



CIEE Global Institute – Cape Town

Course name:	HIV/AIDS Policy, Politics and Ordinary Lives in Southern Africa
Course number:	PUBH 3101 CTSA
Programs offering course:	Cape Town Open Campus
Campus Track:	Global and Community Health
Language of instruction:	English
U.S. semester credits:	3
Contact hours:	45
Term:	Fall 2019

Course Description

This course examines the epidemiological, historical, political-economic and social cultural dimensions of HIV and AIDS in the sub-saharan context. Various disciplinary approaches, modes of engagement and analytical models will help students grasp the complicated and multiple effects, responses to and debates surrounding the epidemic. Viewing HIV/ AIDS from a *biosocial* perspective students will engage the ways in which the retrovirus is irreducibly biological and social. Throughout the course students will grapple with the this idea - that it is impossible to unmoor HIV and AIDS, the ways they are thought about, experienced and managed from the mutually constitutive entanglements of knowledge, power, biology, culture(s), meanings and politics.

Learning Objectives

By completing this course, students will:

- Become familiar with the status of HIV/AIDS in the sub-Saharan region and be able to compare this with global trends.
- Evaluate the political history and events that mark the HIV/AIDS response patterns in the region with key focus on South Africa.
- Discuss challenges to developing and implementing HIV/AIDS programs and identifying key institutional players.
- Assess key cultural, economic, and social and human rights factors that increase the vulnerability of individuals to HIV/AIDS



- Evaluate the socioeconomic and political impact of the epidemic to the lives of ordinary people.

Course Prerequisites

This course is suited to students with some familiarity with the field of public health or medical anthropology.

Methods of Instruction

The course is taught through a combination of lecture, group discussions, guest speakers, site visits, networking activities, skills development work-shops, small group collaboration, and student presentations. Learning will involve in-class exercises, active reflection, discussion, readings, short lectures, and out-of-class activities that challenge students to actively engage with HIV and AIDS issues in the sub-Saharan context.

Assessment and Final Grade

- | | | |
|----|---------------------|-----|
| 1. | Group Presentation: | 20% |
| 2. | Quiz: | 15% |



3.	Debate:	20%
4.	Final Discussion Paper:	25%
5.	Class participation:	20%
	TOTAL:	100%

Course Requirements

Group Presentation

In Week 5 students will present on a course-relevant topic of their choice. Groups of 3-4 participants will be organized in the first week of class. The presentation, approximately 15 minutes long (excluding class discussion) should show a good understanding of the selected topic. Viewpoints and visual material must effectively communicate the argument. Presentations should be presented in a concise yet comprehensive manner. Content (40%), handout (20%), form of presentation (both slides and the presentation itself, 20%) and response to questions (20%) will influence the grade. Topics will be assigned at the beginning of the course.

Quiz

In Week 2 students will complete a short 20 minute quiz in class. The quiz will test students' comprehension of the main themes covered in class and in the readings up to this point in the course.

Debate

Students will be divided into teams of 3 (depending on class numbers) using a random method. Each team will then select a debate topic from a hat which will have matching pairs of topics in it (affirmative and negative). Debate topics will be provided at the start of the course and teams will be arranged at this point. Teams with matching topics will then have the chance to prepare their positions. In Week 4 teams will have the chance to debate their topic for 20 minutes (depending on class size)

Debate format: The lecturer will be the moderator for the debate. Students will be given a rubric with which to grade the performance of the teams debating. The assessment will be based on a) presentation style b) knowledge of the topic c) clarity of arguments d) cooperation with team members. The debate will begin with the affirmative side speaking first. The team will be allowed



5 - 7 minutes to present their arguments without interruption. Each member should provide some input. The opposing team will then have their turn to do the same. There will be a 3-5 minute period for teams to confer and prepare a rebuttal. One member from each team will present this in 3 minutes

Final Paper

A 1600 word discussion paper is required. This paper must be based on a topic of choice related to one of the topics handed out in Week 1. The paper is due in Week 6. The paper should reflect engagement with the topic and provided materials. Students are encouraged to engage with relevant material outside of the course and relevant to their own interests and experience. Papers should be handed in by the start of class on the hand in date. Grading is based on formal correctness (20%), logical coherence of the outline and quality of reasoning (30%) and content (40%). The paper must demonstrate scholarly communication skills (10). The paper must be referenced correctly using the Harvard referencing system. Plagiarism declarations must be attached.

Citation Style:

Harvard Style of Referencing

Example: Helman, C. 2007. Culture Health and Illness (Fifth Edition). Oxford University Press: United Kingdom

Participation

Participation is valued as meaningful contribution in the digital and tangible classroom, utilizing the resources and materials presented to students as part of the course. Meaningful contribution requires students to be prepared in advance of each class session and to have regular attendance. Students must clearly demonstrate they have engaged with the materials as directed, for example, through classroom discussions, online discussion boards, peer-to-peer feedback, interaction with guest speakers, and attentiveness on co-curricular and outside-of-classroom activities. Relevant readings are to be completed before class and students should be prepared to discuss these readings in the classroom. Students will be assessed through in-class participation and will be expected to provide constructive contributions based on active engagement with the set texts. Such engagement will be expected to take the form of both observations and questions based on close



readings of these texts, on active listening, and constructive participation in discussions with peers.

Attendance Policy

Regular class attendance is required throughout the program, and all unexcused absences will result in a lower participation grade for any affected CIEE course. Due to the intensive schedules for Open Campus and Short Term programs, unexcused absences that constitute more than 10% of the total course will result in a written warning.

Students who transfer from one CIEE class to another during the add/drop period will not be considered absent from the first session(s) of their new class, provided they were marked present for the first session(s) of their original class. Otherwise, the absence(s) from the original class carry over to the new class and count against the grade in that class.

For CIEE classes, excessively tardy (over 15 minutes late) students must be marked absent. Attendance policies also apply to any required co-curricular class excursion or event, as well as to Internship, Service Learning, or required field placement. Students who miss class for personal travel, including unforeseen delays that arise as a result of personal travel, will be marked as absent and unexcused. No make-up or re-sit opportunity will be provided.

Attendance policies also apply to any required class excursion, with the exception that some class excursions cannot accommodate any tardiness, and students risk being marked as absent if they fail to be present at the appointed time.

Unexcused absences will lead to the following penalties:

<i>Percentage of Total Course Hours Missed</i>	<i>Equivalent Number of Open Campus Semester classes</i>	<i>Minimum Penalty</i>
Up to 10%	1 content classes, or up to 2 language classes	Participation graded as per class requirements



10 – 20%	2 content classes, or 3-4 language classes	Participation graded as per class requirements; written warning
More than 20%	3 content classes, or 5 language classes	Automatic course failure , and possible expulsion

Weekly Schedule

Week 1 Orientation Week

Class 1.1 HIV/AIDS in sub-Saharan Africa

This introductory lecture will provide an overview of the emergence, development and magnitude of HIV and AIDS in sub-Saharan Africa, the “epicenter” of the epidemic. South Africa will be contextualized as a primary case study for the course. We will begin to unpack the multiple, intersecting social, economic and political factors that combine to shape the pattern and growth of the epidemic in South Africa. Topics for the debate and the final essay will be given.

GLOBAL AIDS UPDATE UNAIDS 2016

http://www.unaids.org/sites/default/files/media_asset/global-AIDS-update-2016_en.pdf

HIV and AIDS in East and Southern Africa Regional Overview Available online at: [https://](https://www.avert.org/professionals/hiv-around-world/sub-saharan-africa/overview)

www.avert.org/professionals/hiv-around-world/sub-saharan-africa/overview

Karim, Abdool. S. 2008. Chapter 1: Introduction. In *HIV/AIDS in South Africa*. Eds. Karim, A & Karim A. Cambridge University Press.

Swartz, L. Kalichman, S, and Simbayi, L. 2009. Chapter 1: Introduction. In *HIV/AIDS in South Africa 25 years On: Psychosocial Perspectives*. Eds. P Rohleder, L Swartz, S Kalichman, L Simbayi. Springer: New York - change this to the introduction - put le-



clerk here.

Recommended Reading

Flint, A. (2011). Chapters 1-3 in HIV/AIDS in Sub-Saharan Africa Politics, Aid and Globalization. Palgrave Macmillan.

Class 1.2 Structured Risk

Students will be introduced to the political economy approach and the concept of structural violence as means to understand how large scale social, economic and political structures and the contingent asymmetrical power relations of race, class, gender and sexuality, shape the conditions of HIV risk and AIDS vulnerability in the post-apartheid context. Engaging with this concept of 'structured risk' in the context of the epidemic, students will think through questions of who lives and who dies, under what sorts of conditions and whose deaths are deemed more worthy of mourning than others?

Guest Lecture: Precious Garnet from the *Desmond Tutu HIV Foundation* lecture on the quadruple burden of health in South Africa.

Coovadia, H., Jewkes, R., Barron, P., Sanders, D. and McIntyre, D., 2009. The health and health system of South Africa: historical roots of current public health challenges. *The Lancet*, 374(9692), pp.817-834.

Farmer, Paul. 1996. On suffering and structural violence: A view from below. *Daedalus*.125(1) 261-83.

Marks, S., 2002. An epidemic waiting to happen? The spread of HIV/AIDS in South Africa in social and historical perspective. *African Studies*, 61(1), pp.13-26.

Week 2 HIV/AIDS, public policy and politics



Class 2:1 (mis)Managing the epidemic

In this class we will begin to unpack the relationship between the spread and impact of the epidemic and its political mismanagement. We will closely examine the significant impact that the rhetoric of AIDS denialism had on public health policy (and the denial of thousands of HIV positive South Africans access to ARVs) from 1999-2008 during Thabo Mbeki's presidency. In response to what has been described as a "genocidal" mismanagement of the epidemic, we will then trace a genealogy of HIV/AIDS and activism in the South African context.

Readings

Colvin, C.J. and Robins, S., 2009. Social movements and HIV/AIDS in South Africa. In *HIV/AIDS in South Africa 25 Years On: Psychosocial Perspectives* (pp. 155-164). Springer New York.

Fassin, D. and Schneider, H., 2003. The politics of AIDS in South Africa: beyond the controversies. *BMJ: British Medical Journal*, 326(7387), p.495 Available online: <https://www.ncbi.nlm.nih.gov/ezproxy.uct.ac.za/pmc/articles/PMC1125376/>

Nattrass, N. 2012. 'The conspiratorial move against HIV science and its consequences.' In *The AIDS Conspiracy: Science Fights Back*. Wits University Press.

Nattrass, N. & Kalichman, S. 2009. The Politics and Psychology of AIDS Denialism in *HIV/AIDS in South Africa 25 Years On: Psychosocial Perspectives* (pp. 155-164). Springer New York.

Robins, S., 2006. From "rights" to "ritual": AIDS activism in South Africa. *American Anthropologist*, 108(2), pp.312-323.

Recommended reading

Fassin, D., 2007. *When bodies remember: Experiences and politics of AIDS in South Africa* (Vol. 15). University of California Press.

Class 2:2 HIV/AIDS and the politics of knowledge



In this class we will continue to examine how multiple competing and conflicting discourses shape how HIV and AIDS is understood, experienced and managed.

Readings

Colvin, C. 2012. 'True believers or modern believers: HIV Science and the work of the Dr. Rath Foundation'. In *Medicine and the Politics of Knowledge*. Cape Town: HSRC Press, pp. 33-53.

Levine, S. 2010. *Testing Knowledge: Legitimacy, healing, and medicine in South Africa*. In *medicine and the politics of knowledge*. Cape Town: HSRC Press, pp. 55-76

Freeman, M. And M. Motsei. 1992. Planning health care in South Africa - Is there a role for traditional healers? *Social Science and Medicine*. 34 (11): 1183-90

Section 27 Organisation (Health & Democracy). *Traditional and alternative health care*

Chapter 7: Available online: [http://www.section27.org.za/wp-](http://www.section27.org.za/wp-content/uploads/2010/04/Chapter7.pdf)

[content/uploads/2010/04/Chapter7.pdf](http://www.section27.org.za/wp-content/uploads/2010/04/Chapter7.pdf)

Recommended Reading

Wreford, J. 2005. 'Sincedisisa – we can help!' A literature review of current practice involving traditional African healers in biomedical HIV/AIDS interventions in South Africa. *Social Dynamics*, 31(2): 90-117.

Assignment due: Class Quiz

Week 3 HIV AIDS and ordinary Lives

Class 3:1 AIDS, its metaphors and stigma

In this lecture we will trace the links between illness, metaphor and stigma. We will pay particular attention to the place of metaphor in the bodily experience of living with HIV and AIDS.

Readings

Helman, C 2007. Chapter 5: Doctor-Patient Interactions in *Culture, Health and Illness*.



Oxford University Press.

Meintjes, H. and Bray, R., 2005. 'But where are our moral heroes?' An analysis of South African press reporting on children affected by HIV/AIDS. *African Journal of AIDS Research*, 4(3), pp. 147-159.

Skinner, D. and Mfecane, S., 2004. Stigma, discrimination and the implications for people living with HIV/AIDS in South Africa. *SAHARA: Journal of Social Aspects of HIV/AIDS Research Alliance*, 1(3), pp.157-164.

Sontag, S. 1989. AIDS and its metaphors. England: Penguin Books.

Weiss, Maria. 1997. Signifying the pandemics: Metaphors of AIDS, cancer, and heart disease. *Medical Anthropology Quarterly*, 11(4): 456-76.

Recommended reading

Steinberg, J., 2011. Three Letter Plague: A young man's journey through a great epidemic. Random House

Sontag, S. 1977. *Illness as Metaphor*. England: Penguin Books

Class 3:2 HIV/AIDS, children & youth

In this lecture we will look at the lived impacts of the epidemic on children and young people.

Readings

Bray, R., 2003. Predicting the social consequences of orphanhood in South Africa. *African Journal of AIDS Research*, 2(1), pp.39-55.

Bhana, A. & Petersen, I. 2009. HIV and Youth: A Behavioral Perspective in *HIV/AIDS in South Africa 25 Years On: Psychosocial Perspectives* (pp. 155-164). Springer New York.

Harrison, A. 2008. Young People and HIV/AIDS in South Africa: prevalence of infection, risk factors and social context. Chapter 17 in *HIV/AIDS in South Africa* eds. S Karim & Q Karim. Cambridge University Press.



Henderson, P.C., 2013. AIDS, metaphor and ritual: The crafting of care in rural South African childhoods. *Childhood*, 20(1), pp.9-21. Available online:

<http://journals.sagepub.com.ezproxy.uct.ac.za/doi/full/10.1177/0907568212450053>

Leclerc-Madlala, S., 2002. Youth, HIV/AIDS and the importance of sexual culture and context.

Social Dynamics, 28(1), pp.20-41.

Guest Lecture: Alison Swartz on HIV, chronicity, youth and the discourse surrounding risk.

Class 3:3

Love, sex and family

In this class we will use ethnographic case studies to delve into the politics of intimacy in the context of HIV and AIDS.

Readings

Henderson, P.C., 2004. The vertiginous body and social metamorphosis in a context of HIV/AIDS. *Anthropology Southern Africa*, 27(1-2), pp.43-53.

Hunter, M. 2010. Chapter 1 & Chapter 10 in the time of AIDS: inequality, gender, and rights in South Africa. Indiana University Press.

Walker, L., Reid, G & Cornell, 2004. Chapter 1: Sex & Power in South Africa in *Waiting to Hap- pen: HIV/AIDS in South Africa, The Bigger Picture*. Lynne Reiner Publishers: USA

Guest Lecture: Zoe Duby on HIV, Sexual behaviour, decision making & risk taking

Recommended Readings:

Henderson, P.C., 2012. *AIDS, intimacy and care in rural Kwazulu-Natal: A kinship of bones* (p. 256). Amsterdam University Press.

Susser, I., 2011. *AIDS, sex, and culture: global politics and survival in southern Africa*. John Wiley & Sons



Henderson, P.C., 2012. *AIDS, intimacy and care in rural Kwazulu-Natal: A kinship of bones* (p. 256). Amsterdam University Press.

Susser, I., 2011. *AIDS, sex, and culture: global politics and survival in southern Africa*. John Wiley & Sons.

Week 4 Gender, Human Rights, Culture and HIV/AIDS

Class 4:1 Gender, Human Rights and HIV/AIDS

In this class we will explore the gendered dimensions of HIV/AIDS. We will also engage the human rights responses to the epidemic and the socio-cultural limitations to this approach.

Readings

Lindegger, G., Quayle, M. Masculinity and HIV/AIDS in *HIV/AIDS in South Africa 25 Years On: Psychosocial Perspectives*

Jewkes, R. HIV and Women in *HIV/AIDS in South Africa 25 Years On: Psychosocial Perspectives*

Jeba, P.M. (2015) 'HIV-specific legislation in sub-Saharan Africa: A comprehensive human rights analysis. *African Human Rights Law Journal* 15 224-262.

<http://dx.doi.org/10.17159/1996-2096/2015/v15n2a1>

Higgins, J.A., Hoffman, S., Dworkin, S.L., 2010. Rethinking Gender, Heterosexual Men, and Women's Vulnerability to HIV/AIDS. *American Journal of Public Health*. Vol 100 (3).

Available online: <https://www.ncbi.nlm.nih.gov.ezproxy.uct.ac.za/pmc/articles/PMC2820057/>

RGBCHealth, 2007. Overview of the feminization of HIV/AIDS in sub-Saharan Africa http://archive.gbchealth.org/system/documents/category_1/364/

[Feminization%20of%20HIV%20in%20Sub%20Saharan%20Africa%20Issue%20Brief.pdf?1345233500](http://archive.gbchealth.org/system/documents/category_1/364/Feminization%20of%20HIV%20in%20Sub%20Saharan%20Africa%20Issue%20Brief.pdf?1345233500)



Section 27 Organisation. The unravelling of the human rights response to HIV and AIDS and why it happened: an activist's perspective. Available at:

<http://section27.org.za/2014/10/the-unravelling-of-the-human-rights-response-to-hiv-and-aids-and-why-it-happened-an-activists-perspective/>

Recommended reading:

Leclerc-Madlala, S., 2002. On the virgin cleansing myth: gendered bodies, AIDS and ethnomedicine. *African Journal of AIDS Research*, 1(2), pp.87-95.5:3 9/2

Class 4:2 HIV/AIDS, Culture & Blame

In this class we will take a close look at the impacts of an overemphasis on 'cultural' factors in HIV transmission. We grapple with the conflation of structural violence and cultural difference in engendering behavioral blame for the spread of the epidemic in Southern Africa.

Readings

Farmer, P., 1994. AIDS-talk and the constitution of cultural models. *Social Science & Medicine*, 38(6), pp.801-809.

Nandoya S. (2014). Sociocultural factors influencing the spread of HIV/AIDS in Africa <https://www.linkedin.com/pulse/20140916193747-107857132-sociocultural-factors-influencing-the-spread-of-hiv-aids-in-africa>

Saethre, E. and Stadler, J., 2009. A tale of two "cultures": HIV risk narratives in South Africa.

Medical anthropology, 28(3), pp.268-284

Seidel, G. & Vidal, G. 2005. Chapter 3 The Implications of 'Medical', 'Gender in Development' and Cultural Discourses for HIV/AIDS policy in Africa in *Anthropology of Policy: Perspectives on Governance & Power*. eds. C Shore & S Wright. Routledge: London & New York.

Sovran, S. 2013. Understanding culture and HIV/AIDS in sub-Saharan Africa. *Sahara J*, 10(1), 32–41. <http://doi.org/10.1080/17290376.2013.807071>

Stadler, J., 2003. Rumor, gossip and blame: implications for HIV/AIDS prevention in the



South African lowveld. *AIDS Education and Prevention*, 15(4: Special issue), pp.357-368.

Recommended Reading

Castro, A., & Farmer, P. 2005. Understanding and addressing AIDS-related stigma: from anthropological theory to clinical practice in Haiti. *American journal of public health*, 95(1), 53-59.

Class 4:3 Assignment due:
Class Debate C

Week 5 Health Policy Strategies and Implementation Challenges

Class 5:1 Prevention/Intervention Part 1

This week students will explore current health policy and intervention strategies by both state and non-state actors drawn on to manage the epidemic as well as analyze the contextual challenges to their implementation.

Readings

Kevin, K., & van Donk, M. 2009. Local-Level Responses to HIV/AIDS in South Africa in *HIV/AIDS in South Africa 25 Years On: Psychosocial Perspectives*

Konkel, R. 2010. Poverty and HIV/AIDS in Sub-Saharan Africa: Alternative Formulations and Integrated Intervention Strategies Available online: <http://www.progressive-economics.ca/wp-content/uploads/2010/06/konkel.pdf>

Vermund, S. H., Sidat, M., Weil, L. F., Tique, J. A., Moon, T. D., & Ciampa, P. J. 2012. Transitioning HIV care and treatment programs in southern Africa to full local management. *AIDS* (London, England), 26(10), 1303–1310.
<http://doi.org/10.1097/QAD.0b013e3283552185>

Recommended Reading

Human Sciences Research Council of South Africa 2004. An Audit of HIV/AIDS



Policies in Botswana, Lesotho, Mozambique, South Africa, Swaziland, Zimbabwe.
4.2 31/1

Class 5:2 Prevention/Intervention Part 2

In this class we will continue looking at HIV interventions, their successes and challenges.

Readings

Harrison, A., Colvin, C.J., Kuo, C., Swartz, A. and Lurie, M., 2015. Sustained high HIV incidence in young women in Southern Africa: social, behavioral, and structural factors and emerging intervention approaches. *Current HIV/AIDS Reports*, 12(2), pp.207-215.

Available online: [https:// www-ncbi-nlm-nih-
gov.ezproxy.uct.ac.za/pmc/articles/PMC4430426/](https://www.ncbi.nlm.nih.gov.ezproxy.uct.ac.za/pmc/articles/PMC4430426/)

Green L, W et al. (2008) Male Circumcision is not the HIV vaccine we have been waiting for! *Future HIV Therapy* 2(3), 193-199

Klausner, J.D et al. (2008) Is male circumcision as good as the HIV vaccine we've been waiting for? *Future HIV Therapy* ; 2(1): 1–7. Available online: [https://www-ncbi-nlm-nih-
gov.ezproxy.uct.ac.za/pmc/articles/PMC2801441/?toolDpmcentrezrender](https://www.ncbi.nlm.nih.gov.ezproxy.uct.ac.za/pmc/articles/PMC2801441/?toolDpmcentrezrender)

Leclerc-Madlala, S., 2001. Virginty testing: Managing sexuality in a maturing HIV/AIDS epidemic. *Medical anthropology quarterly*, 15(4), pp.533-552.

Levine, S., 2003. Documentary film and HIV/AIDS: New directions for applied visual anthropology in southern Africa. *Visual Anthropology Review*, 19(1-2), pp.57-72.

Class 5:3 Documentary Film and Group Presentations

Assignment Due: Group Presentations

Documentary Film: Today The Hawk Takes One Chick (2008)



Week 6 Epidemic status: Current conditions & possible futures

Class 6:1 The changing landscape of HIV Part 1

In this week we will explore recent trends and lessons in HIV epidemiology. Specifically we will look into the evolution of HIV/AIDS programs and interventions and ongoing developments in prevention, treatment and monitoring.

Readings

The changing HIV/AIDS landscape : selected papers for the world bank's agenda for action in Africa, 2007-2011/ editors, Elizabeth L. Lule, Richard M. Seifman, and Antonio C. David. http://siteresources.worldbank.org/INTAFRREGTOPHIVAIDS/Resources/The_Changing_HIV-AIDS_-_Landscape.pdf

Kharsany ,A. B.M., & Quarraisha, A. K. 2016 HIV Infection and AIDS in Sub-Saharan Africa: Current Status, Challenges and Opportunities, The Open AIDS Journal, 2016, 10, 34-48 Avail- able online: <https://www.ncbi.nlm.nih.gov.ezproxy.uct.ac.za/pmc/articles/PMC4893541/>

Class 6:2 The changing landscape of HIV Part 2

Continuation of Lecture 6.1

Readings: The World Bank and sub-Saharan Africa's HIV/AIDS crisis:

Global health <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1877834/pdf/20070605s00018p1728.pdf>

Halperin, D. 2008. New Thinking in HIV Prevention: An Anthropological and Epidemiological View Point. Future Virol: 3(4): 311-315
<https://www.futuremedicine.com/doi/pdf/10.2217/17460794.3.4.311>

Delany, S. & Mullick, S. 2017. One year in: lessons on rolling out an HIV prevention pill in South Africa <http://theconversation.com/one-year-in-lessons-on-rolling-out-an-hiv->



[prevention-pill-in- south-africa-88255?
utm_campaign=Echobox&utm_medium=Social&utm_source=Facebook#link_time=15127
23230](http://theconversation.com/one-year-in-lessons-on-rolling-out-an-hiv-prevention-pill-in-south-africa-88255?utm_campaign=Echobox&utm_medium=Social&utm_source=Facebook#link_time=1512723230)

Class 6:3 Course Summary & Discussion

In this lecture we will revisit some of the key themes from each week.

Assignment Due: Final Paper

Guest lecture: Neliswe Nkomonde from MSF discussing PrEP. TBD

Readings

Bhana, A. & Petersen, I. 2009. HIV and Youth: A Behavioral Perspective in *HIV/AIDS in South Africa 25 Years On: Psychosocial Perspectives* (pp. 155-164). Springer New York.

Bray, R., 2003. Predicting the social consequences of orphanhood in South Africa. *African Journal of AIDS Research*, 2(1), pp.39-55.

Castro, A., & Farmer, P. 2005. Understanding and addressing AIDS-related stigma: from anthropological theory to clinical practice in Haiti. *American journal of public health*, 95(1), 53-59.

Colvin, C. 2012. 'True believers or modern believers: HIV Science and the work of the Dr. Rath Foundation'. In *Medicine and the Politics of Knowledge*. Cape Town: HSRC Press, pp. 33-53.

Colvin, C.J. and Robins, S., 2009. Social movements and HIV/AIDS in South Africa. In *HIV/AIDS in South Africa 25 Years On: Psychosocial Perspectives* (pp. 155-164). Springer New York.

Coovadia, H., Jewkes, R., Barron, P., Sanders, D. and McIntyre, D., 2009. The health and health system of South Africa: historical roots of current public health challenges. *The Lancet*, 374(9692), pp.817-834.

Delany, S. & Mullick, S. 2017. One year in: lessons on rolling out an HIV prevention pill in South Africa [http://theconversation.com/one-year-in-lessons-on-rolling-out-an-hiv-prevention-pill-in-south-africa-88255?
utm_campaign=Echobox&utm_medium=Social&utm_source=Facebook#link_time=1512723230](http://theconversation.com/one-year-in-lessons-on-rolling-out-an-hiv-prevention-pill-in-south-africa-88255?utm_campaign=Echobox&utm_medium=Social&utm_source=Facebook#link_time=1512723230)



Farmer, P., 1994. AIDS-talk and the constitution of cultural models. *Social Science & Medicine*, 38(6), pp.801-809.

Farmer, Paul. 1996. On suffering and structural violence: A view from below. *Daedalus*.125(1) 261-83.

Fassin, D., 2007. *When bodies remember: Experiences and politics of AIDS in South Africa* (Vol. 15). University of California Press.

Fassin, D. and Schneider, H., 2003. The politics of AIDS in South Africa: beyond the controversies. *BMJ: British Medical Journal*, 326(7387), p.495 Available online: <https://www.ncbi.nlm.nih.gov.ezproxy.uct.ac.za/pmc/articles/PMC1125376/>

Flint, A. (2011). Chapters 1-3 in *HIV/AIDS in Sub-Saharan Africa Politics, Aid and Globalization*. Palgrave Macmillan.

Freeman, M. And M. Motsei. 1992. Planning health care in South Africa - Is there a role for traditional healers? *Social Science and Medicine*. 34 (11): 1183-90

Halperin, D. 2008. New Thinking in HIV Prevention: An Anthropological and Epidemiological View Point. *Future Virol*: 3(4): 311-315 <https://www.futuremedicine.com/doi/pdf/10.2217/17460794.3.4.311>

Harrison, A., Colvin, C.J., Kuo, C., Swartz, A. and Lurie, M., 2015. Sustained high HIV incidence in young women in Southern Africa: social, behavioral, and structural factors and emerging intervention approaches. *Current HIV/AIDS Reports*, 12(2), pp.207-215. Available online: <https://www.ncbi.nlm.nih.gov.ezproxy.uct.ac.za/pmc/articles/PMC4430426/>

Harrison, A. 2008. Young People and HIV/AIDS in South Africa: prevalence of infection, risk factors and social context. Chapter 17 in *HIV/AIDS in South Africa* eds. S Karim & Q Karim. Cambridge University Press.



Harrison, A., Colvin, C.J., Kuo, C., Swartz, A. and Lurie, M., 2015. Sustained high HIV incidence in young women in Southern Africa: social, behavioral, and structural factors and emerging intervention approaches. *Current HIV/AIDS Reports*, 12(2), pp.207-215. Available online: <https://www.ncbi.nlm.nih.gov.ezproxy.uct.ac.za/pmc/articles/PMC4430426/>

Helman, C 2007. Chapter 5: Doctor-Patient Interactions in Culture, Health and Illness. Oxford University Press.

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