



AIDS & ANTHROPOLOGY

B U L L E T I N

The Newsletter of the AIDS and Anthropology Research Group

Vol.9 No.2 June 1997

1997-98 ELECTION RESULTS

by

Margaret Connors, AARG Chair

The election for 1997-98 chairperson and steering committee members was very close among the well-qualified group of individuals on the ballot. We strongly encourage those not selected to renominate themselves in the future, and we look forward to the leadership of those elected. The new **Chair-Elect** is **Fred Bloom** (CAIR). **Steering Committee** members are: **Norris Lang, Janet Schreiber, Janis Hutchinson, Michael Gorman and Delia Easton** (graduate student representative).

AARG MISSION STATEMENT

The AARG, an interest group of the Society for Medical Anthropology (SMA), is a network of scholars interested in anthropological research on HIV infection and AIDS. The mission of the AARG is to support anthropological research on AIDS. To this end, AARG 1) works to use anthropological research in the fight against HIV and AIDS; 2) advocates for AIDS research within anthropology; 3) promotes AIDS research by anthropologists within the broader AIDS research community; and 4) provides a forum for anthropologists working on AIDS to meet and communicate about their work.

AARG SEARCHING FOR NEW EDITOR

The current AARG editor's term ends in early 1998, so the search is on for interested individuals. The 3-year position is appointed by the AARG steering committee. If interested, please contact Margaret Connors at 113 River St., Cambridge, MA 02139; (617) 441-6288.

REVIEWS AND STRATEGIC PLANNING FOR HIV/AIDS PREVENTION AND CARE: ANTHROPOLOGY AND THE EXPANDED RESPONSE TO AIDS

by Tamara Aboagye-Kwarteng¹,
Lenore Manderson² and
Roland Msiska³

Responses to HIV/AIDS have, until recently, been developed around the notion of risk, with epidemiological data being used to identify populations whose behaviours are associated with high levels of transmission of the virus. The expanded response to AIDS was developed in recognition of the need to take account of vulnerability as well as risk--to incorporate structural, super-structural and community factors that determine or influence individuals and risk-related activities. This approach recognizes that the transmission of HIV/ AIDS and local ability to respond to infection and illness is affected by country-specific social, economic and political circumstances. This broader approach distinguishes the policies
(Continued page 8)

**HIV-RISK PERCEPTIONS AND BEHAVIORS
AMONG SELF-IDENTIFIED
LESBIAN AND BISEXUAL WOMEN
AT A SMALL LIBERAL ARTS COLLEGE**
by Sherry Dugdale, Fort Lewis College

[Note: *This paper earned Ms. Dugdale the 1996 AARG Student Paper Prize.*]

The belief that lesbians are at insignificant risk of contracting HIV simply because of their sexual identity is based on two misconceptions: 1) lesbians do not have sex with men; and 2) women cannot transmit the virus through sexual contact.

The gap between these assumptions and the actual behaviors leads to a false sense of security among women who have sex with women. My data point to a range of self-reported sexual identities that are not directly linked to a specific set of behaviors. Ultimately, it is behavior rather than sexual identity that puts women at risk for contracting HIV.

This project was designed to examine HIV-risk perception, HIV-testing practices and sexual behavior among self-identified lesbian and bisexual women at a small liberal arts college. The study surveyed 89 women with a 21-item questionnaire that elicited demographic data, sexual practices and perceptions of HIV-risk. Respondents ranged in age from 18 to 55 with 75% of them between the ages of 18 and 23. Informal discussions were held with four women in order to explore the issue of self-identified sexual orientation.

Results of this study illustrate that there is not necessarily a correlation between self-identified sexual orientation and sexual behavior. One young woman defined herself as heterosexual and had experience with both men and women in the past year. Almost six percent of the women surveyed acknowledged having sexual experience with both women and men in the past year. Of those women, only 20% reported using a latex barrier the last time they had sex. Since heterosexual contact is one of the two primary

documented ways that HIV enters the lesbian community, this behavior puts women at risk of infection. It is interesting to note that less than half of the women who reported sexual contact with only men in the last year said they used a latex barrier.

The range of self-definitions of sexual identity has important implications for HIV-risk behaviors. The underlying assumption that women do not transfer HIV to each other through sexual contact leads to a feeling of invulnerability among lesbian and bisexual women. Lesbian women experience exclusion from HIV/AIDS research because they are women and because they are gay.

Women currently constitute the fastest growing segment of HIV-infected individuals and recent research indicates that it is theoretically possible for HIV to be transmitted sexually between women. More research on HIV transmission between women is needed to facilitate the development of better education and intervention programs that target lesbian and bisexual women.

Human sexuality is a complex phenomenon which encompasses a diverse set of identities and behaviors. It is a mistake to assume that specific behaviors
(Continued on page 4)

NEW HIV WORLD WIDE WEB SITE

by Kathleen Quirk, CAPS

HIV InSite is an innovative HIV/AIDS World Wide Web site developed by the University of California San Francisco (UCSF) AIDS Program at San Francisco General Hospital and the UCSF Center for AIDS Prevention Studies (CAPS). The site offers comprehensive information about HIV/AIDS clinical management and research, prevention and a wide range of related social and ethical issues.

The goal of HIV InSite is to provide the credibility of peer-reviewed research, the comprehensiveness of a university reference library and the accessibility of television. We provide the analysis and make the cross-discipline connections to enrich information from "facts and data" to "knowledge and understanding." HIV InSite users will be able to hear all responsible voices in the global dialogue on AIDS.

Content Area Summaries

HIV InSite is divided into clinical, prevention and social and ethical issues categories of information. Users can move seamlessly across the site, guided and prompted by helpful navigational tools including maps and keywords.

Clinical Management and Research

This area provides comprehensive, practical and state-of-the-art information to meet the needs of providers in clinical practice, clinical researchers, health care policy makers and people living with HIV disease. Highlights are the AIDS Knowledge Base, a comprehensive medical textbook, and Trials Search, a searchable, user-friendly national database of HIV clinical trials.

HIV Prevention

HIV prevention and education is not well represented in existing web sites even though there is a great deal of information available. While there are a number of sites that give advice about safer sexual practices, there are few resources for those involved in designing, implementing or studying HIV education and prevention services. HIV

InSite offers detailed resources to respond to some of the most pressing needs in prevention.

HIV Social and Ethical Issues

This section provides a searchable, comprehensive compendium of HIV social and ethical issues, resources and analysis. The site contains policy resource materials (statements, guidelines, reports and analysis) and new developments on topics ranging from adolescents to workplace issues. This section catalogues and organizes policy information and resources from numerous sources, including federal, state and local legislatures and agencies, the courts, professional associations, health policy research organizations, blue ribbon committees, AIDS community-based organizations and advocacy groups.

[The address for HIV InSite is: <http://hivinsite.ucsf.edu> Contact: Kathleen Quirk, Prevention Page Editor, at prevention@sfajids.ucsf.edu]

CDC BEHAVIORAL SCIENCE RFA

CDC's Announcement #751, Improving Sampling and Sexual Behavior Measurement Methods in HIV Behavioral Intervention Research, is available in the Federal Register at http://www.access.gpo.gov/su_docs/aces/aces140.html or call Bob Kohmescher at (404) 639-8302. Applications due August 7, 1997.

are attached to a specific label. Rather, we should be discussing the ways in which behaviors affect our health.

The results of this study contribute to an area of HIV/AIDS research that is relatively under-represented in the bio-medical and social science literatures. This will enhance our understanding of the wide range of sexual identity and corresponding sexual practices that potentially put lesbian and bisexual women's health at risk. Ultimately, a better understanding of sexual identities will lead to more informed research questions and to responsible health policies.

Contact Sherry Dugdale at: 633 12th Ave. E. #27, Seattle, WA 98102; phone (206) 860-0423; e-mail SLDugdale@aol.com

AARG MEMBERS IN THE AAA NEWSLETTER

Margaret M. Connors (Institute for Health and Social Justice/Harvard Medical School) and Janet W. McGrath (Case Western U) wrote the cover story for the American Anthropological Association's *Anthropology Newsletter* (AN), March 1997. The article is titled "The Known, Unknown and Unknowable in AIDS Research in Anthropology." Dr. McGrath also contributed a report on the NIH Consensus Development Conference on Interventions to Prevent HIV Risk Behaviors (February 11-13) to the AN's May 1997 issue.

BEHAVIORAL/SOCIAL SCIENTISTS NEEDED

Previous issues of *AAB* describe the HIV Prevention Community Planning initiative, introduced by the Centers for Disease Control and Prevention in 1993. Behavioral scientists are needed to voluntarily assist community planning groups by translating behavioral/social science research, theory and methodology into practical terms. Contact: Darryl Lampkin, American Psychological Association at (202) 336-5632; e-mail: dxl.apa@email.apa.org

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JOIN AARG TODAY

The AIDS and Anthropology Research Group is a special committee of the Society for Medical Anthropology, a unit of the American Anthropological Association (AAA). The AIDS and Anthropology Bulletin (AAB), the official newsletter of AARG, is published quarterly. Annual dues are \$20 for professionals and \$5 for students. Anthropologists who are unemployed or living in developing countries can join for free. Send key words describing geographic and topical interests and a check to: Fred Bloom, CAIR, 1201 N. Prospect Ave., Milwaukee, WI 53202.

SUBMISSIONS WELCOME

Submissions for the next issue of AAB are due **September 15, 1997**. We encourage all members, **especially our colleagues working internationally**, to contribute. Submissions can include AIDS-related conferences and events, grants awarded and available, positions available, publications, obituaries of anthropologists and/or AARG members, book reviews, commentaries and letters (at the discretion of the chair and editor), research reports and paper abstracts. **Submissions longer than half a page should be on disk or sent via e-mail.** Contact: Michelle Renaud, Ph.D., **NEW ADDRESS & E-MAIL:** 4050 Inverness Crossing, Roswell, GA 30075; (404) 639-0955; fax (404) 639-0929; e-mail: mer9@cdc.gov

AARG IS ON THE INTERNET!!!

AARG now has a home page. To get there, access the Society for Medical Anthropology home page at <http://www.people.memphis.edu/~sma>. Find interest groups and click on the first one, AARG.

CALL FOR AIDS RESEARCH IN DEVELOPING COUNTRIES

The 1998 call for research projects in developing countries that was recently published by ANRS (AIDS Research National Agency) is available on the "Societes d'Afrique & Sida" WebSite at : <http://saets.ssd.u-bordeaux2.fr/anrs/>

SUMMARY OF AARG ACTIVITIES IN SEATTLE

AARG members were very productive at the Society for Applied Anthropology (SfAA) meetings in Seattle, March 5-9, 1997. A committee was formed to determine the details of transitioning the **chair position from one to two years**. A 2-year term will allow the chair more time to become familiar with operation of the organization and the position's responsibilities. In addition, the **by-laws will be amended** to require that the AARG chair announce decisions made by the steering committee to the membership at large. (It is currently done but is not mandated in the by-laws.)

After discussion about cutting-edge issues of interest to AARG members, it was decided that the AARG business meeting at the annual meeting of the AAA in Washington, D.C. will feature an **informal debate about the ethical issues surrounding AIDS clinical trials**. AARG members are encouraged to participate in the discussion about this important issue.

Finally, AARG would like to extend appreciation to **Doug Goldsmith** and **Beth Wolgemuth**, who graciously volunteered to lead the HIV support group.

CREATING SAFER COMMUNITIES: TRANSGENDER ISSUES

by Elisa Sobo, UC San Diego

"*Safer Communities: Rethinking HIV Intervention Strategies*," a technical assistance conference created to provide health workers with some concrete help in designing and implementing strategies for AIDS prevention, was held April 1 - 3 in downtown Los Angeles. The conference, which aimed to bring researchers and front-line workers together for a productive dialogue, was co-sponsored by the AIDS Coordinator's Office for the City of Los Angeles, the Office of AIDS Programs and Policy and the HIV Epidemiology Unit of the LA County Department of Health. The format involved concurrent sessions focused on certain topics of interest (e.g., substance use, sexuality, ethnicity, etc.) in which researchers and experts presented findings and explained theoretical orientations in every-day language, as well as collaborative consultation workshops. Priority for spaces in the workshops was given to representatives from agencies with the least resources.

One of the themes that infused the conference was that of HIV seropositivity as a symptom of oppression. I would like to focus here on one of the presentation topics in relation to this theme, and to demonstrate with a concrete example the importance of encouraging dialogue and exchange between researchers and front-line workers. The topic on which I shall focus is the special HIV/AIDS-related needs of the transgender population.

As speaker Kelli Trombacco explained, transgendered individuals' cultural illegitimacy makes them extremely vulnerable to HIV/AIDS. Because of unbearable social pressure, many transgendered people drop out of school or leave home at an early age, which renders them very likely to slip into poverty. And poverty increases people's risk for HIV/AIDS.

Impoverished transgendered individuals who need or desire social welfare services are often unable to get them because, unless they stop their cross-dressing and other

transgender behavior, most social welfare organizations refuse to serve them. For example, because shelters often have strict rules about sex, a homeless transgendered male will generally sleep on the street. She will be turned away from the women's shelter because she is physically male, and she will shun the male shelter because she cannot be served there without either taking off her feminine outfits or enduring physical violence at the hands of the other residents.

Because of poverty, but also because of gender expectations, many transgendered people turn to prostitution. They may not insist on condom use for fear of losing a client or of physical and verbal abuse. The pressing need for food and shelter may overshadow a need to protect oneself from HIV. Indeed, according to the speaker, HIV infection may not seem such a bad bet to some; Trombacco reported that a good number of transgendered individuals see diagnosis with HIV/AIDS as a route to access benefits such as housing, health care and even hormone treatment. Male transgendered people who desire this ("Give us our tits!" one transgendered person called out during the presentation) are forced to get hormones on the street, and through hormone injection practices they put
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themselves and others at risk for HIV infection. One of the main issues highlighted in Trombacco's presentation was the problem of disclosure that the transgendered individual faces. For example, those who do enter a clinic or are interviewed by an outreach worker are generally not afforded an opportunity for disclosure. During the intake interview process, for instance, the forms they are to fill in have only two sex/gender categories: male and female. Most transgendered people are quite unlikely to add a third box for themselves.

This discriminatory (and data collection error-inducing) practice is partly of our making. As researchers, we often are the ones who design these intake forms so clinic and outreach staff can collect data we need for demonstration and other projects. As researchers, then, we can take at least one step toward easing the HIV/AIDS burden of the transgendered individual. We can, when appropriate, add a third category to the gender list.

By making this suggestion I do not wish to imply that three genders exist; I do not wish to comment in any way on the very complex cultural aspects of the transgender topic. What I do want to do is to suggest that there is at least one simple way in which we can begin to allow and even encourage transgendered individuals to self-identify. I also wish to reiterate the importance of maintaining an ongoing dialogue between researchers and front-line workers. While differing reward structures and priorities will continue to distance the two groups, it is imperative that we do whatever we can to bridge the gap. Attending to the loudly voiced request for more inclusive intake or interview forms is one step in the right direction.

Elisa Sobo can be contacted by e-mail at esobo@weber.ucsd.edu

July 26-30: **The 19th National Lesbian and Gay Health Conference and 15th National AIDS/HIV Forum.** Atlanta, GA. Sponsored by the National Lesbian and Gay Health Association. Contact: NLGHA, PO Box 33022, Washington, D.C. 20033; fax (202) 234-1467.

June 28-July 3, 1998. **Twelfth International Conference on AIDS.** Geneva, Switzerland. Contact: phone (011) 46-8-612-69-00; fax (011) 46-8-612-62-96; e-mail: aids98@congreg.se; World Wide Web home page: <http://www.iass.se>

1997 PUBLICATIONS

AIDS & Behavior. A newsletter. New York: Plenum.

American Psychologist, February 1997, 52 (2). Several articles on the contributions of behavioral and social sciences and scientists at CDC.

Handbook of Health Behavior Research. Four volumes. David S. Gochman, ed. New York: Plenum.

Sickness and Healing: An Anthropological Perspective. Robert A. Hahn. New Haven: Yale U Press.

REVIEWS AND STRATEGIC PLANNING

(From page 1)

and programs of the new international organization, UNAIDS, from its predecessor WHO/GPA (Global Programme on AIDS).

Anthropological research contributes in important ways to the expanded response because of the disciplinary emphasis on community and context. At the same time, applied anthropology has a specific role to play in assessing and determining the future directions of national AIDS programs.

Countries need to review the progress made by national AIDS programs on a regular basis, and then to develop and implement recommendations to improve program performance. As the above discussion suggests, this kind of review needs to take account of local circumstances and projected needs. On WHO/GPA advice, program reviews tended to focus on administrative and managerial issues and were often conducted by external reviewers without adequate knowledge or acknowledgement of specific country needs, risks and vulnerability.

While it makes sense to undertake reviews that reflect local circumstance, there is, in the end, still little point in undertaking a review unless there are mechanisms by which the review findings and recommendations can be translated into policies and future plans. Hence there is a need to develop mechanisms and strategies to allow such information to be incorporated into government policies and programs.

This brief paper describes our work--as an HIV/AIDS policy and health programs researcher (Aboagye-Kwarteng), a medical anthropologist and public health researcher (Manderson), and a UNAIDS staff member with experience in country programs (Msiska)-- to develop the appropriate methods for reviews and strategic planning for HIV/AIDS. Our work commenced in 1995 when we developed draft manuals for contextual assessments and program reviews for WHO/GPA (see Aboagye-Kwarteng,

1995; Larson and Manderson, 1996), using the approaches that are loosely characteristic of rapid anthropological assessments. The overlap between our two manuals lead to our ongoing collaboration on this new project. This led to a draft integrated guide, presented at a meeting in Namibia in January 1997, which describes the procedures and methods for a situational analysis and a program review, both of which are then fed into strategic planning by national governments.

The guide sets out the processes and methods, as follows:

- first, a situational analysis is conducted to document the background factors which influence the development, implementation and effectiveness of the national AIDS response;
- second, the national AIDS response is reviewed; and
- third, strategic planning is then undertaken to develop the broad goals and targets, aims and objectives, and specific strategies and programs of a revised response to HIV/AIDS.

The guide firstly sets out the history, context and importance of the expanded response to HIV/AIDS. This introductory section is intended to facilitate the best use of the guide as a whole, and is a general briefing document for relatively wide distribution among stakeholders. It describes *(Continued next page)*

REVIEWS AND STRATEGIC PLANNING

(From previous page)

the processes involved in conducting the situational analysis, program review and strategic planning activities. We envisage that ministers and/or heads of ministries involved in the national response to AIDS from a number of sectors, which might include health, education, justice, social welfare and religion, would find this section most useful. In addition, it could be used to brief and seek support from multilateral organizations, donor agencies and non-government organizations.

Sections two and three are guides to the situational analysis, program review and strategic planning. They are written for those directly involved, and provide a comprehensive brief for people such as a national program manager, staff within the AIDS Unit and the secretariat review chairperson and members of the review committee, and so on. In thinking through the process, we identified the need for an independent (but ideally national) consultant to conduct the situational analysis and an external facilitator to support the entire review process: both would use this section as a working brief also.

The situational analysis and program review are seen as components of the national strategy, not ends in themselves. The principal objective of the review is not to evaluate and solve problems of the existing program, but to assess its suitability in light of epidemiological changes relating to HIV/AIDS and national social, economic and political changes. Hence the anthropological "take." The assessment is intended to cover population issues, social structure, political and economic systems, education and communication, the institutional environment and human rights issues. The program review is then undertaken with these issues in mind, with a review committee and working groups established to concentrate on major program areas.

The third section describes the processes of strategic planning. It is aimed at strengthening institutional capacity in policy and planning, and enhancing the administrative processes and structures required to develop policy and

translate policy into programs. The strategic planning cycle provides information on the managerial issues involved, and explains how the situational analysis and program review reports are to be used.

The final section of the guide sets out specific questions to be explored and identifies methods of enquiry and sources. It is intended as a brief for those directly involved in the collection and analysis of information and in writing the reports, although other key participants in the process (e.g. Review Committee members) may also find it useful. It does not provide details on specific methods, however, as these are explained in other handbooks and manuals, particularly various rapid assessment manuals developed for HIV/AIDS and STDs and for other illness (e.g. Helitzer-Allen and Allen, 1994; Beebe, 1995; Manderson et al., 1996). Also, the consultant is assumed to have prior experience in these methods. On the other hand, this section describes the range of methods most appropriate for the tasks; they are predominantly the methods used by anthropologists in both rapid assessment/consultancy work and conventional ethnography. This section also describes the tasks of report writing, and suggests ways of organizing the report and
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REVIEWS AND STRATEGIC PLANNING

(From previous page)

presenting information within it. It includes terms of reference, a list of resources, and bibliographic information.

The guide and the processes it advocates reflect the way in which research, including of social and cultural issues, is important within a cycle of planning, implementing, reviewing and revising the national response to the AIDS epidemic. Until recently, while there has been clear recognition of the need for social and behavioral research, this has been with targeted interventions and health education in mind. However, there has been little attention paid to the incorporation of social research findings at a policy and program level. Our work in developing this guide sheds light on the importance of social science information and especially anthropological research skills in assessing the adequacy and relevance of the national programs on AIDS. In so doing, it highlights the place of anthropology as a policy science as well as in the development and delivery of programs.

[Author affiliations: 1. Macfarlane Burnet Centre for Medical Research, Fairfield, Melbourne; 2. Australian Centre for International Tropical Health & Nutrition, The U of Queensland, Brisbane; 3. UNAIDS, Geneva. For information contact: Lenore Manderson, Professor of Tropical Health, Australian Centre for International & Tropical Health & Nutrition, The University of Queensland, Herston Road, Herston QLD 4006 Australia; phone 61-7-3365-5396; fax 61-7-3365-5599; e-mail l.manderson@mailbox.uq.edu.au]

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Beebe, J. 1995. Basic concepts and techniques of rapid

appraisal. *Human Organization* 54, 1: 42-51.

Helitzer-Allen, D. and Allen, H.A. 1994. *The Manual for Targeted Intervention Research on Sexually Transmitted Illnesses with Community Members*. Washington: Hubert Allen and Associates for Family Health International.

Larson, A. and Manderson, L. 1995. *Contextual Assessment Procedures for STDs and HIV/AIDS Prevention Programmes: A Manual*. (Draft prepared for WHO/GPA, Division on Technical Co-operation, Planning Management and Training Unit, Geneva). Brisbane: The Australian Centre for International & Tropical Health & Nutrition (available from authors on request).

Manderson, L., Almedom, A., Gittelsohn, J., Helitzer-Allen, D. and Pelto, P. 1996. Introduction: Transferring Anthropological Techniques in Applied Research. *Practicing Anthropology* 18, 3: 3-7.
