



Bibliography on Community Mobilization and Empowerment

June 2008

Purpose

The purpose of this literature search was to identify published research related to community mobilization and empowerment, HIV/AIDS, and sex workers.

Search history

This bibliography was generated through the systematic search of the online databases PubMed, Global Health Anthology and Sociological Abstracts. The search terms community mobilization, community participation, community empowerment, and social movements were combined with both sex work or prostitution, and HIV or AIDS. Community ownership, community partnership and community organizing were also searched in combination with HIV or AIDS, although fewer relevant articles were found with these searches. Our focus was on resource poor countries; case studies from the U.S. or Europe were not included except where the authors detailed a conceptual model. Articles that simply called for empowerment or community mobilization were not included.

Included here are all the original abstracts for the selected articles in this bibliography, organized into the following categories. We chose the most relevant category for each of article although many fell into more than one category.

- I. Descriptions of interventions
- II. Evaluations of interventions
- III. Theoretical/conceptual models
- IV. Participatory research
- V. Community or social movements
- VI. Miscellaneous

I. DESCRIPTIONS OF INTERVENTIONS

Barbosa, RH., Cavalcanti, C., Cabral, CD., et al., (1998). “Urban women educate their community on HIV / STDs, family planning and reproductive health.” *Sexual Health Exchange*, (3):9-13.

Abstract: To broaden the context of HIV/AIDS prevention interventions in an urban slum in Rio de Janeiro, Brazil, a model program was developed that involved training 12 low-income women to serve as paid community health agents. The 4-month training course covered the health education topics of reproduction, HIV/AIDS, family planning (FP), and reproductive health and was guided by the belief that women's vulnerability to HIV/AIDS is embedded in gender relations and that health education should be bolstered with promotion of individual autonomy among trainees. Trainees also conducted simple research to analyze the needs of their community and assessed and produced the health education materials they would use in the community. The HIV/AIDS intervention model developed by the women takes the form of three community meetings on 1) gender relations, 2) sexuality and HIV/AIDS prevention, and 3) AIDS. Women who attend the meetings are given cards that simplify their acceptance as FP clients at local health centers. The training empowered the 12 women and led to positive improvements in their lives. Because their community is controlled by drug dealers, the women had to overcome restrictions on their interactions with their neighbors. The training gave the women the courage to do this and to be recognized and accepted in their communities. While the paid project is completed, the women have continued offering educational sessions. Currently, the project staff is seeking funding to find ways to replicate this intervention model at a lower cost.

Campbell, C., Mzaidume, Z. (2001). “Grassroots participation, peer education, and HIV prevention by sex workers in South Africa.” *American Journal of Public Health*, 91(12):1978-1986.

Abstract: **OBJECTIVES:** This microqualitative case study of a community-based peer education program led by sex workers at a South African mine examined the role of grassroots participation in sexual health promotion. **METHODS:** The study involved in-depth interviews with 30 members of the target community. The interviews were analyzed in terms of social capital, empowerment, and identity. **RESULTS:** The study yielded a detailed analysis of the way in which community dynamics have shaped the peer education program's development in a deprived, violent community where existing norms and networks are inconsistent with ideal criteria for participatory health promotion. **CONCLUSIONS:** Much remains to be learned about the complexities of translating theoretically and politically vital notions of "community participation" into practice among hard-to-reach groups. The fabric of local community life is shaped by nonlocal structural conditions of poverty and sexual inequality in ways that challenge those seeking to theorize the role of social capital in community development in general and in sexual health promotion in particular.

Campbell, C., Nair, Y., Maimane, S. (2007). "Building contexts that support effective community responses to HIV/AIDS: a South African case study." *American Journal of Community Psychology*, 39(3-4):347-63.

Abstract: In this paper we discuss our conceptualisation of a 'health-enabling social environment', and some of the strategies we are currently using to build social contexts most likely to support effective HIV/AIDS management in southern Africa. In developing these ideas, we draw on our on-going collaboration with residents of Entabeni, a remote rural community in South Africa where 43% of pregnant women are HIV positive. The aim of this collaboration is to facilitate contextual changes that will enable more effective community-led HIV/AIDS management in an isolated area where people have little or no access to formal health or welfare support, and where HIV/AIDS is heavily stigmatised. We give an account of the three phases of collaboration to date. These include research; the dissemination of findings and community consultation about the way forward; preliminary project activities (skills training for volunteer health workers; partnership building and a youth rally) as a way of illustrating what we believe are six key strategies for facilitating the development of 'AIDS-competent' communities: building knowledge and basic skills; creating social spaces for dialogue and critical thinking; promoting a sense of local ownership of the problem and incentives for action; emphasising community strengths and resources; mobilising existing formal and informal local networks; and building partnerships between marginalized communities and more powerful outside actors and agencies, locally, nationally and internationally. We discuss some of the triumphs and trials of this work, concluding with a discussion of the need to set realistic goals when working at the community level in highly conservative patriarchal communities to tackle problems which may be shaped by economic and political processes over which local people have little control.

Cornish, F. (2006). "Challenging the Stigma of Sex Work in India: Material Context and Symbolic Change." *Journal of Community & Applied Social Psychology*, 16(6):462 -471.

Abstract: Stigmatization and discrimination against social groups raise obstacles to the participation of their members in community interventions. Internalized stigma and a lack of empowering experiences promote fatalistic expectations that little can be achieved. This paper discusses how the Sonagachi Project in Kolkata, India, challenges stigma as part of its community development and health promotion efforts with sex workers, drawing on interviews with 19 sex workers involved in the Project and one group discussion among the Project's leaders. The internalized stigma of prostitution is challenged (1) by asserting that sex workers have rights which should be respected, (2) by claiming equivalence to other oppressed but politically successful groups and (3) by providing evidence of sex workers' positive achievements. These arguments are made plausible to sex workers by a material context that provides evidence and experience of the possibility of change. I conclude that interventions designed to problematize stigma and discrimination should back up the conceptual alternatives that they present by producing concrete changes to a community's living conditions.

Foster, G. (1990). "Raising AIDS awareness through community mobilization." *Tropical Doctor*, 20(2):68-70.

Abstract: AIDS support and prevention programs are poorly developed in developing nations. The difficulties of increasing AIDS awareness are compounded by illiteracy and lack of access of large numbers of people to formal education. These facts make community-based AIDS education, counseling and information service an essential alternative. One such system is the Family AIDS Caring Trust (FACT) based in Mutare, Zimbabwe. FACT is a volunteer organization with most of manpower initially coming from Christian religious organizations. Volunteers were trained as AIDS counselors, and over the first 18 months, 120 meetings were organized through FACT with 12,000 people in attendance. Doctors were counselled to refer patients with HIV/AIDS to have a FACT nurse visit and counsel their patients at home. FACT volunteers organize their own meetings after their training and they organize their own financial assistance. FACT produced a training booklet, but literature used by volunteers during their meetings was prepared by the volunteers. Information handed out or mass media campaigns were generally disbelieved by the people in favor of traditional beliefs, but a discussion with another community member trained by FACT was highly effective. The FACT organization is an inexpensive effective alternative providing a community-based AIDS education and awareness program.

Hays, RB., Rebchook, GM., Kegeles, SM. (2003) "The Mpowerment Project: community-building with young gay and bisexual men to prevent HIV1." *American Journal of Community Psychology*, 31(3-4):301-312.

Abstract: The Mpowerment Project is a community-level HIV prevention intervention for young gay and bisexual men ages 18-27. The program seeks to build a strong, supportive young gay and bisexual men's community where young gay and bisexual men nurture and protect each other, particularly with regard to HIV prevention. The program's theoretical framework draws from the areas of diffusion of innovations, community organizing, peer influence, and personal empowerment. The Mpowerment Project promotes a norm for safer sex through a variety of social, outreach and small group activities. The project is run by a "Core Group" of 12-15 young gay and bisexual men who, with volunteers, design and carry out all project activities. Implemented in 4 communities (Eugene, OR; Santa Barbara, CA; Albuquerque, NM; Austin, TX), the Mpowerment Project has proven to be effective in reducing high risk sex. This paper discusses the development and implementation of the program and various challenges encountered.

Hsu, LN. (1999). "Spreading the good work: an integrated approach to community mobilization for HIV / AIDS care and support in South-East Asia." *Sexual Health Exchange*, 3:12-13.

Abstract: The countries of Southeast Asia are experiencing the HIV/AIDS epidemic in varying stages, and they are coping with the increasing number of individuals infected or affected in different ways. The UN has tried to document the best practices so as to inform the public of ways to deal with HIV/AIDS care and support. Simply translating and making the best practice documents available to the public, however, does not automatically translate into dissemination of such practices from nation to nation. The challenge of dissemination is to adapt a model to other contexts and developing capacities to learn from the model. A chosen model for such dissemination is from Mae

Chiang, Thailand, which represents a triaging of community-based HIV/AIDS care and support. The collaboration between the community, the religious sector, and the medical team allows more economic utilization of the limited in-patient resources and increases the ability of the staff to deal with more complicated cases. In addition, partnerships with the education sector and social welfare sector are vital in making the Mae Chiang model work in Southeast Asia. HIV/AIDS is a multisectoral issue and requires a multisectoral solution. Concentrating on a single sector alone (be it health, religion, or education) will deal with the challenge neither adequately nor efficiently.

Jana, S., Basu, I., Rotheram-Borus, MJ., Newman, PA. (2004). "The Sonagachi Project: a sustainable community intervention program." *AIDS Education and Prevention*, 16(5):405-14.

Abstract: High rates of HIV infection among sex workers in India indicate the importance of understanding the process of establishing a sustainable community intervention program. The Sonagachi Project, based in Calcutta, India, has been associated with lower HIV rates among sex workers as compared to other urban centers in India. The program defined HIV as an occupational health problem and included multifaceted, multilevel interventions addressing community (having a high-status advocate; addressing environmental barriers and resources), group (changing social relationships), and individual factors (improving skills and competencies related to HIV prevention and treatment). The Sonagachi Project's core concepts and strategies evolved as community needs were expressed and defined. In particular, the program was not initially conceptualized as a community empowerment project but emerged over time, allowing for project sustainability. Project components appear to be replicable across settings within India and worldwide.

Kish, F., Mtwewe, SP. (1995). "Country watch: Tanzania." *AIDS STD Health Promotion Exchange*, 3:8-9.

Abstract: This article describes the approach of the KIWAKKUKI women's group in helping to change sex behavior among youth and to inform community women's groups in Moshi, Tanzania. The group concluded after four years of experience that people change risky sexual behavior most when participatory methods based on local culture are used in educational programs. KIWAKKUKI established discussion groups for primary and secondary school students in the schools. The approach included use of videos, clothboards, chalkboards, and sometimes role plays. The mothers engaged in discussions with children other than their own, which reduced some embarrassment. Sex education discussion groups were also conducted among church youth and community women's groups. Monthly meetings drew a membership of about 356 persons, of whom 30-50 were trainers and advocates. Some of the topics of conversation were knowledge about physical bodies and personalities, assertiveness and the ability to say "no," laws and regulations relating to marriage, inheritance, sexual harassment, abuse, and AIDS. Other topics focused on the cultural understanding of circumcision, teeth extraction, wife inheritance, and women's income generation. The basic premise of their operation is empowerment of women and the belief that women can make a difference in changing culture. Men, who indicated an interest in forming a group, were redirected to their own group formation.

Kumar, S. (1998). "Model for sexual health found in India's West Bengal." *Lancet*, 351(9095):46.

Abstract: This article briefly identifies and describes a successful sexual health program, which was piloted in West Bengal state in India. The Indian National AIDS Control Organization established a model intervention project for HIV and sexually transmitted diseases (STDs) in Calcutta. The project is funded for 1994-99 by the United Kingdom's Department of International Development. The project includes 8 interventions among brothel-based prostitutes, clients, and vulnerable groups, such as street children and homosexuals. There are 12 sites around Calcutta's "red light" district area of Sonagachi. During October 1996-June 1997, the project reached 150,000 individuals. Almost 650 peer educators were trained. 15,000 people were counseled for STDs. 6000 people were treated for STDs. The program distributed 1.3 million condoms. The project focus shifted from small interventions to empowerment and gender issues, on negotiating skills with clients, and training and capacity building. Success is attributed to the selection of brothel-based prostitutes, rather than free agent prostitutes who operate from hotels, lodges, and residential areas. The project plans to address the needs of sex workers who are free agents. The project has expanded to 4 other states. The future expansion of this project as well as AIDS prevention and control projects in India is uncertain. Currently programs are dependent on health program funding from multilateral and bilateral aid agencies. However, the greater challenge is not funding, but the powerful crime syndicates that run the massive prostitution industry in cities such as Bombay.

Loue S, Lloyd LS, Phoombour E., (1996). "Organizing Asian Pacific Islanders in an urban community to reduce HIV risk: a case study". *AIDS Educ Prev.*, 8(5):381-93.

Abstract: We present a case study of community organization efforts within the Asian Pacific Islander communities of San Diego County to reduce the risk of HIV transmission. We utilized a five-phase process to implement the strategies of locality development, social planning, and social action: community analysis, program design and initiation, program implementation, program maintenance and consolidation, and program reassessment. An evaluation of the process indicates that there were increases over time in the project's activities as well as in the levels of interagency connectedness. This is one of the few reported efforts to organize Asian Pacific Islander groups to address HIV transmission. Key elements that led to the successful organization of the original project into a tax-exempt nonprofit entity (the Asian Pacific Islander Community AIDS Project) were emphasis on community ownership, reliance on group consensus, use of "gatekeepers" to access communities, simultaneous multilevel programming, and service to the community as a "coordinating" entity.

MacPhail, C. (2006). "Youth-Driven HIV Prevention Programmes in South Africa: Social Capital, Empowerment and Conscientisation." *Social Dynamics*, 32(2):170 - 196.

Abstract: The community-level attributes of two youth HIV prevention initiatives in a single community are examined using the concepts of social capital, empowerment and critical consciousness. The school-based peer education programme and youth-initiated public clinic 'add-on' facility for the treatment of adolescent sexually transmitted diseases

had differing experiences in terms of implementation, community acceptance, sustainability and achieving their goals. By examining the role of conscientisation, networks for accessing resources and power, and community acceptability of adolescent HIV prevention, this paper describes the differing experiences of these two programmes. The paper indicates the need for true adolescent agency in challenging the social constructions of adolescent HIV risk at the social and community levels. Adapted from the source document.

Moni-Nag (2005). "Sex workers in Sonagachi - pioneers of a revolution." *Economic-and-Political-Weekly*, 40(49): 5151-5156.

Abstract: HIV/AIDS prevalence among sex workers in the Sonagachi redlight area of Kolkata is significantly lower than that among sex workers in any other Indian city. The unique success of the STD/HIV Intervention Programme (SHIP) in Sonagachi can be attributed mostly to the sex workers' active participation in its structure, decision-making and implementation through their association called Durbar Mahila Samanwaya Committee (DMSC, popularly known as Durbar). The valiant struggle for empowerment against the powerful vested in the sex trade by the poor, socially stigmatised and extremely vulnerable Sonagachi sex workers through a collective of their own can herald the beginning of a silent revolution among sex workers in the Indian as well as global arena.

Mutchler, MG. (1994). "A Cohort of Gay and Bisexual Men in the AIDS Generation Socially Constructs a Community." *Annual meeting of the Society for the Study of Social Problems*.

Abstracts: Reports on a multimethod research project that explored the social, political, & historical significance of the cohort of young men coming out within gay & lesbian communities since the appearance of the acquired immune deficiency syndrome (AIDS) epidemic. Participant observation & 20 open-ended interviews were conducted at the Pride Mission in Santa Barbara, CA, an AIDS education center for young gay & bisexual men ages 18-29. In this peer-run project, a core group of the target population is responsible for realizing safer sex as a norm among their peers. This ethnography has been structured around the following question: Who are the individuals doing this AIDS education work, & why is it important to them? Rather than viewing their work as primarily political or AIDS related, this cohort claims that building a sense of community is the most important factor for their involvement in the Pride Mission. It is argued that the Pride Mission is a socially constructed community that has been shaped by the gay & lesbian movement, the AIDS crisis, & the community empowerment public health model for human immunodeficiency virus prevention. The community is defined as one that constructs, affirms, & produces social values & norms organized around 3 themes: gay pride, safer sex, & community building. Its limitations & boundaries are discussed, & the relationship among sexual identities, communities, & movements is explored.

Nath, MB. (2000). "Women's health and HIV: experience from a sex workers' project in Calcutta." *Gender and Development*, 8(1):100-108.

Abstract: This article narrates an inspiring discovery for development professionals who are searching for ways to empower women to protect themselves, their partners and

families from HIV infection. This was based on the experience of the author as she came across a movement of sex workers who successfully negotiated safe sex in the heart of Calcutta, India. Employing focus group discussions, informal interviews and home visits during 1999, the author discovered that a Sexually Transmitted Disease/HIV Intervention Project has been set up to promote disease control and condom distribution among these sex workers. Operating on three principles for its work--respect, recognition, and reliance, the program aims to create an impact on the sex workers themselves and their peers. Likewise, the need to build alliances with clients, training the police and forming the Durbar Mahila Samanvaya Committee were deemed as necessary. Several lessons were learned during the course of the research: use of stories and history to rally the community; retaining flexibility, meeting changing needs; using drama to promote communication; and negotiating with men and opposing patriarchy.

Nelson, CC., (1993). "AIDS prevention programs in a smaller community." *Canadian Journal of Public Health*, 1993 Jan-Feb;84 Suppl 1:S39-41.

Abstract: This paper discusses the development and implementation of an AIDS prevention program in a non-urban area. A non-urban area provides challenges, issues and barriers not found in a large urban area. Characteristics of smaller centre residents, their attitudes and values will shape their response to HIV/AIDS issues. To facilitate HIV service delivery and program implementation, a variety of strategies to facilitate "ownership" are required to create a supportive, caring environment for families affected or infected by AIDS within small community settings.

Newman, PA. (2003). "Reflections on Sonagachi: An Empowerment-Based HIV-Preventive Intervention for Female Sex Workers in West Bengal, India." *Women's Studies Quarterly*, 31(1&2):168-179.

Abstract: Newman discusses the Sonagachi Project, a 12-year empowerment-based HIV-preventive intervention which contributed to lower rates of HIV infection among female sex workers in India. The cornerstone of the said project is workers' rights, applying the principles of empowerment and the underlying premise of sex work as a valid profession. India is second only to South Africa in the number of persons diagnosed with HIV/AIDS, with an estimated 4 million HIV infected persons.

Pardasani, MP. (2005). "HIV Prevention and Sex Workers: An International Lesson in Empowerment." *International Journal of Social Welfare*, 14(2):116-126.

Abstract: This article examines the impact and influence of advocacy on HIV prevention efforts among sex workers in India. A novel project initiated in Songachi, a red-light district in Calcutta, was instrumental in reducing the rate of new infections among sex workers and increasing the use of condoms to significant levels. The Songachi Project utilised methods and techniques that empowered this stigmatised, exploited and disenfranchised segment of the population. The impact of this World Bank aided project was far-reaching; a key benefit is that it can be duplicated in developing countries around the world. Social workers involved in harm reduction initiatives and HIV/AIDS prevention efforts with at-risk groups like sex workers can develop their own prevention programmes utilising this model as presented here.

Poindexter, CC., Lane, TS., Boyer, NC. (2002). “Teaching and learning by example: empowerment principles applied to development, delivery, and evaluation of community-based training for HIV service providers and supervisors.” *AIDS Education and Prevention*, 14(5):391-400.

Abstract: This article describes and recommends a participatory method of developing, implementing, and evaluating a learner-driven community-based continuing education effort for HIV workers and supervisors. The Boston University School of Social Work (BUSSW) created and delivered a training program in partnership with the Massachusetts Department of Public Health HIV/AIDS Bureau (the Bureau). Because teaching empowerment-based practice was an overarching goal, every step of the process modeled collaboration and self-determination. The program was unusual in several ways: the workshops focused on basic helping skills rather than the medical aspects of HIV; community stakeholders shaped the workshops in consultation with staff from the Bureau and BUSSW; a formative evaluation led to adaptations of the curriculum in the first few months of the project; objectives were set in part by learners, who evaluated themselves on goal attainment; and follow-up interviews explored the effects of the workshops on practice. Most supervisors and direct care workers reported that the workshops were highly relevant to their work and that they were able to incorporate their learning into practice, suggesting that the empowerment approach has utility. The report includes the genesis and necessity of the project; the principles underpinning it; the use of empowerment at each stage; and implications for administrators, service providers, and educators in the HIV field. We propose that resources dedicated to collaborative or participatory curriculum development, implementation, and evaluation are well spent.

Ramos, R., Hernandez, A., Ferreira-Pinto, JB., Oritz, M., Somerville, GG. (2006). “Promovisión: Designing a Capacity-Building Program to Strengthen and Expand the Role of Promotores in HIV Prevention.” *Health Promotion and Practice*, 7(4):444-449.

Abstract: This article describes the development of Promovisión, a program based on the utilization of promotores in community-based organizations (CBOs) to improve the provision of HIV prevention services to recent immigrants and Latinos who are less acculturated. Promovisión aims to demonstrate the contribution of promotores as a cost-effective strategy in HIV prevention efforts, and how promotores facilitate the formation of community, regional, and national CBO networks working collaboratively to prevent the spread of HIV in Latino communities. In addition, this article examines the interpersonal, organizational, community, and sociocultural dimensions that facilitate or hinder community mobilization, and coalition formation and growth, and how these findings shaped the final design of the program. Finally, the Promovisión program seeks to demonstrate that a promotor-based program is a culturally appropriate model for HIV prevention and care, which can be successfully implemented in community and clinical settings among ethnic populations with limited English proficiency.

Sainju MM (1997). “Effective family planning service delivery: testing of a new approach.” *Nepal Population and Development Journal* Jul:48-51.

Abstract: This article discusses the problem of unmet need for family planning (FP) and a project operated by the Institution for Integrated Development Studies (IIDS) for

developing self-reliance among women in Nepal. A new approach for increasing the effectiveness of FP integrates FP with income generation programs. The IIDS has operated such a program in Nepal, over the past 10 years. IIDS staff are catalysts for attitude change. Staff help to institutionalize the process by increasing self-confidence and empowerment. The IIDS project was implemented in 3 districts: Lamjung district in the hills, and Kapilvastu and Nawalparasi in the terai. The program extended to all the wards of the 31 Village Development Committees in the 3 districts. The aim was to meet the needs of 10,500 new clients. 184 income generation groups (IGGs) were formed. This "Participatory FP Service Delivery Program" aims to create community awareness of FP, maternal and child health, and prevention of AIDS and sexually transmitted diseases. Three activities were implemented: staff were intensively trained; community education, involving literacy and post literacy training, house to house motivation, and community group meetings; and appropriate linkages with the existing government health institutions were made in the process of mobilization of community user groups, door to door distribution, and cooperation with government health posts. This demonstration project may be replicated.

Schlaff, AL. (1991). "Boston's Codman Square Community Partnership for Health Promotion." *Public Health Report*, 106(2):186-191.

Abstract: The Codman Square Community Partnership for Health Promotion is a program designed to promote changes in individual behavior and community relationships to reduce the morbidity and mortality associated with the many problems affecting poor, minority communities in the United States. Problems of particular concern to be addressed by the program include violence, injuries, substance abuse, acquired immunodeficiency syndrome (AIDS), infant mortality, child abuse and neglect, and cardiovascular disease. The failure of traditional health promotion approaches to poor communities has created a literature supporting community-based action directed at broad social forces. The Codman Square Community Partnership for Health Promotion uses a variety of models—community participation, community organization, empowerment education, and community-oriented primary care—to encourage new coalitions that can ameliorate the social isolation and health-averse social norms linked to poverty and poor health. The program uses local residents trained as lay health workers to deliver home-based health services and to help create the necessary partnerships, linkages, and communication networks to foster the reorganization of the community to better address its health problems.

Tanasugarn C., P. Wienrawee (1994). "Community mobilization for AIDS prevention in Bangkok." *Aids captions*, 1(2):10-5.

Abstract: Bangkok is a city of eight million people with an increasing rate of HIV seroprevalence, a formidable challenge to AIDS prevention program planners. It is hard to know where and how to reach people with relevant prevention messages, while ensuring that the messages will apply to all populations at risk. Community mobilization, however, allows one to define and work with large urban populations through social networks. The AIDS Control and Prevention (AIDSCAP) Project contracted with the faculty of public health of Mahidol University to work with the Bangkok Metropolitan Administration to apply community mobilization methods to AIDS prevention. This pilot

project is part of AIDSCAP's larger Comprehensive Bangkok Program, whose goal is to check the sexual spread of HIV among the 1.5 million people aged 15-29 years in Bangkok. Sections on social networks and community mobilization, conducting a community network diagnosis, converting the information into action, strengthening networks, and lessons learned are presented. There have been encouraging results, but the assessment of the impact of the community mobilization project in bringing together social networks, local AIDS committees, and technical agencies must await the larger evaluation of the AIDSCAP Thailand program.

Williams, B., Campbell, C. (1999). "Community mobilization as an HIV prevention strategy: challenges and obstacles (South Africa)." *Sexual Health Exchange*, 2:4-6.

Abstract: This paper explores on the challenges and obstacles confronting the Mthuisimpilo Project, a program designed to develop ways of responding to HIV/AIDS in a gold mining community in South Africa. The project utilized participatory approaches to promote active involvement of local groups and the community in designing and implementing the program. It employs 3 full-time workers who were recruited locally. The 2 major components of the program include improved prevention of sexually transmitted diseases and community-based condom distribution and peer education, whose particular targets involve migrant mine workers, commercial sex workers and the young people. It seeks to maximize community involvement through stakeholder management of the program and through grassroots involvement in program implementation. Despite the number of successes in mobilizing the different components of the community, enormous obstacles, and challenges still remains. Some of these obstacles include poverty, women's lack of background of a male-dominated culture, and their sense of fatalism, which reduces their motivation to protect their sexual health.

Ziff, MA., Harper, GW., Chutuape, KS., Deeds, BG., Futterman, D., Francisco, VT., Muenz, LR., Ellen, JM. (2006). "Laying the Foundation for Connect to Protect: A Multi-Site Community Mobilization Intervention to Reduce HIV/AIDS Incidence and Prevalence among Urban Youth." *Journal of Urban Health: Bulletin of the New York Academy of Medicine*, 83(3):506-522.

Abstract: Despite the considerable resources that have been dedicated to HIV prevention interventions and services over the past decade, HIV incidence among young people in the United States remains alarmingly high. One reason is that the majority of prevention efforts continue to focus solely on modifying individual behavior, even though public health research strongly suggests that changes to a community's structural elements, such as their programs, practices, and laws or policies, may result in more effective and sustainable outcomes. Connect to Protect is a multi-city community mobilization intervention that focuses on altering or creating community structural elements in ways that will ultimately reduce youth HIV incidence and prevalence. The project, which spans 6 years, is sponsored by the Adolescent Medicine Trials Network for HIV/AIDS Interventions at multiple urban clinical research sites. This paper provides an overview of the study's three phases and describes key factors in setting a firm foundation for the initiation and execution of this type of undertaking. Connect to Protect's community mobilization approach to achieving structural change represents a relatively new and broad direction in HIV

prevention research. To optimize opportunities for its success, time and resources must be initially placed into laying the groundwork. This includes activities such as building a strong overarching study infrastructure to ensure protocol tasks can be met across sites; tapping into local site and community expertise and knowledge; forming collaborative relationships between sites and community organizations and members; and fostering community input on and support for changes at a structural level. Failing to take steps such as these may lead to insurmountable implementation problems for an intervention of this kind.

II. EVALUATION OF INTERVENTIONS

Ashburn, K., Kerrigan, D., Sweat, M. (2007). “Micro-credit, Women's Groups, Control of Own Money: HIV-Related Negotiation Among Partnered Dominican Women.” *AIDS Behavior*, (June 30):1-8.

Abstract: A sample of 356 members of women's groups, aged 18-49, in the Dominican Republic were interviewed by trained female interviewers. Data among 273 partnered women were analyzed. The dependent variable, a measure of HIV-related negotiation, was examined for associations with control of own money, level of women's group participation, and ever having received a loan through a micro-credit program. Findings suggest control of own money to be significantly associated with HIV-related negotiation. Ever having received a loan and level of women's group participation, however, were not significantly associated with HIV-related negotiation. Empowerment measured as control of own money may influence HIV protective behavior among partnered women in this setting.

Asthana S, Oostvogels, R. (1996). “Community participation in HIV prevention: problems and prospects for community-based strategies among female sex workers in Madras.” *Social Science Medicine*, 43(2):133-148.

Abstract: The concept of strengthening community action within the context of HIV prevention is gaining popularity among health circles, with organizations such as gay volunteer groups in the U.S. providing positive evidence of the potential role of community participation in HIV/AIDS prevention and care efforts. Care must be taken, however, in assuming that participation can easily be achieved among all high-risk groups. This paper examines problems and prospects for participation in HIV prevention strategies among commercial sex workers (CSWs) in Madras. Based upon the experiences of a pilot project established by the Tamil Nadu State Government AIDS Cell and WHO, it finds that the organization of the commercial sex trade in Madras is not highly conducive to collective action. Identifying factors that have frustrated attempts to promote community-based strategies in the city, the paper suggests that this approach is unlikely to succeed unless there are significant changes to the institutional arrangements that keep sex workers in a position of subordination and exploitation.

Benzaken, AS., Galbán Garcia, E., Sardinha, JC., et al., (2007). “Community-based intervention to control STD/AIDS in the Amazon region, Brazil.” *Revista de Saude Publica*, 41 Suppl 2:118-26.

Abstract: To describe a case study of community-based intervention, developed in a constructionist-empiricist framework to control STD/AIDS. **METHODS:** Descriptive study developed in the town of Manacapuru, in the state of Amazonas, from 1997 to 2004, focusing on procedures designed in collaboration with government agents, health professionals and the community. Data on the dynamics of prostitution and condom sales in this town, preventive practices and STD/AIDS care and process assessment were collected. Actions targeting STD prevention and care in the public healthcare system, a testing center, an epidemiological surveillance system and sex workers' qualification were established concomitantly. **RESULTS:** It was observed the strengthening of sex workers as peer educators and their legitimization as citizens and health agents in projects involving transvestites, homosexuals and students. There was an increase in condom sales in town, as well as in condom use among sex workers; reduction in bacterial STD; and stabilization of the incidence of HIV/AIDS infections and congenital syphilis. The sustainability of the intervention program studied, organized within the sphere of action of the Sistema Unico de Saúde (National Health System), was promoted by a political pact, which guaranteed headquarters and municipal law-regulated budget, as well as by the constant debate over the process and program results. **CONCLUSIONS:** The study strengthened the notion that effective control of STD/AIDS depends on a synergic approach that combines interventions on individual (biological-behavioral), sociocultural and programmatic levels.

Busza, J., Baker, S. (2004). "Protection and participation: an interactive programme introducing the female condom to migrant sex workers in Cambodia." *AIDS Care*, 16(4):507–518.

Abstract: The female condom has received much attention for its potential to empower users in negotiating safer sex. Studies demonstrate that the process used to introduce the method can influence subsequent use rates, resulting in calls for comprehensive documentation of introduction activities. This paper details an intervention study introducing the female condom to Vietnamese sex workers in Cambodia. Part of a wider community mobilization approach to reducing HIV/AIDS transmission, the intervention emphasized informed debate, group skills building and collective support. Research methods included both quantitative and qualitative data collection to evaluate the introduction's effect on sex workers' negotiation skills and social support networks. The findings show that approximately 16% of sex workers tried the female condom. Ever-use was significantly associated with participation in intervention workshops, and with indicators of both individual and community empowerment. Sex workers who incorporated the female condom into their work were also more likely to feel a sense of community identity. Introduced through an appropriate process, the female condom can serve as an 'entry point' to building community capacity. It can support sex workers in achieving protected sex and developing cooperative relationships, even in severely restrictive settings.

Kerrigan, D., Telles, P., Torres, H., Overs, C., Castle, C. (2008). "Community development and HIV/STI-related vulnerability among female sex workers in Rio - de Janeiro, Brazil." *Health Education Research*, 16(1):137-145.

Abstract: The Sonagachi Project of Kolkata, India has been recognized as a model community development and human immunodeficiency virus/sexually transmitted infection (HIV/STI) prevention intervention among female sex workers. Limited research has been conducted regarding its applicability outside the South Asian context. This study sought to document the process and effectiveness of integrating community development activities based on the Sonagachi model into an ongoing HIV/STI peer education program with female sex workers in Rio de Janeiro, Brazil. Structured cross-sectional surveys examining HIV/STI-related behaviors and community development measures were conducted among ~500 sex workers at pre- and post-intervention. We found that several community development components including social cohesion and mutual aid were significantly associated with consistent condom use among sex workers and their paying clients at pre-intervention. However, only a minority of women actively engaged in community-building activities over the 18-month study period. In turn, limited changes in community development components and no significant increases in the HIV/STI-related protective behaviors assessed were documented. Findings indicate that internalized stigma and socioeconomic pressures may have constrained the scope and pace of community mobilization in this setting during the study observation period.

Kim, JC., Watts, CH., Hargreaves, JR., et al., (2007). “Understanding the impact of a microfinance-based intervention on women's empowerment and the reduction of intimate partner violence in South Africa.” *American Journal of Public Health*, 97 (10): 1794-1802.

Abstract: OBJECTIVES: We sought to obtain evidence about the scope of women's empowerment and the mechanisms underlying the significant reduction in intimate partner violence documented by the Intervention With Microfinance for AIDS and Gender Equity (IMAGE) cluster-randomized trial in rural South Africa. METHODS: The IMAGE intervention combined a microfinance program with participatory training on understanding HIV infection, gender norms, domestic violence, and sexuality. Outcome measures included past year's experience of intimate partner violence and 9 indicators of women's empowerment. Qualitative data about changes occurring within intimate relationships, loan groups, and the community were also collected. RESULTS: After 2 years, the risk of past-year physical or sexual violence by an intimate partner was reduced by more than half (adjusted risk ratio=0.45; 95% confidence interval=0.23, 0.91). Improvements in all 9 indicators of empowerment were observed. Reductions in violence resulted from a range of responses enabling women to challenge the acceptability of violence, expect and receive better treatment from partners, leave abusive relationships, and raise public awareness about intimate partner violence. CONCLUSIONS: Our findings, both qualitative and quantitative, indicate that economic and social empowerment of women can contribute to reductions in intimate partner violence.

Latkin, CA. (1998). “Outreach in natural settings: the use of peer leaders for HIV prevention among injecting drug users' networks.” *Public Health Report*, 113 (Supl 1):151-159.

Abstract: OBJECTIVE: Guided by a social influence and empowerment framework, peer leaders in the injecting drug user (IDU) community were trained to promote human immunodeficiency virus (HIV) prevention among their contacts within and beyond their

sex and drug networks. **METHODS:** From 1994 to 1995 in Baltimore, Maryland, 36 peer leaders who participated in the 10-session training program were administered pretest and posttest surveys. Evaluation included leaders' self-reported HIV-related behaviors and outreach activities. Survey data also were collected from 78 of the leaders' risk network members. **RESULTS:** Peer leaders reported a significant increase in condom use and in cleaning used needles with bleach. The leaders' risk network members, compared with controls, were significantly more likely to report greater needle hygiene. In an assessment of diffusion of information, the majority of risk network members who were current injectors reported receiving needle-cleaning materials from the leaders, and the majority of risk network members were able to correctly identify the HIV prevention slogans that had been taught to the leaders. The leaders documented 2165 HIV prevention interactions, of which 84% were with active drug users. **CONCLUSIONS:** The results from this study suggest that, in the IDU community, training peer leaders as HIV educators may promote HIV prevention among the leaders' risk network members and others at risk of acquiring and transmitting HIV. This training also may provide the leaders with effective prosocial roles.

Sweat M, Kerrigan, D., Moreno, L., et al. (2006). "Cost-effectiveness of environmental-structural communication interventions for HIV prevention in the female sex industry in the Dominican Republic." *Journal of Health Communication* 11 (Supplement 2):123-42.

Abstract: Behavior change communication often focuses on individual-level variables such as knowledge, perceived risk, self-efficacy, and behavior. A growing body of evidence suggests, however, that structural interventions to change the policy environment and environmental interventions designed to modify the physical and social environment further bolster impact. Little is known about the cost-effectiveness of such comprehensive intervention programs. In this study we use standard cost analysis methods to examine the incremental cost-effectiveness of two such interventions conducted in the Dominican Republic in sex establishments. In Santo Domingo the intervention was environmental; in Puerto Plata it was both environmental and structural (levying financial sanctions on sex establishment owners who failed to follow the intervention). The interventions in both sites included elements found in more conventional behavior change communication (BCC) programs (e.g., community mobilization, peer education, educational materials, promotional stickers). One key aim was to examine whether the addition of policy regulation was cost-effective.

Data for the analysis were gleaned from structured behavioral questionnaires administered to female sex workers and their male regular paying partners in 41 sex establishments conducted pre- and postintervention (1 year follow-up); data from HIV sentinel surveillance, STI screening results conducted for the intervention; and detailed cost data we collected. We estimated the number of HIV infections averted from each of the two intervention models and converted these estimates to the number of disability life years saved as compared with no intervention. One-way, two-way, three-way, and multivariate sensitivity analysis were conducted on model parameters. We examine a discount rate of 0%, 3% (base case), and 6% for future costs and benefits.

The intervention conducted in Santo Domingo (community mobilization, promotional media, and interpersonal communication) was estimated to avert 64 HIV infections per 10,000 clients reached, and resulted in a cost per disability-adjusted life year (DALY) saved of \$1,186. In Puerto Plata a policy/regulatory intervention was added, which resulted in 162 HIV infections averted per 10,000 clients reached, and yielded a cost per DALY saved of \$457. Cost-effectiveness estimates were most correlated to the discount rate used and base rates of sexually transmitted infection (which affects the HIV transmission rate). Both intervention models resulted in cost-effective outcomes; however, the intervention that included policy regulation resulted in a substantially more cost-effective outcome.

Wendell, DA., Cohen, D., LeSage, D., Farley, TA. (2003). "Street outreach for HIV prevention: effectiveness of a state-wide programme." *International Journal of STD & AIDS*, 14:334–340.

Abstract: Street outreach is considered a key HIV prevention strategy in the United States. To determine whether street outreach to prevent HIV infection as practised by state-funded community-based organizations (CBOs) is effective in promoting condom use, we conducted an evaluation using a quasi-experimental design. Twenty-one CBOs involved in street outreach conducted cross-sectional surveys assessing risk behaviour and exposure to outreach activities in 66 intervention and 13 comparison areas in Louisiana over a 2-year period. Surveys were collected from 4950 persons at intervention sites and 1597 persons at comparison sites. After controlling for demographic characteristics and sexual risk factors, persons in intervention sites were more likely to use condoms than persons in comparison sites [odds ratio 1.37 (95% confidence interval 1.20, 1.56; P<0.001)]. Contact with an outreach worker mediated condom use. The mechanism of effect may be related to direct contact with an outreach worker and condom distribution rather than to broader community mobilization.

Zimmerman, MA., Ramirez-Valles, J., Suarez, E., de la Rosa, G., Castro, MA. (1997). "An HIV/AIDS prevention project for Mexican homosexual men: an empowerment approach." *Health Education Behavior*, 24(2):177-190.

Abstract: In this intervention, participants design and implement an HIV/AIDS prevention project for Mexican homosexual men. The intervention is consistent with, and contributes to, empowerment theory because it enhances collective action, provides opportunities to develop knowledge and skills, creates needed resources, and includes shared control with professional and among participants. The intervention described provides an illustration of an empowering process and distinguishes itself from empowerment outcomes. An evaluation of the project is also described, but the outcomes were HIV/AIDS-related behaviors rather than psychological empowerment of the participants. The results suggest that the participants' HIV/AIDS knowledge and preventive behavior improved when compared to individuals who did not participate in the intervention. In addition, the intervention generated community change initiated by participants. Implications for designing interventions using an empowerment approach are discussed.

III. THEORETICAL/CONCEPTUAL MODELS

Airhihenbuwa, CO., Webster, JD. (2004). "Culture and African contexts of HIV/AIDS prevention, care and support." *SAHARA Journal*, 1(1):4-13.

Abstract: Culture plays a vital role in determining the level of health of the individual, the family and the community. This is particularly relevant in the context of Africa, where the values of extended family and community significantly influence the behaviour of the individual. The behaviour of the individual in relation to family and community is one major cultural factor that has implications for sexual behaviour and HIV/AIDS prevention and control efforts. As the impact of HIV/AIDS in Africa remains unabated, a culture-centered approach to prevention, care and support is increasingly recognised as a critical strategy. In this article PEN-3, a model developed to centralise culture in health promotion interventions, is presented as a framework to be used in HIV/AIDS prevention, care and support in Africa. The three domains of the PEN-3 model incorporate specific constructs: relationships and expectations, cultural empowerment, and cultural identity. The cultural empowerment and relationships and expectations domains are 'assessment/appraisal' domains used for cultural assessment. Community identity is the 'application/transformation' domain that helps the public health practitioner assist the community to identify the point of entry of the intervention. In this paper the authors describe PEN-3 and then present examples of how the assessment/appraisal domains can be utilised to frame HIV/AIDS-related concerns in the context of Africa.

Bagasao, TM. (1997). "More celebration of life." *Integration Winter*, (54):22-6.

Abstract: The Program Development Officer of the Joint UN Program on HIV/AIDS opened her address to the 4th International Congress on AIDS in Asia and the Pacific by recounting how her early involvement in AIDS interventions quickly shifted from "working for" to "working with and learning from" diverse communities. She continued by noting that the most effective responses to the epidemic are rooted in the promotion of human rights and by recounting the 12 guidelines issued by the 2nd International Consultation on HIV/AIDS and Human Rights to help member states design appropriate programs and policies. Next, she cautioned against reducing prevention efforts simply because of a growing perception that treatment advances may obviate the need for prevention. Instead, prevention efforts should focus on the socioeconomic and cultural factors that marginalize individuals and foster high-risk behavior. A look at successful responses highlighted: 1) projects in India that empower sex workers, 2) successful programs created by the homosexual community in Australia, 3) efforts to reduce the danger posed to IV drug users, 4) community-based programs to reduce drug abuse, and 5) projects to reduce discrimination and increase care for affected individuals. Finally, she called for increased networking and creation of partnerships to maximize the effectiveness of prevention and care efforts, as well as emphasizing the importance of working with affected individuals; recognizing the relationship between empowerment, care, support, and prevention; developing political will to affect change; and respecting human rights.

Beeker, C., Guenther-Grey, C., Raj, A. (1998). "Community empowerment paradigm drift and the primary prevention of HIV/AIDS." *Social Science and Medicine*, 46(7):831-842.

Abstract: Long discussed in the public health arena, the concept of empowerment has only recently entered the discourse on the primary prevention of HIV/AIDS in the United States. Despite its broad appeal, empowerment has not been systematically incorporated into theory-based interventions, which may reflect a lack of consensus on the meaning of empowerment, how to measure it, and the intervention strategies it implies. The purpose of this paper is to consider the relevance of empowerment to community interventions for persons at risk for HIV, particularly women. The origins of empowerment are reviewed; community empowerment as an intervention framework is described and its core assumptions defined. There is some evidence of the growing influence of empowerment and related concepts in recent HIV-related policy, research, and programs funded through the Centers for Disease Control and Prevention. However, adoption of an empowerment framework for HIV prevention will require further theory and measurement development, as well as changes in how public health researchers and practitioners work with the communities they serve.

Bloor, MJ., McKeganey, MP., Finlay, A., Barnard, MA. (1992). “The inappropriateness of psycho-social models of risk behaviour for understanding HIV-related risk practices among Glasgow male prostitutes.” *AIDS Care*, 4(2):131-137.

Abstract: Much the most common models of HIV-related risk behaviour are those psychosocial models derived from studies of health behaviour and tested on large interview samples of American gay men. These models were not appropriate for understanding risk behaviour among 32 Glasgow male prostitutes. Whereas psycho-social models conceive of risk behaviour as volitional and individualistic, ethnographic data indicate that the male prostitutes' risk practices were constrained and emergent from the immediate circumstances of the sexual encounter. Unsafe sex was associated with client control. Safer sex was associated with countervailing prostitute strategies of influence. These data confirm the utility of self-empowerment approaches to health education.

Cabral, RJ., Cotton, D., Semaan, S., Gielen, AC. (2004). “Application of the transtheoretical model for HIV prevention in a facility-based and a community-level behavioral intervention research study.” *Health Promotion and Practice*, 5(2):199-207.

Abstract: This article describes the application of the transtheoretical model of behavior change to prevention programs for women at risk for or infected with HIV. The focus of these multisite demonstration projects was to increase condom and contraceptive use. The model was operationalized for use in the following two different intervention approaches: facility-based interventions (individual counseling for women in clinics, shelters, and drug treatment centers) and community-level interventions (including production of small media materials, street outreach, and community mobilization). The authors found that interventions derived from a complex theory can be disseminated to frontline providers who have little prior HIV education experience or academic training. They suggest that the transtheoretical model has value for the design and implementation of HIV prevention programs.

Cadell S., Karabanow J., Sanchez, M. (2001). "Community, empowerment, and resilience: paths to wellness." *Canadian Journal of Community Mental Health*, 20(1):21-35.

Abstract: In this paper, we explore 3 diverse populations: street kids, political prisoners, and caregivers of people with HIV/AIDS. From these explorations, we consider the concepts of empowerment, resilience, and community-building. By interweaving these 3 key concepts, we develop a cyclical wellness model which can be applied equally to individuals and communities. This model highlights the strengths of individuals and communities and will, we believe, provide a critical element of hope to societies within our increasingly global economy.

Campbell, C., MacPhail, C. (2002). "Peer education, gender and the development of critical consciousness: participatory HIV prevention by South African youth." *Social Science and Medicine*, 55(2):331-345.

Abstract: Despite the growing popularity of participatory peer education as an HIV-prevention strategy worldwide, our understandings of the processes underlying its impact on sexual norms are still in their infancy. Starting from the assumption that gender inequalities play a key role in driving the epidemic amongst young people, we outline a framework for conceptualizing the processes underlying successful peer education. We draw on the inter-locking concepts of social identity, empowerment (with particular emphasis on Freire's account of critical consciousness) and social capital. Thereafter we provide a critical case study of a school-based peer education programme in a South African township school, drawing on a longitudinal case study of the programme, and interviews and focus groups with young people in the township. Our research highlights a number of features of the programme itself, as well as the broader context within which it was implemented, which are likely to undermine the development of the critical thinking and empowerment which we argue are key preconditions for programme success. In relation to the programme itself, these include peer educators' preference for didactic methods and biomedical frameworks, unequal gender dynamics amongst the peer educators, the highly regulated and teacher-driven nature of the school environment and negative learner attitudes to the programme. In relation to the broader context of the programme, we point to factors such as limited opportunities for communication about sex outside of the peer educational setting, poor adult role models of sexual relationships, poverty and unemployment, low levels of social capital and poor community facilities. We discuss the implications of our findings for the design of peer educational activities, and point to a number of broader social and community development initiatives that would maximize the likelihood of programme success.

Campbell, C. (1991). "Prostitution, AIDS, and Preventive Health Behavior." *Social Science and Medicine*, 32(12):1367-1378.

Abstract: Although considerable attention has been placed on the role of prostitutes in the AIDS epidemic, little attention has been directed to features of prostitutes' work lives which are relevant to the control of AIDS. This article reviews several aspects of prostitution in the United States which have implications for control of the epidemic. The article first reviews the epidemiology of human immunodeficiency virus (HIV) infection

among prostitutes. The legalized system of prostitution in Nevada serves as a basis for comparison to illegal prostitution. This article examines the effectiveness of mandatory testing of prostitutes for monitoring and controlling the epidemic. And finally, a peer education approach as a means to control HIV infection among prostitutes is explored.

Campbell, C., Foulis, CA., Maimane, S., Sibiya, Z. (2005). "The impact of social environments on the effectiveness of youth HIV prevention: a South African case study." *AIDS Care*, 17(4):471-478.

Abstract: Few would disagree that 'social context' shapes the effectiveness of HIV-prevention programmes. However much work remains to be done in developing systematic conceptualisations of HIV/AIDS-relevant aspects of social environments in vulnerable communities. This paper contributes to this challenge through a case study (44 interviews, 11 focus groups with 55 people and fieldworker diaries) of the impact of social context on a participatory peer education programme involving young people in a peri-urban community in South Africa. Three interacting dimensions of context undermine the likelihood of effective HIV-prevention. Symbolic context includes stigma, the pathologisation of youth sexuality (especially that of girls) and negative images of young people. Organisational/network context includes patchy networking amongst NGOs, health, welfare and education representatives and local community leaders and groups. This is exacerbated by different understandings of the causes of HIV/AIDS and how to manage it. These challenges are exacerbated in a material-political context of poverty, unemployment and crime, coupled with the exclusion of young people from local and national decision-making and politics. HIV-prevention initiatives seeking to promote health-supporting social environments should work closely with social development programmes to promote young peoples' social and political participation, increase opportunities for their economic empowerment, challenge negative social representations of youth, and fight for greater recognition of their sexuality and their right to protect their sexual health.

Coates, T.J. (1994). "Communities and AIDS prevention: what works." *Aidscriptions*, 1(2):2-4.

Abstract: The HIV/AIDS pandemic demands that public health workers aggressively interact with communities, especially those which are hard to reach, to disseminate appropriate and effective prevention messages. Reaching entire communities with consistent messages is particularly important because experience shows that individual behavioral change cannot be sustained unless it is supported by a social environment which encourages healthful behaviors. Four approaches to community-level change have been found to be effective: outreach, community mobilization, diffusion of innovation, and social marketing. Each approach is discussed in turn. They all use community members as educators, outreach workers, leaders, and distributors of condoms. They differ, however, in the manner which their respective peer leaders function and what they do. Many programs may combine elements of more than one approach to community-level change.

Cornish, F., Ghosh, R. (2007). “The necessary contradictions of ‘community-led’ health promotion: A case study of HIV prevention in an Indian red light district.” *Social Science & Medicine*, 64(2): 496-507.

Abstract: Health promotion interventions with marginalised groups are increasingly expected to demonstrate genuine community participation in their design and delivery. However, ideals of egalitarian democratic participation are far removed from the starting point of the hierarchical and exploitative social relations that typically characterise marginalised communities. What scope is there for health promotion projects to implement ideals of community leadership within the realities of marginalisation and inequality? We examine how the Sonagachi Project, a successful sex-worker-led HIV prevention project in India, has engaged with the unequal social relations in which it is embedded. Our ethnographic study is based on observation of the Project's participatory activities and 39 interviews with a range of its stakeholders (including sex worker employees of the Project, non-sex-worker development professionals, brothel managers, sex workers' clients). The analysis shows that the project is deeply shaped by its relationships with non-sex-worker interest groups. In order to be permitted access to the red light district, it has had to accommodate the interests of local men's clubs and brothel managers. The economic and organisational capacity to run such a project has depended upon the direct input of development professionals and funding agencies. Thus, the 'community' that leads this project is much wider than a local grouping of marginalised sex workers. We argue that, given existing power relations, the engagement with other interest groups was necessary to the project's success. Moreover, as the project has developed, sex workers' interests and leadership have gained increasing prominence. We suggest that existing optimistic expectations of participation inhibit acknowledgement of the troubling work of balancing power relations. Rather than denying such power relations, projects should be expected to plan for them.

Cornish, F. (2006). “Empowerment to Participate: A Case Study of Participation by Indian Sex Workers in HIV Prevention.” *Journal of Community & Applied Social Psychology*, 16(4): 301-315.

Abstract: The popularity of 'participation' & 'empowerment' in international development discourse is not matched by sophisticated conceptualisation of these terms. Critics have argued that their vagueness allows 'participation' & 'empowerment' to be used indiscriminately to describe interventions which vary from tokenism to genuine devolving of power to the community. This paper suggests that conceptualising empowerment & participation simply in terms of a scale of 'more or less' participation or 'more or less' empowerment does not capture the qualitatively different forms of empowerment that are necessary for different activities. Instead, the paper conceptualises participation in terms of concrete domains of action in which people may be empowered to take part. An ethnographic case study of a participatory HIV prevention project run by sex workers in Kolkata illustrates the argument. Four domains of activity in which sex workers may participate are distinguished: (1) participating in accessing project services; (2) participating in providing project services; (3) participating in shaping project workers' activity; (4) participating in defining project goals. To be empowered to participate in each domain depends upon a different set of resources. Asking the question

'empowerment to do what?' of health promotion projects is proposed as a way of facilitating appropriate project design.

Cornish, F. (2004). "Making 'Context' concrete: a dialogical approach to the society-health relation." *Journal of Health Psychology*, 9(2):281-294.

Abstract: To understand the role of context in constituting health is recognized as a key challenge facing contemporary health psychology. However, few models or theories are available which pinpoint the processes linking individual health with community or societal contexts. This article draws on dialogical and sociocultural psychological theory, to make context concrete by proposing the concepts of 'mediating moments' and 'reflected mediating moments'. These concepts are further developed through their application to the empirical case of the constitution of condom use in sex-worker-client interactions in Calcutta. Interviews and group discussions with sex workers and other 'red light area' residents are interpreted to examine at what moments the societal phenomena of poverty and gender relations come to mediate condom use behaviour.

Dhillon, HS. (1992). "Social action for health: emerging perspectives for health education." *Hygie*, 11(Supl 2):50-52.

Abstract: Most of the world's major health problems and premature deaths are preventable. Health technology and scientific knowledge exists to combat health problems at an affordable cost. And, health education is recognized as a viable public health intervention and a vitally important means of addressing health challenges.

Recently health education has played an important role in educating homosexual men and the general community about HIV infection, in influencing in favor of smoke-free environments, in increasing immunization, and in increasing community awareness about a safe water supply. Health education must not only increase knowledge and encourage behavior change toward a healthy life style, but also create social, political, and economic conditions that augment and support healthy living. For instance, hospitals need to make it easier for mothers to breast feed their infants and to provide easier access to health services. Social marketing techniques have been successful in the promotion of ideas and products for health, but people's initiatives, political commitment, supportive policies, a healthy environment, and healthy life styles contribute to health development. In order to facilitate social action, efforts must focus on 1) promoting health literacy at the community level and stimulating collective action to improve conditions, 2) mobilizing community resources at the systems level for local actions, and 3) at the policy and political levels articulating and giving a high priority to health needs as sound economics and as a political asset, not just a social imperative. Alliances must be built beyond the health sector. Limitations must be overcome: working in isolation, working at singular levels, working in poverty, and lacking skills and experience for undertaking initiatives. The process is complex and easy solutions are not possible. Exchanging knowledge and information will facilitate the process. WHO has identified some principal strategies for encouraging social action: advocacy, empowerment, and social support. The implementation of these strategies will lead to improved programs and outcomes now and in the future.

Hobfoll, SE. (1998). "Ecology, community, and AIDS prevention." American Journal of Community Psychology, 26(1):133-144.

Abstract: I explore the role that may be played by an ecological view of AIDS prevention and AIDS-related social concerns. The study of AIDS risk behavior and interventions designed to prevent AIDS have challenged Health Psychology's typically individualistic perspective. Issues of empowerment, psychological sense of community, interpersonal ties, resources, and culture are central to an understanding of risky sexual behavior and helping people to guard themselves from the threat of AIDS. However, despite Community Psychology's historical expertise in these areas, the field has only recently become involved in AIDS prevention efforts. I outline how resource-based, ecological theories may prove more helpful in addressing the AIDS pandemic than the individual, cognitive theories that have typically been adopted. Sexual behavior and associated risk are tied not simply to people's personal behavior and thoughts but to the likelihood of disease exposure in their ethnic group, the power and choices associated with power in that group, and the alternative means available of meeting their overall sexual, romantic, economic, and social goals. As such, AIDS research and intervention must simultaneously address the individual, social, and cultural spheres if insights that can translate to meaningful change can be expected to occur.

Kelly, PJ., Bobo, T., Avery, S., McLachlan, K. (2004). "Feminist perspectives and practice with young women." Issues in Comprehensive Pediatric Nursing, 27(2):121-133.

Abstract: Primary and secondary health interventions for adolescent girls target pregnancy, sexually transmitted infections, and Human Immunodeficiency Virus (HIV) prevention, and also stress the risks and negative outcomes of girls' behaviors. Programs frequently neglect gender-specific issues, such as physical and social power imbalances, and overlook girls' strengths. Such omissions miss important opportunities for empowerment and development and ultimately shortchange girls. This article provides a feminist perspective on girls' development and suggests concrete ways for nurses in community programs to work with girls on gender-specific developmental tasks such as strengthening relationships with women and other girls, becoming comfortable with their bodies, and developing the ability to recognize and communicate their opinions.

Klouta, T. (1996). "Young people and sexual health." AIDS/STD Health Promotion Exchange, 3:1-3.

Abstract: Prevention and control of the sexual transmission of human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) requires attention to the characteristics of the sexual interactions between people that determine whether or not sex can be protected. These interactions are influenced by a diversity of factors, including gender inequalities, societal norms, power, socioeconomic status, knowledge, and personality. The poor, the marginalized, the young, and many women are at a disadvantage in protecting themselves from sexual exploitation and sexually transmitted diseases. Programs that seek to instill self-confidence and sexual negotiation skills in individuals overlook the pervasive influence of cultural norms. The focus of AIDS prevention programs must shift from the empowerment of individuals to community-wide considerations of sexual health. Finally, any program that seeks to encourage young

people to redefine social norms governing their sexual relationships must also reach out to the adults (from parents to community leaders) who wield power over these young people.

Parker, RG. (1996). “Empowerment, community mobilization and social change in the face of HIV/AIDS.” *AIDS*, 10(Supl 3):S27-S31.

Abstract: On the basis of recent social and behavioral research, together with more than a decade of practical experience in countries around the world, an important shift has begun to take place in the models or paradigms that have been developed to understand and respond to the HIV/AIDS epidemic. A growing awareness of the complex social, cultural, political and economic forces shaping the epidemic - and, in particular, of the link between the social injustice and increased vulnerability to HIV infection - has led to the reformation of both theory and practice aimed at responding to AIDS and meeting the needs of those most affected by the epidemic. HIV/AIDS PREVENTION: The focus of HIV/AIDS prevention efforts has increasingly shifted from models aimed at changes in individual risk behavior to models aimed at community mobilization. An earlier emphasis on information-based educational campaigns has given way to intervention programs aimed at enablement and empowerment in the face of the epidemic. PERSPECTIVES: These developments have been linked to a new awareness of the fundamental connection between public health and human rights, and to a new understanding of the fight against AIDS as part of a much broader process of social change aimed at redressing structures of inequality, intolerance and injustice.

Person B., Cotton, D. (1996). “A model of community mobilization for the prevention of HIV in women and infants. Prevention of HIV in Women and Infants Demonstration Projects.” *Public Health Reports*, 111(Supl 1):89-98.

Abstract: The prevention of HIV in Women and Infants Demonstration Projects use a conceptual model for maximizing broad community participation for HIV prevention called the Community Mobilization Framework. The projects' comprehensive approach attempts to bring about changes on a community level using a model which encourages community-wide participation of persons with various roles and relationships in the community. The Community Mobilization Framework is one way to systematically conceptualize the organization of the community for the purpose of mobilizing the maximum number of community members around a common health initiative. A community becomes mobilized around an issue by endorsing health-enhancing attitudes, behaviors, and projects supporting positive health outcomes. This mobilization is expressed through the promotion, support, and delivery of motivational and informational health messages which convey consistent ideas, themes, and images. There are two fundamental bases of the Community Mobilization Framework. The first is its characterization of the variety of individual, social, and organizational roles and relationships in the community that might be used in a concerted campaign for HIV prevention for women. The second basis of the model is the description of the nature and extent of the involvement, which includes a continuum of involvement, ranging from simple endorsement to building active coalitions around a health initiative. The paper discusses practical methods of applying these principles, with the Women and Infants Demonstration Projects providing concrete examples.

Reid, E. (1994). "Approaching the HIV epidemic: the community's response." *AIDS Care*, 6(5):551-557.

Abstract: The HIV epidemic comes to people's attention through the language of its texts and its spokespersons. The way it is brought to people's attention will be the critical determinant of how they will respond to it. Currently, the discourse is based on metaphors of epicentres of spread identified as core transmitter groups. These are metaphors of distancing which encourage blame and denial. There are, however, within affected communities, new discourses emerging of inclusion, empowerment and processes and of the complexity of the reality of the epidemic. These discourses are associated with a new way of responding to the epidemic described here as one of community mobilization.

Rekart, ML. (2005). "Sex-work harm reduction." *Lancet*, 366(9503):2123-2134.

Abstract: Sex work is an extremely dangerous profession. The use of harm-reduction principles can help to safeguard sex workers' lives in the same way that drug users have benefited from drug-use harm reduction. Sex workers are exposed to serious harms: drug use, disease, violence, discrimination, debt, criminalisation, and exploitation (child prostitution, trafficking for sex work, and exploitation of migrants). Successful and promising harm-reduction strategies are available: education, empowerment, prevention, care, occupational health and safety, decriminalisation of sex workers, and human-rights-based approaches. Successful interventions include peer education, training in condom-negotiating skills, safety tips for street-based sex workers, male and female condoms, the prevention-care synergy, occupational health and safety guidelines for brothels, self-help organisations, and community-based child protection networks. Straightforward and achievable steps are available to improve the day-to-day lives of sex workers while they continue to work. Conceptualising and debating sex-work harm reduction as a new paradigm can hasten this process.

Valdiserri, R. (2003). "HIV/AIDS' Contribution to Community Mobilization and Health Planning Efforts." In Valdiserri, R. (ed) *Dawning answers: how the HIV/AIDS epidemic has helped to strengthen public health* (New York, USA: Oxford University Press), pp 56-75.

No abstract available.

IV. PARTICIPATORY RESEARCH

Busza, J. (2004). "Participatory research in constrained settings: Sharing challenges from Cambodia." *Action Research*, 2(2):191-208.

Abstract: This article presents the integration of traditional data collection methods for the evaluation of an HIV-prevention programme for Vietnamese sex workers in Cambodia with a participatory approach to project implementation. Local instability and powerlessness posed serious challenges to maintaining our commitment to the principles of participation and ensuring rigorous research. The project consequently focused on negotiating these challenges and adapting the study. Although our efforts did not

fully harness the empowering potential of participation and raised a series of contradictions in our design, we gained a rich understanding of the complex community dynamics in this marginalized population. Our experience highlights the need for careful consideration of what participation can feasibly hope to achieve in severely constrained settings, but suggests it can contribute to critical knowledge for the development of appropriate interventions.

Busza, J., Schunter, BT. (2001). “From competition to community: participatory learning and action among young, debt-bonded Vietnamese sex workers in Cambodia.” *Reproductive Health Matters*, 9(17):72-81.

Abstract: Community mobilisation strategies for HIV/AIDS prevention based on recognition of social vulnerability and concepts of empowerment have emerged at the forefront of international efforts to reduce the AIDS pandemic, increasingly replacing a focus on individual risk. This paper describes the start-up phase of a participatory learning and action project to create a sense of community identity as a first step towards collective action among some 300 young, debt-bonded, brothel-based migrant sex workers from Vietnam in Phnom Penh, Cambodia. The factors that make sex workers vulnerable to HIV also pose considerable barriers to mobilising them, due to competing interests between and among brothel owners and sex workers. Discussion and visual tools--e.g. a spider diagram of causes of unsafe sex and how to overcome these--are being used in group work to analyse concerns expressed by sex workers, along with survey questionnaires and in-depth interviews. In the second phase the project will address sensitive topics such as violence and unsafe sex in more depth, in hopes of protecting the emerging solidarity among sex workers and shifting the balance towards greater co-operation.

Chung, K., Lounsbury, DW. (2006). “The role of power, process, and relationships in participatory research for statewide HIV/AIDS programming.” *Social Science and Medicine*, 63(8):2129-2140.

Abstract: This paper presents a case study of a participatory process that was used to understand the needs of persons living with HIV/AIDS in a US state. The case illustrates that participation in a community-based research project is a dynamic phenomenon that must be negotiated among an evolving web of roles and relationships. Using a continuum to model the multiple modes of community participation, we follow the changing nature of participation over the course of a single project. Our analysis illustrates the different levels of participation given by the continuum as well as the dynamic nature of participation. A shared understanding of participation evolves as the roles and relationships of those involved are negotiated and renegotiated. However, lack of reflection over power differentials can lead to disempowering outcomes even after achieving a seemingly participatory process. The case reveals that failing to resolve divergent assumptions about power and purpose can lead to fissures that are difficult to overcome.

Dageid, W., Duckert, F. (2007). “The process of evaluating a capacity-building support initiative for HIV positive South Africans.” *Evaluation and Program Planning*, 30(4):381-391.

Abstract: This paper describes the process of evaluating a capacity-building initiative involving HIV positive South Africans. The evaluation was conducted within a participatory evaluation framework, which aims at empowering participants through social action. The rationale is that an understanding and acceptance of evaluation results promotes commitment to act. Forty four members of the Kudu Support Group and 23 non-members participated in the evaluation. Methods included in-depth interviews, a survey, repeated measures of the General Health Questionnaire-28 (GHQ-28), a SWOT analysis, interviews with health workers, field notes, and participatory observation. The capacity-building initiative resulted in empowerment through paid employment for support group members, the establishment of a vegetable garden, increased skills and efficacy, access to resources and networks, a perceived reduction of stigma, perceived improvement of social relations, and improved scores on the GHQ-28. Lessons that emerge out of this study are the importance of integrating evaluation as a part of ongoing activities throughout the research project; to ensure that methods and results are understandable and useful to for the participants; that the evaluator has an in-depth understanding of the project and context; and to introduce frequent and simple internal evaluation tools to guide efforts to improve community-based groups' functioning and activities.

Flaskerud, JH., Nyamathi, AM. (2000) “Collaborative inquiry with low-income Latina women.” *Journal of Health Care for the Poor and Underserved, 11(3):326-342.*

Abstract: Collaborative inquiry is a form of research in which researchers and participants work collaboratively as partners. The purpose of this paper is to demonstrate the process of collaborative inquiry through an example of a longitudinal, community-based study conducted over a six-year period. The research program focused on HIV education, counseling, and antibody testing with low-income Latina women attending a nutrition program for women, infants, and children (WIC) in Los Angeles. Collaborative, community-based inquiry emerges from the community and uses members of the targeted group to design the program, convey the message, act as advocates, evaluate the outcomes of the program, and disseminate research findings. The goal is empowerment and emancipation of both participants and researchers. Five areas in the conduct of community-based collaborative inquiry are demonstrated here: program design, implementation, evaluation, dissemination of the results of the program, and empowerment and emancipation.

Laperrière, H. (2007). “Evaluating in political turmoil: nursing challenges in prevention programs.” *Nursing Inquiry, 14(1):42–50.*

Abstract: Evaluating in political turmoil: nursing challenges in prevention programs
The concrete insertion of nurses into the context of an inquiry contributes to empirical evaluation research of health promotion programs. As interveners and concrete actors in social movements, nurses are in a privileged position to give realism to a local understanding of the political and cultural context of evaluative research. Drawing on the practice of empirical evaluation research, this paper seeks to generate new methodological approaches in a way that broadens nursing inquiries in community health nursing. It explores new ways of thinking about epistemology and knowledge production in nursing practice. For 5 months an evaluative research project adopting a

participatory-action research approach was conducted with local community actors in an AIDS prevention project in Amazonas (Brazil) in a prostitution setting. An auto-ethnographic journal was used as a reflective approach for the critical analysis of nursing research activities. This paper calls for a closer relationship between scientific research settings and the sociopolitical and the sociocultural aspects of nursing practice. It increases an incorporation of popular, social and professional experiential learning and skill acquisition in embedded knowledge production.

McQuiston, C., Choi-Hevel, S., Clawson, M. (2001). “Protegiendo Nuestra Comunidad: empowerment participatory education for HIV prevention.” *Journal of Transcultural Nursing*, 12(4):275-283.

Abstract: To be effective, HIV/AIDS interventions must be culturally and linguistically appropriate and must occur within the context of the specific community in which they are delivered. In this article, the development of a culture-specific lay health advisor (LHA) program, Protegiendo Nuestra Comunidad, for recently immigrated Mexicans is described. This program is one component of a collaborative inquiry research project involving community participants and researchers working as partners in carrying out and assessing a program for the prevention of HIV/AIDS. The collaborative inquiry process was applied as an empowerment philosophy and methodology of Paulo Freire and an ecological framework was used for the development of Protegiendo Nuestra Comunidad. The use of principles of empowerment for curriculum development, teaching methodology, and program delivery are described.

Schoepf, BG. (1993). “AIDS action-research with women in Kinshasa, Zaire.” *Social Science & Medicine*, 37(11):1401-1413.

Abstract: AIDS has assumed epidemic proportions in Central Africa. Knowledge of culturally constructed gender relations and sexual meanings is crucial to developing prevention strategies and reducing the impact of AIDS. CONNAISSIDA, a transdisciplinary medical anthropology research project, developed culturally appropriate community-based empowerment workshops. These used cognitive, emotional and social stimulants to provoke critical reflection and action. Collaborative relationships developed in workshops were used to study sexual relations in many contexts. Significant changes in knowledge and action were observed. Nevertheless, economic necessity and inequality limited the ability of many women to avoid sexual risk. Economic crisis, structural adjustment and debt reimbursement policies have exacerbated poverty, particularly among women. Linking macrolevel political economy to microlevel sociocultural analysis shows how strategies adopted for survival contribute to sexual risk. Therefore broader socioeconomic changes that reduce poverty and gender subordination are necessary to control the HIV/AIDS epidemic. Findings from Zaire are widely applicable in the region.

Seeley, JA., Kengeya-Kayondo, JF., Mulder, DW. (1992). “Community-based HIV/AIDS research—Whither community participation? Unsolved problems in a research programme in rural Uganda.” *Social Science & Medicine*, 34(10):1089-1095.

Abstract: Involvement of the study community in research on HIV/AIDS has presented the MRC/UVRI programme in rural Uganda with a multi-layered challenge. A typology developed in agricultural research which defines different levels of community participation in research is described where participation may be at 'contract', 'consultative', 'collaborative' and 'collegiate' level (each level indicating an increasing degree of community participation). Community involvement in the MRC/UVRI Programme is then outlined and the typology applied. It is shown that the majority of community participation in the Programme is at the contract level since the nature of the research programme as a 'foreign imposition' with 'foreign goals' has precluded the involvement of the community in much of the policy development and research planning. However, it is noted that as the Programme becomes more established in the area community influence grows and signs of community impact on policy and increased research inputs are beginning to be seen. The question is raised as to whether it is realistic to expect that externally imposed health research, particularly on sensitive topics, can ever be truly community participatory research.

IV. COMMUNITY OR SOCIAL MOVEMENTS

Aggleton, P., Pedrosa, JS. (1994). "Community, solidarity and action--Grupo Pela VIDDA, Brazil" *AIDS Care*, 6(3):343-348.

Abstract: Non-governmental community-based organizations have been identified as central to effective HIV/AIDS related prevention and care. This paper reports on the activities and achievement of one such organization — Grupo Pela VIDDA, Brazil. It details the philosophy and commitments which have underpinned the group's action in three related fields — care and support, prevention and advocacy. The paper traces the origins of these commitments to ideals articulated by the new social movements whose impact is beginning to be felt, albeit unevenly, in Brazilian society today. It analyses the impact of Pela VIDDA's work to date on individuals, organization and communities at risk.

Allen, SM., Mor, V., Fleishman, JA., Piette, JD. (1995). "The Organizational Transformation of Advocacy: Growth and Development of AIDS Community-Based Organizations." *AIDS & Public Policy Journal*, 10(1):48-59.

Abstract: An examination of the recent historical forces influencing the change of community-based AIDS (acquired immune deficiency syndrome) organizations (CBAOs) from grass-roots advocacy to case management organizations. Data were obtained from the AIDS Health Services Program (AHSP), which began in 1986 as a nationwide program devoted to helping persons with AIDS (PWAs) obtain health services. This assistance was facilitated through funding given to CBAOs in nine regions. It is here argued that most of these CBAOs were initially founded by activists in the gay community, whose goals were to advocate rights for PWAs & constitute social movement organizations; the CBAOs' changes reflect the transformation process of social movements overall. Specifically, growth in the number of clients served by CBAOs was universal 1988-1990, & was met with greater funding by the AHSP. This funding allowed for new positions, which in turn brought conflict over whether services should be based on a direct or case management approach, & whether the target client

population should be only gay men or broadened to include women & people of color. Those CBAOs that did not take on case management duties or retained relatively homogeneous client bases did not experience the organizational transformation.

Bastos, C (1999). Politics and the Construction of Knowledge. AIDS Activism as a New Social Movement. In Lyle, J. and Catapano, J. (eds) Global responses to AIDS: science in emergency, (Bloomington, USA: Indiana University Press), pp. 24-32. No abstract available.

Basu, S. (2004). "AIDS, empire, and public health behaviorism." International Journal of Health Services, 34(1):155-167.

Abstract: Much of the current health approach to designing HIV/AIDS interventions in resource-poor settings involves behavior-change initiatives, particularly those adopting education-based and "culturally competent" frameworks for the reduction of HIV-associated "risk behaviors." This article reviews the evidence and social assumptions behind this approach to preventing HIV transmission, and argues that these approaches are often inadequate or misguided, particularly in their conflation of the concept of "culture" with social circumstances. By analyzing the socioeconomic circumstances that constrain individual agency, and by combining data from prevention literature with analyses of international trade agreements and the controversies over antiretroviral drug distribution, the author argues that the movement of capital and the maintenance of inequality are central to the problems associated with behavior-change initiatives and must be addressed through new paradigms in order to respond appropriately to the global AIDS pandemic. Hardt and Negri's paradigm of "Empire"--that is, examining the system through which social inequalities are maintained not only between countries but also within them--offers prospects for the design of new interventions and targets for public health workers and social movements.

Bluthenthal, RN. (1998). "Syringe exchange as a social movement: a case study of harm reduction in Oakland, California." Substance Use Misuse, 33(5):1147-1171.

Abstract: The federal ban on funding for syringe exchange programs (SEPs) has greatly hampered attempts to prevent the spread of HIV among injection drug users in the United States. State laws prohibiting the possession and/or distribution of syringes have made SEPs illegal. These factors have lent a unique social movement quality to harm reduction efforts in the United States. Using a social movement perspective, this paper explores dynamics of the implementation and defense of the syringe exchange program in Oakland, California. The advantages and disadvantages of the social movement aspects of harm reduction are discussed.

Camara, C. (2002). "Relationship between the Government and the Civil Society: A Differential in the Brazilian Response to AIDS." Impulso: Revista de Ciências Sociais e Humanas, 13(32):57-67.

Abstract: The Brazilian response to the AIDS epidemic is internationally recognized. Prime issues such as human rights, quality of life, & intellectual property are examples of problematics that are vital to approach the epidemic, while modified by it. Within this social scenery, the relationship between the government & civil society is in evidence.

This article points out the government's support & recognition to the civil society organizations that work within the field of AIDS. It also points out the challenge faced by such cooperation. Pierre Bourdieu's notion of field is used to give evidence to the articulations, conflicts, & alliances that nourish the social movement against AIDS & their interfaces with the governmental sector in the health area. Finally, it emphasizes why AIDS does not stand out as a social development problem.

Chowdhury, R. (2006). “‘Outsiders’ and Identity Reconstruction in the Sex Workers’ Movement in Bangladesh.” *Sociological Spectrum*, 26(3):335–357.

Abstract: Drawing on the case of the sex workers' movement in Bangladesh, this article examines the identity construction of a group of sex workers who are now active in their rights movement. The study further examines the participation of allies in this identity construction process. This investigation is performed based on the identity talk of the sex workers derived from an ethnographic study. The analysis demonstrates how a group of "bad girls" challenges the dominant code of public life by opposing the social identity as "fallen woman" (potita) and claiming the identity of workers instead. In the process of this identity deconstruction, they transform into "movement activists" with the desire to achieve rights as human beings, citizens, women, and workers. Four patterns of individual and collective identity claims-making strategies are identified from the identity talk: associational dialecticism, oppression consciousness, resistance narrative, and essentialist contention. Participation of external entities in this identity reconstruction process received special attention in the overall analysis.

Elbaz, G. (1997). “Adolescent Activism for Postmodern HIV/AIDS Education: A New Social Movement.” *The Urban Review*, 29(3):145-174.

Abstract: The present research argues that YELL (Youth Education Life Line), a committee of the group AIDS Coalition to Unleash Power (ACT UP), faces limitations in its effort to pressure for frank HIV/AIDS education, not only because of its postmodern approach to education, but also its lack of political and economic resources. Using Touraine's perspective on social movement and the postmodern approach to education, the present research argues that “resource mobilization” and “identity” paradigms combined, rather than separately, offer a better theoretical understanding of the new social movement that adolescent activism for frank HIV/AIDS education represents.

Friedman, S. R., de Jong, W., & Wodak, A. (1993). “Community development as a response to HIV among drug injectors.” *AIDS*, 7 (Supp. 1), S263-S269. No abstract available.

Gilmore, L. (1998). “The Whore and the Holy One: Contemporary Sacred Prostitution and Transformative Consciousness.” *Anthropology of Consciousness*, 94(4):1-14.

Abstract: Explores the intersection of the women's spirituality & sex workers' rights movements in which a growing body of sex workers describe & experience themselves as "sacred whores." In this cultural encounter, the women's spirituality movement's vision of sexual empowerment has merged with the sex workers' rights movement's recontextualization of prostitution & other forms of sex work as valid, fulfilling, &

skilled labor. These women are establishing themselves as heirs to a mythology of ancient religious practices in which priestesses made love to men in temples as a holy rite & spiritual service. Analysis is grounded in an inquiry into the history & mythology of the "temple prostitutes" of the ancient Near East & unfolds into an ethnography of the currently emerging sacred whore movement.

Gould, D. (2001). "Rock the Boat, Don't Rock the Boat, Baby: Ambivalence and the Emergence of Militant AIDS Activism." In Goodwin, J., Jasper, JM., and Polletta, F. (eds) *Passionate Politics: Emotions and Social Movements*. (Chicago: U Chicago Press), pp.135-157.

Abstract: Examines factors promoting gay & lesbian involvement in militant public activism against acquired immune deficiency syndrome (AIDS) in the late 1980s & compares this participation to their earlier, more conventional engagement in interest-group politics. It is argued that the AIDS issue aroused intense emotions that shook gays out of their previous ambivalence toward issues related to their sexuality & their roles in society. External political opportunity factors are linked to internal emotional factors to explain homosexual political mobilization surrounding AIDS & gays' willingness to actively & militantly take their battle into the streets; illustrative examples are offered from Chicago (IL), San Francisco (CA), & New York City. A case study is offered of the AIDS Coalition To Unleash Power (ACT UP), the predominant organization of militant gays & lesbians against AIDS, detailing factors that led to its emergence & evolution. Implications for social movement theory in general, particularly regarding the salience of emotional factors, are discussed.

Hinote, BP., Wilson, KL. (2006). "Sustaining AIDS Mobilization: The Problem of Late-Stage Mobilization among High-Risk HIV/AIDS Subpopulations." *Social Theory & Health*, 4(1):25-42.

Abstract: This research utilized Cress & Snow's (2000) synthesis of mobilization theory in an attempt to explain trends in HIV/ AIDS infections among gay & minority subpopulations of the US between 1983 & 2001. Results only partially confirmed mobilization theory, revealing instead, contrary to theory, a new upswing of infection rates among two subpopulations: African Americans & young MSMs (men who have sex with men). A reformulation of mobilization theory was suggested to explain these anomalies based on a division of mobilization phenomena into 'early' versus 'late-stage' mobilization. The notion of institutional isomorphism was then used to explain the transition of social movement organizations between the two stages of mobilization & their varying success with mobilization against HIV AIDS. Figures, References. Adapted from the source document.

Ho, J. (2000). "Self-Empowerment and 'Professionalism': Conversations with Taiwanese Sex Workers." *Inter-Asia Cultural Studies*, 1(2):283-299.

Abstract: Interviews with Taipei licensed prostitutes & betel-nut beauties & their manager give insights into how these women empower themselves with innovative practices & discourses in a less than supportive environment. Taiwanese sex workers are faced with social stigma, the encroachment of gender inequality, & the feminist view that sex work is exploitation, but the sex workers themselves have learned to protect

themselves & to profit from their work. When Taipei suddenly revoked their licenses, the women protested for their right to work & presented sex work as a viable profession for women. In calling prostitution "the world's oldest profession," sex workers are not seeking to follow existing professions, but to use resourceful methods to make their work efficient & profitable, & to leave them in control of their working relationships.

Hung, CF. (2003). "Relationship Building, Activism, and Conflict Resolution." *Asian Journal of Communication*, 13(2):21-49.

Abstract: This paper integrates the theories of models of public relations, relationship building, activism, and conflict resolution for the purpose of examining how an organization deals with conflicts with activist groups and how an activist group empowers itself by using the coalition-building strategy. The author employs a case study involving the termination of public prostitution in Taipei, Taiwan. The paper offers four propositions: 1) without strategic management and effective identification of issues and publics, an organization will easily escalate the existing conflicts among the parties involved; 2) in a conflict between parties with unbalanced power, the one with more power should maintain symmetrical communication with the other party and reach a mutually satisfactory agreement; 3) assurance of legitimacy and sharing of tasks in relationship maintenance will smooth a conflict and build trust among parties involved; 4) correctly chosen coalitions will empower the "small and weak" activist group and gain more winning opportunities.

Huq, S. (2006). "Sex Workers' Struggles in Bangladesh: Learning for the Women's Movement." *IDS Bulletin*, 37(5): 134-137.

Abstract: In 1999, the government of Bangladesh forcefully evicted sex workers from a large cluster of brothels just outside Dhaka. Members of the sex worker organisation, Ulka, immediately sought support from Naripokkho, a country-wide women's NGO. The Naripokkho office was transformed into an impromptu shelter with over 40 women sleeping there, & a few more staying with staff in their homes. This led to a new set of relationships & alliances between the sex workers & staff. Naripokkho & other Bangladeshi women's organisations supported a campaign for the rights of the sex workers & their struggles to defend themselves against the illegal evictions. This article explores the lessons learnt by these organisations through their involvement. It suggests that these struggles gave a new & more public meaning to discussions on sexuality & sexual rights that had already been taking place within the women's movement. Adapted from the source document.

Keefe, RH., Lane, S., Swarts, H. (2006). "From the bottom up: tracing the impact of four health-based social movements on health and social policies." *Journal of Health & Social Policy*, 21(3):55-69.

Although health-based social movements organized by grassroots activists have a rich history in impacting health and social policy, few systematic studies have addressed their policy change efforts or effectiveness. In this article, the authors trace how four health-based social movements-the women's health movement, ACT UP, breast cancer, and needle exchange-influenced health and social policy legislation. The activists' efforts wrested control of "authoritative knowledge" that had once been the sole domain of

"experts" with advanced medical training. They used this knowledge to empower "average" people with medical information, promote self help and engage in civil disobedience, which led to changes in healthcare delivery, drug testing and approval, and increased research funds for HIV/AIDS, breast cancer, and needle exchange. The activists' efforts led to other health-based social movements that are currently, or will become, issues for health and social policy analysts in the future.

Kumar, S. (1997). "Indian prostitutes unite for their rights." *Lancet*, 350 (9090):1527-1530.

Abstract: Focuses on the meeting of Indian commercial sex workers (CSW) in Calcutta for a convention in November 1997. The first National Convention of Sex Workers of India resolving to work toward recognition of prostitution as an occupation and to ensure workers rights; Comments from Lalita Mali, founder of the Durbar Mahila Samanvaya Samity, a militant prostitutes' rights organization.

Lichtenstein, B. (1999). "Reframing "Eve" in the AIDS Era: The Pursuit of Legitimacy by New Zealand Sex Workers." In Dank, B. and Refinetti, R. (eds) *Sex work and Sex Workers* (London: Transaction Publishers), pp. 37-57.

Abstract: In 1987, New Zealand sex workers were recruited by health department officials to form a publicly funded community organization devoted to HIV (human immunodeficiency virus) prevention. This organization, the New Zealand Prostitutes' Collective (NZPC), is credited with considerable success in preventing HIV transmission among sex workers & their clients, & in educating the wider public about AIDS (acquired immune deficiency syndrome). Since its inception, the NZPC has sought occupational legitimacy for sex workers by engaging in political activism, most notably in the arena of legislative reform. One aspect of this political activism has been the challenge to a long-standing "Eve" discourse that traditionally labeled prostitutes as disease-bearers & whores. Outlined here is how sex workers framed their HIV prevention activities with a language of empowerment. A case study illustrates how the Eve discourse was challenged through NZPC research into safer sex practices in the sex industry.

Lowenson, R. (2007). "Learning from diverse contexts: Equity and inclusion in the responses to AIDS." *AIDS Care*, 19(Supl 1):S83-S90.

Abstract: This paper situates the findings of the diverse studies reported in this journal supplement in a global context that both fuels the epidemic through inequality and poverty and also provides new opportunities for global commitments, solidarity and resources. The studies in this issue signal that, while information and awareness about HIV and AIDS is now high, there is still poor access to services for people to know their own risk and a deeper need to address the asymmetries of power and access to resources that influence the control people have over their sexual relationships and lives. The studies in this supplement describe, in very different contexts, responses to the impact of AIDS that are grounded within the actions of individuals, households and extended families, against a background of existing disadvantage in assets, endowments and access to state and private sector resources. Community networks reduce social isolation and provide solidarity to households struggling to respond to AIDS. The extra work involved

is often done by women, particularly where the weakening of the state has left communities disadvantaged. The paper argues that connections across communities to support survival need vertical links to national and global resources, services and markets to support, sustain and transform lives. The studies demonstrate the positive effect of this through primary healthcare systems, non-government organization support and the social movements of people living with HIV and AIDS. If the first wave of the global response to AIDS built awareness and an emergency response to prevention, treatment and care, there is now need for a 'second wave' that provides strong measures to connect communities to social, national and global resources. Elements of this 'second wave' include people's*especially women and young people's*access to services to know their individual risk, measures that enhance their autonomy and the need for a massive increase in investment in and access to decent work.

Lyttleton, C., Beesey, A., Sitthikriengkrai, M. (2007). "Expanding community through ARV provision in Thailand." *AIDS Care*, 19(Supl 1):S44-S53.

Abstract: Anti-retrovirals (ARVs) have altered the complexion of HIV/AIDS management in Thailand. In 2005, ARVs were included within a subsidised health scheme making provision widespread. Increased access has been brought about through the legal and political advocacy of the Thai Network for People Living with HIV/AIDS (TNP_/) who now play a central role in expanded ARV provision. HIV-infected volunteers help the state deliver comprehensive services and assist with follow-up and adherence programs. Alongside improvements in drug provision, a focus on pharmaceutical treatment has left other issues, such as community support of orphans and the social responses to living with HIV, less central within community responses. As they take on new responsibilities, people living with HIV/AIDS (PLHA) groups move from activities focused on reversing local stigma to constitute a new social movement that is increasingly prominent in Thai civil society. Networks of PLHA confront new social and political challenges as they also seek to broaden access to marginalised groups who remain excluded from these services. Many ethnic minority groups without full Thai citizenship have been denied access to subsidised health services including ARVs. As part of a broadening advocacy profile, the PLHA movement is now engaging in a politics of difference defined not simply by presence or absence of HIV but also by wider issues of national identity and belonging.

Mathieu, L. (2003). "The Emergence and Uncertain Outcomes of Prostitutes' Social Movements." *European Journal of Women's Studies*, 10(1): 29-50.

Abstract: This article is a comparative study of five prostitutes' social movements. The emergence of these movements is one of the major developments in the politics of prostitution: for the first time, prostitutes are politically organizing & expressing their claims & grievances in the public debate about prostitution -- a debate from which they are usually excluded. But, as is the case for most stigmatized populations, this pretension to enter into the public debate is faced with many difficulties. Some of these are inherent to the world of prostitution, which is an informal, competitive & violent world, in which leaders face constant challenges to establish & maintain their authority & legitimacy. The article also emphasizes the crucial, but ambiguous, role played by alliances between prostitutes & people from other parts of society (especially feminists). Prostitutes'

dependence on these supporters leads the author to consider their social movements to be heteronomous mobilizations.

Mukherjea, A. (2005). "Bodies of Knowledge: The Contested Construction of Technologies and Information of the HIV/AIDS Epidemics in Calcutta and New York City." *Dissertation Abstracts International*. A, The Humanities and Social Sciences, 65(12):4728-A.

Abstract: My dissertation considers how knowledge about HIV/AIDS is produced and received, with respect to the effects that information has on individual bodies and on whole communities, or populations that end up organizing as communities. I have produced a comparative *social* history of community based organizing around HIV/AIDS knowledge in New York in the mid-to-late 90's as compared to similar organizing in Calcutta in the late 90's to 2002. Specifically, I report and compare how immigrants (many of them queer or workers in the *sex* industry) did such organizing in New York and *sex* workers (many of them immigrants or queer) did in Calcutta. Critical to my study is the matter of how we commonly come to see risky behaviors as conflated with dangerous people. This question becomes all the more interesting as more money is channeled into international *work* on AIDS prevention and treatment (by organizations such as the World Bank, major non-profit sources like the Global Fund for AIDS, and by private funders like the Bill and Melissa Gates foundation). Over the past two decades, *social movements* to contest the stigma and *social* control that have many times accompanied these public health campaigns have also increased in vigor and in visibility. So how has the *social* construction of knowledge about HIV/AIDS served: (1) in many cases, as a vehicle for *social* control targeted at the bodies that serve--symbolically and/or materially--as "dangerous" vectors for disease; and also (2) as a vehicle for certain politically disenfranchised groups to galvanize themselves into effective *movements* claiming access to information, to health-care, and to representation?

Outshoorn, J. (2005). "The Political Debates on Prostitution and Trafficking of Women." *Social Politics*, 12(1):141-155.

Abstract: A discussion of the role of different women's movement organizations in debates about prostitution & trafficking. The current period of current political activism related to prostitution began in the 1980s in response to increased trafficking of women from poor countries to prosperous countries & concern over the spread of AIDS. Prohibitionists have insisted on the intrinsically exploitative nature of prostitution, while adherents of a "sex work" position have argued for a distinction between forced prostitution/trafficking & voluntary sex work/prostitution-related migration. From the latter position, Agustin's attempt to break down the distinction between sex work & other gendered forms of service work is seen as salutary, but lacking in explanation of push factors in countries of origin. In the international political arena, prohibitionist organizations such as the Coalition Against Trafficking in Women & the European Women's Lobby have called for an approach that continues to link trafficking & prostitution, while organizations such as the Global Alliance Against Traffic in Women & the International Human Rights Group in the Human Rights Caucus have called for a focus on trafficking for forced labor generally, distinguishing this from voluntary prostitution.

Robins, SL. (2006). "AIDS, Activism and New Masculinities: A Case Study of a Men's Support Group in Gugulethu, Cape Town." *XVI International Sociological Association, Durban, South Africa.*

Abstract: The paper focuses on men's support groups that have emerged as a result of members' involvement in AIDS activism in South Africa. The study will show how activist support groups have become involved in mediating new scientific & medical knowledges & technologies (i.e., anti-retroviral therapy or ART) & sex education programmes. These interventions often promote new forms of "responsibilised" citizenship that are deemed to be necessary for AIDS treatment adherence & "safe sex" to take root. The paper focuses specifically on Khululeka, a group of thirty, young working class men who, following their involvement in an AIDS social movement, the Treatment Action Campaign (TAC), established their own community-based men's support group in Gugulethu, a Xhosa-speaking township in Cape Town. Using life histories, participant observation, semi-structured interviews, workshops & focus-group methods, the paper aims to present data that shows how belonging to a rights-based social movement such as TAC can create the impetus for new forms of subjectivity, identity, masculinity & citizenship. The study also addresses the limits of rights-based approaches in contexts of structural unemployment & chronic poverty. Support groups, the paper will argue, are often responses to situations where marginalized citizens may have formal rights but they lack the means to realise such rights.

Robins, SL. (2006). "From 'Rights' to 'Ritual': AIDS Activism in South Africa." *American Anthropologist*, 108(2):312-323.

Abstract: In this article, I investigate how the moral politics of HIV/AIDS activism in South Africa is contributing toward new forms of citizenship that are concerned with both rights-based struggles & with creating collectively shared meanings of the extreme experiences of illness & stigmatization of individual HIV/AIDS sufferers. I argue that it is precisely the extremity of the 'near death' experiences of full-blown AIDS, & the profound stigma & 'social death' associated with the later stages of the disease, that produce the conditions for HIV/AIDS survivors' commitment to 'new life' & social activism. It is the activist mediation & retelling of these traumatic experiences that facilitates HIV/AIDS activist commitment & grassroots mobilization. It is also the profound negativity of stigma & social death that animates the activist's construction of a new positive HIV-positive identity & understanding of what it means to be a citizen-activist & member of a social movement.

Safman, RM. (2001). "Community Mobilization in Response to AIDS in Rural Northern Thailand." *Dissertation Abstracts International. A, The Humanities and Social Sciences*, 61(9):3793-A.

Abstract: The rapid emergence of the AIDS epidemic in Northern Thailand in the 1990s challenged communities' ability to work collectively as problem-solvers. Particularly in the early years of the epidemic when the state's response was in no way consonant with the problems experienced by people living in the epidemic's epicenter, it fell to the communities themselves to identify and respond to local needs. They did so in a variety of ways and with varying degrees of success. This dissertation is based on eighteen

months of ethnographic fieldwork, a mix of participant-observation and open-ended interviews, carried out in Sansai District, Chiang Mal. It follows the experiences of two communities which, despite their overt similarities, responded to the crisis in dramatically different fashion. In the first of these communities, spontaneous offers of assistance eventually gave way to a structured, coordinated initiative which attracted national attention, while in the second, attempts to convert a similarly ad hoc effort into an organized campaign repeatedly floundered and the response remained uncoordinated and decentralized. Rather than seeing the latter's response as a poor emulation of the former, the author posits that these two manners of rendering assistance reflect different models of interaction based on fundamentally different notions of "community." Accordingly, she defines four different models of "community" which can be seen operating in these settings in response to different issues and social situations. By relating the different structures and patterns of interaction implied by each model of community to the behavior of community members at different points in time, she demonstrates that collective action in this setting is simultaneously a product of interchangeable social structures and of participants' thinking about the nature and relevance of these structures to a particular problem-solving context. This finding, in turn, challenges the conventional tendency to dichotomize the study of collective action between approaches based on structural characteristics of a movement or its environment and those based on ideational characteristics of movement participants. For it demonstrates that these factors are not only mutually complementary but also empirically interdependent.

Tester, GM. (2004). "Resources, Identity, and the Role of Threat: The Case of AIDS Mobilization, 1981-1986." *Research in Political Sociology*, 13:47-75.

Abstract: In this paper I explore the role of threat in mobilizing early AIDS activism. I used qualitative methods in the analysis of my data, which consist of 20 in-depth interviews with AIDS activists who were involved in the movement between 1981 & 1986. My analysis focuses on the role of threat in the framework of the political process model. I also utilize new social movement theories to demonstrate that the behaviors of early AIDS activists were, in fact, social movement activities. The data suggest that AIDS activism began in response to threats placed on lesbian & gay communities in general & people with AIDS (PWAs) in particular. Early activists used everyday life & helping behavior, which I argue can be activism, to create the environment & opportunities that the movement later (after 1987) used to expand & flourish. The dominant meaning of AIDS & what it meant to be living with AIDS was challenged & redefined by early activists through the creation of a collective identity, which allowed for consciousness-raising & cognitive liberation, within lesbian & gay communities that encompassed the disease. These activists also created informal social & healthcare support systems that later became institutionalized. This identity & the services created for PWAs were constructed & maintained by utilizing the indigenous resources & social networks of lesbian & gay communities.

Van der Poel, Sari (1995). "Solidarity as Boomerang: The Fiasco of the Prostitutes' Rights Movement in the Netherlands." *Crime, Law and Social Change*, 23(1): 41-65.

Abstract: In the Netherlands, the prostitutes' rights movement emerged with the formation of an influential coalition of feminists and policy-makers who devoted

themselves to an improvement in the juridical and social position of prostitutes. By seeking to connect into the priorities of the government's emancipation policy, this coalition succeeded in placing the issue of prostitutes' rights onto the political agenda. This paper addresses the question why this policy has failed to strengthen the position of prostitutes. By analyzing both the factors which enabled the initial prosperous development of the prostitutes' rights campaign as well as the conditions under which the turning-point arose, it is concluded that everything went smoothly as long as professional prostitutes monopolized image-formation. The process failed at the moment that policy-makers incorporated multi-problematic categories of prostitutes. In place of the intended social integration of all categories, the prostitutes' rights campaign led to a strengthening of the stigma that is attached to prostitution.

V. MISCELLANEOUS

Evans, C., Lambert, H. (2008). "Implementing community interventions for HIV prevention: Insights from project ethnography." *Social Science Medicine*, 66: 467-478.

Abstract: Global policy on HIV prevention among marginalised populations recommends a community-based approach with participation and mobilisation as central features. The overall aim is to empower individuals and groups to reduce their vulnerability to HIV. Community empowerment initiatives have had mixed results, however, in spite of utilising very similar peer-education based intervention strategies. This is particularly true of community-based interventions in sex work settings. Drawing upon an ethnographic study conducted in the early years of a well-known sex worker initiative-the Sonagachi STD/HIV Intervention Project (SHIP) in Kolkata, India-this paper argues that ethnographic research can illuminate the complex and inter-dependent dynamics of context, practice, agency and power that are specific to a project and shape the course of intervention implementation in ways that may be 'hidden' in conventional techniques of project reporting. Two detailed excerpts of what we refer to as 'private contexts of practice' are presented-focusing upon the complex processes underlying community mobilisation and peer education. We show that the gathering of ethnographic forms of evidence in conjunction with more conventional evaluation measures has two distinct benefits. First, an ethnographic approach is able to capture the play of power through observation of real-time events that involve multiple actors with widely different perspectives, as compared with retrospective accounts from carefully selected project representatives (the usual practice in project evaluations). Second, observation of actual intervention practices can reveal insights that may be hard for project staff to articulate or difficult to pinpoint, and can highlight important points of divergence and convergence from intervention theory or planning documents.

Greig, FE., Koopman, C. (2003). "Multilevel analysis of women's empowerment and HIV prevention: quantitative survey results from a preliminary study in Botswana." *AIDS Behavior*, 7(2):195-208.

Abstract: This preliminary study explored relationships between women's empowerment and HIV prevention on the national and individual level with a focus on Botswana. Among sub-Saharan Africa countries, HIV prevalence was positively correlated with

indirect indicators of women's empowerment relating to their education (female enrollment in secondary education and ratio of female to male secondary school enrollment), but not to their economic status (female share of paid employment in industry and services) or political status (women's share of seats in national parliament), while controlling for gross national income, percentage of births attended, and percentage of roads paved. Condom use at last sexual encounter was positively and significantly correlated with both indicators of women's educational empowerment, but was not significantly related to the other two indices. Empowerment at the individual level was explored through a preliminary quantitative survey of 71 sexually active women in Gaborone, Botswana, that was conducted in February 2001. Regression analyses showed that women's negotiating power and economic independence were the factors most strongly related to condom use, and did not show that education was a crucial factor. Economic independence was the factor most strongly related to negotiating power. These results suggest that in Botswana, HIV prevention efforts may need to improve women's negotiating skills and access to income-generating activities.

Hill, PS., Ly, HT. (2004). "Women are silver, women are diamonds: conflicting images of women in the Cambodian print media." *Reproductive Health Matters*, 12(24):104-115.

Abstract: This paper examines 116 articles related to sexual and reproductive health translated into English from the Khmer press from April 1997 to February 2004. These excerpts were found in *The Mirror*, a publication of the non-governmental organisation Open Forum of Cambodia, which collates and reviews all issues of the Khmer press on a weekly basis. Five major themes were identified: the politics of women's health, government regulation and control, the sex industry in Cambodia, rape, and the HIV epidemic. Discourse analysis of these articles in the context of other sources and experience allows a gendered exploration of the reporting of sexual and reproductive health and rights issues in Cambodia by the Khmer print media. The reports explore the contested political empowerment of women in this strongly hierarchical society, and the mechanisms used to regulate and control sexual activity. The expanding sex industry and associated sexual trafficking are reported, together with the corruption of legal structures designed to regulate health systems and protect women and children from sexual exploitation and rape. The growing problem of AIDS and successes in reducing HIV transmission through the collaboration of sex workers in the 100% condom use policy is documented, and the tensions implicit in a cultural representation of women that both protects and constrains women are explored.