Adam, Barry  
Epistemic fault lines in biomedical and social approaches to HIV prevention
This paper raises the question of how knowledge creation is organised in the area of HIV prevention and how this concatenation of expertise, resources, at-risk people, and viruses shapes the knowledge used to impede the epidemic. It also seeks to trouble the discourses of biomedical pre-eminence in the field of HIV prevention by examining the claim that treatment is prevention, looking at evidence constructed through the biomedical frame and through the lens of the sociology of science. These questions lie within a larger socio-historical context of lagging worldwide attention and funding to prevention in the HIV area and, in particular, neglect of populations at greatest risk. Much contemporary HIV prevention research relies on a population science divided over an epistemic fault line from the communities and individuals who must make sense of the intrusion of a life-threatening disease into their pursuit of pleasure and intimacy. There are, nevertheless, lessons to be learned from prevention success stories among sex workers, IDUs, and gay and bisexual men. The success stories point to a need for a robust social science agenda that examines the ways that people are socially organised and networked, the popular strategies and folk wisdoms that at-risk populations develop in the face of HIV risk, socio-historical movement of sexual and drug cultures, the dynamics of popular mobilisation to advance health, the institutional sources of HIV discourses, and popular understandings of HIV technologies and messages.

Anderson, Moji; Elam, Gillian; Gerver, Sarah; Solarin, Ijeoma  
“It took a piece of me”: Liminality and biographical disruption as responses to an HIV diagnosis
How do people respond to the news that they are HIV positive? Sociological and anthropological theories were used to answer this question in a study focusing on Caribbean people in the United Kingdom, a group virtually ignored in the HIV literature. Semi-structured interviews with twenty-five HIV-positive participants about their diagnosis experience and its immediate aftermath revealed that diagnosis caused profound shock and distress that in some cases led to maladaptive behaviour. The respondents struggled with “biographical disruption” (Bury 1982), the radical disjuncture between life before and after diagnosis, which led them into a state of liminality, as they found themselves “betwixt and between” (Turner 1967) established structural and social identities. Respondents were faced with multifaceted loss: of their known self, their present life, their envisioned future and the partner they had expected to play a role in all of these. Liminality and biographic disruption provide an understanding of the experience of diagnosis as profoundly ontologically unsettling, and presents the “diagnosis moment” as one of profound importance that must be considered by those planning interventions to facilitate coping with HIV. This research suggests that healthcare practitioners should attempt to reduce the level of distress by minimising the patient’s biographical disruption and stay in liminality. This will require not just greater education around HIV away from assumptions around risky groups towards risky behaviour and assurances of a future, but also keen attention to, observation of and engagement with the patient to gauge his/her needs and potential reactions to a positive diagnosis.

Andersson, Gavin; Ramafoko, Lebo  
Kwanda: Innovation in community development to tackle the social determinants of HIV
Soul City set out in 2006 to tackle the social determinants of HIV infection. Messaging directed to the individual or the couple is useful but limited; some solutions to ‘individual’ problems require wider support and shifts in culture. And HIV is one of many interrelated challenges facing communities, where poverty underpins and compounds them all.  
Kwanda is a reality TV show focusing on community transformation, born of a partnership between Soul City, the Department of Social Development and Seriti Institute. The key to Kwanda was to help teams of 100 people gain new repertoires of organisation and tackle interlinked social challenges. The organisation workshop methodology brought 450 people from the competing communities together for one month, for practical and theoretical work. This activity-based method brought a dramatic increase in organisational literacy and catalysed a wave of organisation, and new cultural expressions – including in sexual behaviour. Film crews tracked progress over six months as teams mobilised hundreds of people to stop new HIV infections, reduce alcohol abuse and the violence linked to it, care for children and strengthen livelihoods. The TV show ran for 13 episodes, attracting 2 million viewers. Copycat actions have occurred around the country and 18 month after the show’s end there are still new “Kwanda initiatives” occurring. This paper draws lessons from the Kwanda experience. It argues that HIV education needs to be part of a broader process that tackles all social challenges, and suggests that activity to strengthen livelihoods underpins any long term behaviour change.

Angotti, Nicole  
Testing differences: The implementation of Western HIV testing norms in sub-Saharan Africa
This paper considers the differential incorporation of a key global AIDS intervention (“HIV Testing”) in Malawi-- a high prevalence, rural African setting. The empirical object of study is the “3Cs,” the cluster of Western norms and ideals upon which global testing policy rests: (1) that it includes counselling, (2) that it be conducted with informed consent, and (3) that the test results be confidential. Several studies have questioned the wisdom of implementing solely Western solutions to addressing HIV/AIDS, though most research on HIV Testing in sub-Saharan Africa only
considers its instrumental and public health efficacy. This paper investigates how the rationalities and motivations of various actors at national and local levels affect its implementation: the Counselling and Testing Establishment (CTE), HIV Counsellors, and rural Malawians. For the CTE, its proponents, the “3Cs” are Western, human rights imports that are worth defending formally, but not necessarily worth prioritising in practice. For HIV Counsellors, its implementers, knowledge of the “3Cs” as Western biomedical jargon distinguishes them from villagers, but places them in situations where the ethics of testing conflict with moral concerns they have for those whom they were trained to help. For rural Malawians, its beneficiaries, the “3Cs” have little inherent value, and are perceived largely as doing harm rather than good in their communities. Thus, the net contribution of this study is that the “3Cs” acquire (differential) meaning (and import) during their implementation, suggesting that interventions developed from afar are unlikely to have their intended effects on the ground.

Attree, Lizzy

Silent bodies and dissident vernaculars: Representations of the body in South African fiction and film

Since 1999 South African writers have written about HIV/AIDS in their work, often avoiding any depiction of the ‘sick’ body, particularly the sick male body in relation to HIV infection. The trajectory of the representation of HIV/AIDS in South African literature has crept closer and closer to the personal over the last ten years. There has been a parallel movement towards the visual, towards descriptive representations of the body in pain. Silence, invisibility and the absence of the dead are slowly being eroded by narrative descriptions of suffering in fiction and at times explicit visual representations in South African film. Recent fiction such as Magona’s Beauty’s Gift (2008) and Kgabetti Moele’s The Book of the Dead (2009) provide detailed descriptions of physical decline. Literary fiction offers a counterpoint to sensationalist and spectacular photographic TV and newspaper images that have dominated the representation of the HIV-positive person’s body in the early years of coverage of the epidemic. However the film Yesterday (2004) is unusual in its graphic depiction of the suffering (heterosexual) male body and films such as District 9 (2009), can also be read as a dystopian depiction of a future South Africa. All four examples, two literary texts and two feature films provide prolonged contemplative spaces in which to consider subjectivity and the other, and how the representation and description of the external body can be counterbalanced in art, literary and filmic narrative.

Awiti Ujili, Opondo; Ekström, Anna Mia; Ilako, Festus; Indalo, Dorcas

‘Keeping healthy in the backseat’ - How motherhood interrupts ART among recently delivered women in rural and urban Kenya

Background: Although there is a large body of literature related to the experiences of motherhood and the aspects of change that it brings about, how experiences of motherhood affect care of women with chronic illness is less documented. This study explores why newly delivered HIV-infected mothers in Kenya interrupt treatment. Methods: Qualitative interviews were performed with 26 mothers on ART in rural and urban areas. The data was organised and interpreted using content analysis. Results: The study found that adherence is influenced by contextual differences in socio-cultural expectations and family relationships. Urban life enabled women to make decisions on their own and negotiate challenges that were often unpredictable. Women in rural areas always knew what was expected of them and decisions were not for them alone to make. The women had difficulties with combining adherence with attaining the socio-cultural definition of ‘good mothering’. Lack of support from health providers and weak health systems contributed to inadequate stocks of HIV drugs and inaccessibility of HIV care. The theme ‘Keeping healthy in the backseat’ with two sub-themes ‘regaining self-worth through motherhood’ and ‘mother first - patient later’ were developed.

Conclusion: Motherhood is context specific and follows socio-cultural practises making it difficult for women in Kenya to follow ART-treatment instructions. There is a need to reassess HIV-services for mothers on ART to give them a better chance to stay on treatment and be ‘good mothers’ Context specific HIV treatment policies are necessary for ensuring adherence and successful treatment outcomes.

Belmu, Steve; Bond, Virginia

Using ‘Success Stories’ to evaluate the impact of HIV and TB anti-stigma education in Zambia

Background: Globally stigma programmes struggle to evaluate the impact of stigma reduction strategies. One method is to document ‘stories of significant change’.

Methods: An anti-stigma education programme (2008-2011) trained and used community facilitators from 19 Zambian communities to plan and organise participatory educational sessions with community leaders, health workers, TB patients and PLWHA, drawing on a set of anti-stigma TB exercises. To monitor impact, facilitators documented types of community activities, numbers attending and ‘success stories’.

Evaluation: Over three years, approximately 35,000 individuals were reached through a range of activities. Collection and analysis of success stories started with setting an assignment for facilitators before a programme meeting; the stories were then discussed and outstanding stories reflecting change selected. One set of success stories was circulated to all facilitators by email; others were included in IEC materials and used to develop local radio production scripts. TB and HIV are not often distinguished in the stories whose themes focus on rejection, isolation, despair and
fears (about contact, impending death, responsibility, being seen at the clinic, length of the treatment, witchcraft). Facilitators sometimes failed to reduce stigma, partly because of hostility towards their interventions, but mostly initiated positive changes including more acceptance and reconciliation within families, better relations between patients and health workers and successful completion of treatment. Some patients became active role models after they regained health.

Conclusion: Success stories were useful for: monitoring causes, forms and consequences of stigma; identifying barriers for anti-stigma education; feedback to communities; and capturing differences across communities.

Bond, Virginia; Ayles, Helen; Beyers, Nulda; Godfrey-Faussett, Peter
Developing a TB stigma scale in high HIV prevalence settings in Zambia and South Africa
Background: Measures of TB stigma are less developed and validated than HIV stigma scales, particularly in relation to measuring TB patients’ stigma experiences. A secondary outcome of a community randomized trial (ZAMSTAR, 2004-2011) was to reduce TB and HIV stigma through two interventions. Stigma was measured at baseline and approximately 18 months into the interventions using a set of psychometric indicators. This paper focuses on the development of these indicators and baseline findings.

Methods: Indicators were developed by adapting validated HIV stigma scales and drawing on qualitative studies and opinions of an International Stigma Consortium (ICRAAS). 82 variables were grouped according to 5 conceptual domains and administered according to respondent categories (TB patient, PLWH, other household members). A total of 11,530 respondents in 24 community sites (16 Zambia, 8 SA) were involved in the baseline (2006-7). Findings from the baseline were used to develop a reduced indicator set.

Results: A favoured indicator set of 16 variables across 5 domains emerged from the baseline analysis: TB transmission fears (3) and TB/HIV shame and blame (1) for household members; and enacted stigma (9), internalized stigma (2), disclosure (1) for TB patients/PLWH. Transmission myths about TB, fears of casual HIV transmission, moralizing about TB/HIV, experience of TB/HIV stigma were less in SA than in Zambia but internalized TB/HIV stigma was higher in SA. Disclosure of TB was higher in Zambia, but disclosure of HIV was higher in SA.

Conclusion: This reduced set of TB and HIV indicators could be used in other programmes.

Bond, Virginia
Public Health Research within Private Spaces: Observations of Household HIV Testing within a TB Prevalence Survey in Zambia
HIV testing within clinical research studies has become a significant point of access to HIV testing in many low-income settings. However, the conduct of testing within a research context is often not well documented. In order to measure the impact of a community randomized trial that aimed to reduce TB, a TB prevalence survey was carried out in 2010 in 16 community sites in Zambia. Within selected households, adult participants in the survey were asked to consider testing for HIV and diabetes in addition to being tested for TB. Approximately once a month, the author accompanied and observed the field team in each community. In the four communities, a total of 13,965 adults participated in the survey. Of these 61% tested for HIV within the survey, with variation in uptake both within and across the communities. The paper analyses the conduct of HIV testing within the pressures of meeting research targets. I explore how fieldworkers represent the survey to household participants, provide information, and take consent for testing over time, as well as their use of public and private space during the testing process. Fieldworkers’ proximity to the households contrasts sharply with the relative distances of the senior researchers to the field. Public health research in private household settings may present an opportunity for increasing uptake of HIV testing, however an evaluation of the ‘story behind the numbers’ must consider how social and physical spaces are stage-managed and impacted by those conducting tests in the ‘field’.

Boulton, Richard
Ethics in practice: Researching children with HIV
In this paper I discuss ethical issues arising in the course of my doctoral research on paediatric HIV. Using an ethnographic approach, I have sought to document processes of paediatric HIV medical management and the resulting relationships including those between children (aged between 8-17), their families, health professionals and medical objects (e.g. diagnostic tests, pills). Before research could begin, the UK National Research Ethics Service (acting for the National Health Service) and my university required me to formulate a code of ethics to apply during fieldwork. However, events involving issues such as differing levels of HIV understanding or disclosure meant that pre-empting all situations encountered in the clinic using this model of formal ethics was insufficient. This paper is the discussion of a work in progress and does not aim to draw a clear conclusion about ethics, rather to consider the problem of ethics for the specific situation of researching HIV and childhood and highlight the limits of applying Science and Technology Studies and Sociology of Childhood literature to research settings. It draws on attempts to coax out the ethical dimensions of Latour's ‘Politics of Nature’, as liberated from discussions of ethics being essential or absolute, paving the way for an understanding of ethics as altered by the specific situations and objects it is applied to. My aim is to provide innovative ways of conceptualising ethics, HIV and childhood relevant to other professionals involved in researching, administering care or policy for HIV.
Boyece, Paul

**Becoming a key population: Theorising belong and being in HIV prevention**

This paper explores new possibilities for the theorisation of sexual subjectivity in HIV prevention. Against the background of intensifying HIV prevention efforts internationally with ‘key populations’ who are vulnerable to HIV, this paper considers the possibilities for new kinds of questions and approaches for research and programming with socially vulnerably peoples. Beyond questions concerning risk practices, HIV awareness and so forth the paper takes up new social scientific theorisation of ‘belonging’, ‘care’ and ‘intimacy’ and asks what an approach to HIV prevention, premised on exploration of such themes may reveal and enable. Based on research conducted in a number of international sites, principally in India, Africa and the Caribbean, the paper is not only grounded in empirical examples but also asks broader theoretical questions about the diminishment of social scientific approaches in the international response to HIV and the potential for a revitalisation of social scientific interventions. Questions concerning what counts as a ‘fact’ or data relevant to an understanding of social vulnerability and risk are explored along with broader critical questions concerning the relationship between social theory and applied HIV prevention.

Boyece, Paul; Harper, Eric; Isaacs, Gordon

**On being a male sex worker: Comparative intimacies and subjectivities in Africa**

This paper contributes toward new trends in the social scientific study of sex work. Much research on (male) sex work to date has tended to focus on selling sex as a means of survival, related to poverty and/or as a behaviour especially associated with sexual risk (and HIV transmission). Whilst in no way underestimating the importance of these issues, such emphases have tended to diminish understanding of the nuanced motivations of people who sell sex, often reducing empirical study of their life-worlds to concerns with risk and vulnerability. The tendency is thus to over determine the subjectivity of people who sell sex in respect of poverty, financial exchange and HIV vulnerability. Against the background of these concerns this paper seeks to develop a more complex understanding of the interrelationship between sexual subjectivity, sex work, and HIV prevention discourses, examining the relevance of such an analysis for improving understandings of sexuality and sexual risk in the lives of men who sell sex. The paper is based on workshops and field research conducted with men who sell sex from four African countries.

Braine, Naomi; Acker, Caroline; Friedman, Samuel; Van Sluytman, Laurens

**Sexual contexts and the process of risk reduction**

Historically, innovative HIV prevention strategies have been developed by affected communities more often than public health experts. The growing gap between formal prevention recommendations and the sexual practices of MSM suggests the emergence and spread of indigenous approaches to risk reduction. From 2007-09, in-depth semi-structured interviews were conducted with 60 race and age diverse MSM in NYC, USA. Interviews examined the interaction of contextual and interpersonal elements of sexual encounters with non-primary partners, and how these elements shape sexual practices and risk reduction strategies. Respondents described risk assessment and risk reduction processes that developed throughout a sexual encounter, integrated into ongoing negotiations of sexual practice. This presentation will propose a model for sexual risk reduction as a contingent process embedded in sexual contexts and social interactions. Risk assessment begins with the initial context for the encounter, such as a website or a sex club, and then incorporates new information, emerging desires and sexual practices; risk reduction strategies evolve in response to these shifting assessments and practices. Narrative constructions of safety, risk, and risk assessment will be examined to illuminate the model and explore the implications for both HIV prevention and future research.

Broqua, Christophe

**The emerging homosexual mobilisation in French-speaking Africa**

In many countries of Africa, collective action among those who engage in same-sex sexuality recently appeared in great part to result from opportunities extended by the context of the fight against the epidemic. The aim of my research, based on multi-sited ethnographic fieldwork in Bamako (Mali), Abidjan (Ivory Coast) and Dakar (Senegal) from 2003 to 2011, was to analyse the emergence of those mobilisations. The situation in Ivory Coast, Mali and Senegal is exemplary of the recent processes of mobilisation through the question of AIDS and that of homosexuality in Sub-Saharan Africa, as social mobilisation is emerging through actions taken toward MSM by AIDS related organisations. The actions of these organisations, only in initial stages, already contribute in a way to the legitimisation of both the expression and the acceptance of homosexuality, in a context that tolerates same-sex sexuality only on the condition of its silence. But those mobilisations sometimes have to face public or legal hostility against homosexuality such as in Senegal or in Mali. The comparative approach based on multi-sited ethnography can help to understand the dialectic relationship between public stigmatisation and collective action and the way specific contextual factors contribute to the emergence or non-emergence of homosexual mobilisation in African countries. It also helps to understand that the collective action and the transnational exchanges that it is presupposed reinforce a syncretic model of homosexuality in many countries of Sub-Saharan Africa, rather than the imposition of a Western model.

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Locating the Social: 1st International HIV Social Science and Humanities Conference, June 2011

Alphabetical List of Paper Presentations by Author
Canning, Richard

The opinionated pervert: Positioning Scott O’Hara and Diseased Pariah News in the HIV/AIDS epidemic

San Francisco resident “Scott O’Hara” (died 1998) was that unlikely thing: an HIV-positive gay American porn actor who refused to go quietly. Instead, O’Hara managed the decline in his own health by writing defiantly about it; homosexuality and also about the need for responsible sexual praxis on the part of gay men. O’Hara’s writings - collected in two volumes, Autopornography (1997) and Rarely Pure and Never Simple (1998) – also appeared in a number of anthologies and in the acclaimed satirical magazine Diseased Pariah News (published 1990-99). Issues 1-8 of DPN – long scarce, if not impossible to source – have recently been digitalized and placed on the internet, allowing ready access to one of the sole cultural responses to HIV/AIDS to find space for the creative outpourings of those most immediately affected by the epidemic, and likewise to have assumed a readership of HIV-positive gay men and gay men with AIDS. O’Hara and Diseased Pariah News were equally ground-breaking in the deployment of humour as a means of furthering understanding of HIV/AIDS, thus countering the solemnity and pomp of mainstream HIV/AIDS discourse (biomedical, political). This paper considers the legacy of DPN’s radical, comic inclusiveness, its relationship to community activism; it also critiques O’Hara’s literary output, alongside that of other notable DPN contributors like David Feinberg, asking particularly what the value and “use” of such writings might be in the apparently very distinct Western context of treatment cultures.

Casale, Marisa; Flicker, Sarah; Hynie, Michaela; Rogan, Michael

“The virus doesn’t have a friend”: ‘Gendered’ perceptions of HIV risk in a high HIV-prevalence setting and implications for prevention programming

Background: It has become evident that sexual health and HIV risk behaviours cannot be divorced from constructions of gender and sexuality. Yet there are still significant gaps in our understanding of how youth themselves perceive their relationship between gendered sexual identities and vulnerabilities to disease, and how perspectives may differ amongst males and females. The purpose of this study is to explore differing gendered perceptions of HIV risk in a high HIV-prevalence community in South Africa.

Methods: We conducted five sex-segregated focus groups with 21 female and 27 male Grade 11 youth (n=48) associated with a local school-based HIV prevention programme me in a resource-deprived, peri-urban South African community. Data were recorded, transcribed, translated, thematically coded and managed using NVIVO. We adopted a critical social science lens and collaborative analytic techniques.

Results: Results showed diverse understandings of the relationship between gender and HIV risk and how some themes were taken up differently by males and females. The majority of participants (mainly male learners) felt that women were more vulnerable to HIV as a result of social gender inequalities. A minority felt that men were more vulnerable because of limited perceived control over their sex drives. Others felt that both sexes were equally vulnerable because “the virus doesn’t have a friend”. Participants also spontaneously offered multiple understandings of ‘gendered responsibility’ for spreading HIV.

Conclusion: When planning HIV prevention interventions, engaging in frank discussions of gendered perceptions around ‘vulnerability’ and ‘responsibility’ can be an important opportunity to challenge stereotypes and inform interventions.

Chetty, Verusia; Maharaj, Sonil

Collaboration between health professionals in the era of ART

Background: Since the rollout of anti-retroviral therapy (ART) in the South, people living with the human immunodeficiency virus (HIV) (PLHIV) survive, yet they experience disablement as a result of their illness and treatment. Therefore, management of HIV and acquired immune deficiency syndrome (AIDS) can only be successful with a holistic approach including different fields such as medicine, rehabilitation and social work. There is no literature on the collaboration between the various professionals in the rehabilitation of PLHIV. This study therefore aimed to investigate the collaboration between nurses and physiotherapists in the rehabilitation of PLHIV, a partnership which has become crucial in the era of ART.

Methods: Two focus group discussions with experienced nurses employed at two residential facilities for PLHIV within the eThekwini district of KwaZulu-Natal in South Africa were conducted. The study used Van Manen’s pedagogy on interpretive phenomenology as the conceptual framework to analyse content.

Results: The study revealed three barriers to collaboration; role governance/dominance, environmental concept/structure and organisational variance. The role diversity between professions, the time constraints and lack of staffing within environmental structures and perception of physiotherapists placed divide between the professions.

Education and knowledge were suggested to curb the divide.

Conclusion: Optimal rehabilitative care for PLHIV is reliant on the collaboration of the various professionals in a multidisciplinary rehabilitation team. As suggested in this study, in-service programmes and workshops would aid in facilitation of team working, by informing practice and improving partnerships.

Keywords: Collaboration, rehabilitation, physiotherapist, nurse, HIV/AIDS
Chikovore, Jeremiah  
**Double moral lives and HIV and AIDS prevention**  
Whilst being moral is a widely shared norm, the attainment of high morality for most individuals remains largely elusive. Individuals seek less to achieve high inward morality as to imply outwardly that they are of acceptable moral stature and conduct. This carries potential for double lives, wherein behaviours and views that reflect acceptable moral norms are overplayed while those that suggest moral deficiency are concealed or minimised. Alternatively, individuals may deal with the contradiction by defending behaviour and views otherwise considered immoral as being ‘justifiable under the circumstances’. Different groups and networks may uphold different moral values, and individuals may simply apply different moral boundaries in different social spheres. This means that a single interactive situation may be the site of different and even contradictory moral boundaries, with some actors aware and others possibly not, of what moral norms are in application. In sexual relationships where one party believes the relationship to be monogamous while the other party has additional sexual partners this carries important health implications. It is also crucial to note that membership to different networks is sought for various reasons, one of which is the need for a sense of belonging. Yet such membership or aspiration to it also exposes individuals to the risk of becoming immoral in respect of at least one of the social spheres or networks at any one time. Discourse ought to pay attention to how moral stature and boundaries are manipulated within and in respect of different social networks.

Cluver, Lucie; Kganakga, Malega  
**Spies, gangsters and ambassador’s tea parties: Turning social science HIV research into policy in Southern Africa**  
Background: Social science research has been invaluable in our understanding of HIV/AIDS as a complex bio-social-cultural phenomenon. However, much social research is never utilised in programming and policy development. Aiming to combat this, a linked set of studies was created in collaboration between the South African national government, NGOs, AIDS-affected children and universities. These include the first large-scale longitudinal study of impacts of AIDS-orphanhood, following 1025 children over four years, and the National Young Carers SA study with 6000 children and 2500 caregivers, examining impacts of growing up in AIDS-affected households.  
Methods: From inception through design, analysis and dissemination stages, we discuss the (sometimes unlikely) routes by which research has become policy; from former spies to policy forums. We examine the integration of AIDS-affected community members in research, and how collaborators have negotiated tensions between demands of policy and social scientific rigor. Key research findings are highlighted, such as sixfold increases in transactional sexual exploitation amongst orphaned youth with AIDS-affected caregivers, and fourfold increases in post-traumatic stress disorder amongst AIDS-orphaned children. We look at direct impacts on policies such as the National Action Plan for OVC.  
Conclusions: This is not intended to ‘showcase’ a particular methodology for collaborative research. Instead, it aims to provoke discussion, asking: what are faultlines and synergies between research priorities of communities, programmers and academics? If we are to truly embed social science research in the fight against HIV/AIDS, then we ask how best to ‘locate the social’ within the structures where policy decisions are made.

Colvin, Christopher  
**HIV/AIDS and masculinity in broader context: Men’s experiences at the centre of the epidemic and on the margins of society**  
Background gender inequality continues to undermine democracy, impede development and compromise public health. We need to engage with men and encourage significant changes in their attitudes and practices towards sex, women and their own health. The research presented here assessed young men’s knowledge, attitudes and practices with relation to gender, HIV/AIDS and community involvement/activism.  
Methods: This paper is based on a large, formative evaluation of masculinity and HIV/AIDS in South Africa conducted in 2008-9. The study included in-depth and key informant interviews and focus groups with men and women in seven provinces. The focus was on HIV/AIDS and gender equity-oriented civil society organisations and their staff, volunteers, and beneficiaries.  
Findings: This paper focuses on four broad themes that emerged in the project: 1) the sometimes dramatic disjuncture between gendered discourses and practices; 2) the ambiguous role of the gender and human rights discourse in the relations between state and citizen; 3) the thinness of community and the persistence of social fracture in men’s lives; and 4) men’s imaginings of past, present and future in relation to poverty, discrimination, and HIV/AIDS.  
Contribution to HIV/AIDS field: Understanding and intervening in the gendered practices and discourses that drive so much of the HIV/AIDS epidemic requires recognition of the broader social, cultural and political contexts which
structure the lives and experiences of men and women. This paper describes some of the broader forces that determine how men think, feel and act in relation to gender and HIV/AIDS.

Cousins, Thomas  
**Blood relations and the reinvention of the social: HIV surveillance in KwaZulu-Natal**  
The paper examines how local forms of relatedness shape biomedical health research in the context of long-term demographic and HIV surveillance research in KwaZulu-Natal, South Africa. Data gathered during a year-long investigation of factors that influence participation rates in HIV surveillance raise methodological questions for how to understand personhood, illness experience and forms of relatedness in a post-Apartheid crisis of health. By examining the way in which biomedical research in South Africa folds into its operations a picture of the history of social change over the longue durée in the region, we seek to elucidate a conceptual problem of how to understand the stakes of participation in HIV research. In working through the layers of relationship that come to bear on the surveillance encounter (gender, generation, clan, family, sexuality, political party, amongst others), we examine three themes that we suggest illuminate what is at stake: the symbolics of blood and its centrality to kinship; the untethered circulation of data and the dangerous knowledge of HIV status; and the difficulty of the gift in the management of diverse interests – those of globalised biomedical research agendas and the imperatives of local forms of social capital.

Crankshaw, Tamaryn; Giddy, Janet; Scorgie, Fiona; Voce, Anna  
**Addressing the relationship context in positive prevention activities**  
Background: Couple-focused interventions, including support for HIV disclosure, are regarded as critical components to positive prevention activities. However, dyadic behavioral interventions are often designed without full understanding of the complex relationship dynamics between sexual partners in a given context. We explored HIV-infected pregnant women’s experiences and expectations of their sexual relationships in order to understand the effect on disclosure outcomes.  
Methods: We conducted semi-structured, in-depth interviews with a consecutive sample of HIV-infected pregnant women accessing Prevention of Mother-to-Child Transmission (PMTCT) services in two urban antenatal clinics in Durban, KwaZulu-Natal, South Africa. Women were asked about their diagnoses, relationship and disclosure experiences. Data were analysed using grounded theory and a social constructionist theoretical framework.  
Results: Participants included 62 women (median age=26 years, IQR=22-29 years). Participants described highly gendered relationship roles which were often characterised by mistrust, mutual suspicion, and little expectation of permanency. Many participants had engaged in high risk behaviour prior to their HIV diagnosis, with partner concurrency being the norm. Approximately two thirds (61%) of women disclosed to their partners, but less than half of these partners subsequently tested for HIV. Silence, anger, blame, proxy testing and relationship dissolution were other related consequences of disclosure.  
Conclusion: Our findings highlight the need to understand the complexity of sexual relationship dynamics in a high HIV prevalence setting. The effect of HIV disclosure as a risk reduction intervention strategy in the PMTCT context may be mitigated because of the nature of the relationships. This has broader implications for designing dyadic interventions.

Crewe, Mary  
**Locating the social: finding the gap**  
This paper will investigate why there has been such resistance to social sciences and their contribution to understanding HIV and AIDS. It will focus on the gradual demise of social sciences in international, regional and local AIDS conferences, and the claim by biomedics and behavioral scientists that what they do is "social". The paper will look at why social science, its methodology, research and findings are greeted with such hostility by biomedics and behavioural scientists who conform to an AIDS orthodoxy. Finding the gap for social science is essential to understanding the HIV and AIDS epidemics, as well as finding the space to challenge prevailing discourses.

Daly, Tamara; Harrison, Elizabeth; Maggi, Julie  
**Exploring HIV as a “health determinant of the social”: Women’s experiences living with HIV in Toronto, Canada**  
A great deal of research activity and theoretical work on the social determinants of health shows how, at the individual and population levels, structural factors such as housing inadequacy, poverty and less education increase the likelihood of poor health and illness. Likewise, a variety of social determinants have been shown to influence HIV infection and prevalence rates, with growing attention being paid to understanding how HIV “structures the social”. This paper discusses gendered impacts of living with HIV, and importantly how living with the disease has numerous negative impacts on women in terms of social position. Using a mixed methods design, we conducted 30 key informant interviews, collected demographic data and administered standardised instruments with women in Toronto,
Canada and living with HIV; we found that despite having considerable initial differences in education levels, and prior work and life experiences, women found themselves in strikingly similar life circumstances post-infection, especially regarding income, housing, food security, child care supports and their relationships with family members, friends, life partners and their communities. We argue that despite living in a variety of social circumstances prior to infection, having HIV becomes a health determinant of the social, by marginalizing women into narrow policy and programme support options that have multiple and reinforcing implications for their life circumstances, and placing women at risk of poverty, poor housing, food insecurity, and social exclusion. We discuss the social and health policies that play a role in these outcomes, and propose policy and practice options.

Daniel, Marguerite; Mathias, Angela
Exploring sense of coherence among orphaned children in Tanzania
Orphaned children in poor, rural communities sometimes have no adult who is able to care for them or the adult caregiver is not able to provide adequate care. The aim of this paper is to explore the challenges and coping strategies within two possible trajectories for such orphans: a) they remain in the rural areas in orphan headed households, and b) they migrate to an urban area. Antonovsky’s salutogenic model is used as the theoretical framework. Data were collected from two groups of participants: firstly, three children heading households in Makete who were involved in three participatory activities and one in-depth interview, and secondly, nine girls who had migrated from rural areas to Dar es Salaam who gave protracted life histories. The loss of parents, the lack of cash and balancing school attendance with food production and harvesting are chronic stressors for the orphans heading households while generalised resistance resources include creative strategies for income generating, and the ability to negotiate - with teachers, for example, to arrange time off school for food production activities. For girls who had migrated to urban areas chronic stressors included exploitation and trafficking, long working hours with little or no pay, isolation, sexual harassment and rape. Generalised resistance resources included faith networks, but escape from the exploitative situation frequently involved external help. All the children demonstrated at least one dimension of the Sense of Coherence (SOC), namely meaningfulness. The dimensions of comprehensibility and manageability were lacking in all the children who migrated.

Davis, Maxwell; Kaplan, Rachel
Arguments: Women are at increased risk for heterosexual HIV transmission because of physiological and social factors. Social environment, cultural context, economic status, and gender-based power differences can limit women’s access to testing and treatment. Between 2001 and 2008, the Middle East & North Africa (MENA) was one of the few regions that saw an increase in HIV incidence. Throughout MENA, HIV/AIDS is largely viewed as punishment for inappropriate behavior, regardless of the circumstances surrounding transmission. Methodology: The purpose of this study was to investigate how women living with HIV/AIDS (WLWHA) in Lebanon view their sero-status and how their socio-cultural framework contextualizes these perspectives. Research questions were examined through in-depth interviews with ten WLWHA in Lebanon and triangulated via interviews with ten men living with HIV/AIDS in Lebanon and ten stakeholders of the local HIV/AIDS community. Constructivist Grounded Theory and Symbolic Interactionism guided data collection and analysis. Contribution: The social location of WLWHA affects experiences with varying forms of HIV/AIDS-related stigma. Researchers often use PLWHA’s willingness to disclose as a key measure of internalized stigma. However, this analysis suggests that in some contexts, WLWHA choose nondisclosure despite a lack of internalized stigma. Thus, for these women perceived and experienced stigma may not lead to internalized stigma that can affect disclosure decisions. Previous international research indicates that perceptions and experiences of stigma vary by gender and social context; findings from this study support this and indicate the need for context- and gender-specific strategies to ensure that WLWHA have the support they need.

Deane, Kevin; Johnston, Deborah; Parkhurst, Justin
The central problem of social theory: Structure, agency, and HIV prevention
Current HIV prevention efforts to date have included a large component addressing behaviour change, ranging from information, communication and education campaigns, condom distribution and promotion, to peer to peer counselling and voluntary counselling and testing services. The majority of these interventions are targeted at the level of the individual, implicitly, but not necessarily explicitly, rooted in a conception of the rational individual, anticipating the inducement of protective behaviour on the provision of the necessary information, means and incentives. Alternative approaches to understanding HIV transmission stress the role of structural or social drivers, in part as an explanation as to why progress in slowing new infections has been generally disappointing, but also to incorporate a more nuanced and complex formulation of human behaviour. However, structural approaches are rarely rooted in specific positions taken on what has been described as the central problem in social theory, that of the relationship between agency and structure. Consequently, the ideological basis for individualistic solutions to the epidemic is rarely challenged, and the scope for new and innovative interventions limited. The lack of social theory in structural approaches also hinders methodological developments, which are often reliant on extending existing
statistical methods used to investigate biomedical and behavioural factors, leading to a reductionism of structure to an individual characteristic or trait. This muddling of concept and method can be avoided if methods are guided by social theory, and particularly theory which can relate to both agents and structures without collapsing into methodological individualism or structural determinism.

Dickinson, David

**Myths, science and stories: Working with peer educators to counter AIDS myths**

The failure to bring about widespread or effective behavioural change within South Africa's AIDS epidemic requires that new forms of health communication be explored. This paper reports on an action research project in which a group of workplace HIV/AIDS peer educators in a South African mining company recorded 'AIDS myths' that they encountered and developed stories as an alternative response to repeating factual, scientific, messages that have little effective purchase among key target populations. A total of 16 stories were developed during the project. Some peer educators appear to be much better at using stories within their activities than others. In part, this was a reflection of the enthusiasm and abilities of individual peer educators. It was noticeable that stories were used to respond to situations that were sometimes quite different from the original stimulus for the story. The complex range of skills that allow an individual to introduce and effectively use a story in day-to-day conversation should not be underestimated. Rather than repeating the project's focus on developing stories tailored to specific myths, a more effective approach may be to develop stories that support core messages that will facilitate prevention, testing and treatment of HIV/AIDS. Key Words: Action Research, AIDS myths, Health Education, Parables, Storytelling.

Dos Santos, Monika; Kools, John-Peter; Trautmann, Franz

**Rapid assessment response study: Drug use and HIV/health risk – Pretoria, South Africa**

Background: Within a ten year period South Africa has developed a substantial illicit drug market. Data on HIV risk among drug using populations clearly indicate high levels of HIV risk behaviour due to the sharing of injecting equipment and/or drug-related unprotected sex.

Methods: A rapid assessment and response method was adopted for the study. Interviews were conducted with a total of 84 respondents, 63 drug user respondents and 21 respondents from services and organisations.

Results: Adverse living conditions and poor education levels were cited as making access to treatment harder, especially for those living in disadvantaged areas. Heroin was found to be the substance most available and used in a problematic way in the Pretoria area. Knowledge with regards to HIV/AIDS contraction is not yet widespread, with some information sources disseminating incorrect or unspecific information regarding substance use and HIV/AIDS contraction.

Conclusions: The implementation of pragmatic harm-reduction and other evidence-based public health care policies that are designed to reduce the harmful consequences associated with substance use and HIV/AIDS needs to be implemented within the Pretoria area. HIV testing and treatment services need to be made available in places accessed by vulnerable people as fear of stigma and discrimination often keep drug users away from public health facilities.

Dowsett, Gary

**'Barely a nod': The absence of social scientific research underpinning the use of male circumcision for HIV prevention**

The use of male circumcision for HIV prevention is a phenomenon wracked with argument, conflicting research findings, often irrational advocacy, and suspicion about research rigour, funding, policy processes and the protagonists. Social scientific research has been almost entirely absent from July 2000, when WHO held its first (informal) consultation on the issue in Durban, until the UNAIDS/Caprisa Consultation on Social Science Perspectives on Male Circumcision for HIV Prevention in January 2007, also in Durban. The UNAIDS/AIDS International Consultation of Male Circumcision and HIV Prevention: Research Implications for Policy and Programming, held in Montreux later in March 2007, which confirmed a policy supporting male circumcision for HIV prevention, was marred by a lack of social scientific discussion and debate. The author of this abstract was invited to attend all three meetings, and in this presentation he reviews the processes whereby 'barely a nod' was made in the direction of serious social scientific issues raised about male circumcision. The paper assesses the progress (or lack of it) of the social science research agenda devised in Durban in 2007 and reported on briefly in Montreux, and argues that the exclusion of social scientific research has seriously undermined the process of global policy development and debate on the issue. The paper colludes with a review of social science research that needs to be included to achieve good global oversight and evaluation of the real-world effectiveness and efficiency of this still hotly debated and contentious prevention technology.

Duby, Zoe; Colvin, Christopher; Kitungulu, Boniface

Locating the Social: 1st International HIV Social Science and Humanities Conference, June 2011

Alphabetical List of Paper Presentations by Author
The penile-vaginal penetrative assumption and its implications on sexual decision-making, risk perception, and service provision

Central to HIV prevention programming is understanding how people define sexual intercourse, abstinence and faithfulness. Safe sex messaging is interpreted according to local context, varying amongst individuals, and influenced by social and cultural factors. The study explores definitions and conceptions surrounding sex, virginity, fidelity, abstinence, and safe sex which have implications on sexual decision-making, risk perception, sexual behaviour, and HIV risk avoidance. Investigation is made into the pervasive penile-vaginal heteronormativity and penile-vaginal penetrative assumption that dictate the design of HIV prevention programming.

Methodology: A review of literature along with qualitative research methods were used in this research. The qualitative data was collected through focus group discussions and individual in-depth interviews. Primary data collection took place throughout May 2010, across 5 sites: Salgaa and Molongo (Kenya), Malaba and Mbuya (Uganda) and the port of Dar es Salaam (Tanzania). A total of 40 FGDs were held, with 8 held at each of the 5 sites. A total of 60 IDIs were conducted, with 12 at each of the 5 sites. Data was collected from population groups that are at high risk of HIV infection including female sex workers, long distance truck drivers and out-of school youth. Contribution to HIV and AIDS field: With a better understanding of local perceptions, attitudes, knowledge and practices relating to sex, HIV and AIDS, gender-based violence, substance abuse, and other risk behaviours, HIV prevention programming can be tailored to suit local contexts in a culturally relevant fashion, therefore increasing the chances of success.

Duby, Zoe; Colvin, Christopher; Kitungulu, Boniface
Heterosexual anal sex: Knowledge, attitudes and practice in 5 East African communities

Main arguments: Penile-vaginal sex is assumed to be the norm. However heterosexual anal sex, a more efficient mode of sexual transmission, is commonly practiced and may be underestimated as an HIV transmission vector in the ‘sexually transmitted’ HIV epidemic of Sub-Saharan Africa. Due to the lack of information available on sex, other than penile-vaginal penetrative intercourse, sexual risk behaviour remains uninforme. Evidence shows that people choose to practice unprotected anal sex as “safe sex”, and to avoid contracting HIV and other STIs. Anal sex is also practiced as a means of virginity maintenance, abstinence, contraception, and as a way of remaining ‘faithful’. This study explores knowledge, attitudes and practice relating to anal sex in five East African communities.

Methodology: Qualitative data was collected through focus group discussions and individual in-depth interviews which took place throughout May 2010, across 5 sites: Salgaa and Molongo (Kenya), Malaba and Mbuya (Uganda) and Dar es Salaam (Tanzania). A total of 40 FGDs were held, with 8 held at each of the 5 sites. A total of 60 IDIs were conducted, with 12 at each of the 5 sites. Data was collected from populations groups that are at higher risk or vulnerability to HIV infection including female sex workers, long distance truck drivers and out-of school youth. Contribution to HIV and AIDS field: Findings from this study go towards addressing gaps in research, particularly relating to heterosexual anal sex and HIV in Sub-Saharan Africa, and can inform behavioural HIV interventions.

Duval, Estelle; Ferez, Sylvain; Lomo, Aggée.
Between the fear of discrimination and quasi-therapeutic prescription: Personal experience of physical activity and sports by PLHA in France

The impact of HIV-seropositivity diagnosis - does it constitute a disruption, even a biographical breach, leading to the irreversible transformation of physical exercise? The point of this research is to study the effective relationship between HIV-carriers and physical exercise, accepted to have a positive effect on seropositive patients’ health. A double data collection, using a questionnaire (n=200) and narrative research (n=30), allows us to identify the part played by physical activity in the life story of people living with HIV/AIDS (PLHA). HIV-seropositivity diagnosis leads, at the beginning, to an interruption of all physical activities. This interruption is linked the fear of contaminating others and to information control strategies aiming to reduce situations in which one’s serology status might have to be divulged (auto-exclusion strategies). Looking at a longer stretch of time, when the access to physical activity resumes, it is in a controlled manner, out of a fear of incapacity and out of a dread of appearing as abnormal. That interruptions to physical activity are temporary situations. The diagnosis is a time to take up a physical activity again for individuals that had stopped all exercise many years before. The sense of engagement in physical activities, after the diagnosis, will play a role in the patient’s effort to take control of himself and his existence, in association to the question of ageing. What is more, it is inscribed in a healthy lifestyle.

Dworkin, Shari
Examining the impact of a masculinities-based gender equity, HIV prevention and anti-violence programme in Limpopo and Eastern Cape, South Africa

Overview: The twin epidemics of HIV and gender-based violence have led to renewed efforts to address gender inequalities in South African society. Central to these efforts are the development of health programmes to intervene with men and boys to promote more gender equitable and democratic gender relations.

Methods: The current study is a research collaboration between UCSF, Sonke Gender Justice (a South African NGO), and the University of Cape Town that qualitatively assessed the impact of a gender transformative programme
known as “One Man Can” (implemented by Sonke) on masculinities, gender equity, and health. We draw on primary data collected through in-depth interviews with 60 men, 30 from Limpopo and Eastern Cape who have participated in the One Man Can workshops and community action teams.

Results: Our results examine: (a) men’s perceptions of gender roles, norms, and rights in the region and how changing gender roles, norms, and rights impacts men’s sense of themselves as men; (b) the impact that One Man Can had on masculinity, gender norms, and health (alcohol, sexual risks, violence); and (c) constraints in implementing this gender transformative HIV prevention intervention. Implications for HIV field: In the conclusions, we offer next steps for science-based researchers to press forward with theoretically-informed interventions that work at the intersection of masculinities, anti-violence, and HIV prevention.

**Dwyer, Erica**

*Making the case for a global health crisis: The representation of the South African XDR-TB “outbreak” in the scientific literature*

In mid 2006, researchers at Yale University announced the presence of extensively drug-resistant tuberculosis (XDR-TB) in Tugela Ferry, KwaZulu-Natal, South Africa. Fifty-two of fifty-three patients had died; most of them were HIV-positive. International experts reacted with alarm; by January 2007, the New York Times reported that this ‘virtually untreatable’, ‘rapidly fatal’, ‘extreme’ illness was poised to ‘imperil millions.’ In this study, I consider how biomedical scientists and public health experts used scientific publication and presentation to make a convincing case that XDR-TB was a public health problem of global significance. Based on an analysis of scientific publications and qualitative interviews with key informants working within the field of HIV/TB research, I show how professional and personal relationships, scientific data, political context and editorial decisions acted together to create a compelling story around XDR-TB in order to focus public attention and mobilise funds. I argue that key players were able to use strong language and imagery to tell a compelling story and convey the urgency of the epidemiological reality of XDR-TB. This narrative had a profound impact in Tugela Ferry and beyond, allowing dramatic changes in the organisation in TB care.

Keywords: XDR-TB, MDR-TB, South Africa, global health, anthropology, history.

**Ellard, Jeanne; Murphy, Dean; Valentine, Kylie**

*If there was no criminalisation, I would love to see the HIV family tree”: Exploring HIV phylogenetic analysis, ‘ambivalence’ and criminalisation.*

Using phylogenetic analysis, it is now possible to calculate similarity between genetic sequences of HIV, and thus determine the degree of relatedness between samples of the virus taken from different people. This technology has increasingly been used forensically to prosecute people for HIV transmission in a number of high-income countries including Australia, Canada and the United Kingdom. The study aimed to explore the ways in which technologies are taken up in unexpected ways. The paper draws on interviews with HIV-positive gay men to consider how a notion of social relatedness constituted through ‘shared viral strain’ sits alongside other narratives of social relatedness and infection circulating in gay men’s sexual and social cultures. Participants expressed little interest in establishing connectedness through ‘shared viral strain’ and in some cases were concerned that phylogenetic analysis could lead to criminal prosecutions. Participants also expressed ambivalence and contradictory emotions about the source of their HIV infection. Anthropologist Michael Peletz notes that ‘ambivalence’ is typically associated with deficit and understood ‘to impede the quality of social relations’. He suggests an alternative conceptualisation which is as a mechanism to defuse tensions inherent in various forms of social proximity. Mobilising this constructive conceptualisation of ‘ambivalence’ we propose that in the context of HIV, ‘ambivalence’ has worked against the emergence of a culture of blame. Notions of viral relatedness and criminalisation have limited salience and are inconsistent with gay men’s current understandings of sexual risk and responsibility. Further, legal approaches to HIV transmission potentially undermine current community prevention strategies.

**Elliott, Denielle**

*Productive frictions: The ethics and politics of research in Vancouver, Canada’s inner city*

‘Aboriginal Health and Healing’ (AH&H) was an experimental ethnographic research project that used visual anthropology, participatory-action research, and decolonising principles (Smith 1999) to explore the challenges of engaging economically and politically marginalized HIV positive individuals into care and treatment. Increasingly researchers across disciplines are being encouraged to carry out community-based research-collaborations between academic and community partners. Although there are many publications that speak to such approaches, rarely do researchers highlight the messiness or the inherent ethical dilemmas in community-based research practices. This paper is an honest and critical reflection of our team’s experience with a community-based visual anthropology project involving an Aboriginal NGO, community-based researchers who were street involved, and a multidisciplinary research team. As a case study, I focus on our team’s travel to and participation at a national AIDS conference – at once, our biggest challenge and best achievement – where we were forced to negotiate travel arrangements, drug addictions, safety, health issues, and professional aspirations. Although there are risks by ‘airing our dirty laundry’ here, the intention is to provoke discussions about the tensions that emerge in research collaborations where there
are inequities in education, power, and economics. I conclude by considering if such tensions might result as ‘productive frictions’ that help us push the margins of democratic research practice.

Elliot, Denielle
The politics and poetics of experimental medicine in East Africa: Automobiles, America and AIDS research in Kenya

Contemporary HIV research in Kenya is dominated by American state institutions, like the United States Centers for Disease Control and Prevention and the United States Army’s Research Unit (Walter Reed Project), and by American university-based researchers. Imaginaries of America, in part fuelled by the relations between US President Barack Obama and his father’s homeland in rural Nyanza, are everywhere and shape AIDS interventions, social landscapes, and the spaces of research. Local social pre-occupations with America reflect anxieties and fantasies about AIDS, spaces of inequality, and research practices. The material artefacts of research take on new, unexpected meaning as they move from America to East Africa as part of the machinery of the research industry, where local Kenyans try to make sense of the visible economic inequities inherent in AIDS research. I consider the politicization of research spaces and research practices in Kisumu, Kenya – a site where AIDS research has deeply inscribed itself on the local landscape. Building on the work of Historian Luise White and Anthropologist Kathleen Stewart, I consider the contemporary politics and poetics of AIDS research here and the unpredictable ways that politics, commodities, and AIDS research merge in imaginaries of America and Kenya.

Fearon, Elizabeth; Hargreaves, James
Are social network studies ethical?
The web of social relationships surrounding individuals can influence their sexual behaviour. Social network analysis (SNA) thus offers a powerful means of understanding patterns of HIV risk. SNA studies can provide important insights by emphasising the role of social structure in influencing health outcomes as well as the characteristics of individuals. But SNA studies pose ethical dilemmas. Complete network studies collect data in interviews with primary research participants (‘egos’ in SNA) and require that these individuals identify secondary participants to whom they are connected (‘alters’). During data collection alters must be identified by name if all the connections (‘ties’) between individuals within the network are to be mapped: later the data are anonymised. Depending on study design, alters may, or may not, be included as primary research participants and therefore have the opportunity to provide informed consent. Depending on study aim, the nature of the ties between ego and alters to be mapped may have different ethical implications. For example, some studies map friendship networks while others map networks of sexual relationships. Depending on the study hypothesis, information required from ego about alters may differ in perceived level of sensitivity. For example, asking about the age of friends may not be controversial while asking about their perceived sexual behaviour may be more so. Ethical issues that have been raised in multi-stage review of the design of a proposed complete friendship network study to give insight into social inequalities in HIV risk among young women in South Africa will be discussed.

Ferez, Sylvain; Duval, Estelle; Liotard, Philippe
Sports gay games

The Federation of Gay Games (FFG) is probably the first sports institution to have confronted the question of the sports practice of PLWHV right from the eighties by claiming access to the games for all the seropositives and sick people (Ferez, 2005). From the second Gay Games on, in 1986, a minute of silence is respected during the opening ceremony. In 1987 the charismatic and emblematic founder, Waddell, passes away due to AIDS (Waddell & Schapp, 1996). In 1990, 1994 and 1998 symbolic performances are organised in the margin of the games (Le Pogam et al., 2004). The organisation of the Gay Games leads thus to negotiations to allow PLWHV to participate. The FGG so obtains the suspension of the law concerning the control of the serological status executed before entering the USA during the months in which the New York Games (1998) and Chicago Games (2006) take place. The will to include all people in the competitions within a logic of sport equality does nevertheless cause some problems. The introduction of anti-doping controls generates never-ending discussions in some activities (Liotard & Ferez, 2005). How could one avoid “cheating” without excluding people with medical treatment? The question is not answered once and for all, even if the choice has been made to distinguish the simple participants from the competitors. The troubles introduced by this debate testify at the same time of the desire and of the difficulty to articulate both logics of inclusion and of sports.

Ferguson, Laura
“How many lines can you see?” Performative Aspects of ‘Knowing’ and ‘Accepting’ a Rapid HIV-Test Result in the Context of Antenatal Care in Kenya

With the introduction of rapid HIV tests and provider-initiated HIV testing and counselling (PITC) in antenatal care services (ANC), a vast number of pregnant women are being tested for HIV. Yet the implications of a near-instant HIV diagnosis for a woman attending routine ANC are insufficiently understood. The paper draws from interviews carried out with 23 women diagnosed with HIV in ANC and 8 nurses at a district hospital in Kenya. Health workers described
carrying out repeated counselling to convince women to undergo testing; most women reported that they did not feel able to refuse the test. Taught how to interpret the test kit results directly, most women could recount in detail the process of seeing the ‘evidence’ of their test result although they were unable to recall details of counselling messages received. Many described being asked whether they ‘accepted’ or ‘rejected’ their test result; ‘acceptance’ of the accuracy of the technology is a necessary criterion for progressing to assessment of a woman’s treatment eligibility. In this paper, we explore the ways in which visual ‘evidence’ redefines the roles of patient and testing counsellors as close interlocutors of a new bio-technology – in which patients directly access authoritative knowledge that leads to a ‘diagnosis’. Examining performative aspects of receiving, reading and accepting a test result, we discuss the fallacy of promoting rapid testing as a means to pro-actively engage with diagnostic ‘knowing’.

Fielding-Miller, Rebecca; Kennedy, Caitlin; Mashwama, Vuyelwa; Mpungose, Sbusisiwe

Oral literature and HIV narrative in Swaziland

Background: Swaziland has the highest HIV prevalence in the world, with a generalised adult prevalence of 26.2%. The Swazi government has emphasised behaviour change around multiple concurrent partners, condom use, and faithfulness as one of its key strategies for HIV reduction.

Methodology: Focus groups and in-depth interviews were conducted with Swazi men and women, including cultural experts on oral literature in Swaziland. Discussions and interviews centered around two main themes: The use of oral literature and narrative as an education tool in Swaziland, and perceptions of current HIV narratives and messaging in the country.

Results: Folktales (tingane-kwane) hold an important place as an education media in Swaziland, a “cultural intervention” in the words of one informant. Tingane-kwane are used to entertain and reinforce key Swazi values. The narrative format generally includes a breach of a value leading to disaster, or a resolution of disaster through actions that fulfill a value. In contrast, current HIV messaging has focused only on value breaches that lead to a disaster (HIV). Many informants felt that this approach is more appropriate for children than adults. They also expressed frustration and fatigue with this type of negative narrative.

Conclusion: Creating a new HIV narrative that highlights the fulfillment of positive values is an approach that has been overlooked and which holds significant potential in the country. Cleverness, respect for others, and community strength are all intrinsically Swazi values with clear roles to play in the fight against HIV in the region.

Fielding-Miller, Rebecca; Nhlabatsi, Nhlanhla

School enrolment and HIV prevalence among Swazi youth

Argument: In Swaziland, as in the rest of the world, HIV infection is driven by a complex interaction of social, biological, and behavioural factors. Education may play an important protective role. This study examined the influence of education on HIV prevalence in Swazi youth.

Methodology: A behavioural surveillance survey was conducted with Swazi youths ages 15-24. Respondents were asked about behaviour, sexual relationships, demographic characteristics, and administered an HIV test. Data was analysed to determine the influence of school enrolment on HIV prevalence. Further analyses were conducted to determine the effect of enrolment on other factors in the causal pathway, including age of sexual debut, if an individual’s first sex was consensual and total number of partners.

Results: Baseline HIV prevalence was 12.91% overall, 20.33% in women and 5.35% in men. Prevalence was found to be 20.64% amongst youth who were not in school, and 5.54% amongst those who were currently enrolled. Linear regression showed enrolment remained protective when controlling for age and sex. Those not enrolled in school showed a HIV prevalence 16 points higher than those enrolled, with a p-value < .001. Similar results were seen with delayed sexual debut, reduced number of male partners, and reduced reportings of forced sex.

Conclusion: Education has an important role to play in combatting HIV in Swaziland and the region. This study clearly demonstrates the protective nature of school enrolment. While it is encouraging, further research is necessary in order to further explore the nature and pathways of protection.

French, Martin

Viropolitics: An emergent vital politics of public health

Designating an emergent vital politics of public health, viropolitics are latent in those public-health practices and interventions beset by great uncertainty with respect to their outcome. For example, when a patient’s case-management file – filled with information ostensibly meant to guide that patient’s counselling and treatment – is produced as evidence for a criminal trial concerning HIV non-disclosure, we witness a viopolitical (re)encoding of this information, as well as the practices and relationships that produced it in the first place. Using discourse analysis, this paper examines the vital politics literature and posits the concept of viropolitics in order to better theorise HIV prevention efforts, especially voluntary testing and counselling. To contextualise this work, the paper will draw on criminal law developments in North America.

Friedman, Samuel; Mateu-Gelabert, Pedro; Rossi, Diana

Locating the Social: 1st International HIV Social Science and Humanities Conference, June 2011
Alphabetical List of Paper Presentations by Author
**What is the social for the HIV/AIDS epidemic?**

There are many social science disciplines, and many different competing (and sometimes warring) social research paradigms and perspectives have been used to help understand and intervene in the epidemic. I argue that an adequate approach has to be 1. dialectical in that it uses human action (praxis) as the mediator of changing human consciousness as well as macro-social processes like wars, revolutions, and economic change; 2. Multi-level in that it needs to understand how viruses and society interact within and outside of human bodies; 3. geographical in that it has to understand how and why the epidemic varies in different places; and 4. Historical to incorporate how changing understandings, changing social conditions, scientific and medical developments, and viral mutations interact over time. I will exemplify how such understandings help us to understand the HIV epidemic among drug users and their surrounding communities.

Key words: Social theory, dialectics, levels of analysis, geography, history, transmission, prevention

**Friedman, Samuel; Dumchev, Konstantin; Mateu-Gelabert, Pedro; Sandoval, Milagros**

*Research and action needs concerning social, sexual and infection networks and group risk events*

Prior research shows that sizable percentages of heterosexuals take part in group sex events each year in many countries, and that drug users (both injectors and non-injectors) are particularly likely to take part. Such events create bridges among groups, drug users and non-users, and racial/ethnic groups and include people with and without HIV and STI infection. They thus increase community-wide network connectivity and the possibility of large-scale HIV epidemics in ways parallel to the effects of shooting galleries among IDUs. Also, since many people attend these events several times a month or more, they create environments where acute- or early-infection HIV transmission can spiral into epidemic outbreaks. Risk networks are often also social networks; and group sex and injection events are social events as well as risk events. They have been shown to have their own norms and role structures. Some primarily-heterosexual group sex event organisers act as condom-use enforcers at their events even when they and others are using drugs and having sex. Others assign people to be door-keepers and make sure that no violence occurs. Research and development should design and evaluate interventions to reduce risk at these events. (Interventions at shooting galleries have helped to reduce risk at them.) Since HIV infection spreads through networks and group risk events, innovative combination social/epidemiologic prevention strategies may help prevent early- and acute-HIV infection driven outbreaks. We will present an intervention currently being field tested in the Ukraine.

**Giami, Alain; Perrey, Christophe**

*Controversies and uncertainties regarding male circumcision as a tool for HIV prevention*

The aim of this presentation is to discuss the onset and development of the use of male circumcision as a tool for HIV prevention in countries of Southern Africa; to identify the scientific controversies that emerged during the process; to describe how scientific evidence was constructed; and to analyse the way these controversies were managed by the major international agencies which promoted this prevention approach (WHO and UNAIDS) in order to publish the recommendation after the 2007 Montreux Conference. Method: The study is grounded in the field of Science Studies and more precisely on a sociology of scientific controversies and scientific expertise. Scientific papers, public health recommendations and reports from international agencies were systematically analysed. Open interviews were carried out among experts working in the field (academics, WHO and UNAIDS representatives). Major outcomes: The process, which culminated with the Montreux decision is the result of complex interaction between the production of scientific data demonstrating the effectiveness of the measure, the estimation of confusing risks, the analysis of the reactivity of local health providers and the evaluation of its acceptability (at political, community and individual levels). The project to establish MC as a prevention tool raised contradictory reactions such as support, mistrust or hostility in the public health world (international organisations and associations) and among some academics involved in the field. We will demonstrate that the resolution of these controversies was made through a process of marginalisation of opposing arguments and a denial of the continuing uncertainties of the efficacy of the measure.

**Gibbs, Andrew; Mannell, Jenevieve; Willan, Samantha**

*Responses to gender-based violence: From welfare to politics*

Currently an overwhelming focus of HIV funding, policy and campaigns focuses on tackling gender-based violence (GBV) as a central strategy of a comprehensive approach to HIV prevention. While tackling GBV is central to any meaningful response to HIV, we argue this focus over emphasises the immediate issue of GBV, ignoring the underlying structural determinants and mundane practices of gender-based inequality that shape HIV risk and vulnerability. Through a conceptual review of how GBV has been taken up within HIV/AIDS, with a specific focus on Africa, we identify examples whereby GBV has come to dominate the practices of HIV/AIDS, sidelining a broader and more inclusive focus on the mundane forms and structural drivers of gender inequalities. This sidelining occurs for two reasons. The first is the wish of many to tackle the most extreme and obvious form of gender-based sexual–GBV through ensuring adequate welfare responses. The second is that tackling mundane forms of gender inequalities requires tackling patriarchy and is a much deeper and more politicized process that has significantly less political support. This is part of a wider trend to focus on gender inequality as a depoliticised welfare issue, rather than as a...
political and human rights issue. Campaigns tackling GBV need to locate GBV as the most extreme form of gender inequality and seek to challenge GBV, mundane forms of gender inequalities and structural drivers of gender inequality. This will require the politicisation of gender inequalities, as well as comprehensive interventions that move beyond simply tackling GBV.

**Gibbs, Andrew; Daku, Mark; Heymann, Jody**

*Representations of drug-resistant tuberculosis in South African newspapers*

The recent emergence of drug resistant tuberculosis has elicited a multitude of perspectives concerning the way in which the disease should be confronted. The media is a particularly important source for these perspectives, reflecting and shaping public discourse. In this study, we focus on how the media presents drug resistant tuberculosis in South Africa (home to the largest outbreaks of extremely drug resistant tuberculosis to date). We examined newspaper content from 310 South African newspaper articles that discussed drug resistant tuberculosis over the period February 2004 to July 2009. Using thematic network analysis, articles were categorised into themes, sub-themes, and thematic networks. The analysis identified two main dimensions in the articles: causes of DR-TB and treatment approaches/solutions. Causes of DR-TB revolved around three sub-themes: i) costs of testing for DR-TB; ii) institutional causes of DR-TB; and iii) patient-directed causes. While treatment approaches or solutions to tackling DR-TB focused on: i) ensuring treatment of patients; ii) prevention of DR-TB with an emphasis on adherence to first line medication; iii) patient-directed (such as holding patients against their wishes); and iv) improved surveillance for DR-TB. Our analysis identifies a trend in South African media to identify a broad range of causes of DR-TB, while emphasising that treatment approaches should be directed primarily at the individual. It is important to note that such a perspective runs contrary to the WHO’s recent recommendations for approaching the TB epidemic, in particular by marginalising non-biomedical and structural approaches to infection control.

**Gilbert, Leah**

*Upstream/downstream - Health Promotion and HIV/AIDS in South Africa: Have we paid enough attention to the 'social' in the epidemic?*

The conceptual framework of health promotion is rooted in the critique of the ‘downstream’ approach of the medical curative model with its devotion to ‘saving drowning swimmers’ and the development of an alternative ‘upstream’ approach that aims to ‘tackle the forces that push them into the river’. Thus in the context of this paper ‘Upstream/Downstream’ refers to the different paradigms in addressing public health problems. Similarly, theories and practices of Health Promotion from its earliest versions have been advocating a shift from a biological/medical preventive focus to a more health promotive/social one, from the level of individuals to organisations, communities and broader social policy. However, it seems that a real shift in the desired direction remains an elusive goal in practice despite many achievements in promoting health and changing people’s behaviour in specific areas. It is against this conceptual framework that this paper aims to explore the HIV/AIDS epidemic in South Africa and critically analyse its Health Promotion efforts focusing on the traditional dichotomies of: bio-social; individual-society and downstream-upstream. Using evidence from South Africa (past and present), the main thesis will demonstrate the limitation of these dichotomies as far as practical applications are concerned, and will argue towards a more decisive/comprehensive approach along a continuum of options with a focus on the ‘social’. An attempt will be made to demonstrate why a strong and real emphasis on the ‘social’ is an essential condition in successful efforts to reduce HIV/AIDS prevalence.

**Grace, Daniel**

*Praxis, power and possibility: Intersectionality as a critical research paradigm for international HIV/AIDS researchers*

Theories of intersectionality offer important challenges for HIV/AIDS researchers, social theorists and activists when they seek to conceptualise categories and examine intersecting inequalities in the everyday world. Researchers of intersectionality work to critically examine the intersections of multiple axes of oppression and privilege including (but not limited to) sex and gender, sexual orientation, ‘race’/ethnicity, and class. This paper critically evaluates past contributions by intersectionality scholars to HIV/AIDS research and considers the possibility for this alternative research and policy paradigm to inform HIV/AIDS research internationally. It is important to consider the theoretical and epistemological commitments of this approach while assessing new directions and possibilities for this field of critical health research. This paper explores the following questions: 1. What are the challenges, advantages and limitations of this research paradigm for researchers of HIV/AIDS internationally? 2. What are the key assumptions and commitments of this approach? 3. How does intersectionality differ from other research paradigms and offer new possibilities for critical HIV/AIDS researchers? 4. How can intersectionality-informed research help to make visible the processes and limitations of HIV/AIDS policy and legislation development? To focus this discussion examples are provided from a formative analysis of the complex institutional processes related to HIV “Model Law” development in West and Central Africa between 2004-2010. Previously unexamined aspects of these legislative processes were made visible through participant observation, archival research, and textual analysis and informant interviews with
national and international stakeholders. This ethnographic research has involved data collection in Canada, Switzerland, Austria, South Africa and Senegal (2010-2011).

Grace, Daniel
Making, marketing and contesting HIV model laws: Where do we go from here?
International academics, lawyers and activists have been drawing attention to “dangerous” new HIV laws that are spreading like a “contagion”. In this global ethnographic research, institutional processes related to HIV model laws are critically examined. This contentious issue of international development involves global stakeholders engaged in processes of legislative funding, creation and challenge. I map the social and textual processes related to the proliferation of HIV-related laws focusing upon the omnibus HIV Model Law developed in N’Djamena, Chad in 2004. Between 2005-2010 (at least) 14 African countries have passed HIV laws that emulate the USAID-funded Model Law. This ethnographic work locates legislative reform processes in the everyday work of lawyers, policy analysts, UNAIDS staff, activists, journalists and people infected and affected by HIV. My research method is informed by institutional ethnography and considers the value of an intersectionality-based analysis (IBA) in global health research. This complex legislative process was made visible through participant observation, archival research, textual analysis and informant interviews with national and international stakeholders (n=32). This has involved research in Canada, Switzerland, Austria, South Africa and Senegal (2010-2011). The analysis addresses issues of power and ideology in two key fields: (1) legislative processes: the limits, forms and possibilities of “model” legislation to guide transnational legal reform and (2) legislative content: how HIV-related legal provisions can support and/or violate human rights and public health goals. The role of research evidence in policy-making and reform activities, e.g. the impact of criminalising HIV transmission and/or exposure, is critically examined.

Grebe, Eduard; Nattrass, Nicoli
AIDS Conspiracy Belief and Unsafe Sex in Cape Town
This paper uses multivariate logistic regressions to explore: 1) potential socio-economic, cultural, psychological and political determinants of AIDS conspiracy beliefs among young adults in Cape Town; and 2) whether these beliefs matter for unsafe sex. We found that membership of a religious organisation reduced the odds of believing AIDS origin conspiracy theories by more than a third, whereas serious psychological distress more than doubled it and belief in witchcraft tripled the odds among Africans. Political factors mattered, but in ways that differed by gender. Tertiary education and relatively high household income reduced the odds of believing AIDS conspiracies for African women (but not men) and trust in President Mbeki's health minister (relative to her successor) increased the odds sevenfold for African men (but not women). Never having heard of the Treatment Action Campaign (TAC), the pro-science activist group that opposed Mbeki on AIDS, tripled the odds of believing AIDS conspiracies for African women (but not men). Controlling for demographic, attitudinal and relationship variables, the odds of using a condom were halved amongst female African AIDS conspiracy believers, whereas for African men, never having heard of TAC and holding AIDS denialist beliefs were the key determinants of unsafe sex.

Guise, Andy
Exploring change in South African PHC nursing in an era of ART and taskshifting: The social dimensions of clinical care
Background: South African nurses are adopting a central role in the delivery of antiretroviral treatment (ART) following its integration into primary healthcare (PHC). This study is exploring the impact of ART on the organisation of care and possible emergence of patient-centred and empowering approaches to care.
Methods: An ethnographic approach was used, focused on clinic observation and interviews with nurses and patients. The study initially compared the experiences of two PHC clinics delivering ART with two that do not, before exploring emerging themes in additional clinics.
Results: Results develop existing themes in social theory as it relates to healthcare delivery in low income settings: Nurse and patient agency and dynamics of empowerment – exploring nurse and patient agency gives insight in to why change in nursing care is delayed and problematic, and has significance for conceptualisations of empowerment as it relates to the delivery of healthcare; nurse and patient lifeworlds – distance and poor communication in nurse-patient relationships can be understood by examining their different 'lifeworlds', the shared assumptions and perceptions of the environment in which communication is embedded; nurses’ professional identity - a failure to integrate services and provide holistic care can be attributed to nurses’ seeking ‘expert’ status in individual services. Conclusion: The study explains the organisation of care through understanding how clinical and biomedical processes are shaped by the subjectivity of both nurses and patients. Understanding this social dimension of care is key to ensuring effective and sustainable responses to HIV.

Hagege, Meoin
Temporality in health trajectories of recently released HIV-positive inmates: New elements for understanding treatment interruption

Locating the Social: 1st International HIV Social Science and Humanities Conference, June 2011
Alphabetical List of Paper Presentations by Author
Considering conceptions of time in patients' relations to healthcare is crucial to understanding the issue of treatment interruption in the population of HIV-positive, recently released inmates (or 'exmates'). More specifically, gaps between patients' and professionals' conceptions of what constitutes a significant life event, or of what activities take priority after release (and upon re-entry in the social milieu), can shed light on why and how exmates seldom re-integrate the healthcare system right away. Analysing narratives of healthcare trajectories allows for a deeper understanding of the power dynamics behind how time is spent, valued, and more specifically, the role of race, gender and class in the recourse to healthcare. In a methodological approach combining interactionist and phenomenological approaches to qualitative sociology fieldwork, biographical interviews of inmates and exmates living with HIV were collected. They showed how biographies shape experiences of embodiment: in the French hospital setting, these can be seen as counter-intuitive by healthcare professionals and hinder adequate relations with patients. This study was conceived and made possible by the collaboration with medical professionals and epidemiologists, in a critical social sciences and humanities research perspective. It stays true to a bottom-up approach and focuses both on agents' experiences and on how they are shaped by broader socio-economic, political and cultural forces. Including exmates and professionals in the production of knowledge, or practising "co-construction of research", and questioning taken-for-granted assumptions about the social world and theoretical frameworks, encourages the use of this research for progressive social change.

Hanass-Hancock, Jill; Nixon, Stephanie
Re-conceptualising HIV management with the ICF framework
Reframing HIV from a terminal disease to a chronic illness has implications for HIV policy, programming and health systems. Research has documented that most people who access ART in Southern Africa show improvements in CD4 count, viral load and fewer opportunistic infections, yet a large number struggle with social implications, activity limitations and impairments associated with HIV and its treatment. The medical model is insufficient for capturing these dimensions of HIV. To address this gap, a new approach for HIV and AIDS is required. The World Health Organisation’s International Classification of Functioning Disability and Health (ICF) is a framework that can capture the experience of health conditions such as HIV on a medical as well as a social level. The objective of this paper is to introduce the ICF and discuss its applications for HIV. Whereas a medical model is concerned with diagnoses and symptoms related to HIV-associated disorders such as peripheral neuropathies, musculoskeletal, neurocognitive and sensory disorders as well as mental health problems, the ICF focuses on the impairments, activity limitations and participation restrictions occurring as a result of these conditions. The framework also identifies personal and environmental contextual factors. Through this the ICF has the potential to work as a common entry point for people of different professions including doctors, nurses, physiotherapists, psychologists, social workers, home-based care workers to facilitate comprehensive care in the era of ART.

Hatcher, Abigail; Kanya, Lucy; Kwena, Zachary; Turan, Janet
A conceptual framework for linkage to care in resource-constrained settings: Why social science is key to the success of ‘test and treat’ strategies
Background: Despite promising evidence for ‘test and treat’ as a bio-medical intervention, one key limitation in resource-constrained settings is low uptake of care and treatment following HIV counselling and testing (HCT). Social science adds necessary depth and rigor to understanding complex drivers of linkage to care in an era of increasingly available antiretroviral treatment.
Methods: In a mixed-methods study, we explored social and contextual drivers of clinical enrolment for persons diagnosed with HIV at a community-based HCT campaign in two rural Kenyan sites. Ten months following diagnosis, we conducted structured interviews with consenting individuals (n=513) and in-depth qualitative interviews with a sub-sample (n=24).
Results: Building on the ‘behavioural model of health services utilisation’, we developed a theoretical framework for linkage to care in resource-constrained settings. The contextual environment includes poverty, food insecurity, gender inequality, stigma, weak health systems, and religion. The healthcare environment incorporates accessibility of care, associated costs, and service provider attitudes. Interpersonal factors centre upon partner dynamics and social support. Personal drivers include perceived need, mental health, and healthcare beliefs. Qualitative and quantitative results show that partner dynamics are highly predictive of time to enrolment: for women, fear of partner violence inhibited enrolment; for men, disclosure to a spouse supported linkage.
Contribution: This study suggests that linkage to care may be best addressed at the social, interpersonal level of health service utilisation. A theoretical framework such as this may guide future research and intervention efforts around treatment as prevention in resource-constrained settings.

Hatcher, Abigail; Bukusi, Elizabeth; Odero, Merab; Romero, Patrizia
Towards a clinic-based intervention to reduce intimate partner violence and improve HIV service uptake among pregnant women: Lessons from formative research in rural Kenya
Background: Despite evidence that intimate partner violence (IPV) is associated with increased HIV incidence among women, IPV is rarely tackled within HIV/AIDS services. Even in the social science literature, little is known about the contextual drivers of IPV or how clinic-based interventions might reduce it.

Methods: This study builds upon previous work in Nyanza Province, Kenya, showing that fear of IPV reduces the willingness of pregnant women to accept antenatal HIV testing. We conducted qualitative research through in-depth interviews (with key informants, n=20) and focus group discussions (with pregnant women, n=4; men, n=4; service providers, n=1). Transcripts were analysed using a thematic coding framework followed by grounded, second-level analysis.

Results: We found that IPV is triggered by a number of situations, including when a wife fails to consult the husband on important decisions like testing for HIV. Women who experience IPV often do not press charges, due to widespread justification of violence and a lack of formal support services. The clinic was seen as ideal for an IPV intervention, since women can access it alone and it is a trusted resource in the community. These formative findings led to the development of a novel pilot programme offering ‘supported referrals’ to IPV survivors and at-risk pregnant women in one antenatal clinic.

Contribution: This formative research grounds our understanding of IPV in a rural context and identifies methods for integrating IPV prevention into primary healthcare services. The findings may inform future interventions within contexts of high IPV prevalence and HIV vulnerability.

Hatcher, Abigail; Dworkin, Shari; Mananela, Richard; Ndlovu, Nkuli
Can perceptions of masculinity be intentionally shifted in health programmes? Participant views on contesting norms and reconstructing manhood in South Africa
Background: Social scientists have long recognised the role of gender inequalities in driving HIV/AIDS. In this context, new understandings of masculinities and health have emerged, showing that masculinity is not a fixed identity that all men share, but rather a fluid and dynamic one that is socially and historically constructed.

Methods: This study explores the context, challenges, and impacts of a program carried out with heterosexual active men in South Africa. Called One Man Can (OMC), the program was implemented by Sonke Gender Justice Network. We conducted in-depth qualitative interviews with OMC participants (n=60) in two rural settings in Eastern Cape and Limpopo Province.

Findings: Six themes emerged as building normative, societal expectations of masculinity; a man should be respected, a provider, a disciplinarian, dominant, virile, and invulnerable. However, intense pressure from social realities of unemployment, women’s rights discourse, HIV/AIDS, and poor health, makes it difficult for men to live up to normative expectations. Through their own efforts and OMC facilitation, men began to contest these ideals, creating novel views on what it means to be a man. Reconstructed manhood was described as being active, consultative, supportive, communicative, embracing of sexual mutuality, and expressive.

Contribution: Gender work with men is often framed by the ‘problems’ of masculinity for men’s health, noting that promiscuity, violence, and relationship control are central elements of masculine identity in African contexts. This work adds to the knowledge base by identifying changes that are happening and how future health interventions might trigger these important changes.

Heas, Stephane; Perera, Eric; Ruffie, Sebastien
Obsession of the body in people living with HIV?
A large-scale survey covering in France has permitted a double data collection using questionnaires and narrative research. The point is to specify the place taken by physical activity and sports (PAS) in the life course of people living with HIV/AIDS (PLHA). The relation to the body of the patients is disrupted by the diagnosis of HIV infection. A symbolic hypertrophy of the body seems to occur in certain patients, with an acute focus on visible parts such as skin and hair. The visible parts of the body, are invariably exposed to the gaze of others and thus judged, gives a concrete measure of the degree of social acceptation. The oscillation between hyperaction and hypoaaction following analysis model makes it possible to refine PLHA’s ambivalence. On the one hand there is a professional and social incentive to permanent action, since sedentarity has taken on a retro satanas status in occidental societies; this physical action can lead to the verge of addiction, whether it be in terms of substances (illicit or not) or behaviour. On the other hand, there is a gaining inaction with an important risk of depression due to a progressive disengagement from social life. The forms of discrimination and auto-discrimination, towards the diseased are far from being the most inconsequential issues to avoid or counter. To build up or maintain a presentable body, for lack of a good looking one, becomes an everyday matter for PLHA.

Hermann, Judith
From compliance to rules of the EOTC (Ethiopian Orthodox Tewahedo Church) to adherence to ART (Anti Retroviral Treatment) delivered by PEPFAR (President Emergency Plan for AIDSRelief)
On May 25th in 2007, the Pope of the EOTC, accompanied by the Ambassador of USA, announced to PLWHA (People Living With HIV/AIDS) at a holy water location, that ART is compatible with the holy water resort. The Ambassador representing PEPFAR which distribute ART in Ethiopia, since 2006, planned to open an ART center nearby this holy water location some months later. Traditionally, the holy water ritual, leading to a miraculous cure, is exclusive to other kind of treatment. It entails a strict compliance to religious rules and conducts to an “extramundane” existence. On the other side, as Scientifics emphasis, ART require an almost perfect adherence to treatment which implies to change behaviour and taking care of the body. Two problems arise. First, the compatibility between two kinds of cure: the spiritual one, holy water ritual that PLWH follow to cure from HIV, and the biomedical one, ART which prolong life but does not release from AIDS; Secondly, adherence or/and compliance to rules are used by institution, church and biomedicine. Both require to adopt new comportments (or technique of the self) in order to save life. Their analyses lead to a better understanding of adherence processes and of the meanings of life for PLWHA, EOTC and PEPFAR.

Hidayana, Irwan
On sexual and reproductive practices among HIV-positive people in West Java, Indonesia
For many men and women, an HIV diagnosis brings about significant changes in the way they enact their sexuality and how they feel about reproductive future. There are many reasons why HIV-positive people continue their sexual and reproductive lives. Among HIV-positive women, reproduction becomes a complex matter since it involves hopes, desires, fears, uncertainties, and stakes in their socio-cultural and healthcare contexts. This paper deals with reproductive trajectories of PLWHA which is still a blind spot of HIV/AIDS studies in Indonesia. On the basis of anthropological study in Karawang district of West Java, this paper, firstly, examines fertility desire, sexual and reproductive practices among HIV-positive couples – discordant and concordant ones – and how HIV transmission risk is negotiated in the family which addresses issues of secrecy and disclosure. Secondly, it explores how HIV-positive women navigate HIV in pregnancy and delivery in the resource-poor setting of Karawang district. Using Mol’s concept of care, I argue that HIV-positive women encounter fragmented care of health service.
Key words: reproduction, secrecy, disclosure, care.

Hodes, Rebecca
The misrepresentation of HIV treatment in the Sunday Times, c. 2000 – 2010
The development of highly active antiretroviral treatment (ART) for HIV was one of the greatest scientific advancements of the 20th century. From 1996, ART reduced the number of AIDS-related deaths and hospital admissions by drastic measures in those countries in which the treatment was available to the public. In 1998, a social movement for access to ART emerged in South Africa. One of the movement’s goals was to promote HIV testing and treatment, and its leaders made strategic use of the media to counter misinformation spread by AIDS denialists. The media has therefore played a vital role in public education about ART, particularly during the years in which evidence-based national education programmes about HIV treatment were lacking. Today, over a million South Africans have initiated the treatment. But while many media sources published fact-based articles that promoted accurate public understandings about ART, others misinformed the public about HIV treatment. This research focuses on the misrepresentation of HIV treatment in the South African print media over the last decade. Using the Sunday Times as a primary source, four categories of misinformation are highlighted: the exaggeration of ART side-effects; the downplaying of ART efficacy; the spurious comparison with ‘alternative’ treatments; and the over-emphasis of various forms of ‘ART abuse’. This paper explores these categories, situating them within the changing context of South Africa’s political response to HIV and the national roll-out of ART.

Hodes, Rebecca
Changing approaches to birth control for HIV-positive women in South Africa’s public health sector, c. 1994 – 2010
This paper examines how changes in laws and policies on birth control in South Africa have influenced the public provision of reproductive healthcare for women living with HIV. During the 1990s, the state’s approach to birth control was revised. Government expanded the system of primary healthcare clinics, and enacted the most progressive abortion laws in the world. However, from the late 1990s, despite known increases in HIV prevalence among attendants at antenatal clinics, government reduced funding for contraceptives in the public health sector. The result was that abortion became more readily accessible, while the availability of contraceptives for pregnancy prevention was reduced. During this time, the effects of HIV morbidity and mortality on the reproductive health of HIV-positive women affected the attitudes and practices of healthcare workers within the public sector. From 1999, the roll-out of ART for the prevention of mother-to-child transmission (PMTCT) was the cause of HIV improved reproductive health outcomes for HIV-positive women. However, the prioritisation of PMTCT and the focus on HIV-positive women as mothers shifted attention away from other reproductive health services. Based on qualitative research on medical publications, and on interviews with public health specialists, obstetricians and gynaecologists, this paper explores changing approaches to reproductive healthcare for HIV-positive women from the perspectives of key figures within the public health sector.
Holt, Martin

Can HIV pre-exposure prophylaxis be effective? Insights from research on pill-taking, adherence and beliefs about medicine

The recent iPrEx trial of pre-exposure prophylaxis or PrEP (taking antiretroviral drugs to prevent HIV infection) found that the likelihood of HIV infection was reduced by 44% among men who received the study drugs (emtricitabine and tenofovir). However, the patchy adherence observed in the trial appears to have undermined the efficacy of PrEP quite substantially – while there was a 73% reduction in HIV infection among men who took their pill on 90% of days or more, there was no significant reduction in HIV infection among those who took the pill on 50% of days or less. This paper will critically review research on pill-taking, adherence and beliefs about medicine to consider the question: can HIV pre-exposure prophylaxis be effective when used outside of a trial? Research on medicine use repeatedly finds that non-adherence is the norm rather than the exception, regardless of population or medical condition, for reasons such as forgetfulness, dislike of medication, side-effects and cultural beliefs about medicine. Patients also commonly assess the need for the pills they are given, modifying their use of drugs to align with their own needs and beliefs. Despite ‘intensive counselling’ to support pill use, many men in the iPrEx trial did not (or could not) adhere to a daily pill regime. If it becomes available in some contexts, what chance is there of people using PrEP as recommended without intensive support? How might the technology of PrEP have to be adapted to be effective in real world conditions?

Hosegood, Victoria; Desmond, Chris

Men, families and HIV

Men’s lives are intimately interwoven with those of their families however, research and programmes for families affected by HIV and AIDS seldom directly engage with male family members. We discuss reasons underpinning this lack of engagement with men in the area of HIV and families in sub-Saharan Africa. These include: assumptions about limited involvement by men in care and support, particularly in traditional societies; an emphasis on men’s behaviours widely perceived to have a negative impact on families including concurrent and non-marital sexual relationships, drug use and alcohol consumption; and the influence of moral public and professional discourses on interest and decision-making related to men, families and HIV. The multiple discourses frequently characterise women and children as ‘innocent victims’ while overtly or subtly attaching blame to men for negative impacts of HIV in families. Men are ‘absent’ from the families most often presented as affected by HIV and AIDS, for example, grandmothers and orphaned children. Furthermore, the family of roles of male PLHIV in marginalised groups, particularly IDUs, MSM and sex workers, are seldom highlighted. There is interplay between moral discourses around HIV and the way in which data on men, HIV and families are collected and interpreted; most notably on sex differentials in HIV prevalence and AIDS mortality, caregiving, and intimate partner violence. In this presentation we discuss the challenges of this moral and public health landscape for researchers, practitioners and policy-makers seeking to study or promote men’s involvement in HIV and AIDS affected families.

Jobson, Geoffrey; De Swardt, Glenn; McIntyre, James; Struthers, Helen

Working towards an understanding of the HIV prevention messaging preferences of MSM in Cape Town, South Africa

Background: Public messaging remains important in HIV prevention campaigns globally. In South Africa very little HIV prevention messaging has focused on addressing the HIV prevention needs of men-who-have-sex-with-men (MSM). This exploratory study investigated the HIV prevention messaging preferences of MSM in formerly ‘Black’ areas in Cape Town.

Methods: Purposive sampling was used to recruit a sample of 20 ‘Black’ MSM; key informant interviews were conducted with 4 individuals; 16 men participated in 2 focus group discussions. Data were analysed thematically in a 3 stage grounded theory style analysis. The sample included both gay-identifying MSM and heterosexual-identifying MSM. Examples of HIV prevention messages from GMFA London (www.gmfa.org.uk) were used as the basis for discussions.

Results: Messages that received positive responses from both the gay and heterosexually identifying participants were relatively ‘conservative’ in terms of both their visual and textual content. There were distinct differences between the groups’ responses to messaging with explicitly gay content. Gay identifying MSM were positive about explicitly gay messages, but expressed caution about their placement in their communities. Heterosexually-identifying MSM were against the use of any explicitly gay content to prevention messages. Both groups interpreted some messages in ways that reflected their social contexts, but were not related to the intended prevention messages. Conclusions: Developing compelling HIV prevention messaging for MSM in South Africa requires: taking account of potentially...
homophobic local contexts; consideration of all alternative interpretations of messaging; and understanding the diversity of MSM sexual identities.

Kapilashrami, Anuj
Implications of new aid architecture for equity of health systems and HIV management
While the control of infectious diseases has been high on the global agenda, the turn of the century witnessed a renewed interest in AIDS, tuberculosis and malaria. A re-articulation of the problem as that of economic-global security and heightened humanitarian urgency enabled the use of language of ‘warfare’ in shaping global efforts. A noteworthy change in health governance is the shift from traditional bilateral assistance to a proliferation of partnerships. Among these, the Global Fund to fight AIDS, TB and Malaria has gained prominence as an innovative policy mechanism. Set up in 2002, it has leveraged significant amounts of funding. The Fund’s growing influence, its claim to support ‘country driven’ programmes and priorities and the conditions precedents through which it disburses grants demand a better understanding of its governance at national/sub-national levels. Combining insights from ethnographic fieldwork and 70 open-ended interviews with policy-makers, project officers, and providers, conducted as part of a PhD research, this paper considers the equity implications of the country-level governance of the Fund for HIV Management in India. The findings reveal that the fund governance has triggered diverse actors with conflicting agendas to come together in response to the availability of funds. The resulting structures begin to leverage control, compete for the same resources and act as conduits of power. This new ‘imperialism’ of aid, increasingly linked to performance frameworks and condition precedents, transforms the terrain of infectious disease control, fragments public health and poses challenges to effective management of the HIV epidemic.

Kenworthy, Nora
We have a second government here: Modes and marginalities of participation in HIV programming
The bulk of research on politics and HIV has examined how political factors affect outcomes in HIV treatment, prevention, care and mitigation. Yet HIV programme scale-up changes political worlds in as much as it does epidemiologic ones. How are such changes impacting democratic life in ‘recipient’ countries? Drawing on ethnographic fieldwork in Lesotho, this paper examines the impacts of an enormous HIV scale-up process on local and national political cultures. I propose that grasping the political impacts of HIV scale-up necessitates an examination of the ‘politics of the everyday’ while simultaneously attending to national discourses and policy-making. Drawing on two concepts from medical anthropology biological citizenship and therapeutic itineraries this paper will show how the actions and engagements of everyday life are crucial to understanding the political impacts of HIV scale-up as well as the politically-charged ways that citizens and patients are engaging with HIV services and values. Furthermore, it asks how the practices of everyday life among patients challenge and remake core ideas of care, support, and patient-hood as promulgated by institutions of scale-up. Attention to these political impacts is essential because, as I show, they are tied up with populations’ care seeking patterns and pathways of survival. These ‘pathways of survival,’ as I term them, are shaped at multiple junctions by the politics of HIV provision and political perceptions of self and state. Attention to politics of the everyday is therefore crucial to understanding how services are utilised and, ultimately, how programmes are changing democratic life in recipient countries.

Khau, Mathabo
“We are also human...” Self-study and auto-ethnography as tools for HIV research in the caring professions
When HIV was first discussed on African soil, it was a disease for monkeys and homosexual people. Over the years HIV discourses have changed from “othering” to a more personal and reflexive stance. Previous studies have found a change in people’s perspectives in relation to HIV, and have identified a decline in the “it won’t happen to me...” syndrome. However, very little research has focussed on researchers and practitioners’ relationships with HIV in the caring professions. With education being hailed as the vaccine against new HIV infections, it is important to understand how teachers’ own experiences of HIV create im/possibilities in their approach and practice of HIV &AIDS education. In this study, I reflect on my own experiences of HIV in collaboration with eight women teachers from rural Lesotho schools. Data were generated through memory accounts, drawings and focus group discussions. Thematic inductive analysis was used to identify women teachers’ relationship with HIV within their personal narratives. Teachers’ lived experiences in relation to HIV were found to be important predictors of their approach to issues of HIV in the classroom. The findings indicate support for Bourdieu’s theory of practice in which practice is shaped by one’s capital, field and habitus. The findings highlight the need for HIV practitioners within the caring professions to be in touch with their own lived realities in order for them to be effective in their practices.

Kingori, Patricia
The ethical challenges faced by fieldworkers in the conduct of HIV/AIDS research in resource-poor contexts
Over the past fifteen years, there has been increased attention paid to the ethical conduct of HIV/AIDS research, which has the subject of public and scholarly debate. However, much of this has focused on the (bio) ethical treatment of research participants with little attention paid to the dilemmas created by its research for those involved in its practice. However, the increasing scrutiny on the practice of HIV/AIDS research has brought greater insights into the limits of bioethics, which have dominated the ethical landscape. While notions of autonomy and standard of care remain important, research conducted in contexts of poverty presents those on the ground additional ethical considerations. Fieldworkers are the employees of research institutions whose duties include the recruitment of research participants and maintaining relationships which allow the successful collection of data. They are often recruited from the locality in which they work and they act as conduits for their research institution. This paper will present the findings of an ethnographic research conducted in Western Kenya which examined the everyday working lives of fieldworkers and their conceptualisations of ethics. It will examine the dilemmas faced by fieldworkers in conducting research to elucidate the ways in which these challenges shape the data they collect and ethics the practice. Keywords: ethics; fieldworkers, HIV/AIDS research; bioethics; poverty

Lees, Shelley; Geissler, Wenzel; Pool, Robert

Why do Tanzanian women participate in biomedical research? Gaining a social perspective during a microbicide clinical trial.

Background: Anthropological concerns surrounding clinical trials stem from the increasing role of medical research in the lives of Africans.

Methods: This paper draws on qualitative research conducted during the Microbicides Development Programme (MDP) clinical trial of a vaginal microbicide to present Tanzanian women's motives for, and experiences of, participation in biomedical research.

Results: Women decided themselves whether to participate in the trial but most disclosed participation to partners after enrolling, mainly to reassure partners about the gel. Participants’ accounts of the purpose of the research concurred with the biomedical frame of the trial, however motives for participation focused on gaining knowledge (ujuzi) about their well-being, their HIV status, and the possible benefits the gel, with the reimbursement being a lesser motive. Participation in the trial benefitted them as they became more knowledgeable about their bodies in terms of sexual health and sexual pleasure. However, participation involved potential social harm from rumours about the trial, which focused on women being in danger (from blood stealing or poisonous gel) or being of danger (HIV positive). Women attended to these rumours by ignoring or challenging them or asking the medical research team to educate the community.

Conclusion: Knowledge is as important to Tanzanian women’s lives as materiality, both vital for survival under conditions of ill-health and poverty. This social perspective is an important contribution to our knowledge of medical research participation.

Leon, Natalie; Lewin, Simon; Mathews, Catherine

Can provider-initiated HIV testing and counselling (PITC) be implemented ethically? A qualitative study using the interactive decision-making framework (IDM)

Background: PITC is a streamlined, routine approach to HIV testing in health care facilities that aims to increase test uptake and earlier linkage to HIV care. Questions have been raised, however, regarding the effectiveness, feasibility and ethical implementation of PITC in resource-constrained settings.

Objective: To evaluate processes of informed consent in the implementation of a PITC intervention with new STI patients in Cape Town, South Africa.

Method: A qualitative approach was used to explore patient perceptions and provider practices of informed consent. Twenty patient interviews and 13 observations of clinical consultations were conducted. Data were analysed using process tracing techniques and thematic content analysis. The Interactive Decision-Making framework was used to identify factors that shaped patient and staff experiences of informed decision-making.

Results: Providers met informed consent requirements in terms of conveying information on the voluntariness of testing, and patients reported that they did not experience testing as coercive. A range of patient and contextual factors were identified as shaping patients' appraisal and informed decision-making, including familiarity with HIV, positive attitudes to HIV testing and the motivational role played by the provider and the clinical context. Efficient integration of informed consent procedures was challenging as providers had difficulty with balancing patient-centered communication with traditional provider-led decision-making.

Conclusion: Successful and ethical up-scaling of PITC in LMIC settings may be dependent on how well the intervention can be integrated into standard care; on broader health systems support; and on the balance struck between exceptionalising and normalising HIV testing.

Leon, Natalie; Lewin, Simon; Lombard, Carl; Mathews, Catherine

Does provider-initiated HIV testing and counselling (PITC) improve access to follow-up HIV care? A comparative observational study in Cape Town, South Africa
Background: There are challenges to linking HIV-positive patients to care at earlier stages in illness. Concerns have been raised about the impact of expanded testing approaches, such as PITC, on access to care.

Objective: To evaluate the level of access to care for STI patients diagnosed HIV-positive via PITC, as compared to those diagnosed via VCT (voluntary counselling and testing) in Cape Town.

Methods: An observational study compared access to CD4 and viral load testing; CD4 levels; and delay in accessing care between 2006 and 2008, in 930 HIV-positive patients from a controlled trial comparing PITC and VCT. Univariate and multivariate logistic regression was performed to analyse the differences between the trial arms.

Findings: There were no differences between PITC and VCT sites in the proportions of HIV-positive STI patients who accessed follow-up care for HIV (CD4 test records found for 70% of patients at PITC sites vs. 65% at VCT sites, p=0.507) or in the stage of HIV at diagnosis (median CD4 at diagnosis was 386 cells/mm3 at PITC sites vs. 364 cells/mm3 at VCT sites, p=0.446). There was also no difference between arms in the proportions of ART-eligible patients with viral load tests (14.9% vs. 10.9% respectively, p=0.064).

Conclusion: PITC did not negatively affect access to follow-up care for HIV-positive patients. There was, however, a gap in access to care across sites with the majority of ART-eligible patients not accessing viral load testing. Efforts are needed to improve linkage to HIV care and prevention with expanded testing approaches.

Lepani, Katherine

Contentious “hot spots”: Locating valued social practice within the borders of HIV surveillance rhetoric

The epidemiological “hot spot” metaphor has been introduced uncritically into the national response to HIV in Papua New Guinea (PNG), mapping stigmatising boundaries around different places, settings, and groups of people in an attempt to target HIV risk behaviours. This paper draws on my ethnographic research in the Trobriand Islands of PNG, and my involvement in HIV policy development at the national level, to question the dominance of bio-behavioural surveillance strategies for determining the presence of HIV in local populations, and the public health notions of promiscuity and transactional sex as key indicators of HIV risk. I examine the tensions between the “cultures of measurement,” to use Philip Setel’s term for quantitative practices in the quest to understand HIV, and the cultures of meaning and lived experience that shape sexual geographies. In particular, I consider the valued efficacy of sexual practice in expanding and maintaining social relations grounded in kinship systems and networks of exchange. The Trobriand practice of buwala, the obligatory gifts that boys and men give their sexual partners after love-making, is a distinct manifestation of the generalised exchange and redistributive materiality of all Trobriand social relations, underscoring how intimate desires are embedded in larger social networks and fields of transaction.

The paper aims to demonstrate the importance of cultural knowledge for informing HIV policies and programmes by prompting questions about the productive relationship between ethnographic and epidemiological methodologies.

Li, Li

HIV related stigma and health care in China

HIV-related stigma and discrimination in healthcare settings are significant barriers that impede effective response for HIV/AIDS treatment and care. In the past seven years, we have conducted a series of studies on HIV-related stigma among service providers and the impact of HIV-related stigma on people living with HIV (PLH) and their families in China. We have learned that HIV-related stigma in health care is significantly associated with both individual providers’ prejudicial attitudes and their perceived institutional support for protection and care. Insufficient universal precaution knowledge and supplies add to the service providers’ avoidance attitudes toward PLH in medical practice. Many providers limit their interaction with PLH and endorse coercive policies for their own safety. The negative impacts on families are manifested through HIV disclosure process, as many providers believe that family members should first be informed of a PLH’s HIV status. Social norms in health care settings need to move toward acceptance of PLH and their families. Currently, intervention programs that integrate both individual behavioral changes and structural components are in the field to address these challenges.

Lindegger, Graham; Quayle, Michael

Emerging patterns of masculinity in young men and implications for HIV

The HIV/AIDS pandemic has been associated with various factors that put people at risk for HIV infection. But in the past decade it has been recognised that HIV is a gendered disease, and that the construction of gender and gendered relations play a major role in putting people, especially women, at risk for HIV infection. One particular aspect of this issue has been the social construction of masculinity, and the way in which hegemonic versions of masculinity are likely to put men and women at risk of HIV infection. This study set out to examine emerging patterns of masculinity in young men aged 16-25, and how they position themselves in relation to hegemonic masculinity in the face of the risk of HIV infection. The study was especially interested in whether and how young men can construct masculinity in a non-hegemonic way, and yet still retain a sense of adequate masculinity. A sample of 100 young men was investigated through auto-photography and in depth interviews. The data was analysed examining the discursive strategies the young men employ in the construction of masculinity. The findings show that young men may position themselves differently in public and private spaces with regard to masculinity, with implications for their sexual behaviour and HIV risk. The implications of the findings for HIV prevention are explored.
Logie, Carmen; Gibson, Margaret

**Theorising the constrained visibility of lesbian, bisexual and queer women in HIV discourse**

Arguments: Lesbian, bisexual, queer (LBQ) women have been described as invisible, ignored and understudied in HIV discourse. Research on women and HIV has predominately examined the socio-cultural and biological “vulnerabilities” of heterosexual women. Meanwhile, researchers have documented a convergence of heterosexism, sexism, and sexual stigma, often intersecting with classism and racism, which elevates the risk of sexual violence directed toward LBQ women. Central among constraints on the visibility of LBQ women is the dominant classification system of HIV transmission and its use in defining “vulnerable” populations in epidemiology and policy discourse. Methodology: This paper will conduct a critical theoretical and literature review to explore the following questions: (1) a diachronic study of some campaigns of the IOC, FIFA, ANOCA, SCPA,CAF, etc., associated with UN agencies (UNICEF and UNDP) and the involvement of athletes - from the iconic figure of basketball player Magic Johnson in the 1990s to the commitment in recent years the Kenyan athlete Paul Tergat or the Ivorian footballer Didier Drogba; (2) a socio-historical analysis of the charters and rules of different sports federations: an examination of the impact of HIV/AIDS Field: What does it mean that a woman who becomes HIV-positive following a homophobic sexual assault would be categorised under “heterosexual transmission”? What services, communities and identities are/are not available to her? This paper will highlight the effect of epidemiological classification in removing context, effectively erasing structural inequities such as homophobia, racism, and misogyny. Implications for HIV-related stigma research and theory, HIV-prevention, healthcare and policy to promote health equity and human rights for LBQT women will be discussed.

Lomo, Aggée; Ferez, Sylvain; Ruffié, Sébastien

**States, sports institutions and NGOs deal with HIV prevention campaigns (1982 to present) in sub-Saharan Africa**

While examining the social representations related to HIV/AIDS risk through various media (leaflets, posters, media campaigns, etc.), we discuss how sports organisations are more and more becoming prevention agents. How do we use the virtues of physical activity to curb the risk of HIV? There are two lines of thinking about our communication: (1) a diachronic study of some campaigns of the IOC, FIFA, ANOCA, SCPA, CAF, etc., associated with UN agencies (UNICEF and UNDP) and the involvement of athletes - from the iconic figure of basketball player Magic Johnson in the 1990s to the commitment in recent years the Kenyan athlete Paul Tergat or the Ivorian footballer Didier Drogba; (2) a socio-historical analysis of the charters and rules of different sports federations: an examination of the impact of HIV / AIDS risk and ethical issues raised by mixed practices (between HIV positive and HIV negative).

Lorway, Robert

**Community mobilisation? Philanthrocapitalism, entrepreneurial ethics and the domestication of sexual dissidence**

Tensions run high as the Gates sponsored India AIDS initiative, known as Avahan, transitions toward state control. Controversies erupt over how state health care systems will sustain the successes demonstrated by Avahan’s deployment of specialized clinical and outreach services that target “vulnerable populations”. International donors, researchers and public health practitioners fervently debate whether community-based organization will be able to contend with the increasingly authoritarian policies of the NACO (the National AIDS Control Organization). Those who have the most at stake are, of course, the sex workers whose lives have been dramatically altered by “community mobilization”—practices which govern their access to HIV prevention services. As the success of this “transitioning” ultimately hinges on the continued engagement and participation of sex workers, it becomes important to ask: what is political about community mobilization? To explore this question I examine the recent history of intervention practices in the South Indian State of Karnataka, highlighting a constellation of entrepreneurial ethics and business logics disseminating through organizations like the World Bank, UNAIDS and the Gates Foundation. I argue that while these strategies may be highly effective in portraying sex workers in a positive light—publicly showing them performing “good acts” for society—these aesthetics operate to domesticate sexual dissidence, stifling the radical transformative potential of sex worker social movements. How community-based organizations fare in confrontation with eventual state control will likely depend less upon the successful “mainstreaming” of sex workers’ public image and more upon their abilities to challenge and subvert the more deeply embedded social structures of cast, class, and the hegemonic terms of sexual citizenship.

Lubek, Ian; Kros, Sarath; Van Merode, Tiny; Wong, Mee Lian

**The two faces of corporate HAART-provision in Cambodia: A decade of social discourse, delay, denial and data debates concerning HIV/AIDS treatment and preventive education programmes for women beer-sellers**

interventions provided targeted workshops and peer-educator outreach. Data (2002-2010) show that salary structures-- always less than 50% of family needs- force half to sell sex 2-3 times monthly, often after drinking, with consequent 18% condom-use decline. In 2009-2010, a majority of beer-sellers drank nightly, > 6 standard drinks, registering impaired blood alcohol levels. Heineken’s pioneering health programme (2003-2005) became diluted, and is not provided in a timely manner to prevent HIV/AIDS and alcohol risks (Lubek, 2005, Green & Lubek, 2010). Since 2002, Heineken steadfastly denies, for Cambodian beer-sellers, implementation of its international HIV/AIDS policy - providing free HAART to all workers. Van der Borght (2006) reported successfully providing free HAART for African brewery workers (men), urging other industries to emulate. In Cambodia, some (women) beer-sellers were only offered free transportation to NGOs providing VCCT testing/HAART. Siem Reap VCCT testing (2010) reveals 4.8% beer-sellers sero-positive. Advocacy efforts - press releases/articles, scientific publications, ethical/sustainable shareholders’ questions at Annual General Meetings (SOMO, 2010) - are countered by the BSIC (2006) industry association. Their research/marketing firms produce data-debates with SirCHESI's "longitudinal" evidence of workplace health and safety risks. The beer-sellers’ union CFSWF, founded August, 2010, may transpose Siem Reap health-risk data into formal, international-level grievances.

Lusby, Stephanie. 
_Talking with us, not at us: Working with men to build better HIV and violence prevention campaigns in Papua New Guinea_

This paper considers dominant discourses around HIV and prevention of violence against women (VAW) in Papua New Guinea (PNG). Despite concerted efforts over the past decade, PNG has the highest rate of HIV infection in the Pacific Region. Less publicised but just as detrimental, an estimated two thirds of women in PNG are subjected to physical and sexual violence. The fundamentals of HIV prevention in PNG remain ABC – Abstinence, Be faithful, use a Condom. However, violence prevents many women from exercising their choice of ‘A’ or ‘C’; trust in one’s partner’s adherence to ‘B’ is often misplaced. Yet VAW campaigns seldom refer to the role of violence in proliferating the HIV epidemic. Instead, their messages, spread through popular media, focus on criminality and human rights violations of perpetrators. This has the effect of positing men simply as villains – an image not many identify with or take heed of. Drawing on personal observations and conversations had while working with a sexual health project in PNG in 2009/10, I propose that neither of the dominant campaign discourses described have been successful in engaging men as partners in preventing VAW and HIV. Drawing on work by scholars in fields of medical anthropology and gender studies, and public health practitioners in PNG and internationally, I argue that by creating space for endogenous recognition of the symbiotic relationship between HIV and gendered violence, it is possible to engender innovative methods to involve men in creating and acting on effective, preventative solutions.

Macgregor, Hayley 
_Reconceptualising the ‘Three Cs’ in Testing Procedures: Shifts in Social Time and Space_

Public health rationales for adjusting testing procedures in part hinge upon the desire to increase the number of people tested and enrolled in treatment programmes. One dimension of this discussion has involved debate regarding the counselling component of the long-established ‘VCT’ model. The ‘Three Cs’ – Counselling, Confidentiality and Consent – were enshrined in HIV programming from early on. Based upon ethnographic fieldwork conducted in Cape Town, South Africa, this paper examines the themes of time and space with respect to the implications of changes in testing procedures for how ‘counselling’ has come to be conceptualised. Concerns to reduce the time counselling takes, discussion of task-shifting in clinics and increasing emphasis on psychological techniques aimed at encouraging behavior change, are shifting key assumptions underlying the practice. It is argued that the one-to-one engagement with a specialist professional in a private space, ensuring informed consent and confidentiality, is being transformed into an activity directed more towards education and motivating individuals to test. A focus on testing ‘uptake’ raises concerns about the possibility of coercion and also loss of social time for individuals to process the implications of testing. The paper reflects upon the extent to which HIV testing models have been implicated in the establishment of counselling as a practice in African settings, whilst new approaches to testing, and indeed an increasing emphasis also on adherence, are now redefining the type of social relationship that it has come to represent.

MacQueen, Kathleen; Costenbader, Elizabeth 
_Sexual concurrency: Modelling, measuring, meaning_

Sexual concurrency, or maintaining two or more sexual partnerships that overlap in time, has been posited as a driver of high HIV prevalence in some populations. Empirical measures of concurrency, ethnographic findings, and mathematical modelling have generated heated debate. Resolving the debate and developing effective social interventions for HIV prevention requires a shift in attention away from the notion of higher-risk sexual practices of individuals towards consideration for socially produced configurations of risks and relationships. This symposium will outline the key elements of the debate and the measurement challenges, present findings from empirical research and mathematical modelling that support a reframing of the debate, and open a conversation on the implications for...
locally-driven interventions that go beyond messaging to confront social drivers of the epidemic. In particular, we will explore the implications for identifying, assessing, managing and communicating about HIV risk.

Makusha, Tawanda; Bhana, Deevia; Richter, Linda

*Children’s experiences of support they receive from families in the context of HIV/AIDS and poverty in KwaZulu-Natal as reported by men, women and children*

This study explores family support of black children aged between 7-10 years living in a mixed urban-rural area, matched on key attributes such as high HIV prevalence and socio-economic status/wealth index and school quality. This study mainly focuses on the role of men and fathers in supporting children because most affected children live in families where men are unrecognised sources of support for children. It also examines the support that children receive from single-mothers in biological father-absent households and the indirect role of men in supporting these families. This study is situated in KwaZulu-Natal within a larger project on child and family well-being in the context of HIV/AIDS and poverty (SIZE). Secondary survey data from 1800 households with children 7-10 years of age is analysed. The survey asks who provides or contributes to various forms of support for children such as basic needs, costs of schooling, healthcare, emotional support and guidance for children. Children’s varied interactions with men occurring through co-residence, household and social connection are also examined. In-depth interviews conducted with 60 children, nominated father-figures, children’s primary female caregivers and 20 single-mothers selected from 2 purposively sampled communities are analysed using constant comparative analysis. Data collected improves methodologies and addresses the validity, reliability and interrelations of children, men and women’s reports of men’s involvement in providing support to children in a South African context. This study facilitates the development of empirical knowledge, services and practice to strengthen family support for children in the context of HIV/AIDS and poverty.

Mankayi, Nyameka

*Masculinity, military and sexual practices: A South African study*

The military organisational culture tends to condone or encourage risk-taking behaviour. Willingness to accept and engage in risk taking behaviour is central to good soldiering and is strongly associated with readiness for combat. A corollary of this could be that off the battlefield this core attribute of the military culture might predispose soldiers to engage in other risky behaviours, such as unprotected sex. This paper explores the underlying value system in the military context as a strong enabler facilitating risky sexual practice among male soldiers. This not only impedes on gender equality in the military organisation but also impacts on the prevalence of HIV/AIDS. The paper derives from a qualitative study of a diverse group of 23-33 year old South African male soldiers. Semi-structured interviews were conducted and the interview transcripts were analysed through interpretative discourse analysis. The findings highlight that when soldiers are on deployment or attending military courses they report being tempted to engage in risky sexual behaviours. Underlying this narrative are patriarchal notions that men ‘need’ sex, and cannot survive without it and have the right therefore to demand it from their partner and to seek it from multiple partners. Women, in turn, are expected to provide sex but should not ask for it. It was found that there is an association between work in the military and high-risk sexual activity. It is therefore argued that tackling HIV in the military demands critical examination of constructions of masculinity.

Keywords: HIV/AIDS, patriarchy, risky sexual practices, prevention, soldiers

Mannell, Jenevieve

*“It’s just been such a horrible experience.” Why gender mainstreaming has failed for South African HIV/AIDS organisations*

Gender mainstreaming is a concept introduced by the United Nations as a process for transforming organisations into gender-sensitive environments where the gender implications of all activities are regularly assessed. Since the mid 1990s, HIV/AIDS organisations all over the world have participated in gender mainstreaming training. This paper explores views on international gender mainstreaming held by HIV/AIDS organisations working to achieve gender equality in South Africa, based on in-depth interviews, focus groups and a survey of 30 organisations. Findings suggest that while many organisations have participated in gender mainstreaming training, they have a very negative association with the practice and only a small number have actually implemented gender mainstreaming frameworks. Drawing on social science theory, I argue that the reasons these organisations are not implementing gender mainstreaming goes beyond simple explanations of a desire to maintain men’s power. Rather, gender mainstreaming has failed to meet the specific needs of organisations in the South African context. While it may be appropriate for a United Nations environment, I argue that international gender mainstreaming frameworks can act as a form of governmentality over local interpretations of gendered experience, leading to its rejection by HIV/AIDS organisations in South Africa. This paper highlights the importance of social science theory in understanding complex linkages between international policy and local responses to AIDS. It points to the need for international policy to be flexible enough to facilitate the development of local solutions to the social inequalities that perpetuate HIV.

Marrone, Gaetano; Ilako, Festus; Rubenson, Birgitta; Awiti Ujiji, Opondo

Locating the Social: 1st International HIV Social Science and Humanities Conference, June 2011

Alphabetical List of Paper Presentations by Author
Is ‘opt-out HIV testing’ a real option among pregnant women in rural districts in Kenya?

Background: An ‘opt-out’ policy of routine HIV counselling and testing (HCT) is being implemented across sub-Saharan Africa to expand prevention of mother-to-child transmission (PMTCT).

Contribution to the HIV/AIDS field: Although the underlying assumption is that pregnant women in rural Africa are able to voluntarily consent to HIV testing, little is known about the reality and whether ‘opt-out’ HCT leads to higher completion rates of PMTCT.

Methods: Observations during HIV pre-test information sessions were followed by a cross-sectional survey of 900 pregnant women in three public district hospitals carrying out PMTCT in the Busia district. Women on their first antenatal care (ANC) visit during the current pregnancy were interviewed after giving blood for HIV testing but before learning their test results.

Results: Of the 900 women participating, 97% tested for HIV. Despite the fact that 96% had more than four earlier pregnancies and 37% had been tested for HIV at ANC previously, only 17% of the women surveyed knew that testing was optional. Only 20% of those surveyed felt they could make an informed decision to decline HIV testing. Making an informed decision to decline HIV testing was associated with knowing that testing was optional (OR=5.44, 95%CI 3.44-8.59) not having a stable relationship with the child’s father (OR=1.76, 95%CI 1.02-3.03), and not having discussed HIV testing with a partner before the ANC visit (OR=2.64 95%CI 1.79-3.86).

Conclusion: High coverage of HIV testing appears to be achieved at the cost of pregnant women not understanding that testing is optional.

Maswawure, Tsitsi

“So, tell us about your sex life.” Awkward moments for an anthropologist investigating ‘sexual culture(s)’ and HIV at a university campus in Zimbabwe

Argument: “How did you get students to be so open?” This question arises constantly when I present aspects of my research on ‘campus sexual cultures’. Yes, students opened up to me on very intimate issues. Female students, for instance, boldly stated that they enjoyed sex and they proceeded to share the strategies that they used to make sex pleasurable for themselves. Others admitted to using their sexuality to access highly valued consumer goods and they too shared the strategies they employed in this regard. A common challenge faced by HIV and AIDS researchers is that women in Africa generally underreport their sexual experiences, while young, unmarried ones are more likely to report being sexually abstinent. I credit my access to these intimate details to ethnography.

Methodology: In this paper I draw on my experiences of conducting ethnographic research at a university campus in Zimbabwe, over a period of sixteen months (2006-2007), with a core group of forty female and male students.

Contribution to HIV/AIDS field: My discussion focuses mainly on the awkward moments that I encountered in the field - such as being asked about my sexual life - in order to interrogate the pros and cons of ethnography as a research method for investigating sex and sexuality. I also use these awkward moments to reflect on the ‘reliability’ and ‘validity’ of ethnographic data and its implications for HIV research.

Mbonigaba, Josue

The costs, health outcomes and cost-effectiveness of a programme of HIV/AIDS interventions in HIV prevalence contexts in South Africa

Alongside a proposal to respond comprehensively to HIV/AIDS, there is a concern that HIV/AIDS interventions may be affected by a multitude of factors relevant to some contexts. This paper aims to estimate the changes in the costs, health outcomes, and cost-effectiveness of a group of major HIV interventions in South Africa (voluntary counselling and testing, treatment of sexually transmitted diseases, prevention of mother-to-child-transmission and treatment with antiretroviral drugs) for two contexts: a high prevalence context and low prevalence context. Based on the number of patients projected to use the interventions by the ASSA2003 model, the paper uses available statistical and literature evidence to estimate the number of patients for each intervention in these two contexts over time, and to simulate related costs and health outcomes using Markov modelling cohort estimation and Triage Software. The results of the paper are expected to help advise the policy-makers on how costs change per health outcome or per intervention or per group of interventions in these two contexts for the sake of priority setting and budgeting. Key words: cost-effectiveness, health outcomes, simulation, HIV/AIDS, interventions.

McCurdy, Sheryl; Mbwambo, Jessie

Negotiated relationships, experiences and expectations in the time of AIDS: Heroin users’ sense of self and community in Dar es Salaam, Tanzania

Nowadays heroin users in Dar es Salaam occupy public spaces where they negotiate relationships in small groups, use heroin, tell stories, argue, and respond to the needs of the group. As a group they collect money to help another user get out of jail, for a group member’s funeral, and pay a bribe. Based on 60 in-depth interviews and a survey with 298 young injecting drug users (IDUs) conducted between November 2009 and August 2010, this paper examines the ways that young heroin users in Dar es Salaam, Tanzania talked about how, over time, they managed conflict and built relationships with the group of users they hung out with, their families and their neighbours. Heroin users claimed wijivweni, open hang out spaces, for themselves along very public paths and major roads. They had a
collective sense of identity as heroin users and differentiated themselves as either amvutaje (smoker) or mdunga (injector). The young men who dominated these public spaces sometimes had a group leader who negotiated with the police if there were any incidents or accusations of theft or assault. This paper contributes to the literature on HIV/AIDS by highlighting the personal stories of African drug users and examining the intersection between their experiences, emotions, practices and hopes. Personal stories of African drug users can elucidate what and who they care about, who might be able to influence them, and how their feelings about a particular person, place or experience might motivate them to engage in safer practices.

McKnight, Ulla
*Towards a framework to better understand economies of value in relation to HIV and pregnancy*
This paper will develop a new perspective on biopolitics by bringing into conversation literatures that are all arguably biopolitical in nature, but approach it from divergent vantage points. The body of literature that will be addressed is post-colonial, and concerns diasporas and biomedical technologies’ effects on our understanding of ‘ourselves’. It also incorporates Actor-Network theory and micro-constructions of meaning and value. The aim of plotting a landscape in which the concept of biopolitics is being used, is to develop a framework that will account for the complexities of the ethnographic material collected in an NHS specialist HIV antenatal clinic in London. The performative dimensions and the embodied experience of pregnancies and HIV will be considered in relation to biopolitical concerns. Underpinning this discussion will be the assertion that the unborn baby and the virus have different values and effects in the clinic and are, in a sense, body interlocutors that break down boundaries. Arising from the discussion, the usefulness of a new biopolitical framework that is able to contend with the vicissitudes of HIV, pregnancy and the complexities in the clinic will become evident. In doing so, and by introducing literatures that are not often brought into conversation, this discussion will make an original contribution to social science and the HIV/AIDS field.

McLean, Susie
*Research on drug use and HIV: Focusing on social factors to support community level programming in developing countries*
The research and evaluation effort for HIV prevention with people who use drugs in developing and transitional countries relies heavily on public health paradigms and addresses clinic-based interventions more than others. This is valuable to HIV prevention and care programming. However the social factors that shape drug use, and injecting and sexual practice amongst drug using populations, along with the marginalisation and structural violence people who use drugs experience feature less prominently in this research effort. Similarly, interventions to address HIV need in communities and households are less prominent in evaluation efforts than clinic-based interventions. Examples of social factors requiring more attention include: access to service barriers in undemocratic states and in states where registration for government health services brings with it political risks; gender norms and their impact on drug use in different cultures; religions and their impact on drug use; the meaning of outreach in remote and traditional communities; the experience of pregnancy, childbirth, parenting and drug dependency in communities with no welfare systems and poor maternal and child health; the intersections between poverty, drug use, caste and class and the impact of economic development. For a research effort that better serves people who use drugs in developing and transitional countries, and that strengthens community level HIV programming, research efforts could address these and many more social aspects of drug use in non-Western cultures more systematically, to more directly support HIV prevention and care efforts in the communities and households where drug users live.

McNeill, Fraser
*‘A rite to AIDS education? Venda girls’ initiation, HIV prevention and the politics of knowledge’*
This paper presents an ethnographic analysis of the knowledge politics involved in incorporating biomedical interventions into female initiation schools. By looking at the vhusha ceremony for adolescent girls in Venda, I demonstrate that ritual elders interpreted scientific discourse as a threat to the hierarchy of ritual authority, and forcibly expelled any reference to condoms and ARVs from the ritual curriculum. The directive to include biomedical prevention in the vhusha ceremony did not come from an NGO. Rather, it was an initiative from the local council of traditional leaders, who sought to garner legitimacy with the government in the wider context of a battle for paramount kingship. The evidence presented in this paper suggests that the stratification of ritual – and thus ancestral knowledge upon which female initiation is based cannot easily become a repository for scientific knowledge. This is not to suggest that the two are mutually exclusive, but to insist that AIDS interventions are framed in local terms that take African worldviews seriously.

Meintjes, Helen
*Growing up in a time of AIDS: Children’s experiences of exclusion in an epidemic*
Children in Ingwavuma, rural KwaZulu-Natal grow up amidst extensive poverty, severely under-resourced service provision and a burgeoning HIV epidemic. Forty percent of pregnant women in the district have HIV, a statistic which places the area firmly at the epicentre of the epidemic in South Africa. Despite the constant and highly visible
presence of AIDS, children face extraordinary silences about the illness and death in their everyday. The Abaqophi Bakwa Zisize Abakhanyayo children’s radio project is an initiative which uses participatory approaches to provide children in Ingwavuma with the skills and support needed to produce radio programmes depicting their lives, experiences and perspectives. This paper examines the children’s programme production since the start of the project in 2005. It documents the ways in which participant children repeatedly use the opportunity provided to them as ‘reporters’ to address their personal experiences of exclusion from matters of illness and death. In so doing, the paper argues, the children directly challenge adults’ culturally inflected ways of dealing with grief and their notions of what it is to be a child. They highlight the incongruity of practices to conceal sickness and death from children during an epidemic, and poignantly draw attention to ways in which inadequate communication and continual marginalisation exacerbate the depths of bewilderment, loss and longing that children face. The paper concludes by suggesting that creative approaches to research which enable children to frame issues of importance themselves throw open possibilities for learning unenvisaged but crucial lessons about their experiences of HIV.

Merten, Sonja; McKenzie, Oran
“*This you don’t say, you take it to the grave*”: The secrecy around HIV in formal and informal relationships (Zambia)

This paper explores the varying need for silence around HIV in couples depending on social representations of polygynous, multiple, or sequential relationships. We report results from a qualitative study conducted from 2009-10 in Zambia (Mbeza and Lusaka). Findings are based on participant observation in a rural community (starting in 2002), on four extensive life histories and 25 in-depth interviews with HIV affected persons. The paper highlights how the variation of social representations of formal polygyny, as compared to those of informal multiple relationships and sequential monogamy, shapes the bargaining power to negotiate personal desires, such as the wish to test for HIV, for both men and women. In African contexts as elsewhere, a multitude of norms prescribes morally sound sexual behaviour for different stages in the lives of men and women, and for different times and places. As highlighted in recent research, following these rules and norms is key to social respectability. This is especially true also in economically precarious urban contexts and informal multiple relationships. Mentioning HIV in a relationship implies hidden illegitimate activities and brings up the threat of public revelation of a breach of norms. Hence HIV requires hidden negotiations confined to rigidly delineated social spaces. This secrecy produces specific forms of communication and manipulation of relationships and emotions, often involving spiritual leaders that encourage people to use alternative means to prevent or combat HIV. Based on these observations we discuss possible ways to increase the social space to allow discussing HIV related issues within a couple.

Miller, Angela
*HIV disclosure in schools* - an Australian experience

Disclosing a child’s human immunodeficiency virus (HIV) to their school is a complex and individualised matter. The Paediatric HIV Service at the Sydney Children’s Hospital offers a school disclosure programme to assist with this issue. In Australia, there is no legal obligation to disclose a child’s HIV status to the child’s school. Many families choose to conduct some level of disclosure if it is deemed in the best interest of their child. There are three suggested options: 1. Non-disclosure: A family chooses not to divulge any information regarding the child’s HIV to the school. An infectious diseases professional development session is offered to all school staff- without mention of an HIV positive child. 2. Partial disclosure: 2 to 3 key staff members will be informed of the child’s HIV status. A general professional development session is offered to all school staff. 3. Full disclosure: The wider school community including school staff, students and parents will be informed of the child’s HIV status. Education is provided to all three groups. Of 35 social work files reviewed within the Paediatric HIV Service, 18 families chose not to disclose to the school. 16 have opted for partial disclosure and full disclosure occurred in 1 instance. This programme contributes by ensuring comprehensive service provision to children and families living with HIV. A secondary contribution is the vast benefit resulting from the provision of HIV related education in the school setting. This presentation will outline the school disclosure process, exploring the complexities relating to this important issue.

Mills, Elizabeth
*AIDS biomedicine and embodied health citizenship among women living with HIV in South Africa*

This paper explores the embodied and political ramifications of AIDS biomedicine for HIV-positive South African women. It draws on medical anthropological theories to challenge biomedical conceptions of biomedicine as a ‘technofix’ catalysing a linear transition from near death to full life. This conception assumes biomedical autonomy and bodily sameness, and may inform collective action and cohesion around shared illness predicaments, described through theories of biopolitical citizenship and studies of AIDS activism. However, these approaches fail to account for dynamic pathways that connect mutating viruses with HAART in unique bodies that are located in shifting social, economic and political environments. Drawing on ethnographic research conducted in 2010/11, I explore the linkages
between the embodied and political dimensions of AIDS biomedicine for HIV-positive women receiving HAART through the public sector, and who have engaged with the state as ‘health citizens’ through activist organisations. I engage with medical anthropological theories of embodiment and biopolitics in conjunction with feminist theories of science and citizenship and argue that HIV-positive women are located within a complex network of actors – viruses, technologies, people, institutions and ideologies – that open up and shape their engagement with the state; that HAART is a dynamic technology that catalyses political and embodied transitions; and that HAART holds hope and risk simultaneously, disrupting assumptions of bodily uniformity and conceptions of HAART as a ‘technofix’.

Mindry, Deborah
Moralising discourses on gender, multiple concurrent partnerships and HIV risk in rural KwaZulu-Natal, South Africa
As men in rural KwaZulu-Natal navigate HIV risk in their sexual relationships they seek to monitor their partner’s behaviour in order to assess the level of intimacy and trust in their relationship. Their moralising discourses on “good” and “bad” women invoke older discourses on hlonipha and respectability that are rooted in Zulu cultural ideals of good “traditional” women and Christian ideals of female respectability. In the post-apartheid era these concerns regarding women’s respectability are inflected by changing gender norms. The protection of women’s rights in the new constitution, along with new laws ensuring women’s autonomy, challenges the gendered order precipitating changes in gender and sexual relations. These changes in gender and sexual norms in South Africa inform anxieties regarding the degree to which men and women feel they can “trust” one another. Moralising discourses on gender and sexuality have taken on new meanings in the context of negotiating HIV risk in South Africa.

Mitchell, Claudia; De Lange, Naydene; Moletsane, Relebohile; Stuart, Jean
What difference does this make?
This paper comes out of a 3-year study meant to explore some of the consequences of work with youth participants in rural South Africa involved in using photography, participatory video and blogging to address HIV & AIDS. The idea of youth as knowledge producers draws specifically on the work on youth participation of Henry Jenkins (participatory cultures), Lanksheer and Knobel, and Buckingham’s work on youth as cultural producers, and seeks to deepen an understanding of how youth can be resources to each other in addressing sexuality and HIV & AIDS. The study, organised around the question ‘can the arts stop AIDS?’ highlights the significance of reflexivity (youth participants and researchers) and looks at the 3 critical areas, gender, stigma and participation/engagement itself. The findings from the study point to the need for more attention to setting up policy dialogues within communities, and in so doing to expand ideas participation.

Modie-Moroka, Tirelo
Social determinants, HIV and AIDS in low-income urban communities in Francistown: Toward a population health model
Though not often recognised as a factor in current HIV prevention, treatment and care efforts in Botswana, the “community context” presents multiple interacting and overlapping opportunities for exposure to HIV infection. There is a growing interest in the role played by the community context or neighbourhood characteristics, or “the place” in shaping health outcomes including HIV and AIDS. Often referred to as “the geography of AIDS,” there is a growing body of research on how the characteristics of the places where people live are related to health outcomes, including health-related behaviours, incidence and prevalence of disease, and mortality. Despite this, the social sciences have been slow to explore the ways through which prevalence could be associated with the community context. This paper observes that the HIV epidemic is settling ever more determinedly in the most low-income urban communities the world over and in Africa in particular. By its nature, HIV forces us to examine broad social determinants of health and the structural factors that impact health. This paper will advance a social determinants model in HIV/AIDS research and prevention efforts in an area heavily impacted by HIV, Francistown. Specifically, critical social determinants of health in low-income urban areas most associated with HIV will be identified, as well as psychosocial pathways that set the pace and tempo for vulnerability of low-income urban populations. New conceptual models, policy implications and a structural intervention programme direction are suggested.

Montanez, Nicole
Street children’s knowledge of sexuality and HIV and AIDS in Pretoria, South Africa
This study focuses on connections between street children, sexuality and HIV and AIDS. Understanding how street children live and how they obtain their information are major contributors in trying to help solve this global crisis. Through speaking directly to 15 street children using interview schedules these individuals open up by talking about their lives on the street, their sexuality including sexual and non-sexual relationships, how they feel about themselves as sexual beings and children living on the street. Also, what they know about HIV and AIDS, their relationships with

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those who are infected, how it has influenced their lives and what they know about this global epidemic. Knowing where these 12- to 17-year-old participants receive their information can help for further programme development and distribution of information to keep the streets safer from such unfortunate circumstances.

Goal: To explore street children’s knowledge of sexuality and HIV and AIDS in Pretoria, South Africa.

Objectives: To conceptualise the phenomenon of street children and their knowledge of sexuality and HIV and AIDS; to explore street children’s knowledge of sexuality and of HIV and AIDS; to make recommendations for intervention with street children regarding sexuality and HIV and AIDS.

Research question: Through this the researcher can explore the knowledge of street children’s sexuality, knowledge of HIV and AIDS and how it plays a role in their sexual behaviour and everyday lives. What is street children’s knowledge of sexuality and HIV and AIDS in Pretoria, South Africa?

Montgomery, Catherine  
**Power and the HIV prevention trial: A Foucauldian analysis**

Power is fundamental to the social dynamics of HIV. Recent work in the field, however, has been limited to exploring interpersonal power relations between individuals ‘at risk’ of contracting the virus. In relation to HIV in sub-Saharan Africa, the focus has been narrowed still, encompassing gendered power inequalities between men and women and focusing on methods of empowering the latter. In this paper I illustrate that power permeates the epidemic in a much more diffuse and extensive way than is currently reflected in the literature. In relation to the development of new HIV prevention technologies, such as microbicides, it is not only relations between individual men and women, or individuals of the same sex, that are important; power operates at the level of product development, programme and protocol design, the institution of research sites and product use and evaluation. I suggest that Foucault's work provides a critical yet constructive frame through which to analyse relations operating at these interlinked planes of clinical research into microbicides. This empirico-theoretical discussion is based on data collected in the UK and Zambia with trialists, volunteers and community members involved in a large phase III microbicide trial. Using Foucault, I analyse the clinical trial as a form of disciplinary power; ‘North-South’ research partnerships as a form of governmentality; and microbicide use and trial participation as technologies of the self. Through this tripartite discussion of forms and manifestations of power, I suggest new and provocative ways to think through power and the prevention of HIV.

Motala, Shirin  
**Food security through community work programme: a mechanism to protect vulnerable children?**

HIV destabilises livelihoods and community and household safety. Rivers et al (2004) have found that households with sick members are more likely to be food insecure and a much larger percentage of orphans than non-orphans live in such households. Weiser et al (2007) links food insecurity to increased risk of HIV infection. While South Africa has given much attention to addressing the treatment needs of those infected by HIV, the widely recognised social determinants of the epidemic have proved more resistant to interventions. Mechanisms of social protection have been shown to play an important role in shielding vulnerable people from shocks and stresses. When these are well designed and implemented they have the potential to support investments in growth and development, particularly human development. Edstrom (2007) has argued that social protection as a response to child and livelihood vulnerability has the potential to become a crucial element of comprehensive strategies tackling the HIV epidemic. The paper will reflect on a project implemented by the Human Sciences Research Council (HSRC) towards designing innovative methodologies to improve outcomes for children through strengthening current CWP food security and social care work interventions. Emerging evidence appears to suggest that the programme is making a significant developmental impact of improving outcomes for young children through well designed and targeted food security interventions, strengthening household coping capacity to care for orphans and other vulnerable children through provision of home visiting support programmes and through enabling households to navigate and access government services and benefits.

Murphy, Dean; Adam, Philippe; De Wit, John; Donohoe, Simon  
**Reliance on serostatus disclosure is associated with greater stigma among HIV-negative MSM in Australia**

Background: here is a perception of a division among men who have sex with men (MSM) related to HIV status. HIV-positive men perceive that HIV-negative men hold stigmatising attitudes towards HIV-positive men, including sexual rejection and discrimination.

Method: Participants were invited to complete an anonymous online survey between 1 December 2009 and 31 January 2010. A total of 1,260 men met the eligibility criteria and completed the survey. This analysis includes the 915 men who self-reported as HIV negative. Measures included demographics, number of male sex partners in the previous year and knowledge of serostatus of sex partners. A number of items measured specific concepts and these formed internally consistent scales: reliance on serostatus disclosure; perception of HIV risk; community engagement, and HIV-related stigma.

Results: The mean age of participants was 37.1 years. The mean number of male sex partners in the previous year was 18.1. Only 15.7% reported any known HIV-positive partners; 76.3% reported any HIV-negative partners.
Participants relied moderately on serostatus disclosure in sexual settings but expectations of disclosure by HIV-positive men were high. HIV-related stigma was low overall but was highest in the domain of sexual exclusion. A regression analysis showed that stigma has the strongest association with reliance on disclosure, and that this is mediated by perception of HIV risk.

Discussion: These findings suggest that an increasing sero-divide may be emerging among gay men, and that is related to stigma rather than simply self-protection against HIV infection.

Musheke, Maurice
(Con)testing Intimate Spaces: Promoting HIV-testing Among Couples Through Antenatal Care in Zambia
HIV testing in Zambia is routinely available through ante-natal care (ANC), diagnostic HIV testing and through stand-alone ‘opt-in’ services and clinical research studies. This paper draws on an ethnographic study in one high density residential area of Lusaka (2010-2011) that involved in-depth interviews with women and men tested for HIV, home-based care providers and VCT/ART staff. In addition, we draw on observations from a community-based prevalence survey in Southern Province, Zambia. Women reported that it was difficult to opt-out of HIV testing in the antenatal clinic setting; health workers placed heavy emphasis on women’s moral responsibility towards the unborn child. However, women found it equally hard to test in household settings without their husband’s consent. Coercive strategies were sometimes used to persuade men to test through ANC services. Despite the evidence that testing of partners has some positive outcomes (e.g. renewed commitment, relief, regained health, new networks), there are also negative repercussions, particularly for young women, including silence, fear, abandonment, violence, verbal abuse, and cessation of sexual relations. Beyond testing an individual’s HIV status, HIV-testing practices in ANC increasingly test social and moral expectations in women’s relationships with men and their role as mothers. While emphasis has been placed on the medical benefits of knowing one’s HIV status, testing strategies in ANC need to be mindful of their encroachment on the intimate spaces of women’s relationships and their experiences of pregnancy and childbearing.

Myezwa, Helen; Buchalla, CM; Jelsma, J; Stewart, A
HIV/AIDS: Different functional consequences in different contexts: Using the ICF: A description of combined data from different sources in Brazil and South Africa
This study describes the functional states of four different groups of patients with HIV. , This presentation presents an example of how in HIV the ICF can describe health and health related states and is an example of a pragmatic starting point for physiotherapists. Four cross sectional studies two in South Africa and one from Brazil applied the ICF as a classification instrument to participants living with HIV. The use of the ICF allowed data collected, albeit using different collection methods, to be amalgamated and compared. ICF codes were used across the three groups. Common problems experienced in all groups related to weight maintenance, with two thirds of the sample reporting problems in this area. Common domains reported included pain, sleep function, energy and drive functions, and muscle power. Mental functions presented the most problems in all groups, with sleep (50%) energy and drive (45%) and emotional functions (49%) being the most affected. In the Brazilian respondents, body image affected 93%. All groups except Brazil reported pain as a problem. Cardio-pulmonary functions were affected in all groups. Functional problems occurred in the areas of impairment and activity limitation in people in advanced stages of HIV and more limitations in the area of participation for those on ART treatment. The ICF provided a useful framework within which to describe the functioning of those with HIV and the impact of the environment. Given the wide spectrum of problems found, consideration could be given to a number of ICF core sets that are relevant to the different stages of HIV disease.

Ngendane, Thoko; Barnard, Tiekie
You can count on me (YCCOM) - Men preventing mother-to-child-transmission of HIV
Background: The lack of interaction of men within the public health system directly impacts on the success and ability of women to access the system. Traditionally men find it difficult to speak about HIV, AIDS and PMTCT. This has an immediate impact on their children. Kagiso TV and Communications developed a programme named “You can count on me” (YCCOM).

Purpose: This programme was aimed at implementing and managing a national PMTCT programme through male involvement in the communities.

Objective: The main objective was to mobilise men to encourage responsibility for the health and well-being of their partners and children.

Methods: YCCOM identified men to reach out to other men in their communities. The programme worked directly with non-governmental organisations at a community level to address gender, stigma and masculinity in the context of SA culture and how it relates to PMTCT. Various methods such as demonstrations, group work, experiential exercises, role-plays, brainstorming, community radio, cell phone and print were carried out in order to get the message across.

Results: This programme showed its uniqueness through men talking to other men about HIV & AIDS and PMTCT. The multi-media materials enabled the facilitators to tackle issues that they were less comfortable dealing with and
allowed variety in the presentation of the messages. Through this programme 15,448 men were reached across the country in 2010.

Conclusion: Case studies collected from the community by our independent programme monitoring partners show that change in attitudes is clearly evident. On-going interventions of this nature are recommended.

Nguyen, Vinh-Kim
_Treatment as prevention as the harbinger of a new form of social ordering_

This paper will examine the response to the global AIDS epidemic to illustrate novel configurations of biology, capital and labour. I will focus specifically on the emerging paradigm of "treatment as prevention", or TasP, which advocates systematic testing and mass treatment of HIV infection in order to reduce population viral load with the goal of eventually eradicating the epidemic. First, the political, economic and social conditions that led to the emergence of TasP will be examined, with a specific focus on how key actors were able to mobilise captive populations to generate the data favouring TasP. Second, the hidden assumptions that inform the science behind TasP will be examined as well as current assemblages of populations, capital and biotechnology being mobilised to produce this science. Finally, the implications of TasP as a model of intervention into population biology, and its potential to produce new biologies and societies, will be explored. The concept of "experimentality" will be advanced as a theoretical lens onto the broader shifting biosocial landscape visible through TasP.

Nixon, Stephanie; Rubincam, Clara; Stobenau, Kirsten; Willan, Samantha
_More than just talk: Implications of transactional sex discourses for women's vulnerability to HIV in Lesotho, Madagascar and South Africa_

Studies have explored the extent to which transactional sex is motivated by consumption versus survival, and its links with violence or alcohol. However, little attention has been paid to implications of discursive terms used to denote transactional sex. This study examines how talk (or silence) about transactional sex reflects and shapes these interactions. Furthermore, the study aims to examine how discourses around transactional sex reveal connections between globalisation and vulnerability to HIV. We examine links between globalisation and HIV by contextualising and contrasting the talk about transactional sex across three case study sites: garment workers in Lesotho; young women and men in Antananarivo, Madagascar; and young women and men in Mbekweni, South Africa. Participants' talk about transactional sex in the cases revealed three themes: (1) "Talking about why" focuses on motivations for engaging in transactional sex for reasons related to notions of "globalization" or "love". (2) "The politics of differentiation" reflects how participants used language to demarcate identities. (3) "Gender, agency and power" includes dynamics of control and power between women and men in the context of transactional sex. This study illustrates the importance of motivations behind practices of transactional sex, rooted in many cases in notions of "globalization" as an influx of goods without an equivalent increase in spending power. Our work suggests that transactional sex needs to be reflected in the literature as it is perceived: something very different from, but of at least equal concern to, formal sex work in the efforts to curb HIV transmission.

Nixon, Stephanie; Casale, Marisa; Rubincam, Clara; Whiteside, Alan
_Patience, power and perseverance: The biography of a South-North HIV research funding partnership_

Global health research partnerships have become increasingly popular in recent years. Despite growing awareness of the potential pitfalls in international partnerships, there is a tendency to portray successful collaborative initiatives simplistically as entities whose strength and stability have been constant and unproblematic. Missing from the literature is a candid reflection on the challenges and shortcomings experienced in the context of actual global health research partnerships. To respond to this shortcoming, this paper maps the challenges and near-death experiences of "The Economic Globalization and HIV Study"; a successful, multi-country global health research initiative undertaken collaboratively by a Southern and a Northern research partner. We reflect upon the ways in which each of these struggles served to shape the project and partnership over time. By reflecting critically on the ever-shifting powerdynamics embedded in the relationship between the Southern and Northern funders, we highlight the complexities related to the agency of individuals operating within institutional and socio-political structures. We further trouble the notion of monolithic "Southern" and "Northern" partners in international relationships by revealing the layers of Northern-ness and Southern-ness residing within each of the organizations, and the subsequent implications for claims of capacity-building and expertise.

Nixon, Stephanie; Ibanez-Carrasco, Francisco; O'Brien, Kelly; Zack, Elisse
_15 years of HIV and rehabilitation research in Canada: Instructive, essential or irrelevant for sub-Saharan Africa?

The advent of antiretroviral therapy (ART) in Canada in the late 1990’s led to decreased mortality but an unexpected increase in disablement over time among people living with HIV. Reorienting HIV using a rehabilitation lens became
Oberth, Gemma; Mills, Beth; Penfold, Erica; Pereira, Ricardo; Searle, Alexandra

The influence of the electorate in determining HIV/AIDS policies

To what extent does public opinion direct HIV policy in African countries? Has the HIV/AIDS pandemic influenced public opinion of government performance in developing HIV/AIDS policies? (De Waal, 2003) Having examined the role of national governance in managing conflicting policy prescription for the AIDS epidemic, we need to consider the role of the general public in influencing government decisions for policy development. This is pertinent in developing African states where the pandemic has had a significant impact. Political participation on a national scale addresses the role of the public in engaging organisations who are accountable to fulfilling their respective governance and policy mandates for HIV/AIDS policy development in Africa. Can the scope of political participation influence HIV policy prescription at a national level? How does this factor in terms of managing the control of HIV/AIDS local, regionally and globally? These questions require analysis of social science redress towards monitoring and evaluating HIV/AIDS policy development and the role of the citizen in influencing this policy development. Analysis of case studies with relevant data pertaining to political participation and public opinion analysis, including South Africa, Zambia, Malawi and Namibia will yield some interesting results as to how social science data is reflective of popular attempts to influence or direct government policy, engaging local, regional and national authorities in ironing out policy flaws or addressing policy gaps for HIV/AIDS policy development. This is relevant for monitoring political efficacy in addressing the disease, owing to its potential to influence the opinions of the electorate.

Oberth, Gemma

Who governs public health? The spheres of influence in Southern African HIV and AIDS policy-making

For the last decade, discussions about who governs policy on prevention and treatment of the HIV and AIDS have revolved around the controversial relationship between Western donor policies and the power they have over their grantees in the global South. While these debates were politically germane a few years ago, recent trends in declining donor HIV-specific funding from the West, along with increasing financial and political ownership of the epidemic from within Southern Africa, call for a new lens of analysis; Questions need to be asked of the more relevant trend of regional governance of the epidemic in Southern Africa. Furthermore, at the turn of the new millennium, formal regional HIV policy in Southern Africa began to emerge as a distinctively variant response to that of the global community. In light of these competing policy recommendations, this paper asks: To what extent do the regional HIV control strategies influence national policy in Southern Africa? What factors make a country more likely to adopt regionally prescribed policies? This paper presents original data to suggest that the policy-making agendas of regional governments in Southern Africa do influence national policy adaptation and reform. Secondly, it demonstrates that a number of explanatory variables, such as wealth and government effectiveness, help provide inside into why some countries comply with regional protocol more than others. This analysis is crucial for policy efficacy since it provides pivotal information for the monitoring and evaluation of regional policies, which can be argued to be better informed than global ones.

O’Brien, Oonagh

Responding to the structural drivers of HIV; how can social science methodologies shape interventions?

Despite the growing recognition of the importance of structural drivers of HIV, practitioners and academics have drawn attention to the challenges faced in incorporating these into responses and interventions. Gupta (2008) has argued that this is due to a lack of conceptual and technical consensus on definition and implementation while other writers (e.g. Auerbach 2009) have highlighted the daunting difficulty in responding to the myriad of complex social relations and institutions that influence the risk and vulnerability environment. The Community Work Programme (CWP) in South Africa has the potential to be recognised as an integrated approach, which addresses the key determinants of the causes of vulnerability to HIV. The twofold intervention incorporates a participatory approach to community development and priority setting alongside a mechanism for supporting sustainable livelihoods. CWP has unexpectedly delivered some early outcomes that would appear to address structural drivers identified in sociological
literature on HIV. It has been argued that "the line between the structural approach to prevent HIV and the development response is thin, and should be permeable" (aids 2031 synthesis paper p.21). It could be argued that CWP, initially designed as an employment programme, lies within that very permeability. This paper reviews approaches to incorporating sociological frameworks into interventions such as CWP (for example steps for creating an AIDS resilient community in an AIDS 2031 synthesis paper among others) and questions as to how social science approaches and methodologies can ensure relevant long term impacts on the structural drivers of HIV will be adequately captured.

Odendaal, Willem; Hausler, Harry; Lewin, Simon; Tomlinson, Mark
Exploring the realities and treatment experiences of people living with HIV/AIDS and TB in Cape Town, South Africa: A qualitative study using audio and visual diaries
Introduction: Central to the delivery of quality care for people living with HIV/AIDS, with and without tuberculosis (TB), is an understanding of their experiences of illness and treatment.
Objective: To reflect on the results of diary-keeping as an approach to understanding how experiences of illness and treatment may affect treatment adherence of people living with HIV/AIDS and TB.
Methods: Five participants were purposively selected: one person being prepared for antiretroviral treatment (ART); one on ART; and three on both ART and TB treatment. Participants were given either a disposable camera or digital audio-recorder and asked to record their everyday experiences over six months. Visual-participants shared the meaning of their photos in audio-recorded semi-structured conversations. The recordings from audio-participants were collected bi-weekly. All data were analysed thematically.
Results: Through diary entries, participants described a diversity of illness related psychosocial issues that impacted on treatment adherence. These included their: (i) fear and experiences of ART side-effects; (ii) struggles to change risk behaviours related to adherence; (iii) dealing with stigma and disclosure; and (iv) need for emotional support. Community care worker support appeared to be central in maintaining treatment adherence. The diaries facilitated an understanding of the trajectory of treatment experience for those who recently started on ART.
Conclusions: Diary-keeping is a potentially powerful approach to understanding how the experiences, often inaccessible through other methods, of people living with HIV/AIDS and TB impact on treatment adherence. This approach may help to tailor care strategies and support to people with these conditions.

Okello, Tom; Dlamini, Zukiswa
Illness perception in traditional Africa: Its role in the context of HIV/AIDS prevention and empowerment
Purpose: This study sought to highlight the nature, role and possible effect of illness perception in traditional Africa in the context of HIV/AIDS prevention and empowerment.
Design/Approach: A discourse approach was employed within the contextualisation of illness perception in the context of HIV/AIDS prevention and empowerment.
Findings: Patients' beliefs about their condition are often at variance from those who are treating them. Many people in traditional Africa consult traditional healers and western healthcare professionals for the same condition. The traditional healer is consulted to diagnose the personal cause of the condition (e.g. bewitchment) or to prevent a recurrence of the illness (e.g. by performing a ritual); the Western doctor is consulted for medication to treat the condition symptomatically. If healthcare professionals do not understand this belief in immediate and ultimate causes of illness, they may feel threatened by the erroneous idea that black people do not 'trust white medicine'. Practical implications: Health Care Workers in Africa who ignore and ridicule traditional witchcraft beliefs may cause adverse effects on HIV/AIDS prevention programmes. Traditional African beliefs should be taken into account and integrated into HIV/AIDS prevention programmes. Programmes should recognise the belief that the personal or ultimate cause of an illness may be witchcraft, but it should be stressed that immediate cause is a 'germ' which is sexually transmitted.

Oliveira, Elsa
The worldwide increase in urbanisation requires that research recognise the trajectories of people moving into these urban spaces, as well as the experiences that people encounter as they navigate urban centers
Objective: The aim of this research project was to explore how migrant women who sell sex in Hillbrow, Johannesburg (re)present themselves, and how (or not) urban space impacts these self- (re)presentations.
Methods: An eleven-day participatory photo project where eleven migrant (internal and cross border) women sex workers were given digital cameras and asked to photograph the story that they would like to share. Upon completion of the participatory photo workshop, five research participants were randomly selected to participate in 2-3 sessions of in-depth semi-structured narrative interviews where the researcher used the images taken as entry points into narrative inquiry.
Conclusion: This study revealed significant findings and implications for HIV programming in urban populations, specifically migrant women sex workers. The study has revealed that multiple intersections of representation exist...
simultaneously, and that urban space played a central role in how migrant women sex workers represented themselves. This study has also shown that use of Participatory Action Research as an epistemological framework is viable when researching hard to reach groups of people residing in complex urban areas. This research signals the need for greater inclusion of participants in studies aimed at understanding individual/group experience, especially when working with marginalised communities.

Keywords: Migrant women sex workers; inner-city Johannesburg; Participatory Action Research; narrative interviews; life stories; advocacy; representation; urban.

Onya, Hans; Aaro, Leif; Abraham, Charles; Ramatsea, Susan
Promoting sexual and reproductive health in South Africa: A qualitative investigation of the perception of HIV and AIDS culture-specific norms, attitudes, and beliefs among adolescents in Limpopo Province
Although South Africa is severely impacted by the HIV/AIDS epidemic, sexual risk behaviour and sustained high levels of infection are found among youth and women in their reproductive ages. The aim of this study was to investigate HIV/AIDS perceptions of high school adolescents in a rural community of the Limpopo Province, as part of a larger study on HIV/AIDS culture-specific norms, attitudes and beliefs in this population. A qualitative method was applied for data collection using focus group discussions and in-depth interviews in three randomly chosen schools. Data analysis was based on a pragmatic variant of grounded theory, guided by the framework of the main study. Findings indicated ignorance and doubt related to the existence of HIV/AIDS; fear and stress of HIV testing; threat of AIDS; and high risk sexual behaviour, including age mixing, lack of condom use, and multiple concurrent partnerships. The sexual risk behaviour was attributed to ignorance, poverty, and alcohol and drug abuse. Feelings of powerlessness, fatalism, and consumerism emerged from the discussions. The findings reveal the need for policy intervention planners to acknowledge the importance of culture, group support and community-based approaches to delivering health education and promotion activities in local communities.

O'Reilly, Caroline; Cooper, David
If the Community Work Programme didn't come into my life I would probably have AIDS by now'. Some of the non-financial impacts of an employment safety-net programme for home-based care workers.
This paper will explore the impact of the Community Work Programme (CWP) on care workers. A number of writers have highlighted the heavy burden that home based care can place on people living in poor communities. Ogden et al (2006) point to the increased labour, time and other demands placed on women, households and communities and argue that a range of public, private and non-governmental sector actors must come together with common purpose to ensure that households affected by HIV and AIDS are protected and enabled to survive. Participants state that the impact of CWP does just this, going far beyond their being able to ‘put food on the table’ and includes being able to improve their own and their families’ circumstances, such as repairing homes and paying fees to enrol for nursing studies. But there are also indications that they are impacting on their communities in unanticipated ways, and that there may be new insights into how AIDS is managed (or not) within households. The paper will draw on existing written reports, and interviews with care workers, project staff, community leaders and local health sector stakeholders. The interviews explore the following questions: Does a visible presence of uniformed care workers have an impact on stigma and denialism within the community? Does their work and training impact on the care workers’ own practice and ability to negotiate safe sex? Why, in some areas, are care workers welcomed into vulnerable households, and in others they are not?

Pacho, Agata
Crossing the boundaries: Feminist science and social studies as a multidisciplinary approach to doctor-patient relations
In this paper, I discuss my approach to research undertaken for a Master’s thesis in preparation for doctoral research. The main aims are to conduct a theoretical evaluation of communication between Polish clinicians and HIV positive patients; and to reveal how antiretroviral therapy is being shaped by the main trends of the epidemic as well as by available drugs and other technologies. These interactions have a major impact on treatment and prevention but appear to be radically different to the patterns applied in Western Europe. Expectantly, the study will enhance current theoretical and methodological approaches to the broader study of ART and doctor-patient relations. Methods: The research method is rooted within the field of science and technology studies and its intersections with medical sociology. It focuses on the materiality of human bodies, technological development, and biomedical practices while emphasising their role in forming human interactions. This study does not intend to merely add social perspective to existing biomedical knowledge. Instead, it follows theoretical preposition that biomedical interventions are social as well as inevitably implicated in the physical. Departing from such presumption, the analysis considers how HIV positive bodies are being enacted in medical practices and human interactions in a Warsaw clinic.
Keywords: doctor-patient relations, ART, Poland, science and technology studies, enactment.

Parkhurst, Justin
Cognitive framing, personal values, and the politics of HIV prevention: The need to make belief systems explicit in the HIV community

HIV discourse is typically dominated by health professionals who purport their approaches to be evidence-based, and therefore free of ideology or value. Yet the language of ‘science’ can obscure the implicit value judgements and assumptions behind many interventions in the name of HIV prevention. Cognitive psychology tells us that humans understand complex situations and information through processes of ‘framing’ whereby information is simplified and understood in relation to past knowledge or existing beliefs. Yet we rarely make explicit our thought and decision processes to understand how we draw conclusions. Why do so many students accept without question evidence showing HIV affecting the poorest nations of Africa, but critically look for faults in data showing HIV rates to be higher among the wealthy in some countries? Why do we uncritically accept statements of how gender inequality fuels the spread of HIV, but find it difficult when shown that in countries with the greatest gender inequalities (e.g. in the Middle-East) there is virtually no HIV? This paper explores the value systems which can pre-bias decision-making in the HIV community, giving examples of how deeply held values on poverty, gender, or sexuality has shaped the use of evidence in the international HIV response, for better or worse. It calls for the HIV community to be reflexive on their own thought processes; making explicit the framing process that all humans rely on, so as to recognise how our existing values or beliefs influence our thinking about supposedly ‘ideologically free’ evidence.

Parkhurst, Justin
On paradigms and disciplines: The struggle of social science in the positivist world of HIV

In the social sciences, there has been an historic recognition of the inappropriateness of simple casual models to capture the realities of social and behavioural change. Yet the HIV field continues to search for ‘magic bullet’ solutions of a direct, simple, and generalisable nature for social problems. Even for complex processes, such as structural drivers of HIV, randomised trials of single interventions attract attention and are included in analyses of ‘what works’; becoming the focus of policy-makers and funders alike. Understanding why requires analysis of the ways public health discourse is dominated by a positivist paradigm. Clinicians and epidemiologists are often trained in disciplines that reify ‘evidence’ and hold experimental trials to be an unquestioned ‘gold standard’. The reflexive nature of the social sciences holds little place in these disciplines; with medicine historically a highly exclusionary field, establishing its own political, financial, and discursive dominance over anything related to health. ‘Health behaviour’ has subsequently been the purview of a medical-epidemiological gaze that often fails to recognise that the nature of the social world is fundamentally different from the biochemical. The drive to improve the social sciences of HIV requires recognition of the epistemological landscape in which HIV prevention takes place, and how it is consciously and unconsciously biased against alternative approaches. Altering this landscape requires an improved and unified response. Formulating global ‘best practice’ guidelines for HIV work dealing with a social components would be a welcome first step.

Pereira, Ricardo
HIV and national politics: The United States President’s Plan for AIDS Relief (PEPFAR) in South Africa, Ethiopia and Botswana

Argument: PEPFAR is a relevant component of the larger United States policy for Africa together with other initiatives. Sustained upon tenets of humanitarianism, compassion and ‘horizontal’ partnership with host countries, PEPFAR is eminently driven by the major U.S. governmental agencies. In a context of U.S. hegemony and leading structural forms of capitalism-developmentalism, subaltern national political leadership is still prominent and requires scrutiny. What has been its role in PEPFAR implementation in terms of assimilation and transformation of PEPFAR resources into broader social policy outcomes? As PEPFAR evolves from a character of emergency toward goals of ‘country ownership,’ ‘systems strengthening’ and ‘capacity-building,’ one assesses implementation in the case of South Africa, Ethiopia and Botswana, and critically discusses the ambivalent role of national governments in terms of the achievement of broader social welfare outcomes.

Methodology: This paper is part of the author’s ongoing doctoral research on the dimensions of rhetoric and implementation of PEPFAR, and draws on extensive PEPFAR field enquiry in the three countries. Contribution to the field: Launched in 2003 PEPFAR has been the largest bilateral HIV/AIDS programme worldwide, specifically in a number of focus countries. However, it has not been merely concerned with preventing and treating HIV-infected/affected populations. Its overarching design, which incorporates manifold United States and host countries governmental and nongovernmental organisations, as well as international organisations, secular and faith-based, aims at broader goals around health and development. PEPFAR’s broader understanding is of utmost relevance for the understanding of the politics of HIV/AIDS and concomitant spheres.

Pereira, Ricardo; Oberth, Gemma; Penfold, Erica; Searle, Alexandra
The governing of HIV/AIDS: National governments, regional blocs and global initiatives

Summary: Robert Dahl’s classic question of “Who Governs” is perhaps most critically pertinent within the innumerable spheres of authority overseeing the political management of HIV in Africa. Different factions sit on different sides of the proverbial fence on so many of these issues to do with prevention and treatment of HIV and
AIDS critical considerations such as the role of public opinion, who drives national governance responses and how to maximize impact. The critical question for us then becomes how do countries manage conflicting policy prescription emerging from the local, regional and global layers of governance? This question is of vital importance since, in the absence of strategic consensus and capacity, accountability is undermined.

Rationale: The impetus for our proposed sessions is to link the more focused pockets of social science that examine HIV policy at individual power echelons in terms of capacity, political will, donor pressures in the lot of Southern and Eastern Africa.


Perera, Eric; Héas, Stéphane; Liotard, Philippe

**Sporting experiences of treated VIH-carriers: The body as an indicator of possibilities**

The instant seropositivity is announced, the daily life of VIH-carriers is disrupted. The treatment constraints and the medical follow-up amplify this upheaval. How long will the treatment be efficient for? In addition to this is the apparition of undesirable side-effects linked to the treatments that reopen the question of access to normality. Physical activity is advised to diminish secondary effects. The treatments present a set of constraints that cannot be ignored but that are vital for the subject. What place is given to physical and sporting activities? Do these participate in maintaining a normal life? This investigation is based on a double collection of data, using questionnaires (n=200) and autobiographic interviews (n=20). The sampling is elaborated following the principle of diversification of sociodemographic variables, of relations to physical and sporting activity, of sanitary conditions and of life experiences with VIH. The treatment of VIH-carriers influence sporting careers. The perceived physical effects open a panorama of prospects and possibilities to some subjects, in others they generate a sense of incapacity and a deterioration of their health. The interruption of activities accommodates the expected daily precautions of the treatment; its efficiency depends on it. Many begin or change activities out of a concern for maintaining their body. Sporting activities give them a sensation of control that reduces the uncertainty in which the illness imprisons them, enabling them to escape from the environment of the medical world.

Pienaar, Kiran

**Reading AIDS dissidence in South Africa through the lens of history**

This paper presents an analysis of AIDS dissidence during the period of Thabo Mbeki’s presidency. In contradistinction to existing analyses it does not seek to uncover the ‘real reasons’ behind AIDS dissidence in South Africa. Instead, it sees this alternative stance on AIDS as a discursive configuration, which bears the impress of antecedent colonial discourses. These discourses construct the African subject as a vector of disease and as sexually promiscuous. This colonial-era iconography resurfaced in Western biomedical discourse on AIDS in accounts of the African origins of AIDS and in media representations of the ‘African AIDS epidemic’ (Treichler 1999). The paper argues that the Mbeki government’s scepticism of biomedical accounts of AIDS is partly a response to these representations of ‘African AIDS’. Mbeki endorsed an ‘African solution to an African problem’, rather than what he saw as an uncritical application of the Western biomedical model (Cameron 2005). Following Fassin (2007), I suggest that if we do not consider the traces of history in the way that AIDS dissidence has taken shape, our view will necessarily be limited. To illuminate the historical conditions that helped to produce this alternative stance, I adopt a Foucauldian genealogical approach. Drawing on the insight that knowledge is constituted through struggles for power, the AIDS crisis of signification can be read as a battle to advance uniquely African knowledge on the AIDS epidemic. From this perspective, AIDS dissidence becomes intelligible as part of a broader political contest for Africa’s self-determination and autonomy from the West.

Prentice, Tracey; Jackson, Randy

**Arts and Aboriginal HIV-related research: Is Photovoice a culturally-relevant research methodology?**

Objective: The purpose of this paper is to explore the use of photovoice, a community-based participatory research method using visual images, as a meaningful and culturally relevant method for HIV-related research with Aboriginal peoples.

Method: Responding to calls for research methods that address inequities in health outcomes by addressing inequities in the research process, this paper is based on a targeted review of the literature and on-going photovoice research with Aboriginal women living with HIV and AIDS.

Results: De-colonising methodologies are a kind of community-based participatory research that explicitly address the legacy of colonisation by addressing the historically thorny issues of power, trust and ownership in research. Photovoice is consistent with de-colonising methodologies in several ways, including: foregrounding the voices and views of participants; highlighting the strengths of communities as well as their weaknesses; engaging participants in...
power-sharing processes of knowledge creation; blurring the boundary between researcher and researched; and encouraging reflexivity in the research process to ensure that colonial relationships are not perpetuated. Photovoice also privileges ways of knowing that are consistent with Aboriginal traditions; thus, it appears to be especially relevant for Aboriginal research, allowing for a more complex, holistic and culturally relevant understanding of HIV-related issues. However, Photovoice is not without its challenges. Conclusion: Photovoice can be a culturally-relevant de-colonising methodology that addresses issues of power, trust and ownership in research. It can help overcome the negative history and association with research and provide co-created tools and opportunities to empower Aboriginal research participants and create social change.

Prestage, Garrett

**Pleasure and risk: ‘Intensive sex partying’ among gay men**

‘Intensive sex partying’ (ISP) among gay men includes being ‘sexually adventurous’, group sex, and using drugs to enhance sexual experience, often accompanied by occasional risky sex (unprotected anal intercourse with casual partners: UAIC). ISP is an important aspect of the lives of many gay men living in large gay communities. ISP networks can be both tight and diverse, often simultaneously. Australian data indicate that about half of gay men engage in group sex over a six month period and that about a third of them use drugs during group sex. They also show that each of the components of ISP are associated with UAIC and strongly predict HIV infection. On the other hand, among men who engage in UAIC, these components do not necessarily distinguish occasions when condoms are used from occasions when they are not used. Commonly, men who engage in the behaviours which comprise ISP are described in pathological terms, as evidence of lack of control, depression or social isolation. However, Australian data suggest this is not usually the case. When asked to explain their behaviour they describe a range of reasons but primary among these is pleasure and sexual preference. Gay men take some degree of risk in the pursuit of pleasure but it is contextual, sometimes more about the potential pleasure than any perceived risk. In the context of changing understandings of risk and HIV, we need to account for pleasure as increasingly important to how gay men think about and respond to HIV-prevention.

Prestage, Garrett

**The voice of social science in HIV research: The case of ethics review**

Research involving human subjects must meet the scrutiny of Ethics Review Boards whose decisions are informed by professional Codes of Ethics which members interpret. In relatively few Boards do Social Scientists equal or outnumber Medical Scientists. Based on experience of serving on academic and non-academic Ethics committees, this paper is an exercise in critical reflection. The differing weight given by medical and social scientists to protecting the confidentiality of HIV positive patients is discussed – a choice which may influence treatment success, but increase risk of stigma and marginalization. Social Scientists were concerned about burdening HIV patients with long interview schedules, intrusive treatments where alternatives were available, and the possibility of ‘undue incentive’ being brought to bear on patients who believed treatment was dependent on research participation. Singh (2001) argues that a ‘conflict of interest’ may arise where the roles of researcher and clinician are combined and this ‘dual loyalty’ is interrogated. ‘Cultural issues’ are considered more important by Social than by Medical Scientists, the former displaying a nuanced understanding of ‘culture’ and of its situational meaning for patients. The paper concludes by commenting on the demands made on Research Ethics bodies by the changing HIV treatment environment. Ethical review is critical in ensuring the quality of HIV research but review processes reflect the wider social environment and its disciplinary boundaries, preoccupations and relative power bases. To the extent that medical voices predominate in ethics review, the influence of social science perspectives is muted and its concerns silenced.

Quayle, Michael; Lindegger, Graham

**Managing multiple masculinities in the context of HIV: A case study**

It is now widely accepted that masculinity plays a key role in HIV risk behaviour and contributes to the vulnerability of both men and women. Most studies have focused on the impact of “hegemonic masculinity” (characterised by features such as aggression, physical toughness, compulsory heterosexuality, emotional rigidity, and material success) on risk behaviour. However, it is also increasingly acknowledged that many men are successfully producing alternative masculine identities that violate these hegemonic norms in various ways. Indeed, HIV interventions can only be successful if male targets can find ways to produce masculine identities focused on safety rather than risk, protection rather than aggression and vulnerability rather than toughness. This paper explores interviews with a single participant in a South African study exploring masculine identities of young men between the ages of 18 and 25. The analysis shows how multiple masculinities are managed concurrently and contingently within the interview and how, ironically, the demands of producing hegemonic masculinity can result in intensely vulnerable identity positions. The effectiveness of these individual identity strategies are discussed in relation to HIV prevention strategies.
Race, Kane

**Configurations of responsibility: The performativity of framing devices in the ongoing production of the HIV epidemic**

HIV transmission invariably involves the participation of human and non-human actors – people, environments, discourses, technologies, affects, devices, desires. The attribution of responsibility is a cultural determination that has implications for future performances of agency and responsibility. This paper introduces the concept of the ‘framing device’ to understand how actors are implicated in instances of transmission, and how other actors are rendered as externalities: i.e., considered external to the circumstances at hand. Responsibility for HIV transmission is always framed in some way: by legal cases, policy assumptions, scientific approaches, sexual players, health settings. These framing devices (for example legal cases) are performative: they allocate and distribute agency, impacting the social realities they set out to describe. They produce subjects; they have effects. This paper argues that attention to the performativity of framing devices is crucial if we are to conceive of, and intervene in, the hybrid assemblages within which HIV transmission occurs. In particular, it may help us to better reflect on the configurations through which responsibility is distributed and assess their practical effects. The paper elucidates some of the key elements of this conceptual frame by discussing the case of the medical services company Idameneo, an Australian legal case which distributed responsibility for an instance of sexual transmission informed by miscommunication of pathology results. In deciding whether this corporation has a duty of care to patients, the case is effectively deciding which assemblages of human and non-human actors will be considered agents of HIV infection, with implications for future formations.

Rau, Asta; Kelly, Kevin

**Findings from a study on men’s sexual and reproductive health: Implications for HIV prevention communication**

Background: HIV interventions that target factors such as MCP and age-disparate sex are more recent entry points for prevention communication and warrant interrogation - particularly in relation to men. This study explored how men internalise prevention communication and how their perceptions and sexual conduct change as they manage their sexual health, risk and reproduction over time.

Methods: Sexual life history interviews were conducted with forty South African men and women from a wide range of age groups, sites and socio-cultural milieus. Within the broader context of sexuality, interviews also explored issues such as HIV/AIDS, the management of other STIs, and reproductive health. Audio recordings were transcribed and where applicable translated, then coded using nVivo8. Data were analysed for themes and relationships across participants, as well as for continuity, change and critical turning points in the experience of individual narrators.

Findings: The narratives tell of unfolding sexuality from early sexual awakening to adult sexual experience. Critical moments in their sexual histories shape men’s sexual, preventative and reproductive attitudes and choices. Prevention communication is understood and internalised in highly individualistic ways, which has implications for how men manage their sexual health.

Conclusions: Idiosyncratic understandings of sexuality, reproduction, and HIV-STI prevention emerge when personal experience and perceptions, as well as socially embedded stereotyping, interface with behaviour change communication. Studying sexual health and prevention via life histories is a fruitful way of uncovering how sexuality and sexual health management changes over time, potentially opening possibilities for addressing gaps in communication interventions.

Reardon, Candice; Govender, Kaymarlin

**Who cares less about HIV? Using social theory to explain HIV risk judgements of adolescent males**

Arguments: The concept of ‘risk’ emanates from many HIV communications and responses. Risk judgements are political in that they serve to strengthen or undermine particular ways of life, and functional serving to uphold systems of accountability, blame, and responsibility (Douglas, 1992). This study examined how adolescent boys view risks associated with HIV infection and vulnerable populations, who they trust to manage societal risks effectively and how these risk judgements serve to defend their construction of masculinity.

Methodology: The study took the form of a quantitative, cross sectional study amongst 127 adolescent boys between ages of 16 and 18 years.

Contribution of this study to the HIV/ AIDS field: Boys endorsing traditional constructions of masculinity demonstrated low concern for risks faced by women, children, homosexuals, HIV positive people and the poor as well as for behaviours associated with HIV infection. The hierarchical and individualist worldviews associated with traditional masculinity suggest that these boys will be more likely to blame people for becoming HIV positive and show less concern for the risks faced by the elderly, orphans and the poor (Douglas &Wildavsky, 1982). Our findings suggest that males will engage with and respond to vulnerable groups and social problems such as HIV/AIDS in a way that strengthens their way of life and defends their masculinity. Participants’ trust in different social organisations to manage risks was influenced by their masculine norms and values. These findings have implications for the way in which HIV issues are communicated and managed in South Africa.

Locating the Social: 1st International HIV Social Science and Humanities Conference, June 2011

Alphabetical List of Paper Presentations by Author
Rebert, Lisa

**Biomilitary metaphors: Perpetuating inequalities for key populations and PLHIV**

Largely overshadowed by feminist work on genetics, an ever-growing body of scholarship feminist science studies focuses on HIV because HIV research is now recognised as not exclusively belonging to bench or social scientists. The American feminist response to the HIV epidemic is so recent because of biomedicine’s early epidemiological configuration of ‘risk’ that left American women unnamed and thus unclaimed. Today’s feminist contributions reveal how biomilitary metaphors describe the body’s immunological response to HIV infection; namely as war against foreign invaders. Declaring an epidemic becomes a declaration of war on individual bodies and the body politic. Furthermore, the language of immunological response is gendered on the cellular level of T-cells and macrophages. What are the implications of militaristic and gendered biomedical language and does it influence thinking about PLHIV? Alongside reviewing feminist critiques, ethnographic focus group interviews took place in Washington, D.C. with 77 African American young people (16-27). Despite statistics implicating this key population of young people with high rates of STIs and HIV, young people cast the disease as something alien to their bodies; as only affecting immigrants, older IDUs, and the opposite gender. Recycling biomilitary metaphors through ‘othering’ aids young people in dismissing vulnerability or any need to contribute to the local HIV response while furthering draconian notions of abject fear, quarantine, elimination, and criminalisation of PLHIV. With ramifications for countering stigma and discrimination against PLHIV, biomedical language and practice has the power to frame the materialisation of disease for individuals and the larger public health response.

Reddy, Vasu

**Homophobia in Africa: The discourses of HIV in the context of criminalisation and public health**

This paper will offer a perspective on some of the dominant discourses of homophobia on the continent in relation to law, identity, criminalisation and justice. The presentation will also engage the former issues in understanding its implication for public health interventions, with a specific focus on HIV and AIDS. Based on the latter, some suggestions will be made for ongoing future steps that respond to barriers, limitations and gaps.

Reid, Elizabeth

**Issues in assessing HIV-related social transformation**

Changing social attitudes, practices, values and norms lies at the heart of effective HIV work. These forms of social transformation are emergent; they happen from within groups and communities. The pathways to such changes differ from one context to another. This raises questions about how we understand such changes, about how they come about and can be supported, about the role of outsiders in such transformations, and about how to document, monitor and learn from them. The effectiveness of initiatives to catalyse and support social transformation is often a function of soft and intangible factors, difficult to count and audit, for the unpredictable, the unexpected and the imponderable characterise social transformation. This presentation will reflect on and draw lessons from HIV work in PNG and elsewhere in order to explore methodological, conceptual and practical issues involved in assessing the effectiveness of social transformation work. Two case studies will be discussed: a story-based documenting and reporting system of a scholarship scheme for children in families touched by the HIV epidemic and a documentation, monitoring and learning system established within an initiative to strengthen the capacity of communities to respond to the HIV epidemic and its driving forces. The strengths and limitations of the documentation, learning and assessment strategies will be discussed. The discussion will be situated within the wider endeavour to strengthen the capacities of donors and their partners to document the results and assess the impact of their development aid.

Reis, Edward

**Human rights, public health and the international HIV response; issues of contested control**

From its earliest formulation, the international HIV response has attempted to harness human rights as a central element of public health practice. Policy initiatives aimed at eliminating stigma and discrimination of affected people would enable them to access health and social services, practice safe behaviours and thereby protect public health. However, this response was characterised by tensions between differing perceptions of public health and human rights and, with the advent of effective treatments, between those who regarded behavioural and biomedical interventions as competing, if not mutually exclusive, approaches. A central theme in all of these elements has been control; control of the virus, control of the behaviours of people affected, control of policy and control of rights. HIV infection is both a cause and a consequence of human rights abuses, but for many people these two aspects are compounded into the same lived predicament; a predicament over which many feel they should have control. The test-and-treat debates at the 2010 IAS Conference demonstrated this as presenters and participants openly clashed over proposals to implement what many see as coercive measures in settings where viral transmission and the public health/human rights collaboration might both be regarded as now ‘out of control’. This paper will explore issues of control in the international HIV response and how authority, in the forms of law and justice, is contested in that response.

Reynolds, Lindsey
Imagining the family: *Demographic representations of child vulnerability and social change in the context of HIV/AIDS in South Africa*

The paper interrogates tensions in the way in which divergent modes of accounting represent child vulnerability in the context of increasing global concern about the plight of children affected by HIV/AIDS and a perceived ‘crisis of social reproduction’ in South Africa. By drawing together ten years of surveillance data on and one year of ethnographic work with a small group of families in one locality, I examine the modes in which particularly vulnerable individuals are represented in a large-scale demographic and health research program. Further, I consider the possibilities of observing the dynamics of individual experience within demographic databases by disaggregating segments of data and looking ethnographically at the life of selected ‘cases’ within a demographic database. More generally, the paper explores the lacunae between the public and political spaces in which global health policies are seen to travel and the domestic spaces and everyday lives of individuals in specific localities.

**Rhodes, Tim; Bernays, Sarah; Sarang, Anya**

*Agency and discipline in the process of accessing treatments for HIV, tuberculosis and drug addiction in a Russian city*

Background: The rapid scale-up of HIV treatment has helped foster therapeutic alliances between service providers and users, whereby affected communities act to realise their treatment rights and responsibilities. Yet in some settings there remain stark structural and social constraints on treatment access. Methods: We undertook in-depth qualitative interviews with 43 people who inject drugs and who are living with HIV in Yekaterinburg, Russia. We sought to describe access to HIV, tuberculosis (TB) and drug treatment, and factors linked to treatment delay. Data were analysed thematically. Results: Treatment delay was common. Most postponed help-seeking until physical sickness brought about a situation of ‘crisis treatment’. Difficulties navigating the bureaucracy of treatment systems conspired to make them inaccessible, reproducing treatment delay and undermining a sense of treatment expectation or agency. Accounts also highlight instances of HIV or TB treatment refusal or interruption, especially for those whose drug use remains untreated. Inadequate drug treatment (especially the prohibition of methadone) undermines treatment for HIV and TB, creating a ‘system Catch 22’ for which patients may feel disciplined. Conclusions: Qualitative research helps to unpack the social relations of access to treatments for HIV, TB and drug use. In some settings, such treatment systems may reproduce treatment delay, undermine treatment agency, as well as act as sites of social discipline. Additionally, inadequate drug treatment, and the lack of integrated HIV, TB and drug treatment provision, serves to undermine treatment access and potential.

**Rosengarten, Marsha**

*Emergent ethics, processuality and ‘the HIV biomedical prevention user’*

This paper begins with the observation that despite evidence to suggest that clinical trials involve multiple exchanges – eg. between bodies and numbers, drugs and side effects, medical monitoring and health outcomes – the terrain of bioethics focuses on one particular relation: the potential for exploitation by those conducting or aiding the carrying out of science in their enlisting of an experimental population. The focus presumes and, in doing so, enacts the remainder of the field as ethnically inert while, at the same time, generating what Madeleine Akrich (1992) refers to as a ‘specific geography of responsibilities’ arising with new knowledges, required practices and moral judgments. Using the example of HIV biomedical prevention trials and most particularly those for oral pre-exposure prophylaxis (PrEP), I illustrate how the concern about untoward scientific acts and effects can be supplemented by an emphasis on exchanges currently deemed extraneous to ethics. Drawing on recent methodological developments in Science and Technology Studies in order to rethink the field in terms of its relationality, emergence, processuality, performativity and virtuality, I demonstrate ethics as an emergent property in the exchanges of clinical trials and constituent in the challenges of prevention. Against a highly delimited engagement with ethics in scientific research, policy and rollout, I then consider what practical significance my proposed supplementary approach offers to the conception of ‘the HIV biomedical prevention user’ and, hence, to HIV prevention.

**Rubincam, Clara; Casale, Marisa; Flicker, Sarah; Nixon, Stephanie**

*Is 80% a passing grade? Meanings attached to condom use in an abstinence-plus HIV prevention programme in South Africa*

This study represents the first qualitative exploration of how condoms are perceived by at-risk youth, their parents, their teachers and HIV prevention programme staff in an abstinence-plus prevention programme. Behavioural interventions for HIV prevention with youth are divided into three categories, each with a different approach to condoms: abstinence-only, abstinence-plus, and comprehensive approaches. Research highlights the limitations of abstinence-only approaches and the emergence of early support for abstinence-plus interventions as HIV prevention strategies. Research consistently demonstrates that condoms are socially-mediated, reflecting diverse norms. There is a gap in the literature on how condom use is framed, understood and represented by those delivering and receiving abstinence-plus programmes. This is important because advocates of a comprehensive approach to HIV prevention flag concern with the degree to which abstinence-plus programming undermines confidence in condom use. This
Rubincam, Clara

**Origins and impacts of conspiracy beliefs about HIV/AIDS in Cape Town, South Africa**

Arguments: Conspiracy beliefs about HIV hamper participation in public health initiatives, such as South Africa’s recent campaign to have 15 million South Africans tested for HIV over 12 months. Quantitative data suggests that people who endorse one or more conspiracy beliefs are significantly less likely to report having had an HIV test or use condoms. African men are significantly more likely to believe in conspiracy beliefs than African women or other population groups. Qualitative data indicates that individuals’ suspicions about public health initiatives may originate in their perception of the government or pharmaceutical companies as malevolent entities, and more in two key areas: 1) uncertainty surrounding basic HIV science, and 2) the perception of Africans as lower-class citizens within South Africa. This paper argues that addressing conspiracy beliefs within this population will require peer education with reference to historical wrongs such as apartheid, as well as careful reiteration of basic HIV science.

Methodology: Quantitative data was derived from the 2009 Cape Area Panel Survey (CAPS), a Cape Town-based survey with over 3000 respondents aged between 20 and 29. Focus group discussions composed of African individuals from the CAPS survey were used to explore how conspiracy beliefs are represented, debated, and discussed.

Contribution to the HIV/AIDS field: Conspiracy beliefs influence individuals’ participation in public health initiatives. Effective interventions require public trust. To (re)establish this trust we need to understand why conspiracy beliefs have not dissipated in the post-apartheid, post-Thabo Mbeki era.

Ruffie, Sebastien; Martel, Ludovic; Perera, Eric

**Normalisation or chronicisation? HIV, relation to the body and investment in the practice of physical activity and sports**

In France, since 1996, authors speak of a chronicisation of the status of people living with the HIV/AIDS (PLHA). A chronic disease is linked to the way in which the HIV infection is lived with, but also to the way in which it is taken care of, from the moment it is no longer considered as fatal. The transition to the status of chronically diseased patients does not necessarily imply the trivialization of the HIV infection. An analysis of personal paths/journey, carried out on a double collection of data obtained by using a questionnaire (n=200) and an autobiographical interview technique (n=30), made it possible to identify the place of physical exercise in a life course. An investment in the practice of physical activities can appear as both dangerous, since one is exposed to others during practice and as profitable. This last use of physical exercise, in participating in a dissimulation strategy, goes against the thesis of trivialization. In parallel, a quasi-obligatory recourse to physical activity, unthinkable as a leisure activity, agrees with the hypothesis of the progression of PLHA towards the status of chronically diseased patients. The relation of PLHA to physical activities touched simultaneously by the seal of a biomedical injunction to practice, by the fear of incapacity, but also by the fear of the risk of being faced with exclusion.

Ruffner, Andrew

**The social accomplishment of accurate HIV risk assessment**

Background: Client reports of sexual and drug and alcohol behaviours given in HIV risk assessment interviews as part of publicly-funded HIV testing in the USA are assumed to be accurate. In addition to being used for prevention purposes at the time of test, the data collected from these interviews is aggregated for epidemiological and surveillance data on HIV transmission patterns. The assumption of accuracy is problematic, given the stigmatizing nature of the behaviours being assessed, and the client’s interests in presenting the best possible self to the HIV test counsellor.

Methods: In this study, I explore inaccurate reporting as evidenced by internal inconsistencies in risk-assessment data for an emergency department HIV testing programme. Transcribed risk assessment interviews were reviewed to identify the conversational development, management, and/ or prevention of inconsistent reporting about levels of sexual activity, condom use, sexual orientation identity and alcohol intoxication. Sixteen transcriptions were analysed; demonstrating acknowledged and ignored inconsistencies in the patient report.

Results: Strategies to manage inconsistency included counselor framing of risk assessment questions, clarification of sexual and substance use terminology, humor, patient’s use of narratives, and patient-initiated post-risk assessment “off—the-record” clarification of earlier responses.
Conclusions: To effectively characterise those with greatest HIV risk, social scientists and public health officials should recognise the ways in which accurate reporting of HIV risk represents a dynamic social accomplishment between the HIV test counsellor and client, rather than as a static, purely objective report of behaviour.

Sacks, Emma; Thuma, Philip
*HIV and newborn care: Preliminary findings from a qualitative study among the Tonga of rural Zambia*
In Southern Province, Zambia, the home of the Tonga people, the HIV rate among adults exceeds 15%. ARV medication has become widely available and the paradigm of HIV as a “death sentence” is largely obsolete. However, HIV remains a major influence on the way in which community members practice and negotiate health and health care. The devastating effects of the HIV epidemic on the health care work force throughout sub-Saharan Africa is well documented, yet little research has been done on the effect of HIV in settings where more than half of women deliver at home with only traditional attendants and family members present. This research examines women’s choices and interactions with the formal and informal health system based on their serostatus during pregnancy. Women identify challenges and barriers in seeking care, and highlight community and familial practices which are beneficial to the well being of themselves and their unborn children. Uptake of Nevirapine for prevention of mother-to-child transmission of HIV (PMTCT) during delivery has been slow. This study argues that HIV is not perceived as the greatest threat to a newborn and mothers often identify other times during pregnancy or the neonatal period in which the baby is the most vulnerable. Birth has long been understood as both a medical event and a cultural tradition, imbued with meaning for women and families. In focusing exclusively on PMTCT as a medical event, the context of other choices and negotiations made during pregnancy are missed.

Salo, Elaine
*The Grammar of personhood in communities and tolerance for sexual minorities*
In this paper, it is argued that the assertion of discreet lesbian and gay identities in black townships of a South African city such as Cape Town is influenced by the historical racial and socio-economic divides that have marked urban landscape. In their efforts to recoup a positive sense of gendered personhood, residents have constructed a moral economy anchored in reproductive heterosexuality. Ethnographic data is drawn upon to show how sexual minorities live their lives vicariously in spaces they have prised open within the extant sex/gender binary. They are able to assert their identities without threatening the dominant ideology of heterosexuality.

Samuels, Fiona; Wagle, Sanju
*Crossing borders: HIV related vulnerabilities along the mobility continuum for Nepalese and Bangladeshis in India and for those left behind*
Crossing borders has been central to the lives of many Nepalese and Bangladeshis as they move backwards and forwards between their countries and India in search of better opportunities for themselves and their families back home. These movements are fraught with difficulties both for those who move and for those left behind. To understand better the structural nature of HIV-related vulnerabilities, with the aim of developing appropriate responses, a regional operation research programme was established. This paper presents preliminary findings from the baseline; it also describes methodological challenges faced in conducting this kind of research, exploring how the social sciences can contribute with innovative approaches. Various approaches were used including a mapping of source and destination sites, a quantitative survey at destination and source and a qualitative study at source, transit and destination. Methodological challenges included finding the migrant populations at destination and obtaining reliable information on the experiences of mobility. Preliminary findings from the quantitative survey show relatively high acceptance of migrants who also have relatively easy access to services at destination; HIV-related knowledge is relatively high, though is less amongst Bangladeshis; and risky behaviours are relatively low. It will be argued that such findings need to be reviewed in light of ‘research bias’, or the particular modes of conducting a quantitative survey (respondent recruitment, framing of questions). Referring to the qualitative component, we consider what such an approach can bring to this type of study and in particular the contribution of ethnographic research for policy and programme initiatives.

Sanders, Chris
*From personal empowerment to personal obligation: the changing role of disclosure in Canadian public health HIV prevention*
Disclosing one’s HIV-status has traditionally been treated with care as something that people living with HIV/AIDS (PHAs) can be empowered to undertake at their own discretion to people they trust, such as close family and friends. The recent criminalisation of HIV non-disclosure in Canada, however, has altered the role of disclosure in public health prevention literature and resources. A clear focus is now placed on how and under which circumstances individuals are legally obliged to disclose their HIV-status, such as with potential sexual partners. This change has been both contentious and worrisome to those concerned that emphasis on disclosure will foster added stigma and
destabilise the message of shared responsibility in combating HIV transmission. Borrowing from Michel Foucault, I discuss the current formulation of disclosure as a practice in which confession operates as a technology of governance that coincides with an emerging public health rationale that increasingly implicates PHAs in successful HIV prevention. I draw on white papers and gray literature produced by Canadian public health and AIDS service organisations over the past 20 years. My analysis furthers our sociological understanding of public health and risk and governance in the context of the criminalisation of HIV non-disclosure.

Searle, Alexandra
_African parliaments and HIV/AIDS: An exploratory study_
What are African legislatures doing about HIV/AIDS? This exploratory analysis sets up a comprehensive analytical framework to track and evaluate the performance of eight African legislatures within the Eastern and Southern African Region. This this expands upon previous work, while combining new data from a variety of sources to offer a unique exploratory analysis of legislatures within the ESA region. The timeframe of this research is guided by the available data and takes place between 2003 and 2008. The framework formulated track and describe legislative activity highlights the four key legislative functions: Law – making, Oversight, and Representation: Civil society engagement and Constituency service. This descriptive data is presented in form of cross tabulations, and elaborated upon with qualitative explanations. Analysis of, and variations between the eight countries are explored through theories of political science and established HIV/AIDS literature. Reasons for variation in legislative performance can potentially be attributed to differences in wealth, governance, institutional design and electoral system, existence of a National AIDS council, the epidemiology of the country and public opinion. Data from UNAIDS, the African Legislatures project, EQUINET and Afrobarometer is used while gaps in the data have prompted primary research in the form of interviews and basic primary data collection. Although not a conclusive study, this paper seeks to address the gap in AIDS and Governance literature, and provide a framework for further study and analysis around HIV/AIDS and the role of Legislatures in Africa.

Segobye, Alinah; Mwangemi, Frank
_Mompati The rationalisation of parenthood in the era of HIV and AIDS observations from Botswana’s experience with the HIV/AIDS epidemic_
Botswana society has historically relied on the extended family for provision of care and support in the life cycle of the individual. This is expressed in the social structure of the family and family group which relies on the ward (Kgotla) as the main unit for socio-economic and political existence. The adage “mothokemothokabatho” (I am because we are) encapsulates this symbiotic relation of self to family and kin. These structures have, however, been impaired by migrancy and urbanisation in Botswana’s culture history. The advent of the HIV/AIDS epidemic has brought into focus opportunities and challenges in the provision of care and support for the prevention and treatment of HIV/AIDS for the family and the extended family units. This is evident particularly when interrogating the subject of nuanced personal versus social desire in decision-making around parenthood. Using desk top and ethnographic research, the paper will argue that social expectations have influenced decisions of individuals and couples to have children despite the risk of HIV/AIDS. Anxieties around one’s identity, mortality and care have been persuasive factors in decisions to bear a child particularly for young people affected or infected by HIV/AIDS. The paper will draw on comparative literature in eastern and southern Africa to examine how experiences of other communities have been shaped by expectations to carry on the family name and kinship responsibilities in the context of the HIV/AIDS epidemic.

Keywords: Botswana society and culture, parenthood, HIV/AIDS.

Shoveller, Jeannie
_Pleasure meets HIV risk governance: A love story?_
Traditionally, sexual pleasure does not feature prominently in discourses on HIV risk governance. The expurgation of pleasure is particularly notable regarding young people’s HIV risk. But, as HIV inequities grow, arguments to put “the sexy back into safer sex” are (re)emerging, with advocates positioning pleasure and safety as mutually reinforcing concepts. However, the notion of pleasure also could be conceived of as a risk governance technique, reflecting normative conceptualisations of the connections between pleasure and risk management; and, thus, I offer a rubric through which to interrogate the potentially problematic aspects of employing sexual pleasure in this way.

The presentation will examine how HIV prevention research relies primarily on theoretical orientations that perpetuate unrealistic and ideological assumptions about the level of agency and control that is afforded to many young people and, furthermore, how those assumptions are reflected in risk governance practices that primarily aim to modify young people’s lifestyle ‘choices’. Drawing on the works of Michel Foucault and others, I begin to elucidate the potential effects of the eradication of ‘pure’ pleasure and the inscription of more utilitarian forms of pleasure (e.g., regulatory, disciplinary, panoptic) within unrelenting, normative discourses on HIV risk. The idea of ‘ideal conduct’ is broken open in order to argue that diversities of pleasure(s) ought to be examined. And, I surface complexities that might arise for those who wish to put pleasure back into practice for risk governance purposes. Finally, I suggest how instrumentalisation of pleasure might benefit (or harm) social institutions (e.g., public health).
Sikstrom, Laura

“The blood is too raw”: The timing of ART treatment initiation for young children with HIV in rural Northern Malawi

Children in Malawi start antiretroviral therapy (ART) according to the WHO’s guidelines for pediatric HIV staging (HIV Unit, Ministry of Heath, Malawi, 2008). If a child is not yet at Stage 3 or 4 of the disease their caregivers are told to “come back when the child is sick”. Therefore, in practice the decision to start a child on ART is often in the hands of the child’s caregivers since they must return to the hospital when they think the child is “sick enough”. Based on two years of ethnographic fieldwork at a rural health centre in Northern Malawi, I will argue that the perceived social efficacy of the medicines is the primary motivator for seeking treatment for young infected children. Caregivers who had children develop chronic coughs, skin abnormalities (such as wounds or a greyish pallor) or behavioural issues (failures to chat and play) were quick to seek treatment since these symptoms are more likely to be attributed by others to disharmony in the household, witchcraft or poor care by the guardian. However, others delayed treatment if their child’s symptoms were less visible (i.e. diarrhea) since the potential pharmacological dangers of the medicines outweighed any social benefit. For instance, caregivers often expressed concerns that their child’s body was too “soft” and their blood “too raw” to be given medicines orally. As countries adopt the WHO’s most recent recommendations to start children on ART pre-symptomatically, the social efficacy of ART treatment will diminish, which may compromise programme outcomes.

Simwina, Musonda; Nondo, Agness

Computer aided interviews in HIV clinical trials: Implications on researcher participant relationship

Background: The conduct and practice of research is widely ‘regulated’ by three fundamental ethical principles; respect for persons, beneficence and justice. Of the three, the first seems to take center stage in ethical discussions, clinical and research practice. In research, this principle is mainly operationalised by the practice of informed consent which presupposes that individuals taking part in a clinical trial have the competence to make autonomous decisions regarding their participation given the necessary information about the research. Researchers have the responsibility to ensure that they give enough and correct information in a conducive environment.

Methods: We explore the relations and responsibilities that are enacted between researchers and the participants in an HIV behavioural study using a computer assisted data collection method and how this method challenges the traditional view of consent and participation in clinical trials.

Results: Computer assisted interviews can be mechanical thereby depersonalising the data collection process. However, this approach has both advantages and disadvantages in the way it impacts on the researcher-participant power relations; participants’ understanding of the study; enrichment of the consent process; and communication among the various stakeholders to the research process.

Conclusion: Researchers need to have increased understanding of the environment they are operating in; improved relationship and communication with the participants; and increased engagement with the community. They have to navigate the social and economic landscape to conduct credible research whose outcomes are potentially beneficial to the community.

Skovdal, Morten; Andreouli, Eleni

When orphaned children develop resilience through a social recognition of their care and contribution to household survival

Children around the world have been observed to assume caregiving responsibilities when a parent or other family members fall ill. Whilst the circumstances surrounding caregiving children in Anglophone countries have been looked at in detail, we know relatively little about how children in Africa experience young caregiving. This paper seeks to further our understanding of caregiving children in Africa by looking at how local constructions of childhood can facilitate their agency and resilience, paying particular attention to the role of identity and recognition. The study involved 48 caregiving children from Western Kenya who through individual interviews, photography and draw-and-write compositions articulated their experiences. The views of 10 local adults have also been included. A thematic analysis revealed that caregiving children in Kenya are active participants in community life. Their participation is encouraged by local understandings of childhood and recognition of their efforts, enabling the children to construct positive identities that enhance their resilience. The paper argues that the way in which caregiving children in Kenya respond to their circumstances is influenced by a social recognition of their activities and agency. This allows the children to construct positive social identities through a process that is mediated by local representations of childhood. We conclude that there is a need for policy and practice on young caregiving, in all countries and contexts, to consider the role of social recognition and local constructions of childhood in shaping the resilience of caregiving children.

Squire, Corinne

‘Living on’: Narrative technologies for negotiating HIV

In considering the long term character of an epidemic now characterised by relatively successful but still-limited medical treatment, some social normalisation, continuing stigmatisation, and a marketised framework of prevention
and treatment provision, it is important to consider how medical, social and economic HIV technologies are articulated with technologies of the self. The paper draws on an interview study conducted in the late 2000s with 25 people living with HIV in the UK. Roughly half the sample had been involved in a longitudinal study since at least 2001 while the other 50%, generally more recently infected and diagnosed, were recruited for this interview round. Semistructured interviews were conducted on support – medical, social and voluntary sector, media, religious, social, familial - used for living with HIV. Analysis focuses on interview narratives traversing difficulties within HIV-affected lives, specifically in relation to the failures and omissions within HIV’s medicalisation; breakdowns in the social normalisation of HIV and the problematics of HIV’s marketisation – that is, its constitution within economies of rationing and consumption. These narratives constituted a distinct genre of surviving or ‘living on,’ distinct from earlier narrative technologies framed around for instance ‘coming out’ as HIV positive, or becoming an entitled HIV positive citizen. Instead, it suggests, the genre of ‘living on’ provides a contemporary articulation of HIV positive subjects’ embedded but critical positions in relation to hegemonic HIV technologies. This genre may be important for understanding their longterm patterns of involvement in treatment and prevention.

Stadler, Jonathan; Saethre, Eirik
‘That is what makes them talk a lot’: Diverse voices and diverse meanings in clinical trial narratives
In this paper we explore women's narratives about their participation in a microbicide gel trial in Johannesburg South Africa. Based on in-depth interviews, focus group discussions and participant observation in Orange Farm and Soweto, the paper explores the ways women talked about their experiences of the trial, and identifies three core themes: (1) malicious whites: expressed by accounts of the manufacture of HIV, contaminating condoms and gel with HIV, and paying women to buy their own coffins; (2) greedy women who sell their own blood, cheat the trial, conceal gel use and money from their partners; (3) knowledgeable volunteers who participate in the trial to contribute toward scientific development, construct blood for cash as moral exchange, and emphasise their identity as HIV negative and ‘clean’ women. We suggest that these narratives give people the power to negotiate 'fact' and 'fiction', by telling us things about global relations and local ones. In this way the trial is not only a tool to talk about macro-issues, it is also made to fit within a local context (and does so by employing themes found in cosmological explanations). Through narratives, individuals are able to assert agency. The trial itself gives people conceptual building blocks and statuses that can be manipulated within an existing environment (they are in Levi-Strauss’ sense bricoleurs). The point is to think of these narratives as an ongoing and negotiated social process that is mediated locally and globally, rather than simply a collection of static meanings or representations.

Stern, Erin; Clarfelt, Alice
Identity construction and representation in the lifeworlds of South African men
Background: Using social representations theory, this paper explores the fluidity of identity construction in the life-worlds of South African men. Attention is given to dominant representations of masculine sexuality, and how individual men engage with these norms in the formation of social identity. This study will interrogate possibilities for resisting hegemonic norms that can be detrimental to the sexual and reproductive health of men and women.

Methods: Forty narrative sexual life history interviews were conducted with men and women representing a wide range of ages, backgrounds and settings. The engagement with risks of STI and HIV infection as well as norms of masculinity were explored in relation to men’s and women’s experiences of male sexuality. Transcripts were analysed using narrative and discourse theory. Key terms and phrases that reflected dominant norms around masculinity were identified using a linguistically sensitive lens, as well as case studies that showed the interaction between self-motivation and socially derived behaviours and norms.

Research has shown that young people are at greatest risk of HIV infection during life transitions e.g. when they leave the relative security and support of school and face an uncertain future. Compounding factors that influence risk-taking behaviour include a lack of future aspirations among many young people. This influences their sexual behaviour and correlates with inconsistency of condom use. In line with these findings loveLife's intervention strategy is based on a model taking into account a combination of individual, social and economic factors that predict high risk behaviour among teenagers. Individual level factors include low self-esteem, no sense of future and an uncertain identity and lead to a sense of helplessness in the face of life challenges. Social factors driving risk behaviour are, for example, peer pressure, lack of parental communication, expectations of womanhood and a male sense of entitlement and build up pressure to acquaint. Finally poverty, low education and marginalisation are some economic
factors that contribute to a sense of constrained choices. The combination of these three forces leads to a perception of scant opportunity which in turn is seen to drive high risk tolerance. The HSRC has been commissioned by loveLife to further investigate the risk construct through a nationally representative study in the Eastern Cape, KwaZulu Natal, Gauteng and Mpumalanga focusing on the issues that influence young people's risk tolerance and their access to opportunity. loveLife will present its behaviour change model and preliminary findings of the HSRC study.

Thamuku, Masego; Daniel, Marguerite
**The use of rites of passage in bereavement therapy for orphaned children in Botswana**
Psychosocial support to help orphaned children in Africa is frequently individual-based; very little is known either about the long term effectiveness for individuals or about the level of community awareness and support of such programmes. The aim of this paper is to explore the effectiveness of rites of passage in group therapy for orphaned children in Botswana. Ten orphaned children were involved in five rounds of data collection during a two-week therapeutic retreat; and eight social workers filled in questionnaires on the effectiveness of the therapy. Documents analysed include retreat reports over a nine-year period, correspondence from community-based support workers and from graduates of the programme. The 16-day therapeutic retreat forms the overarching rite of passage. During the retreat five smaller, themed rites of passage help participants commit to therapeutic transformation. The rest of the participants witness and support each individual going through the rite of passage and this process fosters and strengthens group formation. Symbols used during the themed rites of passage as well as during the graduation are used by participants for years afterwards as reminders of their transformation and commitment to the group. Sometimes the community gathers to send off the group as they leave for the retreat and again to welcome them back after the retreat. Rites of passage can provide a powerful tool to help children commit to therapeutic transformation, build the supportive group and enable the community to recognise and affirm that the children return changed individuals and members of the group.

Thornton, Robert
**How social networks can determine public health intervention outcomes**
Why are people involved in social networks, including sexual networks? Anthropologically speaking, networks are systems of exchange of value or goods. Networks distribute sex, needles, drugs, and contraband, but also love, assistance, social support, and other intangibles. They differ from institutions or markets that also distribute value(s) and good(s): network membership is open-ended and indeterminate; they are opaque to members and to outside observers, and do not operate in terms of social or other contracts, explicit or implicit. Social and sexual networks are often described as the ‘organisational lubricant’ that makes institutions - such as government bureaucracies - work more effectively, or as the source of ‘social capital’. Even these ‘sociological’ approaches make it difficult to see networks as a distinct type of social structure, not simply the sum of discrete individual interactions. A larger-scale, structural, anthropological viewpoint makes it is possible to see networks as a complex, distinct form of human social order that may determine the success or failure of public health interventions. HIV is an infection of social networks, not just individuals. Interventions and research that focuses on individuals or populations necessarily misses the social structure of HIV transmission. The South African ‘One Love’ campaign from ‘Soul City’, for instance, targets networks effectively. Since randomised controlled trials are designed to exclude structural ‘extraneous’ variables, they necessarily fail to test for this dimension of public health.

Tiruneh, Yordanos
**Antiretroviral management of people living with HIV/AIDS in Addis Ababa, Ethiopia: Patients’ perspective**
The purpose of this paper is to explore lived experiences and medication management of people living with HIV/AIDS (PLWHA) in Ethiopia in the era of free anti-retroviral treatment (ART). The study employed a grounded theory based on 105 in-depth interviews with sero-positive people in an urban HIV/AIDS clinic in Addis Ababa, Ethiopia. Based on subjective experiences of their medication management, participants were categorised into three groups: orthodox adherents; freewheeling adherents; and conscious modifiers. Findings of the study ascertained that PLWHA create medication practices that deviate from prescribed medication practices to self-control and self-regulate their condition in the face of various biomedical, social, economic and cultural contexts they are embedded in. Medication practices are informed by subjective experiences and belief about illness and treatment, daily challenges (food insecurity, regimen stress, stigma, personal failings), circumstances (health conditions, length of time on treatment, alternative healing options), and mediated by enabling factors (supportive networks, enforcing institutions, family responsibility and use of supportive tools). Factors underlying the various choices of medication practices were discussed, of which the three most commonly reported were dietary requirements, stigma and therapeutic uncertainty that made alternative treatment options more appealing. It was also shown that medication taking behaviour is a fluctuating variable that continuously changes over the course of the illness/treatment in response to biomedical, socio-cultural and structural complexities of living with HIV in resource poor settings.
Keywords: Antiretroviral therapy, medication practices, patient perspective, adherence choices, HIV/AIDS.
**Complementary and alternative medicine use in the era of treatment led HIV management**

The hybrid nature of health seeking behaviour among PLWHA in non-western countries has been largely ignored by academic research, which either considers availability of biomedicine as the main predicting factor, or at least assumes that complementary and alternative medicine (CAM) is a normal everyday practice. This paper explores the concept of health seeking behaviour within the context of living with HIV in the era of free antiretroviral treatment. Based on 105 in-depth interviews and 4 FGDs among PLWHA on ART in Addis Ababa, Ethiopia, the paper explores socio-cultural meanings of HIV and meanings attached to available treatment options to draw much more extensively on the social complexities of health-seeking behaviour. In so doing, it addresses the following questions. Why does a substantial number of people use CAM even after the availability of free ART? What beliefs, perceptions and experiences shape peoples’ health seeking behaviour? What implication does CAM have on conventional HIV care? For people who adopt the hybrid healing ideologies, simultaneous use of CAM and biomedicine was mainly a strategy to address unmet needs (mainly psychosocial) and to manage scientific uncertainties through diversification of healing itineraries. The research responds to the sociological inquiries of the processes of change in the therapeutic landscape of HIV after availability of biomedical treatment and CAM use among PLWHA across different ethnographic settings whereby a range of healing ideologies are mediated by the cross-sectionality of age, class, religion, gender, and locality.

**Keywords:** Health seeking behaviour, healing ideologies, CAM, HIV, antiretroviral therapy.

**Triffitt, Kathy**

**Re-locating the social in the everyday lives of people with HIV - A community-based social research perspective**

Key words: Cultural sociology, everyday cultures, communication, HIV health promotion / education.

As a cultural object HIV highlights the ‘fault-line of culture’ showing how the meanings produced around health, disease and medicine are circulated and negotiated in often contradictory ways. HIV is articulated in a number of contexts (in government health initiatives, health-communication, research and popular culture) and has taken on a cultural life that is quite complex. In this study, HIV-positive people speak through the culture, which ‘produced’ and ‘influenced’ them and open up for discussion the social, institutional and subjective spaces which they occupy daily. As active participants in shaping their culture, they redefine what HIV and living mean for them. Drawing on a review of the Australian community-based social research project ‘Am I Dead Sweetheart? (1988-1998)’ and the health promotion work of Positive Life, NSW (2007-2010), this paper will describe the cultural practices produced by HIV-positive people to respond to and manage an HIV-positive diagnosis. It will also describe innovative models of translation and the significant benefits for HIV health promotion and education. Multimedia diaries were introduced as research tools to assess the effectiveness of these cultural practices as agents of personal, social and cultural change. Located in daily social practices, multimedia diaries record a relation to self and to others. This other self and its relations, recounted as a story of an everyday life of HIV is rarely heard. Furthermore, research that explores coping and adjustment in the context of the meaning living with HIV has in people’s everyday lives and how understandings and meanings are shaped is absent.

**Van der Brug, Mienke**

**Follow up study on the worlds, experiences and well-being of children orphaned by AIDS**

Half of all orphaned children in Namibia are located in the central northern region, a region which has been hard hit by the AIDS epidemic. In 2004 fourteen young orphans from a rural village took part in a research on their worlds, experiences and well-being. The children took part in an after school Kids Club in which sensitive issues as the loss of their parents, and problems within their current home situation were discussed. Their caregivers were interviewed at home. In 2010 a follow-up research took place with the now adolescents. While the life circumstances of most of the participants had improved six years later, the situation of some adolescents did not improve or even worsened. This paper reflects on factors that seem to play a role in this difference in life circumstances, like the availability of help from relatives and the way children are able to influence and use the available social resources. This longitudinal study thus gives insight in various protective factors in the lives of children orphaned by AIDS.

**Key words:** Orphans, longitudinal study, well-being, protective factors.

**Van der Zaag, Annette-Carina**

**A performative approach to vaginal microbicides: Poststructural feminist questions for biomedical development**

Key words: post structural feminism, vaginal microbicides, women’s bodies, biomedical investigation, performativity.

In recent years the field of HIV prevention has recognised that structural factors such as gender inequality impact on women’s sexual practice, rendering them vulnerable and as such increasing their risk of HIV infection; a recognition central to the field of vaginal microbicide development. This structural understanding of power dynamics takes society, sexual behaviour and gender inequality as its target and as such the transformation of power structures rendering women vulnerable is understood to occur on the societal level. Consequently, women’s bodies and the biomedical investment of vaginal microbicides are, however precariously, placed outside this understanding of power dynamics and together with its relations, recounted as a story of an everyday life of HIV is rarely heard. Furthermore, research that explores coping and adjustment in the context of the meaning living with HIV has in people’s everyday lives and how understandings and meanings are shaped is absent.

**Keywords:** Health seeking behaviour, healing ideologies, CAM, HIV, antiretroviral therapy.
Van Dijk, Diana; Fritz, Elzette; Pillay, Jace

**Strengthening coping capabilities of child-headed households in South Africa. Constructive ways of support by the extended family, community and schools**

The South African government has developed national policies to cater for AIDS affected children such as orphans and children in child-headed households. Apart from social grants, other programmes focus on community-based support to assist the growing number of non-fostered children. These support programmes and policies are based on the assumption that the extended family and community assist orphaned and vulnerable children in accessing governmental support. This however does not seem to be the case. The question is therefore what kind of support orphaned and children in child-headed households receive how they experience this support, and how this contributes to their capabilities. In this paper we address this question by exploring the ‘use-value’ of the social relationships of child-headed households based on qualitative research in Port Elizabeth (2003-2007) and Johannesburg (2007-2011). Different cases and social resources will be discussed and analysed, indicating the kind of support children receive, whether this helps in gaining access to other resources, if this support can be considered sufficient by exploring children’s interpretations of support, and if children were consulted about support arrangements. Despite the fact that most of the child-headed households in our studies had various difficulties in coping, an overall conclusion is that most children are able to run their own households, if appropriate support is provided. In order for children to cope positively, children’s perceptions and wishes should always be taken into account in support arrangements.

Van Rooyen, Heidi

**The complexity of advice in voluntary counselling and testing: A distinctly moral activity**

Advice-giving in voluntary counselling and testing (VCT) is demanding and complicated for both participants in the encounter – it involves addressing sensitive topics, it taps into normative views on client behaviour, and how to give advice in counselling is unclear. The aim of the study was to examine how clients and counsellors manage the giving and receiving of advice in this context. Informed by social constructionism and adopting a discursive approach, a sample of twenty-seven videotaped simulated VCT sessions in South Africa were analysed. Counsellors drew on a range of discursive strategies to help clients consider their behaviour. These were employed with varying levels of success with respect to client uptake of behaviours – those that place the onus of responsibility on the client to those that construct the counsellor as the primary actor capable of influencing change through the power of his/her authority and professional position. Often in response to low client uptake of advice or client resistance to advice, counsellors tended to upgrade their advice in moral terms. This study points to some of the difficulties inherent in addressing HIV sexual risk behaviour. While this reflection can and should take place within the context of prevention counselling, this is not enough. Collectively we need to develop a culture of responsibility that defines a set of normative messages regarding our responsibilities to ourselves and others living in a time of AIDS.

Vaughan, Cathy

**Participation, Photovoice and preventing HIV with Papua New Guinean youth**

Youth in Papua New Guinea (PNG) are considered particularly vulnerable to HIV, and are frequently the ‘target’ of HIV-prevention programmes. Young Papua New Guineans’ understandings of health and HIV form the basis of their interactions with these programmes, but their perceptions and priorities in relation to health are rarely sought. In line with international recommendations, organisations working with youth usually describe their approach as ‘participatory’, however the benefits of, limitations to, and HIV-related outcomes of this ‘participation’ are unclear in the context of PNG. Research was conducted with 38 young people in three settings in the Highlands over a ten-month period. Photovoice was used to analyse their perceptions of factors influencing young people’s health in their communities. Findings demonstrate a disconnect between the needs of youth-focused HIV-prevention projects (to be seen to address the proximal determinants of HIV infection in order to access donor funding) and how young people themselves most often describe their health needs (emphasising social and economic influences on health). This paper presents analysis of the young people’s experiences in the research project, demonstrating the potential of participation to support youth developing new psycho-social resources and dialogically co-constructing new knowledge about health. However, findings highlight the contextually grounded limitations of participatory initiatives then being able to support young people taking health-promoting action. The research points to the importance of...
HIV-prevention programmes working to facilitate ‘in-between’ social spaces, where young people and decision-makers can connect in order to affect the local contexts in which HIV transmission occurs.

Viljoen, Frans.
**Homophobia, human rights and the African Union**
This paper will explore the political and human rights context of homophobia in Africa, focusing on the highest organ of the African Union, which is its association of heads of states and the African Commission on Human and People’s Rights. It will show both the potential of the AU and its failures thus far in addressing homophobia and the rights of sexual minorities, through the human rights machinery of the AU. It will explore how this machinery has failed to address HIV in gay and other men who have sex with men, and other vulnerable groups. It will finally explore the potential of the recently established committee of the African Commission: this committee will explore the rights of people living with HIV and other vulnerable groups.

Walentowitz, Saskia
**Unfolding exclusive breastfeeding for HIV prevention. A contribution from the Anthropology of Science and Technology**
Current WHO guidelines recommend HIV-infected mothers to take a course of antiretroviral drugs throughout the breastfeeding period, as well as to breastfeed their infants exclusively during the first six months, unless replacement feeding is safe. Qualitative studies assess the challenges mothers and PMTCT professionals face with exclusive breastfeeding, which is but a common infant feeding pattern worldwide. “Socio-cultural determinants” of HIV transmission through breast milk are located in women’s reproductive lives and cultures, as well as in their HIV prevention and care environments. In contrast, the very notion of exclusive breastfeeding operates in most social science approaches as an unmarked category of medical knowledge. Using concepts and tools of science and technology studies, the author unfolds exclusive breastfeeding as a “matter of concern”. It stabilises as a “matter of fact” in the course of HIV research and policy-making, after decades of investigations and debates regarding optimal infant feeding practices, namely in contexts with high rates of infant mortality. The author further explores the multiple enactments of exclusive breastfeeding through the practices of counsellors, experts, infants, mothers or social scientists. The presentation mobilises literature in the medical and social sciences about infant feeding and HIV. It also draws on a multi-sited ethnography around infant feeding, including medical research on the prevention of HIV through breast milk. The contribution stresses some of the unexplored complexities of exclusive breastfeeding for HIV prevention, by relating to social theories regarding the mediations and translations occurring in the making of science and technologies.

Wamoyi, Joyce; Birungi, Josephine; Mbonye, Martin; Seeley, Janet
**“When there is health there is life” - Sexual desire trajectories of people on ART: Implications for HIV prevention**
As people on anti-retroviral therapy (ART) regain health, they are likely to resume sexual activity. This study employs longitudinal qualitative interviews with forty people starting ART in Uganda to explore how their sexual desires progressed over time on treatment. The participants received their ART, adherence education and counselling support from The AIDS Support Organisation. Interviews took place at enrolment, 3, 6, 18 and 30 months of their ART use. Sexual desire changed over time with many reporting diminished desire at 3 and 6 months on ART compared to 18 and 30 months of use. The reasons for remaining abstinent included fear of super infection or infecting others, fear that engaging in sex would awaken the virus and weaken them and a desire to adhere to the counsellors’ health advice to remain abstinent. The motivations for resumption of sexual activity were for: companionship, to obtain material support, social norms around marriage, desire to bear children as well as to satisfy sexual desires. The challenge for most of the participants was finding a suitable sexual partner (preferably someone with a similar HIV serostatus) who could agree to have a sexual relationship with them and provide for their material needs. These findings point to the need to intensify counselling efforts so that those on ART feel comfortable to disclose their HIV status to sexual partners and that safe sex behaviour is followed consistently as people regain health.

Wienand, Annabelle; Dwyer, Erica; Gibbs, Andrew; Hodes, Rebecca
**No more skin and bones: Alternative photographic representations of HIV in Africa**
The photographic representation of HIV in Africa has been dominated by images that shock the viewer with the depiction of human suffering. There is considerable critique of such ‘horror images’ and the way they show African subjects as nameless victims who appear unable to save themselves from certain death (Bal, 2007; A. Kleinman & J. Kleinman, 1997; Sontag, 2004). Such images are problematic for a number of reasons, such as the perpetuation of stereotypical representations of the African subject by the international media. While some stereotypes are based on elements of reality, they tend to limit analysis of the greater context and usually absolve the viewer from any engagement with the issue beyond passing pity or grim fascination. This paper engages with this critique by seeking alternative approaches to photographing people living with HIV. It concentrates on the work of South African
photographers Gisèle Wulfsohn and Santu Mofokeng, among others. The intention is to highlight the way in which photographic images can confirm or disrupt common misunderstandings and perceptions of HIV/AIDS in Africa. These images offer a more complex engagement with the representation of HIV-positive subjects. In addition to challenging common perceptions of HIV/AIDS, the images may also potentially serve educational and activist ends.

Wilbraham, Lindy

**Teaching aids: Critical pedagogy to address/engage subjectification**

Nancy Lesko (2007) asks what university actions can support social cohesion in a society splintered by class, race, gender, colonial legacies, the history of apartheid, and HIV/AIDS? This paper considers the curricular strategy of critical pedagogy about HIV/AIDS in an undergraduate psychology module, and students’ responses to it via anonymous written evaluations. Critical pedagogy about HIV/AIDS goes beyond technical, rational and individualistic approaches to safer sex and taken-for-granted (western psychological theories’) assumptions about needs, bodies, psyches, selves and relationships. Critical pedagogy explicitly interrogates stereotypes, cultural understandings, community norms/responses, social divisions and inequities of power; and tries to manufacture postcolonial, critical understandings of knowledge, practice and “solutions”. Several themes in students’ resistance will be considered in this paper, viz. resistance to AIDS knowledge itself, resistance to their implication within the risk-cartography of epidemic, and resistance to my authority as a white, feminist professor. These responses are examined against my resistance to humanist notions of positioning and agency, and situated within poststructuralist (Foucauldian) matrices of subjectification and governmentality.

Wood, Lesley; De Lange, Naydene; Kitembo, Kitila

**Drawing AIDS: Tanzanian teacher perceptions**

Proceeding from a participatory and emancipatory research paradigm, we acknowledge the importance of including the curriculum implementers in the curriculum-making exercise. The knowledge, attitudes and practices of teachers are powerful in shaping both the formal and informal curricula in schools, therefore any attempt to integrate HIV and AIDS must first concentrate on what the teachers think, feel and practice in relation to concepts on which they are expected to teach. We chose to employ visual methodologies in our study, since the creation of the visual representation of a topic and reflection on it is in itself an intervention that can bring about a shift in mindset and the beginning of a subsequent change in practice. Drawing is one powerful strategy that can be used with all age groups and therefore could be replicated by the teachers with their learners at a later stage. Twenty-eight in-service teachers from primary and high schools in the vicinity of Dar es Salaam, the capital of Tanzania, participated in this exercise. Qualitative analysis of the drawings and accompanying explanations written by the participants revealed three main themes: 1. Teachers view HIV and AIDS as a potential killer against which people have little protection; 2. Teachers’ views of HIV and AIDS support general stereotypes and stigmatisation; 3. Teachers do not perceive themselves as having agency to address HIV and AIDS effectively in education. The implication of the findings and suggestions for future educational approach to HIV and AIDS in the curriculum are presented.

Worth, Heather

**“Wok lo main na kisim sik AIDS”; The impact of the mineral resource boom in Papua New Guinea and HIV**

The boom in mineral resources in Papua New Guinea has extreme social economic and political consequences for Papua New Guineans. This paper examines the complex power relationships that circulate within the sector and the ways in which this drives HIV risk amongst those men who work in the minerals sector and who receive cash royalty payments for land utilisation and the women who, in numerous ways, are affected by these complexities.
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