999-2002. A total of 135 infants experienced at least one moderate/severe infective or febrile episode requiring medical attention in the first year of life; there was little correlation with recorded sociodemographic and child characteristics. The rate of hospitalization remained relatively stable over the study period. Description of disease burden and social circumstances of uninfected children is needed, not only because of their increasing numbers but also because they are often used as controls in studies addressing vertically-acquired HIV infection. (PsycINFO Database Record (c) 2005 APA, all rights reserved)

Harrison, A., N. Xaba, et al. (2001). "Understanding Safe Sex: Gender Narratives of HIV and Pregnancy Prevention by Rural South African School-Going Youth." *Reproductive health matters* 9(17): 63.

In South Africa's human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) epidemic, young people, especially women, are at high risk due to an apparent gap between awareness & practice. In repeated peer group discussions with girls ages 14-15 & boys ages 16-19, we explored influences on safe sex behavior. Separate male & female safe sex paradigms emerged, with boys less likely to perceive themselves as at risk & more likely to use condoms. Girls had not used condoms, would have preferred to delay sexual relationships, & feared pregnancy as well as HIV/AIDS. Both sexes deemed it difficult for girls to initiate condom use, although both sexes viewed condoms favorably. Girls saw condoms as a sign of love & protection, whereas boys tended to use them with casual partners. A lack of decision-making autonomy within relationships further constrained girls' ability to practice safer sex. Involvement of peer participants in review of their own narrative data helped to ensure representation of participants' voices in the findings. Overall, these findings point to the need for programs to address gender inequalities & emphasize behavioral skills in the years before sexual activity begins. 27 References. Adapted from the source document.

Jack, N. and B. A. Dicks (2001). *HIV/AIDS in Caribbean children and adolescents*. New York, NY, US: Haworth Press, Inc., [URL:<http://www.haworthpress.com>]. xviii, 174 pp.

(From the chapter) The HIV/AIDS epidemic in the Caribbean began in the 1970s in Haiti, and cases were reported from other countries in the 1980s. Over 360,000 people were living with HIV/AIDS at the end of 1999, and the adult HIV prevalence rate, 2.1%, is second only to sub-Saharan Africa. Increasing HIV prevalence among women attending prenatal clinics has results in an increasing number of children being born with HIV/AIDS. Adolescent females and males in the Caribbean are at risk for HIV infection as a result of declining age of onset of sex and high-risk unsafe sexual practices, including multiple sexual partners and casual sex. In the Caribbean, there is still a window of opportunity to alter the course of HIV/AIDS. There is an urgent need for the implementation of mother-to-child HIV intervention programs which include the cheaper abbreviated zidovudine and nevirapine antiretrovirals. Targeted adolescent preventive programs, based on behavioral research and sensitive to changing social norms, must be implemented now. (PsycINFO Database Record (c) 2005 APA, all rights reserved)

Joffe, H. I. n. and N. Bettega (2003). "Social representations of AIDS among Zambian adolescents." *Journal of Health Psychology* 8(5): 616.

This study explores shared thinking about HIV/AIDS among Zambian adolescents. With high numbers affected, the question is how this group represents its risk. Social representations of the origin, spread and risk of HIV/AIDS were gleaned via 60 semistructured interviews with structured urban 15 to 20 year olds. A systematic analysis revealed a shared picture: AIDS was linked to the West, God and teenage girls; its spread lay beyond the control of adolescent boys and men; and the personal sense of vulnerability was low. The results are discussed in light of their corroboration of the finding that social representations of danger can be identity protective, yet also system justifying. The potential transfer of such findings to psychological theory and to health campaigns is considered. (PsycINFO Database Record (c) 2005 APA, all rights reserved)

Kamali, A., J. A. Seeley, et al. (1996). "The orphan problem: Experience of a sub-Saharan Africa rural population in the AIDS epidemic." *Aids Care-Psychological and Socio-Medical Aspects of Aids/Hiv* 8(5): 509-515.

An assessment of the prevalence of orphans and the magnitude of their problems and the extent to which HIV-I is contributing to this was done in a rural population in South-West Uganda with an HIV-1 seroprevalence of 8% among adults. Slightly over 10% of children aged less than 15 years were reported to have lost one or both parents. Loss of the father alone (6.3%) was more common than loss of the mother alone (2.8%). Generally orphans were living with their surviving parent or other relatives but it was also noted in this study that some children with both parents alive lived with relatives as part of the extended family system. HIV-I seroprevalence rates were higher among orphans than among non-orphans and were up to 6 times higher in the 0-4 year age group. Seropositivity rates were also higher among surviving parents of orphans than among parents of non-orphans. No significant difference in mortality between orphans and non-orphans was observed. During a 3-year follow-up period a total of 169 children became orphans and 43% of these cases resulted from the death of an HIV-I positive parent. There was a limited effect on school attendance by orphanhood. The HIV-I epidemic has substantially increased the number of orphans in this community, a finding which is probably typical of many other sub-Saharan African countries. It appears that these orphans were generally well looked after within the community. This coping capacity may, however become overstretched if the epidemic evolves further.

Kartell, C. G. and J. A. Chabilall (2005). "HIV/AIDS in South Africa: A study of the socio-educational development of adolescents orphaned by AIDS in child-headed households." International Journal of Adolescence and Youth **12**(3): 213.

The central aim of this article is to investigate the impact of HIV/AIDS upon the social and educational development of orphans of AIDS in child-headed households in the rural areas of Kwa-Zulu Natal, South Africa. The study explores, describes and interprets the phenomenon of HIV/AIDS within the context of the participants' perspectives of their life-world. The research abides by a qualitative methodology and an interpretive approach since the adolescents have been studied in their natural settings of their homes. Findings of the study have revealed that HIV/AIDS has a definitive negative impact on the social and educational development of adolescents orphaned by AIDS in child-headed households. These adolescents are forced to abandon their schooling either temporarily or permanently because they have to take care of ailing parents and assume adult responsibilities in their homes. Further inhibiting factors on these adolescents' development are generated by abject poverty, the lack parental, social and educational support and social discrimination. The article analyzes and describes how the above-mentioned problems influence these AIDS-affected adolescents cognitively, emotionally, morally, socially and connotatively. (PsycINFO Database Record (c) 2005 APA, all rights reserved) (journal abstract)

Leach, F. and P. Machakanja (2000). Preliminary Investigation of the Abuse of Girls in Zimbabwean Junior Secondary Schools. Education Research Paper. Knowledge & Research. United Kingdom; England, Department of International Development: ISBN-8-6192-279-5, Report: DFID-Ser-39; 104.

This study found that the abuse of girls in the coeducational schools where the research took place was widespread and took the form of aggressive sexual behavior, intimidation and physical assault by older boys, sexual advances by male teachers, and corporal punishment and verbal abuse by both female and male teachers (on boys as well as girls). Younger girls in particular were fearful of male sexual advances or intimidation. An unsettling and sometimes violent environment is neither conducive to girls' learning nor to their forming mature relations with boys (with implications for the spread of HIV/AIDS among adolescents). Girls in the single-sex school were not protected from sexual advances outside the school. Male sexual aggression in schools appears to be institutionalized and considered as normal. Girls respond on the whole with resignation and passivity. Schools are themselves complicit in the abuse in that they fail to discipline perpetrators (whether pupils or teachers), deny that abuse exists, and foster an authoritarian culture where the behavior of teachers cannot be questioned. School-based abuse is a reflection of abuse found elsewhere--in the home and community. "Sugar daddies" in particular seek to lure girls into sexual relations with gifts and money. This widespread abuse goes unchecked because of the low status accorded women by society, where men invade women's private space with impunity and girls are socialized to expect subordination to men in adult life. Lack of will to address the issue by government bodies helps to perpetuate and condone it. Eliminating abuse will require a significant change in school culture, and in the attitudes and behavior of teachers, school heads, officials, parents, and pupils, both boys and girls. Appended are: Numbers Interviewed; Tables (6); Extracts from the Interviews from Boys and Girls; Teachers' Definition of Abuse; Pupils' Workshops and Teachers' Workshops. (Author/RT)

Levinson, R. A., C. Sadigursky, et al. (2004). "The Impact of Cultural Context on Brazilian Adolescents' Sexual Practices." Adolescence San Diego **39**(154): 203.

AIDS prevention research has demonstrated that theoretically driven HIV prevention programs can be tailored to specific cultures. Further, condom self-efficacy and contraceptive self-efficacy scales have been tested in the U.S. and been shown to predict condom and contraceptive use. Results of condom and contraceptive self-efficacy studies have been used to suggest ways to educate and counsel young people to avoid unprotected sex. This paper reports the findings from our research in Salvador, Brazil, using Levinson's Condom Self-Efficacy Scale (CDSE). The data are derived from six focus groups totaling 76 teenagers from three high schools. The focus group discussions explored cultural and psychological issues involved in condom use. Here we report on the gender dynamics of condom use as revealed by these urban Brazilian teenagers. Three focal points for behavioral change are identified: (1) issues of masculinity, (2) issues of femininity, and (3) condom use skills.

Machel, J. Z. (2001). "Unsafe sexual behaviour among schoolgirls in Mozambique: a matter of gender and class." Reproductive Health Matters **9**(17): 82-90.

This study seeks to examine the reasons why young women aged 14-20 in Maputo, Mozambique were engaging in risky sexual behaviour and to ascertain whether the spread of HIV is due to socioeconomic factors and/or patriarchal beliefs and mores, or both. It is based on in-depth interviews and questionnaires among 182 girls in two secondary schools in Maputo, one attended primarily by working-class and one primarily by middle-class students. The findings suggest that while gender dynamics work against women overall, middle-class young women had fewer sexual partners, used condoms more often; seemed willing to challenge gender norms and were more assertive than their working class counterparts, which placed them at potentially more of an advantage in sexual negotiation. Working-class young women, for whom the interlocking categories of gender and class operated, were more accepting of gender power differentials, were less assertive and tended to be dependent on their partners for material needs more often, which served to weaken their bargaining power in relation to safe sexual behavior and rendered them more vulnerable.

Madhavan, S. (2004). "Fosterage patterns in the age of AIDS: Continuity and change." Annual Conference of the Sociological Association of South Africa, Jul 2001, Pretoria, South Africa; An earlier version of this article was presented at the aforementioned conference. **58**(7): 1443.

An estimated 4 million children, or about 10% of the entire South African population, will be orphaned by the year 2015. There is growing consensus that the extended family system is no longer capable of providing for orphans given severe economic constraints. There is, therefore, an urgency to develop appropriate interventions to support families and take

care of these children. This article examines some of the existing literature on child fosterage and uses it to highlight understudied aspects of the current situation of children orphaned through AIDS in South Africa. Of particular concern are the points of continuity and change in fosterage patterns before and after the onset of the epidemic in South Africa. I suggest that an understanding of the short- and long-term consequences for children orphaned by AIDS in South Africa calls for historical contextualisation given that child fostering, both voluntarily and involuntarily, has been a feature of black family life since well before the onset of HIV/AIDS. In addition, I demonstrate the value of examining kinship, family, and networks in order to fully understand the circumstances of fostering these children. The paper concludes with a call for more research on children orphaned by AIDS in South Africa that will provide not only more data, but also enrich theoretical approaches to studying patterns of child fosterage in Africa and elsewhere. (PsycINFO Database Record (c) 2005 APA, all rights reserved) (journal abstract)

Masmas, T. N., H. Jensen, et al. (2004). "The social situation of motherless children in rural and urban areas of Guinea-Bissau." *Social Science & Medicine* **59**(6): 1231.

With the increasing prevalence of HIV infection and the high maternal mortality, orphans are a rapidly growing problem in Africa. However, few studies describe the social conditions of these children. Our study focuses on motherless children in urban and rural areas of Guinea-Bissau. A rural and an urban cohort of children (128 and 192, respectively) that had been followed by demographic surveillance since 1990 were identified and the relatives of these children interviewed. A control cohort of 808 individuals was also identified. Although orphan children remained disadvantaged, there were few differences between surviving motherless and control children in nutritional status, use of health care services, school attendance, quality of housing, and clothing. Motherless children moved more frequently and were more likely to live in small families, often with an older grandmother. The traditional extended family system appears to be capable of handling motherless children in a non-discriminatory fashion. However, the AIDS epidemic will continue to stress the extended family system and social services to the limit. (PsycINFO Database Record (c) 2005 APA, all rights reserved) (journal abstract)

Nyambedha, E. O., S. Wandibba, et al. (2001). "Policy implications of the inadequate support systems for orphans in Western Kenya." *Health Policy* **58**(1): 83-96.

This paper describes the support systems available for orphans in a rural Luo community in Nyang'oma sub-location in Bondo District of Western Kenya. Qualitative data were collected through in-depth interviews with orphaned children and their caretakers as well as key informants, and through focus group discussions with orphaned children, widows and community elders. Quantitative data were obtained by questionnaires administered to 100 caretakers of orphaned children. The most serious problem was inability of the orphan households to afford school fees, although lack of food, medicine and clothing were also prominent. The traditional, kinship-based support systems made a major contribution to catering for the orphans though the resources were far from enough. Various community-based groups in the area did not contribute significantly. The problem is getting desperate due to a combination of an exponentially increasing prevalence of orphans, poor socio-economic conditions and decline of the traditional support systems. For health planners and policy makers there are two major concerns. In the short term, a big and rapidly growing group of children are without adequate access to health services, while in the long term, the negative consequences for (in particular the girl) orphans' schooling pose a serious threat to the health of their future children. Based on the study findings, two recommendations are made: that the responsible parties address the issue of education for orphans rapidly and sufficiently and with due consideration of their food security and medicine; and that potential community resources such as kinship networks and community groups are mobilised in order to assist in achieving the goal. (C) 2001 Elsevier Science Ireland Ltd. All rights reserved.

Nyamukapa, C. and S. Gregson (2005). "Extended family's and women's roles in safeguarding orphans' education in AIDS-afflicted rural Zimbabwe." *Social Science & Medicine* **60**(10): 2155.

The extended family forms the basis for orphan care and education in sub-Saharan Africa. Initial absence followed by emergence of differentials in primary school enrolment between orphans and non-orphans have been attributed to the strength and subsequent HIV/AIDS-induced breakdown of extended family orphan care arrangements. Yet, few attempts have been made to describe how these arrangements are affected by HIV/AIDS or how they relate to observed patterns of childhood outcomes by sex and orphan status. We use a combination of quantitative and qualitative data to show that maternal orphans but not paternal or double orphans have lower primary school completion rates than non-orphans in rural Zimbabwe, and that these patterns reflect adaptations and gaps in extended family orphan care arrangements. Sustained high levels of primary school completion amongst paternal and double orphans--particularly for girls--result from increased residence in female-headed households and greater access to external resources. Low primary school completion amongst maternal orphans results from lack of support from fathers and stepmothers and ineligibility for welfare assistance due to residence in higher socio-economic status households. These effects are partially offset by increased assistance from maternal relatives. These findings indicate that programmes should assist maternal orphans and support women's efforts by reinforcing the roles of extended families and local communities, and by facilitating greater self-sufficiency. (PsycINFO Database Record (c) 2005 APA, all rights reserved) (journal abstract)

O'Hare, B. A. M., J. Venables, et al. (2005). "Home-based care for orphaned children infected with HIV/AIDS in Uganda." *AIDS Care* **17**(4): 443.

The primary aim of this paper is to describe an outreach programme from a main state hospital in sub-Saharan Africa, which has been running for three years. This programme is based in Mulago Hospital Kampala, Uganda and cares for up to 200 children infected with HIV/AIDS in their home. We describe the clinic and how we meet the families and enroll them, the infrastructure of the programme and the personnel involved. Children and their families receive physical, psychological and social care and we describe each aspect of this. The knowledge base about older children with AIDS in Africa is scarce

and the secondary aim of this paper is to publish observations that were made while providing care. This includes demographics and the health problems encountered among children living with HIV/AIDS in a resource-poor setting who do not receive antiretroviral medication. Finally, we discuss the strengths and weaknesses of this model of care and the prerequisites to setting up a similar model. (PsycINFO Database Record (c) 2005 APA, all rights reserved) (journal abstract)

Oleke, C., A. Blystad, et al. (2005). "When the obvious brother is not there": Political and cultural contexts of the orphan challenge in northern Uganda." *Social Science & Medicine* 61(12): 2628-2638.

It is estimated that two million of Uganda's children today are orphaned primarily due to AIDS. While recognising the immense impact of HIV/AIDS on the present orphan problem, this article calls for a broader historic and cultural contextualisation to reach an understanding of the vastness of the orphan challenge. The study on which the article is based was carried out among the Langi in Lira District, northern Uganda, with a prime focus on the situation of orphans within the extended family system. The data were collected through ethnographic fieldwork (8 months); in-depth interviews with community leaders (21), heads of households (45) and orphans (35); through focus group discussions (5) with adult men and women caring for orphans, community leaders and with orphans; and also through documentary review. A survey was conducted in 402 households. The findings reveal a transition over the past 30 years from a situation dominated by 'purposeful' voluntary exchange of non-orphaned children to one dominated by 'crisis fostering' of orphans. Sixty-three percent of the households caring for orphans were found to be no longer headed by resourceful paternal kin in a manner deemed culturally appropriate by the patrilineal Langi society, but rather by marginalised widows, grandmothers or other single women receiving little support from the paternal clan. This transition is partly linked to an abrupt discontinuation of the Langi 'widow inheritance' (laku) practice. It is argued that the consequential transformations in fostering practices in northern Uganda must be historically situated through a focus on the effects of armed conflicts and uprooting of the local pastoral and cotton-based economy, which have occurred since the late 1970s. These processes jointly produced dramatic economic marginalisation with highly disturbing consequences for orphans and their caretakers. (c) 2005 Elsevier Ltd. All rights reserved.

Pratt, C. B., I. Obeng-Quaidoo, et al. (2000). "Health-Information Sources for Kenyan Adolescents: Implications for Continuing HIV/AIDS Control and Prevention in Sub-Saharan Africa." *Western Journal of Black Studies* 24(3): 131.

Surveyed and conducted focus groups with Kenyan adolescents to investigate their health information sources, focusing on sexually transmitted diseases (STDs), particularly HIV/AIDS. Respondents relied most heavily on health clinics for information on STDs, their most common health problem. Those with high knowledge of contraceptives were more likely than others to use the mass media for information. (SM)

Preble, E. A. (1990). "Impact of HIV/AIDS on African Children." *Social Science and Medicine* 31(6): 671.

In central & eastern Africa, human immunodeficiency virus (HIV) infection & acquired immune deficiency syndrome (AIDS) are becoming increasing threats to child health due to the predominance of heterosexual transmission of HIV, high HIV infection rates in women of reproductive age, & high birthrates. The potential impact of HIV/AIDS on orphanhood & under-age 5 mortality in 10 central & eastern African countries is assessed by reviewing HIV seroprevalence estimates & modeling curves for low, medium, & high HIV/AIDS progressions. It is estimated that HIV/AIDS in children under age 5 will cause up to half a million child deaths annually by the year 2000; this is a dramatic increase over UN estimates. Increasing HIV/AIDS-related adult mortality is creating a large & growing number of children whose mothers have died; during the 1990s, 6%-11% of the population under age 15 will be orphaned. Traditional systems of adoption & institutional care will be insufficient to cope with these numbers; even now, mothers are losing confidence in the system. National & international government & nongovernment service providers need to recognize this potential impact of HIV/AIDS on children, expand AIDS-prevention efforts, & develop policies & programs to address needs. 4 Tables, 5 Figures, 26 References. Adapted from the source document.

Rutayuga, J. B. (1992). "Assistance to AIDS orphans within the family/kinship system and local institutions: A program for East Africa." *AIDS Education and Prevention* Suppl: 57.

The rapid spread of HIV/AIDS infection in East Africa is devastating the adult population, leaving behind orphans in need of care. By 2015, there will be an estimated 16,000,000 children orphaned by AIDS in Africa alone (L. Valeroy, 1991). Long-term and cost effective programs must be designed that will utilize available resources. AIDS orphans have traditionally been relocated within the extended family network, although this system is becoming overwhelmed by the large numbers of children needing care. This article outlines a family/kinship project to support and enhance existing traditional systems and thus ensure stable and long-term orphan care. (PsycINFO Database Record (c) 2005 APA, all rights reserved)

Ryder, R. W., M. Kamenga, et al. (1994). "Aids Orphans in Kinshasa, Zaire - Incidence and Socioeconomic Consequences." *Aids* 8(5): 673-679.

Objective: To determine the incidence, morbidity, mortality, and socioeconomic consequences of becoming an AIDS orphan (a child with an HIV-1-seropositive mother who has died) in Kinshasa, Zaire. Design: A longitudinal cohort study was undertaken between 1986 and 1990. Within this cohort, a nested case-control study of AIDS orphans was performed. AIDS orphan cases were children with an HIV-1-seropositive mother who had died. Two groups of control children were identified. The first group of control children were age-matched children with HIV-1-seropositive mothers who were alive at the time of death of the AIDS orphan case mother. The second group of control children were children with HIV-1-seronegative mothers who were also alive at the time of death of the AIDS orphan case mother. Setting: Obstetric ward and follow-up clinic at two large municipal hospitals in Kinshasa, Zaire. Participants: A total of 466 HIV-1-seropositive women, their children, and the fathers of these children; 606 HIV-1-seronegative women, their children, and the fathers of these children.

Main outcome measures: AIDS orphan incidence, HIV-1 vertical transmission rate, morbidity, mortality and socioeconomic indicators of the consequences of becoming an AIDS orphan. Results: The AIDS orphan incidence rate was 8.2 per 100 HIV-1-seropositive women-years of follow-up. Vertical transmission of HIV-1 was higher in AIDS orphan cases (41%) than in control children with HIV-1-seropositive mothers (26%; $P < 0.05$). Among children without vertically acquired HIV-1 infection, morbidity rates and indices of social and economic well-being were similar in AIDS orphans and control children. Five out of 26 (19%) AIDS orphan cases died during follow-up, compared with three out of 52 (6%) control children ($P < 0.05$). Conclusion: During a 3-year follow-up period, children with HIV-1-seropositive mothers had a considerable risk of becoming an AIDS orphan. However, the presence of a concerned extended family appeared to minimize any adverse health and socioeconomic effects experienced by orphan children.

Tarantola, D. and S. Gruskin (1998). "Children confronting HIV/AIDS: charting the confluence of rights and health." *Health and human rights* 3(1): 60.

Taylor, L. R. (2005). "Patterns of child fosterage in rural northern Thailand." *Journal of Biosocial Science* 37(3): 333-350.

Evolutionary theory guides an investigation of foster parent selection in two northern Thai villages with different biosocial environments: one village has high levels of labour migration and divorce, and growing numbers of parental death due to HIV/AIDS, while the other village has lower migration, divorce and parental mortality levels. Focus groups examine mothers' and fathers' motivations and ideals regarding foster caretaker selection, and quantitative family surveys examine real fostering outcomes: specifically, the laterality (matrilateral versus patrilateral) and genetic distance of the foster caretakers of all ever-fostered children in these two villages. As predicted, in environments of high marital stability and paternity certainty, parents seem to prefer close genetic kin from either side as foster parents for their children. In low marital stability and paternity certainty environments, parents trust their own lateral kin, regardless of genetic distance, over close genetic kin from the other side. The striking exception to this pattern, however, occurs in the case of parental death, in which case children are fostered to the deceased parent's kin, regardless of the child's sex or other factors. In general, the foster parents for girls are selected with more care, reflecting the daughter/female preference expected in traditionally matrilineal, matrilocal societies. An ordered decision-making pathway for foster parent selection is proposed, taking into consideration the key factors of (a) the circumstances driving the fostering decision, (b) the gender of the child, (c) the gender of the key decision-making parent, and (d) the degree of marital and population fluidity (and subsequent paternity certainty) in the village.

UNICEF (2005). Guide to monitoring and evaluation of the national response for children orphaned and made vulnerable by HIV/AIDS. New York, UNICEF.

The AIDS epidemic continues to result in increasing numbers of children being orphaned and made vulnerable by HIV/AIDS. One of the major challenges facing governments, international organizations and non-governmental organizations (NGOs) in their response is the lack of data on the quality and effectiveness of their interventions.

UNICEF, UNAIDS, et al. (2004). Children on the Brink 2004: A Joint Report of New Orphan Estimates and a Framework for Action.

Systems of Thought > Communities of worship

Broqua, C., F. o. Loux, et al. (1998). "AIDS: bereavement, memory, new rituals." *Ethnologie française* XXVIII(1): 5.

Dilger, H. r. (2001). "'Living positHIVely in Tanzania': The global dynamics of AIDS and the meaning of religion for international and local AIDS work." *Afrika Spectrum* 36(1): 73.

AIDS work in Africa is to a great extent based on models which originated in North America or Europe and may be, for this reason, culturally inappropriate for the international setting. The global dynamics of AIDS work are explored in the paper with regard to a neglected topic of research: the care and support for people living with HIV/AIDS in sub-Saharan Africa. Referring to the concept of living positHIVely, the author describes where and how the model came into use, how it has later been appropriated by Tanzanian NGOs and how it shapes today the lives of PWHAs in the country's major town, Dar es Salaam. It is argued that, as religion plays an important role for the conceptions of illness and healing in Tanzania, religious-spiritual elements have contributed strongly to the understanding of a 'positive' life with HIV (Swahili: *kuishi kwa matumaini* = living with hope). The paper concludes by calling for an integrating approach in international and local AIDS work which takes into account both the working experiences from the North, as well as the cultural conceptions and circumstances that shape the respective contexts in which AIDS work takes place.; Reprinted by permission of Institut für Afrika-Kunde

Edelheit, J. A. (2004). "The Passion to Heal: A Theological Pastoral Approach to HIV/AIDS." *Zygon*® 39(2): 497-506.

Abstract. The global pandemic of HIV/AIDS is the most significant challenge of our time. The ongoing conversation between religion and science comes to a critical juncture in this pandemic. The global community has not yet found a vaccine or cure for this virulent virus, which will likely claim five million more lives in the coming year. The global statistics challenge even the most sophisticated imagination, with projections in the tens of millions of people dead, orphaned children, and many more living in various stages of incapacitation or diminished lives. There is a common prophetic religious imperative among Western faith communities that urgently requires both science and religion to respond. Both disciplines

define their scope and purpose as universal, and the global pandemic provides a significant challenge to that universal claim. Regardless of the many differences among the nations and peoples challenged by this pandemic, there is a common moral foundation to which the Western religious and scientific traditions must respond. Religion and science cannot deny their respective social responsibilities by claiming the role of neutral bystander. There are several critical ethical choices to be made in response to the pandemic, and the disciplines of religion and science are critical in formulating those choices.

Eves, R. (2003). "AIDS and apocalypticism: interpretations of the epidemic from Papua New Guinea." Culture, health and sexuality 5(3): 249.

There has been little research into how the diverse cultures within Papua New Guinea interpret, represent and understand the HIV/AIDS epidemic. Using qualitative ethnographic research, this study examines how incoming ideas about AIDS relate to the existing cultural frameworks of a rural Christian community. Although Lelet respondents in New Ireland have recourse to indigenous conceptions, apocalyptic Christianity is the most influential framework in their understanding of AIDS. Two interconnected issues are examined: how the epidemic is understood in apocalyptic terms, and how this affects practical approach to the disease. The paper indicates a need for more research into the stances taken by different Christian groups towards HIV/AIDS. This is especially important in the Pacific, where Christianity is the dominant worldview and where there has been a rapid spread of apocalyptic forms of Christianity, which may have particularly significant consequences for the epidemic.; Reprinted by permission of Taylor & Francis Ltd

Hunt, M. E. (2004). "AIDS: Globalization and Its Discontents." Zygon® 39(2): 465-480.

Abstract. HIV/AIDS has changed from a disease of white gay men in the United States to a pandemic that largely involves women and dependent children in developing countries. Many theologies of disease are necessary to cope with the variety of expressions of this pandemic. Christian theoethical reflection on HIV/AIDS has been largely focused on sexual ethics, with uneven and mainly unhelpful results. Among the ethical issues that shape future useful conversations are globalized economics and resource sharing, the morality and economics of the pharmaceutical industry, and the need for sex education and access to reproductive choice. Considering such issues in international, interreligious, multiscientific contexts is a concrete next step for the religion-and-science dialogue. It will put the powerful tools of both fields to the service of the common good.

Kelley, L. M. and N. Eberstadt (2005). "The Muslim face of AIDS." Foreign policy 149: 42.

As HIV quietly crept into the Muslim world, leaders from Morocco to the Philippines denied its spread, insisting that extra-marital sex and homosexuality simply did not occur in their societies. Now it is up to these Muslim leaders to save their community of believers before the disease weakens them beyond repair.; Reprinted by permission of Foreign Policy magazine. For further details please visit <http://www.foreignpolicy.com>

Koon Teh, Y. (2001). "Mak nyahs (male transsexuals) in Malaysia: The influence of culture and religion on their identity." International Journal of Transgenderism 5(3).

This paper discusses a study of male transsexuals in Malaysia, known locally as mak nyahs. This detailed study involved the use of questionnaires and interviews. The questionnaire for the mak nyahs, which consisted of 142 questions, was divided into 3 parts: (1) the social aspect; (2) HIV/AIDS knowledge; and (3) related health issues. In addition to questionnaires, interviews were carried out with some of the mak nyahs as well as with the relevant authorities. The writer found that transsexuals in Malaysia have many characteristics similar to those from other parts of the world. However, the identity of the mak nyahs in Malaysia is influenced by cultural and religious factors. The definition and identity of male transsexuals in Malaysia may differ in some ways from those in other parts of the world. (PsycINFO Database Record (c) 2005 APA, all rights reserved)http://www.symposion.com/ijt/ijtvo05no03_04.htm

Lefkowitz, E. S., M. M. Gillen, et al. (2004). "Religiosity, sexual behaviors, and sexual attitudes during emerging adulthood." Journal of Sex Research 41(2): 150-159.

The current study examined associations between religiosity and sexual behaviors and attitudes during emerging adulthood. Two hundred and five emerging adults completed surveys about five aspects of their religiosity (group affiliation, attendance at religious services, attitudes, perceptions of negative sanctions, and adherence to sanctions) and their sexual behaviors (abstinence, age of onset, lifetime partners, condom use) and attitudes (conservative attitudes, perceived vulnerability to HIV, and condom-related beliefs). Associations were found between the measures of religiosity and sexuality, although the patterns differed by measures used. Religious behavior was the strongest predictor of sexual behavior. Many aspects of religiosity were associated with general sexual attitudes, which was not the case for perceived vulnerability to HIV and condom-related beliefs. The findings support reference group theory and highlight the importance of considering the specific constructs of religiosity and sexuality assessed in studies of these topics.

Loue, S., S. D. Lane, et al. (1999). "Integrating Buddhism and HIV prevention in US southeast Asian communities." Journal of Health Care for the Poor and Underserved 10(1): 100-121.

Asian Pacific Islander communities in the United States have experienced an alarming increase in HIV infection over the past few years, possibly due to a lack of knowledge and the relative absence of appropriate educational interventions. The authors propose a new approach to the development of HIV prevention programs in U.S. southeast Asian communities. This article reviews the cultural and economic factors that may facilitate HIV transmission within these communities. Relying on the basic precepts of Buddhism, the dominant religion of many southeast Asian populations in the United States, the health belief model is utilized to demonstrate how recognizable, acceptable religious constructs can be integrated into

the content of HIV prevention messages. This integration of religious concepts with HIV prevention messages may increase the likelihood that the message audience will accept the prevention messages as relevant. This nuanced approach to HIV prevention must be validated and refined through field research.

Luginaah, I. N., E. K. Yiridoe, et al. (2005). "From mandatory to voluntary testing: Balancing human rights, religious and cultural values, and HIV/AIDS prevention in Ghana." *Social science & medicine* 61(8): 1689.

This paper examines efforts by some churches in Ghana to reduce the spread of HIV/AIDS. The analysis is based on focus group discussions with two groups of men and two groups of women, along with in-depth interviews with 13 pastors and marriage counsellors in the churches studied. In response to government and public criticisms about human rights violations, churches that previously imposed mandatory HIV testing on members planning to marry now have voluntary testing programmes. However, the results suggest that what the churches refer to as voluntary testing may not be truly voluntary. Cultural values and traditional practices, including traditional courtship and marriage rites (which are performed before church weddings), not only clash with considerations about pre-marital HIV testing but also complicate the contentious issue of confidentiality of information on HIV testing. Associated with these complexities and issues of confidentiality is a reluctance among participants, particularly those from northern Ghana, to test for HIV. The results reveal how broader social impacts of HIV testing for those planning to marry may extend beyond individuals or couples in different cultural contexts. The findings also support the general view that there are no perfect or easy solutions to combating the HIV/AIDS pandemic. Practical solutions and programs for Ghana cannot be neutral to cultural values and need to be tailored for particular (ethnic) populations. (PsycINFO Database Record (c) 2005 APA, all rights reserved) (journal abstract)

Newshan, G. (1998). "Transcending the physical: spiritual aspects of pain in patients with HIV and/or cancer." *Journal of Advanced Nursing* 28(6): 1236-1241.

Transcending the physical: spiritual aspects of pain in patients with HIV and/or cancer P Spirituality is an important though often neglected aspect of pain in patients with human immunodeficiency virus (HIV) and/or cancer, for both patients and nurses. The spiritual domain involves: (1) meaning, (2) hope and (3) love and relatedness. The author examines spiritual aspects of pain in persons with HIV and/or cancer, as supported by the literature. Understanding spiritual aspects of pain carries implications for nursing. One of these implications is that it is important for the nurse to be closer to his/her own spirit in order to be there for the patient in pain. Other nursing implications include spiritual assessment and interventions, such as presence, attentive listening, acceptance and judicious self-disclosure, for promoting comfort and diminishing pain.

Nzioka, C. (2000). "The Social Meanings of Death from HIV/AIDS: An African Interpretative View." *Culture, Health & Sexuality* 2(1): 1. By analyzing accounts from a sample of 14 heterosexual people diagnosed HIV (human immunodeficiency virus)-positive & presented for treatment in four specialized clinics in Nairobi, Kenya, & other accounts elicited from members of the clergy & laypersons, examined is how people make sense of death from HIV/AIDS (acquired immune deficiency syndrome). To be infected by HIV equates to death, & because AIDS acts as a metaphor for moral & physical contamination, HIV infection confers on the individual a spoiled image & identity. This image & identity are projected into life beyond physical death & are reinforced, popularized, & legitimized by Christian & African religious schema in such a way that death from HIV/AIDS is now constructed & experienced as permanent. This kind of death has implications for how people living with HIV/AIDS seek treatment & manage an HIV-seropositive status. It is also relevant to an understanding of how funerals & burials for people dying of HIV/AIDS are now being organized in Kenya. 33 References. Adapted from the source document.

Obaid, T. A., et al. (2005). "Religion and Reproductive Health and Rights." *Journal of the American Academy of Religion* 73: 1155-1173.

This essay examines the relationship between religion and public policy issues concerning reproductive health and rights. It particularly focuses on how such issues affect women. Although not ignoring the sometimes oppositional stance of some religious spokespersons to birth control and attempts to mitigate the suffering caused by HIV/AIDS, early or frequent pregnancy, discrimination against female fetuses and babies, and so on, the essay seeks to identify positive responses by religiously committed people, particularly women, that parallel or reinforce UNFPA initiatives to address such problems. The essay also attempts to articulate ways in which religion should come to grips with issues of reproductive health and rights.

Siegel, K. and E. W. Schrimshaw (2002). "The Perceived Benefits of Religious and Spiritual Coping Among Older Adults Living with HIV/AIDS." *Journal for the Scientific Study of Religion* 41(1): 91-102.

Although religious and spiritual beliefs and practices have been frequently associated with greater psychological well-being among illness populations, little is known about the specific benefits individuals perceive they receive from these beliefs and practices. This issue was examined in interviews with 63 older HIV-infected adults. Participants reported a variety of benefits from their religious and spiritual beliefs and practices, including: (1) evokes comforting emotions and feelings; (2) offers strength, empowerment, and control; (3) eases the emotional burden of the illness; (4) offers social support and a sense of belonging; (5) offers spiritual support through a personal relationship with God; (6) facilitates meaning and acceptance of the illness; (7) helps preserve health; (8) relieves the fear and uncertainty of death; (9) facilitates self-acceptance and reduces self-blame. These perceived benefits suggest potential mechanisms by which religion/spirituality may affect psychological adjustment.

Takyi, B. K. (2003). "Religion and Women's Health in Ghana: Insights into HIV/AIDS Preventive and Protective Behavior." *Social Science and Medicine* 56(6): 1221.

This article contributes to the discourse on religion & health in Africa by analyzing the interrelationship between religion & AIDS behavior in Ghana, a West African country at the early stages of the AIDS epidemic, & one where religious activities are more pronounced. We explore whether a woman's knowledge of HIV/AIDS is associated with her religious affiliation, & whether religious affiliation influences AIDS preventive (protective) attitudes. Findings from our analysis of Ghanaian data indicate that religious affiliation has a significant effect on knowledge of AIDS. However, we did not find religious affiliation to be associated with changes in specific protective behavior, particularly the use of condoms. The limitations & implications of the study are discussed, promising directions for further research on religion & AIDS protective & risk behaviors are also discussed, & the design & development of culturally sensitive programs to help in the ongoing AIDS prevention efforts in the region are proposed. 5 Tables, 105 References. Adapted from the source document.

Systems of Thought > Explanatory systems and bodily practices

Andersson, J. A. (2002). "Sorcery in the era of 'Henry IV': Kinship, mobility and mortality in Buhera district, Zimbabwe." Journal of the Royal Anthropological Institute 8(3): 425-449.

Recent studies of witchcraft and sorcery in Africa have described this domain as an all-powerful and inescapable discourse. This article, on a migrant labour society in Zimbabwe, discloses a situation in which this discourse and its interpretation are contested. It shows how existential insecurity, which gives rise to witchcraft accusations, relates to the high incidence of HIV/AIDS-related illnesses and death - euphemistically called Henry IV (HIV). Witchcraft accusations arise within kin-based networks that span rural and urban geographical areas, as it is these networks that people depend upon for their livelihoods. Thus, this article stresses the important link between witchcraft and kinship in a society that is not geographically bound, revealing how witchcraft discourse is assigned a place relative to other social phenomena.

Bailey, R. C., R. Muga, et al. (2002). "The Acceptability of Male Circumcision to Reduce HIV Infections in Nyanza Province, Kenya." AIDS Care 14(1): 27.

Compelling epidemiological evidence showing a significant association between lack of male circumcision & HIV infection has prompted calls for consideration of male circumcision interventions as a strategy for reducing HIV prevalence in highly affected areas where circumcision is little practiced & transmission is predominantly heterosexual. Little is known about whether male circumcision interventions would be acceptable or feasible in traditionally non-circumcising areas of Africa. This study assesses the acceptability of male circumcision in the Luo, a large, traditionally non-circumcising ethnic group in western Kenya. Separate focused group discussions with adult Luo men & women & semistructured interviews with clinicians were conducted in Nyanza Province, Kenya. The primary barriers to acceptance of male circumcision were cultural identification, fear of pain & excessive bleeding, & cost. The main facilitators were association of male circumcision with better hygiene & reduced risk of infection. Both men & women were eager for promotion of genital hygiene & male circumcision, & they desired availability of circumcision clinical services in the province's health facilities. Clinicians lacked the knowledge & resources to offer safe circumcision counseling & services. If results from this study are valid for other areas of sub-Saharan Africa, acceptability of male circumcision as a means to reduce STDs & HIV is higher than previously suspected. Further studies are needed in other regions to assess the feasibility of introducing acceptable male circumcision information & services to reduce HIV transmission. 1 Table, 32 References. Adapted from the source document.

Brown, J. E., O. B. Ayowa, et al. (1993). "Dry and Tight - Sexual Practices and Potential Aids Risk in Zaire." Social Science & Medicine 37(8): 989-994.

Both men and women in central Zaire like a 'dry, tight' vagina because it increases pleasure during sexual intercourse. In focus group interviews, they described wiping and washing procedures, as well as 30 different substances, mostly leaves and powders, that women can insert into the vagina to produce the desired effects. Women who use leaves said they crush them, insert them for several hours, then remove them before intercourse. Women who insert powders leave them in place during intercourse. Individual interviews with 99 women (half of them unmarried prostitutes and half married women) showed that over one-third of each group had used intravaginal drying or tightening substances at some time. [Vagina.] examinations by a physician revealed that several of the substances cause inflammatory lesions of the vagina and cervix. Furthermore, some products cause extreme dryness that could foster epithelial trauma during coitus, both for the woman and for her partner. Breaks in the epithelium may promote the passage of organisms that cause AIDS and other sexually-transmitted diseases. Thus the sexual practices of drying and tightening the vagina may be increasing the risk of infection.

Butt, L. (2005). "'Lipstick girls' and 'Fallen women': AIDS and conspiratorial thinking in Papua, Indonesia." Cultural Anthropology 20(3): 412-441.

A widespread theory in the province of Papua, Eastern Indonesia, links the spread of sex workers and HIV/AIDS to a broader government conspiracy to eliminate indigenous Papuans. Explicit conspiratorial thinking by indigenous Papuans draws from diverse evidence such as provincial partition legislation, patterns of sex-industry usage, economic transformations, rumors of witchcraft, and new automobile technology. This article argues against treating conspiracy theories about AIDS simply as symbolically powerful rumors expressing indigenous Papuans' perceptions of oppression and unequal access to state resources. Rather, conspiracy theories articulate awareness of inconsistencies in the government's formulation and administration of sexual regulations and AIDS-prevention policies. AIDS conspiracy theories can therefore be understood as pragmatic and detailed interpretations of Papuan lived experiences in a context of ethnically disenfranchising forms of power in post-Suharto Indonesia.

- Civic, D. and D. Wilson (1996). "Dry sex in Zimbabwe and implications for condom use." *Social Science & Medicine* 42(1): 91-98.
 'Dry sex' refers to the preference for a dry, tight vagina during sexual intercourse. Women in Zimbabwe and elsewhere have been found to use a variety of drying agents to achieve these effects. Previous studies of 'dry sex' have concentrated on documentation of the practice and investigation of any associated increased risk of HIV. In contrast, this study examines the impact of 'dry sex' on condom use and effectiveness. Focus group interviews were held with female HIV/AIDS peer educators in Zimbabwe who had a history of commercial sex work. Participants reported that drying agents had physical and psychological consequences. That is, agents were said to dry and tighten a woman's vagina, and also to serve as 'love potions' to attract sexual partners and ensure their faithfulness. Although vaginal dryness was not found to deter the use of condoms, some women were reluctant to use condoms for fear of blocking the 'magic' of drying agents. There was agreement among participants that condoms frequently broke when used in conjunction with drying agents. Participants primarily attributed condom breakage to excessive vaginal tightness. Lubricants were not routinely used during sex or with condoms. However, participants preferred the use of lubricated condoms when they used condoms. Implications of the 'dry sex' practice for AIDS prevention programs and development of new HIV prevention technologies are discussed.
- Cleland, J. G., M. M. Ali, et al. (1999). "Post-Partum Sexual Abstinence in West Africa: Implications for AIDS-Control and Family Planning Programmes." *Aids* 13(1): 125.
 To assess whether the custom of prolonged postpartum sexual abstinence in Benin is associated with an increased incidence of extramarital sexual contacts by husbands, a cross-sectional survey was conducted of 1,533 men & 5,941 women. Of the 50% of men who experienced postpartum abstinence in the past 12 months, 32% reported one or more extramarital sexual contacts. The potentially protective effect for wives of prolonged abstinence after childbirth in Benin (& probably in much of West Africa) is offset by an increased probability that husbands will seek extramarital partners without using condoms. Although not quantifiable, the enhanced longer-term risks of sexually transmitted diseases, including HIV/AIDS (human immunodeficiency virus/acquired immune deficiency syndrome), for wives probably outweigh the short-term benefits of postpartum abstinence. Family planning practitioners in this region should not hesitate to recommend early resumption of sex & suitable methods of postpartum contraception for women who express concern or uncertainty about their husband's behavior. 4 Tables, 11 References. Adapted from the source document.
- Crawford, R. (1994). "The Boundaries of the Self and the Unhealthy Other - Reflections on Health, Culture and Aids." *Social Science & Medicine* 38(10): 1347-1365.
 Most accounts of the cultural stigmas associated with AIDS have not adequately considered the meanings through which the stigmatizing self imagines his/her difference from the stigmatized other. This paper argues that 'health' is a key concept in the fashioning of identity for the modern and contemporary middle class and that the 'unhealthy' come to be represented as the other of this self. 'Healthy' and 'unhealthy,' however, must be understood both in their biomedical meanings and in their implicit metaphorical meanings. The 'unhealthy,' 'contagious,' 'sexually deviant,' and 'addicted-minority' other-all condensed in the negative symbolism of AIDS-have become images which are mobilized as part of a cultural politics of reconstructing the self in conformity with intensified mandates for self-control. The expulsion of 'unhealthy' meanings from the self, an act of patrolling the borders of identity, finds its projected physical location in the figure of the person with HIV-AIDS.
- Gausset, Q. (2001). "AIDS and cultural practices in Africa: the case of the Tonga (Zambia)." *Social Science & Medicine* 52(4): 509-518.
 The fight against AIDS in Africa is often presented as a fight against "cultural barriers" that are seen as promoting the spread of the HIV virus. This attitude is based on a long history of Western prejudices about sexuality in Africa, which focus on its exotic aspects only (polygamy, adultery, wife-exchange, circumcision, dry sex, levirate, sexual pollution, sexual cleansing, various beliefs and taboos, etc.). The article argues that those cultural aspects are a wrong target of AIDS prevention programs because they are not incompatible with a Safer behavior, and because their eradication would not ensure the protection of people. To fight against them might alienate the people whose cooperation is necessary if one wants to prevent the spread of AIDS. The major problems of AIDS prevention in Africa are not specifically African, but are similar to the problems existing in Europe or America. Therefore, anti-AIDS projects should not fight against one local African culture in order to impose another (Western), but should rather try to make behavior and practises safer in a way that is culturally acceptable ib people. (C) 2001 Elsevier Science Ltd. All rights reserved.
- Green, E. C. (1992). "The Anthropology of Sexually-Transmitted Disease in Liberia." *Social Science & Medicine* 35(12): 1457-1468.
 In sub-Saharan African countries where AIDS is established, HIV transmission is primarily by means of heterosexual intercourse. A major co-factor in such transmission is the presence of other, sexually transmitted diseases (STDs). Efforts to limit the heterosexual transmission of HIV in Africa must therefore address the high prevalence of other, standard STDs. The present study attempts to establish a preliminary information base for interventions to prevent the spread of HIV in Liberia where there is relatively high incidence of standard STDs but low incidence of HIV seropositivity. Employing in-depth, key-informant interviews with traditional healers, prostitutes and others, as well as focus group discussions with groups selected on the basis of several criteria, knowledge, beliefs, attitudes and behavior related to AIDS and STDs were elicited. Although evidence of exposure to scientific concepts was found, traditional, ethnomedical views predominated. Notions of sorcery, taboo violation and contamination were often expressed when describing the etiologies of locally-recognized sexually transmitted diseases. More 'naturalistic' explanations were often based on simplified notions of human anatomy and biochemistry. Three basic messages about AIDS that were broadcast in a recent radio campaign were retained, namely 'AIDS kills,' 'there is no cure for it,' and 'it is transmitted through sex.' There was also evidence of Liberians beginning to view AIDS in frameworks of interpretation compatible with traditional ethnomedical beliefs, such as sorcery. Most tradi-

tional healers reported they knew little or nothing about AIDS, including those who had a lot to say about other STDs that are well-established in Liberia. Many cases of STDs seem to be handled by traditional healers. Treatment typically consists of decoctions from the leaves and roots of various medicinal plants, administered as teas-less often as enemas or vaginal implants-to be taken over a 2-4 day period. It is recommended that efforts to lower incidence of standard STDs be given priority comparable to promotion of condom use and 'safer sex' in efforts to slow the transmission of HIV in Liberia. Strategies for combating STDs will have to take into account popular beliefs and attitudes regarding STDs as well as the role and influence of traditional healers. Strategies of this sort are recommended.

- Gresenguet, G., J. K. Kreiss, et al. (1997). "HIV infection and vaginal douching in Central Africa." *Aids* 11(1): 101-106.
 Objective: To determine whether vaginal douching is associated with HIV infection. Methods: A total of 397 female patients who attended the referral clinic for sexually transmitted diseases in Bangui, Central African Republic, from August 1994 to February 1995, were interviewed regarding sexual behavior, sexual history, and vaginal douching during the previous 3 years. Pelvic examinations were conducted and vaginal and cervical fluids evaluated for genital infections. Blood was drawn for HIV and syphilis serologic testing. Results: The seroprevalence of HIV infection in the study population was 34%. Twenty-one per cent of the 115 HIV-seropositive women had a consistent practice of douching with commercial antiseptics versus 35% of the 223 HIV-seronegative women [odds ratio (OR), 0.6; 95% confidence interval (CI), 0.4-0.9; after adjusting for lifetime number of sexual partners, marital status, and condom use]. In contrast, a higher percentage of HIV-seropositive than HIV-seronegative women had a consistent practice of douching with a non-commercial preparation (14.8 versus 6.7%; adjusted OR, 1.7; 95% CI, 1.0-3.0). Conclusion: Our results suggest that vaginal douching with non-commercial preparations is associated with an increased prevalence of HIV, whereas douching with commercial antiseptic preparations was associated with a lower prevalence of HIV. The findings from this cross-sectional survey require confirmation in prospective studies.
- Halperin, D. T. (1999). "Dry sex practices and HIV infection in the Dominican Republic and Haiti." *Sexually Transmitted Infections* 75(6): 445-446.
- Henrion, R. (2003). "Female genital mutilations, forcible childhood marriage and adolescent pregnancies." *Bulletin De L Academie Nationale De Medecine* 187(6): 1051-1066.
 Female genital mutilations, as well as forcible childhood marriage and their correlate adolescent pregnancies are traditional practices which, not only violate the dignity, but also jeopardize the health, and even the life, of women and their children. The complications of genital mutilations are frequent for a number of reasons: the fact that the clitoris is highly vascularized, the nature of the mutilations, excision or infibulation, and the poor conditions of hygiene. The short term complications are pain, hemorrhage, shock, and urinary retention. Medium term complications include gangrene, septicemia, tetanus, pelvic inflammatory disease, HIV/AIDS, and hepatitis B or C infections. Serious sequelae may occur, including infertility and gynecologic disorders, and sexual life is invariably altered. The main obstetrical complications of genital mutilations are genital lacerations involving the labia minor and the perineum, which can lead to hemorrhage and sequelae such as urinary or anal incontinence, recto-vaginal and vesico-vaginal fistulas. The role of doctors, which is delicate because these customs are entrenched, is to detect genital mutilations, repair them and prevent them, by participating in health education programs. The consequences of forcible childhood marriage are serious, besides the fact that this is a disguised form of rape. The obstetrical risks favored by the underdevelopment of the uterus and the pelvis, include uterine rupture, preeclampsia and eclampsia, and obstetrical hemorrhage. The fetus/neonate are jeopardized by these complications, which can result in perinatal asphyxia and death, as well as the high rates of intrauterine growth retardation and preterm delivery. The impact of genital mutilations on delivery are compounded in childhood pregnancies for anatomical reasons, but also because these adolescents or children are extremely vulnerable and have poor access to perinatal care. In France, as well as in Africa, non-governmental and women's rights organizations are active in preventing these practices. We strongly recommend that these groups should receive aid and encouragement.
- Kroeger, K. A. (2003). "AIDS rumors, imaginary enemies, and the body politic in Indonesia." *American Ethnologist* 30(2): 243-257.
 Rumors about disease and illness draw on the rich symbolism of the body and are a way for social groups to express concerns about their relationships to the community and state. The Indonesian "AIDS Club" rumors are part of a corpus of contemporary Legends about AIDS that have circulated globally. In their Local form, however, they speak to particular concerns that urban Indonesians have about modernity and the power of the Indonesian state.
- Lakhani, A., K. Gandhi, et al. (2001). "Addressing Semen Loss Concerns: Towards Culturally Appropriate HIV/AIDS Interventions in Gujarat, India." *Reproductive health matters* 9(18): 49.
 A situation analysis of sexual networking & sexual health in an industrial area of Gujarat, India, identified anxiety about masturbation & other semen loss concerns as major preoccupations among young men. This paper describes how the Deepak Charitable Trust addressed these concerns in their HIV prevention program for young men aged 15 to 30. Flowcharts were used as participatory learning tools & to obtain data on the perceived consequences of masturbation, both before & after intervention activities. Research was also done on the relation between semen-related anxieties & sexual risk behavior by DCT & two other NGOs among young men engaging in unsafe sexual behavior. DCT advocates addressing masturbation & other semen loss concerns in all sexual health campaigns in South Asia, based on the magnitude of these concerns, their potential to confound syndromic management of STIs, & their significance as an idiom of psychosocial distress. Masturbation & associated anxieties about sexual performance are seen as health issues & discussed as such by the program. There is immediate identification among young men, whether or not they are already sexually active, & it pro-

vides an excellent entry point for sexual health & safer sex education. The community response to these efforts has been entirely positive. 2 Tables, 31 References. Adapted from the source document.

- Lambert, H. and K. Wood (2005). "A comparative analysis of communication about sex, health and sexual health in India and South Africa: Implications for HIV prevention." *Culture Health & Sexuality* 7(6): 527-541.
 This paper provides a comparative analysis of modes of dialogue, non-verbal communication and embodied action relating to sex and health in two contrasting countries - India and South Africa which have the world's two most heavily HIV-affected populations (in terms of numbers of people living with HIV). Drawing on material derived from multiple studies, including ethnographic and other forms of qualitative and multi-disciplinary research, the paper identifies commonalities as well as differences in communication relating to sex and sexual health in these diverse settings. The paper considers: first, how and by whom sex is and is not talked about, in public discourse and private conversation; second, how sexual intention and desire are communicated through indirect, nonverbal means in everyday life; and third, how references to sexuality and the sexual body re-enter within a more explicit set of indigenous discourses about health (rather than 'sexual health' per se), such as semen loss in India and womb 'dirtiness' in South Africa. The concluding section reflects on the implications of a comparative analysis such as this for current policy emphases on the importance of promoting verbal communication skills as part of 'life skills' for HIV prevention.
- Lugalla, J., M. Emmelin, et al. (2004). "Social, cultural and sexual behavioral determinants of observed decline in HIV infection trends: lessons from the Kagera Region, Tanzania." *Social Science & Medicine* 59(1): 185-198.
 This paper is a follow-up of earlier findings by the Kagera AIDS Research Project (KARP), which documented declining trends in the prevalence and incidence of HIV infection in the Kagera region of Tanzania. The paper examines socio-cultural and sexual behavioral changes as possible determinants of the observed declining trends in Bukoba, the largest urban area of the region. The study used in-depth interviews, focus group discussions, field observations and ethnographic assessments to collect the required data. The findings suggest that since the initial years of the epidemic there have been significant changes in sexual behaviors, norms, values, and customs that are considered high-risk for HIV transmission. The findings show an increase in condom use, abstinence, zero grazing (sticking to one sexual partner) and uptake of voluntary HIV testing while traditional practices such as polygamy, widow inheritance, excessive alcohol consumption, and sexual networking are declining. We suggest that these changes are partly a result of the severity of the epidemic itself in the study area, and interventions that have been carried out in this area since 1987. The major interventions have included health education, the distribution of condoms, AIDS education in schools, voluntary HIV counseling and testing. These are encouraging findings that give hope and we believe that other places within Tanzania and other countries experiencing a severe AIDS crisis have much to learn from this experience. However, changes in norms and behavior are vulnerable; people in Kagera are still at risk and there is a need for continued intervention together with monitoring of the direction of the epidemic. (C) 2003 Elsevier Ltd. All rights reserved.
- Luginaah, I., D. Elkins, et al. (2005). "Challenges of a pandemic: HIV/AIDS-related problems affecting Kenyan widows." *Social Science & Medicine* 60(6): 1219-1228.
 The paper reports the findings of a qualitative study using focus group discussions and in-depth interviews about the challenges faced by widows as they confront the direct and indirect impacts of HIV/AIDS in Nyanza, Kenya. Two focus groups were conducted with widows from two community-based organizations. This was followed by in-depth interviews with four members and two leaders from each of the community-based organizations. The contents were analysed using grounded theory. The findings reveal several challenges encountered by widows in their struggles with the direct and indirect impacts of HIV/AIDS. Widows who know or do not know their HIV status are conscious about the possibility of contracting or transmitting the virus. Wife inheritance (a Luo custom), emerged as an outstanding issue for the widows in the context of HIV/AIDS transmission. The widows employ various strategies to resist being inherited. Widows in the current epidemic navigate issues of sexuality in various ways, such as insisting their partners use condoms or permanently abstaining from sexual intercourse. (C) 2004 Elsevier Ltd. All rights reserved.
- Malungo, J. R. S. (2001). "Sexual cleansing (Kusalazya) and levirate marriage (Kunjilila mung'anda) in the era of AIDS: changes in perceptions and practices in Zambia." *Social Science & Medicine* 53(3): 371-382.
 Since sexual cleansing (kusalazya) and the intertwined ritual of levirate marriage or widow and widower inheritance (kunjilila mung'anda) have come to be implicated in the transmission of HIV/AIDS, alternative rituals to sexual cleansing have emerged. Using both quantitative and qualitative data obtained from Zambia in the second half of 1998, this study reveals that the alternative rituals to sexual cleansing include sliding over a half-naked person (kucuta) or over an animal (kucuta ng'ombe or cow-jumping); use of herbs and roots (misamu); cleansing by a married couple. Concoctions or other rituals that were otherwise considered 'alien' in Southern Province, such as cutting of hair (kugela masusa) and application of some powder (kunanika busu), have also been adopted. The study, therefore, discusses various aspects of these alternative practices: who performs them and how; whether the processes are connected to polygyny (maali), levirate marriage (kunjilila mung'anda), and grabbing or inheriting property (kukona); and whether these practices are also risk factors in the spread of HIV/AIDS. (C) 2001 Elsevier Science Ltd. All rights reserved.
- Manhart, L. E., A. Dialmy, et al. (2000). "Sexually transmitted diseases in Morocco: gender influences on prevention and health care seeking behavior." *Social Science & Medicine* 50(10): 1369-1383.
 Increased awareness of the medical and social costs of sexually transmitted diseases (STD) has resulted in greater attention to the control of these illnesses. STDs are responsible for a significant amount of morbidity in Morocco and have become a key target of the HIV control program. In 1996, the Ministry of Health conducted a qualitative study in order to enhance

information, education and communication strategies in the national STD/HIV program. Data on the conceptualization and knowledge of STD, information sources and health-care-seeking behavior were gathered through 70 semidirected, in-depth interviews conducted with men and women in the general population and health care providers (HCPs). Two commonly applied health behavior theories in STD/HIV prevention, the Health Belief Model (HBM) and the Theory of Reasoned Action (TRA) served as a framework for data analysis. The most common name for STD is *berd*, which means "the cold" in Moroccan Arabic. *Berd* is caused either by cold striking the genital area or sexual intercourse and most often designates a syndrome of genital discharge. However, the term was also often used to indicate STD in general. The dual causality of *berd* maintains social stability by providing an honorable excuse for individuals who become infected, while warning against unsanctioned sexual behavior. Clear gender differences in understanding STDs and health-care-seeking behavior emerged through these interviews. STDs in Morocco are viewed as women's illnesses and men with STD often reported feeling victimized by women. Men appear to have more extensive informal information sources for STD than women. Consequences of STD, both physical and psychosocial, were viewed as more severe for women than men, and men had greater access to treatment, for both social and economic reasons.

McVea, K. L. S. P. (1997). "Lay injection practices among migrant farmworkers in the age of AIDS: Evolution of a biomedical folk practice." *Social Science & Medicine* 45(1): 91-98.

The practice of injecting vitamins and antibiotics by lay people is common among Hispanic migrant farmworkers in the U.S.A. This practice has recent roots in the Latin American cultures from which these farmworkers originate, but it presents a public health concern in its new context because of the high prevalence of HIV infection among this disenfranchised population. Reasons for use of lay injections include cultural beliefs about the superiority of injections over oral forms of medications, perceived irrelevance of a professional diagnostician in prescribing empirical treatment, and a multitude of barriers to access to Western medicine. Although HIV educational materials directed at migrant farmworkers do not address the issue of sharing needles for these types of injections, some farmworkers indicated they had already modified their injection techniques in response to simple directives from physicians in their home country. In contrast to other folk treatment practices that have been resistant to change mediated solely through the provision of information, lay injection is such a new development that considerable experimentation and incorporation of new knowledge are still actively shaping its use. In this process, physicians are seen as legitimate sources of information about the use of Western pharmaceuticals; they should use this role to discourage unsafe injection practices. Efforts to extinguish the practice of lay injection entirely are less likely to meet with success so long as other means of accessing Western medicine are limited.

Meel, B. L. (2003). "1. The myth of child rape as a cure for HIV/AIDS in Transkei: A case report." *Medicine Science and the Law* 43(1): 85-88.

South Africa has one of the highest cases of HIV/ AIDS infection in Africa, and Transkei, a former black homeland, now a part of the Eastern Cape Province, is one locality with a large number of HIV/ AIDS sufferers. The unemployment level is very high and crime, including child rape, is very common. This report presents the case of a victim of rape, a nine-year old female child who was brought to the Umtata General Hospital, a victim of the mistaken belief that sex with a virgin will cure an HIV-infected person or AIDS sufferer of his illness. The alleged rapist was an HIV-positive uncle of the child. The myth of the 'HIV/AIDS virgin cure' is prevalent in the community. The history, physical examination and laboratory investigations of this case are given. A conclusion is drawn and preventive methods are suggested.

Morar, N. S., G. Ramjee, et al. (2003). "Vaginal douching and vaginal substance use among sex workers in KwaZulu-Natal, South Africa." *South African Journal of Science* 99(7-8): 371-374.

A local cultural practice that may enhance sexually transmitted infections (STIs) and HIV transmission is vaginal douching and vaginal substance use. These activities also have potential implications for the acceptability of HIV-prevention strategies such as the use of condoms and vaginal microbicides. We aimed to establish the prevalence, determinants and reasons for these practices among sex workers in KwaZulu-Natal, South Africa. A structured questionnaire was administered to 150 sex workers, who were being screened for a vaginal microbicide-effectiveness trial in the province. The questionnaire sought information on the frequency, reasons for and nature of vaginal douching and vaginal substance use and was drawn up on the basis of findings from a pilot study. Seventy per cent (95% CI: 62.0-77.2%) of the sex workers were HIV positive and on average they had five sexual partners per day. Vaginal douching and vaginal substance use were common among the sex workers. Vaginal douching was reported by 97% (n = 146) of the respondents and 94% reported vaginal substance use for 'dry sex'. A combination of traditional remedies, patent medicines, antiseptics and household detergents was used to clean and make the vagina dry and tight. The primary reasons reported for dry sex were to increase men's sexual pleasure (53%) and to attract clients and generate more money (20%). Sixty-five per cent of the women reported the practice of douching mainly for hygienic purposes and 13% for the prevention and treatment of sexually transmitted infections. Douching and dry-sex practices may increase women's risk of HIV and STI infection, and may have implications for the acceptability and development of HIV-prevention barrier methods such as microbicides and the use of condoms. These barrier methods may enhance or reduce sexual pleasure for men and women who engage in the practice of vaginal douching and vaginal substance use for 'dry sex'.

Morison, L., C. Scherf, et al. (2001). "The long-term reproductive health consequences of female genital cutting in rural Gambia: a community-based survey." *Tropical Medicine & International Health* 6(8): 643-653.

This paper examines the association between traditional practices of female genital cutting (FGC) and adult women's reproductive morbidity in rural Gambia. In 1999, we conducted a cross-sectional community survey of 1348 women aged 15-54 years, to estimate the prevalence of reproductive morbidity on the basis of women's reports, a gynaecological examination and laboratory analysis of specimens. Descriptive statistics and logistic regression were used to compare the

prevalence of each morbidity between cut and uncut women adjusting for possible confounders. A total of 1157 women consented to gynaecological examination and 58% had signs of genital cutting. There was a high level of agreement between reported circumcision status and that found on examination (97% agreement). The majority of operations consisted of clitoridectomy and excision of the labia minora (W-HO classification type II) and were performed between the ages of 4 and 7 years. The practice of genital cutting was highly associated with ethnic group for two of the three main ethnic groups, making the effects of ethnic group and cutting difficult to distinguish. Women who had undergone FGC had a significantly higher prevalence of bacterial vaginosis (BV) [adjusted odds ratio (OR) = 1.66; 95% confidence interval (CI) 1.25-2.18] and a substantially higher prevalence of herpes simplex virus 2 (HSV2) [adjusted OR = 4.71; 95% CI 3.46-6.421]. The higher prevalence of HSV2 suggests that cut women may be at increased risk of HIV infection. Commonly cited negative consequences of FGC such as damage to the perineum or anus, vulval tumours (such as Bartholin's cysts and excessive keloid formation), painful sex, infertility, prolapse and other reproductive tract infections (RTIs) were not significantly more common in cut women. The relationship between FGC and long-term reproductive morbidity remains unclear, especially in settings where type II cutting predominates. Efforts to eradicate the practice should incorporate a human rights approach rather than rely solely on the damaging health consequences.

Myer, L., L. Kuhn, et al. (2005). "Intravaginal practices, bacterial vaginosis, and women's susceptibility to HIV infection: epidemiological evidence and biological mechanisms." Lancet Infectious Diseases 5(12): 786-794.

Intravaginal practices such as "dry sex" and douching have been suggested as a risk factor that may increase women's susceptibility to HIV infection. These behaviours appear common in different populations across sub-Saharan Africa, where practices include the use of antiseptic preparations, traditional medicines, or the insertion of fingers or cloths into the vagina. We systematically review the evidence for the association between women's intravaginal practices and HIV infection. Although a number of cross-sectional studies have shown that prevalent HIV infection is more common among women reporting intravaginal practices, the temporal nature of this association is unclear. Current evidence suggests that bacterial vaginosis, which is a likely risk factor for HIV infection, may be a mediator of the association between intravaginal practices and HIV. Although biologically plausible mechanisms exist, there is currently little epidemiological evidence suggesting that intravaginal practices increase women's susceptibility to HIV infection. Further research into factors that increase women's susceptibility to HIV will help to inform the design of vaginal microbicides and other HIV prevention interventions.

Neequaye, A. R., J. E. Neequaye, et al. (1991). "Factors That Could Influence the Spread of Aids in Ghana, West Africa - Knowledge of Aids, Sexual-Behavior, Prostitution, and Traditional Medical Practices." Journal of Acquired Immune Deficiency Syndromes and Human Retrovirology 4(9): 914-919.

Ghana is a West African nation in the early stages of the human immunodeficiency virus (HIV) epidemic. In a series of surveys done between 1987 and 1989, we examined factors related to the spread of HIV infection, including knowledge about the acquired immune deficiency syndrome (AIDS), sexual habits, use of prostitutes, traditional healer practices, and skin-piercing customs. Although a polygamous society, three-fourths of married men had only one wife. The number of sexual partners at any time was generally low. However, the divorce rate was more than 29% and 55% of married men had current sexual partners in addition to their wives. Knowledge about AIDS was widespread, yet 4% of men interviewed had had a sexual encounter with a prostitute within the last month. Use of condoms was very limited and 66% of customers of high-class prostitutes refused to use a condom even after a request to do so by the prostitute. Skin piercing, including scarification, was done by an unsterile instrument by 39% of 74 rural traditional healers, many of whom had more than one patient per day. To combat the spread of AIDS, Ghanaians will have to apply their knowledge of AIDS risk factors to their actual behavior. Many of the social customs are products of poverty and its ensuing social consequences. Funds are needed for specific AIDS prevention programs as well as improved education and health care throughout the country.

Ortiz-Torres, B., I. Serrano-Garcia, et al. (2000). "Subverting Culture: Promoting HIV/AIDS Prevention among Puerto Rican and Dominican Women." American Journal of Community Psychology 28(6): 859.

This article discusses the challenges faced by researchers & interventionists when attempting to promote change in social norms & normative beliefs that promote HIV/AIDS risk-related behaviors among Puerto Rican & Dominican women. The article focuses on the role of culture in HIV/AIDS prevention with women by analyzing the sociohistorical context of some cultural beliefs & by illustrating the tension between risk-related & protective cultural beliefs in research conducted by the authors with women in both New York & Puerto Rico. The authors propose that promoting changes in sex-related social norms & normative beliefs might be constructed as a subversive act & present the challenge this analysis poses for community psychology. They conclude that this conceptualization might be construed as subversive because, rather than idealizing culture, it promotes changes that respect diversity within the culture & foster participation in the development of new cultural values, beliefs, & norms. 90 References. Adapted from the source document.

Sow, P. S., B. Gueye, et al. (1998). "Traditional practices and HIV transmission in Senegal: The example of levirat and sororat." Medecine Et Maladies Infectieuses 28(2): 203-205.

The practice of levirat, or wife inheritance, is the traditional remarriage of a widow to one of her husband's brothers, usually the next in age rank, Sororat is the marriage of a deceased woman's younger sister to the widower. The authors present a clinical case which highlights the specific issue of HIV transmission, taking into account these socio-cultural practices. The real problem is the remarriage of an HIV positive person. These traditional practices added to the ethical and legal aspects make the situation extremely difficult, stressing the need for counseling

Stadler, J. (2003). "Rumor, Gossip and Blame: Implications for HIV/AIDS Prevention in the South African Lowveld." AIDS Education and Prevention 15(4): 357.

The HIV/AIDS epidemic provides fertile breeding ground for theories of the origin of HIV/AIDS, its mode of transmission, & the allocation of blame. Drawing on ethnographic research in the Bushbuckridge region of the South African lowveld, this article examines the articulation of AIDS through gossip & rumor. These oral forms create moral readings of behavior & shape folk discourses of AIDS that resist dominant epidemiological explanations. Significantly, constructions of AIDS are not uniform. Although elders claim AIDS as traditional & curable, younger men & women support theories of AIDS as a modern, foreign disease. Witchcraft beliefs are popular in explaining why certain people die & not others. At times, rumor may escalate into a moral panic. The implications of these findings for social responses to the AIDS epidemic & HIV/AIDS prevention are explored. 41 References. Adapted from the source document.

Taverne, B. (1996). "Communication strategy and the stigmatisation of women: Levirate and AIDS in Burkina Faso." Sciences Sociales Et Sante 14(2): 87-106.

In the Burkina Faso, as in other West African countries, some of the publicity to help the fight against AIDS require a campaign against the practice of levirate because it would favor the propagation of the disease. From the epidemiological point of view, it is easy to prove that the suppression of the practice would not affect the spread of AIDS among the whole population. Examination of this institution shows that from the social point of view, the campaign agent has the following effect: -the stigmatization of women by making them responsible of the spread of the disease; -justifying the rejection of the wives of deceased AIDS patients; - increasing the number of abandoned women no longer benefiting from any family support. To day, in rural areas, for the practice of levirate represents the only effective system of social protection for widows by helping them control of their own future. Heads of families and health personnel understand the consequences of their action. The publicity should make the former aware of their responsibility that requires them to accept and take care of widows. The latter should recognize the role they should play by reassuring family members of the absence of risks of contamination in real life. They should also inform all involved strictly of the importance of respecting ethical rules.

Tobias, B. Q. (2001). "A Descriptive Study of the Cultural Mores and Beliefs toward HIV/AIDS in Swaziland, Southern Africa." International Journal for the Advancement of Counselling 23(2): 99.

Swaziland, located in the southern cone of Africa, has the second highest prevalence rate for HIV in the world among males & females ages 15-49, with 25% of the population infected. The purpose of this study was to adapt an HIV peer education curriculum to the culture & language of Swaziland. A descriptive pilot study using individual & group interviews was conducted with the participation of key informants, government & nongovernment officials, traditional healers, & nursing students. The data revealed the following culture-specific themes: cultural mores influence sexual behavior; culturally sanctioned gender-based power differentials exist; religious & cultural taboos influence HIV/AIDS beliefs & behaviors; myths exist concerning condoms; intrapersonal/religious conflicts influence condom use; conflict exists between traditional & government health leaders; limited resources are available for condom purchase; & limited support systems are available for women. The research results have biopsychological as well as cultural implications for providing HIV/AIDS peer prevention education & counseling for this population. 13 References. Adapted from the source document.

Uys, P. D. and E. Bezuidenhout (2001). "AIDS comes from Venus, HIV comes from Mars! Evita Bezuidenhout talks about her show 'Foreign Aids', and infected men raping young virgin girls in South Africa to be cured from AIDS." Index on Censorship 30(4): 20-29.

van Dyk, A. C. (2001). "Traditional African beliefs and customs: Implications for AIDS education and prevention in Africa." South African Journal of Psychology 31(2): 60-66.

Many Western-based AIDS education and prevention programmes have failed dismally in Africa and they may only succeed if traditional African beliefs and customs are taken into account. This article discusses relevant aspects of the traditional African worldview by explaining what health, sickness and sexuality mean in traditional Africa. Traditional African perceptions of causes of illness (including AIDS), perceptions of sexuality, and cultural beliefs inhibiting the usage of condoms are described in terms of the influence of the macro-cosmos (the ancestors), the meso-cosmos (witches and sorcerers) and the micro-cosmos (everyday life). The implications for AIDS education and prevention in Africa are discussed and suggestions are offered for the development of such programs.

Yamba, C. B. (1997). "Cosmologies in turmoil: Witchfinding and AIDS in Chiawa, Zambia." Africa 67(2): 200-223.

Written from the perspective of HIV/AIDS prevention research in Zambia, the article argues that rural Africans now find themselves the target of three competing and contradictory discourses about responsibility, each of which claims to tell them how to lead safe Lives free from AIDS. The first, represented by the biomedical paradigm, professes sure knowledge about the aetiology and epidemiology of HIV/AIDS but is unable to cure it; the second, the missionary discourse, preaches abstinence and encourages a revival of traditional beliefs and rules of morality as the only way to manage and survive AIDS; while the third is the traditional discourse-represented by traditional healers and witchfinders-which professes sure knowledge and the ability to eradicate evil. My argument is that the conjunction of these discourses results in a confusion that has led to the ascendancy of what is here termed traditional African discourse, characterised by a resurgence of witchcraft accusations and witchfinding activities; the conjuncture thus provides explanatory models through which rural Africans can make sense of their lives in situations where modern certainties appear to have failed. The traditional African discourse offers an explanation for increasing death rates-presumably from AIDS-and for other contingent disasters which are believed to be caused by witches. These points are brought home in an extended case study of the activities of a witchfinder invited by one rural community to help them 'defuse' local witches. The witchfinder not only managed to usurp legitimate authority but succeeded in killing sixteen local people through poison ordeals before national media coverage

led to his arrest by the authorities. A further concern of the article is to highlight the importance of envy-based notions of disease causality and how these notions relate to efforts at behavioural change in AIDS prevention work and to mechanisms that can lead to the breakdown of legitimate authority in rural Africa today.

Systems of Thought > Healing systems

Burack, J. H., M. R. Cohen, et al. (1996). "Pilot randomized controlled trial of Chinese herbal treatment for HIV-associated symptoms." *Journal of Acquired Immune Deficiency Syndromes and Human Retrovirology* **12**(4): 386-393.

We wished to determine the short-term safety and efficacy of a Chinese medicinal herb preparation in treating symptoms of human immunodeficiency virus (HIV) infection in a 12-week randomized, double-blind, placebo-controlled clinical trial in a University-affiliated acquired immunodeficiency syndrome (AIDS) clinic at a public general hospital. Thirty adults with symptomatic HIV infection, no previous AIDS-defining diagnosis, and CD4(+) counts of 0.200 - 0.499 x 10⁹/L (200-499/mm³) received 28 tablets each day of either a standardized oral preparation of 31 Chinese herbs or a cellulose placebo. Primary outcome measures were changes in life satisfaction, perceived health, and number and severity of symptoms. Other outcomes included adherence, and changes in weight, CD4(+) count, depression, anxiety, physical and social function, and mental health. Two placebo- and no herb-treated subjects had mild adverse events (AE). Subjects on both arms reported taking 94% of prescribed tablets. No differences between treatment groups reached the $p < 0.05$ level. Life satisfaction improved in herb-treated [+0.86, 95% confidence interval (CI): +0.29, +1.43] but not in placebo-treated subjects (+0.20, 95% CI -0.35, +0.75). Number of symptoms was reduced in subjects receiving herbs (-2.2, 95% CI -4.1, -0.3) but not in those receiving placebo among (-0.3, 95% CI -3.2, +2.7). There were trends toward greater improvements among herb-treated subjects on all symptom subscales except dermatologic. Believing that one was receiving herbs was strongly associated with reporting that the treatment had helped ($p < 0.005$), but not with changes in life satisfaction or symptoms. There were improvements in life satisfaction and symptoms among subjects receiving the herbal therapy. Whether Chinese herbs are effective in the management of symptomatic HIV infection can be adequately addressed only by larger trials of longer duration.

Chipfakacha, V. G. (1997). "STD/HIV/AIDS knowledge, beliefs and practices of traditional healers in Botswana." *Aids Care-Psychological and Socio-Medical Aspects of Aids/Hiv* **9**(4): 417-425.

The study investigated knowledge, beliefs, practices and experiences of traditional healers in relation to sexually transmitted diseases (STDs), HIV and AIDS. Traditional healers see about 70% of the African patients, with all kinds of ailments. The advent of HIV/AIDS and the introduction of home-based care in most African countries has increased the case-load of many traditional healers and increased the risk of contact with people living with HIV/AIDS. To protect themselves and their clients they need the right information on HIV/AIDS. Most traditional healers use their bare hands as a diagnostic tool and to apply topical medicine. Many traditional healers also utilize their mouths to suck blood from their patient's body as part of disease management. Most of the patients who are discharged from hospitals on home-based care usually end up at the traditional healer as relatives seek a second opinion or simply because they disagree with the diagnosis of incurable disease. This exposes traditional healers to HIV/AIDS. The study showed that traditional healers have some practices and beliefs, such as the use of the mouth for sucking blood (blood-letting), use of sharp instruments which is risky behaviour and the belief that HIV/AIDS is not a new disease. Further most of the traditional healers did not have adequate and in some cases correct information on HIV/AIDS. A few even believed they could cure AIDS as it has always been a disease they have been dealing with and were adamant it is not a new disease. Rapport between traditional healers and scientific medical personnel is essential for an effective and successful HIV/AIDS prevention and control programme.

Green, E. C. (1992). "Sexually-Transmitted Disease, Ethnomedicine and Health-Policy in Africa." *Social Science & Medicine* **35**(2): 121-130.

Compared with both industrialized countries and other less developed parts of the world, most of sub-Saharan Africa suffers inordinately from sexually transmitted (STDs). It has high prevalence rates of traditional STDs, such as gonorrhoea and syphilis, and if accurate seroprevalence were to be done, it would probably prove to have the highest HIV seropositive incidence in the world. Unlike the pattern in the West, AIDS is primarily a heterosexually transmitted disease in Africa. This appears to be largely because of the prevalence of other untreated or improperly treated STDs. Therefore to lower the incidence of STDs would be to curtail the spread of HIV infection. The problem becomes how exactly to accomplish this. Most STD cases are never even presented at biomedical health facilities; they are presented to traditional healers. Both healers and their patients seem to believe that traditional STD cures are more effective than 'modern' cures, although the former are probably biomedically ineffective. While there is scant ethnomedical literature on STDs in Africa, the present paper presents Swaziland findings and related evidence from other African societies that the ultimate cause of several common STDs is believed to be the violation of norms governing sexual behavior, requiring traditional rather than biomedical treatment. Traditional healers therefore need to be a central part of any scheme to lower the incidence of STDs.

Green, E. C., B. Zokwe, et al. (1995). "The Experience of an Aids-Prevention Program Focused on South-African Traditional Healers." *Social Science & Medicine* **40**(4): 503-515.

A national HIV/STD prevention program focused on traditional healers was started in South Africa in late 1992. An initial group of 28 healers (the 'first generation') was trained in HIV/AIDS and STD prevention. These 28 in turn trained a total of 630 additional healers (the 'second generation') in formal, week-long workshops within seven months of the first workshop (this figure grew to 1510 healers by the end of the tenth month). This paper reports results of an assessment of the

impact of training during the first seven months of the program. The second generation appeared to be as well trained as the first, if we can rely on measures such as reporting correctly how HIV is transmitted and how HIV transmission can be prevented. Healers also reported advising their patients to use condoms, and demonstrating methods of correct condom use. Healers were initially recruited through national, formal associations of traditional healers, of which there are several in South Africa. Yet several months into the program, healers were critical of donor groups working with and through such associations. Most preferred that membership in such associations not be a prerequisite for participation in donor group-supported collaborative programs. The present program accordingly began to explore the possibility of recruiting healers through existing, indigenous associations of diviner-mediums known as *impandes*.

Heald, S. (2002). "It's Never as Easy as ABC: Understandings of AIDS in Botswana." *African Journal of AIDS Research* **1**(1): 1.

This paper argues for the importance of examining how messages of government AIDS educational campaigns in Africa are interpreted at the local level. One striking feature of the HIV/AIDS epidemic in Botswana is that it is not universally seen as a new disease syndrome but as an old one. It has been interpreted by traditional healers as a manifestation of old "Tswana" diseases, acquiring new virulence because of the increasing disrespect for the mores of traditional culture, or to these diseases mutating as they have "mixed together." This alternative discourse on AIDS is set first in the context of official health education programs & policy. It is argued that the fact that these latter have been couched exclusively in biomedical terms, & in apparent ignorance of other conceptualizations, has been detrimental to public education & understanding. Further, it has encouraged the development of a powerful & coherent counterdiscourse, based in the common understandings of Tswana society & cosmology. The aim here is to contextualize this counterdiscourse in order to understand why there has been a move to "claim" the disease, turning it thus from a global problem into a local one. It is argued that this allows for a trenchant critique not only of current morality, but also of the government & the West. In turn, this raises a more general policy dilemma with regard to the dissemination of medical information in societies with plural health care systems, each operating on the basis of different truth claims. Where, as in southern Africa, these coincide with entrenched social divisions, educational interventions carry an inevitable political load, operating to locate the government & its spokespeople on one or other side of the social (& epistemological) divide. 2 Figures, 29 References. Adapted from the source document.

Hodes, R. M. (1997). "Cross-cultural medicine and diverse health beliefs - Ethiopians abroad." *Western Journal of Medicine* **166**(1): 29-36.

A large number of Ethiopians reside abroad as refugees, immigrants, or students. To provide adequate care, physicians must understand their beliefs about health and medicine. To Ethiopians, health is an equilibrium between the body and the outside. Excess sun is believed to cause mitch ("sunstroke"), leading to skin disease. Blowing winds are thought to cause pain wherever they hit. Sexually transmitted disease is attributed to urinating under a full moon. People with *buda*, "evil eye," are said to be able to harm others by looking at them. Ethiopians often complain of *rasehn*, "my head" (often saying it burns); *yazorehnyal*, "spinning" (not a true vertigo); and *libehn*, "my heart" (usually indicating dyspepsia rather than a cardiac problem). Most Ethiopians have faith in traditional healers and procedures. In children, *uvulectomy* (to prevent presumed suffocation during pharyngitis in babies), the extraction of lower incisors (to prevent diarrhea), and the incision of eyelids (to prevent or cure conjunctivitis) are common. Circumcision is performed on almost all men and 90% of women. Ethiopians do bloodletting for *moynbagegn*, a neurologic disease that includes fever and syncope. Chest pain is treated by cupping. Ethiopians often prefer injections to tablets. Bad news is usually given to families of patients and not the patients themselves. *Zar* is a form of spirit possession treated by a traditional healer negotiating with the alien spirit and giving gifts to the possessed patient. Health education must address Ethiopian concerns and customs.

McMillen, H. (2004). "The adapting healer: pioneering through shifting epidemiological and sociocultural landscapes." *Social Science & Medicine* **59**(5): 889-902.

While it is true that healers selectively adopt and/or refashion aspects of biomedicine, the influence is not unidirectional with information flowing exclusively from hospitals into the workplaces of healers. This article examines healers in Tanga, Tanzania to explore the reciprocal relations between practitioners of indigenous medicine and biomedicine. An abbreviated ethnography of one healer in coastal Tanzania is used to illustrate some of the relevant influences and possible adaptations of contemporary healers. His experiences illuminate how multiple factors, especially sociocultural changes, biomedicine, AIDS, and related research(ers) can influence healers' adaptations. In his case, biomedical health workers from a non-profit HIV organization call upon him not only to act as a liaison between their services and the community, but more importantly, to provide treatment for opportunistic infections and counseling for patients and to participate in biomedical and scientific projects. Reflecting on his experiences as a healer who has negotiated a position that straddles the world of biomedicine and the world of healers facilitates examination of important issues affecting healers today, including their relationship to biomedical health workers, bioprospectors, governments, non-profit organizations, and professional organizations of healers. Although the healer featured in this article is a pioneer in his own town, there are other examples in Africa where healers and biomedical practitioners are interacting. Therefore, he may represent a trend in healer adaptation. (C) 2003 Elsevier Ltd. All rights reserved.

Mills, E., C. Cooper, et al. (2005). "Traditional African medicine in the treatment of HIV." *Lancet Infectious Diseases* **5**(8): 465-467.

Moffett, H., P. Sanders, et al. (1994). "Using Acupuncture and Herbs for the Treatment of Hiv-Infection - the American-College-of-Traditional-Chinese-Medicine Experience." *Aids Patient Care* **8**(4): 194-199.

Portsmouth, S., J. Stebbing, et al. (2003). "HIV and AIDS in the People's Republic of China: A collaborative review." International Journal of Std & Aids **14**(11): 757.

The number of individuals diagnosed with HIV in China has risen dramatically in the last two years coincident with increased awareness and an attitude change within government. UNAIDS has suggested that China could have 10 million HIV infected people by 2010. However, antiretroviral treatments and HIV testing are not yet widely available and infected individuals often live in remote areas. It is unlikely that cheaper, locally produced, generic antiretroviral formulations will be available in China in the near future. Consequently, alternative strategies to manage HIV infection are being considered including the use of hydroxyurea, chloroquine and traditional Chinese herbal medicines. It is recognized in China that prevention and educational strategies will need to be at the forefront of approaches to control this epidemic. (PsycINFO Database Record (c) 2005 APA, all rights reserved) (journal abstract)

Poudyal, A. K., M. Jimba, et al. (2003). "A traditional healers' training model in rural Nepal: strengthening their roles in community health." Tropical Medicine & International Health **8**(10): 956-960.

In this paper, we evaluated a western medical training model for traditional healers (THs) in rural Nepal. We used semi-structured interviews to compare 48 trainees with 30 randomly selected untrained THs, 1 year after the training was completed. We asked them about their knowledge of the causes, prevention and treatment of common illnesses and HIV/AIDS, and their relationship with government health workers (GHWs) in the area. Nine GHWs were also interviewed about their perceptions of THs. We found that trained THs had a better knowledge of allopathic medicine, practised modern treatment using first aid kits, and were more likely to refer patients to GHWs. They also improved their relationships with the GHWs. Up-scaling this model is a challenge for improving community health care in Nepal in the future.

Tabi, M. M. P. M. P. H. R. N., M. M. F. B. Powell, et al. Use of traditional healers and modern medicine in Ghana. [Article], International Nursing Review March 2006;53(1):52-58.

Purpose: To gain understanding of the use of traditional and modern medicine among the people in Ghana, West Africa., Methods: Data were collected from nine participants using a semi-structured questionnaire developed by the researchers based on review of the literature., Findings: Data analysis was performed manually using reduction methodology to develop broad themes. Findings indicated that choices in healthcare modalities by literate Ghanaians included either traditional or modern medicine, or blending of both. Strong influences on these choices were the level of education and related themes, influence of family and friends, and spiritual/religious beliefs., Implications: Findings indicate that traditional and modern medicines will always be part of Ghanaian healthcare delivery and efforts should be made to integrate traditional practitioners into the national healthcare delivery system., Copyright (C) 2006 Blackwell Publishing Ltd.

van Dyk, A. C. (2001). "Traditional African beliefs and customs: Implications for AIDS education and prevention in Africa." South African Journal of Psychology **31**(2): 60-66.

Many Western-based AIDS education and prevention programmes have failed dismally in Africa and they may only succeed if traditional African beliefs and customs are taken into account, This article discusses relevant aspects of the traditional African worldview by explaining what health, sickness and sexuality mean in traditional Africa. Traditional African perceptions of causes of illness (including AIDS), perceptions of sexuality, and cultural beliefs inhibiting the usage of condoms are described in terms of the influence of the macro-cosmos (the ancestors), the meso-cosmos (witches and sorcerers) and the micro-cosmos (everyday life), The implications for AIDS education and prevention in Africa are discussed and suggestions are offered for the development of such programs.

Weber, R., L. Christen, et al. (1999). "Randomized, placebo-controlled trial of Chinese herb therapy for HIV-1-infected individuals." Journal of Acquired Immune Deficiency Syndromes **22**(1): 56-64.

Context: Alternative medicine or complementary remedies that have not been scientifically tested are nonetheless widely used to treat chronic illnesses, particularly if curative options are limited. Objectives: To assess the effectiveness of Chinese medicinal herbs in reducing symptoms and improving the quality of life of HIV-infected persons. Design: Prospective, placebo-controlled double-blind study. Setting: University-based HIV outpatient clinic. Patients: 68 HIV-infected adults with CD4 cell counts $<0.5 \times 10^9/L$. Intervention: Participants were randomized to receive four daily doses of seven pills containing a standardized preparation of 35 Chinese herbs or placebo for 6 months. Main Outcome Measures: Symptoms, HIV disease progression, HIV-1 RNA plasma viral loads, CD4 and CD8 cell counts, and scores on standard questionnaires for quality of life, depression, anxiety, and coping. Results: Intervention and placebo groups were equivalent at baseline regarding, respectively, previous antiretroviral therapy (74% versus 79%), median CD4 cell counts ($0.20 \times 10^9/L$ versus $0.25 \times 10^9/L$), and median HIV-1 plasma viral loads (35,612 copies/ml versus 52,027 copies/ml). At enrollment, none of the study subjects was seriously ill or depressed, and average coping and quality of life scores were in the normal range. In all, 53 (78%) participants completed the study. Patients taking Chinese herbs reported significantly more gastrointestinal disturbances (79% versus 38; $p = .003$) than those receiving placebo. No therapy-related toxicities were observed. At completion of the study, no significant differences between the intervention and placebo groups were found regarding plasma viral loads, CD4 cell counts, symptoms, and psychometric parameters. HIV-1 RNA level was unchanged at study end. Among participants who were not on concomitant antiretroviral therapy, median CD4 cell counts declined by $0.05 \times 10^9/L$, in both the intervention and placebo groups. Conclusions: This standardized formulation of Chinese herbs for HIV-infected individuals did not improve quality of life, clinical manifestations, plasma virus loads, or CD4 cell counts. The data suggest that this formulation of Chinese herbs is not effective when administered in a Western medicine setting.

Part II. The Response to the Epidemic > Biomedical responses, impacts and uptake

Bailey, R. C., R. Muga, et al. (2002). "The Acceptability of Male Circumcision to Reduce HIV Infections in Nyanza Province, Kenya." *AIDS Care* **14**(1): 27.

Compelling epidemiological evidence showing a significant association between lack of male circumcision & HIV infection has prompted calls for consideration of male circumcision interventions as a strategy for reducing HIV prevalence in highly affected areas where circumcision is little practiced & transmission is predominantly heterosexual. Little is known about whether male circumcision interventions would be acceptable or feasible in traditionally non-circumcising areas of Africa. This study assesses the acceptability of male circumcision in the Luo, a large, traditionally non-circumcising ethnic group in western Kenya. Separate focused group discussions with adult Luo men & women & semistructured interviews with clinicians were conducted in Nyanza Province, Kenya. The primary barriers to acceptance of male circumcision were cultural identification, fear of pain & excessive bleeding, & cost. The main facilitators were association of male circumcision with better hygiene & reduced risk of infection. Both men & women were eager for promotion of genital hygiene & male circumcision, & they desired availability of circumcision clinical services in the province's health facilities. Clinicians lacked the knowledge & resources to offer safe circumcision counseling & services. If results from this study are valid for other areas of sub-Saharan Africa, acceptability of male circumcision as a means to reduce STDs & HIV is higher than previously suspected. Further studies are needed in other regions to assess the feasibility of introducing acceptable male circumcision information & services to reduce HIV transmission. 1 Table, 32 References. Adapted from the source document.

Bentley, M., A. Fullem, et al. (2004). "Acceptability of a microbicide among women and their partners in a 4-country phase I trial." *Am J Public Health* **94**(7): 1159-64.

OBJECTIVES: We analyzed qualitative and quantitative data for 98 HIV-negative, low-risk women in Malawi, Zimbabwe, India, and Thailand who participated in a safety and acceptability study of BufferGel, a vaginal microbicide to determine the across-country acceptability of vaginal microbicides among women and their partners. METHODS: Quantitative survey data were collected at 7 and 14 days after use among enrolled women, and exit interviews were conducted with women and their partners in separate focus group discussions. RESULTS: Acceptability was high in all sites (73% of women approved of the microbicide). Women in Africa, where HIV infection rates are highest, were virtually unanimous in their desire for such a product, suggesting that an individual's perception of being at risk for HIV will outweigh concerns about side effects, problems applying a product, or other factors, when products are shown to be efficacious. But men and women reported that use, which was kept secret from an intimate partner, would be difficult and might "break the trust" of a relationship. CONCLUSIONS: Acceptability research across diverse settings through all stages of microbicide research, development, and post-licensure dissemination can help maximize acceptability and use.

Gebrekrstos, H. T., M. N. Lurie, et al. (2005). "Knowledge and acceptability of HAART among TB patients in Durban, South Africa." *AIDS Care* **17**(6): 767.

From October 2002 to February 2003, we conducted semi-structured interviews on knowledge of HIV, antiretroviral treatment, and willingness to participate in voluntary counselling and testing and HAART with 54 consenting patients attending a tuberculosis (TB) clinic in Durban, South Africa. 74% of patients interviewed reported not knowing anything about antiretroviral treatment (HAART). Knowledge of antiretroviral drugs (ARVs) was restricted to use in preventing mother to child HIV transmission (MTCT). 57.4% of the patients reported having an HIV test in the past, but less than 10% were aware of their current HIV status. Patients who did not know their current HIV status expressed fear and hesitation about testing HIV positive. However, 91% of the patients expressed willingness to participate in HIV treatment given the opportunity. The findings from this study indicate that knowledge of HIV treatment is limited. As access to HAART is expanded, information about HIV treatment options will need to be disseminated. TB centres may present unique opportunities for disseminating HIV prevention, care, and treatment options. (PsycINFO Database Record (c) 2005 APA, all rights reserved) (journal abstract)

Kumarasamy, N., S. A. Safren, et al. (2005). "Barriers and Facilitators to Antiretroviral Medication Adherence Among Patients with HIV in Chennai, India: A Qualitative Study." *Aids Patient Care and Stds* **19**(8): 526.

Antiretroviral therapy (ART) for HIV is increasingly being introduced and utilized in diverse areas of the world. However, little research exists on adherence to ART in different cultural settings, particularly in developing countries such as India. This formative qualitative study examined barriers and facilitators of ART adherence among 60 (49 men, 11 women; 33 taking ART, 27 not currently taking ART) patients receiving HIV primary care at YRG CARE, a nongovernmental organization, in Chennai, India. The average participant reported becoming HIV infected through heterosexual transmission, was between 31 and 40 years old, had over ninth class standard education, was married, and generally had access to medical care; however, we obtained some qualitative data from various other risk categories. Trained ethnographers at the study site conducted in-depth interviews in the local language. These interviews were analyzed for content and ethnographic data. Almost all of the participants discussed the cost of ART as a barrier, with many reporting extended drug holidays, turning to family and/or friends, or taking drastic measures (i.e., selling family jewels, property) for financial assistance. Other barriers centered on privacy and stigma issues, such as disclosure of HIV inhibiting pill-taking and social support. Frequently discussed facilitators of adherence included perceived benefits of ART and proper adherence, perceptions about the consequences of nonadherence, and social support, if available. These data highlight the importance of reducing the cost of antiretroviral medications, involving family members in HIV care, and addressing privacy issues and stigma in counseling interventions in this setting. (PsycINFO Database Record (c) 2005 APA, all rights reserved) (journal abstract)

Laniece, I., M. Ciss, et al. (2003). "Adherence to HAART and its principal determinants in a cohort of Senegalese adults." *AIDS* **17**(supl.3): S103-S108.

Background: Access to programmes providing highly active antiretroviral therapy (HAART) is recent in Africa. In Senegal, a national initiative was launched in 1998. The capacity of African patients to adhere to complex antiretroviral treatments (ARV) is largely unknown. Methods: We assessed adherence and identified the main reasons for treatment interruption in a prospective observational cohort of patients participating in an ARV access programme in Dakar, Senegal. Adherence was estimated each month on the basis of the patients' stated consumption and on the proportion of the prescribed dose returned unused to the dispensing pharmacy. A total of 158 patients were studied between November 1999 and October 2001. Results: A cross-section analysis showed that the stated level of adherence was high: on average, over the study period, the patients said they had taken 91% of each monthly dose and that they had taken the full monthly dose during two-thirds of the months studied. Adherence tended to be better among patients who were required to make little or no contribution to the cost of their treatment, through an appropriate pricing structure. Adherence was also better with efavirenz-containing regimens than with indinavir-containing regimens. Conclusion: These results show that adherence to HAART can be as high in Africa as that generally observed in industrialized countries, and that the cost and type of drug regimen must be taken into account when designing ARV access programmes for poor communities.

Mykhalovskiy, E., L. McCoy, et al. (2004). "Compliance/Adherence, HIV, and the Critique of Medical Power." *Social Theory & Health* **2**(4): 315.

The established social critique of compliance was written in the late 1970s & early 1980s by a group of sociologists & anthropologists. Drawing on a humanist perspective, it argued that compliance operated as a form of medical control over patients that ignored their experiences of medications or defined them in terms of professional expectations. In this paper we draw on the theoretical work of Smith & Foucault & on original research on the "healthwork" of people living with HIV/AIDS to revise this critique. Our analysis foregrounds the heterogeneity of power relations exercised through contemporary relations of compliance/adherence. We argue that in the contemporary context of HIV/AIDS, compliance/adherence operates as a fundamental discursive ground of people's healthwork & is constitutive of, rather than hostile to, experience & the self. Considered as a technology rather than concept, adherence groups together a host of strategies designed to cultivate a particular relation of self to treatment in ways that do not operate with the uniform force suggested by the early social critique. At the same time, compliance is not simply about liberal forms of self-governance. It is a site where multiple forms of power - biomedical authority, population-based forms of risk governance, & liberal techniques of the self - intersect in relations of tension, negotiation, & support. 87 References. Adapted from the source document.

Orrell, C., D. Bangsberg, et al. (2003). "Adherence is not a barrier to successful antiretroviral therapy in South Africa." *AIDS* **17**(9): 1369-1375.

Objective: to determine adherence of an indigent African HIV-infected cohort initiating antiretroviral therapy (ART); to identify predictors of incomplete adherence (< 95%) and virologic failure (> 400 HIV RNA copies/ml). Design: Prospective monitoring of adherence in a poor HIV-positive cohort, attending a public sector hospital and receiving ART through phase III studies. Methods: Adherence to ART was determined over 48 weeks by counting tablet-returns. Logistic regression models including age, WHO HIV stage, home language, socio-economic status, complexity and type of regimen were fitted to determine predictors of incomplete adherence and virologic failure at 48 weeks. Results: 289 patients were recruited between January 1996 and May 2001. Median (mean) adherence of the cohort was 93.5% (87.2%). Three times daily dosing [risk ratio (RR), 3.07; 95% confidence interval (CI), 1.40-6.74], speaking English (RR, 0.41; 95% CI, 0.21-0.80) and age (RR, 0.97; 95% CI, 0.94-0.99) were independent predictors of incomplete adherence. Socio-economic status, sex and HIV stage did not predict adherence. Independent predictors of virologic failure included baseline viral load (RR, 2.57; 95% CI, 1.57-4.22) and three times daily dosing (RR, 2.64; 95% CI, 1.23-5.66), incomplete adherence (RR, 1.92; 95% CI, 1.10-3.57), age (RR, 0.96; 95% CI, 0.92-0.99) and dual nucleoside therapy (RR, 2.69; 95% CI, 1.17-6.15). Conclusion: The proportion of individuals achieving viral suppression matched results from the developing world. Speaking the same language as site staff and simplified dosing frequency were beneficial. Socio-economic status had no impact on adherence and should not be used as a limitation to ART access.

Persson, A. (2004). "Incorporating pharmakon: HIV, medicine, and body shape change." *Body and society* **10**(4): 45.

Invested with the capacity to reinstate physiological order, medicines are at the centre of contemporary health care. Their purpose and efficacy are generally seen as predictable and concrete: disease = therapy = outcome. These culturally specific understandings shape the practices and meanings of taking medicines. This article, however, queries what actually takes place when human bodies and medical drugs converge. Is it a solely therapeutic affair, a restoration of bodily normality, or one of multiple transformations? The ambivalent meaning of the original Greek word for drug, pharmakon, intimates the potential of medicines to act as 'remedy' as well as 'poison'. Using pharmakon as a conceptual tool, the article explores the complex, and often paradoxical corporeal effects of HIV combination therapy, with particular focus on lipodystrophy, a peculiar change in people's body shape. This unintended and frequently distressing iatrogenic phenomenon challenges common notions of therapeutic efficacy and causality and foregrounds the productive dimension of medical drugs - their capacity to reconfigure bodies, diseases and identities in multiple, unpredictable ways.; Reprinted by permission of Sage Publications Ltd

Rain-Taljaard, R. C., E. Lagarde, et al. (2003). "Potential for an Intervention Based on Male Circumcision in a South African Town with High Levels of HIV Infection." *AIDS Care* **15**(3): 315.

The study aims to investigate the potential for an intervention based on male circumcision in a South African town with a high level of HIV infection. It draws on two cross-sectional studies conducted in Aug 2000 among a sample of 606 male adults aged 13-59 years & in Aug 1999 among a sample of 723 male youth aged 14-24 years. A qualitative study was further conducted on perceptions & attitudes towards male circumcision using focus group discussions & an in-depth interview. Among men aged 25-59 years, 36% reported being circumcised. The median reported age at circumcision was 20. A total of 42% of 14-24-year-old circumcised men reported having been circumcised in a medical setting. Circumcised & uncircumcised men did not differ in their sexual behavior or in sociodemographic characteristics, apart from their age & ethnic group. Among 467 uncircumcised adult men, 59% said that they would be circumcised if circumcision reduced the chances of getting HIV & STDs. Focus group discussions showed that circumcision is still important to many people & is seen as an essential part of the transition into adulthood. Reluctance to be circumcised was mainly related to the possibility of adverse outcomes of circumcision performed in nonmedical settings, although initiation schools remain attractive for education & transmission of cultural values. Some misconceptions remain, however, especially about the preventative nature of circumcision for STD transmission. The cultural importance of male circumcision has weakened over the last century; & when it is done, it is often by a medical practitioner. An intervention that would include male circumcision seems feasible in communities such as the one where this study was conducted but needs to be carefully planned in order to ensure that participants understand that circumcision probably reduces, but certainly does not eliminate, the risk of HIV infection. 3 Tables, 33 References. Adapted from the source document.

Ramjee, G., N. Morar, et al. (2000). "Challenges in the conduct of vaginal microbicide effectiveness trials in the developing world." *AIDS* **14**(16): 2553-2557.

Conducting a phase III trial of a vaginal microbicide in a developing country poses several important and complex ethical challenges. As part of a process to bridge the gap between ethical theory and practice, we share our experiences in performing a phase III trial of Col 1492 (Advantage S) among female sex workers at four sites world-wide; Durban, Abidjan, Cotonou and Hat Yai. The ethical challenges included: (i) difficulties in obtaining informed consent. Participants were unable to grasp the concepts of a clinical trial for several weeks to months. In Cotonou, 30% of the women did not know the gel was tested for HIV prevention. Only 25% understood what a placebo was. In Durban, 70% of the women did not fully understand the study after 3 months; (ii) in sustaining the use of known HIV prevention strategies. Participants at the Durban site had difficulty in sustaining condom use due to financial and client preferences. Sex without condoms was worth more (\$20) than sex with condoms (\$10); (iii) in maintaining the confidentiality of the subject's HIV status. Novel approaches such as role plays and emphasis on other exclusion criteria were needed to maintain the confidentiality of women not included in the trial due to their HIV status; (iv) in providing care and support to the subjects who became infected with HIV during the trial. Women could only be offered routine sexually transmitted disease treatment and counselling. Anti-retrovirals were not offered. The successes and failures of the solutions attempted are described.

Schilder, A. J., C. Kennedy, et al. (2001). "Being dealt with as a whole person." Care seeking and adherence: the benefits of culturally competent care." *Social Science & Medicine* **52**(11): 1643-1659.

The purpose of this study is to characterize the relationship between identity and health care experiences (including antiretroviral therapy utilization) among HIV-positive sexual minority males. This qualitative study used grounded theory with data collection occurring through focus groups and interviews. A questionnaire was used to complete a demographic profile. The study included 47 HIV positive participants from three minorities: gay men, bisexual men and transgendered persons, gender identifying as female and or living as women. Sessions elicited information on: (1) general experiences with health care, (2) experiences with HIV antiretroviral therapies and issues surrounding access, and (3) adherence to these therapies and identity in relation to health care. These textual data revealed three themes: (1) the importance of sexual identity and its social and cultural context, (2) the differences in the health concerns between the sexual minorities and (3) a wide spectrum of experiences with the health care system that provide information surrounding the access to and adequacy of health care. Successful health care providers are aware of different issues that may play a role in the provision of health care to these sexual minorities. Providers awareness of sexual and social identity and the related different cultural values, beliefs and custom enhance care seeking and therapeutic adherence. For sexual minorities, primary care remains the most important entry point into the health care system. Cultural competence of care providers can foster patient's care seeking and adherence to treatment.

Shernoff, M. and R. Smith (2000). *HIV Treatment: Mental Health Aspects of Antiviral Therapy*, AIDS Health Project.

Stenson, A. L., S. Charalambous, et al. (2005). "Evaluation of antiretroviral therapy (ART)-related counselling in a workplace-based ART implementation programme, South Africa." *AIDS Care* **17**(8): 949.

Counselling about antiretroviral therapy (ART) is thought important to prepare patients for treatment and enhance adherence. A workplace-based HIV care programme in South Africa instituted a three-step ART counselling protocol with guidelines prompting issues to be covered at each step. We carried out an early evaluation of ART counselling to determine whether patients understood key information about ART, and the perceptions that patients and health care professionals (HCP) had of the process. Among 40 patients (median time on ART 83 days), over 90% answered 6/7 HIV/ART knowledge-related questions correctly. 95% thought counselling sessions were good. 93% thought ongoing counselling was important. Recommendations included the need for continuing education about HIV/ART, being respectful, promoting HIV testing and addressing the issues of infected partners and stigma. 24 participating HCP identified additional training needs including counselling of family and friends, family planning, sexually transmitted infections and running support groups. 90% of HCP thought that counselling guidelines were helpful. The programme appears to be preparing patients well for ART. Counselling should be offered at every clinic visit. Counselling guidelines were a valuable tool and may be useful

elsewhere. The evaluation helped to assess the quality of the programme and to suggest areas for improvement. (PsycINFO Database Record (c) 2006 APA, all rights reserved) (journal abstract)

Tuladhar, S. M., S. Mills, et al. (1998). "The role of pharmacists in HIV/STD prevention: Evaluation of an STD syndromic management intervention in Nepal." AIDS.Special Issue: Advancing HIV/STD prevention in developing countries **12**(Suppl 2): S81.

Evaluated the effects of a pilot sexually transmitted disease (STD) syndromic case management training for pharmacists in Nepal on STD drug dispensing behavior, HIV/STD prevention communication, and condom promotion and sales. Pre- and post-intervention interviews with samples of 160 male pharmacists were conducted utilizing the simulated client method to collect data on pharmacists' response to men reporting urethral discharge. There were no significant differences in the percentages of pharmacists who suggested taking medications, dispensed medications, or referred clients to a physician. The proportion of pharmacists who recommended an injection declined from 27% to 14%. Prior to the intervention, only 1 pharmacist dispensed the correct drugs and regimen for the syndromic treatment of urethritis. This increased to 45% immediately following the training. In a sub-sample of 38 pharmacists who were interviewed 7-9 mo after the training, the correct drugs and regimen were dispensed by 26%. The proportion of pharmacists who recommended to clients to have their sex partners treated increased from 5% to 21%. Over 1/3 of pharmacists mentioned HIV or AIDS in their interactions with clients, compared to 9% prior to the intervention. (PsycINFO Database Record (c) 2005 APA, all rights reserved)

Verma, R. K., S. Sharma, et al. (2003). "Beliefs concerning sexual health problems and treatment seeking among men in an Indian slum community." Culture, Health & Sexuality.Special Issue: Belief Systems and the Place of Desire: Perspectives from Asia and the Pacific.Selected papers from the IASSACS Melbourne Conference **5**(3): 265.

This study explores the sexual health problems and treatment-seeking behaviour of men in a Mumbai slum population. Men consider wet dreams, masturbation, early ejaculation, sexual weakness, and other semen-related issues as serious sexual health problems. Suppression of sexual desire was one of the major causes perceived by men for wet dreams, whereas masturbation was seen as the major cause for perceived early ejaculation and distortion in the shape of penis. Excessive loss of semen in any form, including through masturbation and frequent intercourse, was seen as causing most sexual health problems. These beliefs impact on subsequent behaviour, including treatment seeking. In this community-based study, about 45% of men reported to be currently suffering from one or more sexual health problems. One in every four who reported experiencing any problem sought treatment, mostly from the private sector that included a large number of unqualified and untrained providers. The present analysis stresses the importance of understanding these issues for sex education programmes and argues that traditional sexual health providers should be made an integral part of community-based STD/HIV/AIDS prevention efforts. (PsycINFO Database Record (c) 2005 APA, all rights reserved) (journal abstract)

Weiser, S., W. Wolfe, et al. (2003). "Barriers to Antiretroviral Adherence for Patients Living with HIV Infection and AIDS in Botswana." Journal of Acquired Immune Deficiency Syndromes **34**(3): 281-288.

Background: Botswana has the highest rate of HIV infection in the world, estimated at 36% among the population aged 15-49 years. To improve antiretroviral (ARV) treatment delivery, we conducted a cross-sectional study of the social, cultural, and structural determinants of treatment adherence. Methods: We used both qualitative and quantitative research methodologies, including questionnaires and interviews with patients receiving ARV treatment and their health care providers to elicit principal barriers to adherence. Patient report and provider estimate of adherence ($\geq 95\%$ doses) were the primary outcomes. Results: One hundred nine patients and 60 health care providers were interviewed between January and July 2000; 54% of patients were adherent by self-report, while 56% were adherent by provider assessment. Observed agreement between patients and providers was 68%. Principal barriers to adherence included financial constraints (44%), stigma (15%), travel/migration (10%), and side effects (9%). On the basis of logistic regression, if cost were removed as a barrier, adherence is predicted to increase from 54% to 74%. Conclusions: ARV adherence rates in this study were comparable with those seen in developed countries. As elsewhere, health care providers in Botswana were often unable to identify which patients adhere to their ARV regimens. The cost of ARV therapy was the most significant barrier to adherence.

Wright, M. (2000). "The old problem of adherence: research on treatment adherence and its relevance for HIV/AIDS." AIDS Care **12**(6): 703-710.

The international published research on patient adherence was selectively reviewed with the goal of determining its relevance for the treatment of HIV/AIDS. Results show that not adhering to treatment regimes is so widespread that no combination of sociodemographic variables is reliably predictive of patients' not following doctors' orders. Achieving 100% adherence for any treatment or patient group does not appear to be realistic. Characteristics of the patient's situation, of the given therapy, and of the disease itself affect adherence. In addition, the patient-doctor relationship and the context of the treatment are important. Often overlooked are the existential dimensions of meaning, self-determination and quality of life which are particularly important for the chronically ill. Treatment needs to be negotiated individually with each patient on the basis of an open therapeutic relationship and with the help of multidimensional interventions. Lessons from the discourse on safer sex can steer adherence research and practice away from a behavioural and reductionist approach toward the context and meaning of treatment.

Behavioural Approaches

Agha, S. and M. C. Nchima (2004). "Life-circumstances, working conditions and HIV risk among street and nightclub-based sex workers in Lusaka, Zambia." *National Health Research Conference, Feb 2001, Lusaka, Zambia; An earlier version of this paper was presented at the aforementioned conference.* **6**(4): 283.

The principal objective of this study was to conduct formative research among sex workers in Lusaka, Zambia, to understand how sex workers' perceptions of their personal identity influences safer sex practices. In-depth interviews were conducted with 20 sex workers in Lusaka, Zambia, including both nightclub and street-based sex workers. Findings indicate important differences of self perception and identity between nightclub-based sex workers and street-based sex workers. The latter have a professional identity and are willing to be publicly acknowledged as sex workers. This makes it easier for them to convince clients to use condoms. In contrast, nightclub-based sex workers are less likely to wish to be identified as sex workers. They are motivated by the desire to meet a man who will perhaps marry them and change their lives. As a consequence, they do not publicly acknowledge their risk of STI/HIV infection and many go against their better judgement by not using condoms. Factors such as the stigmatization of sex work, the harassment of sex workers and the lack of protection available to them interact with sex workers' perceptions of their personal identities and influence their ability to take precautions during high-risk sexual encounters. (PsycINFO Database Record (c) 2005 APA, all rights reserved) (journal abstract)

Aheto, D. and K. Gbesemete (2005). "Rural perspectives on HIV/AIDS prevention: a comparative study of Thailand and Ghana." *Health Policy* **72**(1): 25-40.

The paper compares rural perspectives in Thailand and Ghana on the level of condom acceptance in sexual relations, willingness to test oneself for HIV before and in marriage and sources of information on HIV/AIDS. We also compared the policy approaches to combating HIV/AIDS in both countries. The results indicate that in the villages studied in Thailand, all single men and the majority of the single women were in favour of using condoms in sexual relations. This group also showed a positive attitude to HIV/AIDS test before and in marriage. However, married men in rural Thailand disapproved of the use of condoms with their wives but married women in the sample population were open to the possibility of using condoms. Both married men and women were strongly against HIV/AIDS test in marriage. In contrast to Thailand, most single men in the communities studied in Ghana showed a disapproval to the use of condoms in sexual relations. However, they condoned HIV test before marriage. Married men and women in rural Ghana were against the use of condoms in sexual relations as well as HIV/AIDS test in marriage. In order to mitigate mother-to-child transmission, the Thais applied anti-retroviral drug care for HIV positive pregnant women during pregnancy and after delivery. In Ghana on the other hand, pregnant women were subject to HIV test and counselling. The mode of information acquisition on HIV/AIDS in both countries were through the media, campaigns and village volunteers. Finally, we observed that fighting poverty is a sine qua non for the success of any HIV/AIDS eradication programme.

Bryan, A. D., J. D. Fisher, et al. (2000). "HIV prevention information, motivation, behavioural skills and behaviour among truck drivers in Chennai, India." *Aids* **14**(6): 756.

Examined the levels of 300 Indian truck drivers' (aged 20-45 yrs) HIV prevention information, motivation, and behavioural skills. Their levels of risky and safer behaviour were also ascertained. The results of face-to-face structured interviews showed that only 14% of respondents knew that using condoms could reduce HIV transmission. Married men had extremely negative attitudes about using condoms with their wives, disagreeing strongly that it would be good to use condoms with them. The perceived risk of HIV was virtually non-existent. Most married participants said it would be 'sort of hard' or 'very hard' to use condoms all the time with their wife. Most married participants also reported having intercourse with women other than their wives, and 74% reported intercourse with a commercial sex worker. The results indicate that interventions are urgently needed to increase HIV prevention information, motivation, and behavioural skills in order to decrease HIV risk behaviour among Indian truck drivers and their sexual partners. (PsycINFO Database Record (c) 2005 APA, all rights reserved)

Burrows, D., F. Trautmann, et al. (2000). "Processes and Outcomes of Training on Rapid Assessment and Response Methods on Injecting Drug Use and Related HIV Infection in the Russian Federation." *International Journal of Drug Policy* **11**(1-2): 151.

In Sept 1997, Medecins Sans Frontieres-Holland (MSF-H) began a project to provide training & support for HIV/AIDS (human immunodeficiency virus/acquired immune deficiency syndrome) prevention among injecting drug users (IDUs) in the Russian Federation, focusing on the use of the World Health Organization Rapid Assessment & Response Guide on Injecting Drug Use (1998) & the European Peer Support Manual (Trautmann, F., & Barendregt, C., 1994). As part of the training, participants are asked to carry out a rapid situation assessment in their city or region as a major step toward designing & implementing an effective program to prevent HIV transmission among IDUs. Here, focus is on the first four training cycles of the program (Jan 1998-Jan 1999), in which 89 health professionals & others from 32 Russian cities took part. A total of 28 rapid situation assessments were completed or almost completed by participants during these four cycles. The methods used are overviewed, & major problems faced by participants undertaking these assessments identified, & the 14 harm reduction programs that resulted summarized. 5 Tables, 20 References. Adapted from the source document.

Busza, J. and S. Baker (2004). "Protection and participation: an interactive program introducing the female condom to migrant sex workers in Cambodia." *AIDS Care* **16**(4): 507.

The female condom has received much attention for its potential to empower users in negotiating safer sex. Studies demonstrate that the process used to introduce the method can influence subsequent use rates, resulting in calls for comprehensive documentation of introduction activities. This paper details an intervention study introducing the female condom

to Vietnamese sex workers in Cambodia. Part of a wider community mobilization approach to reducing HIV/AIDS transmission, the intervention emphasized informed debate, group skills building and collective support. Research methods included both quantitative and qualitative data collection to evaluate the introduction's effect on sex workers' negotiation skills and social support networks. The findings show that approximately 16% of sex workers tried the female condom. Ever-use was significantly associated with participation in intervention workshops, and with indicators of both individual and community empowerment. Sex workers who incorporated the female condom into their work were also more likely to feel a sense of community identity. Introduced through an appropriate process, the female condom can serve as an 'entry point' to building community capacity. It can support sex workers in achieving protected sex and developing cooperative relationships, even in severely restrictive settings.; Reprinted by permission of Routledge, Taylor & Francis Ltd.

Campbell, C. and Z. Mzaidume (2001). "Grassroots participation, peer education, and HIV prevention by sex workers in South Africa." *American Journal of Public Health* **91**(12): 1978.

Examined participation in a grass-roots community-led peer education program of sexual health promotion led by Black female commercial sex workers in a South African mining region. The aim of the program was to reduce HIV transmission through the use of condoms, as well as treatment for sexually transmitted diseases. The study involved in-depth interviews with 30 members of the target community, including 7 sex worker peer educators, 15 sex workers, and 8 amaHumusha (unemployed men). The interviews were analyzed in terms of social capital, empowerment, and identity. The results show how community dynamics have shaped the peer education program's development in a deprived, violent community where existing norms and networks are inconsistent with ideal criteria for participatory health promotion. It is concluded that much remains to be learned about the complexities of translating theoretically and politically vital notions of community participation into practice among hard-to-reach groups. The fabric of local community life is shaped by nonlocal structural conditions of poverty and sexual inequality in ways that challenge those seeking to theorize the role of social capital in community development in general and in sexual health promotion in particular. (PsycINFO Database Record (c) 2005 APA, all rights reserved)

Chattopadhyay, A. and R. G. McKaig (2004). "Social Development of Commercial Sex Workers in India: An Essential Step in HIV/AIDS Prevention." *Aids Patient Care and Stds* **18**(3): 159.

India has the highest number of HIV/AIDS cases in the world. Current HIV/AIDS prevention strategies are based on regular and appropriate condom use. However, most commercial sex workers (CSWs), who form the core/high-risk groups toward whom the prevention strategy is directed, are disempowered and socioeconomically marginalized. This does not allow them to insist on condom use by the client, especially in absence of governmental structural support. This paper discusses HIV/AIDS prevention issues that relate to CSWs in India; issues that play a vital role in initiation, perpetuation, and expansion of economic activity of CSWs; and those factors that influence the HIV/AIDS preventive practices of CSWs. This paper argues that CSWs can be empowered and emancipated; that HIV/AIDS control and prevention efforts in India must recognize that ad hoc promotion of condom use or similar such programs will not be effective to control HIV/AIDS; and that more extensive developmental work aimed at betterment of living conditions of CSWs is required for effective HIV/AIDS prevention. (PsycINFO Database Record (c) 2005 APA, all rights reserved) (journal abstract)

Choi, K.-H., E. Diehl, et al. (2002). "High HIV risk but inadequate prevention services for men in China who have sex with men: An ethnographic study." *AIDS and Behavior* **6**(3): 255.

The authors interviewed 38 persons (aged 19-59 yrs) who identified as being men who have sex with men (MSM) or knowledgeable about the MSM population in Beijing. Despite high levels of sexual risk taking, few men perceived themselves to be at risk for HIV. The main reasons cited for engaging in unsafe sex were economic survival, misconceptions about HIV, inaccurate assessment of a partner's risk, trusting a partner or needing to prove a partner trustworthy, meeting an attractive partner, and cruising in public sex environments. The HIV prevention services currently available in Beijing include mass media education, hotline information and counseling services, venue-based outreach, hospital-based services, and Internet sites, but few of these programs specifically targeted the MSM population. The major barriers to utilizing existing services were lack of perceived risk, lack of privacy and anonymity, uninteresting program content, and distrust and questionable credibility of providers. Programs need to address broader issues, be peer-designed and peer-led, be entertaining, and receive more government support. The data suggest that many MSM receive inadequate services. More effective and sustainable programs must be developed and implemented to prevent the further spread of HIV. (PsycINFO Database Record (c) 2005 APA, all rights reserved)

Choi, K.-H., W. McFarland, et al. (2004). "HIV Prevention for Asian and Pacific Islander Men Who Have Sex With Men: Identifying Needs for the Asia Pacific Region." *AIDS Education and Prevention* **16**(1): v.

Much scientific and popular media attention has been given to the serious concentrated HIV epidemics affecting millions of injection drug users, commercial sex workers, and former plasma donors in China, India, Vietnam, and Indonesia. Less attention has been given to men who have sex with men (MSM). In the rare instances where studies have been done, they tend to show high prevalence of HIV among MSM in Asia. Most countries in Asia and the Pacific do not include MSM in their ongoing HIV surveillance efforts. It has been suggested that MSM in Asia and the Pacific may play a significant role bridging the HIV epidemic to heterosexually active persons. By and large, specific prevention needs of Asian MSM are unmet virtually everywhere. (PsycINFO Database Record (c) 2005 APA, all rights reserved)

Coffin, P. O. (2002). ""Marketing harm reduction: A historical narrative of the International Harm Reduction Development Program."" *International Journal of Drug Policy* **13**(3): 209.

This article identifies development strategies and obstacles to successful implementation of the International Harm Reduction Development Program (IHRD). Established in 1995, the IHRD was designed to develop syringe exchange, methadone maintenance, and peer outreach for HIV prevention and health promotion among drug users in Central and Eastern Europe, the former Soviet Union, and Central Asia. Data are from recorded interviews conducted with the three directors of the IHRD in February and March, 2000, with follow-up communication in 2001. The IHRD seeks to establish independent organizations capable of beginning further initiatives in their own and other regions. In the first 3 years, the program focused on developing a dialogue and network of harm reduction providers. Since 1998, the number of projects funded has expanded significantly. Although it is not possible to evaluate the impact on drug users' health, evidence suggests that IHRD has played a substantial role in establishing harm reduction as a viable intervention, in attracting other agencies to support harm reduction, and in improving the lives of project participants. The IHRD was originally scheduled to close at the end of 2001 but was granted 3 years of continued operation and has expanded the number and breadth of programs it funds.

Cáceres, C. F. and P. Aggleton (1996). Male bisexuality in Peru and the prevention of AIDS. Philadelphia, PA, US, Taylor & Francis. vii, 234 pp.

(From the chapter) the role of homoeroticism in the cultural construction of masculinity in urban Latin America needs close scrutiny / based on preliminary information from on-going research in Lima, Peru, this chapter will examine important scripts of unprotected male bisexual behaviour in an attempt to identify obstacles to safer practice / suggest revisions to the public health messages directed to each of the actors involved, in a way that empowers both men and women to remove some of the barriers to HIV prevention and social change a taxonomy of homosexuality active characters in Lima [men from working-class backgrounds, men from upper-class and middle-class backgrounds] / commercial homosexual activity / possibilities for action (PsycINFO Database Record (c) 2005 APA, all rights reserved)

Dandona, L., R. Dandona, et al. (2005). "Sex behaviour of men who have sex with men and risk of HIV in Andhra Pradesh, India." Aids 19(6): 611.

Objective: To obtain information on sex behaviour of a large sample of men who have sex with men (MSM) in India that would assist in planning HIV prevention. Methods: Homosexual/bisexual behaviour of 6661 MSM at 62 urban-rural locations of various sizes in the Indian state of Andhra Pradesh was assessed through detailed interview. Multivariate analyses were performed to understand the associations with unprotected penetrative sex and barriers to condom use assessed. Results: The average number of different male sex partners in past 4 weeks was six. In last three sex encounters with men, totalling 19 640, anal sex occurred in 16 769, at least once by 6121 (91.9%) MSM of which 3423 [55.9%; 95% confidence interval (CI), 51.7-60.1%] did not use condom at least once. A total of 2785 (41.8%) were currently married to women and 3354 (50.4%) had had vaginal/anal sex with women in the past 3 months, of which 2818 (84%; 95% CI, 81.1-86.9%) did not use a condom. Furthermore, 1585 (25.9%; 95% CI, 22.7-29.1%) had anal sex without a condom with men and also vaginal/anal sex without a condom with women. This was prevalent across urban-rural locations and its strongest association was with currently married MSM (odds ratio 15.1; 95% CI, 12.5-18.2). The predominant reason for not using a condom with women was 'do not use with regular partner' (68.4%). Conclusion: This high rate of unprotected penetrative sex by MSM with both men and women suggests that HIV prevention efforts in India should include a focus on MSM as well as their wives across many urban-rural locations and not only in large cities. (PsycINFO Database Record (c) 2005 APA, all rights reserved) (journal abstract)

Downe, P. J. (1997). "Constructing a Complex of Contagion: The Perceptions of AIDS among Working Prostitutes in Costa Rica." Social Science and Medicine 44(10): 1575.

In an assessment of health issues in Costa Rica from the critical medical anthropology perspective, it is contended that biomedical models of infection & contagion have played a central role in Costa Rica's social identity & political history, & have established social relations at different social levels. Health care programs in Costa Rica from the start of the century, & the more recent programs for human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS), have been colored by hegemonic relations between the dominant & marginalized classes. To illustrate this, perceptions of the HIV/AIDS threat, collected in 10 months of ethnographic fieldwork among 13 prostitutes in San Jose, were analyzed. In their discussion of the HIV/AIDS threat, the prostitutes linked contagion to violence & saw violence spreading like a germ from one man to another. They viewed HIV/AIDS as part of a contagion complex that includes drug abuse & diabetes as well as violence. In a paradoxical way, their view of HIV/AIDS both challenges & sustains the biomedical cultural hegemony; biomedical discourse has positioned prostitutes as vectors of the disease, but the prostitutes in their construction of the disease offer resistance to this discourse. Adapted from the source document.

Fajans, P., K. Ford, et al. (1995). "AIDS knowledge and risk behaviors among domestic clients of female sex workers in Bali, Indonesia." Social Science & Medicine 41(3): 409-417.

This study investigated AIDS and STD knowledge, risk behaviors and condom use among clients of female commercial sex workers in Bali, Indonesia. Although these clients were varied in their socioeconomic status, they all tended to have low levels of knowledge concerning HIV and STD transmission and prevention, multiple sexual partners, low frequencies of condom use with these partners, and experienced frequent STDs. Although HIV sero-prevalence rates are currently low in Indonesia, clients of CSWs are at high risk of HIV transmission. Given their high mobility and frequent sexual encounters with CSWs in other parts of Indonesia, these men could well be agents of rapid spread of the virus throughout Indonesia. Interventions to prevent the spread of the HIV virus must be targeted not only to CSWs, but also to their clients. These interventions should include educational activities concerning AIDS and STD transmission and prevention, condom promo-

tion, efforts to improve condom availability, and activities to strengthen the health sectors' STD diagnosis and treatment capabilities for both CSWs and their clients.

Fisher, J. D., W. A. Fisher, et al. (1996). "Changing AIDS risk behavior: effects of an intervention emphasizing AIDS risk reduction information, motivation, and behavioral skills in a college student population." *Health Psychol* **15**(2): 114-23.

This research used the Information-Motivation-Behavioral Skills (IMB) model of AIDS risk behavior change (J. D. Fisher & Fisher, 1992a) to reduce AIDS risk behavior in a college student population. College students received an IMB model-based intervention that addressed AIDS risk reduction information, motivation, and behavioral skills deficits that had been empirically identified in this population, or were assigned to a no-treatment control condition. At a 1-month follow-up, results confirmed that the intervention resulted in increases in AIDS risk reduction information, motivation, and behavioral skills, as well as significant increases in condom accessibility, safer sex negotiations, and condom use during sexual intercourse. At a long-term follow-up, the intervention again resulted in significant increases in AIDS preventive behaviors.

Friedman, S. R., D. C. D. Jarlais, et al. (1989). "Overview of AIDS Prevention Efforts Aimed at Intravenous Drug Users Circa 1987." *Journal of Drug Issues* **19**(1): 93.

AIDS prevention efforts that had been instituted by early 1987 included outreach; AIDS education within drug abuse treatment programs; antibody testing; preventing initiation in IV drug use; collective organization by drug users to confront AIDS; and efforts to change the environment of IV drug use in ways that might reduce HIV transmission. Projects differed in terms of whether they 1) oriented primarily to getting users into treatment or to risk reduction among continuing users (a false dichotomy); 2) used deterrence, skills building, group identity, or social support to motivate risk reduction; 3) tried to change the environment of drug use, its subculture, or the individual user; and 4) vested control of the project in the hands of professionals or of the users themselves. These models can play different roles in fighting the epidemic, and new approaches need to be developed. 4 tables, 1 note, and 24 references. (Author abstract)

Giles, M., C. Liddell, et al. (2005). "Condom use in African adolescents: The role of individual and group factors." *AIDS Care* **17**(6): 729-739.

This study set out to assess the ability of the Theory of Planned Behaviour (TPB) to predict and explain condom use in a traditional African context and in particular to assess the relative contributions of individual and normative constructs. A questionnaire survey was administered to 152 young adults (48% male, 52% female) at two points in time. Key constructs contained within the TPB were measured at Time 1. A short follow-up set of items was administered one week later at Time 2, thereby allowing for the measurement of actual behaviour. The results not only provide strong support for the predictive power of the TPB, since 67% of the variance in intention was explained, but also highlight the extent to which sexual behaviour in a rural location is governed by family/social influences. Subjective norm not only proved to be one of the most significant elements of the TPB model, together with self-efficacy (neither attitude nor perceived control were significantly involved), but 'my family' emerged as the most significant other. As such, the findings offer empirical evidence to support interventions that penetrate community networks. (PsycINFO Database Record (c) 2005 APA, all rights reserved) (journal abstract)

Gysels, M., R. Pool, et al. (2002). "Women who sell sex in a Ugandan trading town: life histories, survival strategies and risk." *Social Science & Medicine* **54**(2): 179-192.

Little is known about the background of commercial sex workers in Africa. This study investigated how women in a trading town on the trans-Africa highway in southwest Uganda become involved in commercial sex work, which factors contribute to their economic success or lack of success, and what effect life trajectories and economic success have on negotiating power and risk behaviour. Over the course of two years detailed life histories of 34 women were collected through recording open, in-depth interviews, the collection of sexual and income and expenditure diaries, visits to the women's native villages, and participant observation. The women share similar disadvantaged backgrounds and this has played a role in their move into commercial sex. They have divergent experiences, however, in their utilisation of opportunities and in the level of success they achieve. They have developed different life styles and a variety of ways of dealing with sexual relationships. Three groups of women were identified: (1) women who work in the back-street bars, have no capital of their own and are almost entirely dependent on selling sex for their livelihood; (2) waitresses in the bars along the main road who engage in a more institutionalised kind of commercial sex, often mediated by middlemen and (3) the more successful entrepreneurs who earn money from their own bars as well as from commercial sex. The three groups had different risk profiles. Due partly to their financial independence from men, women in the latter group have taken control of sexual relationships and can negotiate good sexual deals for themselves, both financially and in terms of safe sex. The poorer women were more vulnerable and less able to negotiate safer sex. A disadvantaged background and restricted access to economic resources are the major reasons for women gravitating to commercial sex work. Various aspects of personality play a role in utilising income from commercial sex to set up an economic basis that then makes the selling of sex unnecessary. This has implications for interventions, and part of the longer-term solution should lie in improving the economic position of women vis-a-vis men.

Kane, S. C. (1993). "Prostitution and the military: Planning AIDS intervention in Belize." *Social Science & Medicine* **36**(7): 965.

The social interface between military and sex workers in Belize displays 2 distinct forms of organization: (1) "recognized prostitution" in health-regulated brothels and (2) "quasi-prostitution" in nonregulated public sites, such as bars and hotels. These 2 forms are also distinguished by the ethnicity, national origin, and professional identity of sex workers. Based on survey-form participant-observation in Belize and cross-cultural data on condom use, the social identity of sex workers

emerges as a factor crucial to understanding how public health information is incorporated by heterosexuals who put themselves at risk for HIV in different social contexts. (PsycINFO Database Record (c) 2005 APA, all rights reserved)

Kelly, J. A., Y. A. Amirkhanian, et al. (2002). "HIV Risk Characteristics and Prevention Needs in a Community Sample of Bisexual Men in St. Petersburg, Russia." *AIDS Care* **14**(1): 63.

Men who have sex with men (MSM) in Russia constitute a population highly vulnerable to sexually transmitted HIV infection. In a community sample of 434 Russian MSM accessed in gay venues in Saint Petersburg, 126 had had both male & female partners in the past three months. In this paper, we report on their risk characteristics. It was shown that 45% of men reported recently engaging in unprotected anal intercourse with their male partners. Respondents had a mean of 3.3 male & 3.4 female partners in the past three months, & most had multiple male & female partners in this time period. There were serious & significant gaps in the AIDS risk knowledge levels of these men, & most believed they had no personal contact with HIV-positive people. Bisexual men were more likely than exclusively gay men to have engaged in commercial sex & tended to have lower AIDS risk knowledge. Although they did not differ in average age, bisexual compared to gay men more recently had their first sex with a man. Multivariate logistic & linear regression analyses showed that condom & safer sex attitudes, perceived norms, AIDS risk knowledge & age at first sex with a man were independent predictors of high-risk behavior among bisexual men. HIV prevention interventions for bisexual men should address their sexual practices with both male & female partners, correct misconceptions about risk, address behavior practices rather than gay identity, & recognize risk issues faced by the female partners of bisexual men. 4 Tables, 30 References. Adapted from the source document.

Kumar, M. S., S. Mudaliar, et al. (2000). "Rapid Assessment and Response to Injecting Drug Use in Madras, South India." *International Journal of Drug Policy* **11**(1-2): 83.

In an attempt to develop appropriate interventions aimed at preventing HIV (human immunodeficiency virus) infection among injecting drug users (IDUs), an assessment was carried out in Madras, South India, using the Rapid Assessment & Response Guide on Injecting Drug Use developed by the World Health Organization (1998). Data were collected via interviews with 100 IDUs, supplemented by focus groups & observations. A community advisory board ensured community ownership & participation. Findings showed that heroin, buprenorphine, diazepam, & avil were the drugs most commonly injected. The use of pharmaceutical preparations as a "cocktail" was also prevalent, as were both direct (69%) & indirect (94%) sharing. Such unhygienic injecting practices, & the lack of access to sterile water, contribute to the high incidence of adverse health consequences. Compared with the buprenorphine injectors, heroin injectors were more likely to share injecting equipment, inject more frequently, have more drug using network members, frequent "shooting" locations, use the dealer's place to inject, & face threats of arrest. Many buprenorphine injectors managed their life without serious crises, & seemed to adopt a "natural" harm reduction response. Sexual risk behavior was prevalent among opioid users, & a history of commercial sex was associated with daily alcohol use. The assessment led to an action plan that was presented & endorsed in an advocacy meeting by key stakeholders & decisionmakers. It is concluded that public health responses to injecting drug use must target changes among individuals at risk, as well as in the community & risk environment. 1 Table, 45 References. Adapted from the source document.

Kumaranayake, L., P. Vickerman, et al. (2004). "The cost-effectiveness of HIV preventive measures among injecting drug users in Svetlogorsk, Belarus." *Addiction* **99**(12): 1565.

Aim: To undertake a cost-effectiveness analysis of a harm reduction and HIV prevention project for injecting drug users (IDUs) in Eastern Europe. Economic evaluation methods were adapted to consider the effect of an 8-month financing gap that negatively impacted on project implementation. Design: Financial and economic costs of implementing the intervention were analysed retrospectively. The data were also modelled to estimate the costs of a fully functioning project. Estimates of the intervention impact on sexual and drug injecting behaviour were obtained from existing pre- and post-intervention behavioural surveys of IDUs. A dynamic mathematical model was used to translate these changes into estimates of HIV infections averted among IDUs and their sexual partners. Projections of the potential effect of the shortfall in funding on the impact and cost-effectiveness of the intervention were made. Setting: Svetlogorsk, Belarus, wherein 1997 the IDU HIV prevalence was 74%. Findings: The intervention averted 176 HIV infections (95% CI 60-270) with a cost-effectiveness of \$359 per HIV infection averted (95% CI \$234-1054). Without the \$2311 reduction (7%) in financing, the estimated cost-effectiveness ratio of the project would have been 11% lower. The costing methods used to measure donated mass media can substantially influence cost and cost-effectiveness estimates. Conclusions: Harm reduction activities among IDUs can be cost-effective, even when IDU HIV prevalence and incidence is high. Relatively small shortfalls in funding reduce impact and cost-effectiveness. Increased and consistent allocation of resources to harm reduction projects could significantly reduce the pace of the HIV epidemic in Eastern Europe. (PsycINFO Database Record (c) 2005 APA, all rights reserved) (journal abstract)

Lau, J. T. F., T. Feng, et al. (2005). "Needle sharing and sex-related risk behaviours among drug users in Shenzhen, a city in Guangdong, southern China." *AIDS Care* **17**(2): 166.

Intravenous drug users (IDUs) are at high risk of contracting HIV, but there is a geographic bias in such research efforts in China. The aim was to study the pattern of needle sharing and sex-related risk behaviours among drug users in southern China. About 260 drug users in a detoxification centre completed an anonymous questionnaire (response rate=87.3%). The results show that needle sharing among IDUs was prevalent (60.6% and 45.3% for male and female IDUs, respectively); the sharers were often friends, spouses, and acquaintances. Few IDUs sterilized the used needles properly. Commercial sex behaviours (males: 44%; females: 60%) as well as multiple partnership (males: 60%; females: 53%) were also prevalent among all male and female drug users studied. Inconsistent condom use with commercial sex partners, spouses, and regu-

lar sex partners was also very common. Yet, few of all drug users studied perceived the susceptibility of contracting HIV (11%) or sexually transmitted diseases (24%) in the future. A better HIV-related knowledge level was associated with lower levels of risk behaviours. It is concluded that harm reduction programmes are urgently warranted in China. [PUBLICATION ABSTRACT]

Lawoyin, T. O. (2004). "Condom use with sex workers and abstinence behaviour among men in Nigeria." Journal Of The Royal Society For The Promotion Of Health **124**(5): 230.

Non-regular, non-cohabiting relationships and condom neglect are known to fuel the HIV/AIDS epidemic in Africa. Reproductive health needs of the men, the major decision-makers in this community, have been grossly neglected in this regard. This exploratory, community-based study assessed condom use among married men when with commercial sex workers (CSWs) and abstinent behaviour when their wives were unavailable for sex. (A CSW is one known to receive payment for sex.) Out of the 3,178 married respondents, 1,755 (55.2%) had ever used condoms. Of this number, 1,296 (73.8%) resided in urban locations while 459 (26.2%) resided in rural areas. Of these men, 137 had used CSWs in the six months prior to the study. Only 63 (46%) of these had used a condom at the last visit. Young age (<30 years) was the only predictor of condom use when with CSWs ($p=0.03$). Predictors of abstinence behaviour when the wife was unavailable for sex included: primary and secondary education, young age of the wife, low occupational status and monogamy. National HIV/AIDS control programmes should address men, risk-taking behaviour, empowering women to negotiate condom use and reduce long abstinence periods. Continued efforts should be made to reach sex workers and to make condoms much more widely available, acceptable and affordable, especially in rural areas.

Luo, J., F. Yang, et al. (2002). "Peer education on harm reduction in intravenous drug users in Kunming." Chinese Mental Health Journal **16**(2): 112.

Studied the acceptance, feasibility, and efficacy of the project "Peer Education on Harm Reduction in Intravenous Drug Users in Kunming." 276 volunteers (intravenous drug users) at a forced detoxification clinic and a reeducation station in Kunming, China, were trained to be peer educators. Professionals supervised the project in individual counseling, group counseling, peer education, and bulletin publication. 306 drug users before the project and 415 drug users after the project completed a brief questionnaire referring to knowledge of and attitude towards drug use and sexual behavior. The effect of the project was also investigated in 82 Ss in detoxification, 37 police officers, and 61 family members during a focus group discussion and 34 peer educators released from the clinic or station and followed for 2 mo-17 mos. The results show that 60% of participants believed that the project was acceptable and necessary, and broadened their knowledge about HIV/AIDS and drug abuse; and that some of the participants used the learned personal and social skills and partially changed their high-risk behavior. (PsycINFO Database Record (c) 2005 APA, all rights reserved)

Pardasani, M. P. (2005). "HIV prevention and sex workers: An international lesson in empowerment." International Journal of Social Welfare **14**(2): 116.

This article examines the impact and influence of advocacy on HIV prevention efforts among sex workers in India. A novel project initiated in Songachi, a red-light district in Calcutta, was instrumental in reducing the rate of new infections among sex workers and increasing the use of condoms to significant levels. The Songachi Project utilised methods and techniques that empowered this stigmatised, exploited, and disenfranchised segment of the population. The impact of this World Bank-aided project was far-reaching: a key benefit is that it can be duplicated in developing countries around the world. Social workers involved in harm reduction initiatives and HIV/AIDS prevention efforts with at-risk groups like sex workers can develop their own prevention programmes utilising this model as presented here. (PsycINFO Database Record (c) 2005 APA, all rights reserved) (journal abstract)

Power, R., N. Nozhkina, et al. (2005). "Injecting drug users' experiences of targeted harm reduction in the Russian Federation." Drug and Alcohol Review **24**(1): 69.

Along with much of Central and Eastern Europe, the Russian Federation has witnessed rapid increases in both injecting drug use and concomitant HIV infection, with the sharing of unsterile injecting equipment being the main vector for the spread of blood-borne disease. Thirty-eight indepth interviews were conducted with injecting drug users. The main inclusion criterion was three-month's regular NSEP attendance. Participant observation was also conducted at the field-sites and ethnographic observations were collected by the researchers and outreach workers. Interviews were conducted by staff trained at the Urals Medical Academy, managed by the second and third author. The main aim of the needle and syringe exchange programmes (NSEP) was to target high-risk behaviour in relation to the spread of blood-borne infection. Although the key target was the sharing of used needles and syringes, the teams were also trained to address the issue of unprotected sex. This was done by providing both the technology (needles and syringes and condoms) and also knowledge (by means of face-to-face discussions and providing harm reduction literature). In summary, our work in Sverdlovsk is encouraging and reflects the positive experiences in other cities and regions in the Russian Federation. Individual behaviour change is evident, as is the adoption of established and successful models of HIV harm reduction, such as NSEP and outreach. (PsycINFO Database Record (c) 2005 APA, all rights reserved)

Quanyi, W. and L. Ge (2003). "Sex exchange and HIV-related risk behaviors among female heroin users in China." Journal of Drug Issues **33**(1): 119.

This study examines differences in demographic characteristics and HIV-related risk behaviors between Chinese female heroin users who exchanged sex for drugs or money and those who were never involved in sex exchange. A sample of 171 female heroin users was recruited from a detoxification center in China. Female heroin users who exchanged sex for drugs or money were more likely to be unemployed and were at higher risk in both sexual behaviors and injection drug use.

Number of sexual partners in the previous year, unemployment, and injection drug use were independently associated with exchange of sex for drugs or money; adjusted odds ratios were 1.2, 3.8, and 2.6, respectively. Findings show that HIV-related risk behaviors are common among female heroin users in China and that HIV harm reduction should be focused on female heroin users who exchange sex for drugs or money.

Reid, G. and N. Crofts (2000). "Rapid Assessment of Drug Use and HIV Vulnerability in South-East and East Asia." *International Journal of Drug Policy* **11**(1-2): 113.

In an 8-week period in late 1997, an assessment of the situation of drug use & HIV (human immunodeficiency virus) vulnerability in east & southeast Asia was carried out for the UN Joint Programme on AIDS ([UNAIDS] acquired immune deficiency virus). The assessment was intended to assist the UNAIDS Asia-Pacific team in setting priorities for action at a regional level, based on the recognition that epidemics of HIV among injecting drug users (IDUs) were playing an important role in the development of the AIDS epidemic in Asia at both country & regional levels. Though essentially a desk exercise, contact with the extensive membership of the Asian Harm Reduction Network allowed a deeper & more efficient investigation than would otherwise have been possible, with access to key informants & "grey" literature. The assessment found a situation of massive epidemics of HIV among IDUs either occurring, or about to occur, in most Asian countries; & parlous or nonexistent public health responses to these problems in a context void of policy. As well as providing evidence to guide UNAIDS, & useful for advocacy by a wide range of people, the process of the situation assessment also generated interest & in some cases activity. 1 Table, 59 References. Adapted from the source document.

Ross, T. (2002). "Using and Dealing on Calle 19: A High Risk Street Community in Central Bogota." *International Journal of Drug Policy* **13**(1): 45.

Rapid assessment methods were applied to a user-dealer population in a central street of Bogota, Colombia, to explore patterns of drug use & behaviors associated with overdose, crime, violence, & other risks, particularly those associated with the spread of sexually transmitted infections & HIV. A participant-intervention technique was used with the researcher developing health promotion & harm reduction activities during initial research fieldwork & in subsequent continuing responses to risks encountered. Peer leaders progressively took on participatory intervention activities. Complex interrelations were found among different subgroups within the population, & between the deviant user-dealer community & the "straight" world. Common behavior patterns were found to involve poly-drug use associated with multiple risks. Sharing of syringes & other paraphernalia was frequently encountered, but dealing-related & police violence was perceived by the research subjects as more dangerous, & violence was found to be a dominant theme of the street dealing lifestyle. Further health harms came from malnutrition & sexual risk-taking, including commercial sex work. Lack of identity papers & health insurance, compounded by self-perception as deviant & socially excluded, limits access to health care & drug dependence treatment. Health promotion & harm reduction strategies were developed from needs expressed & risks encountered, & were aimed at empowerment to make changes self-sustaining. Client advocacy was carried out to gain official approval for safe injection kits & improved access to health care facilities. The low costs & speed of these methods suggest small scale action-research projects can make a significant contribution to reducing dangerous behavior contributing to the spread of HIV & other life threatening harms in high-risk urban street communities. 37 References. Adapted from the source document.

Schifter, J., J. Madrigal, et al. (1996). *Bisexual communities and cultures in Costa Rica*. Philadelphia, PA, US, Taylor & Francis. vii, 234 pp. (From the chapter) look at the HIV/AIDS-related beliefs and behaviour of self-identified bisexuals compared with those who are homosexual in their identity / analyse the same variables for 2 different groups of 'cachero' men: prisoners, and lovers of transvestites / show how social factors such as prostitution, incarceration and drugs have an impact on identity, sexual practice and risks of HIV infection (PsycINFO Database Record (c) 2005 APA, all rights reserved)

Sedyaningsih-Mamahit, E. R. (1999). "Female commercial sex workers in Kramat Tunggak, Jakarta, Indonesia." *Social Science & Medicine* **49**(8): 1101-1114.

Indonesia is predicted to face a severe AIDS epidemic in the near future. More than 60% of the reported HIV-positive cases in Indonesia can be attributed to heterosexual transmission; therefore, by the nature of their work, female commercial sex workers (FCSWs) constitute one of the communities at risk. No meaningful or effective STD/HIV prevention programs for FCSWs can be planned if there is no contextual understanding of these women as persons, the nature and the risks of their job and their relations with their clients and managers. Just as it is incorrect to assume that all women enter prostitution for the same reasons, educational approaches that are modeled on shallow stereotypes will be ineffective. Interweaving qualitative and quantitative methods, this research investigates the FCSWs in an "official" brothel complex in Jakarta, Indonesia. Results of this study give insights of four typologies of FCSWs observed in Kramat Tunggak. The personal, professional, social and other differences which influenced the women into full-time sex work and affected their willingness and ability to engage in healthy and protective behaviors, are presented. Finally, based on those findings a recommendation on how to deliver health messages to the FCSWs is offered.

Servegev, B., T. Oparina, et al. (1999). "HIV prevention in Yaroslavl, Russia: A peer-driven intervention and needle exchange." *Journal of Drug Issues* **29**(4): 777.

Reports on the 1st 2 yrs of operation of the Yaroslavl, Russia harm reduction project for injection drug users (IDUs). From 1996 to 1998, the project was one of 13 in central and eastern Europe that comprised the International Harm Reduction Development Program, funded by the Open Society Institute. The project is modeled after the Eastern Connecticut Health Outreach project of the University of Connecticut. The Yaroslavl project consists of 2 interrelated programs: a peer-driven outreach intervention that offers active drug users modest rewards for educating their peers in the community and recruit-

ing them to a storefront for further education, interviews, free HIV, sexually transmitted disease, and hepatitis B and C test counseling; and a needle exchange where IDUs can return used syringes for new ones and also receive other harm reduction materials such as condoms. The authors report on the development and implementation of the project and on in-depth interviews with 484 IDUs recruited to the project, 161 1st followup interviews, 86 2nd followup interviews, and 35 3rd followup interviews. These interviews are based on clients' drug use and sexual risk behaviors, knowledge of HIV and other drug-related harms, and the Yaroslavl drug scene. (PsycINFO Database Record (c) 2005 APA, all rights reserved)

Silenzio, V. M. B. (2003). "Anthropological assessment for culturally appropriate interventions targeting men who have sex with men." *American Journal of Public Health* **93**(6): 867.

Although social and cultural factors play a fundamental role in the health of sexual minority populations and the development of culturally appropriate interventions, public health activities and research have sometimes lacked appropriate sophistication or attention to issues of cultural competency. In areas such as HIV prevention for men who have sex with men (MSM), biomedical interpretations of same-sex phenomena should be applied with caution. Communities and societies may broadly understand same-sex desire, attraction, behavior, and identity through age-structured/initiatory, gender-defined, profession/social role-defined, or egalitarian/gay frameworks. When more detailed, locally specific information is required, such as for youth, ethnic minorities, or urban versus rural populations, the approach to rapid anthropological assessment presented can provide nuanced insights for effective health programs targeting MSM. (PsycINFO Database Record (c) 2005 APA, all rights reserved) (journal abstract)

Stevens, P. E. (1994). "HIV prevention education for lesbians and bisexual women: A cultural analysis of a community intervention." *Social Science & Medicine* **39**(11): 1565-1578.

AIDS is increasing almost four times as fast among women, yet lesbians and bisexual women are among the least studied, least understood and most elusive populations affected by the AIDS epidemic. This paper reports the results of community-level HIV prevention research designed: (a) to examine the knowledge, perceptions, social contingencies and political constraints affecting the HIV risk taking of lesbians and bisexual women; and (b) to offer them context specific HIV prevention education. The study was a peer educator-based intervention project situated in San Francisco's women's bars, dance clubs, and sex clubs to reach socially and sexually active lesbians and bisexual women in natural settings. Between June 1992 and May 1993, ethnographic interviews were conducted with 626 women attending the bars and clubs; group presentations at these locales reached 1315 women. The structure of the intervention was effective in prompting interest in HIV prevention information and intent to change behavior. The resultant cultural analysis details risk behaviors lesbians and bisexual women participate in, myriad constraints they face in trying to enact safer behaviors, gaps in knowledge, difficulties comprehending the relevance of HIV prevention, and risk reduction strategies commonly employed.

Stratford, D., T. V. Ellerbrock, et al. (2000). "Highway cowboys, old hands, and Christian truckers: risk behavior for human immunodeficiency virus infection among long-haul truckers in Florida." *Social Science & Medicine* **50**(5): 737-749.

This paper reports the results of ethnographic research to describe risk for human immunodeficiency virus (HIV) infection among long-haul truck drivers and the contexts and factors that influence risk and protective behaviors. Drivers were selected using purposive and snowball sampling at trucking-related businesses along major truck routes in Florida. Interview information was used to categorize truckers' levels of potential risk, describe behavioral characteristics of each group, identify sex partners, and assess perceptions of the risk of HIV infection. One-third of the 71 men interviewed had frequent sexual intercourse on the road with multiple partners, but few ever used condoms. Commercial sex workers were their most frequent partners for on-the-road sex. The risk was compounded by occupational conditions, which motivated truckers to drive long hours, often using drugs to stay alert. Sex, alcohol, and drugs were perceived as quick, effective stress relievers during downtime on long, lonely trips. Despite their high-risk behaviors, truckers tended to consider themselves at low risk for HIV infection and expressed a number of misconceptions regarding HIV transmission. For example, many truckers did not associate HIV risk with heterosexual contact or think that condoms were effective in preventing HIV transmission. In addition, many truckers maintained strong homophobic and anti-government opinions that reinforced their suspicion of safe-sex messages. These findings suggest that high-risk sexual behavior is common among long-haul truckers in the US, who may be at risk for HIV infection primarily because of unprotected sexual intercourse with multiple sex partners. Also, drug use may be associated with HIV risk behavior. The authors recommend establishing prevention programs that are developed by and for truckers, determining HIV seroprevalence rates of truckers, addressing drug and alcohol abuse among truckers, and altering industry policy that keeps truckers on the road too long for their own and others' safety. (C) 2000 Elsevier Science Ltd. All rights reserved.

Ubaidullah, M. (2004). "Social Vaccine for HIV Prevention: A Study on Truck Drivers in South India." *Social work in health care* **39**(3-4): 399.

Nearly everywhere that AIDS has been found, HIV infection is fast spreading. No one is known to have recovered from HIV infection. There is no vaccine to cure AIDS (Population Reports, 1989 & The Hindu, dated 9.3.2000). Until a cure or vaccine for HIV infection is found, the only way to prevent the spread of the disease is by changing people's behaviour through AIDS education programmes (Population Reports, 1986). Many national governments are using broadcast, print media, personal contact, counselling methods, etc., to educate people on AIDS & safer sex. Thus, the best vaccine is the "Social Vaccine," which involves spreading education on how to protect oneself, 100% condom use, & changing sexual behaviour. In fact, the social vaccine was so successful in Thailand that the infection rate has come down by 50% (The Hindu, dated 9.3.2000). Truck drivers, prostitutes, & young adults are considered high risk groups for HIV/AIDS in India. An action research study was conducted in Chittoor District of Andhra Pradesh (India) among truck drivers. As part of this study, different strategies, namely mass media, personal contact, group discussion, folk media, & counselling, were adopted to provide

AIDS education, to encourage increase in condom use for safer sex, & bring changes in their sexual behaviour. The strategies adopted in this study greatly enhanced the knowledge of the truck drivers on AIDS, changed their attitudes on sex, increased the use of condoms, & modified their sexual behaviour. Thus, the social vaccine would help spread education on AIDS, bring changes in the sexual behaviour of the people, increase condom use, & thus help to prevent the AIDS scourge throughout the world. The social vaccine suggested in this study can also be extended to all the high risk group population for successful prevention of this dreadful disease in the world. 4 Tables, 7 References. Adapted from the source document. COPIES ARE AVAILABLE FROM: HAWORTH DOCUMENT DELIVERY CENTER, The Haworth Press, Inc., 10 Alice Street, Binghamton, NY 13904-1580.

Whitehead, P. C. and D. Carpenter (1999). "Explaining Unsafe Sexual Behaviour: Cultural Definitions and Health in the Military." Culture, Health & Sexuality 1(4): 303.

Analytic induction & grounded theory are used to generate & test explanations concerning why members of the Canadian Forces (CF) sometimes engage in risky sexual practices. Interviews with 7 key informants & 71 members of the CF are used to formulate, test, & reshape hypotheses accounting for heterosexual acts without the use of condoms. Findings suggest that unsafe sexual behaviors should not be viewed as irrational or "deviant." Rather, they are behaviors meaningful for the individuals concerned & conform to certain cultural ideals. Unsafe sexual practices are rooted in localized socially constructed meanings of sex, risk, & relationships in the military. The meanings have implications for how public health information is taken up & used by armed forces personnel, leading individuals to put themselves at risk of human immunodeficiency virus (HIV) infection & other sexually transmitted diseases in certain social contexts. Policy & intervention implications are considered. 20 References. Adapted from the source document.

Wilson, D., B. Sibanda, et al. (1990). "A pilot study for an HIV prevention programme among commercial sex workers in Bulawayo, Zimbabwe." Social Science & Medicine 31(5): 609.

Interviewed 113 female prostitutes (aged 18-40 yrs), also known as commercial sex workers, to ascertain awareness of and preventive measures relating to acquired immune deficiency syndrome (AIDS) and human immunodeficiency virus (HIV). All Ss had heard about AIDS, but they were uninformed about several facets of AIDS. Ss had used condoms with 39.3% of their clients during the previous week. Only 40% said they were using condoms more frequently, and many cited ineffective precautions. Ss who had a job, charged higher fees, experienced little client violence, and believed that they were susceptible to AIDS were more likely to use condoms. Ethnographic approaches demonstrated the importance of incorporating clients in health education and the feasibility of using bar security and sales personnel as health educators. Many clients were resistant to condom use. (PsycINFO Database Record (c) 2005 APA, all rights reserved)

Wright, M. T. (2005). "Homosexuality and HIV/AIDS prevention: The challenge of transferring lessons learned from Western Europe to Central and Eastern European Countries." European Conference on the Methods and Results of Social and Behavioural Research on AIDS, Sep 2002, Vilnius, Lithuania; An earlier version of this paper was presented at the aforementioned conference. 20(1): 91.

In order to stem the rapidly growing HIV/AIDS epidemics in Eastern Europe a transfer of prevention know-how and experience from Western European countries is necessary. The success of such a transfer is contingent on addressing a number of challenging issues. Monolithic ideas of East/West difference need to give way to the growing empirical evidence which not only shows a tremendous diversity but also many similarities among the 51 countries within the WHO European region. These include similarities regarding sexual attitudes and HIV prevention needs. Western constructs such as a gay identity need to be de-emphasized however, when it comes to promoting human rights (and thus improving HIV prevention for men who have sex with men) in Central and Eastern Europe. In asking the question of what should be transferred from Western Europe to other countries, both the strengths and weaknesses of the last 20 years of prevention need to be considered. In terms of Western European research the strength lies in identifying the social structural causes of HIV transmission. In terms of practice, the successes of instituting country-level structures while also working within the gay community are to be emphasized. Short-comings are evident in terms of reaching men of lower socio-economic status, cultural minorities and sex workers. On such questions, the expertise of Europe as a whole is needed in order to find new answers. (PsycINFO Database Record (c) 2005 APA, all rights reserved) (journal abstract)

Zhang, K., D. Li, et al. (1999). "Changing sexual attitudes and behaviour in China: implications for the spread of HIV and other sexually transmitted diseases." AIDS Care 11(5): 581-9.

In Imperial China sexual behaviour was regarded as an indispensable activity to reach harmony with the universe, through the unity of the interaction of two opposing forces: yin and yang. Sexual intercourse was accepted when linked to procreation within a family context, while an individual's sexuality was not considered important. Homosexuality was tolerated although not advocated, while masturbation was denounced. Since the One Child Family and Open Door policies in the 1970s and the economic reforms of the 1980s, attitudes towards sexuality in China have changed. Premarital sex has become widely accepted among young people and people in China are now more tolerant toward extramarital sex. Nowadays young people consider that love should dominate marriage and the quality of an individual's sex life is currently more valued than it used to be. Attitudes towards masturbation have become more tolerant and though homosexuality has been hidden by society for a long time, in recent years it has begun to be considered as a legitimate lifestyle choice. Attitudes towards sex and sexual behaviour have become recognized as an individuals' responsibility as long as no offence occurs against society or the interests of other individuals, resulting in the recognition of diversity of sexual behaviour. As part of the changing attitudes to sex and sexual behaviour, heterosexual transmission is becoming the most important route of HIV transmission in China. This is complicated by the internal migration of an estimated 120 million labourers moving from the countryside to the cities as the result of economic reforms, most of whom are sexually active young men.

Unless addressed directly, these factors may add to the estimated 300,000 HIV-infected Chinese, further fuelling an already rapidly spreading epidemic. The ramifications of the Chinese HIV epidemic will not only be felt within China, but also within the surrounding Asian countries thereby fuelling the HIV pandemic.

Human rights

Aggleton, P., R. Parker, et al. (2003). Stigma, discrimination and HIV/AIDS in Latin America and the Caribbean, Inter-American Development Bank.

Bentley, K. (2004). "Women's Human Rights & the Feminisation of Poverty in South Africa." Review of African Political Economy **31**(100): 247.

This article assesses the range of measures in place in South Africa to protect the human rights of women & establish their equality. The Constitution, the National Action Plan, ratified international law, & domestic law all aim, or claim, to prioritize the 'right' treatment of women in South Africa. On paper then, there is a human rights 'culture' particularly nuanced to take account of gender difference & women's particular vulnerability to the effects of poverty, HIV/AIDS & violence. In practice however, women comprise the majority of the most marginalized, impoverished, & least empowered sector of South African society. The paper assesses this marginalization in the context of an enduring patriarchal culture. The retention of this 'under-blanket' of patriarchal power underlies the virtual exclusion of women from the mainstream of South African economic life. 29 References. Adapted from the source document.

Beyrer, C. (2001). "Shan women and girls and the sex industry in Southeast Asia; political causes and human rights implications." Social Science & Medicine **53**(4): 543-550.

The human rights abuses which occur during civil conflicts pose special threats to the health and lives of women. These can include rape, sexual violence, increased vulnerability to trafficking into prostitution, and exposure to HIV infection. The long-standing civil conflict in the Shan States of Burma is investigated as a contributing cause to the trafficking of ethnic Shan women and girls into the Southeast Asian sex industry, and to the subsequent high rates of HIV infection found among these women. The context of chronic human rights abuses in the Shan states is explored, as well as the effects of recent forced population transfers on the part of the Burmese Military Regime. Rights abuses specific to trafficked women may further increase their vulnerability to HIV and other STD. The need for a political resolution to the crisis in Burma is discussed, as are approaches aimed at preventing trafficking, empowering women already in the sex industry, and reducing the risks of HIV and other STD among these women and girls.

Csete, J. (2004). "Missed Opportunities: Human Rights and the Politics of HIV/AIDS." Development **47**(2): 83.

There is a strong consensus internationally that human rights violations fuel the AIDS epidemic, but donors & governments of affected countries do little to address a wide range of AIDS-related rights abuses. Joanne Csete argues that political factors, including the rising power of religious fundamentalism, the influence of the US in AIDS assistance programmes, & male-dominated political power, create a conducive environment for these abuses & must be addressed in the fight against AIDS. 1 Figure, 45 References. [Reprinted by permission of Sage Publications, Ltd., copyright 2004 Society for International Development (www.sidint.org)].

Evans, T. (2002). "A Human Right to Health?" Third World Quarterly **23**(2): 197-215.

A right to health is one of a range of socioeconomic rights for which states accept an obligation under international law. However, the politics of rights has meant that socioeconomic rights are rarely given the same status as liberal freedoms associated with civil and political rights. This article discusses the liberal rationale for rejecting socioeconomic claims as rights and examines the basic rights challenge to liberal arguments. Given the dominance of liberalism, the article concludes with an examination of the potential for promoting a right to health within the context of globalisation.

Farmer, P. (2003). Pathologies of power: health, human rights, and the new war on the poor. Berkeley, University of California Press.

Farmer, P. (2005). "Global AIDS: new challenges for health and human rights." Perspectives in Biology and Medicine **48**(1): 10.

A keynote address presented February 21, 2001, to the Physicians for Human Rights National Student Conference at the University of Chicago. The potential for current medical practice to address the global AIDS crisis is contrasted with inequities in provision, pointing to the current failure to meet basic human rights as defined by the Universal Declaration of Human Rights. Research that focuses narrowly on allegedly excessive costs & difficulties in providing AIDS treatment in resource-poor countries is criticized for failing to search for & acknowledge possibilities that make provision of treatment both feasible & necessary. The speaker's experiences in Haiti in the 1980s & 1990s provide various forms of support for this argument: (1) provision of treatment was integrally connected to effective prevention, inasmuch as many individuals did not seek testing until treatment was not available; (2) community-based care made treatment services unexpectedly effective; & (3) AIDS treatment services supported provision of primary health care.

Gruskin, S. and et al. (2004). "Special focus: Sexuality, human rights, and health." Health and human rights **7**(2): 1.

Partial contents: (Dis)continuities of custom in Zimbabwe and South Africa: the implications for gendered and sexual rights, by Oliver Phillips; When doctors torture: the anus and the state in Egypt and beyond, by Scott Long; The articulation of rights around sexuality and health: subaltern queer cultures in India in the era of Hindutva; Prohibiting sex work pro-

jects, restricting women's rights: the international impact of the 2003 U.S. global AIDS act, by Penelope Saunders; Interrogating the absence of HIV/AIDS interventions for migrant sex workers in South Korea, by Sealing Cheng; Youth, sexuality, and human rights: some reflections from experience in Mexico, by Lydia I. Alpizar D., Marina Bernal G.; Sex work and migration: the dangers of oversimplifications--a case study of Vietnamese women in Cambodia, by Joanna Busza; Integrating rights-based approaches into community-based health projects: experiences from the prevention of female genital cutting project in East Africa, by Susan Igras, Jacinta Muteshi, Asmelash WoldeMariam, and Saida Ali.

Heywood, M. and D. Altman (2000). "Confronting AIDS: Human Rights, Law, and Social Transformation." Health and human rights 5(1): 149.

The capacity of human rights law & debate to facilitate social transformation around HIV/AIDS is assessed. With the AIDS outbreak in the early 1980s, rights to privacy & confidentiality were stressed in order to prevent undue discrimination against gay men. In the US & international arena, unfairly discriminatory laws to combat the epidemic receded in the 1990s, as the linkage between HIV prevention & human rights was established. However, when the focus of the AIDS epidemic shifted from the West to the developing world, where HIV infection is associated with poverty & inequality, discourse on human rights, laws on rights, & the enforcement of laws (as conceived of in the West) ran into trouble. Social & economic rights arguments should have taken priority over privacy & confidentiality rights (ie, civil & political rights). In combating AIDS, governments & nongovernmental organizations need to emphasize improvements in social & economic conditions, as well as civil & political rights. This may involve major structural changes. M. Pflum.

Kirby, M. (1999). "The right to health fifty years on: still skeptical?" Health and human rights 4(1): 6.

The drafting of the Universal Declaration of Human Rights was a crucial step in the recognition of a legal right to health. Although the past 50 years have revealed weaknesses in the Declaration, it has been an important catalyst for social and legal change worldwide and for new thinking about public health. Recently, the struggle against the HIV/AIDS epidemic has taught us that protecting the human rights of those most at risk is, in fact, a most effective means of preventing the spread of HIV. Traditional public health problems, as well as those involving new biotechnologies, must today be addressed with specific attention to human rights.; Reprinted by permission of the François-Xavier Bagnoud Center for Public Health and Human Rights and the President and Fellows of Harvard College

Klugman, B. "Sexual rights in Southern Africa: a Beijing discourse or a strategic necessity?"

This article explores the meaning of sexual rights as interpreted by different stakeholders during the development of the Beijing Programme of Action and within the Southern African Development Community (SADC). It illustrates how the lack of sexual rights as understood in the African context results from poverty as well as gender inequality, particularly in sexual relationships. This lack is manifested in the circumstances surrounding the HIV/AIDS pandemic and violence against women. In the European context, in contrast, sexual rights claims are motivated specifically in relation to sexual orientation. The article explores the extent to which these different discourses are being addressed in practice in SADC member countries and the opportunities that exist for building a concrete practice of sexual rights both in the region and internationally.; Reprinted by permission of the François-Xavier Bagnoud Center for Public Health and Human Rights and the President and Fellows of Harvard College

Maluwa, M. and et al. (2002). "HIV- and AIDS-related stigma, discrimination, and human rights: a critical overview." Health and human rights 6(1): 1.

Analyzes the origins and effects of AIDS-related prejudice, its connections to other forms of inequality and discrimination, local and international human rights responses, and recommendations for change. Summaries in French and Spanish.

Mann, J. (1998). "AIDS and human rights: where do we go from here?" Health and human rights 3(1): 143.

Mann, J. and D. Tarantola (1997). "Responding to HIV/AIDS: a historical perspective." Health and human rights 2(4): 5.

Mann, J. M. (1995). "The Global AIDS Strategy: Public Health, Human Rights and Development." Development 2: 16.

A new global human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) prevention strategy is, discussed, which is in line with the World Health Organization's HIV prevention model, calling for information, education, health & social services, & discrimination prevention. However, more attention needs to be paid to the role of discrimination against marginalized groups with limited access to the health care necessary for HIV prevention. The choices made by marginalized groups in response to prevention education are important but difficult to discern. Several tentative conclusions & challenges are made, eg: (1) the issue of HIV/AIDS is really a social problem, not a medical one; & (2) reduced discrimination of marginalized groups is key to HIV prevention. A new global strategy to link health care & human rights is offered. 12 References. J. Freeman.

Misra, G., A. Mahal, et al. (2000). "Protecting the rights of sex workers: the Indian experience." Health and human rights 5(1): 88.

Although India is a signatory to numerous international agreements on the rights of women and has a constitution that prohibits discrimination and exploitation by gender, as well as a plethora of related legislation, it has failed to satisfactorily protect the human rights of women, particularly those of sex workers. This is manifested in high levels of violence in the sex industry, child sex workers, lack of access to health care, and high levels of HIV infection. Policies that revolve around rescue and rehabilitation, or are based on the premise that sex work is immoral, are unlikely to effectively promote the well-being of sex workers. An alternative paradigm, which revolves around an explicit recognition of the human rights of sex workers together with an activist approach to achieve them, involving a collaboration between NGOs and collectives

of sex workers, has worked well to protect the human rights and health of sex workers in India.; Reprinted by permission of the François-Xavier Bagnoud Center for Public Health and Human Rights and the President and Fellows of Harvard College

Ngwena, C. (2000). "The recognition of access to health care as a human right in South Africa: is it enough?" Health and human rights **5**(1): 26-44.

A right of access to health care services is among the economic and social rights guaranteed by the Constitution of South Africa. Given the jurisprudential novelty of such a right and its dependence on economic resources, however, its realization is likely to be difficult to secure. The article discusses the scope and limitations of the right of access to health care in South Africa. Though the country's courts have yet to develop clear principles for interpreting a right of access to health care services, the more significant obstacles to the full enjoyment of this right are the country's pervasive poverty, gross income disparities, and extremely high burden of disease.

Palmer, D. R. and J. Dorf (1995). "HIV/AIDS and Health: The Limits and Possibilities of Human Rights Discourse." Development **2**: 20. Because the human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) crisis continues at an alarming rate, the rights of people with HIV/AIDS in vulnerable social groups need to be addressed. The social inequality & discrimination experienced by marginalized groups influence their vulnerability to HIV/AIDS & need to be considered in order to reduce this global health problem. Yet current strategies for HIV/AIDS prevention & treatment do not meet the needs of the marginalized social groups most affected by the disease. The dominant discourse on human rights fails to consider socioeconomic & cultural diversity & the biomedical approach is too abstract & universal. People with AIDS are subject to discrimination in housing, employment, medical care, etc. Such discrimination illustrates the lack of concern for the physical, mental, & social well-being of people with AIDS. Ultimately, stigmatization of these people undermines public health. Proposals for improvement include: (1) the need for a growing social movement for human rights advocacy, (2) greater access to health care & social programs, (3) holding all institutions accountable for their treatment of all vulnerable social groups, & (4) stronger links between international human rights organizations & community-based organizations. 11 References. J. Freeman.

Parker, R. and P. Aggleton (2002). HIV/AIDS-related stigma and discrimination: a conceptual framework and an agenda for action, Population Council.

Patterson, D. and L. London (2002). "International law, human rights and HIV/AIDS." Bulletin of the World Health Organization **80**(12): 964.

Focuses on international human rights law in response to HIV/AIDS epidemic at national and international levels, public health policies, and international cooperation. Summaries in French and Spanish.

Seidel, G. (1993). "The competing discourses of HIV/AIDS in sub-Saharan Africa: Discourses of rights and empowerment vs discourses of control and exclusion." Social Science & Medicine **36**(3): 175-194.

The competing discourses of HIV/AIDS circulating in sub-Saharan Africa are identified. These are medical, medico-moral, developmental (distinguishing between "women in development" and gender and development perspectives), legal, ethical, and the rights discourse of groups living with HIV/AIDS and of African pressure groups. The analytical framework is that of discourse analysis as exemplified by Michel Foucault. The medical and medico-moral are identified as dominant. They shape the perceptions of the pandemic, our responses to it, and to those living with HIV/AIDS. However, dissident activist voices are fracturing the dominant frameworks, and are mobilising a struggle for meaning around definitions of gender, rights, and development.

Siegel, R. L. (1996). "AIDS and Human Rights." Human Rights Quarterly **18**(3): 612.

Examines various approaches to the prevention & control of the human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) pandemic that inhibit the protection of individual rights, drawing on 1992-1994 interviews with World Health Organization officials & a literature review to suggest cultural, economic, biomedical, social, & political reasons for the failure to protect human rights. The policies advanced by intergovernmental organizations & international nongovernmental organizations since 1983 are explored regarding how they address & sometimes perpetuate the problem. It is argued that core social constructs will have to be challenged to stem the abusive policies adopted by self-protective national authorities. S. Barrera.

Skinner, D. and S. Mfecane (2004). "Stigma, Discrimination and the Implications for People Living with HIV/AIDS in South Africa." Sahara J: Journal of Social Aspects of HIV/AIDS/Journal de Aspects Sociaux du VIH/SIDA **1**(3): 157.

Stigma & discrimination play significant roles in the development & maintenance of the HIV epidemic. It is well documented that people living with HIV & AIDS experience stigma & discrimination on an ongoing basis. This impact goes beyond individuals infected with HIV to reach broadly into society, both disrupting the functioning of communities & complicating prevention & treatment of HIV. This paper reviews the available scientific literature on HIV/AIDS & stigma in South Africa, as well as press reports on the same subject over a period of 3 years. Analysis of this material indicates that stigma drives HIV out of the public sight, so reducing the pressure for behaviour change. Stigma also introduces a desire not to know one's own status, thus delaying testing & accessing treatment. At an individual level stigma undermines the person's identity & capacity to cope with the disease. Fear of discrimination limits the possibility of disclosure even to potential important sources of support such as family & friends. Finally, stigma impacts on behaviour change as it limits the possibility of using certain safer sexual practices. Behaviour such as wanting to use condoms could be seen as a marker of HIV, leading to rejection & stigma. All interventions need to address stigma as part of their focus. However, the difficulty of the

task should not be underestimated, as has been shown by the persistence of discrimination based on factors such as race, gender & sexual orientation. 77 References. Adapted from the source document.

Torres, M. A. (2002). "The Human Right to Health, National Courts, and Access to HIV/AIDS Treatment: A Case Study from Venezuela." Chicago Journal of International Law **3**(1): 105.

The question of whether humans have a right to health is studied in the context of the Venezuelan Supreme Court's decision in Cruz Bermudez, et al. v. Ministerio de Sanidad y Asistencia Social (1999), which concerned the Venezuelan state's obligation to provide health treatments to people living with HIV/AIDS. An overview of existing international legal instruments that address the human right to health is presented, emphasizing the provisions stated in the 1976 International Covenant on Economic, Social, & Cultural Rights. The Venezuelan Supreme Court's decision that the state had indeed violated citizens' right to health & subsequent orders to the government are explored. The implications of the court's decision for the right to health in international law are also considered. J. W. Parker.

Prevention and education

Airhihenbuwa, C. O. and J. D. Webster (2004). "Culture and African contexts of HIV/AIDS prevention, care and support." Sahara J **1**(1): 4.

Presents a prevention model developed to centralize culture in health promotion interventions, focusing on relationships and expectations, cultural empowerment, and cultural identity. Summary in French. Also available on the Internet.

Barnett, E., K. de Koning, et al. (1995). Health & HIV/AIDS Education in Primary & Secondary Schools in Africa & Asia. Policies, Practice & Potential: Case Studies from Pakistan, India, Uganda, Ghana. Education Research. United Kingdom; England, DFID Education Publications Despatch: 109.

This report sets out to describe current policy and practice related to health and AIDS education in primary and secondary schools in Africa and Asia. It focuses on: the health and education context, and the priority attached HIV/AIDS; curriculum content; teaching methods; teacher preparation and the concerns of young people with regards to health generally and AIDS specifically. The report draws on published and unpublished literature as well as empirical work in four countries: Pakistan, India, Uganda, and Ghana. The empirical work combines key informant and documentary analysis of stated policy and practice, with detailed work carried out in selected schools in each of the countries. The schools data pay particular attention to the worries and concerns of young people. As such, it may provide a useful starting point for discussion on developing "student centered" health education curricula. (Contains 43 references.) (Author/JDM)

Beckerleg, S. (2004). "How 'cool' is heroin injection at the Kenya coast." Drugs-Education Prevention and Policy **11**(1): 67-77.

Qualitative research methods were used to contact, observe and interview about 40 heroin users living in a Kenyan coastal town with a lively tourist industry. It was found that injecting practices were similar to those reported in other parts of the world. High status, or 'cool', among heroin users was associated with injecting alone and with personal autonomy. The sharing of injecting equipment, however, did occur. Most users were ill informed about the risk of transmission of HIV through injecting equipment. Injecting heroin can be status enhancing within this subculture. 'Cool' among these heroin users was associated with personal self-control, a key attribute of Swahili culture. Intervention measures should build on local values of the need to maintain individual self-control and discourage the sharing or communal use of equipment to inject heroin.

Carr-Hill, R., K. J. Katabaro, et al. (2002). The Impact of HIV/AIDS on Education and Institutionalizing Preventive Education. Education in the Context of HIV/AIDS. France, United Nations Educational.

This book examines the impact of HIV/AIDS on education in sub-Saharan African countries. It looks at the situation at both macro and micro levels and emphasizes the need to react quickly and to institutionalize the response of education systems to the negative consequences of the pandemic. Drawing on studies of a few countries in sub-Saharan Africa, the first part of the book discusses the practicability of implementing a range of indicators for monitoring the impact of HIV/AIDS, specifically on the demand for supply, management, and quality of education at all levels. It underlines the difficulties of assessing and monitoring the impact on demand, supply, and quality in many of the worst affected countries in Africa. The second part focuses on the essential role that the education system has to play in preventing the expansion and mitigating the impact of the epidemic. A range of responses is developed, drawing on the experience of various national and international organizations. This part also presents an overview of the education system in several countries that have attempted programs to impart life skills to children and young people. It considers the problems of evaluating such programs in light of cost effectiveness. (Author/WFA)

Clendenen, J. (2005). "Condom Confusion." New Politics **10**(2(38)): 60.

Discusses public health education in Cameroon, particularly concerning sex education & promotion of condom use by nongovernmental organizations. The misinformation provided by the pro-abstinence, anti-condom Women's Association for Peace in Africa illuminates the high HIV/AIDS infection rates of the country. The funding of the NGOs by the US reveals the Bush administration's policies regarding abstinence-only education programs in Africa. 7 References. L. Collins Leigh.

Coombe, C., D. Cohen, et al. (2004). The HIV challenge to education: a collection of essays, UNESCO.

Coombe, C. and M. Kelly (2001). "Education as a vehicle for combatting HIV/AIDS." *Prospects* 31(3).

Gilliam, G. A., A. Eke, et al. (2001). Developing a theory-based, culturally sensitive intervention for adolescents: The Antigua School Project. New York, NY, US: Haworth Press, Inc., [URL:<http://www.haworthpress.com>]. xviii, 174 pp.

(From the chapter) Lessons learned in designing HIV prevention programs from around the world can be shared to save valuable programmatic resources. However, programs must be adapted to meet the needs of the target population, and this can only be done through shared responsibility and participation of key individuals from the target community. In order to design culturally sensitive theory-based interventions, formative research that draws on theories and epidemiological data must be complemented by ethnographic methods. The Antigua School Project used ethnographic methods to assess needs and to guide the development of the intervention. This article discusses the process of designing a theory-based, culturally sensitive intervention to decrease behaviors that result in HIV and STDs. The intervention includes a classroom component, a parent involvement component, and a community component. Constructs of the Theory of Reasoned Action, Social Learning Theory, and the Health Belief Model were applied to activities in the development of the intervention activities. (PsycINFO Database Record (c) 2005 APA, all rights reserved)

Harris-Hastick, E. F. and C. Modeste-Curwen (2001). "The importance of culture in HIV/AIDS prevention in Grenada." *Journal of HIV/AIDS Prevention & Education for Adolescents & Children* 4(4): 5.

It has been reported that by the end of 1999, the AIDS epidemic had left behind a cumulative total of 11.2 million orphans. The World Health Organization further estimates that 5.3 million people, including 600,000 children under age of 15, became infected with the virus that causes AIDS this year. Specifically, the data coming out of the Caribbean region show that HIV/AIDS has been moving into younger and younger population groups. About 83% of AIDS cases are diagnosed in people between the ages of 15 and 54 and almost half of these cases are diagnosed in people 23 to 34 years old. Mindful of the links between health behavior and the context of family and culture, the authors maintain that intervention strategies in West Indian communities like Grenada must take into account the broader cultural context. The purpose of this article is twofold: to examine the impact of HIV/AIDS on Grenada and to introduce cultural behaviors in the context of Grenadian family structure and communication styles which impact HIV prevention and intervention strategies. The goal is to set the contextual framework for the development of culturally responsive HIV/AIDS education and prevention programs targeted to young people and adolescents. (PsycINFO Database Record (c) 2005 APA, all rights reserved)

Inon, I. S., G. Sabar-Friedman, et al. (1996). *Aids Education: Interventions in Multi-Cultural Societies*. Plenum Press, New York, Ny. THIS BOOK OF ESSAYS OFFERS AN OVERVIEW OF MANY ISSUES INVOLVED IN AIDS EDUCATION ALONG WITH CASE STUDIES OF AIDS PREVENTION IN SPECIFIC COUNTRIES, INCLUDING PARAGUAY, SOUTH AFRICA, ITALY, AND UGANDA. SUBJECTS INCLUDE AIDS AND HUMAN RIGHTS, AIDS EDUCATION IN AFRICA, THE ROLE OF GOVERNMENT IN FIGHTING AIDS, WOMEN AND AIDS, AIDS AND RELIGION, HIV-AIDS LAW IN THE UNITED STATES, AND ISRAEL'S NATIONAL AIDS POLICY.

Jones, R. H. (2002). "A walk in the park: Frames and positions in AIDS prevention outreach among gay men in China." *Journal of Sociolinguistics* 6(4): 575.

The effectiveness of AIDS prevention messages depends not just on the content of the messages, but also on how they are delivered and the identities that those who deliver them claim for themselves and impute onto their targets. This research note considers the interactional demands of an act of AIDS education which, although seemingly simple, is in many ways even more complex than the HIV counseling sessions discussed above: the act of handing an AIDS prevention pamphlet to people in a public place. In recent years, with increased emphasis by the government on AIDS prevention and control and a more accepting stance towards homosexuality, men who have sex with men in China have had increasing opportunities to encounter AIDS prevention messages through social gatherings at bars and discos, telephone hotlines providing peer counseling and Internet web sites. (PsycINFO Database Record (c) 2005 APA, all rights reserved)

Kelly, M. (2000). *The Encounter Between HIV/AIDS and Education*, University of Zambia.

Kelly, M. and B. Brendan (2003). *Education and HIV/AIDS in the Caribbean*, UNESCO.

Kolkov, V. (2003). *Cultural approach to HIV/AIDS prevention and care in Russia*, UNESCO.

Meyer-Weitz, A. and M. Steyn (1992). *AIDS Preventive Education and Life Skills Training Programme for Secondary Schools: Development and Evaluation*. South Africa: 156.

This publication reports on a pilot program on Acquired Immune Deficiency Syndrome (AIDS) and life skills training implemented in 12 schools in Pretoria, Laudium, Cape Town, and Soweto (South Africa). Data were collected through pre- and post-questionnaires and focus group interviews. The purpose of the program was to provide adolescents with accurate information on which decisions about AIDS prevention behavior and tolerance towards people infected with the Human Immunodeficiency Virus (HIV) would be based. The program had 10 modules, each with specific teaching objectives; suggested teaching methods, teaching aids, and learning activities; and suggestions for additional reading. The modules addressed puberty and adolescence, relationships (e.g., peer, family, opposite sex), love, human sexuality, decision making, sexually transmitted diseases (STDs), and HIV/AIDS. Findings indicated that students showed a general improvement in AIDS-related knowledge topics as well as more positive perceptions of condom use, and more realistic perceptions regarding susceptibility, and the seriousness and outcomes of HIV/AIDS. There was also an increased perception of peer pressure to engage in sexual activity. A number of recommendations regarding the context of the program are outlined, first in terms of various survey fields and second with regard to the improvement of the program modules. Appendices include:

descriptions of statistical techniques and survey fields; anova analysis; pre- and post-test mean scores; percentages on specific items; and prescribed reading materials. (Contains 36 references.) (ND)

Mirembe, R. and L. Davies (2001). "Is schooling a risk? Gender, power relations, and school culture in Uganda." Gender and Education **13**(4): 401-416.

This article relates a study of AIDS education in Uganda which used an ethnography of school culture to explore the contradictions in curriculum intervention. The school was found to be a site of an extensive set of gendered practices which constituted a risk in themselves in terms of sexual health. Four forms of control are examined in this article: hegemonic masculinity, gendered discipline patterns, sexual harassment and 'compulsory' heterosexuality. Male domination and power imbalances in the school encouraged attitudes and practices with regard to sexual relationships which negated the official messages of the AIDS curriculum.

Moore, A. R. and D. A. Williamson (2003). "Problems with HIV/AIDS Prevention, Care and Treatment in Togo, West Africa: Professional Caregivers' Perspectives." AIDS Care **15**(5): 615.

This paper used accounts of professional caregivers to HIV/AIDS patients in Lome, Togo, West Africa, to explore the impacts of cultural, institutional, & socioeconomic factors in the fight against HIV/AIDS. Thirteen health professionals & 17 nonprofessionals who work with people living with HIV/AIDS were interviewed in June & July 2002 in Lome. The study found that, in Togo, there are some cultural, socioeconomic, & institutional practices that put Togolese at risk of contracting HIV & complicate the care of those who become infected. People with HIV/AIDS face socioeconomic, emotional, & psychological battles as they attempt to deal with their physical health & the social reactions to such a stigmatizing disease. To contain the spread of HIV/AIDS, people living with HIV/AIDS, family caregivers, traditional healers, & the public must be educated about the importance of preventing the disease & how each group can help achieve success in its control. Interventions in prevention & care should be designed with an awareness of these structural factors that contribute to the spread of AIDS & compromise the quality of care given to those who become infected. 1 Appendix, 28 References. Adapted from the source document.

Munoz, M. (2001). "Self-aware sex education: a theoretical and practical approach in Venezuela." Reproductive health matters **9**(17): 146.

Even a few decades ago, it was considered normal and even desirable in Latin America for young women to become pregnant before they were 20 - provided they were married; while young men were expected to become sexually active as soon as they entered adolescence, without much concern about potential risks or with whom they did so - as long as it was a woman. This view is now changing. There seems to be a general consensus that 'education' is necessary to prevent adolescent pregnancy, abortion, STI/HIV and sexual abuse. Attempts to reach agreement as to what kind of education and where, and how and when to provide it often fail, however, because of the conflicting views of sexuality upon which they are based. This article discusses conflicting concepts of sexuality and describes the theory of critical pedagogy followed by AVESA, a Venezuelan NGO whose work focuses on sexuality, problems of sexuality and alternative sex education. It describes AVESA's practical experience in training youth promoters and running an ongoing youth education programme in sexual and reproductive health. AVESA advocates an educational alternative that builds self-awareness and a critical understanding of social reality. We encourage individuals to engage with their own history and circumstances in order to be able to experience their sexuality in a full, responsible, pleasurable and just manner.; Reprinted by permission of Reproductive Health Matters

Nettleford, R. (2004). "HIV/AIDS education in the Commonwealth Caribbean." Caribbean Quarterly **50**(1): 1.

Discusses HIV prevention education in the Caribbean, health and sex education in schools, and for the general public; 8 articles. Summaries in French and Spanish. Contents: HIV/AIDS: the urgency of the task ahead from the perspective of Trinidad and Tobago, by The Honourable Patrick Manning; Education: a key partner in multisectoral response to HIV/AIDS, by Sir George Alleyen; University of technology, Jamaica's graffiti wall: increasing awareness of HIV/AIDS through participatory message design, by Nancy George; Knowledge attitudes and sexual practices of medical students towards HIV/AIDS, by L. Cox, G. Reid, R. Arscott, and J. Thomas; Young children, a neglected group in the HIV epidemic: perspectives from Jamaica, by Hope Ramsay, Sian Williams, Janet Brown, and Sanja Bhardwaj; Uniting three initiatives on behalf of Caribbean youth and educators: health and family life education and the health promoting school in the context of PANCAP's strategic framework for HIV/AIDS, by Cheryl Vince Whitman; "When you have AIDS people laugh at you": a process drama approach to stigma with pupils in Zambia, by Brian Heap and Tony Simpson; Commercial publishing's response to the HIV/AIDS epidemic: a report on a UNESCO/CAPNET workshop, by Graham van der Vyver.

Norr, K. F., J. L. Norr, et al. (2004). "Impact of Peer Group Education on HIV Prevention among Women in Botswana." Health care for women international **25**(3): 210.

A peer group HIV prevention intervention based on social-cognitive learning theory, gender inequality, & the primary health care model for community-based health promotion was developed for more than 300 urban employed women in Botswana. All women volunteered to participate in the intervention. To control for self-selection, matched workplaces were assigned to the intervention group or to the delayed control group. Compared with women in the delayed control group, women in the intervention group had significantly higher postintervention levels of knowledge of HIV transmission, sexually transmitted diseases (STDs), & HIV prevention behaviors; positive condom attitudes & confidence in condom use; personal safer sex behaviors; & positive attitudes toward persons living with HIV/AIDS & community HIV/AIDS-related activities. The peer group leaders have sustained the program for more than 5 years after the end of research funding. Peer

groups are a low-cost & sustainable intervention that can change HIV prevention knowledge, attitudes, & behaviors for ordinary urban employed women in sub-Saharan Africa. 1 Table, 34 References. Adapted from the source document.

- Pardasani, M. P. (2005). "HIV prevention and sex workers: An international lesson in empowerment." International Journal of Social Welfare **14**(2): 116.
 This article examines the impact and influence of advocacy on HIV prevention efforts among sex workers in India. A novel project initiated in Songachi, a red-light district in Calcutta, was instrumental in reducing the rate of new infections among sex workers and increasing the use of condoms to significant levels. The Songachi Project utilised methods and techniques that empowered this stigmatised, exploited, and disenfranchised segment of the population. The impact of this World Bank-aided project was far-reaching: a key benefit is that it can be duplicated in developing countries around the world. Social workers involved in harm reduction initiatives and HIV/AIDS prevention efforts with at-risk groups like sex workers can develop their own prevention programmes utilising this model as presented here. (PsycINFO Database Record (c) 2005 APA, all rights reserved) (journal abstract)
- Parker, R. G. (2000). "Structural barriers and facilitators in HIV prevention: a review of international research." Aids **14**: S22-S32.
 Objectives: This article provides an overview of a growing body of international research focusing on the structural and environmental factors that shape the spread of the HIV/AIDS epidemic, and create barriers and facilitators in relation to HIV-prevention programs.
- Pridmore, P. and C. Yates (2005). "Combating AIDS in South Africa and Mozambique: the role of open, distance, and flexible learning (ODFL)." Comparative Education Review **49**(4): 490.
 This article examines the potential for open, distance, and flexible learning (ODFL) to mitigate the impact of HIV and AIDS on young people.1 Based on experience from a field study in Mozambique and South Africa, we show how ODFL can support and extend the work of existing infrastructures supporting vulnerable youth. As neighboring countries at the epicenter of the pandemic, Mozambique and South Africa have very different levels of infrastructure development but complementary experiences. These experiences may be relevant to India, China, and other countries where the pandemic is threatening to explode but is less well understood. This article is concerned with the growing number of youth affected by HIV and AIDS who are out of school, because emerging concerns about this particularly vulnerable group may initiate a broader impetus to do something for those whom the formal education system has failed.
- Rivkin-Fish, M. (1999). "Sexuality education in Russia: defining pleasure and danger for a fledgling democratic society." Social science & medicine **49**(6): 801.
- Schoepf, B. G. (2003). "Uganda: Lessons for AIDS Control in Africa." Review of African Political Economy **30**(98): 553.
 Uganda has the one of the oldest recognized AIDS epidemics. The first people found to be sick with AIDS in 1982 in southwestern Uganda became infected in the mid-1970s. For several years, Uganda has been widely recognized as the first & most dramatic African success story, with estimated national HIV prevalence falling from about 15% in 1992 to 5% in 2001. This is truly good news! As the epidemic proceeds through its third decade, many observers suggest that Uganda's prevention efforts are a model to follow. What is the situation there, & what can we learn from Uganda? 56 References. Adapted from the source document.
- Shuguang, W. and P. Van de Ven (2003). "Peer HIV/AIDS Education with Volunteer Trishaw Drivers in Yaan, Peoples Republic of China: Process Evaluation." AIDS Education and Prevention **15**(4): 334.
 Peer-based HIV prevention education has become increasingly popular in China. Few studies have explored culturally appropriate strategies or the effectiveness of this approach among the growing population of Chinese self-employed young people--a group quite vulnerable to HIV and other sexually transmissible infections. The findings presented here are from a process evaluation of a peer-led demonstration project with self-employed trishaw drivers in Yaan, China. This study examines sexual health message diffusion from 150 volunteers in a direct training group to 705 peers in an indirect training group. A key finding was that success in diffusing sexual health messages was significantly related to drivers' attachment to their subculture. The successful elements of the project augur well for the development of HIV peer education in the broader arena of self-employed young people in China and pose a challenge to the traditional approach of "official-led" peer education with its uniform prescription of officially sanctioned printed materials. (PsycINFO Database Record (c) 2005 APA, all rights reserved) (journal abstract)
- Sinclair, M. (2005). "Building citizenship and life skills." Forced Migration Review, no.22: 23.
 Education in conflict resolution, tolerance, citizenship, human rights, and healthful living is gradually becoming recognized as just as important as academics for refugee youth and other persons displaced by emergency situations. Techniques for teaching these and other "life skills" are reviewed and case studies are offered of life-skill-based HIV/AIDS educational program implemented across Africa. Basic requirements of life-skills educational programs are identified and curriculum development guidelines are offered.
- UNAIDS (2005). Intensifying HIV prevention: UNAIDS policy position paper, UNAIDS.
- UNESCO (2001). UNESCO's strategy for HIV/AIDS preventive education, UNESCO.

UNESCO (2002). *A Cultural Approach to HIV/AIDS Prevention and Care*, UNESCO.

Visser, M. J. (2005). "Life Skills Training as HIV/AIDS Preventive Strategy in Secondary Schools: Evaluation of a Large-Scale Implementation Process." *Sahara J: Journal of Social Aspects of HIV/AIDS/Journal de Aspects Sociaux du VIH/SIDA* 2(1): 203.

A life skills & HIV/AIDS education programme was implemented in secondary schools as a strategy to combat the spread of HIV/AIDS among school-going young people in South Africa. As part of a joint effort of the Departments of Health & Education, two teachers per school were trained to implement life skills training & HIV/AIDS education in schools as part of the school curriculum. The implementation of the intervention was evaluated in 24 schools in two educational districts in Gauteng province using an action research approach. Data about the implementation were gathered through interviews & focus group discussions with school principals, teachers & learners. A repeated measurement research design was used to assess the impact of the intervention in terms of knowledge, attitudes & reported risk behaviour in a sample of 667 learners representing learners from grades 8 to 12 from different population groups. Results showed that the programme was not implemented as planned in schools due to organisational problems in the schools, lack of commitment of the teachers & the principal, non-trusting relationships between teachers & learners, lack of resources & conflicting goals in the educational system. In an outcome evaluation over the period of a year it was found that learners' knowledge of HIV/AIDS increased & their attitudes were more positive although the changes may not be attributed to the programme alone. In the post-test more learners were sexually active, although preventive behaviour did not increase. The programme as implemented in the area did not succeed in changing high-risk behaviour patterns among school-going young people. From the evaluation of the intervention a few valuable lessons were learned about the content & implementation of HIV/AIDS preventive interventions, which could be useful in the implementation of various other HIV/AIDS preventive interventions in the community. 1 Table, 1 Figure, 86 References. Adapted from the source document.

Wang, S. and D. Keats (2005). "Developing an innovative cross-cultural strategy to promote HIV/AIDS prevention in different ethnic cultural groups of China." *AIDS Care* 17(7): 874.

The HIV and STIs epidemic in China has had a significant impact among China's ethnic minorities. However, the official traditional approach, which has used an anti-epidemic social campaign, has not paid any attention to the diversity of cultural backgrounds of the many ethnic minority groups. This study carried out in Sichuan Province is the first to explore how to use cultural resources for developing an effective strategy for promoting HIV prevention in different cultural groups in China. One hundred and fifty male volunteers drawn from the Yi (50), Tibetan (50) and majority Han (50) cultural groups were assigned to a direct training programme. After training, these participants spread safe sex messages to other contacts who became an indirect peer diffusion group. A third group of 150 male volunteers from the same three cultural groups but from another relatively comparable community acted as controls. Each participant was interviewed before and after the intervention to assess knowledge, attitudes and behavioural intentions regarding HIV/AIDS prevention. The study examined the cultural appropriateness and effectiveness of peer-led health message diffusion in promoting condom use through a traditional oral communication approach from the direct training groups to the indirect intervention groups and broad peer networks within the Yi, Tibetan and Han cultural communities. Key findings showed that the peer-based oral communication strategy was effective for encouraging condom use with casual sexual partners in both the direct training group and the indirect peer diffusion group in all three cultural groups. There was no significant change in any of the comparison groups. Although change in the majority Han cultural group was generally greater than in the ethnic minority groups, the results clearly suggest that the methods can be successfully adopted to promote safe sexual behaviour in different cultural groups of China. (PsycINFO Database Record (c) 2005 APA, all rights reserved) (journal abstract)

Wijngaarden, J. and S. Shaeffer (2005). *The Impact of HIV/AIDS on children and young people: reviewing research conducted and distilling implications for the education sector in Asia*, UNESCO.

Wu, Z., R. Detels, et al. (2002). "Diffusion of HIV/AIDS knowledge, positive attitudes, and behaviors through training of health professionals in China." *AIDS Education and Prevention* 14(5): 379.

A study evaluated a training-of-trainers strategy to update HIV/AIDS knowledge and improve attitudes and behavior among health professionals and the public. A survey was carried out among health workers and villagers. Villagers that participated were aged 15-49 yrs. An initial workshop was given to 55 staff from several health institutions. Trainees were provided limited funds to conduct secondary workshops at local levels. They were requested to diffuse knowledge to patients during routine health visits. A follow-up survey was conducted 18 months later in counties in which workshops were not held. Knowledge, attitudes, and behavior were compared both at the baseline and follow-up surveys, and before and after the intervention. Nearly 95% of health workers in Fuyang Prefecture were trained secondarily at local levels. Knowledge was significantly higher in intervention compared with nonintervention counties, and after intervention, respectively. Attitudes toward people with HIV/AIDS improved significantly in intervention counties. Condom use during last sexual intercourse increased from 11.0% to 33.5% in health workers and from 8.7% to 18.5% among villagers. The strategy was cost effective for improving knowledge and attitudes and promoting condom use. (PsycINFO Database Record (c) 2005 APA, all rights reserved)

Wu, Z., K. Rou, et al. (2004). "The HIV/AIDS Epidemic in China: History, Current Strategies and Future Challenges." *AIDS Education and Prevention* 16(SupplA): 7.

This article reviews the epidemic of HIV infection and AIDS, the Chinese national policy development in response to the epidemic, and disparities between policies and the need for AIDS prevention in China. The HIV epidemic in China has gone through three phases, and it is now at the rapid expansion phase. Since 1988, HIV/AIDS has been addressed from a legal perspective, but in the early stages laws and regulations actually hindered HIV control efforts. Since 1995 efforts have been

made to improve policy decisions. Two major strategic plans were issued in 1998 and 2001, with increased government funding for implementation. Although the challenges facing HIV/AIDS control in China are many, the Chinese government is making a stronger commitment for implementing effective AIDS control measures in the country. (PsycINFO Database Record (c) 2005 APA, all rights reserved) (journal abstract)

Health Systems and Policy

Allen, T. and S. Heald (2004). "HIV/AIDS Policy in Africa: What Has Worked in Uganda and What Has Failed in Botswana?" *Journal of International Development* **16**(8): 1141-1154.

A comparison of HIV/AIDS policies in Botswana and Uganda is revealing. It helps to highlight the kinds of policies that are necessary to come to terms with the pandemic in Africa, where it is already a public health disaster. It is argued that the promotion of condoms at an early stage proved to be counter-productive in Botswana, whereas the lack of condom promotion during the 1980s and early 1990s contributed to the relative success of behaviour change strategies in Uganda. Other important factors included national and local-level leadership, the engagement (or alienation) of religious groups and local healers and, most controversially, procedures of social compliance. We end with a call for more draconian measures than are currently envisaged.

Annas, G. (2003). "The right to health and the nevirapine case in South Africa." *N Engl J Med* **348**(8): 750-4.

Thanks to activists in South Africa, the right to health as a human right has returned to the international stage, just as it was being displaced by economists who see health through the prism of a globalized economy and by politicians who see it as an issue of national security or charity. The current post-apartheid debate in South Africa is not about race but about health, and in this context, the court victory by AIDS activists in the nevirapine case has been termed not only, as stated in one British newspaper, "the greatest defeat for [President Thabo] Mbeki's government" but.

Berkman, A., J. Garcia, et al. (2005). "A Critical Analysis of the Brazilian Response to HIV/AIDS: Lessons Learned for Controlling and Mitigating the Epidemic in Developing Countries." *American Journal of Public Health* **95**(7): 1162.

The Brazilian National AIDS Program is widely recognized as the leading example of an integrated HIV/AIDS prevention, care, and treatment program in a developing country. We critically analyze the Brazilian experience, distinguishing those elements that are unique to Brazil from the programmatic and policy decisions that can aid the development of similar programs in other low- and middle-income and developing countries. Among the critical issues that are discussed are human rights and solidarity, the interface of politics and public health, sexuality and culture, the integration of prevention and treatment, the transition from an epidemic rooted among men who have sex with men to one that increasingly affects women, and special prevention and treatment programs for injection drug users. (PsycINFO Database Record (c) 2005 APA, all rights reserved) (journal abstract)

Chikwendu, E. (2004). "AIDS/HIV-When the State Fails: NGOs in Grassroots AIDS Care." *Dialectical Anthropology* **28**(3-4): 245.

An introduction to this special issue on human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) notes that the articles focus on the impact of nongovernmental organizations (NGOs) in places where state aid has failed. HIV/AIDS has intensified poverty & misery, especially in underdeveloped countries & poor neighborhoods of cities within industrial nations. It is noted that governments in Africa & other poor nations initially neglected persons afflicted with HIV/AIDS, not only because they had few treatment options, but also due to their understanding of AIDS as a "hopeless problem that could not be properly addressed by public policy." The few poor countries that initiated aggressive public education campaigns are pointed out, along with the disastrous consequences of state failures to act, the response of the UN & the world community, & contributions to grassroots AIDS care made by NGOs. Case studies highlight the services of NGOs in Africa, the Caribbean, & India; a brief synopsis of each paper is included. 1 Table. J. Lindroth.

Deodhar, N. S. (2003). "Review of the National HIV/AIDS Control Programme in India with a View to Making It Community-Oriented, More Effective, and Sustainable." *Journal of public health policy* **24**(2): 159.

Documents the study by three members of the Independent Commission on Health in India on the second phase of the human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) control program. Although international agencies have supported efforts to confront the growing pandemic, the control strategies & interventions designed for the National AIDS Control Organization have not yet considered the plethora of major public health problems & diverse cultural problems characteristic of developing countries. A study sought to find alternative strategies & interventions that could cost-effectively strengthen the public health system. This paper considered the results of the study in the following areas: critical aspects of HIV/AIDS & their real magnitude in India; placement of HIV/AIDS control in the National STD Control Program; mother to child transmission; formation of a people's movement to control & prevent HIV infection; democratizing the National AIDS Control Organization operations; the issue of condom use & safe sex; behavior change communication; & larger social issues. 6 Tables, 13 References. L. A. Hoffman.

Fernandez, M. I., J. A. Kelly, et al. (2005). "HIV prevention programs of nongovernmental organizations in Latin America and the Caribbean: the global AIDS intervention network project." *Revista Panamericana de Salud Publica/Pan American Journal of Public Health* **17**(3): 154.

The objective of this paper is to describe HIV prevention programs conducted by nongovernmental organizations (NGO) that are meeting this challenge. One NGO undertaking HIV prevention programs was evaluated in each of the 23 countries

participating in the Global AIDS Intervention Network (GAIN) Project throughout Latin America and the Caribbean. A two-stage selection process was used: (1) a search in databases and other information sources; (2) identification of NGOs that were best established and most actively engaged in HIV prevention activity. Executive directors were questioned about staffing, budget issues, populations served and barriers faced by these entities. The 23 NGOs conducted 58 direct-service programs and had been conducting HIV prevention activities for a mean of 8 years (SD = 4.45; range 118 years). Average annual program budget was US\$205,393 (range: US\$10,000 to US\$1,440,000). The NGOs reported a mean of 4.5 full-time employees (range 015, SD = 4.7). Many relied on volunteers (median = 10, mean = 51, range 0700, SD = 150) to conduct HIV prevention activities. The NGOs provided prevention services for the general community (82.6%), children and adolescents (34.8%) and men who have sex with men (30.4%). Activities conducted by NGOs included train-the-trainer activities (43.5%) and face-to-face prevention activities (34.8%). Obstacles cited included lack of funding (60.9%) and HIV-related stigma and discrimination (56.5%). The strategies used by NGOs to overcome barriers to prevention are a testament to their ingenuity and commitment, and serve as examples for NGOs in other world regions.

Galvão, J. (2005). "Brazil and Access to HIV/AIDS Drugs: A Question of Human Rights and Public Health." *American Journal of Public Health* **95**(7): 1110.

I explore the relationship between public health and human rights by examining the Brazilian government's policy of free and universal access to antiretroviral medicines for people with HIV/AIDS. The Brazilian government's management of the HIV/AIDS epidemic arose from initiatives in both civil society and the governmental sector following the democratization of the country. The dismantling of authoritarian rule in Brazil was accompanied by a strong orientation toward human rights, which formed the sociopolitical framework of Brazil's response to the HIV/AIDS epidemic. Even if the Brazilian experience cannot be easily transferred to other countries, the model of the Brazilian government's response may nonetheless serve as inspiration for finding appropriate and lifesaving solutions in other national contexts. (PsycINFO Database Record (c) 2005 APA, all rights reserved) (journal abstract)

Gill, B. and et al. (2002). "China's HIV crisis." *Foreign Affairs* **81**(2): 96.

Describes the spread of HIV/AIDS, contributory factors, the government's belated response, and challenges which the epidemic poses for China's inadequate health care system. Roles of intravenous drug use, increased promiscuity, roaming, undocumented workers, and traditions and taboos in the disease's spread.

Khan, O. A. and A. A. Hyder (2001). "Responses to an emerging threat: HIV/AIDS policy in Pakistan." *Health policy and planning* **16**(2): 214.

A decade has passed since the discovery of HIV in Pakistan. In the presence of a susceptible population, 'high-risk' behaviours and potential for further spread, the policies and programmes addressing HIV/AIDS need to be further developed. This paper explores the response to HIV/AIDS in Pakistan and describes the contributions of the public and private sectors towards AIDS prevention. A review of contextual and social factors of HIV/AIDS in Pakistan is followed by a structural analysis of the response, an assessment of the impact, and policy recommendations for a more integrated approach to this emerging threat. The conclusion calls for better epidemiological information on HIV/AIDS in the country, development of proactive, evidence-based policies, and socially appropriate implementation of prevention and care measures.; Reprinted by permission of Oxford University Press

Kobori, S. (2002). "TRIPS and the primacy of public health." *Asia Pacific review* **9**(1): 10.

The 1984 Uruguay round of trade negotiations was criticized by many as discriminating against developing countries. On the issue of intellectual property, the contentious issue was that of the patent protection given to the drugs manufacturers, mostly based in developed countries. In this article, Shinzo Kobori, distinguished research fellow at the Institute for International Policy Studies, explores the issues surrounding the dilemma: the drugs need to be provided for many people in the developing world but, on the other hand, adequate compensation needs to be given to pharmaceutical companies producing the medicine. Focusing on pharmaceutical patents of anti-AIDS/HIV drugs, he examines the barriers to access to essential drugs in developing countries. Kobori goes on to scrutinize the various policy options including compulsory licensing and parallel imports, and describes the potential hurdles facing global drug companies in light of the challenges from Brazil, South Africa and the US.; Reprinted by permission of Carfax Publishing, Taylor and Francis Ltd.

Levine, R. and D. Center for Global (2004). *Millions saved: proven successes in global health*, Center for Global Development.

Discusses 17 large-scale, successful health programs implemented globally, nationally, or regionally in poor countries, and their strategies. Prepared by the What Works Working Group convened by the Center for Global Development's Global Health Policy Research Network. Contents: Eradicating smallpox; Preventing HIV and sexually transmitted infections in Thailand; Controlling tuberculosis in China; Eliminating polio in Latin America and the Caribbean; Saving mothers' lives in Sri Lanka; Controlling onchocerciasis in sub-Saharan Africa; Preventing diarrheal deaths in Egypt; Improving the health of the poor in Mexico; Controlling trachoma in Morocco; Reducing guinea worm in Asia and sub-Saharan Africa; Controlling Chagas disease in the southern cone of South America; Reducing fertility in Bangladesh; Curbing tobacco use in Poland; Preventing iodine deficiency disease in China; Eliminating measles in southern Africa; Preventing dental caries in Jamaica; and Preventing Hib disease in Chile and The Gambia.

Ncama, B. P. (2005). "Models of Community/Home-Based Care for People Living With HIV/AIDS in Southern Africa." *JANAC: Journal of the Association of Nurses in AIDS Care* **16**(3): 33.

The HIV/AIDS epidemic has placed a large burden on public health facilities in developing countries that are already functioning with limited resources. This has shifted the burden of care to families and communities, because public health serv-

ices are often stretched beyond their capacities. A number of community/home-based care models and services have evolved in response to this need. This report reviews the most common community- and home-based care models in use as well as the experiences of selected African countries in their use of community/home-based care. (PsycINFO Database Record (c) 2005 APA, all rights reserved) (journal abstract)

O'Manique, C. (2004). "Global Neoliberalism and AIDS Policy: International Responses to Sub-Saharan Africa's Pandemic." *Studies in Political Economy* **73**: 47-68.

The evolution of the Western public health system's response to AIDS in the West & then Africa (through the World Health Organization) is examined. The Western biomedical framework, the ideological hegemony of neoliberalism, & the ideas & practices of institutional development in the Third World have informed its policy toward the African AIDS pandemic. Within the Western perspective, structural features of the African economy & societies are mere backgrounds rather than relevant factors, African gender relations are considered fixed rather than interactive, & women's caregiving labor is taken for granted. With its individualist view of humans, the Western policy response sidesteps the role of agricultural restructuring in Africa & the unfair burden of AIDS on women. Policymakers need to have a better understanding of local communities & gendered power dynamics that contribute to the spread of the disease. M. Pflum.

Osei-Hwedie, B. Z. (2001). "HIV/AIDS and the Politics of Domestic Response: The Case of Botswana." *International Relations* **15**(6): 55. Factors accounting for the spread of the AIDS/HIV epidemic in Botswana are reviewed, highlighting challenges to good governance & national health policy. The policy initiated in 1993 via presidential directive to battle the disease is analyzed, detailing the roles it assigns to national leaders; governmental, nongovernmental, & community organizations; & the private sector. The policy's focus on prevention & care programs is noted, & examples of implementation in each of these areas are offered; constraints on implementation are also identified. K. Hyatt Stewart.

Peters, B. L. (2003). "HIV/Aids: Reviewing the Southern African Region." *South African Yearbook of International Affairs*: 361. Considers issues related to HIV/AIDS in Southern Africa. Current challenges are briefly touched on. It is argued that appropriate government commitment is critical to implementing effective strategies for confronting HIV/AIDS. Human rights issues related to such strategies are looked at before relating regional initiatives. Some suggestions are offered for what ought to be done locally, regionally, & internationally by way of prevention & treatment policy. 2 Tables. J. Zendejas.

Richter, M. (2004). "Pepping up the public healthcare system for rape survivors: AIDS activism and advocacy." *Agenda* **60**: 47. Post-exposure prophylaxis (PEP) for rape survivors is essential for reducing the risk of contracting HIV after an incident of rape. This briefing explores the strategies undertaken by the AIDS Law Project in order to advocate for a nation-wide government policy on the provision of PEP in the public health sector. It focuses on the strategies of advocacy and partnerships, litigation, engagement of independent monitoring bodies and research and monitoring.; Reprinted by permission of Agenda

Rohleder, P. and L. Swartz (2005). "'What I've noticed what they need is the stats': Lay HIV counsellors' reports of working in a task-orientated health care system." *AIDS Care* **17**(3): 397. Counselling has been recognized as an important component of HIV and AIDS care, and an essential part of HIV testing. In South Africa, a commonly used model is for lay counsellors to be trained by non-governmental organizations and then to work alongside professionals in public health clinics. In studies of counselling in health care settings in the context of HIV, there has been a relative lack of attention to the organizational and systemic issues faced by counsellors and counselling programmes. Counsellors are involved in a dynamic interrelationship not only with their clients but also with the organizations in which they work. In this paper we report on counsellors' accounts of the impact of their unclear position on their work. Twenty-nine counsellors were interviewed using individual interviews and focus group discussions. The findings reveal a clash between an holistic counselling approach and a task-oriented health system. The results provide some indication of the need to consider workplace issues in planning and researching VCT. (PsycINFO Database Record (c) 2005 APA, all rights reserved) (journal abstract)

Schoepf, B. G. (2003). "Uganda: Lessons for AIDS Control in Africa." *Review of African Political Economy* **30**(98): 553. Uganda has the one of the oldest recognized AIDS epidemics. The first people found to be sick with AIDS in 1982 in southwestern Uganda became infected in the mid-1970s. For several years, Uganda has been widely recognized as the first & most dramatic African success story, with estimated national HIV prevalence falling from about 15% in 1992 to 5% in 2001. This is truly good news! As the epidemic proceeds through its third decade, many observers suggest that Uganda's prevention efforts are a model to follow. What is the situation there, & what can we learn from Uganda? 56 References. Adapted from the source document.

Skordis, J. and N. Natrass (2001). *Cost-Effectiveness of Mother-to-Child Transmission Prevention*. AIDS in Context Conference, University of Witwatersrand. During 1999, it was estimated that over 60,000 South African infants contracted HIV through mother-to-child transmission of the disease. Studies show that between 11,500 and 23,000 infections can be averted a year through a state funded mother-to-child transmission prevention (mtctp) programme. Section 27 of the South African constitution guarantees the right to health care if it is within the state's available resources. The implication of this is that the state is obligated to provide such a programme if it is affordable. This article examines the affordability of a state funded mtctp programme by examining two standard measures of affordability: cost and cost-effectiveness. Conclusions: (1) There is a consensus in the

scientific literature that a country-wide implementation of mother-to-child transmission prevention of HIV using anti-retrovirals would be affordable because it would consume a small portion of the health budget, less than 1% in the most realistic scenarios. (2) Such a programme would be cost-effective, preventing at least 11,500 and probably substantially more HIV infections a year (23,000) at a cost which compares favourably to other health care interventions, and falls within the cost-effective value recommended by the World Bank. In addition, an internal briefing commissioned by the state has reached the same conclusions as the scientifically reviewed literature, implying that the state cannot in good faith argue that a country-wide mother-to-child transmission prevention programme is unaffordable. (3) The programme requested by the Treatment Action Campaign, which is very similar to the programmes analysed in the reviewed literature, would cost less than 1% of the health budget. It is also cost-effective and meets the criterion recommended by the World Bank.

Weissman, R. and M. Honey (2002). "Global Public Health: Access to Essential Medicines." *Foreign policy in Focus* 7(7).

Key Points: Combinations of available pharmaceuticals—too expensive for nearly all of the infected people in the developing world—could enable many afflicted with HIV/AIDS to live relatively normal lives; Recent multinational pharmaceutical company offers of price reductions have not succeeded in making lifesaving AIDS medicines available to those in need in developing countries; Compulsory licensing policies could help developing country governments make essential medicines more affordable to their citizens.

Zwi, A. and D. Bachmayer (1990). "HIV and AIDS in South Africa: What Is an Appropriate Public Health Response?" *Health policy and planning* 5(4): 316.

It is argued that the response to the rapid spread of AIDS (acquired immune deficiency syndrome) in South Africa since its appearance in 1987 reveals discriminatory & politically motivated reactions. The political situation in South Africa both fuels the spread of HIV (human immunodeficiency virus) infection, & hampers its efficient control. Analysis of official data, along with information from blood-testing laboratories & blood transfusion centers, reveals two main spread patterns of AIDS among South African patients: a pattern common to homosexual & bisexual men, similar to the Western pattern; & heterosexual spread, similar to that of central & southern Africa. The systematic fragmentation of public health services, a direct result of apartheid, is considered a major obstacle in alleviating the situation. Suggestions for modifying AIDS-related policies include: treatment of migrant labor, improvement of health education & funding, & formation of a progressive National AIDS Task Force. 3 Figures, 41 References. Adapted from the source document.

Civil Society

Ballard, R., A. Habib, et al. (2005). "Globalization, marginalization and contemporary social movements in South Africa." *African Affairs* 104(417): 615-634.

The objective of this article is to provide a broad framework for situating social movements in post-apartheid South Africa. The discussion begins with a brief review of approaches to the study of social movements and then turns to the challenges presented by globalization. South African democratization coincided with its increasing economic, social and political engagement with the rest of the world. One of the key effects of this has been massive job losses and resultant increases in poverty and inequality. Finally, the article reviews key features of movements in postapartheid South Africa. Overwhelmingly, these movements are driven by worsening poverty, with struggles addressing both labour issues and consumption issues. In addition, some movements confront questions of social exclusion in terms of gender, sexuality and citizenship which sit at the intersection of recognition and redistribution. Given the failure of the post-apartheid party political system to generate opposition to the left of the African National Congress (ANC), social movements provide a vital counterbalance to promote the needs of the poor in political agendas.

Biehl, J. (2004). "The Activist State: Global Pharmaceuticals, AIDS and Citizenship in Brazil." *Social Text* 22(3(80)): 105.

Explores the role of science & technology in the development of the Brazilian program to combat AIDS, which has combined prevention & education with the free distribution of antiretroviral drugs since 1997. Focus is on interactions among governmental, nongovernmental (NGOs), & marginal groups & individuals (patients & their advocates) in combating a major social & medical problem. The early years of the AIDS epidemic in Brazil are chronicled, drawing on ethnographic fieldwork data to highlight the growth of activism & its success in channeling funds from the World Bank, primarily through NGOs. Ways that activist groups, patients, & technical specialists mobilized public opinion & garnered the support of major political parties in obtaining the right to new AIDS technologies - particularly antiretroviral drugs - are documented. The position of Brazil in the world pharmaceutical market is discussed, identifying the social, political, technological, & market forces impacting the importation of AIDS drugs. The relationship between state science & activism is explored, demonstrating the potential effectiveness of "politicized science" in effecting changes in health policy & practices. Paradoxically, however, social epidemiological data on AIDS deaths collected in Bahia document how state & medical procedures & processes function as "technologies of invisibility" to keep the majority of AIDS patients - particularly the urban poor who function in the illicit sex & drug trades - marginalized & off the radar of health intervention efforts. K. Hyatt Stewart.

Brown, M. P. (1997). *Replacing citizenship: AIDS activism and radical democracy*, Guilford Press.

Chikwendu, E. (2004). "Faith-Based Organizations in Anti-HIV/AIDS Work among African Youth and Women." *Dialectical Anthropology* 28(3-4): 307.

Examines HIV/AIDS care work carried out by faith-based organizations (FBOs) in Africa which have formed partnerships to provide low-cost services to large populations of poor people. The focus is on the successful strategies of FBOs in the safe delivery of drugs to AIDS patients. The special vulnerability of African women & youth to HIV/AIDS is examined, along with the long history of missionary, educational, & health care work carried out by church organizations, the deeply religious/spiritual orientation of Africans, & physical & financial resources that enable FBOs to provide care & treatment to HIV/AIDS patients in countries where health care/education infrastructures have deteriorated. Special attention is given to the role of the Catholic Church & its resistance to discourses on sex. Case studies of the grassroots HIV/AIDS programs provided by Catholic Relief Services, Church World Service, Scottish Catholic Fund for International Aid, & local church health institutions are described, along with new grants & other resources that are enabling the formation of broad-based partnerships. J. Lindroth.

Halmshaw, C. and K. Hawkins (2004). "Capitalising on Global HIV/AIDS Funding: The Challenge for Civil Society and Government." *Reprod Health Matters* **12**(24): 35-41.

After years of passionate advocacy informed by solid policy work on the ground, the global response to HIV/AIDS is better resourced. Poor countries can absorb considerably higher levels of aid than they currently receive, but recent increases in funding have generated a number of concerns. This paper analyses the capacity of NGOs, community-based organisations & governments to ensure that the influx of funds has a significant effect on the HIV epidemic & people's lives. Limited absorptive capacity may be an obstacle to the uptake of funding. To avoid community-based organisations being overstretched by AIDS & to ensure capacity is maintained, HIV-positive staff must be enabled to continue their work through access to antiretroviral therapy & related services. Equally challenging, given that donors are increasingly using governments as intermediaries to fund civil society organisations, is increasing the capacity of developing country governments to disburse funds effectively. If donors do not accept that governments & civil society organisations need technical support in order to accept, distribute & account for increases in funding, there is a danger that home-grown responses will be replaced with imported solutions. The community sector is the glue that holds responses to HIV/AIDS together; now it needs to adapt to new partnerships with government & other emerging HIV/AIDS service providers. 7 References. [Copyright 2004 Reproductive Health Matters; published by Elsevier B.V.].

Kalibala, S. and N. Kaleeba (1989). "AIDS and Community-Based Care in Uganda: The AIDS Support Organization, TASO." *AIDS Care* **1**(2): 173.

A description of TASO (The AIDS Support Organization), a community-created & -based group dedicated to helping Africans cope with AIDS (acquired immune deficiency syndrome) & HIV (human immunodeficiency virus). AIDS as an illness causes disruption in the traditional line of consultation wherein extended family members advise in an individual's health decisions. AIDS can also disrupt the traditional communications networks through which the entire community becomes privy to health conditions of individual members. TASO is designed to strengthen traditional community-based approaches in the face of AIDS while also utilizing Western, hospital-based approaches where appropriate. The program is particularly successful with assistance of orphans, although organizational & financial assistance is also needed. Training of counselors, peer group counseling, home visits, the operation of a day center, & training & seminars for volunteers to become community workers have all contributed to the success of TASO. The special relevance of community-based approaches in the African context is stressed. 9 Tables, 30 References. C. Grindle.

Kawewe, S. M. (1996). "Social-Networking Zimbabwean Families: An African Traditional Approach to Waging a War against HIV/AIDS." *Social Development Issues* **18**(2): 34.

A social-networking approach to combat the human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) epidemic in Africa is proposed, with special reference to Zimbabwe. Because of the lack of a cure & the ineffectiveness of Western educational approaches to prevention & their heavy reliance on professional networks & technologies, social networking is an option that is culturally friendly & sensitive to Zimbabwean families. It is suggested that this approach will strengthen the currently isolated traditional family systems by informally connecting extended families with a large national community. Accusation & attribution patterns & obstacles to combating HIV/AIDS are also discussed. 1 Figure, 57 References. Adapted from the source document.

Mbali, M. (2004). *TAC in the history of rights-based, patient-driven HIV/AIDS activism in South Africa*. Conference on ten years of socio-economic rights in South Africa, University of Oslo.

Moletsane, R. and N. Lesko (2004). "Overcoming Paralysis: AIDS Education-and-Activism." *Agenda* **60**: 69.

This article addresses the relatively scant sustained attention to HIV/AIDS in the South African academy as we try to re-conceptualise the university as a space for various kinds of activism & education. We distinguish twin dimensions of the AIDS pandemic: the virus's physical, social, & economic effects & its multiplying meanings. In order to understand the inaction to date, we sketch some broad contextual features of the AIDS landscape in South Africa & particularly in universities. We examine the nature of academic work & the context in which it is performed, evaluated & rewarded. We also explore the impact these features have on education-&activism in the context of AIDS. The gendered landscape of the academy & its interaction with the HIV/AIDS pandemic are also analysed. We end with an overview of a range of alternative approaches to education-&activism: from curricular approaches to AIDS that address the epidemic of narratives, to university-wide programmes & outreach activities beyond the university campus. 17 References. Adapted from the source document.

Moore, J. F. (2004). "Is there None Left to Say Anything?" *Zygon* **39**(2): 507-522.

Abstract. Remarks made by Lutheran leaders in Africa indicate that the churches have not been responding to the crisis of the HIV/AIDS pandemic sufficiently. In this essay I ask how the churches would be better prepared to act and also, more broadly, how the churches act to begin with. The dialogue between religion and science can assist us with both tasks as we consider the challenge of HIV/AIDS as a focus for this dialogue. First, analysis by social scientists can uncover what problems face any effort to motivate churches to act-and, for that matter, any individual member of a church group. I argue, further, that we can discover the difficulties associated with producing action by religious communities by looking not at abstract theological ideas but by investigating the way those ideas are conveyed in worship. I explore the worship patterns of Lutherans to show what sort of view is actually produced by the week-to-week messages of liturgical texts. I contend that a different approach both to worship and to action can be produced by reconsidering our views of reality as seen through the eyes of contemporary science.

Nguyen, V.-K. (2002). "AIDS, NGOs and the Politics of Testimony in West Africa." *Anthropologie et Societes* **26**(1): 69.

This article examines the relevance of the notion of "moving sovereignties" to the analysis of humanitarian aid through the case study of a small Burkinabe NGO responding to the AIDS epidemic. It shows that this NGO occupies an intermediary space between the discourses of development agencies & a local reality characterized by material need. The concern of the international community to empower persons living with HIV in the fight against the epidemic translated into a local market for testimonials by those living with HIV. The recruitment & circulation of these narratives serve to mobilize resources, & also introduce new forms of subjectivity. These are challenged by different relations of reciprocity & exchange - "moral economies" - that are traced by the circulation of these narratives. The negotiation of these moral economies by the actors involved results in new political claims that define "therapeutic citizenship," & through it, perhaps a new political space in the contemporary world. 14 References. Adapted from the source document.

Paiva, V., J. Ayres, et al. (2002). "Building Partnerships to respond to HIV/AIDS: non-governmental organizations and universities." *AIDS* **16**(supl.3): S76-S82.

Background: In the second decade of the AIDS epidemic in Brazil, public sector and non-governmental organization (NGO) initiatives multiplied, fostered by state AIDS Control Programmes. A growing gap between capacity and a need for programme evaluation and the dissemination of findings from experience in the field, combined with the failure of traditional training approaches to bridge this gap adequately, inspired this non-degree research training programme at a major Brazilian university. Lessons learned: Participants increased their ability to master and review critically the AIDS literature, to conduct a research protocol and to disseminate the results of their studies. After completion of the 30-month process, many participants were able to present their findings at scientific conferences or publish their results in peer-reviewed scientific journals. This model of close NGO-university successful collaboration may inspire other models of research training for those in the front-lines of the fight against the epidemic.

Quintero, S. (2001). "Isms" and AIDS: Transforming Multicultural Coalitions into Radical Alliances. Anonymous, *FORGING RADICAL ALLIANCES ACROSS DIFFERENCE: COALITION POLITICS FOR THE NEW MILLENNIUM*, Bystydzienski, Jill M., & Schacht, Steven P. [Eds], Lanham, MD: Rowman & Littlefield, 2001, pp 91-103.

Experience as an HIV/AIDS activist & coalition-builder in New York City is used to critique the role of identity politics in promoting social change. Multicultural coalitions cannot be considered radical even if their agendas are. In practice, issues of organization, resource allocation, & philosophy in the coalition may come to reflect the management of differences in race, class, & gender. In the HIV/AIDS coalition described, there was direct competition & open conflict between individuals & groups that should have been allied in political action. The larger group was divided into those with & without the virus, & those advocating for different social constituencies, eg, women, gays, substance abusers, etc. AIDS activists also fragmented along professional identity lines. The lesson learned is that a radical alliance would not only bring diverse groups to face a common issue, but recognize & respect differences. Members need to desist from opposing one another, transcend tensions arising from these differences, & build community & movement. 15 References. M. Pflum.

Redden, C. J. (2002). "Health as Citizenship Narrative." *Polity* **34**(3): 355.

This article examines the dynamics of health & disease as issues for citizenship. Citizenship entails the tension or balance between individual freedom & collective welfare. Thus, the investigation of health care (as distribution, provision, & access) aims to understand not only citizenship as membership & entitlement, but also as quality, substance, & cohesion. It is argued that the stories of health & disease (in particular, AIDS & questions concerning mandatory HIV testing for pregnant women & newborns) are revealing of who is included (socially, politically, economically) & who is marginalized or excluded. Further, because AIDS is an issue for citizenship, it is necessary to examine the politics of disease in the context of contemporary citizenship debates. Two theoretical frameworks are considered: privacy vs public health & social cohesion vs differentiation. The conclusion reached is that differentiated approaches to citizenship & political identity are relevant to health & bioethical debates. Adapted from the source document.

Robins, S. (2004). "'Long Live Zackie, Long Live': AIDS Activism, Science and Citizenship after Apartheid." *Journal of Southern African studies* **30**(3): 651.

This article analyzes the complex cultural politics of HIV/AIDS in South Africa. It focuses on how AIDS 'dissident' science impacted on policy discourses & how AIDS activists, together with scientists, the media, & health professionals, responded. It also shows how the HIV/AIDS debate & struggles over access to treatment were framed by historically embedded cultural & political interpretations of AIDS that were a product of South Africa's apartheid & postapartheid history. However, rather than adopting a cultural nationalist response to this historical legacy, activists from the Treatment Action Campaign (TAC) deployed a class-based politics that concentrated on access to anti-retroviral drugs rather than debates on the com-

plexities of AIDS causation. This approach contrasts with attempts by AIDS activists in the US to influence the production of scientific knowledge on AIDS directly, eg, through research funding & protocols for trials. The article discusses how TAC & its partner organization, *Medicins Sans Frontieres* (MSF [Doctors without Borders]), strategically positioned themselves in the struggle for access to AIDS drugs, & how new forms of health citizenship, gendered identities, & political subjectivities emerged in the course of these struggles. For example, ideas of bodily autonomy associated with liberal individualist conceptions of citizenship collided with patriarchal cultural ideas & practices that prevent many women from accessing biomedical interventions (eg, contraception, HIV testing & treatment). The biomedical paradigm that underpinned TAC/ MSF campaigns also had to contend with local understandings of misfortune & illness. While TAC's strategies included networking with global civil society organizations such as MSF, Health Gap, & Oxfam, they also involved grassroots mobilization & an engagement with local sociocultural realities. This brand of health activism produced solidarities that straddled local, national, & global spaces, resembling what Arjun Appadurai & others describe as 'globalization from below.' 4 Figures. Adapted from the source document.

Scott, A. and M. Rosko (1999). "In Search of Community Action on HIV/AIDS in Asia." *International Social Science Journal* **51**(3(161)): 377.

Explores how the notion of community is constructed with respect to HIV/AIDS (human immunodeficiency virus/acquired immune deficiency syndrome) in Asia. Constructions of community held by epidemiologists, activists, development professionals, & public health specialists are analyzed as examples. Constructions that arise from population- & community-based approaches to HIV/AIDS differ, but they both draw abstract boundaries around groups of people. These constructions & corresponding expectations of community action are misapplied to Asian societies, making it appear as if such action is not taking place. Proposed is an alternative construction of community based on descriptive definitions of communal & social life. This approach may reveal that Asian communities take more action on HIV/AIDS & related problems than is generally recorded in the press & literature, & may also provide a more constructive basis for supporting community action. 11 References. Adapted from the source document.

Seckinelgin, H. (2002). *Time to Stop and Think: HIV/AIDS, Global Civil Society, and People's Politics*, London School of Economics.

Seckinelgin, H. (2004). "Who Can Help People with HIV/AIDS in Africa? Governance of HIV/AIDS and Civil Society." *Voluntas: International Journal of Voluntary and Nonprofit Organizations* **15**(3): 287.

This paper locates NGOs dealing with HIV/AIDS problems in sub-Saharan Africa into the larger governance context within which they function. This aims at a theoretical shift to assess the aspirational characteristics for the agency of NGOs that are used to legitimate contracting out implementation of internationally designed HIV/AIDS policies to these organizations. The paper interrogates the nature & impact of the governance structure on NGOs & then looks at the implications of this for HIV/AIDS. The questioning is based on a juxtaposition of the perspective of international policy fora in relation to civil society organizations with the way NGO work is perceived by the people at the receiving end of the policies. The paper suggests that as part of the international governance structure, NGOs are limited within the policy frameworks created by this structure. Furthermore, due to their organizational characteristics, NGOs lack capacity to establish sustainable long-term interventions relevant for sociocultural change as perceived by people themselves. 16 References. Adapted from the source document.

Silva, L. M. P. (2002). "Identity Construction in a Communicative Space: The Grupo Pela Vidda's Experience." *Impulso: Revista de Ciências Sociais e Humanas* **13**(32): 91.

Based on Habermas's communicative action theory, & the new social movements, this paper deals (in a general way) with the emergence of AIDS in Brazil. Elements of Habermas's theory are used to approach specifically the daily routine of Grupo Pela Vidda, a nongovernmental organization with headquarters in Rio de Janeiro, Brazil. The organization is known as a space in which communicative dialog & the dissemination of information have enabled the strengthening of people living with HIV & AIDS, transforming them into political subjects. This has contributed to improving their 'communicative competence' & expanding the dialog between the various spheres of the civil society & the movement against AIDS & the state. 42 References. Adapted from the source document.

Stockdill, Brett, C. (2001). *Forging a Multidimensional Oppositional Consciousness: Lessons from Community-Based AIDS Activism. OPPOSITIONAL CONSCIOUSNESS: THE SUBJECTIVE ROOTS OF SOCIAL PROTEST*, Mansbridge, Jane, & Morris, Aldon (Eds), Chicago/ London, U Chicago Press, 2001, pp 204-237.

Draws upon information gleaned from 50 interviews with activists in New York, Los Angeles, & Chicago to examine grassroots efforts to increase awareness about & empower individuals living with human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS), in order to shed light on the interaction between multiple oppressions & collective action. Ways in which multiple inequalities like sexism, racism, homophobia, & classism impact the struggle against AIDS are explored at both the movement & community level. Grassroots efforts to resist multiple oppressions in communities of color are analyzed to demonstrate the creation of multidimensional oppositional consciousness & mobilization for collective action. It is contended that the key strategies used to oppose dominant ideological conceptions of the "other" are constructive dialogue, empowerment initiatives, community embeddedness, & use of indigenous culture. Special attention is given to the incorporation of cultural elements into activism; the crucial role played by race in the HIV/AIDS movement; & the structuring of political work around multiple collective identities, cultural symbols, & structural positions. J. Lindroth.

Williams, G., Blibolo, A.D., Kerouedan, D. (1995). Filling the Gaps: Care and Support for People with HIV/AIDS in Cote d'Ivoire. Oxford, UK, ACTIONAID, Comité National de Lutte Contre le SIDA.

Williams, G., Tamale, N. (1994). The Caring Community: Coping with AIDS in Urban Uganda. Oxford, UK, ACTIONAID, AMREF, CAFOD.

Governance, development and political economy

Adésinà, J. (2002). NEPAD and the challenge of Africa's Development: towards a political economy of a discourse. 10th General Assembly of the Council for the Development of Social Science Research in Africa, Kampala, Uganda.

The critical challenge of development for Africa in the 21st century is an issue around which there is considerable consensus. There is, however, little consensus on the nature of the crisis, the required development framework and trajectory or the 'desired state'. In the context of the debate, the New Partnership for Africa's Development (NEPAD) has been promoted by its authors and sponsors as Africa's development blueprint for meeting its development challenges. NEPAD, the paper argues represents a departure from previous continental development agenda for Africa, most notably the Lagos Plan of Action (LPA) and the African Alternative Framework to Structural Adjustment Programme (AAF-SAP). Much of the criticism of NEPAD have focused on how it is driven by the neoliberal discourse associated with the Bretton Woods Institutions, and how damaging these policy instruments have been to Africa in the last twenty years. What has not received much attention is why a group of African leaders, who seem genuine in their concerns, take responsibility for such policy framework. The paper argues that citing the coercive power of the Bretton Woods institutions, the Paris Club, and transnational capital to compel compliance will constitute a very inadequate explanation. The paper seeks an explanation in the complex interaction between a set of developments in the last twenty years: the hegemonic position of neoliberalism at the level of State policymaking, internal policy atrophy, coercive power of compliance, but equally the new constituencies (class forces) that have been thrown up in the last twenty years—within the state, economy, and importantly the civil society in sub-Saharan Africa. Much of the latter is premised on the "death of the emancipatory project". It is in understanding NEPAD as a class project that we can fully understand its import. This understanding is important for rethinking Africa's development.

Ainsworth, M. and M. Over (1994). "AIDS and African development." World Bank Research Observer **9**: 203.

Prevalence of HIV infection, projected demographic effects, and impact on growth of per capita income in sub-Saharan Africa. Includes projected impact on health care costs, labor and productivity, and care for orphans.

Altman, D. (1999). "Globalization, Political Economy, and HIV/AIDS." Theory and Society **28**: 559-584.

Anonymous (2004). "HIV/AIDS, Hunger, Debt and Trade." Global Economic Justice Report **3**(2): 2.

The export-oriented economic model imposed by SAPs contributes to the spread of HIV/AIDS. Robert Weissman (2003) explains: "Rural displacement and social disruption have been key vectors of the virus. With agricultural liberalization, imports undermine local farmers. Export-oriented policies have further discriminated against small farmers in favor of large plantations. The resultant displacement of the rural population has contributed to migration and urbanization. Many men leave rural villages for work in big cities or in mines, contract HIV/AIDS from casual sex partners or sex workers, and then spread the disease to spouses in their home village. The displacement of children and young women into the cities has led to a sharp increase in commercial sex work and heightened rates of HIV/AIDS." The debts "owed" by Sub-Saharan African countries are illegitimate. Many fit the classic description of "odious debts" because they were contracted by dictators like Mobutu in Zaire (now the Democratic Republic of the Congo) or Abacha in Nigeria, without the consent of the people, with the full knowledge of creditors and used for nefarious purposes. In September 2000, UN Secretary General Kofi Annan called for a moratorium on collecting African debts and "for an independent group to decide which debts are legitimate and which are not" (Dixon, 2004). Other lowincome country debts are illegitimate since their repayment causes irreparable harm to communities suffering under the weight of the HIV/AIDS pandemic. Nothing better illustrates the economic case for providing antiretroviral treatment to HIV/AIDS sufferers than the success of Brazil's pioneering program. Since 1997 Brazil has provided antiretroviral drugs to HIV/AIDS patients free of charge. Thanks to the availability of treatments, 116,000 Brazilians with HIV/AIDS now lead productive lives.

Bancroft, A. (2001). "Globalisation and HIV/AIDS: Inequality and the Boundaries of a Symbolic Epidemic." Health, Risk & Society **3**(1): 88.

The impact of human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) is closely intertwined with imbalances of power & access to resources among different groups of people in different parts of the world. This paper seeks to interpret HIV/AIDS in the human population. It examines the relationship between the virus, signification, social exclusion, & inequality. Gender differences & issues of identity are considered. Theoretical considerations are made regarding modernity & postmodernity & the changed role of the nation-state. It is argued that global & local inequalities are reproduced in the context of the disease. These inequalities can be understood in terms of both the material processes & characteristic of modernity & the struggles over boundaries & borders that have been a defining feature of postmodernity. 30 References. Adapted from the source document.

Barnett, T. and A. Whiteside (2002). AIDS in the twenty-first century: disease and globalization. Basingstoke, Palgrave Macmillan.

- Bujra, J. (2004). "AIDS as a Crisis in Social Reproduction." Review of African Political Economy **31**(102): 631.
Using the conceptual framework of social reproduction as a way of reassessing the AIDS crisis in Africa, this paper finds contradictory tendencies: a devastating impact on agricultural modes of livelihood which sustain the majority & which enable workers to present themselves as cheap labor, but also a crisis for the reproduction of capital as its supply of such labor is depleted. The impact on & response to the epidemic by the state is explored as well as its reflection of marked gender & class inequalities. Conversely the impetus to certain fractions of capital which benefit from AIDS & the confrontation of the state & pharmaceutical companies by an emergent populist movement demanding the right to treatment exposes the extent to which transformation rather than simple reproduction is in evidence. 17 References. Adapted from the source document.
- Camargo, K. and R. Parker (2000). "Pobreza e HIV/AIDS: aspectos antropológicos e sociológicos/Poverty and HIV/AIDS: anthropological and sociological aspects." Cadernos de Saúde Pública **16**(supl.1).
Abstract Focusing on the HIV/AIDS epidemic as a summation of several epidemics coexisting in the same space and drawing on Brazilian epidemiological data, we argue that the epidemic there shows variations already described elsewhere, such as feminization, pauperization, juvenization and interiorization, as a result of the deep inequalities characteristic of Brazilian society. We then examine the contributions of three bodies of sociological and anthropological literature related to HIV/AIDS: 1) sociological research and theory on the impact of recent global economic restructuring and social transformation, and its relationship to public health issues; 2) the cross-cultural and cross-national anthropological and sociological literature on structural factors shaping the course of the epidemic in different settings; and 3) the body of anthropological and sociological research on the synergistic effects of HIV/AIDS, social exclusion, and related social problems in pockets of extreme poverty in the large cities of core countries. We conclude that prevention policies for HIV/AIDS should deal comprehensively with diverse dimensions that determine differential vulnerabilities to the epidemic, thus requiring substantial social transformations.
- Campbell, C. (2003). Letting Them Die: Why HIV/AIDS Programmes Fail, Indiana University Press.
- Cheru, F. (2000). "Debt relief & social investment: linking the HIPC initiative to the HIV/AIDS epidemic in Africa: the case of Zambia." Review of African Political Economy **27**(86): 519.
Besides being a global public health emergency, the HIV/AIDS epidemic has become the foremost contemporary threat to the development of many African countries. Past achievements in economic growth, improved life expectancy and decreasing child mortality have been reversed by the rapid spread of the HIV virus. It is estimated that each day in Africa more than 5,000 people die from AIDS or HIV related illness, with the figure expected to climb to almost 13,000 by 2005. In the context of this unfolding humanitarian crisis, creditor nations and institutions should cancel outstanding debt immediately so that resources of affected countries can be directed toward containment of the epidemic, within broader strategies of poverty alleviation. Addressing this crisis should not be construed as an act of charity, but an obligation - and a necessity. Linking debt relief to HIV/AIDS is one small but important step in the long march to eradicate poverty in the poorest developing countries. This article examines a proposal formulated in Zambia to enact such a link.; Reprinted by permission of Carfax Publishing, Taylor & Francis Ltd.
- Collins, J. and B. Rau (2000). HIV/AIDS and Failed Development, Africa Policy Information Center.
HIV/AIDS continues to cut into the fabric of African households and societies. It is not uncommon to hear that a quarter to a third of the adult population in several African countries are HIV infected. Against this reality of a rapidly spreading epidemic, some two decades of prevention interventions have met with but limited success. Whatever successes there might be are not to be lightly dismissed. The reasons for those successes, however, are not well understood and thus not readily applicable elsewhere. To date, most prevention efforts have focused on increasing individual awareness about risks of transmission and promoting individual risk reduction through a variety of means.
- de Waal, A. (2003). "Why the HIV/AIDS Pandemic Is a Structural Threat to Africa's Governance and Economic Development." The Fletcher Forum of World Affairs **27**(2): 6.
A peculiar feature of HIV/AIDS is that it contributes to unusually high levels of personal & economic stress, setting in motion processes of structural transformation. Seen as a threat to government power & national security, the epidemic calls for an agenda of restoring Africa to a progressive development path. Adapted from the source document.
- Dollar, D. (2001). "Is globalization good for your health?" Bulletin of the World Health Organization **79**(9).
Four points are made about globalization and health. First, economic integration is a powerful force for raising the incomes of poor countries. In the past 20 years several large developing countries have opened up to trade and investment, and they are growing well – faster than the rich countries. Second, there is no tendency for income inequality to increase in countries that open up. The higher growth that accompanies globalization in developing countries generally benefits poor people. Since there is a large literature linking income of the poor to health status, we can be reasonably confident that globalization has indirect positive effects on nutrition, infant mortality and other health issues related to income. Third, economic integration can obviously have adverse health effects as well: the transmission of AIDS through migration and travel is a dramatic recent example. However, both relatively closed and relatively open developing countries have severe AIDS problems. The practical solution lies in health policies, not in policies on economic integration. Likewise, free trade in tobacco will lead to increased smoking unless health-motivated disincentives are put in place. Global integration requires supporting institutions and policies. Fourth, the international architecture can be improved so that it is more beneficial to poor countries. For example, with regard to intellectual property rights, it may be practical for pharmaceutical innovators

to choose to have intellectual property rights in either rich country markets or poor country ones, but not both. In this way incentives could be strong for research on diseases in both rich and poor countries.

- Foller, M.-L. and H. Thorn (2005). *No Name Fever: AIDS in the age of globalization*. Lund, Studentlitteratur.
HIV/AIDS is a phenomenon that makes it particularly obvious that we live in a globalized world. HIV/AIDS makes global economic inequalities and dependencies clearly visible. Patterns of contagion, possibilities for treatment and the distribution of drugs reflect the present economic world order as well as old colonial power relations. Furthermore the fact that HIV/AIDS today is widely spread across the world is related to increasing global mobility – large numbers of refugees, work migrants and tourists moving across borders and continents. Knowledge, as well as myths, are also quickly disseminated through global media.
- Friedman, S. (1998). "HIV-related politics in long-term perspective." *AIDS Care* **10**(2): 93-103.
Abstract Some long-term, large-scale socio-economic changes may affect the politics of HIV and other emerging viruses such as hepatitis C. It is useful to ask why the potential 'peace dividend' of the early 1990s failed to provide adequate resources for HIV-related social and medical service delivery in developed or developing nations. This failure can be understood by looking at long-term global economic trends and the pressures they put on governments and corporations. They have produced a period in which fundamental issues of political and economic structure are at stake and, often, the response is a divide-and-rule politics to promote stability. National politics differ in terms of the extent to which such a 'politics of scapegoating' is institutionalized and in terms of which groups are scapegoated. Groups such as drug injectors, gay and bisexual men and sex traders are particularly likely to be targeted both by the scapegoaters and by HIV. Given this framework, how should public health professionals and activists engaged in HIV-related issues respond? Under what circumstances should we orient efforts 'upwards' towards corporate, political or bureaucratic leaders? Under what circumstances, and how, should we orient towards 'popular' forces? Relatedly, we need to consider an issue we often ignore: What do we have to offer potential allies? That is, in terms of their goals, philosophies and needs, why should they ally with us?
- Friedman, S. R. and G. Reid (2002). "The Need for Dialectical Models as Shown in the Response to the HIV/AIDS Epidemic." *International Journal of Sociology and Social Policy* **22**(4-6): 177.
Argues that too much attention has been given to biological & psychological aspects of AIDS prevention while insufficient effort has been expended on investigating the impact of macro-social, political economy, & macro-cultural processes. It is suggested that a dialectical approach that focuses on interaction, processes of transformation, & collective activity from below, can increase understandings of the HIV/AIDS epidemic & ways to combat it. The relevant literature on HIV predictors among injection drug users in metropolitan areas of the US is reviewed & considered in light of a dialectical set of internally related processes. An exploration of the probable effect on HIV epidemics of political transitions in South Africa, Russia & Eastern Europe, & Indonesia focuses on how economic structures, institutionalized racial/ethnic subordination, & state policies shape sexual networks that themselves change along with processes of sociopolitical transformation. The problematic nature of public health efforts & epidemiological studies that focus on micro levels rather than macro-social structures/processes is discussed, along with the benefits of dialectical analysis for public health, sociology, & sociopolitical action. 4 Tables, 3 Figures, 48 References. J. Lindroth.
- Gupta, G. R. (2004). "Globalization, Women and the HIV/AIDS Epidemic." *Peace Review* **16**(1): 79.
Globalization is to the world what marriage used to be for most women - inevitable & transformative, for better or for worse. And like marriage, because of the societal construction of gender, globalization affects women differently than men. In the developing world, women's vulnerability to HIV/AIDS illustrates the consequences of globalization & why we need a more ethical & rights-based approach to the epidemic if we are to contain its spread & mitigate its impact on women & girls. Adapted from the source document.
- Hope, K. R., Sr. (2001). "Africa's HIV/AIDS Crisis in a Development Context." *International Relations* **15**(6): 15.
Examines the AIDS/HIV crisis in Africa from a development perspective, focusing on the biological, social, behavioral, & economic factors driving the epidemic & the policy responses to it from various actors. It is concluded that Africa is the world region least able to cope with this epidemic, & the one that will be most devastated by its outcomes; specific social, economic, demographic, & international relations impacts are assessed, drawing on current & projected statistical data from international organizations. 3 Tables. K. Hyatt Stewart.
- Hubbard, M. (2001). "Attacking Poverty-A Strategic Dilemma for the World Bank." *Journal of International Development* **13**(3): 293.
Attacking Poverty has attracted more than the usual interest in World Development Reports mainly because it reflects the dilemma in future strategy for the World Bank. Its basis in a widely welcomed consultation with the poor, its transparent process & new conceptual framework contrast with limited development of the new themes - equality, security, empowerment of the poor - & of issues to do with aid: resources & rights. Contributors to this special issue discuss the dilemma reflected in Attacking Poverty from a number of angles: critical self-awareness by World Bank, promoting equality, shifting from the Washington Consensus, limits to the Bank's role, & enabling collective action by the poor. Other contributions discuss how the analysis in Attacking Poverty should be strengthened: inclusion of urban poverty & urbanisation's role in political development, promoting informal means of reducing vulnerability, & investigation of the long term consequences of the HIV/AIDS pandemic. Priorities for the next poverty-focused World Development Report (2010?) should include a more disaggregated & complete view of who is poor, why & where, & analysis of progress in political development. The World Bank may be best able to contribute to political development by extending to the subnational & public services level its main achievement of recent decades: the gathering, analysis & dissemination of comparative development data,

to help move the focus of politics towards improving services & living standards. 15 References. [Copyright 2001 John Wiley and Sons, Ltd.].

Hutchings, A. and G. Buijs (2004). "Problems of Water, AIDS and Home-Based Care: A Case Study from Rural Northern KwaZulu-Natal." Africanus **34**(2): 77.

Water problems in semi-arid Ntandabantu in northern KwaZulu-Natal include lack of access to piped water, poor household water conservation practices & unsuitability for further borehole development because of an underground coal seam that renders such water unpalatable. The hilly terrain & spread out nature of homesteads, linked mainly by rough paths & tracks, effectively isolate the poverty-stricken community, which has fallen prey to the current HIV/AIDS pandemic. Important influencing factors are the past high rate of male out-migration to the mines & the present on-going migration of younger men & women to the towns to seek employment. This leaves the burden of caring for abandoned or orphaned children & for the often returned sick adults to the older women. The severe drought of the past few years has further inhibited the cultivation of food crops & also the development of craft work as a buffer against poverty. This article focuses on community understanding & experience of health & home-nursing problems associated with an inadequate & polluted water supply. 9 References. Adapted from the source document.

Jones, P. S. (2004). "When 'Development' Devastates: Donor Discourses, Access to HIV/AIDS Treatment in Africa and Rethinking the Landscape of Development." Third World Quarterly **25**(2): 385.

If globalization is the mighty tremor shaking the landscape of the 'project of development,' then, in certain regions of the world, HIV/AIDS is surely its epicenter. Nonetheless, for all the burden of the disease, Western donor policy on HIV/AIDS still remains largely silent about the provision of antiretroviral treatment. This paper seeks explanations for this pervasive medical neglect & donor preference for prevention programs over treatment. The postcolonial approach taken in the paper is to regard donor policy on HIV/AIDS - as illustrated by the UK's Dept for International Development & the Norwegian Agency for Development Co-operation - as cultural & political exchanges framed by prevailing representations of Africa. The different 'logics' that skew policies toward prevention are identified. For donors & African states alike, HIV/AIDS policies - like development interventions more generally - would benefit immensely by foregrounding the human right to health, including critically promoting treatment within a genuine 'prevention-care-treatment' policy continuum. 68 References. Adapted from the source document.

Kohlmorgen, L. (2004). "Global Health Governance and UNAIDS-Elements of a Global Mode of Integration?" Peripherie **24**(93-94): 139.

This article puts HIV/AIDS in a broader context: Given that globalization causes social problems & a greater interdependence in the world, & that infectious diseases in developing countries are seen as a danger also for industrialized countries, this article asks if the global politics on HIV/AIDS, especially the Joint UN-Program on HIV/AIDS (UNAIDS) perform as elements of international efforts to mitigate inequalities, poverty, & conflicts. UNAIDS is described & analyzed in the context of post-Fordist globalization & structures of "global health governance." UNAIDS can be defined as a typical post-Fordist actor, because it tries to foster the fight against poverty-related infectious diseases in developing countries on a global scale & in cooperation with nongovernmental organizations & public-private partnerships. However - & this is the main thesis of this article - because of powerful nation-states & their interests, as well as those of other powerful international organizations (like the World Bank), UNAIDS is a weak actor in global health governance & the evolving global mode of integration. 48 References. Adapted from the source document.

Lurie, P. H. P. L. R. (1995). "SOCIOECONOMIC OBSTACLES TO HIV PREVENTION AND TREATMENT IN DEVELOPING COUNTRIES - THE ROLES OF THE INTERNATIONAL MONETARY FUND AND THE WORLD BANK." AIDS, **9**(6): 539-546.

Parkhurst, J. O. (2005). "The Response to HIV/AIDS and the Construction of National Legitimacy: Lessons from Uganda." Development and Change **36**(3): 571.

Uganda faces continual challenges as a low income nation reliant on international donors & non-state actors. It was also one of the first countries to face a population-wide HIV epidemic, a disease that can strain state capacity to its limits. One would expect that such a combination would weaken the governance structures in a developing country; yet, if anything, the Ugandan state has emerged from its HIV crisis with its legitimacy bolstered. This article reviews the Ugandan response to HIV/AIDS, analyzing the ways in which the epidemic has provided a new arena for the Ugandan state to engage with international actors. 79 References. Adapted from the source document.

Parkhurst, J. O. and L. Lush (2004). "The Political Environment of HIV: Lessons from a Comparison of Uganda and South Africa." Social science & medicine **59**(9): 1913.

Considerable interest has arisen in the role of governance or political commitment in determining the success or failure of HIV/AIDS policies in sub-Saharan Africa. During the 1990s, Uganda & South Africa both faced dramatic HIV/AIDS epidemics & also saw transformations to new political systems. However, their responses to the disease differed in many ways. This paper compares & contrasts the ways in which policy environments, particularly government structures, can impede or expedite implementation of effective HIV prevention. Four elements of these environments are discussed - the role of political leadership, the existing bureaucratic system, the health care infrastructure, & the roles assigned to non-state actors. Two common international strategies for HIV prevention, syndromic management of sexually transmitted infections & sexual behaviour change interventions, are examined in relation to these elements in Uganda & South Africa during the mid-to-late 1990s. During this period, Uganda's political system succeeded in promoting behaviour change interventions,

while South Africa was more successful in syndromic management efforts. Interactions between the four elements of the policy environment were found to be conducive to such results. These elements are relatively static features of the socio-political environments, so lessons can be drawn for current HIV/AIDS policy, both in these two countries & for a wider audience addressing the epidemic. 2 Tables, 1 Figure, 71 References. [Copyright 2004 Elsevier Ltd.].

- Poku, N. K. and A. Whiteside (2002). "Special issue: Global health and governance: HIV/AIDS." *Third World Quarterly* **23**(2): 191. Discusses issues such as drug access, health as a human right, trade policy, tobacco control, poverty, national security, and gender; some focus on Africa as a whole, Zambia, and China; 11 articles. Contents: A human right to health? by Tony Evans; Drug access, patents and global health: "chaffed and waxed sufficient", by Mark Heywood; Putting gender into health and globalization debates: new perspectives and old challenges, by Lesley Doyal; Trade policy and the politics of access to drugs, by Caroline Thomas; The framework convention on tobacco control: the politics of global health governance, by Jeff Collin and others; The Global AIDS Fund: context and opportunity, by Nana K Poku; Debt, adjustment and the politics of effective response to HIV/AIDS in Africa, by Fantu Cheru; Poverty and HIV/AIDS in Africa, by Alan Whiteside; Politics in the hot zone: AIDS and national security in Africa, by Robert L. Ostergard, Jr.; HIV/AIDS and older women in Zambia: concern for self, worry over daughters, towers of strength, by Carolyn Baylies; The "nameless fever": the HIV/AIDS pandemic and China's women, by Neil Renwick.
- Putzel, J. (2004). "The Politics of Action on AIDS: A Case Study of Uganda." *Public Administration and Development* **24**(1): 19. This article examines the political dimensions of Uganda's progress in bringing a generalised HIV/AIDS epidemic under control. The article documents the history of the political processes involved in Uganda's battle against HIV/AIDS & analyses the complexities of presidential action & the relation between action at the level of the state & that taken within societal organisations. By the mid-1980s, Uganda was experiencing a full-blown epidemic, the virulence of which was connected with social dislocation & insecurity related to economic crisis & war. Political authorities faced the same challenge as other regimes experiencing the onslaught of AIDS in Africa. The epidemiological characteristics of HIV & AIDS - transmission through heterosexual activities, with a long gestation period, affecting people in the prime of their productive life - meant that action required wide-reaching changes in sexual behaviour, & the educational activities to achieve this, as well as relatively complex systems to monitor the virus & control medical practices (blood supplies, injection practices, mitigating drug delivery). The centralist character of the Museveni regime was crucial not only to mobilising state organisations & foreign aid resources, but also to ensuring significant involvement from non-state associations & religious authorities. The Ugandan experience demonstrates that there is a tension between the requirements for systematic action that a strong public authority can deliver & the need to disseminate information requiring a degree of democratic openness. The President was able to forge a coalition behind an HIV/AIDS campaign in part because the virus largely ignored the privileges of wealth & political power. With the development of antiretroviral therapy & the access that the wealthy can gain to these drugs, this basis for the broadest possible coalition to fight HIV/AIDS may be weakened in the future. 67 References. [Copyright 2004 John Wiley and Sons, Ltd.].
- Scanlan, S. J. and A. Carroll *AIDS, Gender, and Development: The Human Security Implications in Less Industrialized Societies*, Southern Sociological Society (SSS).
In this paper, we examine the relationship between gender empowerment & the inclusion of women in development processes with AIDS in developing societies. Using data from UNMDS & the UN Development Program among others, we analyze a cross-national sample using OLS regression, exploring how a "women in development perspective" can increase understanding of the AIDS pandemic & its human security implications. There are numerous links between gender & MDS & much attention has been given to how cultural, socioeconomic, & political factors increase risk for the disease (see Whelan, 1999). It is important to focus on the position of women in developing societies & how women's secondary status contributes to the AIDS crisis, paralleling other inequalities in education, employment, the family, food security, health, & power. Incorporating a "women in development perspective" on AIDS & development means that empowering women & increasing their status in society can provide relief for the current crisis & contribute to human security well-being in developing societies. AIDS has socioeconomic & political consequences extending beyond the lives of individual citizens & the state borders - all of which can be understood & addressed by utilizing important gender considerations.
- Schneider, H. and D. Fassin (2002). "Denial and defiance: a socio-political analysis of AIDS in South Africa." *Aids* **16**(supl.4): S45-S51.
- Schoepf, B. G. (2002). "'Mobutu's Disease': A Social History of AIDS in Kinshasa." *Review of African Political Economy* **29**(93-94): 561. The social history of AIDS in the Mobutu era provides a window through which to view the consequences of gender & class inequality. Official & popular responses to this epidemic reveal the interplay of structure & agency, political economy & culture. While the present crisis of the state & civil war in eastern Democratic Republic of Congo have pushed gender issues off the political agenda, the prevalence of sexual violence - & consequently, increased levels of HIV/AIDS - makes gender relations central to peace & development. 2 References. Adapted from the source document.
- Scott, G. (2000). "Political Will, Political Economy and the AIDS Industry in Zambia." *Review of African Political Economy* **27**(86): 577. This brief article outlines an approach to analyzing the effectiveness of public health interventions in the Third World, specifically in regard to HIV/AIDS. Its purpose is not to be the definitive last word but to float certain ideas consistent with the precepts of political economy, with a view to inviting criticism, commentary, & contributions to future publications. Adapted from the source document.
- Skeldon, R. (2000). HIV/AIDS and Globalization, UN Inter-Agency Advisory Group on AIDS (IAAG).

Tsikata, Y. (2000). *Globalization, Poverty and Inequality in Sub-Saharan Africa: A Political Economy Appraisal*. Paris, OECD-IEA/OCDE-AIE.

This paper explores the policies and political context underlying the response of African countries to globalisation, with an emphasis on trade liberalisation. African countries have had mixed experiences with globalisation, with some achieving better social outcomes than others. Some countries have liberalised trade rapidly and comprehensively (Ghana and Zambia) while some did it in a sustained but gradual manner (Mauritius, Uganda). Others failed to open up seriously until fairly recently, often reversing policies along the way (Kenya, Nigeria, Senegal). The outcomes suggest that it is possible to liberalise and reduce poverty and inequality (Ghana and Uganda) but that a more nuanced approach that takes complementary policies into account (Mauritius) is more sustainable.

Vinh-Kim, N. and P. Karine (2003). "Anthropology, inequality, and disease: A review." *Annual Review of Anthropology* **32**: 447.

Abstract Anthropological approaches broaden and deepen our understanding of the finding that high levels of socioeconomic inequality correlate with worsened health outcomes across an entire society. Social scientists have debated whether such societies are unhealthy because of diminished social cohesion, psychobiological pathways, or the material environment. Anthropologists have questioned these mechanisms, emphasizing that fine-grained ethnographic studies reveal that social cohesion is locally and historically produced; psychobiological pathways involve complex, longitudinal biosocial dynamics suggesting causation cannot be viewed in purely biological terms; and material factors in health care need to be firmly situated within a broad geopolitical analysis. As a result, anthropological scholarship argues that this finding should be understood within a theoretical framework that avoids the pitfalls of methodological individualism, assumed universalism, and unidirectional causation. Rather, affliction must be understood as the embodiment of social hierarchy, a form of violence that for modern bodies is increasingly sublimated into differential disease rates and can be measured in terms of variances in morbidity and mortality between social groups. Ethnographies on the terrain of this neoliberal global health economy suggest that the violence of this inequality will continue to spiral as the exclusion of poorer societies from the global economy worsens their health than illness poverty trap that, with few exceptions, has been greeted by a culture of indifference that is the hallmark of situations of extreme violence and terror. Studies of biocommodities and biomarkets index the processes by which those who are less well off trade in their long-term health for short-term gain, to the benefit of the long-term health of better-off individuals. Paradoxically, new biomedical technologies have served to heighten the commodification of the body, driving this trade in biological futures as well as organs and body parts.

Whiteside, A. and A. De Waal (2004). "'That's Resources You See!' Political Economy, Ethics and the HIV/AIDS Epidemic." *New Political Economy* **9**(4): 581.

Recent social science literature that has examined the global HIV/AIDS epidemic is reviewed to determine what the social scientific community knows about the disease's social & economic costs, the moral implications of treating the epidemic, & methods for preventing its further spread. A review of relevant literature that has examined the social scientific community's knowledge of HIV/AIDS epidemiology revealed that the disease is perceived as a largely African phenomenon. Although Susan Hunter's (2003) investigation of the social & economic costs of HIV/AIDS suggests reasons for social science's disregard of HIV/AIDS, multiple explanations for the social scientific community's failure to engage HIV/AIDS are offered, eg, the multifaceted nature of HIV/AIDS requires a multidisciplinary approach. Nicoli Nattrass' (2004) critique of the "moral economy of AIDS treatment" throughout Africa is welcomed for highlighting the moral shortcomings of African nations' AIDS treatment policies. Cathy Campbell's (2003) consideration of HIV/AIDS preventive measures in a South African township is lauded for demonstrating that education & condom distributions programs are inadequate precautionary measures but that improvements to male & female residents' quality of life could encourage them to take preventive actions. 2 Tables. J. W. Parker.

Security

Altman, D. (2003). "AIDS and Security." *International Relations* **17**(4): 417.

The war on terrorism has drawn attention to non-conventional threats to security, even as it led to conventional warfare in the case of the attack on Iraq. HIV/AIDS is arguably an even greater threat to security, with the effect of destabilizing the social and economic order to the extent that the very survival of entire nations is at stake. This article examines both the security implications of AIDS, and the various international responses aimed at slowing its spread and mitigating its impact.

Babin, N. and D. R. Segal *The Transformation of the Military in the 21st Century: What Happened in Africa?* International Sociological Association, Brisbane, Australia (ISA).

This paper is an extension of and based on our earlier work on the transformation of the military in the 20th century in the US, Western and Eastern Europe, and Latin America. Our thesis is based on the hypothesis that the transformation and character of civil-military relations in the African nations in the late 20th and the beginning of the 21st century, in part, has depended on the colonial history of that nation. While some colonial powers (to varying degrees) established and left state and political, educational, and economic infrastructures in place that assisted the transition to civilian self-rule in the 20th century, others did not. For example, the colonial experience of Kenya was very different than that of the Congo, which led to different ways in which the military behaved in the independent nation from the time of independence on into the 21st century. We intend also to examine whether or not factors common to the African region in general in the last decade of

the 20th century (ethnic war, AIDS, etc) negated, or made earlier divergent colonial influences irrelevant to current civil-military situations. Based on our research, we intend to begin the development of a taxonomy that represents the relationship between the different colonial powers and their colonies, the institutions and infrastructures left by the mother country, the structure and character of the nation's military institutions, national characteristics, and the transformations of the relationship between armed forces and society in African nations as they moved into the new century.

- Ban, J. (2003). "Health as a Global Security Challenge." *Seton Hall Journal of Diplomacy and International Relations* 4(2): 19.
Discusses the relationship between health challenges & national security concerns, illuminated by a framework to help policymakers & analysts understand the impact of health on security. Health & security challenges should be identified as direct or indirect threats, & each threat's level of risk should be assessed. The major issues of health & security are biological weapons, naturally occurring infectious disease outbreaks that disrupt military operations, & other infectious diseases that decimate civilian populations. The devastating impact of HIV/AIDS on social stability in Africa is an example of the potential of a major public health issue impacting security. L. Collins Leigh.
- Barnett, T. and G. Prins (2006). *HIV/AIDS and Security: Fact, fiction and evidence*, UNAIDS.
- Bianchi, G. and M. Popper (2000). "Interaction of Substance Use and Risks to Sexual Health in the Slovak Army: General, Sociocultural and Individual Behaviour Patterns." *AIDS Care* 12(6): 757.
Offers an overview of the application of the newly designed WHO/UN AIDS (acquired immune deficiency syndrome) Rapid Assessment & Response guide (SEX-RAR) for research on interaction between psychoactive substance use & sexual risks during mandatory military service in the Slovak Republic. Results outline general, specific (sociocultural), & individual behavior patterns concerning interaction of substance (alcohol) use & sexual behavior, as well as proposed recommendations for intervention activities. 3 Tables, 1 Figure, 9 References. Adapted from the source document.
- D'Aoust, A.-M. (2004). "A Sexuality/Security Dilemma: American Identity Politics in the Face of the HIV/AIDS Epidemic in Africa." *Cultures et Conflits* 54: 133.
Starting with the Clinton Administration, AIDS has progressively been treated both as a public health matter & as a "new" security issue that the United States now has to face. This discursive transformation contains several political implications that need to be addressed. Adopting postmodern feminism lenses, this article seeks to analyze how the American discursive representations of the African AIDS pandemic aim to protect a certain conception of the state's masculine identity & structures of power. Particular attention is paid to the links established between the political & the physical body in AIDS-related discourses & to the gendered implications of the "United States Leadership Against HIV/AIDS, Tuberculosis, & Malaria Act" of 2003 adopted under the George W. Bush Administration. Adapted from the source document.
- Ebomoyi, W. and O. G. Afoaku (2000). "Confronting the HIV/AIDS Crisis in Post-Military Nigeria." *The Western Journal of Black Studies* 24(1): 43.
This paper explores the prospects for sustained international intervention against the African HIV/AIDS crisis. Factors that account for the upsurge of the epidemic on the continent are discussed in detail. While the authors agree with proponents of a human rights rationale for collective action on behalf of Africa's teeming HIV/AIDS victims, they argue that international support to the former will continue to arrive in trickles in view of traditional neglect of African problems in the policies of the developed countries. Against this background, they propose key elements of a comprehensive strategy for stemming the spread of the HIV/AIDS epidemic in African countries. 2 Appendixes, 27 References. Adapted from the source document.
- Elbe, S. (2002). "HIV/AIDS and the Changing Landscape of War in Africa." *International Security* 27(2): 159.
Contends that HIV/AIDS is influencing combatants, conflict conduct, & their social significance in African armed conflicts, escalating the social cost of such conflicts. The African AIDS epidemic & the high transmission risk confronting armed forces in this context are described. Although the epidemic has weakened armed forces, it also offers combatants a psychological & biological weapon, evidenced in the massive systematic rape of civilians (eg, estimates of 200,000-500,000 women raped in Rwanda), resulting in an elevation in the AIDS-related war casualties. It is argued that the combatants must join with international efforts to reduce the spread of HIV/AIDS; to this end, policy recommendations are offered. J. Zendejas.
- Garrett, L. (2005). *HIV and National Security: Where Are the Links?* Council on Foreign Relations.
It is important to clarify the security dimensions of the HIV/AIDS pandemic because actions taken to confront the disease as matters of domestic policy or foreign aid may differ markedly from those taken to address threats to national security. Understanding the impact HIV is now having, much less forecasting its toll and effects twenty years hence, is difficult. Little scrupulous analysis of the political, military, economic, and general security effects of the pandemic has been performed, both because the area is poorly funded and the problem is extremely complex. The epidemic is unfolding in waves that span human generations, and societies are making incremental adjustments along the way as they try to cope with the horrible impact AIDS is taking, not only in terms of human lives lost, but in the devastation of families, clans, civil society, social organizations, business structures, armed forces, and political leadership. Further, the HIV/AIDS epidemic is occurring primarily in regions that are hard-hit by a range of other devastating diseases, acute and even rising poverty, political instability, and other conditions that may mask or exacerbate the various impacts of AIDS.

Hadingham, J. (2000). "Human security and Africa: polemic opposites." South African journal of international affairs **7**(2): 113.

Heinecken, L. (2001). "HIV/AIDS, the Military and the Impact on National and International Security." Society in Transition **32**(1): 120. This article examines the impact of HIV/AIDS on the armed forces & the implications high infection rates among military personnel poses for national & international security. Data are provided of the current HIV/AIDS infection rates in the different regions of the world, with specific reference to southern Africa & the armed forces of the region. The implications high infection levels within the African armed forces hold for operational effectiveness are highlighted & the impact this epidemic may have on future peacekeeping & humanitarian aid missions is discussed. In the last section of the article, the link between human, national, & international security is examined, emphasizing the destabilizing effect HIV/AIDS has on global security & why this disease has been declared one of the most pressing transnational security challenges facing mankind. 34 References. Adapted from the source document.

Heinecken, L. (2003). "Facing a Merciless Enemy: HIV/AIDS and the South African Armed Forces." Armed Forces & Society **29**(2): 281. The impact of HIV/AIDS on health, development, & security is nowhere more daunting than in southern Africa, where many claim that it has the potential to destabilize the entire region. In this article, the impact of HIV/AIDS on southern Africa, the factors contributing to the rapid spread of the disease, & how it is affecting the armed forces are highlighted. As an important regional economic & military power, how South Africa & more specifically, the South African armed forces manage the impact of the disease is of national & regional, if not global, concern. The various policy, human rights, human resources, health, & educational challenges facing the South African National Defense Force (SANDF) are discussed with specific reference to its impact on operational capacity & capability. Should the SANDF be unable to manage the disease efficiently, there may be a profound effect on peace & stability in the entire region. 1 Figure. Adapted from the source document.

Mbabazi, P., S. J. Maclean, et al. (2002). "Governance for Reconstruction in Africa: Challenges for Policy Communities and Coalitions." Global Networks **2**(1): 31.

This article seeks to advance analyses & responses to conflict prevention & reconstruction in Africa that go beyond state-centric perspectives to include a range of nonstate players. Drawing on examples from both Uganda & Canada, it focuses on the activities of NGOs that have "partnered" with state-based actors in various peacekeeping & peace-building operations as well as on the increasingly important role played by think-tanks. The latter have emerged in Africa as major contributors to the proliferating literature on the political economy of violence, an approach that recognizes that African conflict reflects imperatives of production & consumption in relations that juxtapose Africa's political institutions & cultures with international & global political economies. The article argues that novel forms of "security communities" are emerging from the nonstate/state/international partnerships & coalitions that have developed around contemporary issues like "blood" diamonds, small arms, debt, & HIV/AIDS, thus drawing attention to connections between conflict & development. 2 Appendixes, 37 References. Adapted from the source document.

McGinn, T. (2000). "Reproductive Health of War-Affected Populations: What Do We Know?" International Family Planning Perspectives **26**(4): 174.

This article reviews available data on reproductive health & the effects of refugee or displaced status. Factors considered include fertility, family planning, safe childbirth, sexually transmitted diseases (STDs), & gender-based violence. Fertility studies have yielded mixed results, but the socioeconomic status of refugees appears to influence birthrates. Pregnancy & childbirth are risky in refugee populations, but some countries provide services. STDs are prevalent among refugees due to displacement, military activity, economic disruption, psychological stresses, & migration. Rape & other sexual violence is harder to measure, but many refugee women report being raped, & HIV seroprevalence is higher among rape survivors than in the general population. The authors recommend further study & better service delivery models. 66 References. J. R. Callahan.

McKay, S. (2004). "Reconstructing Fragile Lives: Girls' Social Reintegration in Northern Uganda and Sierra Leone." Gender and Development **12**(3): 19.

In many contemporary African wars, girls & women participate in fighting forces. Their involvement is sometimes voluntary, but often they are coerced or abducted. In these forces, their roles range from porters, domestics, & "wives" of male fighters, to spies & commanders. Few girls go through official UN processes of disarmament, demobilisation, & reintegration (DDR). Their human rights severely violated, girls face enormous challenges to physical & psycho-social recovery. Typically, they return directly to their communities, or migrate to where friends or relatives live, or resettle in urban areas, where they are at increased risk of forced prostitution, sexual assault, &/or sexually transmitted diseases, including HIV/AIDS. This paper examines the experiences of girls who have returned from fighting forces in the recent conflict in Sierra Leone & the continuing conflict in northern Uganda. These experiences are compared with those of women who recalled their experiences when they were girl participants during the Mozambican war which ended in 1992. 23 References. Adapted from the source document.

Morrison, J. (2001). "The African Pandemic Hits Washington." Washington Quarterly **24**(1): 197-209.

The AIDS tragedy will reshape Africa & inexorably dominate US foreign policy toward the continent. How we engage on the soft global issues stemming from HIV & AIDS in Africa will inevitably shape our future response elsewhere in the world. Adapted from the source document.

Mulanga, C., S. E. Bazepeo, et al. (2004). "Political and socioeconomic instability: How does it affect HIV? A case study in the Democratic Republic of Congo." *AIDS* **18**(5): 832.

The article studies the effect of political and economic instability on HIV, and takes up a case study in the Democratic Republic of Congo for discussion. We hereby report to what extent the ongoing conflict could impact on the stability of HIV prevalence. From March to May 2002, we conducted HIV serosurveys in four major cities: Kinshasa, Mbuji-Mayi, Lubumbashi, located in the government-held areas, and Kisangani, under the control of the rebels, Rwandan and Ugandan armies. We found that in Kinshasa, the prevalence rates in pregnant women, tuberculosis patients, sex workers, STI patients and blood donors had not changed significantly. Similar trends were observed among pregnant women and tuberculosis patients in Mbuji-Mayi. However, HIV prevalence among outpatients in Kinshasa has decreased significantly. The reasons for these results remain unclear, but one could assume that the pattern of healthcare-seeking behaviour may have changed as a result of increased poverty and insecurity. (PsycINFO Database Record (c) 2005 APA, all rights reserved)

Nattrass, N. (2002). "AIDS and Human Security in Southern Africa." *Social Dynamics* **28**(1): 1.

The rapid spread of HIV/AIDS in southern Africa is both a cause & a consequence of poverty. But while there is a clear link between AIDS & economic insecurity, there is no evidence of a connection between AIDS & security understood in the policing/state security sense of the term. Orphans are a human tragedy but not a direct security threat. AIDS does not appear to be high on the list of political priorities for most southern Africans. Governments are thus likely to continue to respond to the epidemic unevenly & with limited resources. 2 Tables, 4 Figures, 32 References. Adapted from the source document.

Ogata, S. (2004). "The Human Security Commission's Strategy." *Peace Review* **16**(1): 25.

Over the last decade, our understanding of state security has broadened. In addition to securing borders & people from external attacks, we have come to understand the dangers of environmental pollution, the spread of infectious diseases such as HIV/AIDS & more recently SARS, the massive population movements, & particularly the threat of transnational crime & terrorism. The globalization process has deeply transformed relationships between & within states. Money, goods, information, & people move quickly across & within borders. No state can fully cope with these realities by strengthening traditional state control mechanisms alone. All states & societies depend much more on the acts or omissions of others for the security of their people, even for their survival. The terrorist attacks on the US & Saudi Arabia - among others - the war on Iraq, & the nuclear threat from North Korea have challenged our traditional approach to security, & forced us to seek a new consensus on security for the coming century. In this context, the Commission on Human Security is described in terms of functions & objectives. Adapted from the source document.

Prins, G. (2004). "AIDS and global security." *International Affairs* **80**(5): 931-952.

AIDS has been medically visible for 30 years; but only in the last five have the security implications of the pandemic begun to be discussed seriously. This debate has been in many ways unsatisfactory to date. The purpose of this article is to begin to rectify this at the moment when the first major efforts to combat the pandemic are beginning to take effect. It records therefore the history of that debate and ascertains in what useful and defensible senses AIDS can be described and managed as a security issue. It argues that there are, indeed, several that meet these criteria. The article describes the first three engagements with the disease from the time of its discovery and then suggests three newer ones and, it argues, more fruitful approaches that have advanced since 2000 of which the security dimension is one. The others are the geo-politics of the human immune system and analysis through the prism of political economy. The scope of the next waves of AIDS after the southern African one, is depicted. Its coming intersection with oil and Great Power politics is noted. (Original abstract)

Salama, P. and T. J. Dondero (2001). "HIV surveillance in complex emergencies." *Aids* **15**: S4-S12.

Many studies have shown a positive association between both migration and temporary expatriation and HIV risk. This association is likely to be similar or even more pronounced for forced migrants. In general, HIV transmission in host-migrant or host-forced-migrant interactions depends on the maturity of the HIV epidemic in both the host and the migrant population, the relative seroprevalence of HIV in the host and the migrant population, the prevalence of other sexually transmitted infections (STIs) that may facilitate transmission, and the level of sexual interaction between the two communities. Complex emergencies are the major cause of mass population movement today. In complex emergencies, additional factors such as sexual interaction between forced-migrant populations and the military; sexual violence; increasing commercial sex work; psychological trauma; and disruption of preventive and curative health services may increase the risk for HIV transmission. Despite recent success in preventing HIV infection in stable populations in selected developing countries, internally displaced persons and refugees (or forced migrants) have not been systematically included in HIV surveillance systems, nor consequently in prevention activities. Standard surveillance systems that rely on functioning health services may not provide useful data in many complex emergency settings. Secondary sources can provide some information in these settings. Little attempt has been made, however, to develop innovative HIV surveillance systems in countries affected by complex emergencies. Consequently, data on the HIV epidemic in these countries are scarce and HIV prevention programs are either not implemented or interventions are not effectively targeted. Second generation surveillance methods such as cross-sectional, population-based surveys can provide rapid information on HIV, STIs, and sexual behavior. The risks for stigmatization and breaches of confidentiality must be recognized. Surveillance, however, is a key component of HIV and STI prevention services for forced migrants. It is required to define the high risk groups, target interventions, and ultimately decrease HIV and STI transmission within countries facing complex emergencies. It is also required to facilitate regional control of HIV epidemics. (C) 2001 Lippincott Williams & Wilkins.

Part III. Literatura Española

- (2000). "El SIDA en El Salvador: creencias, actitudes y prácticas sexuales." *Estudios Centroamericanos* 55(621/622): 685.
Síndrome de inmunodeficiencia adquirida (SIDA). Discusses beliefs, attitudes, and sexual practices in response to HIV/AIDS and other sexually transmitted diseases and infections in El Salvador.
- Alfaro Martínez, L. B., S. a. Rivera Aragón, et al. (1991). "Attitudes and knowledge of AIDS in adolescents/Actitudes y conocimientos hacia el SIDA en adolescentes." *Revista Intercontinental de Psicología y Educación* 4(2): 151.
Studied attitudes and knowledge of Mexican adolescents toward the síndrome de inmunodeficiencia humana (SIDA) (acquired immune deficiency syndrome [AIDS]). Human Ss: 480 male and female Mexican adolescents and young adults (aged 15-20 yrs). Ss completed a questionnaire assessing 6 areas of AIDS knowledge: epidemiology, etiology, human immunodeficiency virus (HIV) development, symptoms, contagion mechanisms, and preventive measures. In addition, Ss completed a Likert-type scale assessing attitudes toward people with AIDS, fear of contagion, fear of having AIDS, behavior changes to avoid AIDS, and safe sex techniques. (English abstract) (PsycINFO Database Record (c) 2005 APA, all rights reserved)
- Aragón D, J. s. (2000). "Cognitive and behavioural variables and HIV in female sex workers in the Venezuelan border with Colombia." *Aldea Mundo* 5(9).
ABSTRACT IN SPANISH: Dentro de un extenso programa de investigación diagnóstica sobre las Trabajadoras Sexuales (TSs) y el VIH en la frontera de Venezuela con Colombia, iniciado en 1998 y todavía en curso, se seleccionan cinco variables cognitivo-conductuales incluidas en dos o más de las teorías o modelos de cambio de conducta. Se entrevistó TSs voluntarias del estado Zulia y del estado Táchira. Se aplicó la prueba ELISA para la detección del VIH. Todas las TSs resultan seronegativas, por lo cual no se relaciona la condición serológica con las variables cognitivo-conductuales, pero sí estas últimas entre sí. Cada una de tales variables presenta dos o más asociaciones ($p < 0.05$) con las restantes. Estos resultados deben considerarse en los programas de intervención dirigidos a cambiar la conducta de las TSs hacia prácticas más seguras y así prevenir la propagación del VIH entre las mismas y sus clientes. // ABSTRACT IN ENGLISH: Five cognitive and behavioural variables included in two or more of the behavioural change theories and models are selected within a vast diagnostic research program about female sex workers (FSWs) and HIV in the Venezuelan border with Colombia, that started in 1998 and still in effect. For this purpose, voluntary FSWs Zulia and Táchira states are interviewed and are administered ELISA test for the detection of HIV. All of the FSWs turned out to be seronegative, that is why the serological condition does not relate to the cognitive and behavioural variables, but the latter do relate to each other. Each of such variables show two or more associations with the rest of them. These results must be taken into account in the intervention programmes focused in changing the FSWs behaviour towards safe practices and thus preventing the spread of HIV with each other and their clients.; Reprinted by permission of the Revista Aldea Mundo, Centro de Estudios de Fronteras e Integración, Universidad de los Andes, San Cristobal, Venezuela
- Aragón Diez, J. s. (1999). "Research program on female sexual workers as a vector of the spreading of HIV in the Venezuelan border with Colombia." *Aldea Mundo* 4(7).
ABSTRACT IN SPANISH: Se investiga a las trabajadoras sexuales como vector de propagación del VIH/SIDA en el área venezolana de la frontera con la República de Colombia, para obtener información contextualizada que permita los correspondientes y acertados diagnósticos y las subsecuentes y eficaces intervenciones. Se considera la transmisión del VIH como un problema fundamentalmente conductual y, por ahora, se están estudiando las relaciones entre las siguientes variables: características socioindividuales, condiciones del trabajo sexual, información, percepción del riesgo, conductas de riesgo, intenciones de cambio conductual y prevalencia del VIH, mediante entrevistas y pruebas de despistaje. Ya se ha realizado el primer proyecto en Pueblo Nuevo-El Chivo (estado Zulia), cuyos resultados se mencionan; otro, en San Cristóbal (estado Táchira), está en fase de terminación y dos más en preparación. // ABSTRACT IN ENGLISH: Female sexual workers are researched as a vector of the spreading of HIV in the Venezuelan border with Colombia, in order to get contextualized information that point to the corresponding accurate diagnoses and the subsequent effective interventions. HIV transmission is considered mainly as a behavioral problem and, for the time being, the relations between the following variables are being studied: sociological and individual characteristics, conditions of social work, information, perception of risk, risk behavior, behavioral change intentions and HIV prevalence. They are being studied by means of interview and ELISA tests. The first project has already been carried out in Pueblo Nuevo-El Chivo (Zulia State), the outcomes of which are mentioned here. Another one, in San Cristóbal (Táchira State) is in its final stage and two more are in preparation.; Reprinted by permission of the Revista Aldea Mundo, Centro de Estudios de Fronteras e Integración, Universidad de los Andes, San Cristobal, Venezuela
- Arauzo, S., J. G. Blanck, et al. (1992). "AIDS: Behavioral contributions to prevention/SIDA: aportes conductuales para su prevención." *7th Latin American Congress on Analysis and Behavior Modification: Psychology and AIDS* (1989, Montevideo, Uruguay). 24(1-2): 169.
Discusses the role of behavior modification methods in the prevention and treatment of acquired immune deficiency syndrome (AIDS). Obstacles in the prevention of AIDS and the use of behavioral modification techniques in primary, secondary, and tertiary prevention of AIDS are considered. (English abstract) (PsycINFO Database Record (c) 2005 APA, all rights reserved)
- Arnal, R. B. (2003). "Therapeutic effectiveness of a group cognitive-behavioral program to increase treatment adherence and improve emotional status in HIV/AIDS patients/Eficacia terapéutica de un programa de intervención grupal cognitivo-comportamental para mejorar la adhesión al tratamiento y el estado emocional de pacientes con Infección por VIH/SIDA." *Psicothema* 15(4): 517.

Psychological intervention programs for HIV infection patients are very scarce and studies that present results about effectiveness of these programs still more. In this article we present a group cognitive-behavioral program structured in eight sessions and the preliminary results about its effectiveness. The aim of our program was to increase treatment adherence and improve emotional state of patients. After intervention, statistically significant changes were observed in treatment adherence, outstanding clinical variables such as anxiety, depression or self-esteem and other variables including hypochondriasis, affective disturbance, irritability, interference in different fields of life, perceived social support and health locus of control. (PsycINFO Database Record (c) 2005 APA, all rights reserved)

Ballester, R., I. Reinoso, et al. (2000). "Adherence to treatment in HIV infection/Adherencia al tratamiento en la infección por VIH." Análisis y Modificación de Conducta 26(109): 689.

Studied treatment adherence patterns in 69 male and female adults (aged 23-61 yrs) with HIV-positive infection. Data on sociodemographic variables, clinical history and symptoms, pharmacological and medical treatment compliance, and re-infection prevention behaviors were obtained by semistructured interview. The HIV-Treatment Adherence Interview (R. Ballester et al, 2000) was used. The results indicate inadequate pharmacological treatment compliance in 53 percent of Ss and non-attendance at medical appointments or maintenance of risk behaviors in 15 percent of Ss. Implications for developing treatment programs are discussed. The Spanish version of the instrument is provided. (PsycINFO Database Record (c) 2005 APA, all rights reserved)

Bayés, R. n., F. Villamarín, et al. (1998). "AIDS in Mexican adolescents: An analysis of risk behaviors according to self-efficacy theory/El SIDA en los adolescentes mexicanos: un análisis de las conductas de riesgo desde la teoría de la autoeficacia." Psicología Contemporánea 5(2): 46.

Studied the relation of sex, self-efficacy, and AIDS-related risk behaviors among Mexican adolescents. Human Ss: 181 normal male and female Mexican adolescents and adults (aged 15-19 yrs). Data on sociodemographic variables, self-efficacy, and risk behaviors were obtained by questionnaire. The results were evaluated according to sex, self-efficacy, capacity to say no to sexual relations in specified circumstances, perceived ability to question partner about previous sexual behaviors or iv drug use, and perceived capacity to obtain and use condoms properly. Test used: The Self-Efficacy Questionnaire (S. Kasen et al, 1992). Statistical tests were used. (English abstract) (PsycINFO Database Record (c) 2005 APA, all rights reserved)

Bretón-López, J. and G. Buela-Casal (2005). "Assessment of effect of HIV/AIDS prevention advertising campaigns in adolescents/Evaluación del efecto de las campanas publicitarias de prevención de VIH/SIDA en adolescentes." Psicothema 17(4): 590.

The AIDS illness and HIV infection are affecting a total of 40 million people in the world, approximately. In Spain, other patterns of infection different to those one appeared in the beginning of the epidemic have been documented and adolescents population represents an important number of new cases. Due to the importance of preventive advertising about HIV/AIDS, this objective study assesses the campaigns impact in a sample of 320 adolescents. Then, it was projected an advertisements selection to assess the affective, cognitive and behavioural intention impact. Also, it was measured the mediator effect of some variables like gender, kind of population and sexual experience. Results show differential effects according to specific advertisement in the reached impact and a mediator role mainly of the "gender". More work around preventive advertising will have an essential role in the HIV/AIDS control. (PsycINFO Database Record (c) 2006 APA, all rights reserved) (journal abstract)

Cervera, G., J. C. Valderrama, et al. (1998). "Variables related to risk behaviors for HIV transmission in iv drug users/Variabes relacionadas con las conductas de riesgo para la transmisión del VIH en pacientes drogodependientes." Actas Luso-Espanolas de Neurología, Psiquiatría y Ciencias Afines 26(3): 155.

Studied the association of sociodemographic variables, maintenance of HIV-risk behaviors, opiate-dependence, psychopathology, and personality disorders. Human Ss: 110 male and female Spanish adults (mean age 29.87 yrs) (drug dependence). Data on sociodemographic variables, HIV-risk behaviors, drug consumption patterns, psychopathologic symptoms, and personality factors were obtained by semistructured interview and questionnaire. The results were evaluated according to sex, age, marital status, marital stability, residence factors, educational level, educational status, prison history, alcohol and heroin/cocaine consumption patterns, diagnosis of drug addiction, hospitalization history, sexual orientation, number of partners, methods of obtaining and using syringes, sharing of drug instruments, psychopathological symptoms and diagnosis, and number and type of personality disorder diagnoses. Tests used: The Beck Depression Inventory, the SCL-90, and other self-report instruments designed for the study. Bivariate association analysis, estimation of odds ratios, and other statistical tests were used. (English abstract) (PsycINFO Database Record (c) 2005 APA, all rights reserved)

Coates, T. J. (1992). "AIDS prevention: Achievements and priorities. -r (Trans S. Herrera and F. Sabogal)/Prevención del SIDA: logros y prioridades." Revista Latinoamericana de Psicología.Special Issue: Psychology and AIDS 24(1-2): 17.

Reviews recent research on the risks associated with acquired immune deficiency syndrome (AIDS) infection and prevention and intervention techniques. Recent advances in diagnosis and treatment, determinants of high risk behaviors, clinical intervention methods, school- and community-based prevention programs, and social and legal aspects of counseling and testing are discussed. (English abstract) (PsycINFO Database Record (c) 2005 APA, all rights reserved)

Correa, S. and R. Parker (2004). " Sexuality, Human Rights and Demographic Thought. Convergence and Divergence in a Changing World." International Journal of Clinical and Health Psychology 4(3): 553-570.

The beginning of the 21st century has witnessed a reformulation of the historical debate on ethics & demography, since individual rights have been given priority over the public good & a set of new elements, particularly sexuality, have been included in this debate. This change is intrinsically linked to the emergence & impact of social movements-initiatives re-

lated to HIV/AIDS promoted by feminist, gay & lesbian organizations that are globally linked & capable of disseminating a public discourse on sexuality within the sphere of both national & international policies. Despite the success achieved in dealing with the issues of sexuality & HIV/AIDS in the framework of human rights, the conception of ethical issues related to demographic change & sexuality has not been fully completed. This article deals with the conceptual aspects & preliminary conclusions of a research project through a study & comparative analysis of countries regarding the emergence of a public dialog on gender, sexual orientation, HIV/AIDS & other key issues in the field of population studies. 59 References. Adapted from the source document.

Cáceres, V. c. A. and E. Gotuzzo Herencia (1996). "Evaluation of knowledge and attitudes towards AIDS, and sexual practices among students of high school level in Chiclayo/Evaluación de conocimientos y actitudes hacia el SIDA y prácticas sexuales en estudiantes de colegios secundarios nacionales de Chiclayo." *Archivos Hispanoamericanos de Sexología* 2(2): 101.

Conducted a questionnaire study on (1) knowledge about AIDS transmission and prevention, (2) prevailing attitudes towards AIDS patients, and (3) sexual activities and practices in a randomly selected population of 433 male and 455 female high school students in Peru. The results were submitted to chi-square analysis. The findings indicate that males were more knowledgeable about AIDS transmission and prevention, females had more negative attitudes towards AIDS patients, and males reported more and earlier intercourse and infrequent use of condoms. The data are discussed in relation to the need for more and better health information and health education programs for high school students. (PsycINFO Database Record (c) 2005 APA, all rights reserved)

de la Fuente, R. n. (1995). "North American Free Trade Agreement (NAFTA) and psychiatry: Risks, challenges and opportunities/EI tratado de libre comercio y la psiquiatría Retos, riesgos y oportunidades." *Salud Mental* 18(2): 1.

NAFTA (North American Free Trade Agreement) may offer new bases for increased collaboration among participating countries in psychiatry and mental health delivery. The author examines such from a Mexican point of view. The resources, such as number of doctors per hundred population favor Mexico. Quality of certain health delivery favors Canada, at times the U.S. (United States), such as prenatal care. The number of cases of AIDS (in Spanish, SIDA) and of drug abusers is greater in the U.S. The author proposes collaboration of efforts, partly through professional exchanges of specialists, sharing of knowledge, certification and procedures. (Spanish abstract) (PsycINFO Database Record (c) 2005 APA, all rights reserved)

Espadale, E., M. Planes, et al. (2005). "Risk perception of HIV sexual transmission in high school students/Percepción del riesgo de transmisión sexual del VIH en estudiantes de bachillerato." *Revista Psiquis* 26(1): 28.

This research assessed behavioral intentions in a situation designed to simulate the risk of HIV sexual transmission. Participants were 108 high school students. The students were asked about their knowledge and beliefs about the most effective methods to avoid HIV infection. Although the majority of participants reported the intention to engage in preventative sexual behavior with an unknown couple, 11% of them would expose themselves to risk. More than four from each ten adolescents didn't think about AIDS when they answered, but almost all of them worried about an unwanted pregnancy. The vast majority of the students reported that condom use was the best method for avoiding the sexual transmission of HIV, and they believed that it was highly effective. There were no differences between males and females in the assessed variables. A number of students have incorrect beliefs about HIV sexual transmission. These beliefs should be taken into account when planning future preventive programs. It is very important to clarify the biological side of transmission instead of using culturally biased expressions. Also it would appear sensible to make use of the degree of concern about unwanted pregnancy to promote condom use as an effective contraceptive method. This will provide them with protection against: pregnancy, AIDS and other sexual transmitted diseases. (PsycINFO Database Record (c) 2005 APA, all rights reserved) (journal abstract)

Fernández, M. a. L., Y. R. g. Castro, et al. (2002). "Evolution of HIV risk perception in heterosexual relationships in a sample of Spanish University Students/Evolución de la percepción de riesgo de la transmisión heterosexual del VIH en universitarios/as españoles/as." *Psicothema* 14(2): 255.

Analyzed the evolution of risk perception of heterosexual transmission of HIV in a sample of Spanish university students. The sample is composed of 1,075 university students: 587 are evaluated during the 1996-1997 and 570 during the 2000-2001 school year. The samples were comparable in relation to level of studies, sex, and age. The authors established the following conclusions: a) there was an equal level of sexual activity between sexes and more condom use in the latest sample of 2000/2001; b) the less risk perceived is associated with an affective sexual partner (versus casual affair) and no significant differences existed between the two samples; and, c) the more they were aware of HIV sexual transmission when taking the role of the character in the story, the higher the risk perception. (PsycINFO Database Record (c) 2005 APA, all rights reserved)

García Alonso, Y., A. Gorospe Amo, et al. (1997). "Guilt in drug addictions and AIDS/Culpa en toxicomanías y SIDA." *Clinica y Salud* 8(2): 333.

Studied the incidence and type of guilt feelings present in former drug addicts and HIV-positive Ss. Human Ss: 136 male and female Spanish adults (aged 20-58 yrs) (drug addiction) (rehabilitation). Data were obtained on sociodemographic variables, clinical and psychological history, drug consumption history, number of rehabilitation attempts, marital status, number of children, HIV status, and guilt feelings by questionnaire. Test used: The SC-35 Guilt Questionnaire (L. Zabalegui, 1993). The Spanish version of the instrument is provided. Correlation analysis and other statistical tests were used. (English abstract) (PsycINFO Database Record (c) 2005 APA, all rights reserved)

García Martínez, A. (2005). "AIDS prevention and education/Educación y prevención del SIDA." *Anales de Psicología* 21(1): 50.

Before the difficulties that, from the point of view of health, find current societies combating the pandemic of HIV/AIDS efficiently, this article talks about the importance of the social representations of the illness when thinking about effective preventive measures. In the same way, the relevance of educational work is analyzed from the first ages to qualify those that adopt the behaviors that enable them to better adapt to the preservation of health, and also increase the resources that facilitate a better quality of life. (PsycINFO Database Record (c) 2005 APA, all rights reserved) (journal abstract)

Garza, A. R., F. R. g. Valdés, et al. (2002). "Abuse of seropositive or AIDS patients by their own family/Maltrato intrafamiliar hacia seropositivos o enfermos de sida." *Archivos Hispanoamericanos de Sexología* 8(1): 53.

This study deals qualitatively with the treatment that HIV/AIDS patients receive by their own families. It is exploratory in nature and was conducted in the metropolitan area of Monterrey, Nuevo León, Mexico, from March to September, 1999. The study aims to find differences in the way the patients were treated by the family as a function of the way in which the infection was acquired, or if abuse was due to fear of contagion. The study used Becker's sociological theory of deviation, the research done by Albert Bandura on factors that generate aggression, the knowledge of the abuse of power in some relationships, and the characteristics of Mexican families. Results show that the treatment given to HIV/AIDS patient depends on family background, the family's ability to provide care, and the fear that the disease causes. It was observed that, when a history of conflicted relationships existed, aggressive behavior was likely to be heightened; conversely, in the context of a history of positive relationships, there was more often a willingness to offer support. When sexual preference was a determining factor incases of abuse, it was found that subject who mentioned this preference as a reason for rejecting the patient were also likely to display attitudes based on fear of HIV. (PsycINFO Database Record (c) 2005 APA, all rights reserved)

Grimberg, M. (2001). ""Knowing about AIDS" and Sexual Precautions among Low-Income Women from the Southern Area of Buenos Aires. Notes for Defining Prevention Policies." *Source Cadernos de Saude Publica* 17(3): 481-489.

This study is part of a line of research on gender & prevention in a research program on the social construction of HIV/AIDS. We present results of an ethnographic study among low-income women 15-35 years old in the southern area of Buenos Aires. The area has the highest number of HIV/AIDS cases & high poverty levels, extensive social degradation, & urban violence. According to our results, in the interface between knowledge & behavior, there are complex processes involving stigmatized & gender-biased representations of HIV/AIDS as "other people's problem" & social & sexual relations permeated by gender stereotypes & roles. We believe that prevention measures should be based on consideration of social practices, specifically, the characteristics of gender relations, prioritizing relational strategies between women & men & promoting critical reflection on the main nodes organizing daily life & active participation in the production of social relations & practices of reciprocity & equity. The increasingly precarious conditions in social life intensify poor women's vulnerability & social interaction contexts relating to the socioeconomic & symbolic roles played by women. 12 References. Adapted from the source document.

Gutiérrez Fraile, M., J. Ballesteros, et al. (1992). "Factors related to nonuse of condoms among an intravenous drug abuser population/Factores asociados a la no utilización de preservativos en una población de adictos a drogas por vía parenteral." *Acta Psiquiátrica y Psicológica de America Latina* 38(3): 245.

Studied factors associated with the nonuse of condoms among a population of intravenous drug abusers. Ss were 84 male and 55 female adolescent and adult drug abusers. Information on sociodemographic variables, type and frequency of sexual relations, drug consumption history, use of contraceptives and condoms, and history of sexually transmitted disease was obtained via administration of a questionnaire. The results were evaluated according to each S's sex, age, educational level, occupational status, drug consumption history, and sexual behavior history. Statistical tests were used. (English abstract) (PsycINFO Database Record (c) 2005 APA, all rights reserved)

Guerena Burgueno, F., A. S. Benenson, et al. (1992). "Sexual behavior and drug abuse in homosexuals, prostitutes, and prisoners in Tijuana, Mexico/Comportamiento sexual y abuso de drogas en homosexuales, prostitutas y prisioneros en Tijuana, México." *Revista Latinoamericana de Psicología.Special Issue: Psychology and AIDS* 24(1-2): 85.

Studied socioeconomic characteristics, sexual behavior, and drug abuse behavior among groups at high risk for human immunodeficiency virus (HIV) infection. Human Ss: 415 male and female Mexican adults (mean age 29.5 yrs) (prostitutes). 233 male Mexican adults (mean age 25.6 yrs) (homosexual or bisexual). 410 male and female Mexican adults (mean age 29 yrs) (prisoners). Information on socioeconomic factors; sexual behavior; and drug, alcohol, and tobacco consumption patterns was obtained via administration of a questionnaire. Statistical tests were used. (English abstract) (PsycINFO Database Record (c) 2005 APA, all rights reserved)

Hernández Robledo, A. M. and M. P. Bonilla Munoz (1999). "Knowledge of and attitudes towards AIDS in adolescents/Conocimientos y actitudes hacia el SIDA en adolescentes." *Psicología Contemporanea* 6(2): 84.

Studied knowledge about and attitudes towards AIDS in a population of 105 male and female adolescents and young adults (aged 17-24 yrs) who were preparatory school or university students in Mexico. Scales on knowledge of AIDS and attitudes towards AIDS (R. Díaz-Loving et al, 1992) were administered. A generally negative attitude towards AIDS was found that was independent of age, educational level, and sexual experience. Ss were well informed about HIV transmission. The role of attitudes and information level in the prediction of social behavior is examined, and the stigmatization of HIV-positive and AIDS-affected individuals is discussed. (PsycINFO Database Record (c) 2005 APA, all rights reserved)

Insúa, P. and S. Moncada (2002). "Harm reduction strategies with injecting drug users: Safe sex workshops/Estrategias de reducción de riesgos con usuarios de drogas inyectadas: Talleres de sexo más seguro." *Adicciones* 14(4): 425.

Examined the outcomes and user satisfaction with 25 safer-sex workshops designed to reduce risks associated with sexual behaviors among injecting drug users (IDUs). 387 IDUs (average age 32.4 yrs) were assigned non-randomly to a comparison group or to a workshop user group. Ss completed pretest, posttest and follow-up questionnaires concerning high-risk sexual behaviors and mediating variables for these behaviors. Results show that attendance at workshops designed for safer sex practices were associated with higher frequencies of condom use with a habitual or occasional partner. Also, interventions were related to significant improvements in mediating variables for safer sex practices, including knowledge of proper use of birth control, knowledge concerning HIV and AIDS, and outcome expectancies about using a condom. Workshop Ss reported high satisfaction levels. It is concluded that the examined interventions are effective for IDUs. (PsycINFO Database Record (c) 2005 APA, all rights reserved)

Kornblit, A. L., A. M. Mendes, et al. (2002). "Use of drugs and sexual behavior in a sample of injecting drug users of Buenos Aires (Argentina)/Consumo de drogas y conductas sexuales en una muestra de adictos por vía endovenosa de Buenos Aires." *Adicciones* 14(1): 79.

Examined the substance use characteristics and sexual behaviors of 200 15-45 yr old injecting drug users in different districts from the city of Buenos Aires, Argentina. Data were collected by means of a structured questionnaire adapted from a World Health Organization multicenter study. Results show that endovenously administered substance use occurs among increasingly younger users. 10% of users reported sharing syringes with a number of people on a daily basis. Besides denying any personal AIDS-related danger, an important percentage of users refrained from taking into account how risky their behaviors are for other people involved. More than half the Ss have not introduced any changes in their sexual behaviors with regard to protective measures against HIV infection. Among Ss that have been tested, HIV prevalence amounts to 64%. Among Ss that have been tested for hepatitis C virus, prevalence amounts to 71%, and 80% of co-infection between HIV and hepatitis C has been observed. It is concluded that there is a critical situation with regard to the HIV/AIDS epidemic among injecting drug users in the city of Buenos Aires. (PsycINFO Database Record (c) 2005 APA, all rights reserved)

Kornblit, A. L., A. M. Mendes Diz, et al. (1996). "AIDS prevention in young students/Prevención del sida en jóvenes estudiantes." *Acta Psiquiátrica y Psicológica de America Latina* 42(2): 113.

Studied the effectiveness of an AIDS prevention program conducted with youth in a Buenos Aires public school. Human Ss: 247 normal male and female Argentine adolescents and adults (aged 15-20 yrs). The following variables were compared before and after the program intervention: Ss' information about contraception, AIDS, and sexually transmitted diseases; the perception of the risks of pregnancy and of AIDS; positive and negative beliefs concerning contraception and condoms as instruments of AIDS prevention; the perception of control in sexual relationships; desired preventive behavior; and conservative and liberal social representations regarding AIDS. (English abstract) (PsycINFO Database Record (c) 2005 APA, all rights reserved)

Kornblit, A. L., A. M. Mendes Diz, et al. (1996). "Perception of risk and preventive behaviors regarding pregnancy and AIDS in secondary school students/Percepción del riesgo y conductas preventivas en relación con el embarazo y el SIDA en estudiantes de secundaria." *Revista Interamericana de Psicología* 30(2): 245.

Studied perceptions of risk and the preventive behaviors connected with pregnancy and AIDS among high school students. Human Ss: 247 normal male and female Argentine adolescents and adults (aged 15-20 yrs) (public secondary school students). A self-administered questionnaire with Likert-type scales was used. Ss' knowledge about sexual behavior and contraception, information on sexually transmitted diseases, beliefs about contraception and condoms, and perceptions about preventive behaviors were assessed. (English abstract) (PsycINFO Database Record (c) 2005 APA, all rights reserved)

Kornblit, A. L. a. (2002). "Some aspects of social reaction to AIDS in Argentina/Algunos aspectos de la reacción social frente al SIDA en Argentina." *Revista de Psicología Social* 17(1): 5.

Reviews 3 models that have been created within the realm of social sciences as an attempt at explaining the dissemination of HIV infection: the epidemiological-behavioral model, the anthropological-cultural model, and the political-economic model. Results obtained in 3 studies conducted in Argentina on 3 facets of this topic are synthesized: current codes on sexuality among young people, AIDS in the mass media, and non-governmental organizations working in the field of AIDS. These data suggest that, as far as Argentina is concerned, even though some groups have understood how necessary it is to include the political-social model within any preventive work related to AIDS, other groups keep supporting the epidemiological-behavioral model. It is argued that this model, which does not favor any critical reflection on the social system, hinders modifying actions likely to allow for an empowerment of sectors most affected by the AIDS epidemic. (PsycINFO Database Record (c) 2005 APA, all rights reserved)

Kornblit, A. L. a., A. M. a. M. Diz, et al. (2002). "Sexual Activity and Drug Injecting Behavior/Sexualidad y consumo de drogas por vía inyectable." *Acta Psiquiátrica y Psicológica de America Latina* 48(1-4): 61.

Data collected during a study conducted among a sample of 200 drug-injecting users from both the city of Buenos Aires and the Greater Buenos Aires area suggest that subjects' sexual activity is different from the general population's -on account, mostly, of their diversity, and no so much on account of the frequency of subjects' sexual intercourses. On the one hand, when compared with the general population: a) it is more common for them not to have one sexual partner as is usual for the general population; b) substance users admit having more occasional sexual intercourses than the general population does; and c) substance users acknowledge having more homosexual intercourses than those seen among general population. On the other hand, substance users' use of condoms is much more restricted than it is among the general population, a fact likely to be linked to substance users failing to recognize that sexual intercourse is one via regia for HIV infection dissemination. Simon & Gagnon's scripting perspective, as well as the social network theory, help re-

searchers to explain the coincidences and differences between the sexual behaviors observed among substance users, and the general population. (PsycINFO Database Record (c) 2005 APA, all rights reserved) (journal abstract)

Kornblit, A. L. a. and A. M. a. Mendes Diz (2000). "Prevention of AIDS and the "logics" of love/Las "lógicas" del amor en relación con la prevención del contagio del VIH/sida." *Acta Psiquiátrica y Psicológica de America Latina* 46(1): 23.

Studied the connection between type of romantic relationship (type of intimate social system of the couple) and HIV prophylaxis. 124 interviews were conducted in a general population of 18-55 yr old males and females with varying educational levels in Argentina. Distinct strategies involving different levels of HIV and AIDS preventive behavior were revealed. The results indicate a significant link between the couple's relationship type and HIV prophylaxis. Couples whose relationship was characterized by strong intimacy were much more concerned with prevention than were couples with a less intimate type of relationship. The findings are discussed in terms of (1) the sociology of risk and (2) norms and communication in the intimate social system. (PsycINFO Database Record (c) 2005 APA, all rights reserved)

Lameiras Fernández, M. and J. M. Failde Garrido (1998). "Sexuality and health in university men and women: Attitudes, sexual activity, and perception of the risk of heterosexual transmission of HIV/Sexualidad y salud en jóvenes universitarios/as: actitudes, actividad sexual y percepción de riesgo de la transmisión heterosexual del V.I.H." *Análisis y Modificación de Conducta* 24(93): 27.

Studied 1st-yr undergraduate students' (1) opinions on sexuality, (2) sexual activity and condom use, and (3) perceptions of the risk of heterosexual transmission of HIV. Human Ss: 587 normal male and female Spanish adults (aged 18-24 yrs) (1st-yr undergraduate students). Questionnaires were administered. Distribution analysis, an ANOVA, and factor analysis were performed. Ss' opinions about sexuality were assessed as a function of their religious and political beliefs and/or affiliation. Risk perception was assessed as a function of the type of relationship. Ss' levels of sexual activity were compared with findings from earlier surveys. (English abstract) (PsycINFO Database Record (c) 2005 APA, all rights reserved)

Ligia, V.-G., C.-C. Miroslava, et al. (2003). "HIV/AIDS: Knowledge attitudes and sexual practices in a group of men who have sex with men in a rural community of Yucatan, Mexico/VIH/SIDA: Conocimientos, actitudes y prácticas sexuales en un grupo de hombres que tienen sexo con hombres en una comunidad rural de Yucatán, México." *Archivos Hispanoamericanos de Sexología* 9(2): 191.

In Latin America and the Caribbean, the HIV/AIDS epidemic has a predominant transmission in men who have sex with men (MSM). In Yucatan, Mexico, the transmission in MSM by March 2002 corresponded to 57%. From March to May 2000, a questionnaire on knowledge and attitudes regarding HIV/AIDS was applied to this group, as well as a semi-structured interview about sexual practices, preventive measures, and risk perception for HIV/AIDS. A total of 14 MSM were interviewed. Knowledge about HIV/AIDS in this group proved to be confusing and the attitudes varied, if the infected person was a relative, a friend or a partner. None of them had talked about AIDS with their partners and two of them recognized that their partners dislike condoms. None of them could specify or mention any prevention campaigns directed to MSM. Results show that this group of men possess little knowledge about the risk of sexual practices and only a minority use condoms in their sexual practices. Prevention campaigns have had a minimum impact in this group of MSM. (PsycINFO Database Record (c) 2005 APA, all rights reserved) (journal abstract)

Lira, L. R., R. Diaz-Loving, et al. (1992). "Beliefs of university students in Mexico about the causes of AIDS/Creencias sobre el origen del SIDA en estudiantes universitarios." *Salud Mental* 15(4): 12.

A sample of 278 students of both sexes were each asked their beliefs about the causes of AIDS (acquired immunological deficiency syndrome). The students drawn from the two universities in Mexico City averaged 21.6 years. They answered questions along World Health Organization guidelines such as drug and needle use, history of STDs, and condom use. There were differences between sexes and between veterinary vs political science students. Significant numbers of all students believed multiple partners, oral sex, bisexuality, and needle use were major causes, some objected to condom use on religious grounds and many believed the "just world" hypothesis advanced by M. Lerner. (English & Spanish abstract) (PsycINFO Database Record (c) 2005 APA, all rights reserved)

Llamas, R. (1994). "The Reconstruction of the Homosexual Body in the Time of AIDS." *Revista Espanola de Investigaciones Sociológicas* 68: 141-171.

Examines how the homosexual body has been socially redefined since the rise of the acquired immune deficiency syndrome (AIDS) epidemic. A history of earlier mainstream conceptions of the homosexual body, which focus primarily on the body as a form of carnal deviance or psychopathology, is provided. With AIDS, this body is not only deviant, but also contaminated, both biologically & socially. While these normative ideals contain many discriminatory & reductive stereotypes about homosexuality, it is argued that the gay communities' responses to this marginalization have contained just as many assumptions about the body & its social role. Adapted from the source document.

López, J. A. P. a. (2004). "Dispositional events that probabilize the practice of risk behaviors related to HIV/AIDS/Eventos disposicionales que probabilizan la práctica de conductas de riesgo para el VIH/SIDA." *Anales de Psicología* 20(1): 23.

The results of a study are presented that had as main objective to evaluate the capacity of prediction of dispositional events (knowledge, beliefs, social circumstances and reasons) on the practice of four risk behaviors to the infection for HIV in a sample of university students. Of such events, the reasons only evidenced their prediction power on all the risk behaviors. The results are analyzed in function of the importance that they have to the incorporation of variables of motivational type in the design and setting in march of programs of prevention of the AIDS directed to the population's sector. (PsycINFO Database Record (c) 2005 APA, all rights reserved) (journal abstract)

López, J. A. P. a. and V. c. C. Verdugo (2001). "Knowledge and reasons associated to behaviors for risk and prevention related to AIDS/ Conocimientos y motivos asociados a comportamientos de riesgo y prevención relacionados con el sida." Avances en Psicología Clínica Latinoamericana 19: 7.

Results of a study with 421 students from a public university in Hermosillo, Mexico, are presented. In this study, knowledge and motives regarding risk and preventive behaviors related with AIDS were evaluated. Data indicate that although students exhibit an important level of knowledge about AIDS, they also manifested a number of risk behaviors (especially women), which are directly related to diverse motives for behaving in either risky or preventive ways. Based on a health psychological model, some criteria for designing educational programs are suggested. (PsycINFO Database Record (c) 2005 APA, all rights reserved)

Miguel, J. M. d. S. (1991). "The Social Problem of AIDS in Spain." Revista Espanola de Investigaciones Sociologicas 53: 75-105.

Spain has the third highest number of AIDS (acquired immune deficiency syndrome) cases among European countries, with cases concentrated in developed zones, eg, Catalonia, the Basque country, Madrid, & the Balears. Spanish AIDS victims are more likely to be drug addicts (63% of cases) rather than homosexuals, & are usually lower class. Intravenous drug use is poorly controlled in Spain, & especially problematic in prison, where AIDS is also present. Risk factors for different populations are discussed & compared to those in countries other than Spain, arguing that approaches to the different populations at risk for AIDS need to be tailored to particular populations, whether it be drug addicts, homosexuals, youth, women, etc. Future estimates for AIDS cases in Spain are offered, with provisions for regional variation. 96 References. M. Pflum.

Moscoso-Alvarez, M. R., R. V. Rosario, et al. (2001). "Our adolescent youth: What is their risk of infection for HIV?/Nuestra juventud adolescente: Cual es el riesgo de contraer VIH?" Revista Interamericana de Psicología 35(2): 79.

Identified the level of risk for HIV infection of 3,101 Puerto Rican middle and high school students. 25.8% of the sample reported having sexual relations at least once in their lives. Less than half of those sexually active Ss (48.5%) used condoms in their last sexual relations, while one-third reported always using condoms. There was a significant difference in the use of protection between females and males and between school grades. Five factors were used to develop an HIV risk scale. Approximately 50% of the students reported no risk factor, while among those sexually active, 47.5% reported at least 2 risk factors, and 31.1% reported 2 or more risk factors. Males reported a higher number of risk factors than females. Half of the students reported that they would abstain from sexual relations to avoid HIV infection. Although these results show that Ss showed increased condom use and increased intention to abstain from sexual relations as a way to avoid HIV infection when compared to those surveyed in 1994, a considerable percentage of Puerto Rican adolescents are still practicing risk behaviors for HIV infection. (PsycINFO Database Record (c) 2005 APA, all rights reserved)

Ortega, H. H., R. Ramos, et al. (1992). "Design and implementation of a program for AIDS prevention in prostitutes/Diseno e implementación de un programa de prevención del SIDA con mujeres que ejercen la prostitución." Revista Latinoamericana de Psicología.Special Issue: Psychology and AIDS 24(1-2): 125.

Studied the efficacy of an acquired immune deficiency syndrome (AIDS) prevention program among female prostitutes. Human Ss: 231 female Mexican adolescents and adults (aged 13 yrs and older). The COMPANEROS model of AIDS prevention by A. Bandura (1986), a support group-community outreach program, was used. Information on sociodemographic factors, knowledge about AIDS, sexual behavior, drug use, and health factors was obtained via administration of a questionnaire. The AIDS Initial Assessment/AIDS Followup Assessment was used. Risk factors for human immunodeficiency virus (HIV) transmission were determined. Statistical tests were used. (English abstract) (PsycINFO Database Record (c) 2005 APA, all rights reserved)

Pascual, J. M., G. Rubio, et al. (1989). "Behavioral changes in a group of heroin addicts after being diagnosed as HIV(+) subjects/ Cambios de comportamiento en un grupo de adictos a las drogas por vía parenteral, tras la notificación de su seropositividad al virus de la inmunodeficiencia humana." Revista del Departamento de Psiquiatría de la Facultad de Medicina de Barcelona 16(1): 3.

Studied behavioral effects of learning of one's human immunodeficiency virus (HIV) positive status among heroin addicts. Human subjects: 32 male and female Spanish adolescents and adults (aged 18-49 yrs) (iv heroin addicts) (HIV carriers). 75 male and female Spanish adolescents and adults (aged 18-49 yrs) (iv heroin addicts) (not HIV carriers). 80 normal male and female Spanish adolescents and adults (aged 18-40 yrs) (control Ss). All Ss completed the Eysenck Personality Questionnaire (H. J. Eysenck et al, 1977), and the heroin addicts also completed clinical histories, the Hamilton Anxiety Scale (M. Hamilton, 1969), and HIV testing. Sexual, addictive, family, work, and leisure time behaviors of HIV positive Ss were monitored for 3 mo after they were informed of the results of HIV testing. (English abstract) (PsycINFO Database Record (c) 2005 APA, all rights reserved)

Peralta Sánchez, A. and R. Hernández Hernández (2001). "An integral study of prostitution in Tehuacan, Puebla: An intimate vision/ Estudio integral de la prostitución en el Municipio de Tehuacan Puebla. Una visión íntima." Archivos Hispanoamericanos de Sexología 7(1): 31.

Studied factors associated with prostitution in 60 male and female prostitutes (aged 18-43 yrs) in Mexico. Data on socio-demographic variables, reasons for becoming prostitutes, daily life events, goals and illusions, and illnesses were obtained by questionnaire. The Prostitution and Drugs Questionnaire was used. The results indicate that dysfunctional family of origin, low educational level, and prior history of rape or sexual abuse are associated with entering prostitution. The results also indicate that prostitutes do not seek sexual gratification, that sexual behavior is actually repulsive, that the majority of male clients are married, and that the majority hope to have a business or some other job as well as a family in the future. The results also show that 75 percent are healthy, that 17 percent report bacterial vaginal infections, and that less than 10

percent are infected with sexually transmitted diseases or HIV. Implications for intervention and health care are discussed. (PsycINFO Database Record (c) 2005 APA, all rights reserved)

Planes, M. (1994). "Factors that affect preventative sexual behavior for the AIDS virus among intravenous drug addicts/Factores que influyen en los comportamientos sexuales de prevención frente al virus de inmunodeficiencia humana (VIH) en los adictos a las drogas por vía parenteral (ADVP)." *Anuario de Psicología* 61(2): 57.

Discusses the relationship between sexual risk behavior and HIV infection. Current models of AIDS prevention and their weaknesses and the role of contingent reinforcement of specific behavior patterns on risk taking behavior are considered. Results of a study in intravenous drug users on the relationship of the magnitude and delay of contingent reinforcement on preventative behavior and the frequency of this behavior are presented. (English abstract) (PsycINFO Database Record (c) 2005 APA, all rights reserved)

Planes, M. and M. E. Gras (2002). "Beliefs and AIDS sexual prevention behaviors on university students/Creencias y comportamientos sexuales preventivos frente al sida en estudiantes universitarios." *Análisis y Modificación de Conducta* 28(121): 695.

We analyse the knowledge of 84 university students (90,2% women) about prevention of sexual transmission of AIDS virus. Also we evaluate results and self-effectiveness expectancy about prevention methods, perceived social acceptance and what kind of prevention they use in the last sexual relationship. Open questions are used for not induce answers about prevention behaviours. Findings show that only a third part of the students report two effective preventive measures (abstinence, sex without penetration and condom use). 40% of women students that mention abstinence as an effective prevention measure report that they are not able of using but many students report that they are more able to do sex without penetration. Serial monogamy--that is wrongly believed like an effective prevention method--is also practiced by students. Friends' perceived social acceptance is the only factor related with condom use in the last sexual relationship. These findings suggest that it's very important to change wrongs believes and promoting sex without penetration as alternative to abstinence. Also when social pressure is used in prevention campaigns, the role of near friends must be taken into account. (PsycINFO Database Record (c) 2005 APA, all rights reserved) (journal abstract)

Planes, M., M. s. E. Gras, et al. (2002). "Contraceptive behavior and the risk of sexual transmission of human immunodeficiency virus (HIV) in university students/Comportamiento anticonceptivo en estudiantes universitarios y riesgo de infección con el virus de inmunodeficiencia humana (VIH)." *Anuario de Psicología* 33(1): 97.

Studied the efficacy of contraceptive behavior in 225 students in avoiding unwanted pregnancies, AIDS and other sexually transmitted diseases (STDs). The Ss were asked about contraceptive behavior with the last partner. No time limitations were imposed. Half of the Ss were not sexually active. Half of the contraceptive practices reported by the sexually active Ss were effective in avoidance of AIDS, other STDs and pregnancy (use of condom in all cases). A third of the practices were effective only in avoiding pregnancy (i.e., oral contraceptives) and the rest did not protect against any of the 3 possibilities (i.e., occasional use of condoms or coitus interruptus). With age and sexual experience the use of oral contraceptives increased and the use of condoms decreased. Findings indicate that young people are more concerned with avoiding pregnancy than with avoiding STDs. (PsycINFO Database Record (c) 2005 APA, all rights reserved)

Planes Pedra, M. (1993). "The perception of personal risk of suffering from AIDS among university students: Implications with respect to the adoption of preventive behavior/Percepción del riesgo personal de sufrir el sida en estudiantes universitarios: Implicaciones respecto a la adopción de comportamientos preventivos." *Análisis y Modificación de Conducta* 19(68): 845.

Studied the perception of personal risk of suffering from AIDS among Ss in an introductory psychology course and Ss taking a course on preventing HIV transmission. Ss were 128 university students (aged 17-34 yrs). A questionnaire on perceived vulnerability/susceptibility and unrealistic optimism was administered. (English abstract) (PsycINFO Database Record (c) 2005 APA, all rights reserved)

Pérez-Stable, E. J. (1992). "The AIDS epidemic in Cuba. -r (Trans B. Herrera)/La epidemia del SIDA en Cuba." *Revista Latinoamericana de Psicología.Special Issue: Psychology and AIDS* 24(1-2): 71.

Discusses the results of Cuba's response to the acquired immune deficiency syndrome (AIDS) epidemic, which included mass blood screening to determine human immunodeficiency virus (HIV) seropositivity rates, enforcement of mandatory quarantine of seropositive Ss, and implementation of media- and school-based intervention programs. The results show a low incidence of seropositivity and no evidence of a widespread epidemic. Advantages and disadvantages of the Cuban program are discussed. (English abstract) (PsycINFO Database Record (c) 2005 APA, all rights reserved)

Remor, E. (2002). "Assessment of adherence to antiretroviral therapy in HIV+ patients/Valoración de la adhesión al tratamiento antirretroviral en pacientes VIH+." *Psicothema* 14(2): 262.

Availability of more effective anti-HIV treatment has made adherence to treatment a central aspect in HIV infection, since treatment efficiency is conditioned to strict adherence. The present study explores treatment adherence relationships with: viral load, time since HIV infection and psychosocial variables. 92 HIV positive adults were evaluated. Results show that only 30% of subjects achieved strict adherence criteria. Adherence levels show a significant association with viral load (at the base line and 6 months follow up). Psychosocial variables anxiety, depression, social support and stress have also been related to patients degree of adherence. Patients who had less time of HIV infection show more compliance. (PsycINFO Database Record (c) 2005 APA, all rights reserved)

Rojo-Moreno, J., F. Pérez Prieto, et al. (1997). "A study of the knowledge held by medical students regarding the ways AIDS may be contracted/Estudio sobre los conocimientos e contagio del SIDA en estudiantes de medicina." *Anales de Psiquiatría* 13(1): 8.

Studied the knowledge held by 2nd-yr medical students about the risks of AIDS infection. Human Ss: 221 normal male and female Spanish adults (medical students). 112 normal male and female Spanish adults (general population sample) (controls). Data on sociodemographic variables, knowledge about AIDS transmission and risk factors and sincerity were obtained by questionnaire. The results were evaluated according to sex, knowledge about AIDS risks and transmission, beliefs about specific transmission routes (sports, mosquito bite, dog bite, blood transfusion and assault) and medical students vs control respondents. Tests used: The Global Questionnaire of Attitudes about AIDS and the S Scale of the Eysenck Personality Inventory (EPI). An ANOVA and other statistical tests were used. (English abstract) (PsycINFO Database Record (c) 2005 APA, all rights reserved)

Royo, J., M. C. Viladrich, et al. (1994). "At-risk behaviors of heroin-addicted patients who were diagnosed as HIV-positive/Diagnóstico de seropositividad al VIH y comportamientos de riesgo de heroína." *Revista de Psicología General y Aplicada* 47(2): 159.

80 patients from a drug treatment center in Barcelona were diagnosed as HIV-positive. Data were collected to measure at-risk behaviors. Professionals should debrief HIV patients on initial diagnosis was discussed. Social and educational programs might also effectively reduce such at-risk behaviors as needle sharing and unprotected sex. (PsycINFO Database Record (c) 2005 APA, all rights reserved)

Toro Alfonso, J. (1995). "Work in health promotion in a population of male transvestite sexual workers in San Juan, Puerto Rico, and the prevention of the human immunodeficiency virus (HIV/AIDS)/Trabajo en promoción de salud en una comunidad de trabajadores sexuales en San Juan (Puerto Rico) y la prevención del virus de inmunodeficiencia humana (VIH/SIDA)." *Avances en Psicología Clínica Latinoamericana*. Special Issue: Aids and psychology 13: 55.

Discusses a model for the prevention of HIV infection in Latino male transvestite prostitutes. The sociodemographic and behavioral characteristics of 18 Puerto Rican adolescent and adult male transvestite prostitutes (aged 16 yrs and older) are described. A program whose goals are to diminish high risk sexual behavior, to increase low risk sexual behavior, and to promote a healthier lifestyle is also discussed. (English abstract) (PsycINFO Database Record (c) 2005 APA, all rights reserved)

Varas-Díaz, N. and J. Toro-Alfonso (2003). "Public policies related to HIV/AIDS: Tensions between individual and collective needs. A working agenda for psychology in Latin America/Políticas públicas relacionadas con el VIH/SIDA: Tensión entre las necesidades individuales y colectivas. Una agenda de trabajo para la psicología en América Latina." *Revista Latinoamericana de Psicología* 35(2): 195.

The HIV/AIDS epidemic has impacted millions of people throughout the world. Latin America and the Caribbean are no exceptions with almost two million reported cases by 2002. Psychology has contributed significantly in the development of strategies to address the epidemic. However, as a discipline, it has been shy in getting involved in the process of developing State policies. In this work we present a review of HIV/AIDS related legislation and policies from Costa Rica, Dominican Republic, Ecuador, Guatemala, Honduras, Nicaragua, Panamá and Puerto Rico. Through qualitative content analysis we examine several policy dimensions in laws from each country. We recommend the review of training models in psychology to include the development of skills for intervention in policy issues. We conclude with an agenda with aims to develop a psychological praxis more involved in the analysis and development of public policies. (PsycINFO Database Record (c) 2005 APA, all rights reserved) (journal abstract)

Villagrán-Vázquez, G. and R. Díaz-Loving (1992). "Knowledge about AIDS, sexual behavior, and attitudes and beliefs toward condom use in university students/Conocimientos sobre SIDA, prácticas sexuales y actitudes y creencias hacia el uso del condón en estudiantes universitarios." *Revista Mexicana de Psicología* 9(1): 35.

Studied knowledge about AIDS, sexual behavior, and attitudes and beliefs about condom use among students at a Mexican university. Ss were 3,064 university students (mean age 22 yrs). Information on knowledge about AIDS, sexual behavior, and attitudes and beliefs about condom use was obtained via administration of a questionnaire. The results were evaluated according to each S's sex, sexual preference, and degree of sexual activity. Items from the World Health Organization and the National Council for the Prevention of AIDS surveys about AIDS were used. (English abstract) (PsycINFO Database Record (c) 2005 APA, all rights reserved)

Vujosevich, J. A., L. Giménez, et al. (2003). "Transvestites and HIV: When the expansion of public health system frontiers constitutes an immediate challenge/Travestis y VIH: Cuando expandir las fronteras del sistema de salud pública constituye un desafío inmediato." *Archivos Hispanoamericanos de Sexología* 9(2): 205.

The difficulty of language when naming them "he" or "she" is not a simple matter, since transvestites are none of that. A great amount of the clients of this sexual workers are homosexual and bisexual men and the practice of unprotected active-passive relationship with anal penetration is frequent among them. Transvestites suffer stigmatization in public hospitals and this discrimination acts as the trigger of a chain of very severe consequences regarding HIV prevention. (PsycINFO Database Record (c) 2005 APA, all rights reserved) (journal abstract)

Part IV. Littérature Française

— *Ethnologie Française*, Janvier-Mars 1998, Sida : deuil, mémoire, nouveaux rituels, Armand Colin, Tome XXVII

— *Hommes et Migrations*, Mai 2000, Santé ; le traitement de la différence, n°1225, Paris, ADRI

ADEYI O ; HECHT R ; NJOBVU E ; SOUCAT A (2001). " SIDA, lutte contre la pauvreté et allégement de la dette : Module de formation sur l'intégration des programmes de lutte contre le VIH/SIDA dans les instruments de développement." ONUSIDA, Genève ; Banque mondiale, Washington.

Auvert, Bertran and Jacques Vallin. (1994) Populations africaines et sida. Paris: Les Éditions La Découverte.

BARNETT B (2000). "Les attitudes influencent l'usage des méthodes." Network, vol. 20 ; n° 2; pp. 23-27

BAZIN L ; VIDAL L (2000). "Sexualité et sida en Afrique : prévention et évolution des recherches." Journal des Anthropologues n° 82-83; pp. 309-323.

Beauchamp, S. (2003). "Rational motivation of drug injection and prostitution." Santé mentale au Québec **XXVIII**(2): 195.
ABSTRACT IN FRENCH: Les personnes sans domicile fixe (SDF) utilisatrices de drogues injectables ou prostituées constituent une population à risque de contracter et de propager le sida. Cette étude cherche à comprendre les conduites d'injection de drogues et de prostitution chez 21 SDF montréalais. Ces conduites sont traitées selon le paradoxe picroéconomique d'un désir appréhendé. Les résultats indiquent que l'injection de drogues est motivée par un désir d'un besoin émotionnel comblé par l'imaginaire, malgré les conséquences connues et redoutées. La pratique de la prostitution est décrite comme un investissement de soi accessoire à l'injection de drogue. L'étude conclut sur des pistes d'intervention en santé publique adaptées aux besoins des SDF. // ABSTRACT IN ENGLISH: Homeless drug users and prostitutes constitute a population at risk for contracting and propagating AIDS. This study aims at understanding the paradox related to drug injection and prostitution among 21 homeless from Montreal. These behaviors are studied following the picroeconomic paradox of an apprehended desire. The results show that these homeless see drug injection as a self-reward motivated by imaginary emotional object, in spite of the known and dreaded consequences. Prostitution is described as a self-investment accessory to drug injection. This study concludes with reflections on AIDS prevention programs in relation with the needs of the homeless..

Borraz, O. and P. Loncle-Moriceau (2000). "Persistence and reconstruction in the health sector: local policies to combat aids." Revue française de sociologie **41**(1): 37.

Aids was a disruptive factor in the health sector. According to a common hypothesis, this disruption gave birth to a new public health policy in France. According to another hypothesis, which this article stands up for, the reconstruction observed gives more weight to the public hospital within the French health system and to the individual curative model on which it is based. To back this hypothesis, local policies to combat aids were studied in six different departments in relation to the institutional matrix in which they fall. An institutional matrix consists of an institutional arrangement within a territory and belonging to a societal sector. In the case of aids this matrix is composed of three poles: health, political and medical-social welfare. Depending on its degree of integration, this matrix defines the form and the content of actions undertaken, both in the prevention and in the taking care of patients. In most cases it manages to reabsorb the disputes resulting from taking medical care of patients and the monopoly of the legitimate expertise of hospital practitioners, by imposing on the different actors involved in combating aids the obligation to adopt institutionalized rules which reproduce dominant legitimate forms in the health sector. The public hospital is all the stronger after this trial, but its modalities of intervention evolve, especially towards prevention and a move towards opening its environment - whereas approaches from, for example, a community model remain marginal or isolated without the capacity to deeply transform the French health sector.

Bozon, M., O. Kontula, et al. (1997). "Sexual behaviours and social changes." Population **52**(6): 1363.

Bozon, M., H. Leridon, et al. (1993). "Sexuality and social sciences. What can be learnt from a survey." Population **48**(5): 1173.

BECKER C, dir. ; DOZON J-P, dir. ; OBBO C, dir. ; TOURE M, dir. Vivre et penser le sida en Afrique = Experiencing and understanding AIDS in Africa. Paris : Karthala ; 1999/05 ; Congrès : Sida et sciences sociales en Afrique. Bilan et perspectives, Sali Portudal (Sénégal), 1996/11/04-11

BEGOT A-C ; VIDAL L (2004). "La gestion spirituelle du VIH/sida : parcours biographique et construction identitaire." Sciences sociales et santé; 2004/06 ; vol. 22 ; n° 2 ; pp. 41-71

Résumé : Cet article rend compte d'une enquête de terrain réalisée auprès de personnes touchées par le VIH/Sida et s'inscrivant dans une démarche spirituelle. L'objectif est de comprendre le rôle joué et la place occupée par la spiritualité dans la construction identitaire de ces personnes, de relever les interprétations en termes religieux de la contamination, tout autant que les regains de foi et de pratique religieuse engendrés par la révélation d'une sérologie positive. Le commentaire de l'article déplace ce débat de la religion et de la construction identitaire en Côte-d'Ivoire.

Bègue, L. (2000). "Social practices, religion and moral judgment: New results/Pratiques sociales, religion et jugement moral: Nouveaux résultats." Cahiers Internationaux de Psychologie Sociale **No 445**: 67.

Conducted a study designed to replicate and extend previous research (L. Bègue and M. Morin, 1998) on variations in ethical-religious viewpoints concerning the involvement of French Catholics in preventing HIV and AIDS. 355 male and female adults aged 40-83 yrs in France who were committed to helping the poor (traditional involvement) or preventing AIDS (nontraditional involvement) were administered instruments used to measure moral relativism, religious and political orientation, and attitudes towards abortion. An analysis of covariance (ANCOVA) was performed. The results showed that Catholics committed to the fight against AIDS have a higher level of moral relativism, are more in favor of abortion, have a left-wing political orientation, and are more inclined to have religious doubts compared with traditionally involved Catholics. (PsycINFO Database Record (c) 2005 APA, all rights reserved)

Bègue, L. and M. Morin (1998). "Social practices and ethical-religious standpoints: Implicit ethics and the commitment of practicing Catholics to the fight against AIDS/Pratiques sociales, religion et jugement moral: Philosophies morales implicites et attitudes de catholiques pratiquants engagés dans la lutte contre le sida." *Cahiers Internationaux de Psychologie Sociale* **No 37**: 23.

Tested the hypothesis that the commitment vs lack of commitment of practicing Catholics to the fight against AIDS is linked closely to variations in their ethical-religious viewpoints. Human Ss: 103 normal male and female French adults (AIDS) (participated in a workshop sponsored by the group "Christians and AIDS"). Ss' relativism, ethical idealism, solicitude, moral attitudes, intrinsic religiosity, extrinsic religiosity, and ethical-religious characteristics were analyzed. Tests used: Scales of relativism and ethical idealism (D. R. Forsyth, 1980), a scale on the care ethic (D. R. Forsyth et al, 1988), and 3 scales on religious orientation (G.W. Allport and C.D. Batson et al). (English, Spanish, Portuguese, Italian & German abstracts) (PsycINFO Database Record (c) 2005 APA, all rights reserved)

BELL E ; MANCHESTER J ; MTHEMBU P ; BARKER G (2002). "Genre et VIH - sida." *Développement et genre En bref* ; 2002/09 ; n° 11 ; 8 p. Résumé : Ce numéro, qui fait partie d'une série de trois documents réunis sous le titre "Cutting Edge" ("dans le vif du sujet") propose trois articles. Le premier est le compte rendu du rapport intitulé "gender and HIV/aids : overview report" qui fait lui aussi partie de cette série ; le deuxième présente le projet "voix et choix" mis en place par l'ICW (communauté internationale des femmes vivant avec le VIH/sida) au Zimbabwe et en Thaïlande de 1998 à 2001 pour recueillir les témoignages de femmes et promouvoir les droits des femmes séropositives à la sexualité, à la reproduction et au bien-être ; le troisième étudie les possibilités de changements de comportements chez les jeunes hommes vis-à-vis des femmes, à travers le projet mis en place à Rio de Janeiro par l'institut Promundo (ONG).

BISIZI M-S ; DEDOBBELEER N (2003). "Communication avec les partenaires sexuels sur le risque de contamination par le VIH/sida chez les apprenties couturières au Bénin." *Santé Publique* ; 2003/12 ; n° 4 ; pp. 403-412

Résumé : La communication sur le risque de contracter le VIH/sida avec les partenaires sexuels et son lien avec la gestion du risque de contamination a été examinée chez un groupe de jeunes femmes célibataires déscolarisées, apprenties couturières de Cotonou au Bénin. Vingt femmes âgées de 15 à 24 ans ont été interviewées. Les résultats de l'étude montrent qu'un peu plus de la moitié des femmes avait déjà discuté du sida avec leurs partenaires. Cette discussion toujours initiée par la femme suit un cheminement dont le but ultime est la discussion sur les pratiques sécuritaires.

BOCHOW M (2000). "Classes défavorisées, migrants et minorités ethniques : un bilan plutôt décevant." *Transcriptase* ; 2000/05 ; n° 83 ; pp. 12-14.

BOZON M (2002). "Sociologie de la sexualité." *Nathan* ; 2002 ; Coll. : 128 ; 128 p.

Résumé : Depuis les années 1960, les points de vue sur la sexualité et la sexualité elle-même ont beaucoup évolué. Les changements observés sont dus à une individualisation des comportements et des normes, dans le contexte d'une dissonance radicale de la procréation et de la sexualité. Les expériences sexuelles se diversifient au fil de la vie et deviennent un des éléments principaux de la construction du sujet. Le rapprochement des expériences des hommes et des femmes n'empêche pas le maintien d'une forte dissymétrie de genre dans les rapports amoureux, justifiée socialement en termes de différences psychologiques. Dans nos sociétés contemporaines, les désirs et les relations se construisent à partir d'une interprétation des expériences vécues de chacun, des représentations culturelles de la sexualité de plus en plus explicites, et également autour des éclairages apportés par la médecine ou la psychologie, qui interviennent dans la construction d'une nouvelle normativité des conduites sexuelles. (résumé de l'auteur)

BRENZINGER M ; HARMS G (2001). "HIV/aids threat and prevention in marginalised ethnic groups : experiences among the Kxoe in Namibia / Menace et prévention du VIH/sida dans les groupes ethniques marginalisés : expériences chez les Kxoe en Namibie." GTZ (Deutsche Gesellschaft für Technische Zusammenarbeit), Allemagne

BRUGMANS S (2002). "La prévention du VIH auprès des personnes en situation de précarité." CFES (Comité Français d'Education pour la Santé)

Résumé : Basée sur des entretiens menés auprès d'acteurs du champ médico-social intervenant auprès de personnes en situation de précarité, cette étude explore les pratiques, les représentations, les analyses, les attentes en terme de communication et d'actions dans le domaine de la prévention à l'infection par le VIH auprès du public en situation de précarité. L'objectif est de définir des recommandations et d'essayer de mieux adapter la communication aux besoins et situations de ces personnes en tenant compte des difficultés d'accès à l'information et à la prévention.

CALLENS K (2003). "Intégrer les considérations relatives au VIH/sida dans les projets de sécurité alimentaire et de moyens d'existence : version de poche." FAO (Food Agricultural Organization), Rome

Résumé : Le contenu de ce carnet est extrait d'un document plus complet (disponible en anglais uniquement) destiné aux personnes gérant des projets de développement concernant la sécurité alimentaire. Il est composé d'une série de 5 fiches

d'information ayant pour but de leur donner des outils leur permettant de prendre en compte l'impact du VIH/sida sur les communautés et les individus auxquels elles apportent leur soutien. Chaque fiche d'information propose une série de questions-clés suivies de conseils pour y apporter des réponses.

- CALVEZ M (2004). La prévention du sida : les sciences sociales et la définition des risques. Presses Universitaires de Rennes.
Résumé : L'auteur commence par présenter le contexte dans lequel la question de la prévention du sida se forme et par souligner l'absence de prise en compte d'une contribution possible des sciences sociales. Il analyse ensuite les recherches en sciences sociales menées entre 1985 et 1988 avant la mise en place de l'ANRS (Agence Nationale de Recherches sur le Sida) dont il détaille l'élaboration du programme de recherches en sciences sociales. Il montre comment la définition des risques qui en découle se centre sur l'individu et ses représentations et s'articule avec les enjeux de la santé publique. Il replace enfin l'expérience de recherche acquise sur la prévention du sida dans une perspective plus générale de contribution des sciences sociales à la santé publique et à la gestion des risques.
- CALVEZ M (2001). "Le risque comme ressource culturelle dans la prévention du sida," in J.P Dozon et D. Fassin, Critique de la santé publique.
- CALVEZ M (2001). "Risques du sida et précarité sociale" in : Précarisation, risque et santé.
Résumé : Parmi les angles d'approches possibles pour aborder les relations entre le sida et la précarité sociale, cet article a retenu l'entrée par les risques et la prévention, en se demandant en quoi la précarité des conditions de vie se traduit par une vulnérabilité particulière à l'égard de la transmission du sida. Il reprend les résultats d'enquêtes réalisées notamment auprès d'usagers de drogues par injection, auprès d'homosexuels ou auprès de jeunes scolaires déclassés.
- CALVEZ M (2000). "Le sida." in : Les inégalités sociales de santé. Paris : La Découverte.
Résumé : Cet article dresse un état de la questions des inégalités sociales et du sida en France à partir d'informations disponibles sur la contamination et la prévention. Le bilan réalisé indique des transformations sociales de l'épidémie : les personnes avec un profil socio-économique plus bas semblent être plus exposés aux risques et avoir moins de possibilités d'y répondre.
- CALVEZ M (1997). "Prévention du sida et prise en compte de la diversité culturelle." in : Sexuality and health in a multi-ethnic society : documentation from the third national conference in Gothenburg. Stockholm : Folkhälsoinstitutets.
- CLOUZEAU F ; ROY F (2004). "Une remise en cause des principes fondateurs de la lutte contre le sida." in : Bangkok, XVe conférence internationale sur le sida, 8-16 juillet 2004 : "Access for all" : TranscriptaseS ; 2004/10 ; n° 118 ; pp. 64-65.
Résumé : Analysant le contenu de la conférence internationale sur le sida de Bangkok (juillet 2004), l'auteur dénonce le poids de l'idéologie conservatrice en oeuvre dans des stratégies de prévention répandues (méthode ABC par exemple) et les divergences idéologiques en jeu dans la lutte contre le sida.
- Comby, L., T. Devos, et al. (1993). "Social representation of AIDS and attitudes towards seropositive persons/Représentations sociales du sida et attitudes à l'égard des personnes séropositives." Cahiers Internationaux de Psychologie Sociale **No 17**: 6.
Studied social representations of AIDS and attitudes toward persons with HIV infections. Ss were 1,210 normal male and female French adults (aged 18-64 yrs) (representative sample of residents of Reunion Island) (Study I) and 1,007 normal male and female Swiss adults (aged 20-70 yrs) (Study II). Both studies used questionnaires to assess Ss' knowledge of AIDS and its mode of transmission, perceptions of the risk of HIV infection, and attitudes toward persons with AIDS or HIV infections. Results from the Swiss sample were analyzed in relation to various sociodemographic factors (e.g., age, educational level, and religion). (English abstract) (PsycINFO Database Record (c) 2005 APA, all rights reserved)
- Corten, O., C. Petiaux, et al. (1990). "The struggle against AIDS and discrimination - Article 14 of the European Convention of Human Rights." Revue belge de droit international **XXIII**(1): 190.
- CRIPS (Centre Régional d'Information et de Prévention du Sida), Ile-de-France (2004). "Femmes migrantes et VIH/sida dans le monde, une approche anthropologique : 57ème rencontre du CRIPS Ile-de-France." Lettre du CRIPS Ile-de-France (La) ; 2005/03 ; n° 74 ; 6 p.
Résumé : Cette rencontre, organisée dans le cadre de la journée "Africain(e)s d'ici et de là-bas uni(e)s pour vaincre le sida", coordonnée par Sida Info Service, a permis, de manière générale, de souligner les facteurs de vulnérabilité des femmes migrantes dans le monde et le rôle qu'elles peuvent jouer dans la prévention du VIH/sida. Ainsi Mary Haour-Knipe (Organisation internationale pour les migrations) a présenté quelques données sur le phénomène migratoire au niveau mondial et les situations de vulnérabilité qui peuvent en découler ; Jennifer Klot (Social Science Research Council, Etats-Unis) a évoqué les problèmes soulevés par la réflexion sur la situation des femmes face au VIH/sida ; John K. Anarfi (Institut de recherches statistiques, sociales et économiques de l'université, Ghana) a exposé la situation des femmes migrantes au Ghana ; Maria Lourdes S. Marin (Action for Health Initiatives, Philippines) a rapporté celle des femmes migrantes aux Philippines ; Cynthia Buckley (Centre des études sur la Russie, l'Europe de l'Est et l'Eurasie, Etats-Unis) a souligné l'influence de la migration des hommes sur les comportements sexuels de leurs conjointes restées au pays ; enfin, Sandrine Musso (Ecole des hautes études en sciences sociales, France) a analysé, d'une part, la manière dont a été rendue visible la question des femmes dans l'épidémie et, d'autre part, la façon dont les femmes étrangères/immigrées, souvent perçues comme passives, peuvent, au contraire, être les moteurs d'une mobilisation. Chaque intervenant(e) a conclu son exposé par quelques recommandations.
- DAGHER E (2000). "Sans toit, ni droit : logement." in : Répondre aux problèmes sociaux... Info Traitements ; 2000/10 ; n° 85 ; pp. 7-8

Résumé : Cet article fait le point sur le problème du logement pour les personnes atteintes par l'infection à VIH : logements sociaux, appartements thérapeutiques, hébergements d'urgence, éloignement des lieux de soins et aide au logement.

Dalgalarrondo, S. b. and P. Urfalino (2000). "A tragic choice, controversy and public decision: the case of drawing lots with aids patients." *Revue française de sociologie* **41**(1): 119.

In 1966 the first medicine allowing a real remission of the aids illness appeared: anti-proteinases. Between the moment their effectiveness was declared and the moment when they became available to all patients, only a very insufficient quantity was made available in France. Confronted with this temporary situation of a 'tragic choice', the Conseil national du sida (National committee for aids) suggested distributing this medicine by means of a draw. This article is a monographic study of the creating of this situation, of the controversy over the draw, and its consequences. It follows two objectives: 1) It gives a model to analyze the controversies, by studying the link between the work of media and collective action; 2) It illustrates the evolution within the actor network (pharmaceutical firms, clinicians, patients' associations, agencies, authorities) which ensure the arrival of HIV medicine on the French market.

DARMON L ; BONNIN O (2005). "VIH en zone rurale : séropositifs en campagne." *Journal de la Démocratie sanitaire (Le)* ; 2005/01 ; n° 172 ; pp. 9-14

Résumé : Composés de deux articles, ce dossier fait le point sur la vie avec le VIH/sida en milieu rural. Le premier article présente les différentes raisons qui amènent de plus en plus de personnes séropositives à vivre à la campagne et les difficultés qu'elles peuvent y rencontrer. Ainsi, si certains sont à la recherche de plus de tranquillité et d'une vie moins stressante, ou souhaite retourner dans leur région d'origine, d'autres décident de quitter la vie citadine principalement pour des raisons financières. Le second article aborde la question de la prise en charge médicale : si le VIH demeure un phénomène rare en zone rurale, la qualité des soins varie d'un lieu à l'autre, en fonction de la bonne volonté des médecins généralistes, de l'expérience et des moyens que les hôpitaux les plus proches sont parvenus à amasser, mais aussi de l'efficacité des réseaux de soins VIH.

de Mobtigny, J. (1988). "AIDS: The subject of death or death of the subjects/SIDA: Le sujet de la mort ou la mort des sujets." *Revue Québécoise de Psychologie* **9**(3): 152.

Discusses the experiences of a psychologist treating acquired immune deficiency syndrome (AIDS) patients impelled to seek psychotherapy by the ravages wrought by the disease on their body and psyche and by the prospect of their imminent death. In these patients psychotherapists confront their own mortality and the interfaces of sexuality and death. Many AIDS patients (chiefly homosexual men) mourn the death of a lover, in addition to wrestling with their own physiological problems. The dyadic interaction of the psychotherapist-patient interaction can be effectively augmented by peer-support groups, vital to socially isolated and ostracized individuals. (PsycINFO Database Record (c) 2005 APA, all rights reserved)

DELACHET-GUILLON C (1997). "Le secret sur le VIH comme protection de l'identité culturelle." in : *Psychologues au temps du sida : dossier n°3a. Psychologues et psychologies* ; 1997/09 ; n° 139 ; pp. 6-8.

DELOR F ; HUBERT M (2003). "Un ré-examen du concept de vulnérabilité pour la recherche et la prévention du VIH/sida." *Observatoire du sida et des sexualités, Bruxelles*

Résumé : Les auteurs analysent les trois niveaux de construction de la vulnérabilité : trajectoire sociale, interactions entre les trajectoires individuelles, contexte social. Ils passent ensuite en revue les différentes définitions et applications du concept de vulnérabilité dans d'autres domaines que l'infection à VIH. Ils mettent enfin l'accent sur les différences entre individus, la variabilité au cours de la vie et la dimension relationnelle de toute vulnérabilité sociale qui sous-tend la prise de risque.

DESCHAMPS C (2005). "Jeunes hommes et construction de la masculinité en Afrique subsaharienne." *Transcriptase* ; 2005/09 ; n° 123 ; pp. 27-29, 31.

Résumé : L'auteur, anthropologue, analyse un rapport consacré à la construction de la masculinité chez les hommes jeunes dans quatre pays d'Afrique subsaharienne. Cette étude met l'accent sur l'incidence des représentations de la masculinité sur les comportements sexuels, la prévention du VIH et les vécu des conflits et violences. L'auteur souligne l'importance des relations transgénérationnelles.

DESCLAUX A (1997). "Face à l'épidémie VIH en Afrique, la place de l'ethnologue." *Transcriptase* ; 1997/01 ; n° 52 ; pp. 4-5

Desgrées du Loû, A. (1998). "Reproductive health and AIDS in Sub-Saharan Africa: problems and prospects." *Population* **53**(4): 701.

Desgrées du Loû, A. (1998). "Santé de la reproduction et SIDA en Afrique subsaharienne: enjeux de défis." *Population* **53**: 701.

Syndrome immuno-déficitaire acquis (SIDA). Examines the wide spread of AIDS, its effects on family and sexual behavior, knowledge and research about AIDS' impact on reproductive health, and lessons for development of prevention programs; 1990s, chiefly; Africa. Summaries in English and Spanish.

DGS (Direction Générale de la Santé), France ; CESES (Centre Européen pour la Surveillance Epidémiologique du Sida) ; Sida Info Service, France (1997). "Atelier n° 6 : vulnérabilité transculturelle des femmes, image, représentations et statut socioculturel." in : *Femmes et infection à VIH en Europe : actes du colloque, 14-15 novembre 1997, à Paris. Comité Français d'Education pour la Santé ; 1999/08 ; Coll. : VIH/Sida ; pp. 218-237*

- DOZON J-P (2001). "Le sida et l'Afrique ou la causalité culturelle en question." in : Critique de la santé publique : une approche anthropologique. Paris : Balland.
Résumé : Cet article propose une analyse critique de la construction épidémiologique du sida en Afrique et de la conception culturaliste qui la soutend.
- EGROT M ; LEROY V (2004). "Différenciation sexuelle des interprétations causales de la maladie en Afrique subsaharienne (Burkina Faso) ; L'inégalité des sexes face à l'infection par le VIH-sida en Afrique : un cercle vicieux anthropologique, sociologique, épidémiologique et clinique, facteur d'entretien de l'épidémie (Commentaire)." Sciences sociales et santé ; 2004/09 ; vol. 22 ; n° 3 ; pp. 45-85.
Résumé : Ces articles portent sur les représentations sociales qui, en pays Mossi au Burkina Faso, aboutissent à des écarts entre les deux sexes face aux maladies, notamment celles qui concernent la sexualité, vécues comme des "maladies de femmes". L'infection par le virus de l'immunodéficience humaine (VIH)/sida illustre parfaitement les inégalités sociales homme-femme qui rendent les femmes vecteurs et donc responsables de la transmission et, par là-même, terriblement vulnérables à tous les niveaux : anthropologique, sociologique, épidémiologique, clinique et légal.
- ELIOT E (2000). "Le VIH en contexte urbain indien : l'approche communautaire." in : Sociétés asiatiques face au sida. Paris : L'Harmattan ; pp. 293-323.
- Fassin, D. (2001). "Une double peine. La condition sociale des immigrés malades du sida", in L'Homme: Revue Française d'Anthropologie, 160, pp.137-162.
- Fassin, D. (2001). "Quand le corps fait loi. La raison humanitaire dans les procédures de régularisation des étrangers." Sciences Sociales et Santé, Vol 19, n°4, pp.5-32.
- Fassin, D. (1999). "L'indicible et l'impensé : la 'question immigrée' dans les politiques du Sida," Sciences sociales et santé, Vol. 17, n°4
- Fassin, D. (1994). "The private sphere of public health. Power, politics and AIDS in the Congo." Annales 49(4): 745.
- Festy, P. (1995). "Epidémiologie du SIDA et avenir de la population africaine." Futuribles: 19.
Syndrome immuno-déficitaire acquis (SIDA). Examines demographic and epidemiological factors affecting the transmission of AIDS in Africa.
- Flcury, M.-J. e., J.-L. Denis, et al. (2001). "The dynamics of reform implementation: the institutionalisation of fields involved in the treatment of AIDS." Recherches sociographiques XLII(3): 517.
The development of structures and knowledge influences the social and health systems to change their regulation, and it is important to gain a better understanding of the processes that enhance or hinder the planned changes. This paper aims to integrate the concept of the field within the institutional analysis of change. This concept, defined by Pierre Bourdieu, is particularly useful to pinpoint the dynamics of implementation of a reform, as illustrated by a case study concerning the treatment of AIDS. Within this sector, three fields are identified, and the dynamics of changes in their regulation is presented. This research underlines the importance of placing particular attention on the most institutionalized fields within a sector of intervention and on their principal stakeholders, who tend to adopt conservation strategies. In order to bring in substantial changes, the development of formalized and authoritarian strategies is recommended.; Reprinted by permission of Université Laval, Département de Sociologie
- Flcury, M.-J. e. and et al. (2001). "Conditions d'implantation d'une réforme: institutionnalisation des champs impliqués dans la traitement du sida." Recherches Sociographiques 42(3): 517.
Syndrome immuno-déficitaire acquis (SIDA). Evaluates a federal organizational reform, introduced in Montreal as part of the 1991-95 ACCES pilot program, designed to improve coordination of hospitals, community health centers and organizations, and private clinics involved in care, treatment, and housing of HIV-infected persons and those with AIDS; based on 40 interviews, 1994. Summary in English. Describes application of Pierre Bourdieu's organizational theories in the ACCES program.
- GILLESPIE S ; HADDAD L ; JACKSON R (2001). "VIH/sida, sécurité alimentaire et nutrition : impacts et actions." IFPRI (Institut international de recherche sur les politiques alimentaires), Washington ; PAM (Programme Alimentaire Mondial), Rome.
Résumé : Ce document, rédigé en vue de la 28ème session du colloque du sous-comité de la nutrition du comité administratif de coordination (CAC/SCN) sur la nutrition et le sida, expose l'impact de l'épidémie de VIH/sida sur la nutrition, la sécurité alimentaire et les moyens de subsistance, notamment en milieu rural de l'Afrique subsaharienne. Sur la base de ces constatations il fait des recommandations quant à l'utilisation qui peut être faite des programmes d'alimentation pour qu'ils contribuent à l'atténuation de l'impact de l'épidémie sur les population concernées.
- GREMY I ; CHAUVEAU J ; VONGMANY N ; BELTZER N (2002). "Les connaissances, attitudes, croyances et comportements face au VIH/sida : évolution 1992-2001." in : Le sida 20 ans après : d'une maladie mortelle à une maladie chronique. ADSP (Actualité et Dossier en Santé Publique) ; 2002/09 ; n° 40 ; pp. 26-30.
Résumé : Les enquêtes KABP (knowledge, attitudes, beliefs and practices), autrement dit, connaissances, attitudes, croyances et comportements face au VIH/sida, sont réalisées en France et en Île-de-France en 1992, 1994, 1998 et 2001. Ces enquêtes concernent des échantillons représentatifs de la population française de 18 à 69 ans avec comme objectif de suivre l'évolution des opinions et des attitudes face au VIH/sida. Les principaux résultats de ces différentes enquêtes sont présentés dans cet article.

GREMY I ; HALFEN S ; BELTZER N (2005). :Les facteurs de vulnérabilités, notamment sociales, dans la population générale, associés à une moindre perception du risque de transmission du VIH et à une moindre adoption des comportements de prévention." in : Sida et pauvreté. Paris : Ministère de l'Emploi, de la Cohésion sociale et du Logement ; pp. 45-53.

HAMEL C (2002). "La "masculinité" dans le contexte de la "galère" : le cas de garçons français maghrébins face aux risques d'infection par le VIH." in : Sida, immigration et inégalités : nouvelles réalités, nouveaux enjeux. Paris : Agence Nationale de Recherches sur le Sida ; pp. 85-98

Résumé : L'auteur, en étudiant la situation de garçons français de parents maghrébins, décrit un groupe qui ne peut être appréhendé ni par la catégorie "immigré" ni par celle d'"étranger" et qui, selon un faisceau d'indicateurs et dans certaines conditions, peut être considéré comme particulièrement exposé aux comportements à risque en matière de VIH (résumé de l'auteur). Ainsi sont étudiés dans cet extrait des éléments contextuels influant sur la gestion des risques de transmission sexuelle du VIH : l'interculturalité, la notion de genre, la situation de "galère".

HAOUR-KNIPE M ; ANARFI J-K ; MARIN M-S ; BUCKLEY C-J ; MUSSO S ; KLOT J-F. (2005). "Femmes migrantes et VIH/sida dans le monde : une approche anthropologique." Etudes et rapports, série spéciale, n° 22 ; UNESCO. Division des politiques culturelles et du dialogue interculturel, Paris.

Résumé : C'est dans le cadre du projet UNESCO/ONUSIDA "L'approche culturelle de la prévention et du traitement du VIH/SIDA" que s'inscrit les actes de cette table ronde, elle-même organisée dans le cadre de la campagne mondiale de l'ONUSIDA de l'année 2004, consacrée aux "Femmes, jeunes filles et VIH/sida". Cette table ronde a rassemblé des chercheurs en sciences sociales afin de susciter un échange d'analyses dans une perspective comparative, autour d'études de cas tirés de différentes régions du monde : l'Afrique de l'Ouest, l'Asie du Sud Est, le Caucase, l'Europe occidentale. Les contributions ont permis d'aborder la migration dans toute sa complexité (migration économique des femmes et des hommes, situation des partenaires restés au pays, femmes migrantes séropositives, filles d'immigrés de deuxième génération, etc.) et de définir des pistes pour une meilleure prise en compte des besoins spécifiques de ces populations aux niveaux international, national et local. (D'après résumé de l'auteur)

HEARD M (2005). "Des programmes innovants." TranscriptaseS ; 2005/09 ; n° 123 ; pp. 29-30.

Résumé : L'auteur présente un programme nigérian proposant à des hommes jeunes des ateliers d'information et de réflexion autour des violences de genre et un programme kenyan intervenant auprès de jeunes hommes circoncis à l'hôpital et leur offrant un dialogue autour de la sexualité, du VIH et l'égalité des sexes.

Cote IDF : TranscriptaseS, n° 123

HERITIER F ; GAL-REGNIEZ A (2005)/ "Françoise Héritier : avec la pandémie de VIH/sida : 'on est bien au coeur des rapports sociaux de sexe.'" Lettre d'information d'Equilibres et populations ; 2005/01 ; n° 93 ; pp. 8-9.

Hohmann, S. (2003). "Drug-addiction in post-Soviet Uzbekistan: plural trends and the need for risk management." Revue d'études comparatives Est-Ouest **34**(1): 167.

Hohmann, S. (2003). "Les toxicomanies en Ouzbékistan post-soviétique: exploration de dynamiques plurielles et gestion des risques." Revue d'Etudes Comparatives Est-Ouest **34**(1): 167.

Overview of the decayed health infrastructures in central Asia following the Soviet Union's breakup in 1991; focus on narco-trafficking, conflicts, impact of narcotic trade on society and health, and growing addiction and HIV/AIDS epidemic; case study of Uzbekistan. Summary in English.

Klein, P. (1990). "Les organisations internationales face au SIDA." Revue Belge de Droit International **23**(1): 153.

Syndrome immuno-déficitaire acquis (SIDA). Efforts of international organizations in the prevention and treatment of AIDS.

Koupernik, C. (1988). "AIDS and society/Sida et société." Annales Médico-Psychologiques.Special Issue: AIDS and psychiatry **146**(3): 202.

Summarizes societal attitudes regarding acquired immunodeficiency syndrome (AIDS) based on a media review. The author focuses on information campaigns, sex education problems in portraying AIDS as a mortal threat, repressive legal measures, discrimination against human immunodeficiency virus (HIV)-positive and AIDS patients, the physician's dilemma and the dilemma of the Anglican Church (because of its liberal orientation), and conflicts of interest between research and patient confidentiality. The author subscribes to the 1987 position statement of the American Psychiatric Association on HIV-related discrimination. (English abstract) (PsycINFO Database Record (c) 2005 APA, all rights reserved)

Lalou, R. and V. Piché (2004). "Migrants in the era of AIDS: between risk management and social control. An example from the Senegal river valley." Population **59**(2): 233.

ABSTRACT IN FRENCH: Même si de nombreux travaux ont déjà mis en évidence l'existence d'une relation entre mobilité et sida, les mécanismes complexes sous-jacents à cette relation demeurent aujourd'hui mal connus. L'étude présentée ici s'appuie sur une enquête réalisée en 2000 dans la vallée du fleuve Sénégal; elle examine explicitement le lien entre migration et comportements sexuels à risque en milieu de retour (risque de diffusion) en utilisant un cadre conceptuel qui tient compte: 1) de divers types de mobilité, 2) de contextes sociaux différents et 3) des non-migrants. Le niveau macro-social est ici représenté par le choix de deux zones de la vallée du fleuve Sénégal fortement contrastées sur les plans de la mobilité et des contextes socio-économiques. De façon globale, les analyses montrent que l'effet net de l'expérience migratoire est significatif dans certains contextes sociaux et selon la position sociale des migrants dans le milieu de retour. Les mi-

grants internationaux échappent au risque social de stigmatisation en optant pour la fidélité, tandis que les migrants internes réduisent les risques d'infection par un usage fréquent du préservatif. L'influence plutôt inhibitrice de la migration sur les pratiques sexuelles à risque en milieu de retour pourrait expliquer la situation favorable du Sénégal où l'épidémie du sida est modérée et relativement stable, comparativement à la plupart des pays de la région. Les actions d'information et d'éducation doivent tenir compte du contexte social en favorisant à la fois des comportements responsables chez les individus et des réponses communautaires tournées vers une protection solidaire. // ABSTRACT IN ENGLISH: Even though numerous studies have already exposed relationship between mobility and AIDS, the complex mechanisms sub-jacent to this relationship still remain relatively unknown. The research presented here is based on a survey carried out in 2000 in the Senegal River Valley; it examines the link between migration and risky sexual behaviour in the return zone (risk of spread) by using a conceptual framework which takes into consideration (1) various types of mobility, (2) different social contexts, and (3) non-migrants. The macro social level is represented here by the choice of two significantly contrasting zones in the Senegal River Valley from the point of view of mobility and socio-economic context. Generally, the analyses show that the net effect of the migratory experience is significant in some social contexts and according to the social position of migrants in the return zone. International migrants avoid the social risk of stigmatisation by remaining faithful to their partners, while internal migrants reduce the risk of infection through frequent use of the condom. The inhibitory influence of migration on risky sexual practices in the return zone could explain the favourable situation of Senegal where the AIDS epidemic is moderate and relatively stable compared to the majority of other countries in the region. Information and education programmes should take the social context into account in order to promote responsible behaviour at an individual level as well as a community level response aimed at protection based on solidarity.

LATRE-GATO LAWSON A (1999). "Femmes et sida en Afrique : dimensions socioculturelles de l'infection à VIH/sida." in : *Politiques de santé et valeurs sociales. Revue internationale des sciences sociales* ; 1999/09 ; n° 161 ; pp. 423-433.

LE ROY J ; DOUVILLE O (1997). "Sida et expressions culturelles : entretien sur les aspects des incidences qu'a le sida sur les identités culturelles d'hommes et de femmes en Afrique noire, exemple de l'ex-Zaïre." *Psychologues et psychologies* ; 1997/12 ; n° 140 ; pp. 20-25.

LEBOUCHE B ; SCHLIENGER I (2004). "Sida et religions: de la confrontation à la rencontre ?" *TranscriptaseS* ; 2004/06 ; n° 116 ; pp. 45-47.

Resumé : Rendant compte d'une rencontre sur la place du religieux chez les personnes séropositives originaires d'Afrique subsaharienne et vivant en France (Lyon, 4 décembre 2003), les auteurs exposent les enjeux des rapports entre la religion, la maladie, la médecine, les soins et la prévention et plaident pour une prise en charge qui tienne compte des dimensions communautaires, culturelles et spirituelles des personnes malades.

LERT F ; SOLIER N ; LOT F ; GREMY I ; HALFEN S ; BELTZER N ; CALVEZ M ; SEMAILLE C ; FIERRO F ; LAPORTE A ; JAUFFRET-ROUSTIDE M ; FASSIN D ; SITTA R ; DRAY-SPIRA R ; OBADIA Y ; PINELL P. (2005). "Sida et pauvreté." Paris : Ministère de l'Emploi, de la Cohésion sociale et du Logement; 38^{ème} session de la Commission de la population et du développement de l'ONU, New York, 2005/04/4-8

Résumé : Ce document constitue la contribution de la France à la réunion de la Commission de la population et du développement de l'ONU d'avril 2005 autour de la problématique du sida et de la pauvreté. Il propose un éclairage sur la situation en France (politiques publiques, surveillance épidémiologique, vulnérabilité, accès aux soins, immigration, conditions de vie ...) et se conclue sur l'action de la France dans le domaine de la lutte contre le VIH/sida dans les pays en développement.

LEVY I (1999). *Soins et croyances : guide pratique des rites, cultures et religions à l'usage des personnels de santé et des acteurs sociaux.* Paris : ESTEM.

Résumé : Ce guide destiné aux professionnels de santé, présente d'abord les différentes religions : ministres et lieux de culte, calendrier, préceptes et interdits (alimentation, toilette, etc...). Il reprend ensuite la position de ces différentes religions face aux grands événements de la vie : vie conjugale et contraception ; IVG ; stérilité ; maternité ; naissance et enfant ; homosexualité. Pour tout ce qui concerne la maladie et le quotidien des soins, des conseils pratiques et des explications sont donnés pour éviter incompréhension et heurts entre patients et soignants. Les différents rites de mort sont enfin décrits avec des précisions concernant les cas particuliers de l'autopsie et du prélèvement d'organe.

Lévy, J. and et al. (2001). "Tourism et sexualité en Tunisie: note de recherche." *Anthropologie et Sociétés* **25**(2): 143.

Discusses international tourism and sexuality in Tunisia; sex tourism, HIV/AIDS, lechery and licentious behavior, and social impact.

LOT F (2005). "Surveillance du VIH/sida et pauvreté." in : *Sida et pauvreté.* Paris : Ministère de l'Emploi, de la Cohésion sociale et du Logement; 38^{ème} session de la Commission de la population et du développement de l'ONU, New York, 2005/04/4-8.

LYDIE N ; GARENNE M (2001). "Genre et sida." *Dossiers du CEPED (Les)* ; 2001/12 ; n° 67 ; 37 p.

Résumé : Les auteurs effectuent un bilan des connaissances sur les différences selon le sexe de la prévalence et de l'incidence du VIH (Virus de l'Immunodéficience Humaine) ainsi que de la mortalité par sida. Ils analysent les différents facteurs de risque épidémiologiques, biologiques et comportementaux qui peuvent expliquer la croissance du nombre de cas chez les femmes.

MAILLARD J (1997). "Que faire des appartenances culturelles ?" in : *Psychologues au temps du sida : dossier n°3a. Psychologues et psychologies* ; 1997/09 ; n° 139 ; pp. 2.

- Marquet, J., P. Huynen, et al. (1997). "Models of sexuality within couples: the normative influence of the social network." Population **52**(6): 1401.
- MATARIA A (2003). "Disparités socio-économiques, accès aux trithérapies et survie." TranscriptaseS ; 2003/04 ; n° 107 ; pp. 3-5.
Résumé : L'auteur analyse une étude canadienne montrant que la gratuité des soins ne suffit pas à gommer les disparités sociales en matière de survie chez les personnes séropositives pour le VIH (Virus de l'Immunodéficience Humaine), notamment à cause d'une prescription moins fréquente de multithérapie aux patients venant de classes sociales défavorisées.
- MBOUSSOU F F ; MAKAYA J ; BIKANDOU B ; BOUTSINDI MBEMBA F ; DIAWARA A P ; PURUEHNCE M-F (2004). "Fidélité conjugale et vulnérabilité de la femme au VIH." TranscriptaseS ; 2004/09 ; n° 117 ; pp. 27-30.
Résumé : Les auteurs rendent compte et analysent les résultats d'une enquête qualitative menée à Brazzaville auprès de femmes vivant avec le VIH, dans le but d'étudier les facteurs de vulnérabilité dans le contexte de la vie conjugale. Cette étude met en évidence l'urgence à promouvoir un dialogue entre hommes et femmes afin de faire évoluer certaines normes sociales et culturelles.
- Messiah, A. and et al. (2001). "La sexualité aux temps du sida en population vulnérable: éléments d'une enquête auprès de détenus." Population **56**(6): 1011.
Syndrome immuno-déficitaire acquis (sida). Analyzes sexual behavior of 520 male and 54 female adults entering the Marseille penitentiary between Dec. 1995 and Mar. 1997; concludes that prisoners are at higher risk of HIV exposure and transmission than the general population and those several times imprisoned are at higher risk than first-time prisoners. Summaries in English and Spanish.
- Moatti, J.-P., N. Beltzer, et al. (1993). "Analysing unsafe behaviour in face of HIV infection. The limits of rationality." Population **48**(5): 1505.
- Morin, M., M. Souville, et al. (1996). "General practitioners' attitudes, mental representations, and practices with regard to patients infected with HIV/Attitudes, représentations et pratiques de médecins généralistes confrontés à des patients infectés par le VIH." Cahiers Internationaux de Psychologie Sociale **No 29**: 9.
Studied the attitudes and practices of general practitioners (GPs) with regard to patients infected with HIV to obtain data for use in developing professional training programs to promote GPs' involvement in the fight against AIDS. Human Ss: 313 normal male and female French adults (GPs practicing in the city of Marseille). The Ss completed telephone interviews assessing their attitudes, motivations, and practices concerning the identification and treatment of patients infected with HIV. Data analyses yielded a typology of GPs based on their commitment to the prevention and treatment of HIV infection. (English, Spanish, Italian & German abstracts) (PsycINFO Database Record (c) 2005 APA, all rights reserved)
- Morizot, J. L., J. Ballereau, et al. (1988). "AIDS, contagious disease and social phenomenon: Its impact on the armed forces/Le Sida, maladie infectieuse et phénomène de société, son incidence pour les armées." Annales Médico-Psychologiques. Special Issue: AIDS and psychiatry **146**(3): 205.
Discusses the fact that acquired immunodeficiency syndrome (AIDS) in the military is affecting a population already at psychiatric risk. The neurotropic aspects (e.g., AIDS-related dementia) and reactive neuroses are described. To these psychopathogenic effects is added the social malaise of which AIDS is an expression. Additional psychogenic problems created by conflicts between the military mentality and the realities of AIDS are cited. (0 ref) (PsycINFO Database Record (c) 2005 APA, all rights reserved)
- Mossuz-Lavau, J. (1993). "La politique face au SIDA." Revue Française de Science Politique **43**: 469.
Syndrome immuno-déficitaire acquis (SIDA). Examines political aspects of AIDS in France, Great Britain, and Sweden; literature review.
- Musso, S. (2004). "Sida, immigration et inégalités : vrais enjeux et faux problèmes", Séminaire organisé par la ville de Marseille et le CRIPS, Actes de la rencontre «Les enjeux de l'interculturalité dans les actions de prévention du VIH», www.lecrrips.net/webpaca/Actes/actes.htm
- Musso, S. (2003). Les facteurs d'une vulnérabilité spécifique », Acte de la rencontre Nationale des CRIPS, Sida et migrants/étrangers, Novembre 2003.
- Musso, S. (2002). Femmes étrangères et/ou immigrés et sida : travail autour d'études de cas », Séminaire de formation Migrants/étrangers de la Société Française de Lutte contre le Sida, texte en ligne, sfls.aei.fr/formations/paris_2003.asp
-En collaboration avec Fanget Delphine, et Chérabi Kémal : "An Arab-Islamic view" in Prospects. Quarterly review of comparative education, Vol XXXII, n°2, June 2002
- Musso, S. (2001). "Maghreb, sida et toxicomanie, un sujet délicat", Peddro, Décembre 2001
- Musso, S. (2001). "La cause de "l'étranger malade" : éléments de l'histoire sociale et politique d'une mobilisation", in Carde (E.), Fassin (D.), Ferré (N.), Musso (S.), Un traitement inégal. Les discriminations dans l'accès aux soins. Rapport final, Bobigny, Novembre 2001

- Musso, S. (2000). "L'accès aux soins des étrangers en situation précaire", Hommes et Migrations, Mai 2000.
- Musso, S. (1997). "Enquête : l'accès aux soins des étrangers atteints par le VIH en France", in Journal du Sida, Décembre 1997
- Musso, S. (1997). "Le Sida, régénérateur des mythes dans les foyers de travailleurs immigrés?", in Journal du Sida. Numéro spécial Monde Arabe, Décembre 1996-Janvier 1997
- Musso, S. (1995). Compte-rendu du livre de Hanne Overgaard-Mogensen : Aids is a sort of Kahungo that Kills. The challenge of using local narratives when exploring Aids among the Tonga of Southern Zambia, Oslo-Copenhagen University Press, 1995, in Cahiers d'Etudes Africaines, CNRS, n° 143, 1996 Publié également in Benoist J. (Dir), Petite bibliothèque d'anthropologie médicale, Karthala, 2002.
- NDALA MUSUAMBA M-L (2002). "Genre et VIH : être femme à l'heure du sida en Afrique." Kinshasa : REDS ; XIIème Conférence Internationale sur le Sida et les MST en Afrique, Ouagadougou, 2001/12/09-13.
Résumé : L'auteur, magistrat présidente de la cour d'appel de Kinshasa/Matete est coordinatrice du Réseau Ethique, Droit et VIH/Sida en République démocratique du Congo. Dans une première partie, les facteurs de vulnérabilité des femmes africaines sont présentés : statut social et juridique inférieur, pouvoir économique et social fort de l'homme, le difficile partage de l'information avec le conjoint, les violences faites à la femme, le poids des croyances et les pratiques ethno-culturelles. Dans la seconde partie, l'auteur propose des recommandations et des stratégies à mettre en place pour réduire la vulnérabilité des femmes à l'infection VIH.
- NGONO B (2002). "Comprendre et prendre en charge le sida dans l'approche culturelle." Université de Paris 5 René Descartes. Laboratoire d'Ethique médicale.
Résumé : Ce mémoire propose des éléments de compréhension sur ce que représentent la santé, la maladie (le sida en particulier) et la mort pour des personnes originaires d'Afrique subsaharienne. Il s'agit de prendre en compte la dimension religieuse, culturelle de ces notions, à savoir les croyances et pratiques traditionnelles comme l'existence des esprits, la sorcellerie et la place du guérisseur, mais aussi la dimension sociale de la maladie. Les deux derniers chapitres sont consacrés à l'étude réalisée au service d'infectiologie de l'hôpital Necker de Paris qui avait pour objectif d'évaluer la prise en charge des patients originaires d'Afrique subsaharienne.
- NICOLOV V (2001). "Religion et VIH." Journal du Sida & de la Démocratie sanitaire (Le) ; 2001/05 ; n° 135 ; pp. 29-31.
- ONUSIDA, Genève (2001). "Réduire la vulnérabilité des filles au VIH/SIDA : l'approche thaïlandaise." Genève : ONUSIDA ; 2001/03 ; Coll. : Meilleures pratiques - Etude de cas ; 57 p.
- Ouango, J.-G. (1992). "AIDS and the tradition in Burkina Faso." Santé mentale au Québec **XVII**(2): 318.
- Pierret, J. (1989). "Sociétés à l'épreuve du SIDA." Sciences Sociales et Sante **7**: 5.
Syndrome immuno-déficitaire acquis (SIDA). Collection of articles dealing with political, medical, social, psychological, and economic aspects of AIDS. Includes contributions devoted to Africa, Switzerland, and France. Summaries in English and Spanish. Includes discussion of prevention and treatment.
- Pierret, J. and G. r. d. Pouvourville (1997). "SIDA: nouvelles perspectives en anthropologie et en sociologie?" Sciences Sociales et Sante **15**: 9.
Syndrome Immuno-Déficitaire Acquis (SIDA). Presents anthropological and sociological perspectives on the Acquired Immune Deficiency Syndrome (AIDS) epidemic; Africa, French Antilles, and Guiana; 4 articles. Summaries in English and Spanish. Whether, in light of the African epidemic, anthropologists' interest in AIDS might cause them to change some basic theories and methodologies; links between knowledge and action in Human Immune Virus (HIV) risk management; a survey of sexual behavior in the French Antilles and Guiana; social aspects of chronic illness as seen in persons who are HIV-positive.
- Páez, D., P. Insua, et al. (1992). "Social relations, social representations, and memory/Relations sociales, représentations sociales et mémoire." Bulletin de Psychologie **45**(405): 257.
Studied the influence of attitudes towards (1) homosexuals, (2) contact with homosexuals, and (3) AIDS on the semantic memory of AIDS-related health information. Human Ss: 813 normal male and female Basque adolescents and adults (aged 15-74 yrs). 50% of Ss were interviewed about their emotional feelings, their emotional impulses, and their level of social contact with drug addicts and homosexuals. All Ss were asked about the causes of AIDS, AIDS risk factors, the social distance between themselves and HIV-positive people, and AIDS prevention. Rapid cluster analysis and multiple regression analysis were performed. (PsycINFO Database Record (c) 2005 APA, all rights reserved)
- PINELL P. (2005). "Mobilisation associative et pauvreté." Sida et pauvreté. 38 ème session de la Commission de la population et du développement de l'ONU, New York, 2005/04/4-8
- Saint-Jarre, Chantal. (1994) Du sida: L'anticipation imaginaire de la mort et sa mise en discours. Paris: Denoël.
- Samson, A. (2000). "L'apport de la spiritualité dans le processus d'adaptation psychosociale chez les homosexuels infectés au VIH." Pastoral Sciences/Sciences pastorales **19**(1): 33.

- SANVEE KOKOE J ; AKOLATSE Y A ; TATAGAN-AGBI K (2001). "Les Eglises face à la pandémie du sida : analyse de la situation dans 10 pays d'Afrique de l'Ouest." COE (Conseil Oecuménique des Eglises), Genève.
Résumé : Ce document rend compte des résultats d'une étude réalisée auprès des Eglises d'Afrique de l'Ouest. Son objectif était de recenser, au niveau de chaque pays, les ressources disponibles et les expériences acquises par les églises dans le cadre des activités menées ensemble dans un réseau. Un point est fait sur la position théologique et éthique des églises et des organisations oecuméniques face à la pandémie.
- Simonet, D. (2003). "L'épidémie du SIDA et les migrants en Asie." *Revue Tiers Monde* **44**(173): 195.
Syndrome immuno-déficitaire acquis (SIDA). Describes role of migratory movements of workers across Asia in the spread of AIDS, the human and economic costs on the sectors which employ them, and various prevention strategies. Summary in English p. 5.
- SPENCER B (2001). "Et Dieu créa ... le genre : La prévention du sida spécifique au genre." *Infothèque sida* ; 2001/06 ; vol. 2001 ; n° 2 ; pp. 4-9.
Résumé : Cette article interroge le concept de prévention du sida spécifique attaché au genre et des approches différentes pour les hommes et les femmes.
- Spencer, B. (1993). "Normative context of sexual behaviour and choice of prevention strategies." *Population* **48**(5): 1411.
- Steffen, M. (2000). "National models of policy adaptation: facing an epidemic in France, Great Britain, Germany, Italy." *Revue française de sociologie* **41**(1): 5.
The aids epidemic has confronted the health systems with problems for which they were badly-prepared, thus explaining the controversy over the role of the State and the public intervention methods. In the European welfare states, only medical treatment could be adequately catered for by the existing institutional structures. Prevention, however, required the development of new structures and approaches, taking into account the lateral coordination of policies, the specific situation of socially underprivileged populations and the border line between what was considered as private and what as public issues. This article analyses how the different health systems in Europe responded to the challenge of the epidemic. It elaborates the national models of institutional change, which emerged with the epidemic but whose objectives reach beyond it to aim at sustainable public health policies.
- STEINBERG A ; HALPERIN M (2002). "Religion et éducation pour la prévention du VIH/sida : un point de vue juif in : L'éducation pour la prévention du VIH/sida." *Perspectives : revue trimestrielle d'éducation comparée* ; 2002/06 ; vol. 32 ; n° 2 ; pp. 143-157.
Résumé : Les auteurs montrent que la réponse du judaïsme à l'épidémie de sida est dictée par le principe primordial de la protection de la vie ; que la seule façon acceptable de mener une campagne d'éducation préventive contre le sida est de promouvoir les valeurs de la famille, du mariage et de la fidélité ; qu'enfin la loi juive exige un accès aux soins et un soutien pour toutes les personnes atteintes.
- SYMONDS P-V (2000). "Suivre les chemins culturels dans le cadre de la prévention du VIH/sida chez les Hmong de Thaïlande." in : *Sociétés asiatiques face au sida*. Paris : l'Harmattan ; pp. 367-394.
- Tasserit S. (1999). "Migrants, VIH et désaffiliation sociale," *Le journal du sida*, 112-113, pp.4-7
- TCHAK S (2000). *L'Afrique à l'épreuve du sida*. Paris : L'Harmattan.
Résumé : Le sexe, dans sa dimension la plus élémentaire, devient une chose sérieuse, grave, surtout en Afrique car il est le principal vecteur du sida qui touche toutes les couches sociales. Il met en évidence certaines contradictions et faiblesses des systèmes politiques, sociaux, économiques de ce continent. Autour des notions de sexe, risque sexuel et cursus sexuel, l'auteur analyse cette réalité en la mettant en rapport avec la misère, les croyances ancestrales, les guerres.
- TCHOUATIEU J-C (2004). "La place des facteurs psychosociaux dans le décès prématuré des patients sous ARV à Yaoundé." in : *Spécial observance. Développement et santé : revue internationale de perfectionnement médical et sanitaire*; 2004 ; n° 172 ; pp. 12-14.
Résumé : L'auteur analyse les facteurs psychosociaux qui pèsent sur des patients infectés par le VIH sous traitement anti-rétroviral décédés prématurément. Il montre comment le silence autour du statut sérologique est un important facteur de non-compliance.
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Syndrome immuno-déficitaire acquis (SIDA). Discusses HIV/AIDS prevention strategies and policies by the government in Cameroon. Summary in English.
- UNESCO, Paris ; ONUSIDA, Genève (2002). "L'approche culturelle de la prévention et du traitement du VIH/sida : actes de l'atelier sous-régional pour l'Afrique de l'Ouest et centrale. Dakar, 2001/08/06-08.
Résumé : Ce document présente le projet UNESCO/ONUSIDA sur l'approche culturelle de la lutte contre le sida. Il s'intéresse ensuite au rôle et à l'impact de la culture dans la prévention et le traitement de l'infection à VIH (Virus de l'Immuno-déficience Humaine). Il relate l'expérience de plusieurs pays en matière d'approche culturelle de ces problématiques, les actions menées par différents organismes de terrain et donne des exemples de campagnes de communication culturellement adaptées.

UNESCO, Paris ; ONUSIDA, Genève (1999). "L'approche culturelle de la prévention et du traitement du VIH/sida : l'expérience de l'Ouganda, rapport national."

Résumé : Après une présentation rapide de l'épidémie de sida en Ouganda, ce rapport détaille les données socioculturelles influençant la propagation et la prévention de cette épidémie : vulnérabilité des femmes, violence sexuelle... Il décrit ensuite les structures présentes sur le terrain et leurs actions. Il analyse l'évolution des croyances et des pratiques traditionnelles et émet des recommandations.

UNESCO, Paris ; ONUSIDA, Genève (2000). "L'approche culturelle de la prévention et du traitement du VIH/sida : synthèse des études par pays et manuel d'élaboration de projet."

Résumé : Ce document vise à compléter le travail de l'ONUSIDA sur la planification stratégique en proposant des instruments pour ajuster les actions en fonction des situations et des cultures des peuples. Après une présentation, dans la première partie, de la problématique sous-tendue par le sujet, la seconde partie est consacrée à la synthèse des études réalisées dans douze pays d'Afrique Australe, dans trois pays des Caraïbes et dans la région du sud-est asiatique. Enfin, la troisième partie expose un ensemble de propositions méthodologiques et pédagogiques basées sur des recherches antérieures (y sont fournis des modèles d'évaluation et d'enquête).

UNESCO, Paris ; ONUSIDA, Genève (2002). "L'approche culturelle de la prévention et du traitement du VIH/sida : synthèse des études par pays, un panorama international." UNESCO Etudes et rapports, série spéciale, n° 10 ; 98 p.

Résumé : Ce document constitue la version augmentée du rapport des évaluations nationales réalisées dans le cadre du Projet conjoint UNESCO/ONUSIDA "L'approche culturelle de la prévention et du traitement du VIH" dont l'objectif était d'identifier les interactions entre les cultures, le développement et le problème du VIH/Sida. Après une présentation, dans la première partie, de la problématique sous-tendue par le sujet, la seconde partie est consacrée à la synthèse des études réalisées dans douze pays d'Afrique Australe, dans trois pays des Caraïbes et dans la région du sud-est asiatique. En conclusion, des recommandations sont émises pour adapter les actions.

UNICEF (Fonds des Nations Unies pour l'Enfance), New York ; ONUSIDA, Genève ; OMS (Organisation Mondiale de la Santé), Genève. "Les jeunes et le VIH/sida : une solution à la crise."

Résumé : La première partie de ce rapport détaille les facteurs de vulnérabilité des jeunes en général et, plus particulièrement, des jeunes filles et des jeunes homosexuels. La deuxième partie présente dix mesures pour rendre plus efficace la prévention auprès des jeunes. En fin de rapport, des tableaux donnent, par pays et par région du monde, des indicateurs d'incidence et de connaissances épidémiologiques ainsi que des indicateurs comportementaux, sociaux, économiques et démographiques.

VIDAL L (2004). Ritualités, santé et sida en Afrique : pour une anthropologie du singulier. Paris : Karthala.

VIDAL-NAQUET P A ; GUILIANI F ; VIOT P (1999). "Sida et précarité : Perception par des publics en difficultés, d'une campagne de prévention contre le sida." CERPE, Lyon.

Résumé : Cette étude est le résultat d'une enquête menée par le CERPE dans le cadre de l'évaluation d'une campagne de sensibilisation des populations les plus précarisées à la question du sida. Une analyse des réactions du public cible de cette campagne - articulée autour de trois affiches complémentaires - est proposée