



AIDS & ANTHROPOLOGY

B U L L E T I N

The Newsletter of the AIDS and Anthropology Research Group

Vol.7 No.2 June 1995

HIV PREVENTION COMMUNITY PLANNING: ROLES FOR ANTHROPOLOGISTS

By Michelle Lewis Renaud

HIV Prevention Community Planning, an initiative introduced by the Centers for Disease Control and Prevention (CDC) in late 1993, is a unique approach to HIV prevention that responds to increased internal and external support for a change in the course of HIV prevention in the U.S. The initiative, a shift to a broader, more participatory approach, requires that the CDC's 65 grantees (including 50 states, 6 cities and 9 territories) each convene at least one Community Planning Group (CPG) representing affected and infected communities within each grantee jurisdiction.

To carry out the CDC's objectives, CPGs were to develop an HIV prevention plan for Fiscal Year 1995 by completing the following activities:

- * hold open nominations for CPG membership
- * create a profile of the epidemic in the grantee jurisdiction
- * conduct an HIV prevention needs assessment in the jurisdiction, then prioritize needs
- * identify and prioritize interventions to meet needs
- * determine a course of action for implementing the plan
(continued on page 4)

SFAA PAPER HIGHLIGHTS

By Elizabeth Kresse
(American U and U.S.
Conference of Mayors)

Four papers presented at the 1995 SFAA meetings offer noteworthy suggestions for designing HIV prevention interventions that more effectively address the real-life experiences of adolescents, injection drug users (IDUs) and gay men. Following is a synopsis of each.

In his paper entitled "**High-Risk Sexual Behavior among some Female Zambian Out-of-School Adolescents: A Possible Future Application of the Value Utilization/Norm Change Model,**" Douglas A. Feldman (D.A. Feldman & Associates) presents data from a 1992-93 study of 276 Zambian adolescents' sexual practices and introduces a model for explaining HIV-related behavior change at the sociocultural level. Drawing on his findings, Feldman suggests that an effective HIV prevention
(continued on page 3)

NEW AAB EDITOR NAMED

Michelle Lewis Renaud (United States Conference of Mayors) has been named the new Editor of the AIDS and Anthropology Bulletin effective this issue. Dr. Renaud's interests include HIV prevention among women, AIDS in Africa and HIV Prevention Community Planning.

Douglas A. Feldman (D.A. Feldman & Associates) founded the newsletter. He served as Editor from 1988 to 1989 when it was the AARG Newsletter, and from 1991 to April 1993 under its current name. Claire Sterk-Elifson was editor for 1990 and from April 1993 through January 1995. The AARG thanks Dr. Sterk-Elifson for her contributions.

All information for upcoming issues of the AAB should be sent to Michelle Lewis Renaud, PhD, U.S. Conference of Mayors, 1620 Eye St., NW, Washington, D.C. 20006 USA; phone (202) 861-6751; fax (202) 887-0652; e-mail melrenaud@aol.com.

CALL FOR ARTICLES AND ANNOUNCEMENTS

We are soliciting AIDS-related news such as upcoming conferences and events, grants awarded and available, positions available, recent publications, and obituaries of anthropologists and/or AARG members. We also welcome submissions in the form of book reviews (under 200 words), commentaries (200-500 words), research reports and paper abstracts (300-600 words). Please send submissions to Michelle Renaud at the above address. **The deadline for the next issue is September 1, 1995.**

AIDS SESSIONS AT SfAA

A variety of AIDS-related activities took place at the SfAA meetings March 29-April 2. The SfAA AIDS Advisory Committee held Steering Committee and open meetings. AARG held Steering Committee and business meetings.

Several sessions featured papers on AIDS. Highlights include: "Representing Many Voices: Anthropology and the Construction of Community in Disease Prevention and Health Promotion Programming," organized by Craig Janes (Colorado, Denver); "AIDS, Risk of HIV, and the Unmanageable Other," organized by Bryan Page (Miami); "Adolescent Drug Use and Sexual Behavior," chaired by Anna-Marie Ball (Manitoba); "AIDS and HIV: Infection, Injection, and Intercourse," chaired by Elisa Sobo (New Mexico State/Durham); "Use of Systematic Methods in Ethnography for AIDS Prevention," organized by Stephen Eyre (San Francisco); "Women at Risk in the Time of AIDS," organized by Merrill Singer (Hispanic Health Council); and "First Things First: Creating Power-Sharing Partnerships in CDC's Community Health Research," organized by Bobby Milstein (CDC). (Paper highlights page 1)

HIGHLIGHTS (continued from page 1)

behavioral change," which he terms the "value utilization/norm change," or VUNC, model. The aim of the model is to use core values to restructure social norms governing sexual practices and to replace them with norms encouraging safer sex practices.

The six elements of the model include: *ethnographic fieldwork* to determine the salient aspects of cultural thought and behavior in a given social environment; *domain/consensus analysis* to determine core values, social norms, beliefs, and the level of consensus within a social network; *analysis and selection of core values and social norms* that support or encourage desired behaviors; *peer leader training* in using selected core values and social norms to produce desired behavior change; *intervention*; and *assessment* of direction, magnitude, and sustainability of behavioral change.

Lee Hoffer's (U. Colorado-Denver) paper, "**Redirecting the Notion of the 'IDU Community': Utilizing the Social Nature of Natural Groups to Combat HIV,**" overturns the notion that injection drug users comprise a natural "community" in which motives, beliefs and behaviors surrounding drug injection are commonly shared. On the basis of several years of ethnographic research among drug injectors in Denver, Hoffer points out that IDUs there have no "leaders," don't think of or refer to themselves as "drug injectors" or "junkies," don't frequent or occupy a specific area, and don't necessarily share cultural norms surrounding drug injection. In short, IDUs in Denver cannot be thought of as a "community" in the traditional sense, claims Hoffer. Significantly, Hoffer questions the common assumption that there is a cultural norm among IDUs that fosters needlesharing. Needlesharing does not necessarily "bond" drug injectors or build trust between them. Instead, he argues, trust and bonding develop if the relationship between users is consistent over time and involves other types of interaction besides drug use. Hoffer asserts that the assumption that IDUs comprise
(continued on page 9)

CALLING ALL STUDENTS!

[A new, periodic feature in the *AAAB* is the Students' Corner. It will be devoted to the interests and concerns of AIDS and anthropology students. Topics will include: information about graduate programs, jobs available and funding opportunities; research issues; and resources. Submissions should be sent to the editor. (Contact information on p.2.)]

A useful resource for people thinking of studying medical anthropology is *Graduate Programs in Anthropology: A Directory*, which has indexes of individuals, geographic areas and topics, including AIDS. It was produced by the Society for Medical Anthropology and published by the AAA: 4350 North Fairfax Dr., Suite 640, Arlington, VA 22203-1621.

HOW CAN I JOIN AARG?

Joining AARG is easy. The annual dues is \$20 for professionals and \$5 for students. Anthropologists who are unemployed or living in developing countries can join for free. Send a check and letter (with name, address, affiliation and interests) to: Moses Pounds, PhD, 5224 Even Star Place, Columbia, MD 21044-1832. If contributing funds for the AARG paper prize, please indicate the amount.

COMMUNITY PLANNING (continued from page 1)

What Roles Can Anthropologists Play?

Given the novelty of the initiative and its science-based requirements, there are numerous possibilities for anthropological participation in the process. In fact, while the number of anthropologists involved in Community Planning across the country is not clear, the content of several sessions on AIDS, health and community at the recent SfAA meetings testifies to the already significant contributions anthropologists have made in the first year of the initiative.

From exploring the concept of "community" to conducting needs assessments to evaluating the Community Planning process as a whole, anthropologists have demonstrated that their knowledge of HIV issues, coupled with their expertise in ethnographic methods and cultural diversity, has put them in an ideal position to assist CPGs, many of which do not have ready access to needed resources such as social science researchers and technical assistance.

Examples of local and national involvement discussed in the diverse SfAA papers demonstrate some of the possibilities. The U Colorado at Denver anthropology department contracted with the state-wide CPG to carry out a needs assessment. Kitty Corbett, Craig Janes and several students, including Lee Hoffer (see Highlights p.3), contributed to the study. In Belle Glade, Florida, Dale Stratford conducted "community participatory research" for HIV Prevention Community Planning activities there.

At the national level, Lynne Greabell of the National Association of State and Territorial AIDS Directors drew on her anthropological expertise to spearhead efforts providing technical assistance to CPGs across the country. Similarly, Elizabeth Kresse and I (U.S. Conference of Mayors) evaluated the first year of the initiative. We profiled nine grantees and identified local and national issues affecting implementation. A total of nine anthropologists contributed to the study, including

both project staff, six of seven researchers and two members of the technical advisory board.

Anthropologists at CDC have long been involved in the design and implementation of community-based prevention efforts. While none were directly involved in HIV Prevention Community Planning, Bobby Milstein spoke about the CDC's paradigm shift and community responses to similar programs.

Getting Involved

Although year two of the initiative is well under way, many CPGs are now looking for assistance with various activities they did not complete in year one, such as conducting needs assessments and identifying and designing appropriate interventions. Many also are planning evaluations, not only of the process itself, but of current and future HIV prevention programs as well.

To this end, CPGs may need social scientists as members or consultants on cultural diversity, evaluation, and/or ethnographic data collection. This makes it an ideal time to contact state and local health departments to let them know of your availability and expertise.

[Have comments about, or experiences with, Community Planning? Contact the editor. (Information on p.2)]

A BRIEF HISTORY OF AIDS AND ANTHROPOLOGY ACTIVITIES AT SfAA, AAA

Anthropologists have been actively involved in ensuring that AIDS issues are conveyed to, and addressed by, the Society for Applied Anthropology (SfAA) and the American Anthropological Association (AAA). To this end, several entities have been created by a core of dedicated and respected anthropologists focusing on AIDS. Following is a brief synopsis of past and current entities and their roles.

The now defunct **AAA Task Force on AIDS** was comprised of about 24 members. Whereas task forces are considered temporary and usually last three years, the Task Force lasted nearly six (1988-93) before being replaced by the seven-member **AAA Commission on HIV Education and Prevention**. It is chaired by Shirley Lindenbaum (CUNY) and charged with advising the AAA President on AIDS-related issues.

Also affiliated with AAA is **AARG**, founded in 1986 as an interest group of the Society for Medical Anthropology, a section of AAA. AARG, with roughly 250 members, holds roundtable discussions and business meetings at the annual conferences of the AAA and SfAA, produces the **AAB** and awards annual student and professional research prizes.

The ten-member **SfAA AIDS Advisory Committee**, appointed by past President J. Anthony Paredes, is SfAA's advisor on AIDS-related issues. Its chair is Douglas Feldman (D.A. Feldman & Associates).

SfAA AIDS ADVISORY COMMITTEE REPORT

Keep Up the Good Work

Several major accomplishments were made at the meetings in Albuquerque. Importantly, William Leap (American) and Douglas Feldman met with new SfAA President Jean Schensul, who supports the Committee's activities and requests its continuation for the duration of her two-year term.

Boycotting Anti-Sodomy States
Past President J. Anthony Paredes reported that the SfAA Executive Committee approved the AARG-drafted resolution not to meet in the 25 states with anti-sodomy laws. The resolution was approved at the SfAA business meeting, but not without discussion about whether boycotting is the appropriate way to make a political point.

On a parallel track, AAA's Council of Fellows passed unanimously a similar resolution, which has been sent to all AAA members for their vote.

Vaccine Trial Position Paper

The SfAA Advisory Committee voted to recommend that SfAA endorse a vaccine trial position paper produced by a committee of the former AAA Task Force on AIDS. Janet McGrath (Case Western) chaired the committee.

HIV Immigration Policy

A committee chaired by Keith Bletzer (Miami) will complete its first draft of a position paper on HIV immigration policy in July.

AAA AIDS COMMISSION REPORT

The American Anthropological Association's Commission on AIDS Research and Education met on May 5 at AAA headquarters in Arlington, (continued on page 6)

COMMISSION REPORT (continued from page 5)

Virginia. Members of the Commission include Ralph Bolton, Carl Kendall, Shirley Lindenbaum (Chair), Patty Marshall, Kate MacQueen, Janet McGrath, Merrill Singer, and Ruth Wilson. Also in attendance were Michael Clatts (representing AARG), Rich Needle (representing NIDA), and Peggy Overbey (representing AAA).

Position Papers

The Commission has identified a number of topics related to AIDS and public policy and has solicited "Position" papers from individuals who have worked in these areas. The papers will be reviewed by the Commission and the AAA Executive Committee and will be disseminated by AAA.

At present, three position papers are in the works. Bryan Page (Miami) has drafted a position paper reviewing the current evidence on the impact of needle exchange on risk reduction among drug injectors. Carl Kendall (Tulane) is working on a position paper on AIDS interventions that will include review of approaches from around the world. Michael Clatts is preparing a position paper on the application of ethnographic methods in the development and evaluation of AIDS prevention programs. Anyone wishing to contribute to these papers should contact the primary authors.

Anthropologists in Cyberspace

There was considerable discussion of ways to facilitate communication between anthropologists working in the area of AIDS, both on the domestic front and internationally. We will be exploring the possibility of establishing a connection to the World Wide Web. This would include an interactive component that would allow people to talk with one another in cyberspace. It also would include a bulletin board on which AIDS and Anthropology materials, such as conference abstracts, papers, the AIDS and Anthropology Bibliography, the AIDS and Anthropology Bulletin and announcements could be posted for general dissemination. Anyone

wishing to help develop this should contact Carl Kendall.

Conference Planned

A conference focused on the application of anthropological concepts and theory in AIDS prevention research is being planned for early 1996. Anyone interested in participating in the conference should send a 250 word abstract to Shirley Lindenbaum (CUNY) by Oct. 31, 1995. It is anticipated that the conference will be held in Washington D.C. and that monies to support travel and lodging will be available for both domestic and international participants.

- By Michael Clatts

NIAID EXPANDS MICROBICIDE RESEARCH

The National Institute of Allergy and Infectious Diseases (NIAID) will fund research teams in Los Angeles, Chicago and Pittsburgh to develop new topical microbicides. Said NIAID Director Anthony Fauci, "development of safe, effective, female-controlled topical microbicides that will block the transmission of HIV and other STD agents is a global priority and a central focus of NIAID's STD research program."

CONFERENCES

June 9-10: **Northeast Harm Reduction Conference**, the New York Academy of Medicine, New York, NY. Contact: Office of Medical Education; (212) 987-9623.

June 17-21: **The 17th National Lesbian and Gay Health Conference and 13th Annual AIDS/HIV Forum**, Hyatt Regency, Minneapolis, MN. Contact: Tamera Lewis, NLGHA Registration, Office of CME/GWUMC, 2300 K St. NW, Washington DC USA 20037; (202) 994-4285.

June 25-28: **The National Council for International Health 22nd Annual Conference**, Hyatt Regency, Crystal City, VA. Contact: Nicolette Pizzotola; 1701 K St. NW, Suite 600, Washington DC USA 20006; (202) 833-5900.

August 7-9: **USAID Third Annual Conference on HIV Prevention**, Renaissance Hotel, Washington, D.C. Contact: Conference Organizer, AIDS Control and Prevention Project, 2101 Wilson Blvd., Suite 700. Mail Stop 731, Arlington, VA USA 22201; (703) 516-9779.

August 16-18: **Third Community Research Branch Science Symposium—HIV Prevention Research: Current Status and Future Directions**, DuBois Center, Northern Arizona University, Flagstaff, AZ. Contact: Dr. Richard Needle, NIDA-CRB, 5600 Fishers Lane 9A-42, Rockville, MD 20857; (301) 443-6720.

August 27-30: **11th Meeting of the International Society for STD Research**, New Orleans. Contact: ISSTD/HCC, One Bridge Plaza, Suite 350, Fort Lee, NJ 07024-9885; (201) 947-5545.

September 17-22: **Third International Congress on AIDS in Asia and the Pacific**, Chiang Mai, Thailand. Contact: Dr. Chanpen, Choprapawon, Thailand Health Research Institute, 1168 Phaholyothin 22, Phaholyothin Rd., Ladyao, Jatujak, Bangkok 10900, Thailand; (662)

939-2239; fax (662) 939-2122.

October 28: **Eighth Conference on Social Aspects of AIDS**, London. Contact: Michael Stephens, Sigma Research, Unit 64, Eurolink Centre, 49 Effra Rd., London SW2 IBZ; (44 171) 737-6223; fax (44 171) 737-7898.

October 29-November 2: **American Public Health Association Annual Meeting**, San Diego, CA. Contact: Anna Keller, APHA, 1015 15th St. NW, Washington, DC USA 20005; (202) 789-5600.

November 9-12: **Society for the Scientific Study of Sexuality 38th Annual Meeting**, San Francisco. Contact: Conference Coordinator, SSSS, P.O. Box 208 Mount Vernon, IA USA 52314-0208; (319) 895-8407.

November 15-19: **American Anthropological Association 94th Annual Meeting**, Washington, D.C. Contact: AAA, 4350 North Fairfax Drive, Suite 640, Arlington, VA 22203 USA; (703) 528-1902.

November 26-December 1: **9th International Conference on AIDS Education: Interventions in Multi-cultural Societies**, Jerusalem. Contact: Conference Secretariat, PO Box 50006, Tel Aviv 61500, Israel; (972 3) 514-0014; fax (972 3) 517-5674.

CONFERENCES (continued from page 8)

December 10-14: **IX International Conference on AIDS and STD in Africa**, Kampala Uganda. Deadline for abstracts is June 15. Contact: Uganda AIDS Commission, 30 Bombo Rd., PO Box 10779, Kampala, Uganda; e-mail G Tembo@mukal.gn.apc.org.

March 27-31, 1996: **Society for Applied Anthropology**, Baltimore, MD. Contact: SfAA Business Office, PO Box 24083, Oklahoma City, OK 73124; (405) 843-5113.

July 7-12, 1996: **XI International Conference on AIDS**, Vancouver, Canada. Contact: PO Box 48740, 595 Burrard St., Vancouver, British Columbia, Canada V7X 1T8; (1 604) 668-3225; fax (1 604) 668-3242.

October 11-13, 1996: **Fifth Display of the Entire AIDS Memorial Quilt**, Washington DC. Contact: The Names Project Foundation, 310 Townsend St., Suite 310, San Francisco, CA 94107; (415) 882-5500.

1995 PUBLICATIONS

Conceiving Sexuality: Approaches to Sex Research in a Postmodern World. Richard G. Parker and John H. Gagnon, eds. New York: Routledge.

Healing and the Mind. Bill Moyers. New York: Doubleday.

Sickness and Healing: An Anthropological Perspective. Robert A. Hahn. New Haven, CT: Yale University Press.

Evaluation of a National AIDS Programme: A Methods Package—Prevention of HIV Infection. Geneva: World Health Organization.

HIGHLIGHTS (from page 3)

a community leads to interventions that do not take into account the range of behaviors, beliefs, and contexts in which injection drug use takes place. As an example of a natural group of injectors that does not belong to an IDU "community," Hoffer describes the case of a network of eight longtime friends—most of whom do not inject frequently or heavily—who "party" together, often getting drunk and injecting drugs together. To account for the real-life context of injection drug use, Hoffer suggests, interventions should target not a community of IDUs but *groups* of socially linked injectors who use together. Through systematic research, Hoffer concludes, one could identify different types of social networks centered on drug injection then customize interventions for each type.

In "Beyond the Sexual Monad: Combining Complementary Cognitions to Explain and Predict Unsafe Sex among Gay Men," John Vincke (Gent) and Ralph Bolton (Pomona College) also take issue with commonly held assumptions about HIV risk behavior. Arguing against the tendency of prominent psychosocial theories of health behavior to focus solely on individual HIV risk behavior, (continued on page 10)

HIGHLIGHTS (continued from page 9)

Vincke and Bolton point out that dyads, rather than individuals, should be the targets of HIV prevention interventions. Based on a 1993 study of 553 gay Flemish men in Belgium in which they used k-means clustering, discriminant analysis and multivariate covariance analysis techniques, Vincke and Bolton identified three naturally-occurring clusters of gay men through patterns of participation in eight sexual practices. Cluster 1 is comprised of men who engage in predominantly anal protected-oral unprotected penetration; Cluster 2 men are characterized by predominantly non-penetrative behavior; and Cluster 3 men predominantly practice unprotected penetration. The key factors determining membership in each cluster include relationship status (steady vs. casual), individual estimation of the safety or risk of a sexual practice and attitudes about anal sex.

Vincke and Bolton's findings suggest that gay men's sexual behavior patterns should be used as an identifier of target groups within the gay population in the development of HIV prevention programs. Different preventive actions are needed for men who practice: 1) unprotected anal sex; 2) protected anal sex; and 3) non-penetrative sex. Interventions for men in the first group should take into account the type of relationships in which the men are involved and the HIV status of all partners. For the latter groups, interventions should concentrate on supporting current behavior patterns.

Like Hoffer and Vincke and Bolton, Dwayne Turner, in "Pleasure and Relapse among HIV Negative Gay Men," questions a commonly held notion in HIV prevention—that of "relapse." Current definitions, Turner points out, regard a single incidence of unsafe sexual behavior as constituting "relapse." Furthermore, health educators tend to pathologize relapse, attributing it to psychological problems such as low self-esteem. In contrast, Turner's research with gay men in West Hollywood indicates that the men *were* practicing safe sex for the most part, reporting occasional "slips" into unsafe behavior when they were in the middle of a highly

pleasurable sexual experience. Drawing on this evidence, Turner suggests that heightened sexual arousal has an impact on cognitive abilities and may impair judgement. Additionally, while interviewees agreed there was a possibility they might engage in unsafe sex again, they did not exhibit a sense of low self-efficacy (a factor commonly associated with relapse). Instead, they said they would continue to have safer sex.

In contrast to the current all-or-nothing model of relapse, Turner advocates a model that allows for the occasional slip from safe to unsafe sex. HIV prevention interventions based on this model could concentrate on "managing" the number of slips before or after they occur. It could also provide positive reinforcement for safe behavior by supporting gay men practicing safer sex most of the time, explains Turner.

Together, the papers suggest that commonly held notions about HIV-related behavior may need to be rethought. Additionally, they provide recommendations for new approaches to tackling HIV prevention and illustrate that anthropologists' insistence on recording and analyzing *real* behavior in *real* settings can provide rich insights into understanding people's behaviors that put them at risk for HIV.