Abstracts for *HIV/AIDS: Global Frontiers in Prevention/Intervention*

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Foreword:
Peter Aggleton and Richard Parker, “Globalization, Vulnerability, and the Response to HIV and AIDS”

Introduction:
Cynthia Pope, Renée T. White, and Robert Malow, “Global Convergences: Emerging Issues in International HIV Risk, Prevention, and Treatment”

The introduction presents the importance of using an interdisciplinary and structural approach to conceptualize the complex dynamics that encourage or mitigate HIV prevention, transmission, and treatment worldwide.

SECTION 1: Evolving Theories of Harm Reduction and HIV risk


Ecological models of the determinants of health and the consequent importance of structural interventions have been widely accepted, but operationalizing these models in research and practice has been challenging. This chapter reviews international evidence that laws and law enforcement practices influence IDU risk. It argues that more research is needed at four levels – laws; management of law enforcement agencies; knowledge, attitudes, beliefs and practices of front-line officers; and attitudes and experiences of IDUs – and that such research can be the basis of interventions within law enforcement to enhance IDU health.


This chapter discusses the particular hazards of carceral environments regarding HIV transmission and treatment and how the prevalence of HIV/AIDS in jails and prisons affects public health on a scale far exceeding the 2.18 million individuals residing behind bars. Jail detainees and prisoners in the United States are known to have levels of HIV prevalence and confirmed AIDS cases that are substantially higher than those of the
general population. Of particular concern is the vulnerability to HIV infection experienced by people involved in intimate relationships with former inmates.


In the People’s Republic of China (PRC), the State’s response toward the emerging HIV epidemic has changed dramatically over time, from a denial that the disease existed within their borders to grudging acceptance to an aggressive, comprehensive prevention campaign that includes harm reduction approaches. Although the majority of AIDS cases stem from unhygienic commercial blood and plasma donation schemes that flourished during the early to mid-1990s, the majority of reported infections derive from drug-related syringe sharing. Set against a backdrop of changing governmental response to the epidemic, this chapter presents the unique features and contexts of syringe sharing in Guangdong province as well as recommendations for intervention strategies.


According to a report issued by the Brazilian Ministry of Health in 2001, the official estimated number of adults living with HIV/AIDS in 2000 was about half of what was predicted. This difference is attributable in large part to a comprehensive set of prevention and care initiatives. However, the majority of health professionals working in testing facilities do not receive proper training to provide culturally sensitive counseling and testing for drug using populations. This is especially problematic because a substantial proportion of HIV/AIDS cases in Brazil have been attributed to drug use. This chapter examines the drug use behaviors of street drug users in Brazil and assesses the feasibility of oral HIV tests now that Brazil has approved rapid oral testing for HIV.

SECTION 2: Gender, Sexuality, and Risk


The HIV epidemic in female populations, especially in resource-rich countries like the United States, has exposed the complex nature of risk and disease like few others. Prevention efforts have further advanced the contextual science of applied research in psychology, and the social and behavioral sciences. This chapter examines this history and then highlights major contributions from these sciences. It then discusses the neglected aspect of women’s biology, its role in HIV behavioral interventions and the challenges to researchers that are posed by the genomic era.

This chapter addresses HIV/AIDS prevention programs with sex workers in Devadasi communities in Karnataka and Nat communities in Rajasthan, India. Both sets of communities sanction the socialization and initiation of adolescent girls into sex work and the economies of the communities are to a large extent dependent on sex work. Developing and implementing prevention initiatives in traditional female sex work communities requires an understanding of the social and economic structures in the community that determine sex work patterns. Program implementation must be monitored closely to ensure project activities are consistent with shifting power relationships in these communities, and supportive of empowerment strategies for the sex workers themselves.


This chapter summarizes the history and currently severe HIV/AIDS epidemic in Ukraine. It discusses key issues and challenges regarding reducing the impact of HIV for vulnerable Ukrainian groups, particularly women, by developing gender sensitive approaches. The Ukrainian HIV epidemic continues to disproportionately affect those who are marginalized, but recently has spread among the heterosexual, non-drug using population, and those not involved in commercial work, particularly teenage girls. A sustained focus on increasing the knowledge and capacity of policy makers and government officials about HIV/AIDS and strengthening inter-sectoral response are urgently needed.


Very limited information is available regarding male homosexuality and AIDS in Central Asia. This chronological analysis is divided into four parts 1) the 19th century and particularly the October Revolution of 1917, (2) the repressive turn of events in the 1930s, (3) the glasnost period of the 1980s, and (4) finally the independence of the Central Asian republics in 1991 and the subsequent influence of international aid. This chapter concludes that international developments, particularly in defense of sexual minorities in the fight against HIV/AIDS has provoked significant social change in Central Asia, including the decriminalization of homosexuality and the legalization of local homosexual NGOs.


This chapter provides a brief overview of the literature and media reports that in the late 1980s and early 1990s shaped discussions on “Sexuality in Africa” in the international
arena. This is followed by a description of the sexuality of young people in the rural Mara Region of Tanzania and of the multiple meanings and practices that shape the sexualities of women and men in the context of marriage and kinship dynamics. The chapter then summarizes how sexuality in Africa is imagined by internationally driven AIDS campaigns, and how this fits with the cultural, political, economic and moral processes that shape the construction of sexualities in specific regions of sub-Saharan Africa.


If the chain of HIV/AIDS transmission is to be interrupted in seemingly low-risk female populations, reducing male risk behavior would seem critical. The Philippines is one such country that has done this. Utilizing the assets of its history, culture, and political infrastructure, the Philippines continues to have a low incidence of HIV/AIDS, proving the success of its’ multilevel, multisectiorial efforts. This chapter highlights these efforts while providing a detailed description of a longitudinal research program. Readers will 1) identify the importance of combinations of educational strategies directed at individual and organizational determinants of behavior change; and 2) recognize the utility of a strong methodological approach to assess the relative effectiveness of the program.

SECTION 3: Critical Intersections between Biomedicine, Behavior, and HIV


10) Laurie Sylla and Clair Kaplan. “Microbicides: Revolutionizing HIV Prevention?”

Microbicides have the potential to revolutionize HIV prevention for women as dramatically as “the pill” transformed women’s options and protections. While microbicides will not be a substitute for challenging systemic gender inequity, and first generation products are likely to be less efficacious than condoms, microbicides will increase women’s power to reduce their risks of HIV/AIDS. This chapter provides several strategies that need to be implemented to make microbicides a viable and universally-accessible option for helping to control HIV in women. Microbicide research investment needs to increase dramatically, including creation of research infrastructure in the global south, where large scale effectiveness trials will need to be carried out.


It is well documented that HIV directly infects the central nervous system (CNS) and this is accompanied by a pattern of neuropsychological (NP) decline in a large proportion of HIV-infected persons. The advent of highly active antiretroviral therapy (HAART) has
impacted the neuropsychological (NP) functioning of persons with HIV and AIDS, and this has reduced the NP deterioration observed in persons living with HIV (PLWH). Nonetheless, the subtle HIV-associated cognitive slowing, memory impairments, and executive dysfunction in conjunction with the direct and indirect psychiatric sequelae of HIV can compromise decision-making, functional capacity, and overall quality of life in PLWH. Controversial and contemporary issues are spotlighted including the impact of HAART on NP performance in HIV, methodological issues, co-infection with Hepatitis C, and the NP of HIV in the developing world.

Antiretroviral medications (ARV) have enhanced longevity and health among people living with HIV, yet challenges to their full implementation and success remain. Notable, their requirement of near-perfect adherence has been difficult to achieve. In this chapter, we overview the barriers to achieving optimal levels of ARV adherence, theoretical conceptualizations of these barriers and the factors facilitating ART adherence, and, finally, research on the behavioral strategies evaluated to promote adherence. We pay particular attention to global issues in ARV adherence, including problems in fully accessing these life-saving regimens and the unique barriers of resource-constrained settings. Issues relevant to pediatric HIV infection also are considered.

13) Jannette Berkley-Patton, “Adherence Masters: Reaching for Perfection in ART Adherence”
This chapter highlights the results of a study that demonstrated that the most frequently identified factors that facilitated mastery of taking medications included: understanding how to take meds, believing that HIV medications kept participants healthy, having a provider who was caring, keeping medical appointments, and having hope about the future. Identified barriers to overcome to maintain adherence included being tired of taking medications, feeling overwhelmed, being stressed/worried or down, being around negative people, and not being able to afford medications. Factors identified for maintaining adherence despite challenges included being healthy, spiritual, knowledgeable, and in-control. Participants suggested ART-naive individuals must be ready to start medications, be informed, and advocate for their quality care.

SECTION 4: Explorations in New Forms of Intervention and Prevention

Framing Essay: Ralph J. DiClemente, Colleen P. Crittenden, Eve S. Rose, and Jessica M. Sales, “A Social Contextual Perspective to Optimize the Prevention and Control of STIs/HIV among Adolescents”

Translational research has been prioritized by funders of HIV/AIDS behavioral risk prevention research in ongoing efforts to bring efficacious interventions to culturally diverse and underserved populations and communities. Adaptation of evidence-based interventions to population and community context is an important part of this work, and the Community Readiness Model is one strategy for informing and facilitating this process. This chapter discusses the history, methods and significance of this model and presents an application of its use in the U.S. Virgin Islands, a U.S. territory in the Caribbean.


This chapter examines the personal, sociocultural and structural barriers associated with receiving timely medical care for HIV positive individuals in Haiti. Results of a pilot study involving 356 patients receiving antiretroviral treatment at the GHESKIO Centers in Port-au-Prince indicated that personal barriers such as economic dependence on a partner, sociocultural barriers such as stigma and secrecy associated with the disease, and structural barriers such as costly transportation continued to pose significant obstacles, keeping patients in need of services from receiving early treatment.


Uganda has been deemed as a success story in the fight against HIV/AIDS. In a relatively short time, HIV infection rates fell dramatically. It is all the more remarkable, given the prevailing environment over the last few years, a situation severely constrained by lack of resources, poverty and mass illiteracy, the presence of war over the last two decades. This essay traces the evolution of the much-lauded ABC strategy in Uganda, and how state support for the strategy has impacted on international on public health. It examines the influence of varying approaches of the strategy and whether it is still relevant in a changing environment.


This chapter provides findings from a study of herbal interventions for HIV disease management used by Traditional Health Practitioners (THPs) in in Kwa-Zulu Natal, which has the highest incidence of HIV in South Africa. THPs provide health care for many who do not have access to or wish to use allopathic health care. It is estimated that the majority of South Africans seek the services of THPs at some point. Despite a long history of marginalization, many in South Africa including the government have begun to recognize this and view THPs as a valuable health resource. However, their inclusion in
the mainstream public health care system is only beginning due to the long standing distrust between THPs and allopathic health care providers.

SECTION 5: Policies of (In)Justice: Structural Responses to HIV


18) Susan Craddock, “AIDS and the Politics of Violence”

This chapter investigates a specific juncture that points towards the inseparability - at least in particular regions of the globe - of market relations, scientific technologies, social ideologies, and transnational institutional assemblages in shaping biological and therapeutic citizenship. It focuses on this juncture as it relates to AIDS in Africa because this region remains a primary locus of therapeutic debate and denial. While well organized transnational movements have succeeded in raising the visibility of antiretroviral access as a human rights issue, forged regional pockets of drug availability, and underscored the moral bankruptcy of government and corporate regulatory practices, they have arguably not succeeded yet in altering the fundamental coordinates of biological citizenship underlying unconscionable levels of preventable death and suffering.


Despite improved access to AIDS drugs, clinical services for most people with HIV in Latin America are limited. Advocacy groups demand that governments act to ‘save lives now’ by ensuring access to medicines, but backers of good sexuality education for future generations fight a rearguard action against powerful forces of social conservatism. Governments are weak in promoting condom use while large segments of the population ignore the message. The region’s predominantly homosexual pattern of HIV transmission has prevented seroprevalence from reaching the frightening levels seen in Africa and appearing in Asia, but mostly as a result of luck, not sound public policy.


This chapter presents the ethical and clinical experience of public sector physicians during the post-Apartheid period in South Africa, who were faced with poverty, medical scarcity and unexpected government resistance to treating people with HIV infection. The results were garnered from oral history interviews with 79 physicians and nurses from major cities, mine clinics, and rural hospitals selected because of their long-standing commitment to treating people with AIDS. The chapter concludes that the onset of the government’s “roll-out” of anti-retroviral therapy (ART) in 2003, providing drugs to public sector patients, has not put an end to the rationing of care which characterized the pre-ART period.

This chapter discusses the critical role of national health care institutions in shaping national policy responses to the HIV/AIDS epidemic. Both the social problems HIV/AIDS creates and the potential solutions are influenced by the capacities, mechanisms, and constraints already embedded in a country's health care system. This research explores the formative influence of national health care institutions by comparing treatment-related policies of the United States and the United Kingdom, which have notably different health care systems. In both initial and ongoing phases of the response, domestic health care structures have contextualized policy making; shaped it directly; and influenced it indirectly through interactions with other causal factors.

22) Antonio L. Estrada, Barbara Estrada, U.S.-Mexico Border HIV/AIDS Collaborative

“Barriers to HIV/AIDS Medical Care among HIV Infected Latinos Residing along the U.S.-Mexico Border”

In response to the increasing rates of infectious diseases, including HIV/AIDS, Hepatitis B and Hepatitis C, HRSA’s HIV/AIDS Bureau (HAB) initiated a special funding mechanism for the U.S. Border States. The goal of the demonstration project was to develop and evaluate outreach models that increased access to specialty HIV/AIDS medical care among people living with HIV/AIDS and increase HIV testing in the region. The HIV infected Latinos in the study were characterized as primarily male, MSM, single, born in Mexico, with low employment rates and high uninsured rates. Although the findings reported here are based on one of the largest studies conducted with Mexican-origin Latinos living with HIV disease in the U.S.-Mexico border region, much more research needs to be conducted with this vulnerable population and more health care resources need to be made available to the region.

SECTION 6: Media and HIV/AIDS

Framing Essay: Seth Noar, "The Utility of 'Old' and 'New' Media as Tools for HIV Prevention"


This chapter focuses on the photographic images of people living with HIV and AIDS by Gideon Mendel a South African photojournalist. The chapter briefly describes how the South African state has responded to the epidemic, and how people living with HIV/AIDS have been conceptualised within state discourse; focuses on how the images in Mendel’s book, *A Broken Landscape* (2001) intersect with these modes of representation; and concludes with an analysis of Mendel’s portraits of people who have
access to anti-retroviral therapy. Mendel’s new images both shape and reflects changing perceptions of the epidemic and of people living with HIV and AIDS in South Africa.


The Sabido methodology for development of mass media entertainment-education serial dramas is designed according to elements of communication and behavioral theories for reinforcing prosocial attitudes and for motivating behavior change. These dramas communicate at the emotional level as well as the cognitive level, and further establish the conditions for social learning to take place. This chapter explores why the Sabido theory-based communication methodology has been so successful and how it differs from other entertainment-education approaches. What does the future hold for the application of the Sabido methodology to rethinking the foundation of comprehensive behavior change communication programs?


The experiences of people living with HIV/AIDS (PLHA) must be represented in media coverage of the pandemic, as they serve as both advocates and provide a “face” for the pandemic via public interest stories. In this personal narrative the author describes her life as a PLHA and how this has had an impact on her work as a journalist in the Cambodian media since 2004. This chapter provides insight into ways to improve media coverage of the epidemic—in particular, to enhance the positive voices in the media. Journalists need to be exposed to contemporary issues affecting the lives of PLHAs in order to become effective participants in health communications initiatives.

SECTION 7: Vulnerable Populations: Conflict, Natural Disaster, and Migration


Adverse psychosocial outcomes can be anticipated among youth exposed to natural disasters, such as Hurricane Katrina. Adolescents are particularly vulnerable to the impact of catastrophic events and may suffer lasting psychological consequences. We review existing literature on the effects of exposure to natural disasters and similar traumas on youth and, where data on youth are unavailable, on adults. The effect of natural disasters is discussed in terms of risk for three negative health outcomes: posttraumatic stress disorder, substance use disorder, and HIV-risk taking behavior.

This chapter identifies some pathways of the impact of globalization on HIV/AIDS including internal and international migrant labor flows and the consequences for HIV proliferation, the role of globalization in fostering inequality and poverty in weaker economies, and its impact on gender and vulnerability to HIV. Specific examples of how globalization promotes vulnerability to HIV and ways in which such vulnerability can be mitigated are offered. The paper’s central argument is that unequal economic and social conditions that globalization has promulgated across the world was the engine behind the proliferation of HIV/AIDS in Eastern and Southern Africa.


This chapter addresses the topic of HIV/AIDS and migration in the region, with specific reference to those mobile groups that are classified as high-risk based on their vulnerability to contracting and possibly spreading the virus. Research in the context of the English speaking Caribbean has highlighted the need to expand this range from the traditional groups such as commercial sex workers (CSW) to include men who have sex with men (MSM). This expended range should also include a growing young mobile group, which includes students and street children. In the final analysis, the key to truly arresting the growing vulnerability of these groups to the virus is a continued assessment at both the supply and demand sides of the topic, addressing the socio-economic and cultural driving factors that determine and ultimately impact on the environment.

29) Michael J. Westerhaus, Amy C. Finnegan, Yoti Zabulon, and Joia S. Mukherjee. “Framing HIV Prevention Discourse to Encompass the Complexities of War in Northern Uganda.” REPRINT

In northern Uganda, physical and structural violence (political repression, economic inequality, and gender-based discrimination) increase vulnerability to HIV infection. In settings of war, traditional HIV Prevention that solely promotes risk avoidance and risk reduction and assumes the existence of persona choice inadequately addresses the realities of HIV transmission. The design of HIV prevention strategies in northern Uganda must recognize how HIV transmission occurs and the factors that put people at risk for infection. A human rights approach provides a viable model for achieving this aim.

SECTION 8: Living and Caring for Individuals with HIV/AIDS

Framing Essay: Todd Faubion, “Multiplicity of Meaning: Living with HIV/AIDS”

This chapter advocates for people living with HIV/AIDS and calls for a more collectivist and empathetic approach to building alliances across political, economic, racial-ethnic, and national boundaries. This can be accomplished by developing an AIDS infrastructure, challenging myths and stigma, coordinating public responses to the pandemic and drawing on private enterprise. This personal narrative highlights the author’s experience in a variety of spheres—cultural, social, political and draws on her experiences as an HIV+ heterosexual woman since she first publicly acknowledged her serostatus during a keynote address at the 1992 Republican National Convention.


The family safety net has been stretched to the point of breaking as extended families desperately try to care for children orphaned by HIV/AIDS in sub-Saharan Africa. Women in rural communities, small towns and cities have responded to this crisis in caregiving by taking on roles as community activists. Using longitudinal research in Uganda, this chapter demonstrates that, as community activists, women move above and beyond the reproductive and productive responsibilities set by society for household maintenance and provisioning. These women seek to serve the common good of their neighborhoods and communities.

32) Jonathan Mayer, “Back to Nima”

This chapter conveys one doctor’s journey to Western Africa where work in the field shifts from relationship building to health care to the emotional maintenance needed to be effective to patients. In Nima, the author establishes links, and later establishes a non-governmental organization, for some of the most marginalized people in Ghana. This chapter describes the various socio-environmental contexts, and personal connections, involved in working in a high-prevalence HIV area.

33) Ami Moore, “Resilience and Meaning in Caregiving for Children Living with HIV/AIDS in Togo”

This study examines the experiences of caregiving to children with HIV/AIDS in the low income country of Togo, West Africa. This study is important because HIV/AIDS is more prevalent in low resource areas, and the impacts are more devastating. Since allocation of resources to help people infected and affected by HIV/AIDS is not accessible to all, knowing how people affected by the disease—caregivers especially—positively cope with it will lead to more immediate and practical ways others can effectively manage their challenges. Specifically, the paper examines resilience and the ascribed meanings seropositive parents and seronegative caregivers gave to their experiences as ways of effectively coping with the challenges of caregiving.

SECTION 9: Globalizing theory on HIV/AIDS: Frameworks for the future
Framing Essay: Sam Friedman, Diana Rossi, and Nancy Phaswana-Mafuya
“Globalization and Interacting Large-scale Processes and How They May Affect the HIV/AIDS Epidemic”


The authors reflect on the shift towards alternative constructions of location and movement borne of new developments in human geography: concerns with embodiment and emotions. Our concern is with how HIV/AIDS might more firmly be incorporated into the palpable world of everyday life in which literal place as well as place-in-the-world (e.g. status, identity) is irrevocably linked to one’s appearance, demeanour and feelings. We contend that the body can make a difference in the ways in which place is experienced, and that this concern informs an interest in the mobility of people living with HIV/AIDS (rather than movement of the virus itself). We explore the potential for the acquisition of HIV/AIDS to be constructed as a ‘moving experience’, both in terms of the re/dis-locations experienced in managing change, and the emotional transitions embedded in such moves.

35) Cindy Patton, “A Global Clinic? Prevention, Treatment, and the Problem of Scale in the World Health Organization’s 3X5 Antiretroviral Treatment Programme”

The 21st century may come to be known as the century of scales. The coexistence of the massive and tiny creates huge problems in trying to articulate the experience of disease, and in defining policy that will work for the many peoples and countries affected by the epidemic. In this speculative essay, the author reviews some of the history of representing the “experience” of HIV, summarizing the two principle modes of “understanding the global” that arose in the first decade of the AIDS epidemic. The bulk of the essay suggests how these framings continue to inhabit the conceptual framework of global AIDS policy, and specifically, how this plays out in debates about the ethical implementation of world-wide distribution of anti-retrovirals.

36) Sandra Sufian “Towards an Interdisciplinary Research Agenda on HIV/AIDS in the Middle East and North Africa: New Directions for the Age of Globalization”

This chapter calls for strengthening and amplifying interdisciplinary research on HIV/AIDS issues in the Middle East and North Africa (MENA), a region where little research has been done and where there is a dire need for more. The MENA region is therefore a prime area to initiate an innovative, robust research strategy in a cohesive, organized way. The responsibility for averting disaster lies with not only with national governments and citizens throughout the region but also with international agencies, civil society organizations, and the international AIDS community. In an age of globalization, national and international boundaries are no longer stable but rather fluid and “supernational” and therefore the global community must mobilize to keep HIV/AIDS
under control in MENA (Middle East and North Africa), like it has in Africa and now India, Russia and China.


With new “hot zones” springing up in the wake of the Afghan war, economic liberalization in China, and social restructuring in the former Socialist states of Eastern Europe, it becomes difficult not to view the HIV epidemic as emblematic of globalization: systemic in nature and planetary in scope. The HIV epidemic itself produces globalization in novel and specific ways. The epidemic – both in the terrible devastation it has wrought on individuals and communities and in the response to that devastation – has shaped the way we interact as a global community and perhaps what is at stake in global politics.