



AIDS and Anthropology Research Group

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Letter from the Chair –

Our Chair-Elect Moher Downing has most unfortunately suffered a stroke and is unable to become our Chair, necessitating a new election. Ray Bucko, our Dir.e-comm. will conduct this election. You may nominate yourself or another candidate to Ray at aargsc@creighton.edu. This election will also be announced at the SFAA/SMA meeting in Vancouver on Friday, March 31st during the 3 part AARG session on AIDS Prevention. The election will include any nominations from those meeting, and will proceed in early April.

Stan Yoder will be the Discussant for Part 1 of the session that looks at AIDS Prevention efforts in Africa. Ralph Bolton will be the Discussant for Part 2 of the session that looks at AIDS Prevention efforts in the United States.

We had hoped that Moher Downing would be the Discussant for Part 3 of the session. Instead, we would like to dedicate the session to our hopes for her speedy recovery.

I would also like to alert AARG readership to a very moving, brief “Field Notes” article by Emily Frank in the current, March 2006, Anthropology News, “AIDS and the Transformation of Ethnography in Southern Africa” pp.12-13. She asks anthropologists to address how AIDS impacts our work, saying “To not take into account how it affects the human or social dimensions of research is to ignore one of the most profound forces for social change in the last one hundred years.” (p.12) In assessing effect that AIDS had had on those she studied, and on herself, she mused that “Perhaps a pandemic and its ramifications are something that need to “be felt” to be truly understood scientifically, to have the experience shared before the knowledge can be gained.” P. 13) This is certainly a message that strikes a chord with AARG, and with our mission to support each other in our research and teaching efforts.

- Doug Goldsmith

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Letter from the Editors

In this issue we have a collection of interesting works published by researchers who conduct their research in the Pacific Islands and Africa. Mike Roman writes on *Trouble in paradise*, where he outlines the cultural context of the Republic of Kiribat and how that shapes HIV/AIDS awareness and the challenges to prevention. Dr. Agbonkhianmeghe E. Orobator, S.J. , Ph.D. in *Faithful Witnesses* describes the efforts of two female run NGOs and their linkage to local churches. Finally, Thabo Sephuma writes on violence against girls and women and the spread of HIV/AIDS in Sub-Saharan Africa.

With the SfAA/SMA meetings, which are taking place in Vancouver, B.C. , approaching, we have provided a list of several meetins of interest for our readers. Thank you for all your submissions.

2005 Clark Taylor Professional Paper Prize

The 2005 Clark Taylor Professional Paper Prize was given to Kathleen Erwin, PhD for her paper: *The Circulatory System: Blood Donation, AIDS and ‘Gift’ Exchange in China.*



Doug Goldsmith holding the 2005 Clark Taylor Professional Prize at the AAA meeting in November 2005.



(From Left to Right) Luci Latina Fernandes, Doug Goldsmith and Catherine Mitchell Fuentes at the AAA meetings.

AARG 3 part session at the SFAA/SMA meeting in Vancouver on 3/31

(F-45) FRIDAY 10:00-11:50

Lord Byron

Partners in AIDS Prevention: Folks and Professionals Confronting HIV Part I (SMA)

CHAIR: **GOLDSMITH, Douglas S.** (AARG)
[**ROBINS, Steven** (Stellenbosch U) *Rights Passages: AIDS Treatment, Activism And New Forms Of Health Citizenship* - **WITHDRAWN**]

THORNTON, Robert (U Witwatersrand) *Explaining HIV Prevalence Trends in Uganda and South Africa: Sexual Networks, Family Structure and Property*

FELDMAN, Douglas A. (SUNY Brockport) *Good Grief! They Stopped Having Sex Entirely! (It's Not What We Wanted)*

FINNEGAN, Amy C. (World Education) and **WESTERHAUS, Michael J.** (Harvard U) *Framing HIV Prevention and Treatment to Encompass the Complexities of War*

CRANE, Johanna (UCSF/UC-Berkeley) *A Different Disease: How North American and Ugandan Doctors Know HIV*

DISCUSSANT: **YODER, P. Stanley** (Macro Int'l)

(F-75) FRIDAY 12:00-1:30

Lord Byron

Partners in AIDS Prevention: Folks and Professionals Confronting HIV Part II (SMA)

CHAIR: **GOLDSMITH, Douglas S.** (AARG)
GOLDSMITH, Douglas S. (NDRI/John Jay C Criminal Justice CUNY) *AIDS Interventions for IVDUs: Models from San Francisco, Chicago and New York circa 1987*

WAHNG, Sel J. (Nat'l Dev & Rsrch Inst Inc, Columbia U) *Sex Workers, Fem Queens, and Cross-dressers: Differential Vulnerabilities and HIV Risk Factors among Ethnocultural "Male-to-Female Transgendered" Communities in New York City*

GUARINO, Honoria (NDRI) *AIDS and Identity Construction: The Use of Narratives of Self Transformation among Clients of AIDS Service Organizations*

SCHNEPEL, Ellen M. (RISM/Independent Scholar) and **CASTLE, Mary Ann** (Castle Consulting) *Stigma, Status and Hidden Health Problems: Starting a Public Dialogue Among New York City Haitians*

EASTON, Delia (NYC Dept of Hlth) *Can't We Just All Agree About What it Means to Evaluate New York City's HIV Prevention Programs?*

DISCUSSANT: **BOLTON, Ralph** (Pomona Coll)

(F-105) FRIDAY 1:30-3:20

Lord Byron

Partners in AIDS Prevention: Folks and Professionals Confronting HIV Part III (SMA)

CHAIR: **GOLDSMITH, Douglas S.** (AARG)
SOBO, Elisa J. (San Diego State U) *Testing Veterans for HIV/AIDS: Organizational Culture and Implementation Science*

KATZ, Pearl (Johns Hopkins U) *How Government Creates Barriers to AIDS Programs, Successes*

LEVY, Jennifer (McMaster U) *Reinterpreting Prevention Post-Diagnosis: Preservation of Life Strategies by Women Living with HIV*

BEINE, Dave (SIL Intl) *The Cost of Conflict: The Impact of the Maoist Insurgency upon the Spread of HIV/AIDS in Nepal*

Donate old or new computers to South African Community:

REQUEST FOR 4 COMPUTERS, 3 PRINTERS AND A PHOTO COPY MACHINE FOR MY FORMER SECONDARY SCHOOL

My name is *Thabo Sephuma* born in the rural area of Northern Province of South Africa, which is now known as Limpopo in 1979, 26th October. I schooled in Limpopo until I passed my matric/STD10 in 1998, then I moved to Gauteng to study. Is where I found studying very difficult for because of the modern technologies, which I wasn't introduced to before? I am requesting for computer for my young brothers so that they move with time and not face the same problems that I encountered. And I am currently living in Geneva, Switzerland working for International AIDS Society (humanitarian organization) ! www.iasociety.org

Swobani Secondary School is committed to providing new opportunities for its learners – despite considerable resource constrains. The school is situated in a very rural part of Limpopo, Madabani area of formerly known as Louis Trichardt area and has 350 learners and 16 teachers. Its matric pass in 2005 was 80.6%.

Both teachers and learners have recognized that access to basic computer facilities is critical to their success. Without such success, it will be extremely difficult for young people to overcome the digital divide and enter the mainstream economy.

The school explicitly recognizes the limitations of “*dumping computers*”, without adequate technical support, security and maintenance- and undertakes to put in place the necessary systems of support using local expertise.

My humble request is for 4 computers, 3 printers and 1 photo coping machine and the necessary software for our young people. I would also like to recognize publicly your contribution at an appropriate time.

Looking forward to hear from you, hoping that you will make the dream come true for this disadvantage community. And I will be in South Africa from the 25 Janu-

ary until the 04 February 2006, so I will be happy to see my young brothers in the rural area of Limpopo be introduced and connected with the modern technology of today. I therefore strongly request for an assistant from you to make this development a dream come true to the young people of my village and the community at large.

The in-turn reward you are going to get from us (Swobani Secondary School) is that will handout pamphlets and poster with your brand, thanking you. And put the “*BIG Bill Board*” with the name of the school, together with the message thanking you (sponsored by your company). And invite all types of media to cover the wonders you are doing to the disadvantages community.

Thank you in advance. And looking forward to meeting you, discuss any further possibilities.

Former Swobani Secondary School Secretary General SRC.

Yours faithfully,
Mr. Thabo Sephuma

How can you help in change the life of young needy South African? They do need to be given opportunity to shine. I dearly look forward to your positive response.

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**The AARG Clark Taylor Professional Paper Prize
and
The AARG Student Paper Prize**

Two prizes will be awarded by the Aids and Anthropology Research Group at the 2006 [American Anthropological Association meeting](#) in San Francisco, one for senior researchers and one for students. The submissions are due by **October 15th, 2006**

The Prize Committee, of Rose Jones, Jodi Nettleton and Amanda Diers Schall, was constituted at the Dallas SFAA/SMA meeting.

Student and professional papers should be evaluated according to the following criteria:

1. Potential contributions to the literature/policy/direct impact on HIV/AIDS prevention and/or treatment.
2. Originality of argument and/or data analysis
3. Relevance of cultural, ethnic, gender and/or sexual orientation issues
4. Justified use of methods (when applicable)
5. Theoretical approach (when applicable)
6. Attention to previous research
7. Presentation--grammar, style, etc.
8. Suitability for submission to peer reviewed journals or other professional publications (including Newsletters, monographs, etc.)

While all papers are judged in terms of the same criteria, judges will exercise reasonable judgment in separately assessing undergraduate student, graduate student and professional level submissions. In other words, undergraduate student submissions will not be judged against graduate student or professional submissions, and so forth. The goal of these criteria is to support the development of the highest quality submissions at all levels, while fairly judging each level of submission in terms of reasonable standards for years of experience in the field.

Please send in your paper, and encourage a colleague or encourage a student to send in a paper. We encourage interested persons to [join AARG](#) and send in a paper.

“Trouble in Paradise”

Mike Roman



Thousands of miles away, in the heart of the Pacific, lies islands of paradise; where white sandy beaches flow into pristine blue lagoons and effervescent sunrises begin each day. Warm breezes carry the sounds of voices singing to the tune of a ukulele, while bare midriffed women dance in unison and tan muscled men canoe past in the ocean current. When names of Pacific Islands are mentioned, these images fill the mind's eye. However, the reality of many Pacific Islanders' lives differs greatly from our perceived island paradise. The histories of many of these islands are rich in violence, famine, disease, slavery and colonialism which are often overlooked or forgotten about in today's world.

Gaining independence from Great Britain in 1979, the Republic of Kiribati is comprised of 33 low lying coral atolls and is located in the mid-most part of the Pacific Ocean, where the international dateline meets the equator. Its total land area, 811 sqkm is spread across the ocean and is increasingly becoming inadequate for its urban population on the main island. *With 2,324 people per square kilometer, South Tarawa is one of the world's most densely populated places.* (Pareti, 2004) Overpopulation has been sited as one of the main factors causing strains on vital resources such as land, food, water and opportunities in education and employment; creating large populations of under-educated and unemployed individuals.

Trouble in Paradise

In September of 2004, Kiribati reported 43 HIV/AIDS cases, of which, 20 were known to have passed away. Like all statistics on HIV/AIDS, the actual numbers of cases are expected to be higher because of confounding medical and social factors related to the collection accurate data.¹

People don't want to get tested even if they can... because you lose everything, your job, friends, family and (feel like you have to) hang your head in shame and you want to die (if you find out that you have it).

Like many pacific island cultures, Kiribati does not have open dialogue on sex and sexuality. Sexual matters are often seen as taboo and something to be concealed from youth.

Parents don't teach about sex... it's against culture to talk about sex, if there is kissing on the TV... they tell us to turn our heads.

Because of the limited dialogue at home, many parents feel that their children should learn about these issues in school. In contrast, many teachers feel teaching HIV/AIDS in school would be dangerous because of its association with sex. Consequently, formal education regarding HIV/AIDS has been limited to memorization of scientific definitions and acronyms associated with the virus.

We only teach what is in the curriculum, because we may get fired if we talk about sex. People think once we teach (sex education), kids will be encouraged to have sex because they will know how to not get pregnant.

The current curriculum excludes vital lessons that address the social, economic and personal impacts of HIV. In 11 focus groups students claimed that they learned about HIV/AIDS on the radio or other forms of media more frequently than they did in school.

I didn't learn much about HIV/AIDS in high school in Kiribati! I think there is no sex education or talk about HIV/AIDS in any high school during my time. I didn't know why! I think teachers or our government didn't think about that topic

in the past years.

Youth have been placed at a disadvantage because formal education on HIV has not been properly addressed in many schools. Rumors, such as the "one inch rule" become factual information without proper education. The rule states that "girls can't get pregnant if boys only (stick their penis) in one inch." Reasoning behind this is that the hymen presumably would remain intact, leaving the female a virgin and unable to transmit an STI.

Education has been a key component in the campaign to reduce the number of new cases in Kiribati since the first strategic plan was developed in the late 90s, but many teachers remain fearful of losing their jobs or credibility if they overstep boundaries set by the curriculum and culture.

Kiribati, as many other pacific island nations, has a youthful population.² Young adults provide the workforce needed to sustain and develop the national economy. The majority of the workforce is employed on the main island. However, due to the growing economic demand and limited employment opportunities in the main island, many young and middle aged men leave the country to find work as seafarers on foreign owned cargo ships.

*Like everyone it seemed to me an opportunity to go overseas and seek a fortune. We heard a lot about HIV/AIDS, we were quite aware of it, but we didn't realize that it was coming to Kiribati. As far as relevance to us, it was all myths, nobody believed it, nobody. We thought we wouldn't get it, we're so far away, so isolated, but then we watched the figures increasing tremendously."*³

Seafarers frequently mentioned the availability of sex workers at foreign ports. Addressing this, institutions which train seafarers in Kiribati have classes on HIV/AIDS, STIs, unprotected sex and condom use. However, many informants stated that the difficulty in using condoms was their inability to apply them under the influence of alcohol.⁴

We have condoms, but I forget how to put it on or... that I (even) have it when I am drunk.

When HIV first made news in America, it was known

Trouble in Paradise

as a Haitian or gay disease because of the populations impacted by the virus. Like America, many people in Kiribati see HIV as a population specific disease because of the high number of infected seafarers. However, the idea of HIV being a “seafarers” disease is trivial, because this population is the only one which has historically been required to test for HIV in Kiribati.

Political, economic and social inequalities are commonly found in all parts of the world and have been attributed to the increasing amount of global infections among vulnerable populations. *Korekoreas*, sex workers, in Kiribati constitute one of the most vulnerable domestic populations. Initially, the term *korekorea* referred to young women who get involved with Korean seafarers when they arrived in Betio. In recent days the term has been linked to females suspected of having sexual relations with several men, as well as those who frequent public bars and foreign fishing vessels. The term can also be used to describe girls who misbehave, or violate Kiribati culture by losing their virginity prior to marriage.

There are known to be a handful of young girls who frequent Betio,⁵ however there is police evidence of up to 80 girls having visited the boats when in port in 2000.⁶ Girls have stated that they are involved in the business for money, fish, alcoholic drinks and the independence which the income affords them. When asked about condom use, several girls stated that they don't use them because some men prefer skin to skin contact and alcohol eliminates their consciousness of the importance of condoms.

HIV tests are available on the main island, however few individuals or couples take advantage of this opportunity. Asking partners to get tested is a difficult task because it is seen as disrespectful and a sign of mistrust. On top of this, lies the unequal gender power relations that allow various forms of cultural shame and/or spousal abuse if females disrupt the relationship. In place of testing, condoms are made available to the general public in various locations on the main and outer islands. However, condom use has a large stigma attached to it. According to several informants, the condom is negatively perceived in Kiribati. It is seen as a sign of infidelity which arouses feelings of shame, mistrust and anger.

There are many factors contributing to the spread of HIV/AIDS in Kiribati. Combined factors of a small national population, a large youthful demographic population, strained resources and poor living conditions indicate that Kiribati is a country which would suffer signifi-

cantly from even a small HIV/AIDS prevalence rate. The known prevalence rate in 2000 was .0001065. In 2004 it increased to .0001389.⁷ The country is already facing problems stemming from the emerging epidemic as economic loss through an infected workforce has caused several young seafarers to stop working on cargo ships. Additionally, social conflicts arising from the presence of stigma and fear have pinned community members against those living with HIV and their families. Although free medical care is afforded to every I-Kiribati citizen, medical facilities are not equipped to deal with HIV/AIDS. Counseling skills, ARVs, confidentiality practices and basic training on the virus are all segments of professional development that have yet to be afforded to the majority of the local medical staff.

Although there are several factors which paint a bleak picture of HIV/AIDS in Kiribati, there are also several recent events which are working to support prevention work within the country. On November 27, 2004 the I-Kiribati Parliament enacted a funds request from the Ministry of Health creating a \$40,000.00 AUD budget for work with HIV/AIDS in Kiribati effective January, 2005. This comes on the heels of the first individual to publicly come out with his HIV status.

Because of the nation's isolation, Kiribati has been protected from the early onslaught of HIV/AIDS and has been able to learn from other nations in their struggle against HIV/AIDS. From these lessons, the national strategic plan calls for the involvement of all sectors of society to work together to stop the spread of the virus. With the efforts of the government, churches, school and individuals working to create a more just and equal society for people impacted by HIV/AIDS... Kiribati stands a chance to create an island paradise safe for all members of its population.

Personal photo taken during 2004 field work.

¹ Access to testing facilities, cultural/religious taboos, stigma, inadequate education and lack of medical treatment

² 19.7 yrs. (2000 National Census)

³ Better Conditions for Seafarers in Kiribati Pacific AIDS Alert Bulletin SPC, New Caledonia 2001 #23

⁴ Alcohol was commonly used to get rid of “shyness” and to get in the mood for sexual activity.

⁵ The name of Kiribati's main shipping port town

⁶ Commercial Sexual Exploitation of Children and Child Sexual Abuse in the Republic of Kiribati Study, Tarawa, 2004 ⁷ Rates calculated with CIA 2004 Estimates, <http://www.cia.gov/cia/publications/factbook/>

Faithful Witnesses, Prophetic Teachers:

The Community called Church through the Hands and Eyes of African Women in the Context of HIV/AIDS

Agbonkhanmeghe E. Orobator, S.J., PhD

HIV/AIDS confronts the church with myriad challenges, not least the issue of gender *and* ecclesiology. Current statistics indicate that the pandemic disproportionately targets African women. In this brief essay, I describe two HIV/AIDS NGOs run by women and propose a way of conceptualising the church and its internal structure as a socially relevant religious institution.

Meeting Point (Kampala, Uganda)

Meeting Point (MP) was founded by a Ugandan Catholic lay woman, Noelina Namukisa. For almost two decades, Mama Noelina, as she is fondly called by her clients, has devoted her life to caring for women and men living with AIDS. Her modest initiative is located in Namuwongo on the fringe of Uganda's bustling capital city, Kampala.

Meeting Point recruits a team of volunteers who provide medical treatment, food and counselling services for hundreds of people living with AIDS (PWA), including their families. The organisation also runs a foster home for AIDS orphans and offers financial support to many orphans in formal schools. This account simplifies a very complex operation, but it contains certain elements of interest from the perspective of the church's response to the AIDS crisis.

First, Mama Noelina started MP at a time when the local parish church had no formal structures in place to respond to the epidemic. Second, MP functions in the context of the church, a point she poignantly underscores by recalling how the founding members of MP used to meet 'under a tree in the church compound.' Third, MP continues to provide the most visible example of the church's presence and outreach to PWA in Namuwongo and its environs, in a situation where fear and stigma often inhibit them from approaching their local church for succour.

Korogocho Home-Based AIDS Care Programme (Nairobi, Kenya)

Korogocho Programme operates at the heart of Korogocho slum in Nairobi. It runs a double-room hospice, which also houses a feeding programme, and a

'Children Crisis Centre'. These structures are more modest in reality than their designations suggest. In name and reality, Korogocho stands for an amalgam of extreme situations: poverty, deprivation, disease, violence and marginalisation. 'Korogocho' in Kikuyu [one of the many local dialects] means 'collection of rubbish'. This context of appalling poverty and deprivation moved Medical Mission Sister Gill Horsfield to begin the Korogocho Programme. As in the case of MP, women bear the brunt both of poverty and HIV/AIDS in Korogocho.

This programme also relies on the help of a group of volunteers drawn from the local parish. They receive basic training in the care and accompaniment of the sick and dying. Predictably the majority of the volunteers are women.

The Korogocho Programme offers several points of interest relative to the institution called church. First, the programme grew out of a local parish church, and it continues to operate within that context. Second, the Korogocho Programme is both a consequence of and a solution to the total failure of public social services in the area. In this kind of situation, the local church becomes the alternative source of healthcare and basic social services. Third, the programme also offers pastoral care to PWA.

Sr. Gill describes the 'spirituality' of the Korogocho Programme as unconditional love and compassionate acceptance of PWA: 'No miracle drug will come in to alter this person's life, except the surprise of being loved.'

Prophetic teachers: feminisation of ecclesial identity

According to UNAIDS, women in Africa are at least 1.2 times more likely to be infected with HIV than men. Since the outbreak of the disease, more women than men have consistently tested HIV+ and died of AIDS. The gender differential or vulnerability of women to HIV infection depends on a constellation of biological, physiological, economic, cultural and political factors which are too complex to be analyzed in this short essay.

If HIV/AIDS disproportionately targets women, it is also the case that *women carry the greater burden of care* as spouses, mothers, grandmothers, or orphan-family heads, even when they themselves may be living with the virus. Paradoxically, the economic cost of assuming the burden of care renders women even more vulnerable to HIV infection. However, this grim observation does not give a complete account of women's involvement with

HIV/AIDS.

More women are involved in organised (NGOs) and non-organised (family settings) HIV prevention programmes and care of PWA. A simple explanation would label this phenomenon the social corollary of a purely 'maternal instinct.' The superior numerical presence and qualitative participation of women in HIV prevention and care of PWA have a more profound significance from the perspective of the function and meaning of the church. In the view of some theologians, the problem of AIDS – how it affects women and how women respond to it – underscores the need to take feminist theologies more seriously and to empower women to have a greater say in church and society, especially on issues that directly affect them. Kevin Kelly, for example, argues that Christian sexual ethics in the time of AIDS needs to become 'pro-women.'¹ It is possible to draw lessons of a slightly different order from the experiences of women and HIV/AIDS. Specifically, the greater participation and presence of women reveal what I prefer to call a *feminine ecclesial identity*.

The notion of a feminine ecclesial identity expresses the fundamental truth that women refuse to be daunted by the tragedy of HIV/AIDS. As Mama Noelina, Sr. Gill and countless other women demonstrate, they have made a radical option for solidarity with people who have been infected and affected by the disease, and those to whom it poses a serious threat. Women have stayed the course and borne the cost of providing care and devising practical ways of preventing HIV infection, even in the most unfavourable circumstances. Their stance provides a unique image through which to conceptualise faith-based communities such as the church. Like most women, in the time of AIDS the church is a community that does not shirk its responsibility for compassionate care, solidarity and companionship. It remains resolutely committed to those whose lives have been touched by the epidemic, manifesting not only a willingness to alleviate human suffering but also an intense desire to fully embrace this suffering, undeterred by the lack of a quick solution. The lives of many women who have responded courageously to the challenges posed by the epidemic summon the church *to be* in the midst of people who are trapped in the throes of sickness, suffering and death. By their simple but courageous presence, women embody the face of the church as a loving, caring parent who neither rejects nor abandons her own.

It is paradoxical that even though women are in the

frontline of HIV prevention and care of PWA they remain the least vocal in the church. The policies of the church rarely take account of their views and experiences.

In the time of AIDS, the church needs to become a *listening church*. This means paying attention to the experiences of women who are disproportionately targeted by the disease but are numerically better represented and more heroically engaged in the fight against HIV/AIDS. How women understand, interpret and articulate their experiences will form part of the ecclesial listening process. Their experiences speak *prophetically* to the community called church. Personal stories abound of the experiences of women in the situation of HIV/AIDS. These narratives and women's understanding of them are creative sources of insight and wisdom when it comes to designing and executing pastoral programmes, creating and commissioning ministries, and organising and celebrating liturgical events in the local church.

To adapt Kelly's insight for our purposes, the church in the time of AIDS could also be conceived of as 'pro-women.' In addition to what was said above about the role of women, this idea would have at least three consequences. First, it would engage the community of faith in the task of dismantling structures in church and society that make women disproportionately vulnerable to HIV infection and victims of the ravages of the disease. Second, it would require the church to accord women an active voice in determining and formulating official teaching on HIV prevention and care of PWA. Third, it would necessitate following the lead of women and learning from them how to be truly church in the presence of human suffering, even when material resources are limited or nonexistent.

To conclude, the dynamic and creative presence of women in the situation of HIV/AIDS is not a fortuitous by-product of their maternal disposition. The face of the church that most PWA see in close proximity is that of lay women and religious sisters. In the measure that this face embodies solidarity, compassion and unconditional love, it is the authentic face of the community called church.

¹ Kelly, *New Directions in Sexual Ethics: Moral Theology and the Challenge of AIDS* (London/Washington: Geoffrey Chapman, 1998).

Violence Against Girls and Women Linked to Spread of HIV/AIDS

Thabo Sephuma

More than 40 million people today are living with HIV and almost half of them are women. Some have become infected through sexual violence and exploitation. It is estimated that one in three women worldwide will be raped or abused in their lifetime.

As global citizens need to confront the inequalities that leave girls and women particularly vulnerable to HIV and AIDS. Women suffer countless disadvantages compared to the males counter parts. Even after decades of progress, make up two third of the worlds 780 million illiterate adults and up to 65% of its poorest citizens. But health remains the cruelest of all inequalities. ***“And health remains the cruelest inequality of all, and countries that could help sadly are not”***. In much of the world women simply don't get equal medical attention. It is a fact with huge consequences for all of us. Maternal health translates into families' health because healthy women are able to care for others –and family health is the foundation of any society's health. Experience shows that even small investments in human health can pay large social dividends.

“Increasingly the face of HIV/AIDS, particularly in Sub-Saharan Africa, is a female face and it is a young female face. And until we address violence against women and prevent violence against women and girls, we will not be able to address the HIV/AIDS epidemic.” The gender gap in health is especially dramatic in the HIV/AIDS pandemic. In the African continent, 70% of all HIV/AIDS victims are women. “It is a shocking fact” and one of which I as an African young man feel ashamed, that a young girl in some parts of the continent is more than six times likely to be affected than young boys. Polygamy, sexual coercion and violence against women all contribute to this shameful fiasco. Young girls or women are frequently pressured into sex with older and wealthy men in exchange of money, food, clothes and perhaps nothing. Lacking adequate skills, they only have few chances

of surviving “the survival of the fit-test” and they are forced into selling their body –which of course spreads the disease further and contributes to the unplanned pregnancy. Any real solution to the AIDS pandemic will have to empower women through education, information and a guarantee of human rights towards them.

Most recently rape has been used to terrorize and humiliate girls and women in the Darfur region of Sudan. But in many other parts of the world – such as the conflict-affected areas of the Democratic Republic of Congo - the same tactics are used. Because of the high rate of HIV infection among soldiers, it is estimated that almost one-third of rape victims in parts of DRC will be infected by HIV.

“These girls and women had survived the violence so far, they had survived the rape. But many of them will actually die from the violence, because far too many of them will become HIV positive and will die of AIDS as a result of the rape.” AIDS is not the only threat women face. Consider the current state of reproductive health; people still debate if a young woman should have rights to abort. Disease isn't the only threat to women's health. Every year about million of young women and girls worldwide are subjected to genital mutilation, what a brutal practice to any living creation that can cause infertility and a long-term health illness. And far more overcomes rape, assault and even sexual coercion. When a women lack the right to inheritance, they often stay in abusive relationships for years; fears of losing the better life and their children. Educated women with economic rights are far less likely to become victims. And when women aren't victims, their society rips good and better final products

Child soldiers can also become the perpetrators as well as the victims of sexual violence; the risk of HIV infection is high. In some countries, as many girls as boys are recruited, and end up being forced into marriage or used as sex slaves.

We therefore as concerned citizens of this world need to lead in demobilizing child soldiers and commit to ensuring that HIV care and support is included when children return to their communities. Assess the vulnerability of children to HIV and AIDS so that effective action can be taken.

I Thabo Sephuma believe that in order to succeed in the fight against HIV and AIDS, violence against women and girls must be stopped. Let us make this world a viable place for all, including women and young girls. Let us 'Pledge to save Lives'.

The Bottom line:

Today our women in the world are facing a tremendous challenge, the gender inequality. The million-dollar question is whether the coming young women generation and the present ones will be able to protect themselves in a world where the balance still tilts heavily against them? The answer will be decided not only in the slums of African continent but the capitals of the world's wealthiest nations and in the halls of great international institutions. As the global citizen we need to take a stand against violence of women and young girls... Let us make this world a viable place for all, including women and young girls. Let us 'Pledge to save Lives'.

By Thabo Sephuma

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TUESDAY

(T-102) TUESDAY 1:30-3:20

Balmoral

Downtown Eastside Vancouver: Representations, Communities And Conversations.

Part III: Performance, Healing, Audiences and Research

CHAIR: CULHANE, Dara (SFU)

NOBLE, Steven (UBC) *Positively Acting: A Performative Inquiry Of Surrey Women and HIV and Hep C*

WEDNESDAY

(W-10) WEDNESDAY 8:00-11:50

Georgia A

SfAA Public Policy Committee Workshop on How to Add Anthropological

Perspectives for More Effective Public Policy: Fundamentals of the Public Policy

Formulation Process (Workshop)

GONZALEZ-CLEMENTS, Emilia (Fifth Sun Dev Fund) *Guided Federally, Acting Locally:*

Influencing the Required Community-Planning Process under Federal HIV Prevention Policy Guidelines

(W-15) WEDNESDAY 8:00-9:50

Lord Byron

Without Cattle: The Local Quest For Human Rights, Sustainable Peace, And

Economic Security In Karamoja, NE Uganda

IYEBU, Debora (Karamoja Rsch & Policy Ctr) *Raider Without Guns: Urbanization And The Threat Of HIV/AIDS In Moroto District*

(W-17) WEDNESDAY 8:00-9:50

Brighton

The Concept of Behavior Change Communication: An Anthropological View

YODER, P. Stanley (Macro Int'l) *The Social Context Of Disclosing HIV Test Results In Uganda*

Plaza A

Diverse Perspectives in HIV/AIDS Prevention (SMA)

CHAIR: HENRY, Rebecca (ORC Macro)

VOYTEK, Chelsea (Temple U), JONES, Kevin Trimell,

BROWN, Tiffany, WHITE, Rodney,

FREEMAN, Jennifer, FLECK, Alexine, MACKEY, Katina, and METZGER, David (U

Pennsylvania) *Meaning And Desire, Benefit And Risk: Participation In Behavioral And*

Biomedical HIV Prevention Research Among Drug Using Women In Philadelphia

HERNLUND, Ylva, DUNCAN, Bettina Shell and WANDER, Kathy (U Washington) *"One*

Blade per Girl": AIDS Education and the Inadvertent Medicaliza-

2006 SfAA/SMA Meetings: HIV/AIDS Related Panels and Presentations

tion of Female Genital Cutting
in The Gambia

HENRY, Rebecca (ORC Macro) *Did You Get The Tablet?: Experiences Of Pregnant Women Testing HIV Positive At Georgetown Antenatal Care Clinics*

(W-43) WEDNESDAY 10:00-11:50

Oxford

Ethnomedicine and Medical Pluralism in Contemporary Societies (SMA)

HALLIBURTON, Murphy (Queens Coll-CUNY) *Patents and Pathologies: Controlling AIDS and Ayurveda in India*

(W-61) WEDNESDAY 12:00-1:30

Regency A

Political, Social and Cultural Constructions of HIV/AIDS Risk and Treatment (SMA)

CHAIR: **SANKAR, Andrea** (Wayne State U)

CHIOU, Howard (Stanford U) *It is Death Who Finds Me: Perceptions of HIV Risk in Taipei*

SANKAR, Andrea (Wayne State U) *What Adherence Beliefs Guide Sero-positive African Americans, Practices?*

DUKE, Michael (Prevention Rsch Ctr), **LI, JiangHong** (Inst for Comm Rsch), **SINGER, Merrill**

(Hispanic Hlth Council) *Syringe Sharing and the Politics of HIV in the People's Republic of China*

(W-91) WEDNESDAY 1:30-3:20

Regency A

What Is "Community" In Public Health And Applied Anthropology? (SMA)

WINSKELL, Kate (Emory U) *Conceptualizing Community-Level Effects in an HIV/AIDS Communication Process: A Case Study of "Scenarios from Africa"*

(W-93) WEDNESDAY 1:30-3:20

Regency C

Ethnography of HIV/AIDS Interventions (SMA)

CHAIRS: **NGUYEN, Vinh-Kim** (McGill U), **ELLIOTT, Denielle** (SFU)

NGUYEN, Vinh-Kim (U Montréal) *Compassionate Conservative Régimes Of The Body:*

PEPFAR And Therapeutic Imperialism In Africa

ELLIOTT, Denielle (SFU) *Consuming Medicines: Directly Observed Therapy, HIV, and Public*

Health Interventions in Vancouver's Inner City

ORCHARD, Treena (U Manitoba) *The Power of Silence: How HIV/AIDS Stigma and Discourse*

Impact HIV Prevention Research Among Female Sex Workers in Rural India

DISCUSSANT: **PIGG, Stacy Leigh** (SFU)

THURSDAY

(TH-03) THURSDAY 8:00-9:50

Regency C

Daily Needs of Persons Living with HIV/AIDS

CHAIR: **EPPLE, Carolyn** (Sonoma State U)

EPPLE, Carolyn (Sonoma State U) *Issues of Living with HIV/AIDS in Sonoma County*

RATHER-TAYLOR, Bene (Sonoma State U) *Women and HIV/AIDS*

BAHR, Chelsea (Sonoma State U) *Community Identified Needs of Latina/os Living with HIV/AIDS*

WILLIAMS, Donald (Sonoma State U) *Daily Needs of People Living with HIV/AIDS and Mental Illness*

WILLS, Wesley (Sonoma State U) *HIV/AIDS and Physical Disability*

(TH-08) THURSDAY 8:00-9:50

Plaza B

Third World as Condition, not Geography: Interdisciplinary Approaches to Social Change

MAZZEO, John (U Arizona), **MLAMBO, Trust** (CARE-Zimbabwe) *A Household Livelihood Systems Approach for HIV/AIDS Community Home Based Care in Rural Zimbabwe*

(TH-46) THURSDAY 10:00-11:50

Constable

Conceptual Approaches and Methodological Challenges to Vulnerability Assessments

DOWNEN, Jeanne (TANGO Int'l), **MAZZEO, John** (U Arizona)

Triangulation As A Methodological Approach To Assessing Household Socio-Economic Vulnerability To HIV/AIDS: A Case Study Of Rural Zimbabwe

(TH-64) THURSDAY 12:00-1:30

Regency D

Views on Drug Abuse

DICKSON-GOMEZ, Julia (Inst for Comm Rsch) *"Getting My Own Key": Access To Housing And HIV Risk Among Homeless Drug Users*

(TH-102) THURSDAY 1:30-3:20

Balmoral

Calling Attention to Health Disparities of New Africans in the US: Gaps of

Understanding and Strategies for Addressing HIV/AIDS

CHAIR: **MORRISON, Sharon D.** (U N Carolina-Greensboro)

MUGALLA, Constance (Emory U) *The Implications of Data Gaps for Research and Policy for*

Refugee and Immigrant Populations in the US

DEBOSE, Millicent (Healthcare Services Dev Corp) *African*

2006 SfAA/SMA Meetings: HIV/AIDS Related Panels and Presentations

Youth Studying Overseas: The
"Blind Spot" To Public Health Policies, And An Untapped Potential For Promoting The Cultural

Transformations Necessary To Support Health Issues Among Various African Groups

KORTO, Margaret (Office of Minority Hlth Resource Ctr) *HIV Training Information and*

Support to Agencies Serving African Immigrant Groups

MORRISON, Sharon (U N Carolina-Greensboro) *A PEN-3 Approach to Understanding*

Empowerment against HIV/AIDS in African Immigrant Women

(TH-133) THURSDAY 3:30-5:20

Oxford

Alcohol, Gambling, and Sexual Risk: Issues for the Development and Evaluation of

Health Programs for Vietnamese Adolescents

LERDBOON, Porntip and **PHAM, Van** (U Maryland) *Strategies for Developing Gender-*

Specific HIV Prevention

FRIDAY

(F-04) FRIDAY 8:00-9:50

Regency D

Globalization: Enabling Or Disabling Development (PESO)

CHAIR: **PARK, Thomas** (U Arizona)

NIANG, Aminata (U Arizona) *Cultural Obstacles to the Prevention of AIDS in Senegal and*

Global Obstacles to Health in Africa

(F-32) FRIDAY 10:00-11:50

Regency B

Multi-Level Community-Based Culturally Situated Intervention Science Part II

(SMA)

SCHENSUL, Stephen L. and **MEKKI-BERRADA, Abdelwahed** (U Connecticut Hlth Ctr)

Cultural, Community, And Health System Approaches To The Prevention Of HIV/STI In Mumbai, India

(F-36) FRIDAY 10:00-11:50

Regency F

Local Culture and Public Health in Western Highland Guatemala Part I (SMA)

ROUECHE, Marilei (Brigham Young U) *Inequalities, Globalization, and HIV/AIDS in Guatemala*

MORENO, David J. S. (U Illinois-Chicago) *Slowing the Roads of Transmission: Sexual*

Education and STD, HIV/AIDS Prevention Among Men in Nueva Santa Catarina Ixtahuacán

OCÓN, Cristina *"Let Us Avoid Intimate Talk": Culture, Sexual Transmitted Diseases, and*

Pregnancies among Young Women in NSCI

(F-45) FRIDAY 10:00-11:50

Lord Byron

Partners in AIDS Prevention: Folks and Professionals Con-

fronting HIV Part I

(SMA)

CHAIR: **GOLDSMITH, Douglas S.** (AARG)

THORNTON, Robert (U Witwatersrand) *Explaining HIV Prevalence Trends in Uganda and*

South Africa: Sexual Networks, Family Structure and Property

FELDMAN, Douglas A. (SUNY Brockport) *Good Grief! They Stopped Having Sex Entirely! (It's*

Not What We Wanted)

FINNEGAN, Amy C. (World Education), **WESTERHAUS, Michael J.** (Harvard U) *Framing*

HIV Prevention and Treatment to Encompass the Complexities of War

CRANE, Johanna (UCSF/UC-Berkeley) *A Different Disease:*

How North American and

Ugandan Doctors Know HIV

DISCUSSANT: **YODER, P. Stanley** (Macro Int'l)

(F-43) FRIDAY 10:00-11:50

Oxford

Circulating Languages of Rationality and Risk in Health Interventions Part II

(SMA)

NGUYEN, Vinh-Kin (McGill U) *HIV And Reproduction In The*

Age Of Antiretroviral Treatment

In French West Africa And Beyond

(F-75) FRIDAY 12:00-1:30

Lord Byron

Partners in AIDS Prevention: Folks and Professionals Confronting HIV Part II

(SMA)

CHAIR: **GOLDSMITH, Douglas S.** (AARG)

GOLDSMITH, Douglas S. (NDRJ/John Jay C Criminal Justice CUNY) *AIDS Interventions for*

IVDUs: Models from San Francisco, Chicago and New York circa 1987

WAHNG, Sel J. (Nat'l Dev & Rsch Inst Inc, Columbia U) *Sex Workers, Fem Queens, and*

Crossdressers: Differential Vulnerabilities and HIV Risk Factors among Ethnocultural "Male-to-

Female Transgendered" Communities in New York City

GUARINO, Honoria (NDRJ) *AIDS and Identity Construction:*

The Use of Narratives of Self

Transformation among Clients of AIDS Service Organizations

SCHNEPEL, Ellen M. (RISM/Independent Scholar), **CASTLE, Mary Ann** (Castle Consulting)

Stigma, Status and Hidden Health Problems: Starting a Public Dialogue Among New York City

Haitians

EASTON, Delia (NYC Dept of Hlth) *Can't We Just All Agree*

About What it Means to Evaluate

New York City's HIV Prevention Programs?

DISCUSSANT: **BOLTON, Ralph** (Pomona Coll)

(F-105) FRIDAY 1:30-3:20

Lord Byron

Partners in AIDS Prevention: Folks and Professionals Confronting HIV Part III

(SMA)

CHAIR: **GOLDSMITH, Douglas S.** (AARG)

2006 SfAA/SMA Meetings: HIV/AIDS Related Panels and Presentations

SOBO, Elisa J. (San Diego State U) *Testing Veterans for HIV/AIDS: Organizational Culture and Implementation Science*

KATZ, Pearl (Johns Hopkins U) *How Government Creates Barriers to AIDS Programs, Successes*

LEVY, Jennifer (McMaster U) *Reinterpreting Prevention Post-Diagnosis: Preservation of Life Strategies by Women Living with HIV*

BEINE, Dave (SIL Intl) *The Cost of Conflict: The Impact of the Maoist Insurgency upon the Spread of HIV/AIDS in Nepal*

FRIDAY 1:30-4:00

Plaza

Poster Session

SHURE, Christine L. (U Colorado-Denver HSC), **CORBETT, Kitty K.** (SFU) *It's Not Just Time Constraints: Barriers To Clinicians, Implementation Of Behavioral Interventions With HIV Positive Patients*

SATURDAY

(S-36) SATURDAY 10:00-11:50

Regency F

New Directions in HIV/AIDS Research Part I

CHAIR: **ABBOTT, Maryann** (Inst for Community Rsch)

ABBOTT, Maryann and **DICKSON-GOMEZ, Julia** (Inst for Community Rsch), **MOSACK,**

Kate (Ctr for AIDS Intervention Rsch) *Understanding The Pathways Between Childhood Sexual*

Abuse And HIV Risk Among Urban, Heterosexual Women

PRAKASH, Maija and **WOZNIAK, Lisa** (U Alberta) *Social Motivations Among Injection Drug*

Users in Edmonton's Inner City: Preliminary Findings

MENDENHALL, Emily (Emory U), **MUZIZI, Lackson** (U Zambia), **STEPHENSON, Rob**

(Emory U), **CHOMBA, Elwyn** (U Zambia), **AHMED, Yusuf** (Emory U), **HAWORTH, Alan**

(Chainama Hills Hosp, Zambia), **ALLEN, Susan** (Emory U) *Property Grabbing and Will Writing*

in HIV Infected Couples in Lusaka, Zambia

(S-66) SATURDAY 12:00-1:30

Regency F

New Directions in HIV/AIDS Research Part II

CHAIR: **SALONIA, Jennifer** (Inst for Comm Rsch)

KOESTNER, Karen and **KELLEY, Shawn** (NAU) *Parents Living with HIV/AIDS in a Small*

Urban Community

BROOKER, Stephen (St Vincent's Hosp-Sydney, La Trobe U-Melbourne) *The Boundless*

Divide: HIV in West Papua & Papua New Guinea

GOPINATH, C. Y. (AIDS & Anth Rsch Grp) *Afars, Dagu And Development In The World Of*

AIDS

SALONIA, Jennifer, Prince, M., WEEKS, Margaret (Inst for Comm Rsch) *I Like It, Where*

Can I Buy It?: Community Availability Of The Female Condom

(S-96) SATURDAY 1:30-3:20

Regency F

New Directions in HIV/AIDS Research Part III

CHAIR: **CORBETT, A. Michelle** (Inst for Comm Rsch)

KOESTER, Kimberly (UCSF) *From Periphery To Center: Analyzing The Challenges Of*

Integrating Primary HIV Prevention Into A Clinical Encounter

JONES, Kevin Trimell (U Pennsylvania), **VOYTEK, Chelsea** (U Pennsylvania, Temple U),

HAMMOND, Jon Paul and **METZGER, David** (U Pennsylvania) *'The Last Hustle':*

Negotiation Of Research Participation And Sex And Drug Risks Among Injecting Drug Users In

Philadelphia, PA And Camden, NJ

LECLERC-MADLALA, Suzanne (U KwaZulu-Natal) *Juggling AIDS, Grants and Treatment in*

South Africa: Predicaments of Second Phase HIV/AIDS

CORBETT, A. Michelle, DICKSON-GÓMEZ, Julia, and **BAEZ, Evelyn** (Inst for Comm

Rsch) Critical Moments: HIV Risk and Prevention Within the Context of Primary Heterosexual

Relationships

Please feel free to submit any papers, news, announcements or funding opportunities to the Bulletin at AARGsub@gmail.com.

Thanks!

AIDS and Anthropology Research Group 2006 Membership Form

AARG continues to work hard to enhance its position as an active site for networking and organizing among scholars like you. This includes developing new and expanded opportunities for you to network with colleagues who share your commitment to the use of anthropology in understanding, preventing, and reducing the harm caused by HIV/AIDS.

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- ... access to the AARG listserv, which allows you to send and receive email messages about conferences, job announcements, calls for papers, publications, etc.;
- ... access to the AARG website, which contains valuable information including course syllabi, important links, upcoming conferences, and publications like the AIDS and Anthropology bibliography;
- ... the quarterly AARG Bulletin, distributed to national and international scholars, including social scientists and medical professionals;
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