



AIDS and Anthropology Research Group

Anthropological Contributions to HIV & AIDS Intervention Programming

A cornerstone of anthropology is its focus on the entire human condition, and on the cultural foundations for human behavior. As a result of this holistic orientation to the human condition, anthropologists make substantial contributions to improving outcomes in multiple and diverse areas of HIV/AIDS intervention programming. Anthropologists also contribute to the larger frameworks of understanding the pandemic especially in specific settings, such as specifying social conditions that exacerbate the spread of HIV and hinder accessing care, revealing cultural beliefs and practices that support behaviors that put people at risk of contracting HIV, providing understandings for the feminization of the pandemic, and elucidating cultural and structural factors that support stigmatization.

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Anthropologists contribute substantially to improving outcomes in the following areas of HIV/AIDS intervention programming:

1. Prevention

- a) **Behavior change communication and education to prevent hetero and homo-sexual transmission and transmission through blood especially among intravenous drug users**

Contributions:

- Ethnographic research to refine the identification and definition of high-risk behavior and/or most-at-risk populations.
- Ethnographic research to determine and understand cultural and social attitudes, beliefs, customs and behaviors that contribute to HIV transmission, and those that may be barriers to behavioral changes that would reduce risk.
- Ethnographic research on sexual relations, partnerships, sexual networks, and transactional sex, and how these may affect HIV transmission.
- Studies of factors that may influence condom use or present barriers to condom use within different types of sexual partnerships.
- “Participatory Action Research” (PAR) to involve community members in the design, production, and dissemination of culturally specific HIV/AIDS information, education and communication (IEC) programs, especially among identified cohorts.
- Incorporate into the full cycle of projects qualitative evaluation components that elucidate why desirable behavior changes are or are not adopted.
- Assessments of the role of social networks in the spread of HIV and as mechanism for conveying prevention messages.
- Contributions to developing prevention strategies among intravenous drug users through:
 - Assessments of syringe exchange and street outreach education as possible prevention strategies.

- Development of strategies to determine the "universe" of drug users and for reaching hidden populations.

b) Preventing mother to child transmission (PMTCT)

Contributions:

- Assist in design of culturally specific community mobilization campaigns to promote antenatal clinic attendance by rural women through:
 - Defining community structures and dynamics that may be tapped into to promote or support PMTCT strategies.
 - Identify variables that influence home birthing, and variables that may present barriers to participation in antenatal care through health clinics.
 - Ethnographic research to explore possible areas for participation of traditional healers and birth attendants in the promotion of PMTCT
- Ethnographic research to elucidate localized perceptions of child birth, HIV, medication uptake, etc.
- Mixed methods research to determine experiences of mothers in PMTCT programs, infant feeding intentions and actual practices, and burdens associated with decision-making.
- Mixed methods research to evaluate the quality of PMTCT counseling and the experience of front-line counselors with managing the burden of care giving in PMTCT programs.

c) Male circumcision (MC)

Contributions:

- Formulate culturally specific strategies for implementing MC as an HIV prevention strategy, especially in instances where MC has been or continues to be a rite of passage into manhood.
- Ethnographic research to define best practices for combining MC with other prevention strategies such as condoms, and IEC programs.
- Where MC is offered as a medical procedure, effect more efficient integration between clinical practices and cultural practices.
- Develop models to integrate cultural and medical systems of understanding, especially in settings where cultural, medical, symbolic and epidemiological issues are cognitively integrated.
- Develop and refine understandings of how and why MC works to prevent HIV infection in males, especially through comparison with other forms of genital modification and with sexual practices involving sexual fluids, sensitivities, and symbolic meaning.

2. Counseling and testing

Contributions:

- Assess individual and community-level attitudes towards testing, especially in areas where cultural norms support stigma towards HIV positive people.

- Identify strategies to minimize stigma and discrimination and to normalize HIV testing for all segments of the population, including possibilities for home-based and other testing practices.
- Evaluate volunteer counseling and testing (VCT) programs to determine accessibility and affordability in both financial and time-investment terms, as each may present strong barriers to VCT utilization.
- Assess the degree to which VCT (or other testing policies such as provider-initiated testing and counseling (PITC) or opt-out testing) is protective of individual's human rights.
- Ethnographic assessment of the contexts for different social relations and how these contexts may affect receptivity to HIV testing and counseling.

3. Antiretroviral treatment and clinic based care

a) Improving services

Contributions:

- Assess the quality of interpersonal communication between health practitioners and patients, and use results to coach existing personnel to improve communications and to enhance personnel training programs.
- Conduct patient satisfaction studies to identify ways to improve services.
- Conduct participatory evaluations of quality of care with clinic services providers.
- Follow-up patient satisfaction studies and participatory evaluations with strategy sessions to identify tactics to improve services.

b) Adherence

Contributions:

- Assess structural, cultural, social and psychological factors that may prevent individuals from adhering to ARV uptake. Facilitate incorporating findings into adherence interventions.
- Ethnographic research to identify differences in perceptions of HIV and AIDS treatments between physicians and patients that may promote or hinder adherence.
- Assess existing community based care provisioning (if present) to see if it can be utilized to facilitate ARV uptake adherence.

4. Care and support to people living with HIV and AIDS (PLWHA) and to orphans and vulnerable children (OVC)

a) Community based care

Contributions:

- Identify culturally patterned care for patients, especially elements that might be integrated into community and home based care programs for PLWHA.
- Identify local leadership structures, individuals and groups whose support might be solicited to legitimize and strengthen community-based care for PLWHA.
- Explore meanings attributed to HIV and AIDS that might either strengthen or compromise support for community-based and home-based care.
- Using participatory action research, identify culturally specific strategies to overcome beliefs that threaten to compromise support.
- Document lived experiences of patients suffering from HIV and AIDS as well as their care-givers, identify areas that pose barriers to care provisioning and develop strategies to address them in programming.
- Ethnographic research to assess ways that orphan-hood and interventions such as orphanages and drop-in centers may be resulting in changes in children's and caregivers' conceptions of family and who counts as family.
- Conduct process and outcome evaluations for existing initiatives targeting PLWHA and AIDS orphans and vulnerable children (OVC) in order to identify potential ways to improve existent programs as well as identify best practices.
- Identify strategies to tailor care-giving models to the cultural and socio-economic realities of the communities where they are to be replicated.
- Develop strategies to facilitate development of healthy cultural development and senses of community belonging for orphans.

b) Nutrition

Contributions:

- Assess the efficacy of nutrition education activities and other nutritional interventions targeting at risk populations (PLWHA and OVC) and facilitate the transfer of best practices across settings.
- Qualitatively assess nutritional uptake and participation in food security interventions (e.g. urban agriculture) targeted at PLWHA.
- Identify barriers to nutritional uptake, such as selling of garden produce to meet other household or personal security needs.
- Assess experiences with food support and other alternatives among ARV patients.
- Document and assess the care and feeding of orphans.
- Document and assess the vulnerability of infants and children in families and communities affected by HIV and AIDS.

c) Livelihoods

Contributions:

- Assess the efficacy of food security programming and other livelihood activities targeting at risk groups, PLWHA and OVC.

- Collaborate with NGOs and government agencies to facilitate incorporating research findings indicative of effective practices into the design of food security programs and other livelihood activities targeting at risk groups, PLWHA and OVC.
- Assess the efficacy of programs that combine HIV/AIDS preventions with nutritional interventions and livelihood activities.
- Incorporate mixed methods to facilitate transfer of best practices across settings.

5. Community assessment

Contributions:

- Ethnographic assessment of community structures in order to identify factions that cooperate and compete.
- Community asset inventory to identify community materials and strengths that might be utilized in any area of programming, in order to enhance community ownership and increase likelihoods for sustainability.
- Social network analysis as a measure of community connectedness and as a baseline for evaluating changes in community dynamics.
- Social network analysis to establish sexual networks, migration networks, and household connectedness both locally and regionally, to gain understandings of population dynamics and develop strategies to include both de facto and de jure community members.
- Household economic inventories as a measure of household security and as a baseline for gauging changes throughout the intervention.

6. Evaluation and monitoring

Contributions:

- Design and application of standardized tools to measure efficacy of multiple intervention components at baseline and follow-ups.
- Periodic ethnographic assessment of community perceptions and interactions.
- Ethnographic research to evaluate the degree to which behavior change programs may or may not be impacting peoples' everyday lives, in contrast to standardized tools and surveys that mostly reveal what respondents have learned.
- Institutional ethnographic research to assess staff members' coping strategies and stress-levels, and to identify situations where there may be need for debriefing programs or psychosocial support for staff members.

7. Policy assessment and development

Contributions:

- Synthesize research findings to inform policy in ways that facilitate development of culturally specific programming.
- Facilitate program development that is integrated across cultural domains such as kinship structures, religion belief systems, cooperative networks, social hierarchies, and so on.

- Institutional ethnographic research among intervention providers to assess the degree to which policies are translated into practice.
- Institutional ethnographic research among intervention providers to assess degrees to which they may be constrained by programming guidelines or free to develop strategies in response to needs defined through experience and interaction with members of targeted populations.
- Institutional ethnographic research among intervention providers to assess the degree to which programming strategies are guided by perceived best practices or priorities set by funding agencies.
- Serve on policy-making bodies and in consulting roles with governmental and multilateral institutions, to help formulate more holistic and culturally specific priorities and strategies.

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