AIDS (w/ associated HIV) AS DISEASE, SICKNESS, AND ILLNESS

HIV spread -> through behavior (sexual intercourse, durg injection): In USA, targeted education program to homosexual men once dramatically reduced AIDS. Prostitution was related with AIDS. The relationships with homosexual, drug-addiction, prostitution stigmatized the condition.
Central Africa -(primarily through prostitution [migrant Haitian workers in Zaire contacted with USA homosexual men] w/ other sexual relations)-> spread to the world.

- Disease (Objective, Western, biomedical): AIDS = complex of symptoms reflecting immune system failure (causing variety of symptoms, including rare cancers and pneumonia), HIV = a group of retroviruses destroying T cells, causing AIDS after a long latent period with no symptoms. Distributions of AIDS and HIV differ by ethnic group, due to the differences of sociocultural factors affecting preventive behavior.
- Sickness (Socially and culturally defined, with "sick role"): Experiences of AIDS patients and HIV-positives are partly resulted from social perception: Reponses from various institutions to AIDS patients have been caused by the stigmatization, which justified the isolation of high-risk populations (like Haitian) from disease-free society. The stigmatization forced "social suffering" to HIV negative family members.
- Illness (Subjective, personal): Cultural attitudes affected illness experiences: Institutional responses and discrimination must be removed to improve care. Illness experience is caused by stigmatization and neglect (e.g. negative social attitude to homosexual).

Political and Economic Aspects of AIDS treatment

Current changes: Gay and drug-users' (in early USA) -> Minority women and youth (now),
Haiti -> sub-Saharan Africa / Treatment is political and economic issue. "AIDS cocktails" are sold by Western pharmaceutical company at very high prices (hundreds dollars everyday). Effectively surpressing HIV proliferation but being not affordable for millions of patients (Captalism is a stronger decision maker than fair-treatment: Many countries with poor patients cannot produce their own cheap generics). Exceptionally Brazil won the rights to produce the generic antiretroviral medicines, patent belonged to US company), after the legal struggle supported by WTO: National rights to access to medications preceded the economic rights of companies. This led the price reduction of cocktails due to the prospect of generic drugs production (cf. Thailand also succeeded to produce generic cocktails, but other developing countries have not done yet).

AIDS cannot be completely cured by biomedicine, so that behavior change is important to tackle with epidemic -> see, **Column "Applications: Anthropological Approaches to AIDS Prevention"**, which explains the necessity of cultural perspectives regarding (1) what causes high susceptibility in high risk groups, (2) what are risk behaviors in general populations, (3) secret and hidden aspects of risk behaviors, (4) social responces affecting the perception of AIDS, (5) policies affecting AIDS research and treatment (and the necessity of anthropological research including **participant observation** (see movie) to obtain these information, which is difficult to obtain by structural / formal health research. Also, the intervention program should be based on peer educators and culturally knowledgeable consultants rather than popular prevention theories based on educational intervention, which tends to focus on individual effort and to ignore social and economic factors).

HEALTH BELIEFS AND EXPLANATORY MODELS

Maladies having disease, illness, sickness aspects -> Health needs of patients are important -> How the patients view the their health problems is important -> Models for inquiry into patients' beliefs about their maladies and treatment are necessary -> Major 2 models

- Health beliefs model: based in theories regarding seeking health or avoidance of illness and the perceived benefits of certain actions, eg., availability of services, cues to action, and self-efficacy
- Explanatory model: How patients interpret the causes and progress of a malady and how they think it should be treated: Eliciting the patients view of (1) cause of the condition, (2) timing of the symptom onset, (3) pathophysiological processes, (4) natural history of the malady, (5) appropriate treatments. (eg., the patients' diarrhoea and vomitting after eye-surgery cannot be understood by the physician, but by explanatory model, this model is also suitable for African American CVD and illness beliefs)

Health needs and views are sometimes mismatching between patients and care-providers, due to culural differences -> Patient compliance is fosterd through an informed response to the ways culture affects care by incorporating client perspectives into treatment plans and public health programs.

Clinical adaptations to illness: Based on the identification of the differences of patients' and biomedicine's views, the following interrelated strategies are helpful. (1) understanding illness, (2) improving communication, (3) increasing cultural self-awareness, (4) assessing cultural context, and (5) treating both illness and disease