

# AIDS & ANTHROPOLOGY BULLETIN

THE NEWSLETTER OF THE AIDS & ANTHROPOLOGY RESEARCH GROUP

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## AIDS and Anthropology Research Group

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## AIDS & ANTHROPOLOGY BULLETIN

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## **RISK FACTORS FOR HIV AMONG HOUSEWIVES IN SAN SALVADOR** by Michele G. Shedlin, PhD, Sociomedical Resource Associates, Ann

Fitzgerald, MA, PASCA, and Licida Bautista, MD, PASCA

Historically, HIV/AIDS behavioral research has focused on those populations and communities considered at highest risk for contracting and transmitting HIV. Other than female sex workers, however, women have been neglected internationally as a focus of AIDS research. Consequently, there has been inadequate understanding of women at risk and little attention to gender specific prevention efforts.

The Central American AccionSIDA Project (PASCA) provides technical assistance and resources to El Salvador's AccionSIDA Committee. In their analysis of the HIV/AIDS situation in the country, the committee was surprised to find that housewives were reported to have a high HIV incidence rate. This finding contradicted the long-held belief that the HIV/AIDS epidemic in El Salvador was a concentrated epidemic, that is, one that had not branched out to the general public. AccionSIDA/El Salvador decided to commission a research study to identify what was creating this context of vulnerability for El Salvadoran housewives. The following are highlights from a full report that will be published in Spanish and English in the future. The report was presented to health officials and the press in San Salvador in December 1999.

The objectives of the study were twofold. First, we sought to obtain qualitative data that would add depth and detail to the

epidemiological data concerning HIV infection among housewives in San Salvador. Second, we sought to obtain psychosocial and behavioral data that would aid the development of prevention education and policy change supporting HIV prevention in this group of women.

In this research, we used focus groups to record the range of experiences, attitudes, and beliefs expressed by men and women of different ages, partner status, gender identity, and sexual preference about HIV/AIDS. The variety of focus group participant characteristics allowed us to do cross-group comparisons. The sample consisted of 127 participants, segmented by gender, age, and with/without partner. The study targeted people representative of the "popular strata," that is, people of low socio-economic status who are considered most vulnerable to contracting HIV/AIDS. A total of sixteen focus groups were conducted among this population. Three additional sessions were conducted with groups considered to have special knowledge or different perspectives on the research issues: transgender sex workers (*travesti*), gay-identified men, and health professionals.

### EMERGENT THEMES AND ISSUES

The focus group participants described traditional norms that subjugate women to men and result in the perpetuation of power differentials in every aspect of life. Most serious to many aspects of women's life,

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participants said, is the lack of self-esteem that results from norms and behaviors that disempower women. The health professionals, in particular, focused on women's inability to protect themselves and their families from transmissible diseases—a result, in part, of socially acceptable male institutions and behaviors.

The overriding issue in all of the focus group discussions, regardless of the topic under discussion, was *machismo* and the effects of the behavioral norms that guide the daily lives of men and women in their society. The professional group pointed out that *machismo* is not just a men's issue, but a women's issue as well as it influences the attitudes women hold about their role in society and their self-worth. The professionals saw *machismo* as a fundamental cultural issue, influencing all aspects of social interaction and, of course, health and HIV prevention.

Both the men's and women's groups provided significant data on perceptions of *machismo* as well as its effects on men, women, children, and society. In discussing *machismo*, participants raised issues of communication, domestic abuse, substance abuse and sexual behavior. In addition to the issues of domestic abuse, "irresponsibility", and control of women, women commented that men were often very open about their extra-marital relationships and even flaunted them. This flaunting was, in some cases, motivation for a wife finally to end the relationship. Interestingly, women observed that a man's lack of employment aggravated such behavior, especially when the wife was working. Younger women were more openly disdainful of *machista* men and filled with criticism. "What they do best is abandon the home," commented one participant. Unlike most of the younger women, many of the older, married women had a tendency to accept blame for their husband's *machista* behavior.

Male focus group participants described two types of men: "adventurous" ones and "loyal" ones. The adventurous ones were said to go from work to the street, and to forget their homes. Many participants expressed the opinion that it is generally expected for men to have sex with multiple women and that this may mean other homes and children as well. The formation of other households with children appears to be a form of institutionalized infidelity, which is supported by the norms of *machismo*. Prostitution was said not only to be very common but also "socially accepted."

When asked about same sex behavior, many of the men agreed that this did happen, but because of their drinking. "There are places where they [homosexuals] go, they use make-up well....they are more attractive than a woman," observed a men in one group. Homosexuality, participants said, is not just in El Salvador but exists all over the world, "all over the world they have this type of people." The men also mentioned knowing other men who "love their wife and love their husband."

Some women expressed awareness of men's bi-sexuality or same sex behavior but the issue was treated with more embarrassment and less knowledge than in discussions of "other women." The women spoke of men going with "*efeminados*." The professional group, however, stated clearly that "...a good number of men have their life *companera* and their life *companero* as well." "Sometimes they are *travesti*," they said, "and sometimes gay." One participant continued, "They don't consider themselves bi-sexual. It is an experience they had on the weekend, but they continue being very macho. What happens is that just as they make love with a woman, they are so macho that they can do it also with men."

"In our society," explained one of the

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## 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.



## AARG ELECTION RESULTS

The AARG Steering Committee is pleased to announce the results of the fall election. The membership chose a new Chairperson, two new Steering Committee members, and a new Student Representative. We welcome them to their jobs and would like to introduce them to you.

Elisa Sobo has taken on the job of AARG Chairperson. Elisa is the Trauma Research Scientist at Children's Hospital, San Diego. Elisa has published two books specifically related to AIDS: Choosing Unsafe Sex: AIDS-Risk Denial among Disadvantaged Women (1995), and The Endangered Self: Managing the Social Risks of HIV (with G. Green, forthcoming in 2000). Other books include One Blood: The Jamaican Body (1993), The Cultural Context of Health, Illness, and Medicine (with M. Loustanaou, 1997), and various co-edited volumes (Using Methods in the Field (1998), Contraception Across Cultures: Technologies, Choices, Constraints (forthcoming), and Celibacy, Culture, and Society: The Anthropology of Sexual Abstinence (forthcoming)). Elisa is on the editorial boards of *Anthropology & Medicine* and *Reviews in Anthropology* and takes great pleasure in helping others bring their work to fruition. Her goals for AARG center around helping members generate renewed interest in HIV/AIDS studies.

Ray Bucko has been elected to join the Steering Committee. Ray is an Associate Professor of Anthropology at Le Moyne College where he also serves as Academic Computing Coordinator. He has conducted research on ritual (sweat lodge) among the Oglala Lakota of Pine Ridge and has done some research on AIDS and AIDS prevention in Native American communities. He ran an HIV/AIDS information computer bulletin board in the early 1990s. Ray became committed to the topic of HIV/AIDS when several friends and family members, including a younger sister, were afflicted with the disease. Ray is also a Jesuit and his community provided financial support for the computer AIDS information bulletin board. In order to become more involved in specific AIDS research as well as join the community of people who work in this area, Ray volunteered last spring to be an "electronic resource" for AARG. He currently maintains AARG's web site and a small but hopefully growing AARG listserv ([aarg@listserv.lemoyne.edu](mailto:aarg@listserv.lemoyne.edu)).

Cathy Jones has also been elected to join the Steering Committee. Cathy is a Research Associate at Washington University School of Medicine, Center for Healthcare Quality and Effectiveness. Her dissertation was a qualitative study of persons living with HIV in the U.S., and examined how the tensions between the social images of HIV disease, the physical effects of the disease, and people's lived experience affected their sense of self and connection with others. She also became interested in primary and secondary prevention issues and worked for several years on a STD health-care seeking and health care delivery project among the urban marginalized. Cathy is currently involved in designing and implementing improved health care programs for a health care system.

Finally, Mark Padilla has been elected as Student Representative to the Steering Committee. Mark is a Ph.D. candidate at Emory University and is currently conducting fieldwork in the Dominican Republic. He has been kind enough to send us a "Report from the Field" which appears on page 4.

Thanks to all our new officers for the generous gift of their time and effort.

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## NORRIS LANG RECEIVES AARG SERVICE AWARD by Delia Easton

At the 1999 98th Anthropology Meetings AARG business meeting, **Norris Lang, Ph.D.**, professor and Chair of the Department of Anthropology at the University of Houston, was presented a service award honoring his involvement in the AIDS field for nearly two decades. In addition to his academic work, Lang is a clinical social worker counseling HIV positive clients. More recently, following improvements in treatment, Lang has shifted his counseling focus from preparing clients for death to encouraging them to return to leading full lives. Lang estimates that he has known about 300 people who have died from HIV related illness, throughout the course of his practice and community work. At the meeting, Dr. Lang was presented a check and a plaque. The plaque read, "Norris Lang exemplifies the AARG criteria for service excellence through his community work and his social work practice. He has extended his anthropological training beyond the realm of academic work to reach out to the community, specifically seeking additional training in order to become a social worker providing direct services to the local community of HIV positive persons. He has undertaken this service as SERVICE, with no professional rewards, within anthropology or the academy, expected."

## REPORT FROM THE FIELD: MALE SEX WORK AND TRANSNATIONAL IDENTITY POLITICS IN DOMINICAN REPUBLIC

by Mark Padilla, Emory University

As a Ph.D. candidate in anthropology at Emory University, I am currently conducting fieldwork in the Dominican Republic with financial support from the National Science Foundation, Fulbright IIE, and Wenner-Gren. In an effort to integrate my training in medical anthropology and public health at Emory, my dissertation fieldwork combines the ethnographic methods of anthropology with the applied goals of international health in order to link cultural and political-economic factors with sexual risk behavior in Santo Domingo. In my first year of fieldwork, I have focused primarily on men who have sex with men (MSM), in cooperation with four organizations working on HIV/AIDS: Amigos Siempre Amigos (an NGO serving the gay community), AccionSIDA (a large financing and coordinating AIDS prevention project funded by the Academy for Educational Development), Redovih+ (a support and advocacy group for people living with HIV/AIDS), and Alcanza Tu Armonia (a Colombia-based organization working on issues of “emotional intelligence” and sexual behavior change in Santo Domingo). The questions that lie center of my research are the construction of sexual identities, male sex work, the influence of transnational identity politics and tourism on conceptualizations of self, community and social change, and the recent growth in social/political advocacy by and for persons living with HIV/AIDS.

During the first year of research, methods of data collection included participant observation, semi-structured interviews, and focus group discussions. During the second year (January-December 2000), my methods will also include large-sample surveys, life histories, and continued participant observation. Finally, due to Dominican social scientists’ interest in sex tourism in the cities of Puerto Plata and Santo Domingo, a group of local co-investigators is currently seeking additional funding to support further research. This research would assist me to achieve my goal of using ethnographic research to identify program priorities and to directly assist in designing more effective and culturally appropriate AIDS prevention programs. Proposed methods for this expanded project include: 1) An initial period of participant observation to describe the range of male sex work sites in the two target cities and to provide a description of local and foreign clients, sex workers, and the network of contacts which link them, 2) a period of quantitative data collection involving an extensive survey of sex workers and clients focusing on socio-demographic characteristics, initiation

and participation in sex work, conceptual models of sex workers and clients, sexual risk behavior, and knowledge of HIV/AIDS, and 3) a final stage of qualitative data collection involving semi- and unstructured interviews with sex workers and clients, including life histories and sexual histories of selected participants. If funded, the study would likely lead to a second phase—employing ethnographic data to design effective, feasible, and sustainable interventions in this relatively understudied population.

My most recent work involves a description of findings from focus groups conducted among Dominican MSM in collaboration with Amigos Siempre Amigos (ASA). Preliminary findings from this study were reported at the recent “Lavender Languages” conference in Washington, D.C., and are included in a proposed collection of papers from that conference under the editorship of Bill Leap at American University. In the analysis, I discuss three specific findings from the focus groups: 1) the association of “gay” identity with foreignness, specifically with being American and speaking American English, 2) the general openness to assimilation or affiliation among diverse identities implied by Dominican definitions of “gayness”, and 3) the linguistic function of “gay” as a superordinate, default category incorporating all local identity constructions for men who have sex with men, regardless of their individual definitional particularities.

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### AARG MEETINGS SCHEDULED FOR SMA/SfAA CONFERENCE

The AARG membership meets yearly at the Society for Applied Anthropology Conference. This year, the conference is being held in San Francisco in cooperation with the Society for Medical Anthropology. We hope you will make time in your schedule to meet with other AARG members. The Steering Committee Meeting will be held Wed., March 22 at 5:30-7 p.m. The Business Meeting will be held Friday, March 24, at 10-1:30 p.m. The AIDS Support Group will meet at 8:30-10:00 a.m. on Sat., March 25.

## RECENTLY PUBLISHED IN THE LANCET: MALE CIRCUMCISION COULD PREVENT MILLIONS OF HIV INFECTIONS

by Katherine Fritz and UCSF News Services

AARG members Bob Bailey (University of Illinois) and Daniel Halperin (UCSF) report in a recent Lancet editorial review that male circumcision could potentially save millions of men and their partners from becoming infected with HIV. The authors point to 32 studies from eight countries that found a significant association between lack of male circumcision and HIV infection. Bailey and Halperin suggest that dramatic discrepancies in regional HIV infection rates can be partially explained by circumcision practices. In most West African countries, for example, where male circumcision is a widespread practice, HIV prevalence levels are between one and five percent. In comparison, many of the predominately non-circumcising East and South African nations have infection rates approaching 25 percent. Similar patterns exist in South and Southeast Asia.

Halperin and Bailey estimate that in countries like Nigeria and Indonesia, where no more than a fifth of the men are uncircumcised, roughly 25 percent of HIV infections can be explained by a lack of circumcision. This number jumps to 55 percent for countries such as Zambia and Thailand, where 80 percent or more of men are uncircumcised. The increased risk of infection is attributable to the foreskin of the penis which provides a vulnerable portal of entry to HIV and other pathogens. The foreskin is susceptible to small scratches and tears during intercourse and contains a high density of Langerhans cells – primary target cells for HIV. An intact foreskin also exposes a man to other sexually transmitted diseases such as syphilis, herpes, and chancroid that are known cofactors for HIV infection.

“The number of infections probably caused by lack of male circumcision already reaches into the

millions,” says Halperin. “We would expect the international health community to at least consider some form of action, but male circumcision remains largely unexplored as a tool against AIDS.” Perhaps the biggest argument for addressing the feasibility of male circumcision is that a majority of men and women in the countries besieged by AIDS may support the practice, say the authors. In a survey of 216 adults in Western Kenya, Bailey found that 60 percent of men would prefer to be circumcised and 62 percent of women would prefer to have circumcised partners, but only about 10 percent of men actually have the procedure done.

Men who seek circumcision have difficulty gaining access to trained professionals operating in safe settings, say the authors. Private clinics that specialize in male circumcision, many of which are run by people with minimum or no medical training, are sprouting up in many countries including Tanzania, western Kenya, Rwanda, and Uganda. When done properly, adult circumcision is a simple, outpatient procedure that allows most men to return to work the next day. In unsafe and unclean conditions, however, excessive bleeding or infections can disable a man for weeks.

“We need to provide communities with balanced information, training, and the resources needed to offer safe, voluntary male circumcision,” says Halperin. “Everyone has the right to access safe services and to make informed decisions.” The authors believe that in addition to proper training in the procedure itself, clinicians need training on how to counsel men and women on the risks, benefits, and care associated with circumcision. They also caution that advertising circumcision as a way to prevent HIV transmission could be counterproductive if men who opt for the procedure believe it will fully protect them from AIDS and other sexually transmitted diseases.



## REQUEST FOR SUBMISSIONS

by Stephanie Kane, Indiana University

Have you published research on AIDS and illegal drug use, prostitution, intentional HIV transmission, fieldwork on the street or in prison, needle exchange, criminal law or criminality, justice/injustice? I am gathering materials for a review article on “AIDS and Criminal Justice” for a special AIDS issue of the Annual Review of Anthropology (2001). Please send copies of work published between the mid-1980s and the present to: Stephanie Kane, Ph.D., Dept. of Criminal Justice, sycamore 302, Indiana University, Bloomington, IN. 47405 or email [stkane@indiana.edu](mailto:stkane@indiana.edu)



# CONFERENCES

**February 13-16, 2000.** 3<sup>rd</sup> European Conference on Social and Behavioural Research on AIDS: Towards Better Practice: European Partnerships in HIV/AIDS Research, Policy, Prevention, and Care.

Amsterdam, The Netherlands. Contact: Aids Fonds, Keizersgracht 390, 1016 GB Amsterdam, Netherlands Telephone: 31-20-62 62 669 Fax: 31-20-62 75 221 email: [eucon@aidsfonds.nl](mailto:eucon@aidsfonds.nl) Website: <http://www.aidsfonds.nl>

**February 24-25, 2000.** National Conference on African-Americans and AIDS. Washington, D.C. Contact: Jennifer Walter, Office of Continuing Medical Education, Johns Hopkins University School of Medicine, Turner 20, 720 Rutland Ave., Baltimore, MD 21205-2195 Telephone: (410) 614-6181 Fax: (410) 614-7315 email: [jwalter@jhmi.edu](mailto:jwalter@jhmi.edu) or [cmenet@jhmi.edu](mailto:cmenet@jhmi.edu)

**March 13-16, 2000.** Microbicides 2000. Washington, D.C. Sponsored by NIH, CDC, UNAIDS, and others, this conference aims to provide updates on current research in microbicides and to review the state-of-the-art methodological, clinical, ethical, and behavioral issues in microbicide research. To be placed on a mailing list to receive a detailed brochure, contact: Mary Dannahey, 7101 Wisconsin Ave, Suite 1300, Bethesda, MD 20814, USA. Telephone: 301-986-4870 or 1-800-749-9620 (for U.S. callers only) Fax: 301-913-0351 email: [Mdannahey@s-3.com](mailto:Mdannahey@s-3.com)

**March 21-26, 2000.** Society for Medical Anthropology/Society for Applied Anthropology Joint Annual Meeting. San Francisco, CA. The Society for Medical Anthropology (SMA) will meet jointly with the Society for Applied Anthropology (SfAA) in San Francisco in 2000. The SfAA Conference theme is

“Understanding the Past to Negotiate the Future.” The SMA is planning a series of special events to allow medical anthropologists to review the contributions of their field to anthropology and beyond and to plan for the next millennium. These include: a major SMA-organized independent plenary session on "The Contributions of Medical Anthropology to Anthropology and Beyond." Special sessions organized by the SMA board will be held throughout the course of the meeting. A variety of volunteered posters, papers, and sessions from medical anthropologists, as always, will be part of the regular Society for Applied Anthropology Program. The deadline for submission of volunteered posters, papers, and sessions has been extended until November 1 (from October 15) to allow for greater response from SMA members. These submissions should be done through the SfAA. Forms for registration can be most easily obtained at the SfAA Website at: <http://www.telepath.com/sfaa/>

**July 9-14, 2000** 13<sup>th</sup> International AIDS Conference. Durban, South Africa. The theme of the Conference, "Break the Silence," is an acknowledgement of the many silences which surround and imprison HIV/AIDS—from the silence of communities which obstruct acceptance and disclosure, to the silence which prevails across nations estranged by colossal inequities and divided by towering debts. February 1, 2000 will be the deadline for abstract submission, scholarship applications, and early registration fee. To be included in the mailing list, forward your details to Congrex in Sweden by e-mail: [aids2000@congrax.se](mailto:aids2000@congrax.se) or by fax: +46 8 661 81 55 Website: <http://www.aids2000.com>

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## 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 ANTHROPO-

LOGY BULLETIN are due April 30, 2000. Please send your submission to:

Katherine Fritz  
c/o Zimbabwe AIDS Prevention Project  
105 Rotten Row  
Kopje, Harare  
Zimbabwe  
email: [Katherine@zappuz.co.zw](mailto:Katherine@zappuz.co.zw)

Submissions longer than half a page should be on disk or sent via email)

## Public Health Training Opportunities For International Scientists

- The Center for AIDS Prevention Studies (CAPS) of the University of California, San Francisco, in cooperation with the Fogarty International AIDS Training Program, announces the **CAPS/Fogarty International Visiting Scientists Program in AIDS Prevention Research** for the Summer of 2000. The program mission is to provide training and conduct research on the prevention of HIV transmission in **developing countries**. For the Summer of 2000, eight to ten scientists will be selected in an open application process to work with CAPS scientists at UCSF for ten weeks from late July through mid-October. During the program, each visiting scientist will develop a protocol for a specific research project with relevance to AIDS prevention to be carried on in her or his own country. In most cases, applicants should have a doctoral or other advanced degree in their field of study and be a native in residence from a developing country. Applications must be received no later than March 31, 2000. For an application and more information, contact Dr. George Rutherford or Dr. Jeffrey Mandel at UCSF-CAPS, 74 New Montgomery St., Suite 600, San Francisco, CA 94105, USA. Drs. Rutherford and Mandel also can be reached by telephone: 415-597-9175, FAX: 415-597-9125, or email: [grutherford@psg.ucsf.edu](mailto:grutherford@psg.ucsf.edu) or [jmandel@psg.ucsf.edu](mailto:jmandel@psg.ucsf.edu) You may also visit the program website at <http://www.caps.ucsf.edu/capsweb/projects/1Sindex.html>
- **Emory University's AIDS International Training and Research Program (AITRP)** has several fellowships available for doctoral and predoctoral training in epidemiology, behavioral sciences and health education, and other fields related to clinical and public health approaches to primary prevention of HIV, through funding from the Fogarty International Center of the National Institutes of Health. This training will occur at Emory University in Atlanta, Georgia, in collaboration with Emory's Center for AIDS Research. The training program's mission is to increase the capacity of public health and medical professionals from the **Republic of Georgia, Mexico, and Vietnam** to carry out interdisciplinary research and programs in HIV prevention. The program is particularly interested in training candidates in behavioral science. This is an excellent opportunity for interdisciplinary training in public health for anthropologists, sociologists, social workers, psychologists, or nurses who are interested in becoming leaders in behavioral prevention programs in their home countries. For more information, contact Carlos del Rio, Program Director, Emory University School of Medicine, 69 Butler St., Atlanta, GA 30303, USA Telephone: 404-616-6145 Email: [cdelrio@emory.edu](mailto:cdelrio@emory.edu)

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## AARG BEGINS FUNDRAISING DRIVE FOR TANZANIAN CLINIC

AARG has recently been in contact with long-standing AARG member William Kakwezi. William lives in his home country of Tanzania, where he runs the Bukwali Dispensary. The dispensary is housed in a concrete building recently constructed by the Tanzanian government. But aside from four walls and a devoted staff, the dispensary has very little to dispense to people with HIV and AIDS who are in need of biomedical assistance. AARG is therefore opening up a drive to raise funds for AIDS care in this needy clinic.

Elisa Sobo will oversee the drive and ensure that the funds are delivered to William and the clinic in a timely fashion. The funds we collect will go to purchase basic supplies and pharmaceuticals. Please send contributions to AARG Treasurer Delia Easton at:

189 Whitney Street, Apt. 3

Hartford, CT. 06015  
U.S.A.

Please make checks payable to AARG.

**The fund drive will close at the end of March and we will make our gift to the clinic in early April.** At that time, AARG will cut a check for the total amount and we will convey it to the dispensary by wiring it to their bank account or, alternately, through the direct purchase of supplies for the dispensary. Details will be discussed and determined at our meeting during the SfAA/SMA meetings in San Francisco in March. At the meetings, we will also be asking all AARG members who are participating in AIDS-related sessions to 'pass the hat' so that we can make a substantial gift to the dispensary

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professionals, “for a man to have a relation with another man, if the role is *activo* [insertive], it doesn’t make anyone a homosexual, no one. On the contrary, as she says, he is more of a man.” “It confirms it more,” added another in the group.

The gay men in one group made it very clear that their partners were not other gay-identified men. They explained that it was difficult to define the sector of the population that was MSM, but that there are “a large amount of men who have sex with men.” One of the young men estimated that fifty percent of men had had sex with other men. These men who claim to be heterosexual, they said, explain their same sex relations by saying “I just have sex” to satisfy myself. However, participants explained that a man who was supposedly heterosexual but who developed a relationship with a homosexual, was then said to become bi-sexual.

While many married women did not readily discuss their husbands as a source of infection, probing revealed that women do connect their husbands’ *aventuras* and HIV risk. Women who described confronting their husbands said the men denied “going with prostitutes” (the men’s perception of risk), and even retorted, “but we have to die from something anyway!” One of the women said she agreed with her husband but told him she wanted to live to raise her daughter. Some women said they reached a point where they said, “Up to this point but no more.” Many women, however, are said to be unable to act upon their concern about risk from partners. One participant said, “Those of us that are most sure of our husbands are the least likely to ask for a condom. Supposedly it is the one who is most sure that does not ask, there is no communication...we say yes. But there are moments when we are not sure. That is why it is she who is least secure and we think we are the most safe.”

The professionals, in their discussion of obstacles to HIV prevention, mentioned women’s lack of self-esteem as a serious problem. “The woman is much more pessimistic and doesn’t put limits on a man who could potentially be infected and this is how it [HIV] is spread,” said one participant. As one of the women illustrated, “this is not loving one’s own self [...*no quererse uno mismo*].” One of the professionals also stated that they see few sex workers or homosexuals at the hospital and that the majority of patients with HIV are “housewives, workers, and heterosexuals.” The reason for HIV infection in these individuals, they said,

was based in the unequal relations between the sexes and the lack of ability of the woman to negotiate with a man. Even more, they agreed that “The attitude here is that, well, it is acceptable, in quotes, that the man transmits [HIV] to the woman, but not the reverse. The woman who is positive is denigrated and left.” They stated that the submissiveness of the woman and her willingness to become infected is seen as a manifestation of love for and understanding of her husband. The professional group was also very clear about their view that violence was a key factor working against behavior change in their society. “How are we to convince people to use condoms if we haven’t yet changed the violence that exists at the bottom of many inter-personal relations?”

The professionals also discussed women’s fear to be left alone because of their dependency on men—a dependency that is not necessarily economic because men often contribute little to the household economy. The woman has to support the family and at the same time, “maintain the front of submissiveness.” Participants also mentioned cases of women who had never worked and had tolerated husbands who beat them, came home drunk, and embarrassed them, simply because the men supplied food for the home. When widowed, these women, who had never worked outside the home, faced the possible infection of their children with HIV, their own HIV infection, as well as the responsibility of supporting their family for the first time. Many look for another man to fill the role of provider. As a result, said one of the professionals, “There are many cases where they do not tell the other person that they are infected so that the other person becomes responsible for this home.”

The most consistent theme relating to condoms was not effectiveness but safety. Many participants mentioned side effects based upon the inherent attributes of the condom, especially the perception that condoms are made of rubber and that rubber is “hot.” Women described condoms as “hot” and stated that it made their “part” hurt and “burn” [*me ardia la parte*]. One woman described the condom as “*un plastico*” and said it felt awful [*feo*]. The plastic was also said to cause urinary problems. Male participants held similar beliefs about rubber being “hot” and thus causing disease in the woman. One man commented, “Because it is made of rubber and it is going in and coming out, the rubber burns the part and this is where many females get cancer in the

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uterus or the ovary...because the rubber heats.”

Aside from the diseases caused by the inherent heat of the condom, neither men nor women liked them. Men also were said to get urinary problems from using condoms. They were said to reduce feeling (“the feeling is not the same”), have an unpleasant smell, and were known to come off inside women. “One can even get a headache from using them,” observed one of the men. The women noted, however, that even if they *wanted* to use a condom, the men were irresponsible and “they don’t do it.”

The focus group of health professionals discussed obstacles to condom use at length and their frustration at the lack of condom use despite their efforts at education. They felt a responsibility to change their patients’ mentality from “a curative mentality in our patients to a preventive mentality.” They also discussed the difficulty they faced in getting their patients to “accept the need for condom use” as a basis for behavior change. “Machismo” and the “cultural patterns” supporting machismo were seen by many in the group as “the greatest challenge” to condom acceptance and use. They also identified an attitude of patients that why should they use condoms if “I already have the virus, what else, what worse thing can happen to me—why should I use a condom?”

#### SUMMARY

The discussions of community men and women and the professionals who treat them, identified some specific areas for action:

1. Gender roles and norms that support male dominance work to disempower women. Many of the men and women clearly discussed the need to educate men and to support attitudinal change in both men and women. They do not see real progress without change in men’s attitudes and the empowerment of women whose lack of opportunities contribute to low self-esteem and dependence.

2. Norms that create an expectation that men will have multiple partners and multiple households also foster the spread of HIV infection. This combined with women’s lack of ability to negotiate safe sex and even physical safety, provides the preconditions for the transmission of HIV.

3. Beliefs concerning the hot and cold nature of body

parts and inanimate objects, and erroneous beliefs about the body interfere with a correct understanding and interpretation of new information about transmission and prevention. This is most clear in the respondents’ concerns about condoms.

4. The apparent prevalence of bi-sexuality of men and the support of same sex behavior by cultural norms is a salient concern for HIV prevention. While multiple female partners may be discussed and even flaunted, the apparently common occurrence of men having both stable male and female relationships (“esposas” and “maridos”) as well as same sex “aventuras” with transgender prostitutes and gay men is well known but not discussed.

5. While beliefs and behaviors, namely those constituting *machismo*, continue to play a major role in shaping the behaviors of men and women, it is clear that many younger couples and youth are not as accepting nor do they practice the *machista* behaviors to the extent of their parents. Discussions among women without partners, for example, revealed that these women had begun to enjoy their independence. Furthermore, attitudes and reported behaviors of the younger men and women illustrate changes in gender roles including a waning acceptance of violence.

6. Participants reported having received little prevention information, education and outreach. While the professionals saw impact from their specific activities and individual and institutional efforts, they clearly need resources and support to address the serious preconditions for an HIV epidemic identified by both epidemiological surveillance and behavioral and socio-cultural research.

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