
WOMEN AND HIV/AIDS IN AFRICA SYMPOSIUM

Conference Program & Brochure



September 13-14, 2007

**Room 101 International Studies Building
University of Illinois at Urbana-Champaign
910 South Fifth Street
Champaign, Illinois 61820**

Organizing Committee

Ezekiel Kalipeni, Department of Geography
Karen C. Flynn, Afro-American Studies and Research Program
Gale Summerfield, Director, Women and Gender in Global Perspectives Program (WGGP)
Noreen Sugrue, Coordinator, Health Policy Initiatives, WGGP
Anita Kaiser, Program Director, Health Policy Initiatives, WGGP

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Kathy Martin, WGGP**

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Department of Anthropology
Department of Political Science**

REGISTRATION

This symposium is open to the public for free.

For more information on this conference please contact the following individuals:

Ezekiel Kalipeni

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PROGRAM FORMAT

The presenter of each paper is the person named first in the list of authors although this may not necessarily be true for other papers. A list of invited participants and their affiliations and other details is given at the end of this program.

INSTRUCTIONS FOR SESSION CHAIRS

Please arrive at the conference site in good time well before your assigned session is due to begin. Greet the presenters and be sure you can pronounce their names correctly. When the session starts introduce yourself and each presentation in turn. Unless otherwise specified, each presentation is allocated 20 minutes plus 10 minutes for discussion. Please indicate to the presenter when 3 minutes of their allocated time remains. Do not allow the presentation to run over the 30-minute limit. If necessary ask that any additional questions be deferred until the break.

INSTRUCTIONS FOR PRESENTERS

Please arrive in the conference room (101 International Studies Building) 10 minutes before your assigned session is due to begin and introduce yourself to the session chair. The room will be equipped with a presentation computer and LCD projector. If there are any problems with your presentation, someone will be present to assist with computer difficulties should they arise. Unless otherwise specified, you have been allocated 20 minutes presentation time plus 10 minutes for discussion. The chair will inform you when 3 minutes of your presentation time remains. The complete presentation will be terminated after 30 minutes.

PUBLICATION PLANS

A set of the papers from the Symposium will be published in either book form or a special issue of some high powered journal. Suggestions of journals we will approach to publish the proceedings include: *Africa*, *International Journal of STD & AIDS*, and *Geoforum*. This will be an item for the conclusion of the conference, i.e. whether to go the book way or whether to generate a special issue of some journal.

CONFERENCE SITE AND HOTEL ACCOMMODATION

a) Conference Site

The conference will take place on September 13-14 in Room 101 of the International Studies Building at the University of Illinois at Urbana-Champaign. The address there is: 910 South Fifth Street, Champaign, IL 61820.

b) Hotel Accommodation

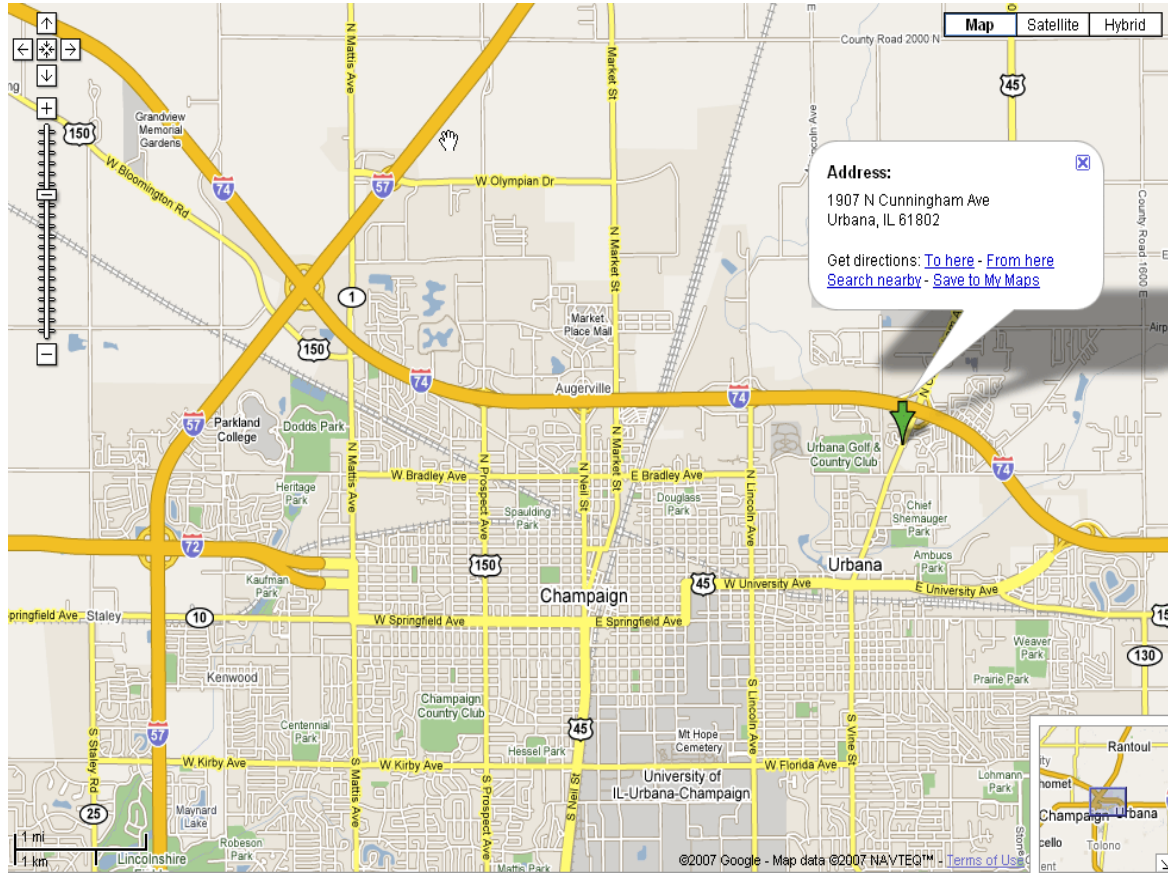
For those of you coming from outside of the University of Illinois Campus, Hotel Accommodation has been booked at the Eastland Suites Hotel and Conference Center, 1907 N. Cunningham Ave, Urbana, IL 61802, Tel. (217) 367-8331, <http://www.eastlandsuitesurbana.com/>. Note that accommodation at Eastland Suites is Bed and Breakfast. Make sure to have your breakfast in good time before the shuttle ferries you to the conference site. See program below.

If you are driving to Champaign, a map of the location is attached below. The Hotel has ample parking. If you are coming by air to the Champaign airport (Willard Airport), the Hotel will provide a shuttle free of charge to pick you up at the airport. If you could provide your travel itinerary long before your trip to Ezekiel Kalipeni (kalipeni@uiuc.edu), he will make sure to arrange for the Hotel Shuttle to come and pick you up from the airport to the Hotel.

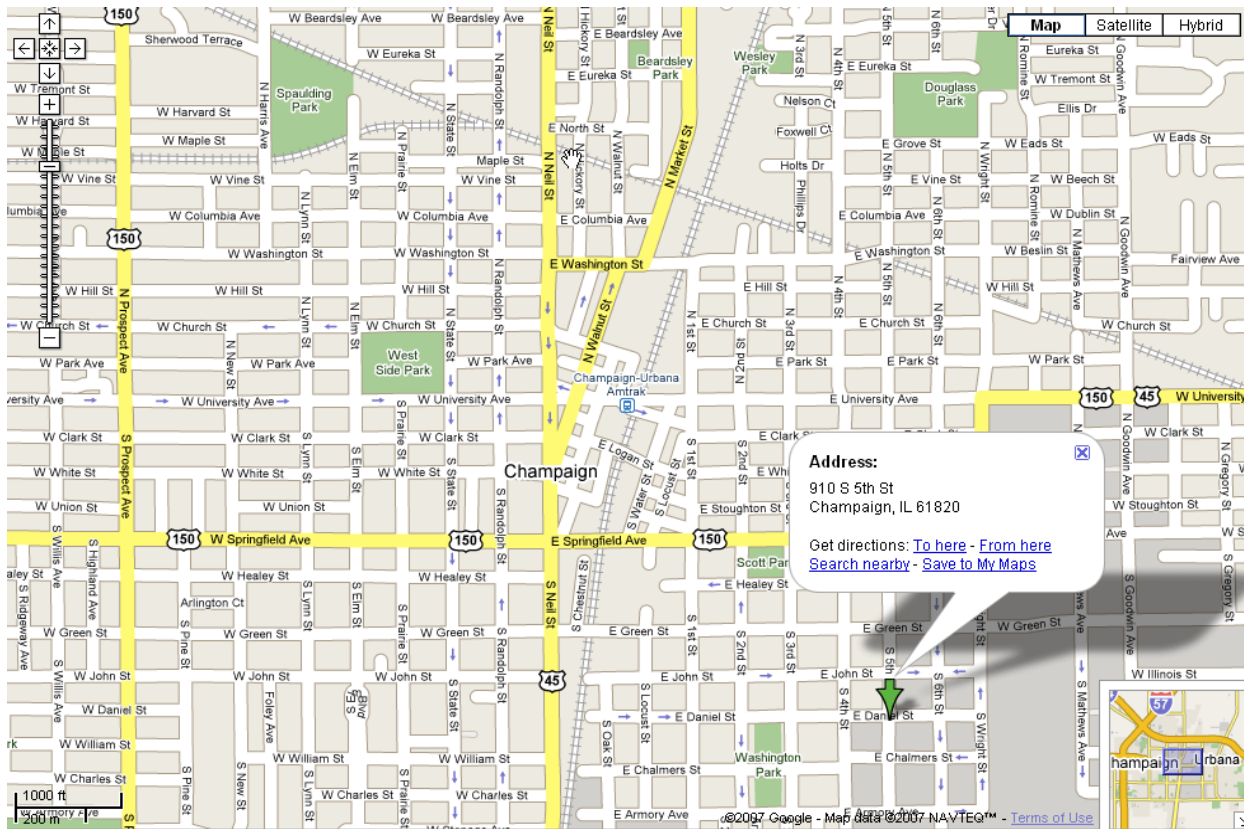
The Hotel will also provide a shuttle to and from the Conference Venue during the two day seating of the symposium.

Following two pages give two maps for directions once in Urbana-Champaign: One for the Hotel and the other for the conference venue. If you need more detailed directions to any of these sites please get in touch with Ezekiel Kalipeni (kalipeni@uiuc.edu) at your earliest.

1. Location of Eastland Suites in Urbana at 1907 N. Cunningham Ave, Urbana, IL 61802, Tel. (217) 367-8331



2. Location of the Conference Venue: International Studies Building (Room 101) at the University of Illinois at Urbana-Champaign.



Contact Persons

For more information or any assistance please contact

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**Women and HIV/AIDS in Africa Symposium
University of Illinois at Urbana-Champaign
September 13-14, 2007**

Conference Program

WEDNESDAY, SEPTEMBER 12

Arrival of Participants at Eastland Suites Hotel and Conference Center, 1907 N. Cunningham Ave, Urbana, IL 61802, Tel. (217) 367-8331, <http://www.eastlandsuitesurbana.com/>.

THURSDAY, SEPTEMBER 13

7:45 am Registration

8:15 am Welcome Remarks

Gale Summerfield, Director, Women and Gender in Global Perspectives Program, University of Illinois at Urbana-Champaign

8:30 am Introduction

Ezekiel Kalipeni and Karen C. Flynn, University of Illinois at Urbana-Champaign
Women and HIV/AIDS in Africa.

9:00 am Popular Culture and HIV

Chair: Veronica Ouma

Mwenda Ntarangwi, Department of Sociology, Anthropology, and Social Welfare, Augustana College, "*Sexuality and the Culture of Silence in the Face of HIV/AIDS in East Africa: A Popular Culture Approach*"

Heather L. Schaad, Center for African Studies and Gender Relations in International Development, University of Illinois, "*HIV/AIDS Art and Popular Culture in South Africa: Examination of Community Murals, Billboard Campaigns and Graffiti Art.*"

10:00 am Break

10:30 am Issues of Accessibility to Health Care

Chair: Richard Djukpen

Imelda Moise, Department of Geography, University of Illinois, “*Analyzing Geographical Access to HIV Sentinel Clinics: The Zambian Case.*”

Veronica Ouma, Department of Geography, Hofstra University and Ezekiel Kalipeni, Department of Geography, University of Illinois, “*Social and Cultural Predictors of HIV/AIDS Related Health and Preventive Behaviors in Kisumu District, Kenya.*”

Chiratidzo, E. Ndhlovu, A. T. Makadzange, & S. Rusakaniko, University of Zimbabwe College of Health Sciences & Parirenyatwa Family Care Centre, Harare, Zimbabwe, “*Use of Cotrimoxazole Prophylaxis at First Contact with Medical Doctor at a Tertiary HIV Clinic in Harare.*”

12:00 noon Lunch Break

1:30 pm Masculinity, Sexuality and Women’s Vulnerability to HIV

Chair: Ami Moore

Ana Maria Loforte, Department of Archeology and Anthropology, Universidade Eduardo Mondlane, Maputo- Mozambique, “*Sociocultural factors: Norms of Masculinity and Femininity in a Context of HIV/AIDS in Mozambique.*”

Lucy Mkandawire-Valhmu, College of Nursing, University of Wisconsin-Milwaukee; Ezekiel Kalipeni, Department of Geography, University of Illinois at Urbana-Champaign and Rachel Rodriguez, UNIDOS against Domestic Violence, “*The Risk of HIV Among Women in Malawi: The Case of Female Domestic Workers and Their Experiences with Sexual Violence.*”

Shanti Parikh, Department of Anthropology, Washington University, “*‘My Husband Has Many Girlfriends’: Marital HIV Risk in Uganda.*”

3:00 pm Break

3:30 pm Caregiving, Marriage, Family and HIV

Chair: Joseph R. Oppong

Ami R. Moore, Department of Sociology, University of North Texas, “*Resilience and Meaning Ascribed to the Experiences of Caregiving to Children Living with HIV/AIDS in Togo.*”

Linda Semu, Department of Sociology, McDaniel College, “*Itinerant Male, Marriage, Family and Gender Relations in Matrilineal Southern Malawi: Lessons & Challenges for HIV/AIDS Programming.*”

4:30 Adjourn for the Day

6:30pm Potluck Dinner at the Kalipeni Family Home at 1607 Sangamon Drive, Champaign, Illinois 61821, Tel. (217)359-1320.

FRIDAY, SEPTEMBER 14

8:30 am Condoms, Sexuality and Globalization

Chair: Mwenda Ntarangwi

Veronica Escamilla, Department of Geography, University of North Carolina at Chapel Hill and Ezekiel Kalipeni, Department of Geography, University of Illinois, *“Factors Affecting in the Male-Female Differences in Condom Use in Rural Malawi.”*

Njeri Mbugua, Lincoln Christian College and Seminary, *“Three Decades of Condom Promotion Efforts in Africa: A Waste of Time and Resources.”*

Joseph R. Oppong, Department of Geography, University of North Texas, *“Globalization, Sexuality, and HIV/AIDS in Africa.”*

10:00 am Break

10:30 am Human Rights, Women’s Vulnerability and Livelihoods in the Era of HIV

Chair: Karen Flynn

Mary Nyangweso Wangila, Department of Religion, University of Missouri - Columbia, *“Religion and the Rights of African Women in the Age of HIV/AIDS: Illustrations from Kenya.”*

Eliza Johannes, Department of Educational Policy Studies, University of Illinois, *“Conceptualizing the Links Between HIV/AIDS and Turkana Pastoralist Women’s Livelihoods.”*

Richard O. Djukpen, Geography Department, University of Illinois, *“HIV/AIDS Vulnerability Risk Assessment by African Females in Africa and in the Diaspora.”*

12:00 noon Lunch

1:00 pm Social Networks, HIV/AIDS Testing and Promotion of Health for Women

Chair: Njeri Mbugua

Rebecca Thornton and Susan Godlonton, Department of Economics, University of Michigan, *“Neighbors, Churches, and Spouses: Social Interactions and Learning HIV Results in Rural Malawi.”*

Karen C. Flynn, African-American Studies and Research Program, University of Illinois, Urbana-Champaign, “‘*We Must Do Whatever It Takes: Promoting and Sustaining Black Canadian Women’s Health.*’”

2:00 pm Roundtable Discussion and Closing Remarks

2:30 pm End of Symposium

6:30pm Dinner for invited participants only (restaurant to be announced later)

Saturday, September 15

Most participants depart for home

Women and HIV/AIDS in Africa Symposium
University of Illinois at Urbana-Champaign
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Paper Abstracts

Richard O. Djukpen, Geography Department, University of Illinois, “*HIV/AIDS Vulnerability Risk Assessment by African Females in Africa and in the Diaspora.*”

This paper provides an insight into the assessment of the risk vulnerabilities to HIV/AIDS infections by women on the African continent and those in the Diaspora (for example, United States). The contemporary socio-cultural and economic milieu in Africa dictates sets of vulnerability risk factors that must be adequately studied for an effective management of HIV/AIDS infection and prevention. The level of empowerment and entitlement between the two sets of women is assessed in this paper to establish what must be done to ameliorate the HIV/AIDS epidemic in Africa. The results show that African women in the Diaspora are at advantage over their counterpart on the continent. The “newfound” freedom, rights and privileges, and empowerment of African women in the United States and elsewhere for example, give them the opportunities to engage in safe and healthy lifestyles. Therefore, faithful implementation of international conventions and protocols on the rights and privileges of women in Africa will surely reduce the HIV/AIDS epidemic and other infectious diseases in Africa. This will result in a positive change for women in Africa and a source of empowerment that will translate into reduced epidemics.

Veronica Escamilla, Department of Geography, University of North Carolina at Chapel Hill and Ezekiel Kalipeni, Department of Geography, University of Illinois, “*Factors Affecting in the Male-Female Differences in Condom Use in Rural Malawi.*”

Although there is no cure for HIV, its transmission is preventable. One method of prevention is condom use but within the Malawian context the condom which was introduced during the mid-1990s has not been widely accepted. The focus of this study is the difference between men and women in rural Malawi and their acceptance and use of condoms as a method of HIV prevention. This is a quantitative study focused on social and cultural factors that influence condom use among men and women regarding the prevention of HIV transmission. The sample population included ever-married women of childbearing age (15-50) who were separated, married, or widowed at the time of the interview. Current husbands as well as non-married men were also included in the sample population. The questionnaires were conducted in the year 2001 in three rural districts of Malawi: Rumphi District in the North, Balaka District in the South, and Mchinji District in the Center. Given the purpose of the study, i.e. to better understand which factors influence condom use, only respondents who answered the question ‘Did you use a condom with your last partner’ were included in the study. In the logistic regression models this question was used as the dependent variable. Independent variables included knowledge of HIV/AIDS, perception of gender equality, and worry of risk of HIV transmission, among others. The results indicated statistically significant differences between men and women between influences on condom use and worry of risk of HIV infection. Males in this study felt the greatest risk of infection from other partners, while the women

in the study felt at greatest risk of infection from their spouses. In spite of these differences, the results of this study indicate that condom use is more accepted outside of marriage than within marriage.

Karen C. Flynn, African-American Studies and Research Program, University of Illinois, Urbana-Champaign, “*We Must Do Whatever It Takes:’ Promoting and Sustaining Black Canadian Women’s Health.*”

Canada prides itself on its health care system, a system designed to provide socialized medicine for all its citizens regardless of age, race, income, gender and religion. While affordable medicine, amidst restructuring and privatization of Canadian health care, allow black women, at least in theory, to have access to health care unavailable to their counterparts in the United States, this does not mean, however, that affordable health care is the primary determinant of healthy individuals. While there has been a paucity of scholarship generally on the health of black women in Canada, the research available overwhelming suggests that: a) blacks, whether they are from the Caribbean, Africa, or were born in Canada, are unacquainted with the Canadian health care system and, subsequently are unable to use it effectively; b) economic status and racist ideology play a critical role in the health of black Canadian communities (http://www.hc-sc.gc.ca/hcs-sss/pubs/acces/2001-certain-equit-acces/part3-doc3-consultation_e.html); and c) women from the continent - Caribbean and those born in Canadian in comparison to the general population - are over represented in terms of the following illnesses and infections: HIV/AIDS, diabetes, asthma, hypertension, sexually transmitted infections, sickle cell anemia, and breast cancer to name a few.

Using my own preliminary research on second generation African descended Canadians coupled with a range of secondary research conducted by Health Canada and other government and community organizations, I contend that in the Canadian context, a multi-prong strategy is needed to address black women’s overall health as opposed to focusing solely on the high incidence of HIV/AIDS among the black population. That is, attention must be paid to the material lived and discursive reality of blacks and the role of racism, sexism, homophobia, socio-economic status, religion and culture in terms of how black women experience and understand what it means to be healthy. The presentation highlights the key health issues facing blacks living in Ontario, Nova Scotia, and Calgary as well as the response of the Federal, Provincial government and other organizations to the dilemma surrounding black women’s health. A key component of the presentation will be to highlight the role of community organizations and, their role in facilitating black women’s desire to live lives free from the oppression and domination, which compromises their health.

Eliza Johannes, Department of Educational Policy Studies, University of Illinois, “*Conceptualizing the Links Between HIV/AIDS and Turkana Pastoralist Women’s Livelihoods.*”

Turkana pastoralist are found in Northern Kenya and are the second largest pastoralist group in the country after the Maasai. Economically, socially and politically, they are marginalized thus are under-represented in Kenyan government and as such, it affects the development rate in Turkana district which limits Turkana pastoralists education of HIV/AIDS. Therefore, the aim of this paper is to interrogate the lack of development in Turkana district and how this impacts the spread and understanding of HIV/AIDS among Turkana pastoralists living in the interior of Turkana district.

I will demonstrate that through lack of development, i.e. education and representation, the Turkana have limited knowledge of HIV/AIDS, particularly Turkana women. I argue that Turkana women are double victims of their own patriarchal society that undermines women while privileging men. HIV/AIDS infection in Turkana District is alarmingly high. The Turkana DASCO, Eyapan Yakish, estimates that between 60 and 70% of Lodwar District Hospital beds are occupied by HIV positive patients. These patients, if it weren't for the advanced stages of their infection, are those that would otherwise be the most productive in their communities. They are mothers and fathers upon whom their children and communities depend. What is striking however is that the infection need not be so advanced for many of these Turkana residents. These individuals don't have to be lost at a time when they are so badly needed. In this analysis and interpretation, the paper seeks to correct scholarly ambiguities, contradictions and paradoxes that have dominated the representation of Third World women, such as the Turkana women.

Ana Maria Loforte, Department of Archeology and Anthropology, Universidade Eduardo Mondlane, Maputo- Mozambique, “Sociocultural factors: Norms of Masculinity and Femininity in a Context of HIV/AIDS in Mozambique.”

The AIDS pandemic emerges as something that deserves great attention and urgent response, given legitimacy to the study of sexuality. Some decades ago, the studies on sexuality remained mainly on the domain of biology, psychology, and the conceptions were based on the idea that sexuality was universal and homogeneous. However, differences on the dynamic of the disease on societies, required attention not only to sexuality as such, but also to sexual diversity and complexity, recalling that sexuality and sexual behavior are in all cultures subject to gender roles, construction of social and sexual identities and as such, were experimented in different manner by men and women. In such context, the pandemic helps to give priority to investment and reflection on the disease, its causes and consequences but also about the social construction of sexuality actually. The aim of this article is to present the results of research done in the southern part of Mozambique about gender and sexuality, underlying that sexual and reproductive health programs and HIV prevention initiatives need to recognize sexuality in all its dynamic and diversity. Special attention will be given to youth sexuality. Central to such an approach is an understanding and ability to challenge concepts of masculinity and femininity that make boys and girls vulnerable to HIV infection and that prescribe specific roles for them in family and society. Based on the work of Foucault(1978) on sexuality and its relation to power, we will emphasize the relationship between sexuality, socio-cultural values and social control mechanisms existing in the families. Taking into consideration that the family is the primary place where identities are constructed and power is produced, we are going to show how the sex-gender systems continue, in more or less evident ways, to guide the learning and exercise of sexual rights within families and to shape the values and behaviours of each of their members. In fact, body and sexuality are constrained by power mechanisms that shape a model of subordination/ subalternity of women and girls.

Njeri Mbugua, Lincoln Christian College and Seminary, “Three Decades of Condom Promotion Efforts in Africa: A Waste of Time and Resources.”

A review of published articles on HIV/AIDS in sub-Saharan Africa reveals that since the onset of the AIDS epidemic in the 1980s, the large majority of researchers have continued to promote condom-usage as an effective method of reducing HIV transmission and acquisition. Even

as they make this recommendation, most of these researchers list several barriers that hinder condom usage in Africa. The key barriers they list can be summarized into the following four broad categories: first, continued opposition from Christian and Islamic religious groups who advocate sexual abstinence among the youth and unmarried adults; second, the ravaging effects of poverty such as ignorance regarding what condoms are and how they work, where to acquire and how best to store them, and the financial inability to acquire them; third, dislike of condoms due to either the embarrassment associated with their purchase or due to their interference in what most Africans deem to be “natural and enjoyable sex,” and fourth, the conspiracy factor whereby condoms are viewed as one of the means through which westerners (scientists and governments) are perceived to be engaged in a covert effort of reducing or eliminating people of color, especially those living in “third world” countries.

Despite listing the above (and other) barriers that have rendered condom usage ineffective in sub-Saharan Africa for almost three decades, the majority of published articles conclude with recommendations such as: “Public health care officials and community health workers ... should embark on an aggressive campaign to promote the use of condoms...” (Ondimu, 2005:98). These recommendations seem oblivious to findings (such as those made in June 2001 by a panel of scientists, researchers and clinicians that was co-sponsored by NIH) which show that condom effectiveness against HIV and other STIs has long been exaggerated. Indeed, this panel’s findings stated that there is no clear evidence that condoms reduce the risk of gonorrhea and Chlamydia in women and HPV infection in men, and that although condoms can reduce the risk of HIV by approximately 87 percent, this is only true when used 100% of the time (U.S. Dept. of Health and Human Services Press Release: 2001). Since the above scientific facts were found to be true in the US where the afore-mentioned barriers to condom usage are fewer and less restrictive than in Africa, isn’t it time that African and Africanist researchers sought for more effective strategies for HIV/AIDS prevention than making calls for more aggressive condom promotion efforts?

Lucy Mkandawire-Valhmu, College of Nursing, University of Wisconsin-Milwaukee; Ezekiel Kalipeni, Department of Geography, University of Illinois at Urbana-Champaign and Rachel Rodriguez, UNIDOS against Domestic Violence, “*The Risk of HIV Among Women in Malawi: The Case of Female Domestic Workers and Their Experiences with Sexual Violence.*”

Guided by critical ethnography and feminist discourse, this article explores the experiences of sexual abuse among Malawian female domestic workers based on interviews with young women. Thousands of rural Malawian girls orphaned by AIDS, as well as many young women who fear their partners will expose them to HIV infection, seek informal employment as domestic workers in urban areas, where there is also a high HIV prevalence. Since sexual abuse of female domestic workers by male employers was widely reported in our study, further exposure to HIV infection is of concern. Our findings indicate that gender and poverty intersect in various aspects of Malawian women’s lives—including employment—to place them at risk of HIV infection.

Key Words: female domestic workers, maids, HIV, AIDS, sexual violence, Malawi

Imelda Moise, Department of Geography, University of Illinois, “*Analyzing Geographical Access to HIV Sentinel Clinics: The Zambian Case.*”

Like most Sub-Saharan countries, the most commonly available HIV/AIDS data in Zambia are serosurveillance data that come from testing pregnant women attending designated antenatal clinics. UNAIDS has shown that sentinel data from samples of pregnant women are a good proxy for prevalence in the overall adult population of women and men aged 15–49 years. Unfortunately, numerous studies worldwide have demonstrated a direct link between distance to clinics and clinic utilization. Consequently, distance to clinics may affect the quality of HIV sentinel data collected if clinics rely on women utilizing clinics to collect such samples. This study explores the geographical distribution of sentinel clinics in Zambia and examines the influence that distance to nearest roads and clinics may have on the likelihood of clinic utilization.

Ami R. Moore, Department of Sociology, University of North Texas, “*Resilience and Meaning Ascribed to the Experiences of Caregiving to Children Living with HIV/AIDS in Togo.*”

With an estimated 97,000 children aged 0 to 14 living with HIV/AIDS in Togo (UNICEF, 2005), the number of families affected by the HIV/AIDS epidemic is significant. Studies have documented the enormous burden of informal caregiving to children living with HIV/AIDS. Especially in resource deprived areas where formal care for children with HIV/AIDS is at times rudimentary and inaccessible to most, family and friends face the daily challenges of caregiving. Yet, few studies have documented how informal caregivers cope with these demands. In low resource settings, HIV/AIDS is more prevalent and the impacts are more devastating. Since allocation of resources to help people infected and affected by HIV/AIDS is not readily available, knowing how people affected by the disease—informal caregivers especially—cope with caregiving demands will lead to more immediate and practical ways others can positively manage their challenges. This paper is an attempt to explore the significance of the concepts ‘meaning’ and ‘resilience’ in the lives of seropositive parents and seronegative caregivers to children with HIV/AIDS as they cope with the challenges of caregiving in Togo.

Mary Nyangweso Wangila, Department of Religion, University of Missouri - Columbia, “*Religion and the Rights of African Women in the Age of HIV/AIDS: Illustrations from Kenya.*”

Claims of women’s rights in Africa face the serious challenge of HIV. As the most vulnerable group in the world when it comes to HIV, women in Africa are confronted with cultural obstacles. While the need to combat the HIV/AIDS pandemic as a biosocial issue is critical because of the increase in infection, the need to address social factors infringing on women’s rights to health and productive life is most crucial. In this paper, I explore the HIV/AIDS crisis with specific illustrations from Kenya to interrogate factors that inhibit women’s rights and efforts to combat this pandemic. I am particularly interested in exploring the role of religion in the promotion of human rights even as it inhibits them through the legitimization of cultural practices that undermine women’s rights. In my discussion, I will discuss the African concept of the individual in relation to health and healing and claims of human rights. It is my objective to promote a biosocial strategy that transcends physical therapy, a strategy that draws from a holistic worldview of African people. This strategy is fundamental in steering collaborative efforts between healthcare specialists and social institutions especially religious institutions, towards addressing the HIV/AIDS challenge among African women.

Chiratidzo, E. Ndhlovu, A. T. Makadzange, & S. Rusakaniko, University of Zimbabwe College of Health Sciences & Parirenyatwa Family Care Centre, Harare, Zimbabwe, “Use of Cotrimoxazole Prophylaxis at First Contact with Medical Doctor at a Tertiary HIV Clinic in Harare.”

Background: The recommendation to give Cotrimoxazole prophylaxis to patients with symptomatic HIV, any AIDS defining condition or CD4 counts less than 300 has been in our national guidelines(EDLIZ) since 2000 but it has been observed that patients were being referred to the previously termed “opportunistic infection Clinics” without being prescribed Cotrimoxazole for prophylaxis even though the patients were being referred after a hospital admission with an HIV related ailment. Thus most of these patients should have been eligible for cotrimoxazole prophylaxis which has been shown to be effective in preventing various bacterial and protozoal infections in HIV patients even in a resource poor setting.

Objectives: To determine the proportion of clients already receiving cotrimoxazole prophylaxis at their first contact with the medical practitioner and whether this proportion has improved with time.

Design: Retrospective analysis of the electronic patient monitoring database.

Setting: Parirenyatwa Family Care Centre

Subjects: All patients registered from July 2004 to the end of December 2006 and whose data was electronically entered in the clinic database.

Main outcome factors: The overall proportion of patients already using cotrimoxazole prophylaxis at first contact with the medical practitioner as well as the proportions stratified by year of enrolment.

Results: 2256 records were available for the demographics. Preliminary results show that there were 62% females and 38% males. The mean age was 38.7 ± 9.6 . (Range 13- 76).. The WHO staging shows that at least 68% of the clients were falling into Stage 3 and 4 and thus should have been eligible for cotrimoxazole prophylaxis. The overall proportion of those on cotrimoxazole prophylaxis at first contact with the doctor was 32%.

Conclusions: The use of cotrimoxazole prophylaxis remains suboptimal despite the simplicity of the intervention and widespread availability of this drug.

Mwenda Ntarangwi, Department of Sociology, Anthropology, and Social Welfare, Augustana College, “Sexuality and the Culture of Silence in the Face of HIV/AIDS in East Africa: A Popular Culture Approach.”

There is a culture of silence that surrounds sex and sexuality in many East African communities. The unspoken cultural expectation for “good mannered” women to be ignorant about sex and passive in sexual interactions increases women’s risk of infection and places great demands on male virility. Any woman who desires sex publicly or displays knowledge of sex is considered loose and not fit for marriage. Consequently many women find it difficult to negotiate for safer sex even with consistent partners.

Moreover, as traditional institutions charged with sex education diminish and secrecy surrounds sex education in formal schools, many young people, especially girls, are unable to ask for information about sex out of fear that they will be thought to be sexually active and loose. This secrecy is, however, being challenged as popular culture especially hip hop music and dance,

introduce bold ways of public presentation of sex and sexuality. Hip hop artistes, for instance, often compose and perform songs that push the envelope of public discourse on sexuality. While many of these performances may be deemed unacceptable and at times “unAfrica,” they open up spaces for public discourse on sex and sexuality. In so doing they allow the youth opportunities through which to change the prevailing culture of silence in the face of HIV/AIDS pandemic. By highlighting a selection of popular music artistes from East Africa I will discuss the intersection between hip hop, gender, and sexuality in East Africa’s public space. I will argue that popular expressions are the new ways that, when used appropriately, will slowly engage the youth in public discourse on sexuality and lead to a reconstitution of the region’s discussive response to the HIV/AIDS pandemic.

Joseph R. Oppong, Department of Geography, University of North Texas, “Globalization, Sexuality, and HIV/AIDS in Africa.”

Globalization is producing a major global redistribution of wealth and poverty. Strong economies and rich countries are growing stronger and richer and attracting the best in human resources but escalating socioeconomic inequality and poverty among weaker economies and poor countries is compounding disease spread and multiple health crises. This paper examines three dimensions of the effect of globalization on HIV/AIDS in Africa – globalization of sexual practices including the widespread availability of pornography, globalization induced migration of health workers, and finally, global trade practices particularly privatization and pharmaceutical trade agreements. It argues that labor flows, particularly the international brain drain of physicians and nurses, is a major factor in Africa’s HIV/AIDS crisis. Globalization of sexual practices is not only increasing knowledge about sexuality, but legitimizing sexual practices previously considered taboo and breaking down long established sexual barriers in African society. Finally global trade agreements by promoting inequality and increasing poverty in African countries compound Africa’s HIV/AIDS crisis.

Veronica Ouma, Department of Geography, Hofstra University and Ezekiel Kalipeni, Department of Geography, University of Illinois, “Social and Cultural Predictors of HIV/AIDS Related Health and Preventive Behaviors in Kisumu District, Kenya.”

The HIV/AIDS pandemic in Kenya has now entered its third decade and its significance as a threat to the growth and prosperity of the nation is very apparent. In this paper we argue that HIV/AIDS in Kenya is rooted in a complex web of inter-related and interactive social, cultural, economic, political, health and demographic factors that are specific in time and place. The paper offers a case study of Kisumu District, Kenya, which serves as a microcosm of Kenya for several reasons, especially its urban, peri-urban, and rural characteristics. The specific objectives of the research are to identify the psychological predictors of HIV/AIDS related health and preventive behaviors using constructs from two behavioral science theories, the Health Belief Model and Social Cognitive Theory; to identify the extent and prevalence of condom use among adults in the district, and identify how one's place in the world influences one's opportunity for activity and experience regarding health care and health care resources across space. The research concludes that the spatial context of HIV/AIDS-related health and preventive behaviors cannot be properly understood without looking at the role of health and health care in people's lives and that these roles differ in rural, peri-urban and urban areas. We of course cannot ignore global and national issues that help create

such an unfavorable climate for many Kisumu District residents. Furthermore, attitudes by individuals and communities help shape AIDS-related experiences locally. Our study sheds light on issues of empowerment, entitlement and political economy which influence AIDS protective behaviors.

Shanti Parikh, Department of Anthropology, Washington University in St. Louis, “*My Husband Has Many Girlfriends’: Marital HIV Risk in Uganda.*”

For many women around the world the greatest risk of contracting HIV is sexual intercourse with their husbands. This article presents findings from an ethnographic study focusing on the connection between women’s exposure to HIV in marriage and men’s extramarital sexual relationships. This paper examines the social organization of men’s extramarital sex and elucidates how men and women navigate sexual and marital relationships based more on conceptions of social risk than on notions of individual biological risk. Whereas a good deal of research has examined the social construction of HIV risk and various ways people deny their own risk, this papers demonstrates that risk itself has specific meanings.

Like public health policy makers, people in southeastern Uganda believe that sex is dangerous and that people should protect themselves from risk. However, while policy makers construct risk in purely medical terms (disease and pregnancy), people in Iganga conceptualize risk in more social terms—specifically, the “social risk” of getting caught in an illicit sexual activity. This paper argues that certain forms of social morality propagated by the ABC approach—and more generally by the enormous presence and impact of public health institutional responses to HIV/AIDS—has created perceptions of social risk that sometimes lead to behaviors that are counterproductive from the point of view of HIV prevention.

Based on ethnographic research in Iganga District in southeastern Uganda, this paper examines the consequences of the country’s long and extensive HIV prevention efforts for the ways in which people navigate a social and moral geography of risk. Building on an in-depth study of contemporary marriage and men’s extramarital sexual behavior, the paper focuses on the ways in which evolving conceptions about love, fidelity, and social reputation are affected by the dominant ideas and norms circulating in response to the HIV/AIDS epidemic. Specifically, social moralities associated with the ABC approach have had the effect of driving some forms of extramarital sex underground, creating new arenas of secrecy, inhibiting spousal communication, and sometimes interfering with the ability to practice safe sex. The paper suggests that the “social fact” of HIV prevention programs has become as important – perhaps more important – than the disease itself in shaping the social and moral landscape of risk, posing new challenges to effective HIV prevention.

Heather L. Schaad, Center for African Studies and Gender Relations in International Development, University of Illinois, “*HIV/AIDS Art and Popular Culture in South Africa: Examination of Community Murals, Billboard Campaigns and Graffiti Art.*”

Popular culture has influenced the public art of HIV/AIDS awareness and prevention community programs in South Africa since 1995 when HIV/AIDS became the reconciliatory theme of the post-apartheid nation. The message contained within public art is expressed through images that serve as a form of visual language by which the audience interprets the message of this specific form of communication. The message can be realistic or abstract; however, the goal is to educate the viewer on issues directly or indirectly related to HIV/AIDS and the cultural factors surrounding

the disease. There are three specific forms of popular cultural expression performed by community and public art in HIV/AIDS awareness and prevention in South Africa: community murals, billboard campaigns, and graffiti art.

Communication requires language, whether verbal, visual, or both, and South Africa has its own language to convey the attitudes and subjective evaluations of the dichotomy between likes and dislikes of people, objects, idea and situations, particularly in communications related to the HIV/AIDS epidemic. The process of forming language is a challenge to facilitators, artists and participants as they seek to provide a comprehensible message while also respecting and honoring the moral standards of the audience. In order to ensure that each message utilizes the language and imagery of the area, members of the community are encouraged to participate in the design and creation of the public art and most works are displayed in high-traffic urban centers in cities and townships, at taxi ranks and bus stations, and on any permanent wall support. This paper will examine all the three forms of expression, with a particular focus on the inter-relation and inter-incorporation of specific images and the acceptable meaning within these forms of artistic expression.

Linda Semu, Department of Sociology, McDaniel College, *“Itinerant Male, Marriage, Family and Gender Relations in Matrilineal Southern Malawi: Lessons & Challenges for HIV/AIDS Programming.”*

HIV/AIDS is more than biological, encompassing wider socio-economic and political processes of which gender relations are a critical component. To a large extent, Malawi’s cultural context, especially patriarchy (male dominance, gender-based violence, unequal decision making and perceptions of sexuality that link masculinity with risk taking) have amplified women’s vulnerability to HIV/AIDS infection. Hence, despite 25 years of prevention strategies, HIV/AIDS in Malawi has become too pervasive and too deeply embedded: the first case was diagnosed in 1985 and by 2005 there were 940,000 cases (UNAIDS, 2006). Infection is mostly through heterosexual contact (90%), with women comprising the majority (57%) of HIV positive adults. In response to HIV/AIDS, the Malawi government established the National Aids Commission in 1989, whose strategies have mostly focused on individual awareness and risk reduction. By the mid 1990s Malawi, had registered universal awareness of HIV/AIDS (99% for women and 100% for men) yet related behavior change is yet to be attained. This paper utilizes quantitative analyses and qualitative narratives based on dissertation and on-going research to interrogate the discrepancy between awareness and behavior change. It argues that a disjuncture exists between the technical information on HIV/AIDS and the cultural milieu in which Malawians exist. The meaning of family, marriage and ideas and expressions of sexuality and masculinity have not been incorporated in the formulation of HIV/AIDS prevention strategies, especially for matrilineal Southern Malawi which has the highest incidence of HIV/AIDS in the country. The matrilineal system is characterized by an unstable marriage regime, and strong identification with blood rather than marital relations. This cultural regime is incongruent with traditional strategies of HIV/AIDS prevention that focus on abstinence, monogamy and assumes more or less permanent marital relations. Compounding this cultural milieu are wider socio-economic changes that have undermined the position of women. While the matrilineal system acts as a leveling mechanism that gives a chance to both single and married women to access land, it is men who have external social and economic linkages within the labor economy that are becoming more important in the face of diminishing land size, failures in

state policy, unreliable climatic conditions and food shortages. These factors undermine women's position, making them more dependent on men's resources. It is only recently that the Malawi government has recognized the link between gender, poverty and vulnerability to HIV infection (UNAIDS, 2004).

Rebecca Thornton and Susan Godlonton, Department of Economics, University of Michigan, "Neighbors, Churches, and Spouses: Social Interactions and Learning HIV Results in Rural Malawi."

Social networks can have both a positive and negative influence on health care decisions and the use of clinical services throughout the world. This paper evaluates the impact of social networks on one potentially important decision: to learn HIV results after being tested. Theoretically, it is ambiguous whether the strategic complementarities of others' attendance at HIV results centers are positive or negative. While it is suggested by policy makers that one important barrier to learning HIV results is social stigma, there has been surprisingly little rigorous research quantifying or identifying these claimed negative effects of social networks on seeking HIV results. Measuring the extent to which social networks affect decision making is challenging because in most cases, social group formation is endogenous, complicating causal interpretation of the impacts of the groups themselves. The paper analyzes an experiment in rural Malawi that randomly gave monetary incentives to individuals to learn their HIV results after being tested. In addition, the locations of the HIV results centers were located in random positions throughout the community. These randomizations create exogenous incentives for neighbors and spouses to attend the HIV results centers and allow for the causal analysis of the effects of social networks on learning HIV results. The results in this paper find no evidence of negative effects of social networks on attendance at VCT centers which is suggestive that HIV intervention programs that are targeted at groups rather than individuals may be more effective.

**Women and HIV/AIDS in Africa Symposium
University of Illinois at Urbana-Champaign
September 13-14, 2007**

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