

# AIDS & ANTHROPOLOGY BULLETIN

The Newsletter of the AIDS and Anthropology Research Group

March 1999

Volume 11, Issue 1

AIDS and  
Anthropology  
Research Group

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## New Year's Reflections: An Interview with AARG Chair Fred Bloom

by Margaret Connors, Harvard Medical School

In the year before the turn of the millenium, we thought we would begin a new tradition in the AARG newsletter-- an annual appraisal of AARG goals through an interview with the AARG chairperson. The interview will serve two purposes: to introduce the chairperson to the membership and to assess goals for the new year. As the former chairperson of AARG, I would like to introduce Fred Bloom, who begins his second year of service as the Chair of AARG.

Fred Bloom has worked in the field of HIV/AIDS for over eight years. He began working with persons with HIV/AIDS in 1983 while serving as an intensive care nurse in south Florida. By 1989, he had returned to school to pursue his doctorate in anthropology at Case Western Reserve University. Throughout, Fred continued working part-time as a nurse serving HIV/AIDS patients in clinic and home settings. In 1992, he began anthropological research on the quality of life of persons living with HIV. This research ultimately became the subject of Fred's dissertation. In the fall of 1995, Fred began working for the Center for AIDS Intervention Research (CAIR) at the Medical College of Wisconsin, where he continued his research on quality of life for persons living with HIV. He also contributed to research efforts in HIV prevention among homeless people and young men who have sex with men, and on adherence to protease inhibitor regimens among persons living with HIV. This past September, Fred accepted a position at the Centers for Disease Control and Prevention in the Division of STD Prevention.

I caught up with him in early January and asked him to tell us about his work with CDC and share his thoughts about where AARG is heading in the coming year.

**MC: What kind of research endeavors will you be taking on in your new position with the CDC?**

**FB:** My research plans for the next few years will be centered around CDC's effort to eliminate syphilis in the United States. I will be applying ethnographic methods to assess, evaluate, and ultimately inform efforts to control and prevent syphilis in communities affected by high rates of the disease. I'm also interested in examining inter-relationships between HIV and other STDs, syphilis in particular.

**MC: How do you see anthropologists' role at the CDC evolving over the next few years?**

**FB:** Though I can't speak for CDC's vision of the role of anthropologists, I can say what I believe anthropologists can offer to the type of work CDC is currently involved in. First, we can improve understanding of the role cultural and ethnic identity plays in health promotion and disease prevention. Second, we can provide expertise in qualitative methods (there seems to be a growing interest in ethnographic methods). In addition, we can help develop practical applications of ethnographic data, theoretical principles, and research findings, as well as apply our expertise at working with stigmatized and disenfranchised groups. I'm sure there are other areas of anthropological expertise that would also be valuable.

*(Continued on page 3)*

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*for details, see page 4*



## An Invitation for Anthropologists to Contribute to HIV Prevention: The Behavioral and Social Science Volunteer (BSSV) Program

by Lara Frumkin, Program Coordinator for the BSSV Program, American Psychological Association

Are you looking for the opportunity to put anthropology into practice while helping your own community? Look no further, the Behavioral and Social Science Volunteer (BSSV) Program may be for you.

The American Psychological Association Office on AIDS, in collaboration with the AIDS and Anthropology Research Group (AARG), and the Centers for Disease Control and Prevention (CDC), would like to extend an invitation to anthropologists to join in the efforts to stop the spread of HIV through enrollment in the BSSV Program. Anthropologists are being sought because of their training in community level research and their background in assessment at multiple levels of analysis. Volunteers provide Technical Assistance to those in their community involved in HIV prevention planning and program implementation.

The BSSV Program provides an opportunity for qualified behavioral and social scientists from several disciplines, including Anthropology, to participate as volunteers in HIV prevention planning and program implementation activities in their communities. The goal of the BSSV Program is to link social and behavioral scientists with local HIV prevention efforts and to increase local capacity for selecting and using science-based prevention interventions. Based on local needs, volunteers will be linked to Community Planning Groups (CPGs), health departments, and Community-Based Organizations (CBOs) who are involved in providing prevention services to at-risk populations. These groups frequently provide HIV prevention for communities.

Dr. Lamont Lindstrom, an anthropologist and current Behavioral and Social Science Volunteer (BSSV) states, "anthropology offers both a method and an analytical focus that can contribute to the work of CPGs. 'Participant observation' is an intensive, ethnographic methodology by which one learns through doing. An anthropological approach can help them [the CPGs] organize what they already know." Dr. Lindstrom further comments that "anthropology's focus on 'culture', helps clarify

local systems of understanding and value" which are very crucial elements to consider when designing effective HIV prevention programs.

In addition to helping their community, anthropologists who participate in the program benefit directly in several ways. They will be part of a professional collaboration with national partners such as CDC, APA, technical assistance providers such as the Academy for Educational Development (AED), state partners such as HIV Prevention Community Planning Groups, health departments and local partners such as Community-Based Organizations that provide prevention services. Anthropologists will have an opportunity to participate in providing technical assistance and training to community groups and volunteers, and will be kept informed about HIV/AIDS prevention planning and services.

The BSSV Program staff recruit and collect information on the skills and interests of social scientists, provide orientation to the HIV Prevention Community Planning process, link anthropologists with local planning groups, health departments, and community-based organizations, and assist volunteers in identifying resources for specific technical assistance needs. The BSSV Program also supports ongoing professional relationships among the volunteers through internet contact, publications, and regional meetings.

*Contact:* Please contact the BSSV Program office at 202-218-3993 to get more information and obtain an application.

Thanks to Duane Wilkerson, BSSV Program Director, and Ted Duncan, CDC Project Officer with the Community Assistance, Planning, and National Partnerships Branch, for their assistance in helping with this article.



### AARG MISSION STATEMENT

The AARG, an interest group of the Society for Medical Anthropology (SMA), is a network 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.



(Continued from page 1)

**MC:** How might your work at the CDC enhance your role as chair of AARG (e.g., awareness of funding opportunities, broader knowledge of impact of AIDS nationally/internationally, knowledge of how other STDs and infectious diseases might impact HIV transmission)?

**FB:** Anyone who can scan the CDC and other internet websites has as much awareness of funding opportunities as I do. As far as a broader knowledge of the impact of HIV nationally and internationally, I hope that I will gain a broader perspective of the impact of AIDS and HIV through working collaboratively with the CDC's HIV division. As far as other STDs and HIV, I think there is a need to bridge the gap between our efforts to control and prevent HIV and parallel efforts to control and prevent STDs. A number of relationships can be identified between HIV and other STDs regarding transmission, control, and prevention. I think it's important to understand the specific case of HIV in the context of STDs in general and the reverse. In the case of syphilis, for instance, each impacts the transmission of the other. This dynamic has important consequences for intervention research and applications.

**MC:** What do you feel are AARG's successes over the past few years?

**FB:** I think that AARG's greatest strengths lie in the accomplishments of our members. AARG members continue to be at the forefront of anthropological research on HIV/AIDS. Through our membership list, we maintain a database of individuals involved in HIV/AIDS research nationally and internationally. Our newsletter has been, and continues to be, an important and well put together source of information of concern to anthropologists and others working in HIV/AIDS research. We also provide an important forum for the exchange of information for anthropologists and others working in HIV/AIDS research through our meetings and sessions at American Anthropological Association and Society for Applied Anthropology annual meetings. I think we've been successful in bringing together experienced researchers with graduate students and novice researchers through our conference activities, newsletter, and membership list.

**MC:** Where are some places AARG can improve?

**FB:** I would like for us to increase our visibility as an organization and increase the visibility of HIV/AIDS research as a critically important area of inquiry for anthropologists. Related to this, we also need to increase our membership, both for the purpose of survival as an organization, and to bring in new HIV/AIDS researchers who can help us grow as an organization by sharing their expertise and perspectives with us.

**MC:** Where do you see the organization going in the future?

**FB:** I've mentioned some of our efforts to improve. In addition, we are finally making some headway in updating our web page. Ray Bucko of Lemoyne University, currently working in the Philippines, will be taking on the task of webmaster for AARG. Several of our members are working to organize some sessions for the American Anthropological Association Annual Meeting in 1999 which will highlight AARG members' research. I am also excited about our recently established "Service Award" to be given every other year at the AAA annual meeting. This award will honor an anthropologist's direct service in care and treatment, prevention, counseling, community organizing, and/or other service activities. We have received at least one nomination for this award and hope to receive many more in the coming months. We encourage members to send nominations to the Chair of the Service Awards Committee, Delia Easton (Delia967@aol.com). In all, I see us continuing our role as a forum for those involved in anthropological research on HIV/AIDS. I hope that in 1999 we can improve on and



## Call for Papers: HIV/AIDS in the 21st Century

As we begin the 21st century and approach the third decade of the HIV/AIDS epidemic in the U.S., the disproportionate numbers of HIV positive Latinos, African Americans, women, and children continue to rise. Thousands of children are orphaned each year because of HIV/AIDS. New medications, costing thousands of dollars a year, are transforming HIV/AIDS from a terminal syndrome to a chronic condition. Funding for HIV health services, supportive services, and prevention have always been inadequate, engendering fierce competition for precious dollars. Increasingly, survivors must be served by limited funds. This session aims to address these issues and others pertinent to HIV/AIDS in the 21st century. If you are interested in being part of this AARG-sponsored panel at the 1999 American Anthropological Association Meeting, please contact Joy Ann Juvelis at:

National Center on Addiction and Substance Abuse at Columbia University  
152 W. 57th St.  
New York, NY, 10019  
Phone: 212-841-5248  
FAX: 212-582-8046  
E-mail: JJUVELIS@casacolumbia.org



## Receive the AIDS and Anthropology Bulletin by E-mail

This month's issue of the AIDS and Anthropology Bulletin is the first to be distributed via e-mail. During the coming months, we would like to transition as many members as possible to an e-mail distribution system; however, we need your help in bringing our e-mail address list up to date. If you didn't receive this issue of the Bulletin via e-mail, and would like to in the future, please contact AARG membership officer, Michelle L. Renaud ([mrenaud@macroint.com](mailto:mrenaud@macroint.com)). If you are unable to receive the Bulletin by e-mail, we will continue to send you the print version.

## New AARG Officers Begin Tenure

Last fall, Delia Easton and Doug Goldsmith were elected to the positions of Treasurer and Secretary of AARG. They took office on January 1. We'd like to welcome them to their new positions and thank them for making time in their otherwise busy schedules to serve AARG. Delia, our new Treasurer, is currently completing a postdoctoral fellowship at the Columbia University HIV Center where she has conducted research on how children and youth experience HIV and the effects of welfare reform on HIV positive women. She has been involved with AARG since her years as a graduate student in medical anthropology at Case Western Reserve University. Until recently, she served as the graduate student representative on the AARG steering committee. Delia also chairs the AARG Committee on Service Awards. Doug Goldsmith, our new Secretary, teaches at the John Jay College of Criminal Justice in New York City and works as a consultant. For twenty years, Doug has conducted research in New York City on social behavior and norms around IV drug use, as well as health-seeking behavior and social reciprocity among drug users. Doug received his degree from University of Connecticut's medical anthropology program and has been involved with AARG since its inception.

## Books Available for Review

Complimentary copies of the following books are currently available for review. Please contact AAB Editor, Katherine Fritz, if you would like to write a review for the AAB and receive a free book!

**Women, Drug Use, and HIV Infection.** Sally Stevens, Stephanie Tortu and Susan Coyle eds. The Haworth Press, 1998.

**Putting Risk in Perspective: Black Teenage Lives in the Era of AIDS.** Renee T. White. Rowman & Littlefield Publishers, Inc., 1998.

In addition, if there is a book you would like us to order for review, please contact AAB Editor, Katherine Fritz with your suggestion.

## Newsletter Submissions Welcome

We encourage all members, especially our colleagues working internationally, to contribute to the AIDS AND ANTHROPOLOGY BULLETIN. Submissions can include announcements of or reports on 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 for the next issue of AIDS AND ANTHROPOLOGY BULLETIN are due April 30, 1999. Please send your submission to:

Katherine Fritz  
Center for AIDS Prevention Studies  
74 New Montgomery St., #600  
San Francisco, CA 94105  
email: [kfritz@aol.com](mailto:kfritz@aol.com)

(Submissions longer than half a page should be on disk or sent via e-mail)

## JOIN AARG TODAY

The AIDS and Anthropology Research Group is a special committee of the Society of Medical Anthropology (SMA) of the American Anthropological Association (AAA). The AIDS AND ANTHROPOLOGY BULLETIN (AAB) is the official newsletter of AARG and is printed three times per year. 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, address, phone number, FAX number, e-mail address, and a check (made out to AARG) to:

Michelle L. Renaud  
4050 Inverness Crossing  
Roswell, GA 30075



## RESEARCH REPORT: HIV/AIDS and Adolescents in Rural Uganda

by Kearsley Stewart, CDC/Emory University/University of Florida

Between November 1996 and December 1997, I conducted a medical anthropological study of HIV/AIDS among 600 young people in rural Uganda. Funded by the National Science Foundation and National Institutes for Health, I set out to collect a wide variety of data—demographic, ethnographic, and epidemiological. I had several goals in mind: (1) to understand how Ugandan adolescents balanced their emerging sexuality with the daily reality of HIV/AIDS, (2) to engage biomedical HIV/AIDS researchers in a dialogue with anthropological perspectives of the epidemic, (3) to offer state-of-the-art HIV/AIDS testing and counseling services for the first time to a rural community, and (4) to contribute to the reduction of HIV/AIDS transmission through action-oriented social scientific research. That's a tall order for 14 short months, but with the dedicated assistance of seven local research associates and the enthusiastic support of the community, we came close to achieving all the goals we set for ourselves as a research team.

Uganda has one of the highest HIV infection rates in the world and adolescent women aged 15-19 are six times more likely to be HIV positive than are young men of the same age. The popular media in the West often explains this epidemic by resorting to racist stereotypes of Africans as more promiscuous than Europeans or Americans. However, the truth about why eastern Africa, and Uganda in particular, suffers these high rates of HIV infection may be found by considering the complex interactions between infectious disease and historical, economic, and geographical processes. For example, during the colonial period a new, more virulent strain of syphilis was introduced to the Lakes region of eastern Africa. It spread quickly because there was no local immunity to, or tolerance of, the disease. At the same time, men and women migrated from the countryside to the cities in search of wage employment to pay taxes to the colonial government and buy consumer goods. This population movement contributed to the creation of an epidemic. Today, young women are disproportionately at risk of HIV/AIDS because as females they do not present the symptoms of syphilis as readily as men and untreated syphilis increases the risk of male-to-female HIV transmission twenty-fold. During the 1970s and 1980s Uganda experienced a series of brutal civil wars which disrupted the delivery of primary health care, increased outbreaks of malaria and cholera (further weakening the immune system), and contributed to the emergence of the HIV-1/2 epidemic in the region. Clearly, promiscuity does not help explain the HIV epidemic in Uganda.

Another major problem in African HIV/AIDS research is how to explain the perplexing gap between knowledge and behavior. Most of us know that smoking is bad for our

health, yet many persist in smoking. Similarly, Ugandan youth consistently outscore other youth, including Americans, in knowledge about HIV/AIDS transmission, yet they continue to report behaviors which put them at risk of HIV/AIDS. Social scientific models have failed to stem the epidemic among young people all over the world. An important anthropological contribution to this research project was the proposal that we needed to examine the full context of a young person's emerging sexuality, not just those sexual behaviors related to the biological aspects of HIV transmission. This meant developing a survey instrument that asked focused questions on a broad range of topics related to youth life—educational and work histories, friendships and intimate relationships, hopes for the future, leisure activities, alcohol and drug use, and normative ideals about family life. We complemented these data with in-depth individual interviews and group discussions with youth as well as community leaders, retired teachers, nurses, and concerned parents. We attended youth group meetings, school plays, discos, and video clubs to observe and compare adolescent behaviors in chaperoned and unchaperoned settings. Finally, we offered free and confidential sexual health counseling and HIV-1/2 testing at a local hospital where a trained nurse re-interviewed participants to confirm data reported on the survey.

This research changes the current understanding of HIV/AIDS in Uganda in many ways, and it makes new contributions to the anthropological and epidemiological study of adolescent sexuality in Africa. First, the research fills many important research gaps by providing baseline data for a previously unstudied area. It also demonstrates that even a "remote" area can support survey research on such a sensitive topic as HIV/AIDS and embrace HIV-1/2 testing as an intervention technique. Second, the project confirms the necessity of reaching across disciplines when studying an issue as complex as adolescent sexuality during an epidemic. One of the surprises was that both young men and women accepted condoms almost three times as often from male interviewers as from female interviewers, a fact which has great importance for the success of the newly revived government campaign to promote condom use.

This discovery is the direct result of combining data from an extensive anthropological interview with public health outreach program. Third, the research challenges standard models of health behavior and complicates anthropological theories of the influence of normative values in shaping the public expression and private practice of adolescent

*(Continued on page 6)*



(Continued from page 5)

sexuality. Preliminary analysis of the qualitative data indicates that young people make decisions about their sexual behavior drawing on a tangled, but patterned, array of influences. They strive to uphold "traditional" ideas about sexual behavior within a marriage where procreation is the dominant reason for sexual relations, but experiment with more "modern" sexual relations outside and before marriage as an expression of their access to the cash economy and their ability to consume imported goods.

Although the analysis is still on-going, the best news needs little analysis: the rate of HIV-1/2 prevalence for 15-19 year olds in this region of western Uganda was much lower than expected. This could be evidence that young people are heeding the public health messages to practice safer sex, or it could be evidence that the full effect of the epidemic has not yet reached the area. More analysis will identify the plausible hypothesis. But even at this preliminary stage, the study has already had an impact on the community and policy makers in Uganda. Before I left the field site, we organized a formal presentation and invited the participants and the public to offer their criticisms of the year's work and suggestions for future research. We were overwhelmed by the response--over 100 people attended, some arriving on bicycles from as far as 15 miles away. Most expressed satisfaction, some shared their concerns about the distribution of condoms to youth, and others invited us to return to research other issues.

But the most powerful moment came when a young woman stood up, slowly looked around the room and then spoke directly to her elders and teachers, asking them to take more responsibility in assisting the youth to remain AIDS free. Her voice was clear and strong that afternoon, clear in its understanding that the solution to the AIDS epidemic was the responsibility of all generations and strong in its appeal for parents and administrators to consider youth an equal partner in the struggle to overcome the epidemic. After she finished her speech, several adults rose from their seats to offer their support for her proposal and urged others to do the same. Prompted by the young woman's speech, the community clearly understood the significance of the research findings. They turned an abstract social scientific method and theory into immediate use by gathering the community together around an important issue. That's the meaning of action-research and, from my perspective, the end result for which all social scientific research should strive.

## Anthropology & Medicine's Special Issue on HIV/AIDS Now Available

This April, *Anthropology & Medicine* (Europe's version of *Medical Anthropology Quarterly*) published a special and extended issue on HIV/AIDS. AARG members figured prominently among the contributors whose manuscripts were selected for inclusion a rigorous peer review process.

The original research articles in the special issue are: "Beliefs about AIDS in Five Latin and Anglo American Populations: the Role of the Biomedical Model," by Roberta Baer et al.; "Why do Puerto Rican Injection Drug Users Inject so Often?" by Merrill Singer; "Boy' and 'Girl': the AIDS-risk implications of heroin and cocaine symbolism among injection drug users," by Robert Carlson; "Women as 'Sex Workers,' Men as 'Boyfriends': Shifting identities in Philippine go-go bars and their significance in STD/AIDS control," by Eric Ratliff, and "Transforming AIDS: The moral management of stigmatized identity," by Laura Stanley." The special issue also contains two research briefs, one regarding research on gossip, by Laura Smith et al., and another on research carried out with adolescents, by Delia Easton. The special issue opens with an editorial by guest editor Elisa Sobó and concludes with an invited essay by Guro Huby on the ways in which PHAs, health care workers, and social service professionals negotiate PHAs' entitlement to welfare benefits.

Single copies of the special issue (Volume 6, Number 1) may be purchased; yearly subscriptions also are available. To purchase subscriptions (\$98) or single issues (\$43) or to secure a subscription to *Anthropology & Medicine* for your institution (\$230) contact Carfax Publications, Taylor & Francis Ltd.; Customer Service; 47 Runway Road, Suite G; Levittown PA 19057-4700; ph. 215-269-0400; fax 215-269-0363.

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## Recently Funded Research by AARG Members

### Collective Strategies for Coping with AIDS in Tanzania: illness experiences of migrants and their social networks--a comparison be- tween rural and urban contexts

by Hansjörg Dilger, Free University of Berlin

I have recently been awarded funding from the German Heinrich Böll Foundation to pursue Ph.D. field research in Tanzania and at the Free University of Berlin, beginning in the spring of 1999. My research will take into account two characteristics of HIV/AIDS in south-eastern Africa. First, because HIV transmission is primarily heterosexual and prenatal in Tanzania, whole families are affected by the illness. Second, a large portion of HIV-infected people in Tanzania are migrants who work or trade in urban areas and return to their rural homes when they become ill. The project seeks to draw comparisons between rural and urban contexts in Tanzania (Shirati /Mara Region and Mwanza). I plan to explore how migrants and their families experience and organize their experiences of AIDS.

I will focus both on families affected by HIV/AIDS and on "Therapy Managing Groups" or TMGs. These groups are formed during long-lasting illnesses and play a decisive role in the creation of illness experiences and therapeutic processes. The structure of the TMGs depends on the local context. In addition to clans in rural areas, churches, healers, friends, or colleagues may also be involved in TMGs. My research will explore how various diagnoses (AIDS, witchcraft, breach of a taboo) are discussed by the TMGs and how the AIDS discourses of local communities (which are often stigmatizing) reflect collective perception of infection and illness. It is my hope that results of this research will be helpful to government and non-governmental organizations as they develop prevention and service programs. I would find it helpful to get into contact with scientists whose interests are focused on similar topics.

Please write to:

Hansjörg Dilger  
Institut für Ethnologie  
Drosselweg 1-3  
14195 Berlin  
Germany  
E-mail: maza@hdk-berlin.de

*Have you recently received funding for a research project? Let us know about it! Send a short description of your project to the AIDS and Anthropology Bulletin Editor and we'll spread the good news.*

## Upcoming Conferences

**March 23-26, 1999.** 11th National HIV/AIDS Update Conference. San Francisco, CA. Theme: "Partnering Science and Practice." For registration and general information, call 415-920-7000 or visit <http://www.nauc.org>

**April 20-25, 1999.** Annual Meeting of the Society for Applied Anthropology. Tucson, Arizona. Theme: "Constructing Common Ground: Human and Environmental Imperatives." For information, visit: <http://www.telepath.com/sfaa/>

**August 29-Sept. 1, 1999.** National HIV Prevention Conference. Atlanta, GA. Sponsored by the CDC. Abstracts must be received or postmarked no later than April 2, 1999. For more information, visit: [http://www.cdc.gov/nchstp/hiv\\_aids/dhap.htm](http://www.cdc.gov/nchstp/hiv_aids/dhap.htm)

**Nov. 17-21, 1999.** Annual Meeting of the American Anthropological Association. Chicago, IL. Theme: "Time at the Millenium." Paper proposals must be received by April 1, 1999. For more information visit <http://www.ameranthassn.org> or contact AAA Meetings Dept. 4350 N. Fairfax Dr. Suite 640, Arlington, VA 22203; phone: 703-528-1902



## Summer Study Opportunity

The Institute on Sexuality, Culture, and Society is an academic summer program open to students from around the world. We are encouraging advanced students, primarily PhD and MA students in the socio-cultural sciences with a serious interest in sexuality study, to apply for participation in the Fourth Annual Institute, July 12 - August 6, 1999. The classes of the Institute are taught in the intensive manner of small seminars, with group discussions, lecturers and guest lecturers by prominent people in the field. This year's intensive research seminar will be co-taught by Gilbert Herdt and Mieke Aerts (a female Dutch historian who specializes in gender) and will survey a range of theoretical and methodological approaches to sexuality study in the socio-cultural sciences. For more information please visit our web-site with the latest information at: <http://www.pscw.uva.nl/InternationalSchool/SummerInstitute>