MICROBICIDES FOR HIV PREVENTION: HOW GENDER, SCIENCE AND THE POLITICS OF SOCIAL ENGINEERING INTERSECT

by

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Microbicides for HIV Prevention: How Gender, Science and the Politics of Social Engineering Intersect

A Thesis submitted in partial fulfillment of the requirements for the degree of Master of Arts at George Mason University

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Dedication

Matthew Sedlar has served as a constant source of support and inspiration not only for this thesis but throughout my Master’s program. He has been a sounding-board, counselor and copy-editor – improving my grammar and offering invaluable feedback along the way. He encouraged and challenged me to apply to Master’s programs when I waivered. I dedicate this thesis to him.
I would like to thank Dr. Andrew Bickford for his advice, guidance and thoughtful edits to my work, and for providing me with direction throughout this process. Dr. Saida Hodzic, Dr. Yevette Richards Jordan and Dr. Cortney Hughes Rinker also lent me their invaluable insight and expertise as members of my thesis committee. Finally, I would like to recognize Dr. Tracy McLoone for her guidance and insight that began early on in my graduate studies, and for her continued support and interest in my work.
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Abstract

MICROBICIDES FOR HIV PREVENTION: HOW GENDER, SCIENCE AND THE POLITICS OF SOCIAL ENGINEERING INTERSECT

Kimberley Lufkin, MA
George Mason University, 2013
Thesis Director: Dr. Andrew Bickford

This thesis examines how advocates and funders in the U.S. global health and international development community conceptualize vaginal microbicides – or products such as gels, films, rings and sponges that women could apply vaginally for HIV prevention. An interdisciplinary approach was employed, combining anthropological and feminist theoretical frameworks and research methods, such as semistructured interviews, participant observation and a focus group discussion. This thesis finds that U.S. microbicide advocates and supporters see these products as a tool to maintain prevailing gender identities that assign men sexual decision-making authority and prestige. At the same time, U.S. microbicide advocates resist gender identities that define men as powerful and women as passive. In these situations, they view vaginal microbicides as a tool that women can use to wrestle sexual decision-making powers from men. From science and technology studies, this thesis employs the concept of non-human agency to
argue that microbicide advocates assign to these products a noteworthy amount of power and capacity. Also from science and technology studies, the theory of situated knowledge helps analyze claims made by microbicide advocates, particularly the political implications of claiming to speak from the position of African women. Politics and power are also central themes when examining how vaginal microbicides are entangled with broader U.S. health and development objectives in Africa, and this thesis argues that the rhetoric circulating in the U.S. microbicide advocacy community echoes historical paradigms about health and sexuality in Africa. This thesis also demonstrates that vaginal microbicides do a significant amount of political work, as U.S. microbicide advocates and supporters endow these vaginal products with a distinct level of power to achieve broader U.S. international development goals, such as improving gender relations and empowering women in Africa.
In 1990, South African epidemiologist Zena Stein wrote a commentary piece for the *American Journal of Public Health*, titled “HIV Prevention: The Need for Methods Women Can Use.” Writing less than 10 years after public health officials first observed what would later be classified as HIV among gay men in several metropolitan areas in the United States, Stein argued that condoms—the sole physical barrier to prevent the sexual transmission of the virus—are an inadequate prevention option for women globally.

“With condoms, male cooperation is crucial,” Stein wrote, adding that in most heterosexual encounters worldwide, “men must comply with the woman’s suggestion that they use the condom” (1990:460). Given that public health officials in the United States and Europe first observed and initially faced an HIV/AIDS epidemic in men, Stein argued, it falsely appeared that the disease was not impacting women. Given this apparent lack of an HIV/AIDS epidemic among women, researchers, public health officials, and social scientists had not paid sufficient attention to developing prevention methods that rest solely within women’s control, Stein wrote, and the condom wrongly appeared to be a sufficiently efficacious tool for global HIV prevention (1990).

A reliance on condoms – combined with behavior-change strategies focused on sexual partner selection and number – is ultimately woefully inadequate for HIV prevention among women, Stein continued. Condom use for most women worldwide
requires cooperation and consent from their male partners: therefore, relying solely on the condom places the locus of control and power with men over the consequences of sexual behavior. A shift in this power dynamic is badly needed, Stein wrote, adding that sexual health researchers and scientists should develop HIV prevention methods that depend on women and are under their control. “To prevent AIDS, both men and women need to be empowered,” she argued. This could be achieved by developing a range of chemical and physical barriers that block HIV transmission in the vagina. Products could include gels, suppositories, sponges, ovules, rings and diaphragms that women could apply vaginally before or after sex (Stein 1990).

Stein’s commentary is often cited as the start of an international scientific, public health and advocacy movement to develop microbicides, or products such as gels, films, rings and sponges that women could apply vaginally for HIV prevention with or without their male partners’ cooperation (Elias and Heise 1993; Forbes et al. in press; Global Campaign for Microbicides n.d.a; Susser 2010; Treatment Action Group 2011). In the almost 25 years since Stein’s commentary appeared, a host of local, regional, national and global advocacy groups have formed worldwide to call on the scientific, pharmaceutical, governmental, and donor sectors to increasingly take up and fund vaginal microbicide research and development (R&D) (AIDS Vaccine Advocacy Coalition 2012a; European Microbicides Project n.d.; Global Campaign for Microbicides n.d.a; International Partnership for Microbicides n.d.; New HIV Vaccine and Microbicide Advocacy Society n.d.; Population Council n.d.). This scientific and political movement has helped spur support, primarily from governmental donors, for clinical research to
develop vaginal microbicide products. Over the past 10 years, global investment in microbicide R&D has reached nearly $2 billion, with the U.S. government providing 80 percent of the total worldwide support (HIV Vaccines and Microbicides Research Tracking Working Group 2012). The U.S. government – in addition to other donor governments and multilateral institutions worldwide – has also incorporated vaginal microbicides into its policies and frameworks regarding HIV prevention, women’s health, and international development programming (U.K. Department for International Development 2005; UNAIDS 2009; U.S. Agency for International Development 2012).

The vaginal microbicide movement has occurred alongside the feminization of HIV/AIDS worldwide (Murray 2010; UNAIDS 2010; UNAIDS 2012). Although the HIV/AIDS epidemic was initially recorded among gay men in the United States and Europe, the impact of the disease on women worldwide has steadily grown since the 1990s. In 2010, women comprised half of the total number of HIV/AIDS cases globally—this proportion climbs to 59 percent in sub-Saharan Africa (UNAIDS 2011). The impact of HIV on women in Africa has increasingly became a focal point for microbicide advocacy groups globally, which cite the need for new prevention options that African women can control (International Partnership for Microbicides 2012; Irungu 2012; UNAIDS 2004; World Health Organization 2009).

This thesis aims to examine how advocates and funders in the U.S. global health and international development community conceptualize vaginal microbicides and how microbicide R&D rhetoric in the United States is influenced by Western concepts of gender, science and health in Africa. Using theories of gender hegemony, I will argue
that U.S. microbicide advocates and supporters see these products as a tool to maintain prevailing gender identities that assign men sexual decision-making authority and prestige, arguing that vaginal microbicides must fit within existing gender power structures. At the same time, U.S. microbicide advocates have a complicated relationship with gender hegemony and resist gender identities that define men as powerful and women as passive. In these situations, they view vaginal microbicides as a tool that women can use to wrestle sexual decision-making powers from men, thereby contesting hegemony. From science and technology studies, I will use the concept of non-human agency to argue that microbicide advocates assign these products with a noteworthy amount of power and capacity. I aim to unpack the power relations embedded in the decision to assign microbicides with such a distinct level of agency. Also from science and technology studies, the theory of situated knowledge (Haraway 1988) will help analyze claims made by microbicide advocates, particularly the political implications of claiming to speak from the position of African women. Politics and power are also central themes when examining how vaginal microbicides are entangled with broader U.S. health and development objectives in Africa. I will argue that the rhetoric and discourse that circulates in the U.S. microbicide advocacy community echoes historical paradigms about health and sexuality in Africa. I will also analyze the current discourse in the U.S. on microbicides and HIV/AIDS in Africa in the context of the exercise of postcolonial and geopolitical power. This thesis will demonstrate that vaginal microbicides do a significant amount of political work, as U.S. microbicide advocates and supporters endow these vaginal products with a distinct level of power to achieve
broader U.S. international development goals, such as improving gender relations and empowering women in Africa.

Research questions and methodology

As briefly introduced above, this thesis will focus on three primary themes related to vaginal microbicides: gender hegemony, science, and health in Africa. Therefore, my research for this thesis was guided by three main questions:

1. Gender and sexual hegemony: How do U.S. advocates, policymakers and funders think about gender hegemony and identities? How do vaginal microbicide supporters uphold hegemonic gender identities, and how do they resist and contest these roles?

2. Microbicides as a technology: Do U.S. microbicide advocates and supporters assign these products with agency? If so, what kind of moral, political or other judgments do advocates make when they give microbicides agency and power? How do these advocates situate their knowledge and claims in the world of microbicide R&D, where a range of other actors – from scientists to African women – make claims and have claims made for them?

3. Microbicides as part of U.S. development policy: Where do advocates, funders and policymakers situate microbicides in the larger U.S. international health and development framework? Are microbicide discourse and policy priorities influenced by issues such as moral judgments and colonial history in Africa?

In order to answer these questions, I determined it was necessary to use a qualitative research approach that could help me investigate how my target population
thinks about these issues. Specifically, an anthropological approach utilizing ethnographic field methods was the most appropriate qualitative method for my research, as an anthropological approach to research examining health and health structures can take into account varying complexities ranging from historical and contemporary political and economic elements, to unexamined, culturally based assumptions (Sobo 2009). Therefore, I conducted ethnographic, semistructured interviews about microbicide development (Bernard 2002; Seligman 2005; Spradley 1979) with people who work for microbicide advocacy groups and U.S. agencies. My goal was to discuss their views on gender relations, gender identity, and women’s sexuality – and how they think these issues relate to microbicide development and eventual use by women. I interviewed 12 participants who work in Washington, D.C., New York and Seattle whose jobs involve vaginal microbicides, either in terms of funding microbicide development or advocating for microbicide development with the U.S. government. Interviews, both initial and follow-up, lasted on average between one and two hours. I used judgmental sampling (Christman 1988) – or selecting individuals with a direct bearing on my research topic – in order to recruit participants who work at these U.S. agencies and groups. From there, I employed snowball sampling, whereby some of my initial participants recommended others working in the field for possible interviews. No incentives were provided to participate in the research.

I developed a standard list of questions for these interviews; although I asked additional, unplanned questions based on comments and answers given during the conversation. I also developed an informed consent form, which I used with each
participant as a tool to go over the concept of consent (Bernard 2002; Fluehr-Lobban 2003) and how it applied to my research (see Appendices 2-4 for all forms and information submitted to the George Mason Office of Research Subject Protections).

While I was able to conduct in-person interviews with four participants, I found that the majority of interviews (eight of 12) took place over the phone. I believe this is a consequence of the tight and busy schedules of my target population, as many participants initially expressed an inability to leave their office and meet with me for an hour in person. I often had participants reschedule interviews several times due to unexpected meetings or phone calls, while others had to suddenly cut interviews short for this same reason. They more readily agreed to be interviewed if I offered to call them, allowing them to stay at their desks. Others were located in New York and Seattle, while I am based in Washington – making a phone call necessary. During these phone interviews, I followed Sobo’s advice (2009:203-210) regarding conducting telephone interviews in ethnographic research. While telephone interviews undoubtedly present some disadvantages, including greater anonymity and a lack of visual clues such as body language, I still found that many of the techniques I employed in face-to-face interviews were still useful, such as silence, echo probing and the “grand tour” question (Spradley 1979). Telephone interviews also allowed me to include participants in my research that I would not otherwise be able to, due to scheduling or distance barriers. I was able to tape record the face-to-face interviews, if participants were comfortable, and transcribed segments of interviews in order to retrieve quotations and other portions of the conversation that might not be captured through note-taking (Bernard 2002). For the
phone interviews, I relied on extensive note taking, as I did not have the technology for tape-recording over the phone.

I also engaged in participant observation for this thesis research and took field notes. From July 22-27, 2012, the XIX International AIDS Conference was held in Washington, D.C. This biennial conference is one of the largest gatherings for those working in the field of HIV, as well as policymakers, people living with HIV and researchers. I attended conference sessions that dealt with microbicides and took field notes during the sessions on both the content of the presentations, as well as general observations regarding the conference setting and participants (Bernard 2002; Sanjek 1990). During the week of the AIDS conference, I was also invited to a dinner hosted by a microbicide advocacy organization and had the opportunity to talk with microbicide advocates and supporters about issues related to sex and sexuality. After the dinner, I wrote extensive notes about these conversations, as well as my general observations of the event. Finally, I conducted a small focus group at the early stages of my research with three participants who work in microbicide R&D and reproductive health advocacy. I used the same list of questions for this focus group that I used for the one-on-one interviews and found this technique to be valuable for what Sobo calls the distinguishing feature of focus groups – group interaction (Sobo: 2009:178-179). This particular method gave me the opportunity to observe unique interaction between the three participants that would not have been achieved with a one-on-one interview, and I believe this interaction produced different data that would have come from individual interviews.
In order to process my field notes, interview transcripts and notes, and focus group notes, I typed all of my data and then applied open codes to each section (Bernard 2002). My codes were based on the main themes introduced above: sex, gender, science, Africa, and agency. In order to analyze the data, I started with Bernard’s recommended method of “eyeballing” or doing an ocular scan of the hand-coded and sorted data. Based on the codes I employed, I grouped the data into broad categories or themes for processing and analysis. I also ensured the confidentiality of my research participants—both interviewees and individuals whom I observed during participant observation—through the use of pseudonyms and a numeric code system in my notes and audio files (Bernard 2002). All data and transcripts were secured on a password-protected computer, and I use pseudonyms throughout this thesis to protect participants’ identities.

A note about discourse and reflexivity

At this stage, I believe it is also important to acknowledge that this thesis takes an interdisciplinary approach, combining feminist and anthropological scholarship and methods. I would like to take the opportunity here to explain my focus on discourse and rhetoric used by microbicide supporters in the United States, as outlined above. In writing about why some forms of modern feminism are unable to account for current global conditions, Inderpal Grewal and Caren Kaplan argue for the need to raise “as many questions as possible about how and why such denials and erasures have occurred as well as how to practice feminism differently” (Grewal and Kaplan 1994:1). A large part of this effort involves examining how key terms and concepts are circulated, as the
“way that terms get co-opted constitutes a form of practice just as the way that they contain possibilities for critical use is also an oppositional practice” (Grewal and Kaplan 1994:2). In this spirit, I have chosen to focus on the discourse that circulates among microbicide advocates and funders in Washington, in order to more fully explore the as-of-yet unexamined practices established in the United States that have implications for women globally.

I have also worked to incorporate a feminist epistemology and methodology into this thesis (Harding 1988). My decision to make microbicides the focus of my research was influenced by a desire to design a project around women’s experiences and issues in the context of HIV/AIDS, as well as to shed light on how certain facts and knowledge are created and legitimized in the context of creating an HIV prevention tool aimed at women. I also recognize that this research not only takes as its topic the overtly political subject matter of women and HIV, but also that I have my own political viewpoints that have shaped my research and that my research might be used by others with similar or differing political aims. Finally, I aim to recognize that my race, class, culture, and gender assumptions and beliefs have influenced everything from my research questions to methodology, results, conclusions and writing, and even my access to certain people in the microbicide field. I realized this last point in the middle of an interview, during which one participant brought up how I work at the organization PATH (or Program for Appropriate Technology in Health) From 2001 to 2012, PATH housed the Global Campaign for Microbicides (GCM), an international advocacy group focused on raising awareness and support for HIV prevention options for women. In the midst of reaching
out to several long-time leaders and advocates in the vaginal microbicide field, PATH announced that GCM would shut down in September 2012 due to various funding and other issues (PATH 2012). This announcement resulted in some anger and frustration in the community directed at PATH – my impression was that several advocates felt that PATH should have made more of an effort to keep GCM running. As I was interviewing a longtime microbicide supporter, she asked if I had spoken with two others in the field who are seen as part of the core group of women who started the vaginal microbicide advocacy movement. When I responded that I had reached out but had not gotten responses, she reminded me of my position relative to these advocates, saying, “Well, part of that might be because you work at PATH.” It was moments like these that reminded me of my position as the researcher, which was complicated by my professional position, and how my standing with some advocates who might have been angry or disappointed with PATH at the time affected their willingness to participate in my research.

Finally, throughout my research on microbicides, I strive to adhere to the call in both feminist and anthropological scholarship for reflexivity, or the recognition of my own position and power relationships that influence this thesis (Abu-Lughod 1991). Recognizing that feminists must “continually question the narratives in which they are embedded, including but not limiting ourselves to the master narratives of mainstream feminism” (Grewal and Kaplan 1994:18), I believe it is critical to recognize my own position in the U.S. microbicide advocacy community. Indeed, the source and motivation of this thesis’ topic results from the fact that I am embedded and take part in the
circulation of the microbicide rhetoric outlined above as part of my employment with PATH, which houses the advocacy groups the Global Health Technologies Coalition (GHTC), the project for which I work. My position at the GHTC means that I am often one of the advocates who employs and sustains this discourse in my day-to-day work, and my position contributed to my decision to question and examine these terms and language in this thesis. I also aim to recognize the complex power relations that involve not my own position in microbicide advocacy, but also the positions of other advocates, funders, policymakers, and the women for whom microbicides are being developed. As Grewal and Kaplan write, such “questions demand an examination of the links between daily life and academic work and acknowledgement that one’s privileges in the world-system are always linked” to other women, and that perhaps these linkages result in negative consequences (Grewal and Kaplan 1994:19). By focusing on key terms and discourse, as well as taking a reflexive approach, I hope that this research will contribute not only to the broader anthropological literature on vaginal microbicides, but also to feminist scholarship that aims to question the master narratives concerning microbicide R&D.

A brief history of microbicides: Launching an advocacy movement to fund research and development

In the late 1980s, U.S. advocates from the fields of women’s health, contraceptive research and HIV/AIDS began calling for additional HIV prevention options to supplement the male condom. In particular, advocates pointed to evidence that
HIV/AIDS cases were escalating among women worldwide and stressed the need for prevention tools that women could use (Forbes et al. in press). After the publication of Stein’s commentary in the *American Journal of Public Health* in 1990, advocates that year at the U.S. National Conference on Women and HIV Infection included in the formal conference recommendations a demand for “methods which are women-controlled and may be used without detection by their sexual partners” (National Institutes of Health 1990). By the early 1990s, advocates with groups such as the Rockefeller Foundation and Population Council began convening meetings between U.S. women’s health advocates and researchers to discuss the possibility of developing vaginal microbicide products for HIV prevention (Elias 1991; Forbes et al. in press). Prompted by women’s health advocates, multilateral institutions such as the World Health Organization also started to hold meetings with advocates and scientists to discuss contraceptive and HIV research priorities (World Health Organization 1991). In 1993, the first formal microbicide advocacy group—the Women’s Health Advocates on Microbicides—emerged as a network of eleven global women’s health organizations (Forbes et al. in press). By 1998 there were two additional microbicide advocacy organizations—the Alliance for Microbicide Development and the Global Campaign for Microbicides and Prevention Options for Women. Today, there are various advocacy groups worldwide at the local, regional, national and international level that focus on vaginal microbicide R&D, while broader HIV/AIDS organizations include microbicides in their advocacy remit (amfAR 2005; AIDS Vaccine Advocacy Coalition 2012a; European Microbicides Project n.d.; Global Campaign for Microbicides n.d.a;

Microbicide research overview

Prompted by the growing vaginal microbicide advocacy community, the National Institutes of Health in the United States and the Medical Research Council in the United Kingdom started allocating relatively small amounts of funding for microbicide R&D in 1992 (Forbes et al. in press). Early microbicide research focused on formulations comprised of materials already used in vaginal contraceptive products such as spermicides. These early formulations included the surfactants nonoxynol-9 and SAVVY; the three polyanions cellulose sulfate, carraguard, and PRO 2000; and an acidifying agent, buffergel. Results from these first-generation microbicides were disappointing, as none was found to inhibit HIV infection among women (Mertenskoetter and Kaptur 2011). In fact, three of the candidates – nonoxynol-9, SAVVY and cellulose sulfate – were found to increase HIV infection risk among women. Because of these early results, microbicide research has now shifted to products that contain antiretrovirals in multiple-dose forms such as gels, films, rings, soft-gel capsules and pills (Kreiss et al. 1992; Mertenskoetter and Kaptur 2011; Van Damme et al. 2002). Until 2010, none of the 11 trials of six candidate microbicides had demonstrated meaningful protection against HIV infection (Mertenskoetter and Kaptur 2011). In 2010, however, researchers with the Centre for the AIDS Programme of Research in South Africa (CAPRISA) released the results of the first-ever proof-of-concept trial that found an experimental gel could reduce
the risk of HIV infection among women during vaginal intercourse. The researchers found that the gel, which contained the antiretroviral tenofovir, reduced HIV infection by an estimated 39 percent overall, and by 54 percent in women with what they termed “high gel adherence” (Karim 2010).

Following the CAPRISA trial results in July 2010, microbicide R&D has been in a state of flux, with inconsistent results from other trials. For instance, there were disappointing announcements in early 2013 regarding a study known as VOICE (Vaginal and Oral Interventions to Control the Epidemic). The VOICE study started in 2009 with more than 5,000 HIV-negative women in South Africa, Uganda and Zimbabwe. The study aimed to compare three different once-daily HIV prevention strategies:

- A pill that combined the antiretroviral drugs emtricitabine and tenofovir, sold under the brand name Truvada.
- A pill containing only the antiretroviral drug tenofovir, sold under the brand name Viread.
- Tenofovir vaginal gel (Microbicides Trial Network 2013).

In addition to a vaginal gel, VOICE examined a method known as pre-exposure prophylaxis, or PrEP – where HIV-negative individuals take pills containing antiretroviral drugs in order to prevent infection (National Institute of Allergy and Infectious Diseases 2011). In March 2013, researchers announced that for all three prevention methods, study participants did not take them daily as recommended. Due to what the researchers termed “low adherence” among participants, none of the products
was deemed effective in reducing HIV infection in this particular trial (Marrazzo et al. 2013). The estimates of effectiveness for both oral tenofovir and Truvada were less than zero. The study showed a 14.7 percent reduction of HIV infection in the tenofovir gel arm, when compared to placebo gel, which the researchers announced was not statistically significant (Marrazzo et al. 2013). Much of the reaction to the VOICE trial results from microbicide advocacy organizations focus on the “low adherence” among trial participants, and why women in the study did not use the products daily as directed. In particular, advocates stressed the need to address women’s perception of their own risk of HIV and to create a demand for microbicide products (AIDS Vaccine Advocacy Coalition 2013; CONRAD 2013).

In addition to these more notable microbicide trial announcements from the past two years, there are currently 32 vaginal microbicides under development, either in clinical trials or to begin trials by 2014 (AIDS Vaccine Advocacy Coalition 2012b) (see Appendix 1). No vaginal microbicide is yet available to the general public worldwide, outside clinical trials. Of the seven vaginal microbicide candidates in Phase IIb or higher clinical trials for HIV prevention – generally when experimental health products enter large-scale testing in humans to assess efficacy as well as safety, acceptability and adherence – all are in trials among women in Africa (Malawi, Rwanda, South Africa, Uganda, Zambia and Zimbabwe) (AIDS Vaccine Advocacy Coalition 2012b). The only microbicide candidate currently in ongoing Phase II trials outside of Africa is a rectal microbicide, which would be used by men and women during anal sex (see Table 1). This advanced rectal microbicide candidate is in clinical trials in Peru, South Africa,
Thailand and the United States solely among men who have sex with men and transgender women – it is not being tested for use by women during heterosexual, anal intercourse with male partners (AIDS Vaccine Advocacy Coalition 2012b).

Table 1: Advanced microbicide clinical trials

<table>
<thead>
<tr>
<th>TRIAL NAME</th>
<th>PHASE</th>
<th>START DATE</th>
<th>LOCATIONS</th>
<th>PREVENTION TYPE</th>
<th>POPULATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>MTN 018 (CHOICE)</td>
<td>Open Label</td>
<td>January 2013</td>
<td>South Africa, Uganda, Zimbabwe</td>
<td>Microbicide/PrEP</td>
<td>Women</td>
</tr>
<tr>
<td>CAPRISA 008</td>
<td>III</td>
<td>August 2012</td>
<td>South Africa</td>
<td>Microbicide</td>
<td>Women</td>
</tr>
<tr>
<td>IPM 027 (The Ring Study)</td>
<td>III</td>
<td>March 2012</td>
<td>Malawi, Rwanda, South Africa</td>
<td>Microbicide</td>
<td>Women</td>
</tr>
<tr>
<td>MTN 020 (ASPIRE)</td>
<td>III</td>
<td>June 2012</td>
<td>Malawi, South Africa, Uganda, Zambia, Zimbabwe</td>
<td>Microbicide</td>
<td>Women</td>
</tr>
<tr>
<td>FACTS 001</td>
<td>III</td>
<td>October 2011</td>
<td>South Africa</td>
<td>Microbicide</td>
<td>Women, Heterosexual</td>
</tr>
<tr>
<td>CONRAD C05-103</td>
<td>III, II</td>
<td>January 2008</td>
<td>United States</td>
<td>Microbicide</td>
<td>Women, Men</td>
</tr>
<tr>
<td>MDP 001</td>
<td>III</td>
<td>October 2005</td>
<td>South Africa, Tanzania, United Republic of, Uganda, Zambia</td>
<td>Microbicide</td>
<td>Women</td>
</tr>
<tr>
<td>CAPRISA 004</td>
<td>IIb</td>
<td>May 2007</td>
<td>South Africa</td>
<td>Microbicide</td>
<td>Women</td>
</tr>
<tr>
<td>HPTN 035</td>
<td>IIb</td>
<td>February 2005</td>
<td>Malawi, South Africa, Tanzania, United Republic of, United States, Zambia, Zimbabwe</td>
<td>Microbicide</td>
<td>Women</td>
</tr>
<tr>
<td>MTN 003 (VOICE)</td>
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<td>September 2009</td>
<td>Malawi, South Africa, Uganda, Zimbabwe</td>
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<tr>
<td>MTN 017</td>
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<td>January 2013</td>
<td>Peru, South Africa, Thailand, United States</td>
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<td>Transgender, MSM</td>
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<td>FACTS 002</td>
<td>II</td>
<td>January 2013</td>
<td>South Africa</td>
<td>Microbicide</td>
<td>Women</td>
</tr>
</tbody>
</table>

Table 1 note: CONRAD C05-103 and HPTN 035 trials have been completed.
Table courtesy of AVAC.
The history and current state of microbicide R&D is important to highlight for a few key reasons. Primarily, it illustrates that the overwhelming majority of vaginal microbicide trials are taking place in sub-Saharan Africa. During my research, several microbicide advocates stressed that the concentration of microbicide clinical trials in sub-Saharan Africa was due to the fact that vaginal microbicides need to be tested by large numbers of women at high risk of sexually transmitted HIV in order to determine efficacy. Therefore, later-stage clinical trials are carried out in communities with high rates of sexually-acquired HIV incidence, or high numbers of new infections each year. Advocates whom I interviewed stressed that these conditions primarily exist in sub-Saharan Africa. However, advocates also repeatedly expressed a desire to ensure that vaginal microbicides are developed specifically for women in sub-Saharan Africa and made available there as soon as a product clears clinical trials and drug regulatory approvals. Many advocates told me that women in sub-Saharan Africa have the greatest need for microbicides worldwide, given high HIV/AIDS prevalence rates and widespread gender inequality in the region. The themes – gender inequality, and health and sexuality in Africa – became overriding and prominent themes in my research, as I will outline below in the section on U.S. microbicide rhetoric and discourse. Additionally, I will detail in later chapters how HIV risk and lack of demand for microbicide products – two concepts introduced with the VOICE trial results – are important components of larger dynamics related to the politics of microbicide R&D. At this stage, it is valuable to note
that gender, health in sub-Saharan Africa and HIV risk are central themes in microbicide research and advocacy in the United States.

**Microbicides and U.S. funding**

In the United States specifically, several nongovernmental organizations and U.S. federal agencies support, fund and advocate for microbicide clinical trials. According to the HIV Vaccines and Microbicides Research Tracking Working Group (HVMRTWG), over the past 10 years, global investment in microbicide R&D has reached a total of nearly $2 billion, with an average yearly investment of $196 million (HVMRTWG 2012). In 2011, total global investment in microbicide R&D was $186 million, of which $176 million, or 95 percent, was provided by the public sector (HVMRTWG 2012). The remaining funding was provided by the philanthropic sector ($9 million, or 5 percent) and the commercial sector ($1 million, or less than 1 percent) (HVMRTWG 2012). The U.S. government continues to be the primary source of funding for microbicide R&D at $148 million, representing 80 percent of total funding for microbicide R&D (HVMRTWG 2012). In fact, the top two microbicide funders worldwide are the U.S. National Institutes of Health (NIH) and the U.S. Agency for International Development (USAID), respectively (HVMRTWG 2012).
Table 2: Top Microbicide R&D Funders in 2010 and 2011

<table>
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<tr>
<th>2010 Rank</th>
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<th>2011 Rank</th>
<th>Funder</th>
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<tr>
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<td>NIH</td>
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<tr>
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<td>2</td>
<td>USAID</td>
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<td>3</td>
<td>South African DST/DOH</td>
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</tr>
<tr>
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<td>4</td>
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</tr>
<tr>
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<td>3.6</td>
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</tr>
<tr>
<td>7</td>
<td>UK MRC</td>
<td>3.4</td>
<td>7</td>
<td>NORAD (Norway)</td>
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</tr>
<tr>
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<td>Irish Aid</td>
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<tr>
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<td>DFID</td>
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<td>CDC</td>
<td>0.7</td>
<td>15</td>
<td>ARC</td>
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</table>

Table courtesy of AVAC.

There is a growing body of literature from a range of disciplines – such as anthropology, biology, sociology and medicine – on the biomedical and cultural implications of vaginal microbicides among the eventual end-users of these products and their sexual partners (Braunstein and Wijgert 2005; Han et al. 2009; Hardy et al. 2003; Runganga et al. 1992; Wijgert et al. 2001). At the same time, there is an equally important need for research into the populations that advocate for and fund microbicide R&D (Hoffman 2008; Philpott 2010). As the primary funder of microbicide research and clinical trials, the U.S. government largely determines the course for vaginal microbicide research. But without a significant amount of ethnographic research conducted among
the supporters of vaginal microbicides in the U.S. governmental, policy and advocacy community, it is difficult to determine what this population thinks about this experimental HIV prevention tool and how it relates to issues such as gender, science and global politics. Therefore, I am to fill a gap in the microbicide literature by conducting ethnographic interviews and participant observation among a group of microbicide supporters and advocates in the Washington, D.C., global health policy community to determine how microbicide R&D is influenced by perceptions of gender, science and HIV in sub-Saharan Africa.

The promise of vaginal microbicides

It is worth noting that at their core, the advocacy, research and funding efforts described above stemmed from a call for HIV science and programming to take women’s needs into account. Advocates who made the initial calls for vaginal microbicides stressed the need to develop HIV prevention options that women controlled, as the male condom and sexual partner reduction strategies are inadequate and unrealistic options for women around the world (Elias and Heise 1993; Stein 1990; Heise 2002). Many of the arguments for new, female-controlled HIV prevention options focused on the dynamics of gender and power during the act of sex. Advocates stressed that men hold the power and control over women regarding the timing and circumstances of sex, including whether a condom is used. For example, one early position paper on microbicides reads, “Underlying gender power inequities severely limit the ability of many women to protect themselves from HIV infection, especially in the absence of a prevention technology they
can use, when necessary, without their partner's consent” (Elias and Heise 1993:ii). Microbicide advocates turned this recognition the condom’s inadequacy for women into a distinctly political goal of garnering support and attention from scientists and governments for microbicides. The first microbicide advocacy platform, published in 2002, outlines the need to advance microbicide research through global political advocacy, given the fact that the pharmaceutical industry will likely not invest in products being created for women who might not be able to afford to pay for them – thereby minimizing financial gain. “Unlike those areas of science where the motives of profit and personal ambition are sufficient to propel innovation, microbicides will only become a reality if advocates mobilize sufficient political will to garner substantial investment on the part of governments and private foundations,” it reads. “This is why public education and advocacy are critical to the task of bringing public health goods—such as microbicides and vaccines—to market. Advocacy creates the political will and momentum necessary to propel the scientific enterprise forward—whether through highlighting the urgency of the task at hand, educating those in a position to make a difference, or fomenting political pressure for change” (Heise 2002:4). As this first call-to-action illustrates, a central tenant of microbicide advocacy has been the desire to spur recognition of women’s health needs around the world and to compel the scientific community, governments and other donors to acknowledge and met these needs. Recognizing and meeting women’s sexual health needs has remained a fundamental component of the vaginal microbicide community’s mission and is still a fundamental argument cited by many microbicide advocacy organizations (Global Campaign for
Microbicides n.d.b.; International Partnership for Microbicides 2010; Microbicide Trials Network 2012; Population Council 2012). My research with U.S. microbicide advocates and supporters found that these issues—expanding the range of HIV prevention options for women worldwide, and providing women with a tool that can shift the gender power dynamic during sex—are indeed still the predominant reasons given for the need to develop vaginal microbicides. While this thesis aims to unpack and more closely examine U.S. advocates’ discourse on gender and sexuality—as well as the political implications of vaginal microbicides—it is still important to recognize the promise that these products do hold in expanding HIV prevention options and meeting the health needs of women worldwide.

Microbicide rhetoric and discourse: Gender hegemony, African health and sexuality, and the power of science

As outlined earlier, this thesis is centered on three primary themes and theoretical frameworks that I will use to examine the discourse that circulates among U.S. vaginal microbicide advocates. The literature review in Chapter 2 will provide an analysis of the primary theoretical frameworks I have chosen to guide my analysis. In this section, I provide an introduction to vaginal microbicide discourse, and the three primary categories under which I have grouped this discourse.

The first theme explored in this thesis can be found in the rhetoric used by microbicide supporters in the U.S. international public health and advocacy communities, who present several primary arguments on the need for microbicides for women. Many
of these arguments center on the concept of the male/female gender binary and
hegemonic notions of masculinity and femininity. At this stage, it is useful to introduce
the concept of cultural hegemony, and the type of hegemony I refer to throughout this
thesis. Italian political theorist Antonio Gramsci (1971) first introduced the concept of
hegemony in *The Prison Notebooks*, a series of letters and notes written while Gramsci
was imprisoned by Italy’s fascist regime. While Gramsci never provided a precise,
encapsulated definition of hegemony, it is clear that hegemony is primarily concerned
with ever-changing and highly mutable relationships of power, which can vary in form
according to the specific context (Crehan 2002; Lears 1985). While power is primarily
held and exercised by a dominant group, hegemony also involves a level of consent from
the dominated. Indeed, brute force and coercion alone could not explain any long-term
domination by a small group of elites over the larger masses, and it is important to note
that hegemony’s ideology and values become common sense (Crehan 2002; Gramsci
1971; Lears 1985). Hegemony, therefore, can also best be understood by thinking about
the complex way that consent and coercion are entangled in the exercise of power, which
can take markedly different forms in different contexts. As Crehan argues, one reason
that Gramsci never provides a concrete definition of hegemony is hegemony’s fluid and
flexible nature. For example, the dominant ideology may be altered as it is accepted by
those not in power. Additionally, hegemonic and subordinate discourses are mutually
constructed, as subordinate groups are not passive but actively negotiate their position
relative to the dominant group. Hegemony, therefore, is simply a name for the problem
of how power relations and inequality are produced and reproduced (Crehan 2002:104).
For Gramsci, another key aspect of power and inequality is resistance – how do dominated, or subaltern, groups produce accounts of the world in which they live that challenge hegemonic definitions of the world in an effective way (Crehan 2002; Gramsci 1971)? In other words, how do people actually live and experience hegemony, and how can hegemony be effectively challenged and overcome?

Gramsci originally described hegemony in political and class terms, describing mechanisms of state power such as legal and economic systems, as well as the intertwined nature of civil society and the government in producing and reproducing state power (Gramsci 1971). In fact, Gramsci did not begin describing hegemony as a theoretical concept but rather as a way to explain the movement that led to the formation of the Italian state (Crehan 2002:101). Nonetheless, Gramsci’s hegemony has become one of the most frequently cited political and cultural concepts of the 20th century by various disciplines and schools of thought (Crehan 2002; Lears 1985; Nemeth 1980). Gender studies is one of these many disciplines that has taken up the concept of hegemony, specifically to examine how hegemony produces and reproduces definitions of masculinity and femininity, as well as the power relations embedded in hegemonic gender identities (Connell 1995; Cornwall and Lindisfarne 1994; Grewal and Kaplan 1994; Harris and Young 1981; Minh-Ha 2009). Chapter 2 will provide a more detailed review of the literature on hegemony and gender, but it is important to note at this stage that hegemony in this thesis primarily refers to gender hegemony, or the production and reproduction of idealized definitions of masculine behaviors and characteristics, and feminine behaviors and characteristics. Gender hegemony also involves an examination
of the production and maintenance of male/female power relations, and how gendered power is contested by counterhegemonic accounts of the world.

I will also establish that in the world of vaginal microbicide advocacy, hegemonic gender identities are often situated on a binary that define male and female characteristics and behaviors in opposite and mutually-exclusive terms (Fausto-Sterling 2000; Martin 1991). When describing heterosexual intercourse and the spread of HIV, vaginal microbicide discourse is studded with hegemonic gender identities that define men as sexually aggressive and women as sexually passive and victimized. For instance, a document from the International Partnership for Microbicides (IPM)—which conducts vaginal microbicide research, product development and advocacy—that outlines the need for microbicides reads:

Women bear a particularly high burden of the epidemic as primary caregivers for the ill and because of their heightened risk of infection due to biological, economic and social vulnerabilities. ... Although a range of prevention strategies exists, they are not enough to stop the spread of HIV – especially among women. Many women are unable to persuade their male partners to use condoms or remain faithful. Abstinence is not an option for women who are married, who want children or who are at risk of sexual violence (International Partnership for Microbicides 2011).

The Global Campaign for Microbicides—a microbicide advocacy and educational group formerly based in the United States and Africa—also stressed this male/female, aggressor/victim binary when arguing for microbicide R&D. The campaign lists the following social and economic factors that can place women at an increased risk of HIV compared with men:

- Women may influence but do not control the sexual and/or drug-using behavior of their male partners.
• Violence, coercion and economic dependency in many women's relationships make it difficult to "negotiate" condom use or to leave a partnership that puts them at risk.
• In many societies, women and girls are discouraged from learning about their bodies and about sex in general.
• Often, women are socialized to leave sexual decision-making to men.
• Gender-based social norms often encourage men to seek multiple partners, while women bear the burden of shame and stigma associated with disease.
• Growing economic inequality and eroding social support have driven many women into commercial sex work to support their families (Global Campaign for Microbicides n.d.b).

As these documents indicate, the male/female gender binary and its effects on sexual behavior and HIV prevention are central themes in U.S. microbicide discourse and rhetoric. This thesis will therefore examine how U.S. advocates and funders live and experience gender hegemony and how hegemonic definitions of masculinity and femininity are buried in U.S. microbicide discourse and broader global health policies. I will also examine how U.S. microbicide advocates and supporters contest gender hegemony by using vaginal microbicides as a method of producing claims to counter the male/female, active/passive gender binary.

Historical paradigms regarding health and sexuality in Africa

27
As referenced earlier, a common argument that appears in U.S. microbicide advocacy discourse focuses on the health needs of African women. According to these arguments, African women are at an especially heightened risk of HIV due to the high rates of HIV/AIDS prevalence in sub-Saharan Africa, as well as African cultural norms that provide men with complete control over all decisions made during sex, including the use of condoms and other HIV prevention methods. For instance, a vaginal microbicide advocacy document from IPM reads:

The [HIV/AIDS] epidemic takes a disproportionate toll in sub-Saharan Africa, where six out of every 10 HIV-positive adults are women. Each day, more than 3,000 women and girls become infected with HIV/AIDS. An IPM incidence study conducted in South Africa, which has some of the highest HIV rates in the world, found that HIV prevalence among women ages 18-35 in the KwaZulu-Natal province can reach higher than 40 percent (International Partnership for Microbicides 2012:1).

The document goes on to explain these high rates of HIV among women in sub-Saharan Africa by discussing African cultural and sexual practices that place women at an increased risk of the virus:

Heterosexual sex remains the primary mode of HIV transmission in sub-Saharan Africa – and a mix of biology and culture renders women more susceptible to HIV infection than men. Many women are unable to negotiate with their partners to use condoms or remain faithful. Abstinence is not a practical option for women who are married, who want to have children, or who are at risk for violence (International Partnership for Microbicides 2012:1-2).

The fact that U.S. microbicide discourse regarding Africa, in large part, cites cultural practices and norms reveals this thesis’ second theme: that vaginal microbicides are a component of the larger U.S. and European discourse concerning sexual and reproductive health in Africa. This discourse has its roots in colonial medicine, which was part social
and part moral engineering through which European nations aimed to shape and control African ills, both medical and social (Cooper 1994; Packard 1989; Vaughan 1991). Colonial discourse (Spivak 1988) often looked for social explanations for disease or defined disease susceptibility in cultural terms (Vaughan 1991). Colonial sociocultural explanations for diseases such as leprosy and syphilis were often based on the articulation of difference between Africans and Europeans, followed by efforts to correct those sociocultural roots of disease that were seen as different from European society (Vaughan 1991). In the current microbicide R&D discourse, it is critical to examine the historical foundations of contemporary efforts to address HIV/AIDS in Africa, and this thesis will examine if and how vaginal microbicides are influenced by historical paradigms and discourse on African health and sexuality.

Science and technology studies: non-human agency and geopolitics

Finally, the third theme that will be explored in this thesis falls in the realm of science and technology studies. There is a growing body of work from anthropologists, ethnographers and feminist scholars who are addressing various science and research efforts, with the aim of examining and understanding their cultural and socioeconomic elements (Casper 1994; Fausto-Sterling 2000; Haraway 1988, 1990; Lock, Young and Cambrosio 2000; Martin 1991, 2001; Rapp 2000). Similarly, much of the language used by U.S. advocates and funders focuses on the concept of the power and promise of science to deliver a new HIV prevention tool, and key concepts from science and technology studies can help unpack the sociocultural and political underpinnings of this
discourse. For instance, the reaction from U.S. agencies after the CAPRISA trial results in 2010 is a prime example of this concept. In a press release commenting on the trial results, USAID Administrator Rajiv Shah said:

I am proud USAID is at the forefront of scientific innovation. CAPRISA 004 is a model for future research studies in which clinical trials will be led by in-country investigators backed up by the scientific and operational expertise of their U.S. colleagues. This approach builds the research capacity of the developing world, contributes to sustainable health systems, and exemplifies how President Obama's Global Health Initiative intends to leverage technology and innovation to improve health around the world (USAID 2010b).

Along similar lines, Anthony Fauci, head of the NIH’s National Institute for Allergy and Infectious Diseases, said, “Given that women make up the majority of new HIV infections throughout the world this finding is an important step toward empowering an at-risk population with a safe and effective HIV prevention tool” (National Institutes of Health 2010). These two statements from the leading U.S. public funders of microbicide R&D underscore a key theme in this thesis: the fact that U.S. microbicide advocates and supporters assign these products with a distinct level of non-human agency (Casper 1994) to achieve broad and monumental international health goals. In this thesis, I define agency as the ability or power to influence (construct, maintain or damage) realms such as gender, sexuality, race and nationalism (Downey et al. 1992). I recognize that this definition of agency is rooted squarely in liberal humanism and feminist scholarship that can elide other forms of agency that do not fit neatly into this concept of individual autonomy (Boddy 2007; Mahmood 2001); however, I believe that it is the most useful definition for this thesis, given the overriding concepts of individual choice and sovereignty that circulate in the microbicide advocacy community. I do not mean to
gloss over the problematic nature of defining agency in these terms, and I will further examine this issue in Chapter 5. I also recognize Casper’s (1994) resistance to nonhuman agency due to the fact that assigning nonhuman subjects with such ability and power often negates human accountability to other entities (whether such entities be human, nonhuman or other). For example, Shah and Fauci assign microbicides with the capacity to not only prevent HIV but also to empower women worldwide, foster research knowledge and capacity in developing countries, build stronger health systems globally, and achieve political goals outlined in U.S. global health policies. This thesis will demonstrate that U.S. microbicide advocates bestow a remarkable amount of agency to vaginal microbicides, as well as examine the objectives behind such decisions to construct non-human agency in this context.

A number of anthropologists have also studied how science and medical knowledge are imbued with power and geopolitics, particularly when science and medicine construct and influence postcolonial power structures between countries in the global North and South, such as the United States and sub-Saharan Africa (Anderson 2002; Harding 1994; Jasanoff 1996; Jasanoff 2003; Petryna 2005). As they circulate in the public discourse, scientific claims do a substantial amount of political work, including informing national policies on HIV/AIDS, global health and international development (Jasanoff 1996). The political aspect of science is particularly relevant when considering the novel forms of geopolitical power that have emerged out of the HIV/AIDS epidemic in Africa (Nguyen 2010; Rottenburg 2009). This thesis also aims to shed light on the political goals
embedded in microbicide discourse in the United States, as well as how microbicides are entangled with broader U.S. development policies with distinct geopolitical outcomes.

In conclusion, the vaginal microbicide advocacy movement began in the late 1980s, with a focus on the need for HIV research efforts and policies to make women’s health needs a scientific and funding priority. This thesis aims to examine the rhetoric and discourse that circulates in the U.S. microbicide advocacy community today, almost thirty years after the movement began. Using anthropological research methods, I will base my findings on ethnographic interviews with microbicide and HIV/AIDS advocates based primarily in the Washington, D.C., global health community, as well as participant observation during the 2012 International AIDS Conference. My analysis will be guided by an inter-disciplinary approach that combines theories from anthropology and feminist studies, and I will organize my analysis around three primary themes: gender hegemony, health and sexuality in Africa, and science and technology studies. In the following four chapters, I will provide an overview of relevant academic literature (Chapter 2), present observations from the International AIDS Conference (Chapter 3), analyze my findings from interviews with advocates (Chapter 4), and summarize my primary conclusions and offer final thoughts (Chapter 5).
Chapter 2: Review of the Literature

In the following chapter, I will provide an in-depth review of the academic literature relevant to my three thematic frameworks: gender hegemony, science and technology studies, and discourse regarding health in Africa. However, because the literature in these three areas is not specifically about microbicides, I will first provide a brief overview of the ethnographic literature published about vaginal microbicides, gender and HIV/AIDS. In addition to the biomedical research on microbicide clinical trials (Mantell et al. 2005; Karim 2010; Mertenskoetter and Kaptur 2011), much research has focused on the cultural implications of vaginal microbicides. This literature largely focuses on factors such as gender ideals, sexual practices and identity. For instance, a large body of work has been published on how preferences for dry sex and the insertion of various products into the vagina to achieve this ideal could affect microbicide clinical trials and eventual use (Braunstein and Wijgert 2005; Hardy et al. 2003; Runganga et al. 1992; Wijgert et al. 2001). In a comprehensive literature review and interviews with informants from nine countries in Africa, Asia, Latin America and North America, Sarah Braunstein and Janneke van de Wijgert found that norms and practices related to lubrication during vaginal sex are prevalent in many countries worldwide. In the majority of contexts, women are expected to maintain a certain level of genital hygiene, as well as to achieve a certain amount of lubrication in the vagina during intercourse that is considered neither
excessive nor inadequate (Braunstein and Wijgert 2005:424-426). In order to achieve this context-specific ideal, some women engage in a wide variety of vaginal practices, ranging from the use of commercial lubricants to cleansing with commercial and noncommercial products, inserting substances to remove fluids, and inserting herbal or other preparations to constrict or tighten the vaginal walls (Braunstein and Wijgert 2005:427). The authors concluded that norms regarding vaginal lubrication and practices could have implications for microbicide acceptability and use (Braunstein and Wijgert 2005:430-431). Norms that call for a specific amount of lubrication during sex could negatively affect microbicide acceptability, since the products could result in excessive amounts of lubrication if formulated as a gel, for example. Conversely, women who already engage in vaginal practices might be more comfortable vaginally inserting microbicide products and generally touching their genitals. Additionally, a product that makes women feel clean – or that is promoted as a genital hygiene product – could be acceptable in areas where norms call for genital hygiene cleanliness during sex (Braunstein and Wijgert 2005).

Other research has studied microbicide acceptability among men and women in the context of various gender ideals (Han et al. 2009; Koo et al. 2005; Severy and Spieler 2000; Moon et al. 2002). Martha Moon and colleagues conducted interviews with men and women in Zimbabwe – ranging from government officials in the Ministry of Health to representatives from the National HIV/AIDS Program, the Harare Department of Health, nongovernment organizations, and health care professionals and religious leaders. They also conducted focus groups with men and women who were potential participants.
in upcoming vaginal microbicide studies (Moon et al. 2002:20). The study found that male participants expressed discomfort with the idea that vaginal microbicides could be used by women without their male partners’ consent or knowledge, if the microbicide were not easily detectable (Moon et al. 2002:21). Some women, on the other hand, were “particularly enthusiastic” about microbicides, saying that the products could “increase choices for protection for women,” are “women-controlled,” and increase “self-determination” (Moon et al. 2002:21). Women also said that microbicides could make sex more pleasurable and give women control over their bodies if they are used without male partners’ knowledge (Moon et al. 2002:21). The authors concluded that it:

[B]ecame clear to us that we must involve men in our research process to work within the cultural norms as defined by existing gender dynamics. By presenting these products as a means of men and women working together to prevent HIV and STI rather than as a means to empower women to go outside of the traditional bounds of the gender structure, we are more likely to gain the support and cooperation of men and women in Zimbabwe (Moon et al. 2002:22).

As the brief summary above indicates, there is a comprehensive and growing body of literature regarding the biomedical results from clinical trials, as well as ethnographic research conducted among possible trial participants and end-users. However, there is a gap in the anthropological literature regarding the groups that primarily fund and advocate for microbicide development – in particular an examination of the discourse that circulates within this community, and how this discourse creates and legitimizes certain facts and knowledge regarding gender, sexualities and health in Africa. Without a large body of literature that specifically examines how microbicide advocates and funders think about cultural issues such as gender and sexuality, my
theoretical framework and literature review will focus on key themes that have emerged in issues related to broader topics, including HIV prevention, science, research, and U.S. international development policies. I have organized these areas into three sections: hegemony and gender, science and technology studies, and discourse regarding health in Africa. At the beginning of each section, I will provide select quotes from my field work and interviews to illuminate how my theoretical and academic frameworks will be directly tied to my findings in the following chapters.

**Hegemony and gender: How the active/passive binary pervades sex and HIV**

You need to get them [men] to say, ‘This will protect me.’ Or, ‘This way I can go sleep with my young woman and not bring anything home.

--Teresa, Washington-D.C. based global health professional

And men are the decision-makers in sex in so many cultures. Men could be uncomfortable with their women doing something without their knowledge or their consent.

- Sarah, Washington, D.C.-based women’s health advocate

As the quotes above from my interviews with microbicide advocates illustrate, one of the primary concepts that underlies arguments for microbicide R&D is the idea of cultural hegemony and hegemonic identities. As outlined in Chapter 1, Gramsci first introduced the concept of hegemony in his analysis of class relations and the Italian state (1971). Hegemony can be understood as the cultural dynamic by which a group claims and sustains a dominant position in social life. This leading position is rooted in the prestige of the dominant group, which is maintained by ideology (Connell 1995; Gramsci 1971; Lears 1985). Gramsci also argued that consent is a critical component of
hegemony, and a full understanding of hegemony should involve an examination of the way that consent and coercion are entangled, rather than brute force or power alone (Crehan 2002; Gramsci 1971; Lears 1985). The concept of cultural hegemony can be used to examine how hegemony produces and perpetuates male and female gendered identities, as well as the symbols and characteristics of masculinity and femininity (Minh-Ha 2009). For instance, hegemony produces a general set of expectations, such as behavior or appearance, which are attached to one’s gender (Connell 1995:22). These gendered expectations are often essentialist, defining “male” and “female” as a dichotomous set of behaviors and characteristics that are fixed and universal (Connell 1995; Cornwall and Lindisfarne 1994). An integral part of this process includes how hegemonic masculinity defines the most successful way to be a man in a given context (Connell 1995; Cornwall and Lindisfarne 1994), as well as how hegemonic femininities define the most successful way to be a woman (Jewkes and Morrell 2012; Minh-Ha 2009). By doing so, all other forms or methods of being a man or a woman are considered inferior (Cornwall and Lindisfarne 1994; Reddy and Dune 2007). One of the reasons that the rhetoric of hegemonic masculinities and femininities is “so compelling is that it rests on an apparent certainty” that gendered identities in a specific context are actually universal—that masculinity and femininity mean the same thing everywhere and at all times (Cornwall and Lindisfarne 1994:3). And returning to Gramsci’s argument that hegemony should always be paired with the concept of domination, the creation and perpetuation of gender hegemonies is often embedded with power. The process of creating male and female gender identities produces stark differences and inequalities
between and among women and men (Connell 1995; Cornwall and Lindisfarne 1994:10; Ortner 1996).

As stated above, an important aspect of many gender hegemonies is their focus on “absolute, naturalized and, typically, hierarchicized male/female dichotomy whereby men and women are defined in terms of the differences between them” (Cornwall and Lindisfarne 1994:18). Another way of analyzing this male/female dichotomy is to think of hegemonic masculinities and femininities as positioned along a binary, or a structure that creates pairs of opposing and mutually exclusive identities, concepts, or objects (Fausto-Sterling, 2000:21). For instance, the hegemonic male/female binary creates and maintains the longstanding concept that masculinity is active, aggressive and forceful, while femininity is posited as passive, lacking and receptive (Fausto-Sterling 2000; Martin 1991). Indeed, masculinity is often associated with physical power, violence and force, while subordinate groups such as women are defined as weak and passive (Cornwall and Lindisfarne 1994).

Hegemony and “true” masculinity and femininity are often thought to originate in the body – to be inherent in men’s and women’s bodies (Butler 2006; Connell 1995). Resultantly, the gender binary plays out quite clearly in terms of how the body drives and directs action, including during sex. For instance, within a system of binaries (forceful vs. weak, man vs. woman), this concept can be defined sexually as a man’s active and violent penis, contrasted with a woman’s passive and weak vagina (Lancaster 1994; Martin 1991; Reddy and Dunne 2007; Simpson 2005; Spronk 2005). As an example,
Connell writes that “true” masculinity originating in the body leads to beliefs that men are naturally more aggressive than women, and that rape results from men’s innate uncontrollable lust and violent urges (Connell 1995:45). Recent ethnographic studies have examined how hegemonic gender identities can impact men’s and women’s HIV/AIDS risk by influencing decisions such as condom use. These studies echo the discourse that circulates among U.S.-based microbicide advocates – in particular, advocates talk about a hegemonic structure under which men control the terms of a sexual relationship, including decisions that can place them and their sexual partners at risk of HIV. On the other hand, advocates argue that under this hegemonic structure, women are the passive victims of sex who have no control over their relationships with men.

For instance, a recent study conducted among 40 young men and 20 young women in Dar es Salaam, Tanzania, provides a context-specific example of how gender hegemonies that define men as active and women as passive can influence sexual identities, behavior and HIV (Lary 2004). Although both men and women in the study reported that sex is the basis of an intimate relationship, they also discussed how hegemonic gender norms encourage male initiation of sex and dictate that women should be passive. As a result of this gender norm, young women reported feeling unable or reluctant to initiate sex with their male partners out of concern that they would appear immoral or aggressive (Lary 2004:202). “Often it is a man who persuades; it’s difficult for women and it can’t happen for a woman because they feel shy that they’ll be regarded
as prostitutes,” a young man in the study said. Many young women, therefore, perceived their role as serving their partner’s sexual desires, leaving them hindered in their ability to negotiate the terms of their relationships (Lary 2004:202). A woman’s perceived passive nature can also influence factors such as forced sex and violence. When women are seen as sexually passive and dormant, some men in the study said that they use force to persuade sexually latent women into intercourse and that women are accustomed to being forced into sex because of their passive nature. In this context, true femininity is sexually passive and victimized, as illustrated in the following comments from one young man who participated in the study: “Yes, but usage of force is caused by the girls or women by themselves. You may find that someone needs to make love and she’s lingering, playing tricks, it gets difficult to withstand and you have to use force. … It’s their character and you have to catch her, they are used to it, when you catch her then you make love to her” (Lary 2004:204). Other ethnographic research on sexuality in the context of HIV/AIDS has found similar hegemonic femininities that define women as sexually passive, weak and receptive to men’s needs (Reddy and Dunne 2007; Spronk 2005).

On the other side of this hegemonic binary, research examining the development of masculine identity in Zambia details how masculine sexuality is socially defined as aggressive and forceful in this particular context (Simpson 2005). Many of the men in the study who recounted early sexual play as children stressed that what was important to them was that the boy should be positioned on top of the girl, in what was deemed the active role. Indeed, from an early age, boys were conscious of the necessity for them to
take this active role, expressed as “above,” and for the girl to take the passive role, or “below” (Simpson 2005:575). These principles become increasingly worrying when one considers that these ideals of masculine violence and superiority over women, initially seen during sexual play, unquestionably persisted into adulthood. The active, forceful and violent ideal of masculinity is inseparable from the notion that men claim superiority over women and express this dominance through strength. This strength easily slips into physical violence and aggression, clearly illustrating the male/female, active/passive gender binary rooted in the body at work (Connell 1995; Fausto-Sterling 2000). Many men said that as boys, they witnessed their fathers beating their mothers during arguments. When initially interviewed as teenagers, many young men regularly defended their right to beat a future wife. Many of these same study participants, interviewed again when married adults, described physically beating and attacking their wives as part of their role as husbands (Simpson 2005:577).

Physical domination over women often extended beyond physical beatings during arguments to sexual behavior. Some study participants said that as boys, they were anxious to develop physical strength not only to defend themselves but also to develop a body that girls would admire. Men who had been considered strong and physically gifted as boys recalled having sex with a number of girls (Simpson 2005:580). Men reported that this sexual intercourse was often unprotected and that they would use force to achieve their sexual aims (Simpson 2005:584). They also explained that sexual satisfaction had to be achieved with force and often used violent imagery to describe this. During adolescence and early adulthood, many of the study participants described the
necessity of “firing several rounds” into a girl, which often meant forgoing condoms because the boys needed to prove their virility and strength in sexual intercourse (Simpson 2005:584). A similar masculine identity stressing sexual domination over women, aggression and violence is found in other ethnographic research (Brown et al. 2005; Kalichman et al. 2007; Lancaster 1994), illustrating how hegemony works to uphold male and female gendered identities, maintained through ideology that makes feminized passivity and masculinized force appear natural, essential and fixed.

These examples also illustrate how consent and domination often work together to uphold gender hegemony – for instance, the women in Lary’s study in Tanzania exhibited a degree of consent to the male/active, female/passive ideology through their reluctance to appear sexually aggressive or forward, while the men in Simpson’s Zambia study aimed to achieve the ideal of active and forceful masculinity that involved power over women. The quotes that appear at the beginning of this section also reveal that gender hegemony is at the center of the discourse that circulates among U.S.-based microbicide advocates and that advocates talk about a common hegemonic structure that echoes the examples from Tanzania and Zambia above. These advocates maintain that in many parts of the world – particularly sub-Saharan Africa – men are actively and powerfully in control of the terms of a sexual relationship, governing decisions such as condom use, when to have sex, and with how many partners he chooses. On the other hand, advocates claim, women are often the passive victims of sex who have no say in when they have sex, with whom, and if condoms will be used for HIV prevention. A common theme that emerged in my conversations with advocates revolved around situating microbicides into
existing hegemonic structures, in order to ensure that men – as the sexual decision makers – are on board with women using vaginal microbicides for HIV prevention. Ideology, consent and domination are unquestionably key elements of the discourse used by these U.S. advocates.

**Contesting and negotiating hegemony**

With microbicides, it’s something women can take into their own hands and initiate without their partners’ consent. It provides women with agency, autonomy and control. --Sarah

For so long, prevention technologies have been under a man’s control. Microbicides have the potential to switch that control. --Michelle, Washington-D.C.-based global health advocate

It’s about opening the door to a product that women can use to protect themselves, which is very exciting and compelling. It’s what has compelled the field. - Leslie, Seattle-based women’s health and microbicide advocate

Although it is important to recognize how cultural hegemony can, in certain contexts and settings, create gender differences and identities that are presented and perceived as absolute and oppositional, it is equally important to recognize that notions of gender are fluid and situational, and that hegemony is constantly contested by individuals and groups. There is an ebb and flow to hegemony, and people and groups continually negotiate relative positions of power (Connell 1995: 77; Cornwall and Lindisfarne 1994:15). Part of this contestation stems from the fact that hegemonic discourse creates what Cornwall and Lindisfarne term “subversive and subordinate variants,” as well as “multiple and competing” hegemonic identities within a particular context (Cornwall/Lindisfarne, 2004:18). Additionally, hegemonic and subordinate discourses
are mutually constructed, as subordinate groups are not passive but actively negotiate their position relative to the dominant group. The dominant group, in turn, is constrained and affected by the subordinate group’s counterhegemonic transcripts (Cornwall/Lindisfarne, 2004:24). So while there is a hegemonic gender ideal that works through a male/active, female/passive ideology to influence sexual behaviors, gender hegemony is contested by various actors at the individual and group levels, including U.S. microbicide advocates – even at the same time that they exhibit their consent to the prevailing order by arguing that microbicides must fit into gendered power structures. This tension and contradiction demonstrates how this population negotiates male and female positions of power through and around the concept of the vaginal microbicide, as well as how these U.S. microbicide supporters are actively working to create variants to the prevailing male and female gender ideals that can compete with the male/active, female/passive binary.

Additionally, terms and definitions that revolve around oppositions and dichotomies “often overlook complex, multiply constituted identities that cannot be account for by binary oppositions” (Grewal and Kaplan 1994:10). In other words, dichotomies that define men and women in absolute and static terms ignore the fact that individuals and groups also express counterhegemonic discourse that can result in change to the hegemonic order. Dichotomies also overlook that a subordinate group in one context can be dominant and exert a considerable amount of agency in another situation. Gender hegemonies also exhibit such a changing and mutable nature. As Sherry Ortner argues, no “society or culture is totally consistent. Every society/culture has some axes
of male prestige and some of female, some of gender equality, and some (sometimes many) axes of prestige that have nothing to do with gender at all” (1990:45). In any given case, some discourses and practices are dominant and hegemonic, while others are explicitly challenging and counterhegemonic (1990:46). So while gender hegemonies may define women as passive victims in certain situations and contexts, women can be actively engaged in producing sexual counterhegemonies that challenge this normative discourse (Spronk 2005).

Despite this, R. Jewkes and R. Morrell argue that health literature, epidemiology and qualitative research have traditionally treated women as a homogenous group of victims of men (Jewkes and Morrell 2012). Treating women as victims without agency prevents an analysis of what women want and how they work to achieve these goals – as well as how this affects their relationships with men and exposure to HIV risk (Jewkes and Morrell 2012). In the anthropological and sociological literature, a number of researchers have examined women’s agency in the context of gender, sex and HIV (Arnfred 2004; Hunter 2010; Jewkes and Morrell 2012; Tamale 2008). And some researchers are already looking at how women would use microbicides and other experimental HIV prevention methods, such as diaphragms, to challenge sexual power structures in a given context and situation (Koo et al. 2005; MacPhail et al. 2009; Woodsong 2004). In focus group discussions with women in Johannesburg, South Africa, Catherine MacPhail and colleagues asked about the women’s attitudes toward covert use of these HIV prevention methods. The researchers discovered a range of attitudes – from support for complete covert use to half-truths, overt use after the fact,
and full disclosure with particular kinds of men and partners (MacPhail et al. 2009:490-493). Women in the study reported “distinct strategies they might consider using for wrestling the power of HIV prevention decision-making from men without their full knowledge” (MacPhail et al. 2009:492). Many of these strategies are counterhegemonic, at least in subtle but effective ways: “Rather than challenging gender norms overtly, these women discussed strategies that are more subtle in their challenge to the patriarchal bargain but which have the potential to allow women control over their own sexual health” (MacPhail et al. 2009:494). While women do operate within hegemonic structures that define them as passive and victimized, there is still the possibility to actively resist and counter these masculinized power structures and to recognize Ortner’s axes of both male and female power and prestige within the larger structure. My interviews with U.S.-based microbicides advocates and supporters indicate that this population sees these vaginal products as a counterhegemonic tool to increase female power and control, while also consenting to the prevailing ideology that assigns men with sexual decision-making and prestige.

Science and technology studies

It’s really important to engage people in their lives, where they are in their lives. A lot of researchers don’t get that. Some of them do, but most of them don’t. It’s also important to build a foundation of trust. In order to engage people in research, or even get to the point of getting them to take care of themselves. You have to build trust – okay, you care about me and I trust you.

- Susan, HIV vaccine and prevention researcher working for the U.S. government
As an experimental health technology still in clinical trials in various parts of the world, microbicides fall under the rubric of science and technology studies – or the study of how society, politics and culture affect scientific research, and how science, in turn, affects society, politics and culture (Jasanoff 1987; Latour 1987; Star 1985). In particular, an increasing number of anthropologists and ethnographers address various sciences and research efforts, with the aim of examining and understanding their cultural and socioeconomic elements (Downey and Dumit 1997). Many anthropologists and feminist scholars working in the realm of science and research have focused on reproductive and sexual health technologies (Fausto-Sterling 2000; Haraway 1990; Martin 1991, 2001; Rapp 2000), and this research could help inform the relatively new field of vaginal microbicide R&D. For instance, some anthropologists and feminist researchers working in this field have argued that science and medicine often make claims to study and describe processes that are judged to be precultural or acultural (Rapp 2000). However, the biomedical sciences are inevitably endowed with and influenced by cultural constructs. Biologist and feminist scholar Anne Fausto-Sterling studied how the male/female, active/passive binary pervades biomedical research on human sexuality and gender. She found that the longstanding concept that masculinity is active, aggressive and forceful, while femininity is posited as passive, has long influenced scientific studies regarding human fetal development, animal sexual behavior, sex glands, hormones and chemistry (Fausto-Sterling 2000). Anthropologist Emily Martin argued that the male/female, active/passive binary have long pervaded the scientific literature on reproduction, conception and women’s health (Martin 1991, 2001).
While another researcher with access to microbicide scientists and laboratory investigators may discover different results, requiring a theoretical framework more closely aligned with the science and technology theorists above, my results rely more closely on Monica Casper’s efforts to ground and reframe human and nonhuman agency in technoscientific practices (1994), as well as Donna Haraway’s call for a perspective rooted in “situated knowledges” (1988). First, by analyzing advocates’ motivations to grant non-human objects, such as microbicides, with agency, I aim to uncover the politics and power behind the social construction of agency – in particular the political entailments of advocates’ decisions to endow vaginal microbicides with a distinct level of capacity to influence gendered power structures. Schools of thought such as actor network theory (Latour 1987) have problematized traditional notions of agency as a uniquely human attribute by recognizing that nonhuman entities, in addition to humans, are “important constituents of technoscientific practices” (Casper 1994:845). However, Casper argues that these debates have failed to “problematize both nonhuman and agency, thus placing limitations of the use of these concepts in analyses of technoscience” (1994:851). Specifically, it is critical to examine the conditions under which entities are defined as human, nonhuman or other, as well as how various designations of agency are a part of this process. Casper's work centers on the argument that “human” and “nonhuman” are constructed concepts, and not fixed and natural states of being, that are socially, historically and politically mediated. Accordingly, they are “similar to other social categories such as gender, race, class, sexuality and so on, many of which have been usefully analyzed and deconstructed” (Casper 1994:841). And much
like a thorough analysis of hegemony should include a focus on domination and power, so Casper argues that unpacking notions of human, nonhuman and agency need to take into account power and distribution. In her analyses of constructions of fetal humanity and agency, for example, Casper reveals that a fetus is constructed as a potential person with human qualities in very specific contexts and situations, while these “constructions of active fetal agency may render pregnant women invisible as human actors” (1994:844). These constructions of personhood and agency are enacted by human actors with specific political or other objectives. Returning to the issue of fetal agency and personhood, Casper writes, “As a pro-choice feminist from a nation where abortion is one of the most contentious and divisive issues in the public arena, where the fetus has emerged as a major cultural icon at the hands of antiabortion forces granting it personhood, and where abortion doctors are now being murdered by ‘pro-life’ terrorists, I am quite resistant to engaging in any practice that grants agency to the fetus” (Casper 1994:851). My findings based on interviews with U.S.-based microbicide advocates and funders does not indicate that these human actors grant microbicides full personhood, I see striking similarities regarding her call to examine the political entailments of agency. Indeed, microbicide supporters do grant these nonhuman entities an incredible amount of agency, with the power to bolster men’s sexual prestige or serve as a tool that can grant women more power and control over their sexual experiences and health. At times this nonhuman agency eclipses the human agency assigned to the women for whom microbicides are being developed. And much like Casper unpacks the politics and power behind attributing a fetus with agency, so this thesis aims to analyze the power relations
embedded in giving microbicides a distinct level of agency.

**Situated knowledge: Locating claims in the body**

Women are calling for a microbicide. African women are calling for them, and that’s really important. Women in Africa don’t have a lot of agency.  
--Ann, New York-based microbicide and HIV prevention advocate

But with all that said, I’ve yet to find a woman who I talk with about microbicides who doesn’t think it’s a good idea.  
- Priya, New-York-based microbicide advocate

In deconstructing the notion of scientific objectivity, Donna Haraway writes that “feminist inquiry has repeatedly tried to come to terms with the question of what we might mean by the curious and inescapable term ‘objectivity,’” as used by both scientists and the “disembodied others” who are often the subjects of scientific inquiry (1988:575). Part of this effort involves resisting the “god trick” of so-called scientific objectivity, or the illusion that rational knowledge provides scientists and others with an “infinite vision” that claims to be “from everywhere and so nowhere, to be free from interpretation, from being represented, to be fully self-contained or fully formalizable” (Haraway 1988:590). Objective knowledge, Haraway argues, is not about this god trick of universal truths and transcendence, but rather requires “situated knowledges,” or recognizing and acknowledging that one’s knowledge is rooted in one’s specific position and location in the world: feminist “objectivity is about limited located and situated knowledge, not about transcendence and splitting of subject and object” (1988:583). It is only by rooting knowledge in one’s specific position, the space one’s body occupies, and
recognizing that one’s knowledge is only partial that rational knowledge claims can be made. Haraway argues for a rational “view from a body, always a complex, contradictory, structuring, and structured body, versus the view from above, from nowhere, from simplicity” (Haraway 1988:589). Knowledge, therefore, can never be simple, whole or universal – when entrenched in the scientific subject and object’s embodied, particular locations, rational knowledge can only be partial, contested and fragmented. Given that vaginal microbicide advocates make a significant number of knowledge claims – regarding gender, HIV/AIDS and health in Africa – Haraway’s theory of situated knowledge will be a critical method of unpacking these claims, and if advocates root their claims in their positions and recognize the partial and fragmented nature of such assertions.

Accountability and responsibility are also inherent in the concept of situated knowledge. Indeed, the god trick allows subjects to assert knowledge and make claims irresponsibly, or without being called into account for their assertions. Locating one’s own position in the process of knowledge generation “allows us to become answerable for what we learn how to see” (Haraway 1998:583). This is especially critical when attempting to know and make claims from the “vantage points of the subjugated.” Some feminist movements have called for trusting knowledge generated from the positions of subaltern groups and populations, thereby resulting in a “premium on establishing the capacity to see from the peripheries and the depths.” However, attempting to see and speak from the vantage point of the disempowered can give way to the “serious danger of romanticizing and/or appropriating the vision of the less powerful while claiming to see
from their positions” (Haraway 1988:584). So while subjugated groups have a “decent chance to be on to the god trick and all its dazzling – and, therefore, blinding – illuminations,” thereby offering a more “adequate, sustained, objective, transforming accounts of the world,” actually determining how to see from subaltern positions is a problem that still requires claim makers to locate their bodies and positions in the generation of this knowledge (Haraway 1988:584). It also requires claim makers to be accountable for this knowledge – how do they know what they claim to know? – and how their position in the world affects the claims they make.

Are microbicide advocates playing the god trick when they make knowledge claims like those cited above, about how women – particularly African women – are calling for vaginal products to prevent HIV? Do they locate themselves in the world of microbicide R&D, where universalizing facts are pronounced about women’s agency and ability to make sexual decisions throughout Africa? And, when they make claims on behalf of African women, are these U.S. advocates recognizing their position in relation to the women for whom they speak? These questions are also important relative to the issues of politics and power raised by Casper regarding nonhuman agency. When U.S. microbicide advocates, for instance, make claims that imbue these products with a level of power that surpasses that of African women, what political implications ensue? And are these advocates making these claims responsibly, or what Haraway would term becoming answerable for what their positions and bodies allow them to see and learn? Much like the push and pull associated with hegemony – where advocates simultaneously uphold and contest male/female gender ideologies – so microbicide advocates’
knowledge generation is scattered. I found a noteworthy effort by some advocates in the microbicide R&D world to recognize their positions and locate their knowledge in their particular place in the microbicide landscape. However, such reflexive locating of these advocates’ claims is inconsistent, and the god trick was strongly apparent when knowledge regarding HIV risk and the demand for microbicides among women deemed at risk of HIV, particularly in Africa.

_Disease and sexuality in Africa_

Because as uncomfortable as it may be to some people, or to women here in the U.S., we have a very different sense of our own control and our choices, a level of control. Even though we may want to engage our partners, it can be a different model over there, where men still make those kinds of decisions.

--Mary, Washington-D.C.-based microbicide advocate

There needs to be more done to build men’s awareness of the basic equality between women and men, women’s right to protect themselves and the lives of their children, and to have their requests respected. It’s beyond microbicide development. They’re equal partners in sexual relationships. It’s a hard issue to tackle, because some of it’s so culturally entrenched. But it’s not impossible – it’s happened here.

- Jenna, Washington-D.C.-based microbicide advocate

Given that the U.S. government is the largest funder of microbicide R&D through USAID and the NIH, it is also important to examine this issue through the lens of U.S. international development policies and discourse. Tellingly, USAID, the principal international development and foreign assistance agency in the U.S. federal government, has made microbicide R&D a focus in its HIV/AIDS and global health efforts (USAID 2009, 2010a). As Vincanne Adams and Stacy Leigh Pigg point out, international development projects intended to promote disease prevention intentionally and
unintentionally shape ideas about what constitutes “normal” sexual practices and identities. “Clearly, the sexual sciences have a history of being entangled with visions of social reform,” they write (Pigg and Adams 2005:41). Although sex, sexual health and sexuality are morally charged and culturally constituted, international development policies and programs often take the same acultural and rational identity that science does – proceeding as if the discourse under which they operate is rational and above culture. However, international health and development efforts are often full of hidden moral trajectories that can result in complex moral contentions (Hirsch et al. 2009; Pigg and Adams 2005).

In the context of vaginal microbicides and HIV/AIDS in Africa, the moral and social intentions of health programming dates back to colonial medical discourse. Implementing a social constructionist approach to the history of biomedicine and colonial “biopower” in Africa (Foucault 1994), Megan Vaughan contributes to the scholarship on colonial constructions of health and sexuality in Africa (McClintock 1995; Stoler 2002). Vaughan bases the premise of her arguments on the assumption that all scientific and medical knowledge is, to some extent, socially constructed. By viewing medical theories and claims as “narratives which draw on a wide range of cultural signs and symbols for their effect,” Vaughan traces how medical facts about Africa were created by British colonial social and cultural symbols of Africa and Africans, as well as how this discourse created new African subjectivities (Vaughan 1991:4-5).

What is particularly striking about colonial medical knowledge is that so many of the claims that colonial medical knowledge produced about Africa aimed to find cultural
and social roots and causes for disease. Indeed, colonial discourse often looked for social explanations for biological and “natural” occurrences (Vaughan 1991:6), or defined susceptibility to disease in cultural terms (Cooper 1994:1526). Many of these sociocultural explanations for disease centered on the articulation of differences based on the binary of the colonizing Europeans and the colonized Africans (Packard 1989; Vaughan 1991). Indeed, colonial medical discourse was, “without a doubt, preoccupied by difference” (Vaughan 1991:12). Colonial biomedicine’s efforts to change and correct those sociocultural causes of disease were intrinsic in the articulation of African cultural differences. Colonial missionary medicine, in particular, was a social engineering project through which it was imagined Africa could be saved by curing the continent’s cultural and moral ills (Vaughan 1991). In particular, African sexual ills preoccupied colonial medicine, and the biomedical discourse was highly sexualized in a way that not only permeated colonial discourse with male sexual imagery of conquest and penetration, but also created and articulated colonial ideas about African sexuality. And while colonial claims about African sex and sexuality were not uniform and static, I am primarily concerned with Vaughan’s argument that it was the “maleness” of “African sexuality which came to represent ‘the African’” (Vaughan 1991:19-21). One significant effect of the conflation of African sexuality with male sexuality – particularly the white mythology of the uncontrollable nature and potency of African male “sexual athleticism” – was and is to make African female sex and sexuality invisible (Vaughan 1991:22). My research indicates that these colonial paradigms about health and sexuality in Africa are embedded throughout the discourse used by U.S. microbicides advocates.
Finally, the current U.S. discourse on HIV/AIDS and microbicides in Africa needs to be examined in the context of the exercise of postcolonial and geopolitical power. While gender and sex are overriding themes in this thesis, I also aim to recognize Mark Hunter’s argument that “AIDS and sex are not the same thing: racialized assumptions can exaggerate the importance of sex (and heterosexual sex especially) to the spread of AIDS” (Hunter 2010:17). In other words, although cultural ideals regarding gender and sex undoubtedly contribute to HIV risk, focusing solely on sex or culture ignores co-factors in the HIV/AIDS pandemic such as health systems, access to adequate health care and systemic poverty (Hunter 2010; Fassin 2007). Recognizing these broader co-factors also brings into focus the politicized aspects of HIV/AIDS. Just as many anthropologists working in science and technology studies have demonstrated that science is not neutral but is instead charged with social and cultural meanings, so many postcolonial science scholars have argued that the science of international development and global health is endowed with politics and power (Anderson 2002; Fairhead et. al 2006; Harding 1994; Nguyen 2010; Petryna 2005; Tilley 2011). Sheila Jasanoff has argued that the “work of producing, stabilizing, using or diffusing scientific knowledge” is ultimately “connected to a society’s wider efforts to create and maintain civility, order and the rule of law” (Jasanoff 1996:396). This is particularly apparent in the public sphere, as “scientific claims and counterclaims abound in the public discourse, where they are made to do significant political work” such as informing national and global policies on issues like public health and the environment (Jasanoff 1996:400). The politics of creating scientific knowledge are “easiest to uncover,” Jasanoff writes, in the
context of controversy. Indeed, politics is “never far from view when one is observing science in action around topics of immediate social concern” (Jasanoff 1996:410). Issues of sex, sexuality, gender identity and HIV are of immense social concern in the U.S. public realm, and the science of vaginal microbicides is already emerging as a political issue among the advocates and supporters I interviewed.

The politics of microbicide R&D extends from U.S. public discourse and policy to issues of geopolitics, biomedicine and public health in postcolonial Africa. As Richard Rottenburg writes, there “seems to be a widely uncontested understanding that we are presently witnessing the emergence of new entanglements of science and politics in African contexts – particularly of biomedicine and politics – and that these are related to new global developments in the areas of economy, law, politics and epistemology” (Rottenburg 2009:423). Among the arguments and approaches that have emerged from this “uncontested understanding” is the concept of “therapeutic sovereignty” (Nguyen 2010), or what Vinh-Kim Nguyen has defined as a novel form of geopolitical and postcolonial power that has emerged out of the HIV/AIDS epidemic in Africa and increasing access to antiretroviral treatment via programs primarily run by Western governments and non-governmental organizations. This concept identifies an emerging form of political power in Africa under which citizenship is no longer based on an allegiance to the nation-state but rather to global health and development programs established by the United States and other Western nations. Rottenburg terms this “therapeutic domination” since this new system “implies a shift of sovereignty away from the national state” and toward old colonial powers (Rottenburg 2009:423). In the era of
therapeutic domination, a wealth of large players like PEPFAR and the Global Fund to Fight AIDS, Tuberculosis and Malaria – in addition to a host of other United Nations organizations, faith-based groups, non-governmental organizations, national donor agencies – have emerged in Africa to provide health services often situated outside local, state and national governments. These interventions and programs have shifted the responsibility for public health from African governments to an assemblage of non-state and non-national organizations that operate on a global scale, without national accountability (Rottenburg 2009:425).

As Rottenburg argues, international health and humanitarian programs represent a new form of biopower than that outlined by Foucault (Foucault 1994). First, the biopower of therapeutic citizenship and sovereignty “transgresses the boundary and jurisdiction of the state and targets populations exactly not on the basis of national citizenship but on the basis of a universal humanity and on the presupposition of universal human rights. Therapeutic citizenship is thus in fact always a form of global citizenship.” Second, global health and development programs, particularly those associated with HIV/AIDS, are innately tied to “conditions that are classified as exceptional and are run like experiments legitimated by these exceptional conditions. … It makes up people as victims to be rescued by foreign agents; it concentrates on saving lives and upholding human rights.” Accordingly, this “government-by-exception” becomes a new form of legitimate domination that “presupposes a state of emergency in humanitarian terms that legitimizes exceptional interventions and calls for urgent measures to save lives” (Rottenburg 2009:427). Rottenburg’s argument, therefore, raises
the question: Are current global health efforts, like microbicide R&D, caused by actual emergencies? Or do Western global health and humanitarian programs articulate states of emergency in places like sub-Saharan Africa in order to make their own interventions legitimate? Rottenburg claims that both positions are “caught in a dialectical relation and the concept itself revolves in this relation” (Rottenburg 2009:431). In other words, knowledge and politics are co-constitutive in the realm of global health and development. One notable example of this paradigm is the fact that many programs and research projects are run in the absence of evidence that the intervention or technology are effective – or, as I would argue, even desired by the intervention’s target population. “It is rather the intervention itself that needs to prove in a form of post hoc self-validation that it was effective” (Rottenburg 2009:427). This concept of therapeutic domination – and the co-constitutive nature of science and politics – raises critical questions for the field of vaginal microbicide R&D, which is part of the larger framework of international health and development programming in Africa. What kind of knowledge regarding microbicides is produced and deemed legitimate in this wider realm of therapeutic citizenship and domination? What are the political implications of this legitimate knowledge? There are no easy answers because when analyzed from the individual level, so many microbicides advocates locate these products in the realm of medical technologies that can help alleviate real and pressing situations like the spread of HIV among women in sub-Saharan Africa (International Partnership for Microbicides 2012; Stein 1990; UNAIDS 2004; World Health Organization 2009). But when analyzed from the perspective of geopolitics and power, what emerges is a legitimizing knowledge about
what counts as healthy, normal sexual relationships between men and women that justifies broader U.S. political platforms on women and science in global health and international development.

To summarize, my analysis will be guided by theoretical frameworks from three areas: gender hegemony, science and technology studies, and health and sexuality in Africa. Hegemony – the cultural dynamic by which a group claims and sustains a dominant position in social life – creates and perpetuates gender identities that position men and sexually active, violent and controlling, while women are defined as sexually weak, passive and receptive to men’s desires. However, hegemony is continually contested, and individuals and groups create subversive gender identities that erode hegemony and create the possibility of change. Women are actively engaged in producing counterhegemonic gender identities and discourse that challenge that male/female, active/passive binary. The concept of non-human agency will help examine the political entailments of microbicide advocates’ decisions to grant these products with a distinct level of power to either uphold or contest hegemonic gender identities, and I will use the theory of situated knowledge to unpack advocates’ knowledge claims – particularly when they claim to speak for Africa women. Finally, an awareness of colonial discourse regarding health and sexuality in Africa can help locate its legacies in the current discourse regarding vaginal microbicides in sub-Saharan Africa. Postcolonial theories of science and knowledge can also help uncover the broader political work that microbicides are tasked with achieving and how knowledge and politics work together to create legitimized knowledge about healthy populations and gender relationships. In the
remaining two chapters, I will use these theoretical frameworks to analyze my findings from the International AIDS Conference and interviews with microbicide advocates.
Chapter 3: The International AIDS Conference

In the following chapter, I will present and analyze observations from the XIX International AIDS Conference (IAC), held from July 22-27, 2012, in Washington, D.C. I attended the conference and engaged in participant observation, taking notes about conference panels, discussions and other events related to vaginal microbicides. The IAC is the largest worldwide gathering of HIV/AIDS scientists, researchers, advocates, media and affected individuals, and vaginal microbicides have become a popular topic at these biennial gatherings. Given my research aims of analyzing discourse circulated by microbicide advocates related to gender, science and health in Africa, I determined that the IAC in Washington would be an ideal opportunity to conduct participant observation. My goal was to attend as many IAC sessions and events that specifically focused on microbicides or U.S. politics that I could, while recognizing that these issues might come up in other sessions and events I was not able to attend. I found that the active/passive gender binary pervades discourse that advocates and other microbicide supporters use to describe the heterosexual transmission of HIV, and that a related binary regarding sexual pleasure and sexual duty has emerged. I also observed two key ways that current microbicide discourse echoes colonial paradigms regarding health and sexuality in Africa – specifically discourse that focuses on differences between Western selves and African others, and that erases African women’s sexuality. Finally, I will argue that microbicide
supporters do make attempts to root their knowledge and claims in their positions in the broader landscape of microbicide R&D. However, I observed markedly different discourse regarding knowledge and legitimacy when the topic came to risk and awareness, and I aim to untangle the politics and power behind claims of who is at risk of HIV and who should use vaginal microbicides.

Conducting research among a group to which I belong

Before delving into my findings from the IAC, it is important to recognize that in this chapter and the next, I will be discussing research conducted among a group to which I belong – global health and microbicide advocates in the United States. This position is problematized by the longstanding view in cultural anthropology that the ethnographer should occupy the position of a stranger or outsider (Spradley 1979:58). Spradley gives three primary reasons for the anthropological productivity of this outsider status. First, the language of a group to which the researcher belongs is too familiar and key discourse can be overlooked. Second, the analysis of insider ethnographic data can be hindered because the researcher can take for granted key patterns and underlying assumptions of the group or culture in question. Therefore, the resulting descriptions or conclusions can be superficial. Third, informants can feel uncomfortable if the researcher asks them questions they feel she/he should know the answers to, and this situation can influence or alter the relationship between the informant and the researcher (Spradley 1979; Christman 1988).
Although Spradley’s arguments represent the traditional view of anthropological and ethnographic research, they have been increasingly challenged. In particular, feminist anthropologists, ethnographers and social scientists have played a key role in questioning longstanding notions of researcher bias and objectivity (Abu-Lughod 1991; Harding 2004; Harstock 1997). Distinctions between researcher and researched are becoming increasingly blurred and muddied, representing more of a continuum rather than a dichotomy (Christman 1988; Hayano 1979). In her own research conducted among a group to which she belonged, Christman writes that a critical component of recognizing and addressing her position and the research/researched power dynamic was to “my answer to the questions: How is this woman like me? How is she not like me? How are these similarities and differences being played out in our interaction? How is that interaction affecting the course of the research? How is it illuminating and/or obscuring the research problem?” (Christman 1988:80). I aimed to keep these questions in mind during my interactions with microbicide advocates during the IAC and my interviews with a smaller group (the content of the next chapter).

For example, while I often saw myself as a member of this group, at least to some degree, the person I was interviewing at that moment might not have if, for example, she was more concerned about my knowledge of vaginal microbicides rather than global health advocacy writ large. Where I placed myself along the researcher/researched, self/other continuum – and where others positioned me in their minds – had significant effects on my data collection. For instance, in cases where I was assigned insider status by others, I sometimes sensed frustration or exasperation from participants when I asked
a question to which they believed I should already know the answer. I was also surprised by one participant who identified me as a member of a different and unexpected group – someone who was uncomfortable and grappling with the ethics of vaginal microbicide R&D, just as she was. And at other times, I sensed that participants viewed me as an outsider, even someone who was making accusations or insinuations against vaginal microbicides with my questions. I am sure that I received the responses I did from all of these participants based on my self-identification with this community, as well as how they defined my position relative to their own. By submitting to identification with this group and reflecting on the process, rather than fighting it, I hope to bring a layer of reflexivity to my research that enhances my findings and analysis (Ascher, DeSalvo and Ruddick 1984:xxiii).

In \textit{Writing Against Culture}, Lila Abu-Lughod also writes about the issue of the self and other in anthropological research and suggests methods that I aim to incorporate into this thesis. She argues that in anthropological discourse, “culture” works to “enforce separations that inevitably carry a sense of hierarchy” (Abu-Lughod 1991:466). In other words, while culture does have the advantage of presenting and explaining difference as learned and changeable behaviors and characteristics, the concept of culture still retains some of the tendencies to freeze difference possessed by concepts like race (Abu-Lughod 1991:470). So the notion of culture does not guarantee the escape from essentialism, and it can also enforce differences such as the self/other divide between the researcher and the researched. Abu-Lughod presents three modes of “writing against culture” that anthropologists can use to address the issues of positionality and accountability, which I
have incorporated into my research methods. The first involves analyzing practice and discourse. Practice includes strategies, interests and improvisations, rather than the more static tropes of rules, models and texts. Discourse focuses on how individuals use verbal resources, which can help pinpoint within a group the play of multiple, shifting and competing statements and their effects (Abu-Lughod 1991:472). By analyzing the terms and phrases that circulate in the U.S. microbicide advocacy community, I hope to learn more about the hidden and taken-for-granted meanings behind this discourse, as well as how individuals use, manipulate and contest this discourse. By paying attention to the historical roots of international health programs in sub-Saharan Africa and the discourse that operates at the level of U.S. policies and federal programs, I aim to use the second mode – that of the “various connections and interconnections, historical and contemporary, between a community and the anthropologist working there and writing about it, not to mention the world to which he or she belongs and enables him or her to be in that particular place studying that group” (Abu-Lughod 1991:472). Finally, writing “ethnographies of the particular” can provide a way to explore the effects of global and long-term processes on local and specific groups, and how these effects are “produced in the action of individuals living their particular lives, inscribed in their bodies and their worlds” (Abu-Lughod 1991:474). In other words, I aim to illustrate how this particular group of microbicide advocates lives and expresses such broader phenomena as colonial health discourse regarding Africa, U.S. policies that have made microbicide R&D possible, and the perceived conditions of African women for whom these products are
largely envisioned.

*The pervasive role of politics at the IAC*

For many in the HIV/AIDS and global health field, the IAC, held every two years, represents the leading international gathering on the disease. The first IAC was held in Atlanta in 1985, attended by about 2,000 scientists and public health officials. While the IAC began as a primarily scientific conference, almost 30 years later it has morphed into a highly politicized and frenzied gathering of more than 20,000 participants from almost 200 countries. In addition to scientists and public health officials, the IAC attracts HIV/AIDS activists, politicians, people living with HIV, and representatives from groups highly affected by the disease, such as commercial sex workers. The conference also garners a high level of media coverage every two years, with almost 2,000 journalists and bloggers attending the 2012 gathering (De Cock 2012; International AIDS Society 2012). This year’s conference was the first hosted in the United States in more than 20 years, as previous visa restrictions on HIV-positive people entering the United States were lifted in 2009 (Preston 2009).

This was the second IAC I attended and one of the many global health conferences I have been to over the past several years as part of my professional career. These conferences strike me as rather odd gatherings – thousands of people discussing poverty, disease and health inequalities in a first-rate conference venue at a cocktail reception hosted by one of the countless HIV/AIDS groups competing for guests during a week packed with dinners, receptions, movie screenings and poster sessions. While it

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seems critical to attend the IAC for organizations and their employees who want to be counted as important players in the business of HIV/AIDS, the conferences simultaneously garner a fair amount of criticism – from the exceptional amount of attention and money HIV/AIDS receives compared with other public health crises to the involvement of the pharmaceutical industry and the immense expensive of putting on these conferences while governments claim there is not enough money to provide HIV-positive people with treatment (Kumar 2012). The IAC is also a nexus where science, politics, wealth, poverty, sex and geography collide. In recent years, the science and politics of microbicides have been highlighted at the biennial conferences – at the 2010 IAC in Vienna, Austria, the CAPRISA vaginal microbicide trial results were announced to a full room and a standing ovation (Karim 2010). In addition to the scientific and public health implications of the study, much of the discourse at the 2010 IAC focused on how the CAPRISA trial results would impact issues of gender and sexuality.

As an indication of how politicized the IAC has become, this year’s conference included a range of governmental speakers from the United States and other countries, including former President Bill Clinton, former U.S. Secretary of State Hillary Rodham Clinton, U.S. Health and Human Services Director Kathleen Sebelius, South African Deputy President Kgalema Motlanthe, Crown Princess of Norway Mette-Marit, and former U.S. first lady Laura Bush. Several members of Congress also appeared at this year’s IAC for a panel -- former Sen. Bill Frist (R-TN) moderated a session with Sen. Chris Coons (D-DE), Sen. Mike Enzi (R-WY), Rep. Barbara Lee (D-CA), and Sen. Marco Rubio (R-FL). During the session, protestors with the activist group the Global
Network of Sex Work Projects stormed the room, chanting, ringing cowbells and holding umbrellas in front of the members of Congress in order to obscure them from the audience. The protestors were calling on the lawmakers to repeal a section of the President’s Emergency Plan for AIDS Relief (PEPFAR) – the United States’ hallmark global HIV/AIDS treatment and prevention program that operates primarily in Africa – that requires PEPFAR funding recipients to explicitly condemn commercial sex work, which many say hinders HIV prevention services for sex workers worldwide. Toward the end of the session – during which many of the Congressional panelists made comments about HIV/AIDS and poverty in Africa – an audience member from the Gambia stood up and made several comments that highlighted the contentious nature of American politicians creating policies that govern HIV/AIDS programming in Africa. Shouting at the panelists, the man told the members of Congress that U.S. HIV/AIDS policies:

[C]reated a system that continues to kill us. … I'm pissed off because you are watching people die when you can stop them from dying, you're watching babies get infected and when in your country people can survive AIDS, but others in Africa can't survive the disease. Are you trying to tell me because we're poor, and if we are born in a poorer continent we have to die? We make sure every woman is protected, that every person that sells sex is safe, that people that are on medications get the very best of them, and here you are telling me stories about people in my country, telling me stories about people that I know. We are pissed off and we can't wait to listen what you will do.

Given the IAC’s intensely politicized climate, I discovered that the way advocates, researchers and politicians talked about sex, gender, science and Africa ultimately provided an initial outline of the major themes and rhetoric regarding
microbicides that I further explored during in-depth interviews with my study participants. Given that the majority of ethnographic interviews were conducted after the IAC, I was able to use my field notes and observations not only for my own analysis, but also for further exploration with interviewees. The following observations regarding gender, hegemony, science and U.S. development policies provide an initial look into this thesis’ main findings, which will be further fleshed out in the following chapter that delves into the content from my ethnographic interviews.

*Gender, hegemony and pleasure*

As previously discussed in Chapter 2, the hegemonic male/female binary creates and maintains the longstanding concept that masculinity is sexually active, aggressive and forceful, while femininity is posited as sexually passive, lacking and receptive (Fausto-Sterling 2000; Lancaster 1994; Martin 1991). In several microbicide sessions during the IAC, I saw this hegemonic definition of active and aggressive masculinity – contrasted with weak and passive femininity – reflected in the areas of the heterosexual transmission of HIV and efforts to prevent it through experimental microbicide products. Below, I present and analyze findings from three events at the IAC that best illustrate the male/female gender binary at work.

*Microbicides and PrEP panel*

During a session that featured three American microbicide laboratory scientists and one Kenyan researcher who runs human clinical trials with investigational
microbicide products, the panelists were tasked with providing the audience with an update on the latest science and research findings regarding microbicides and pre-exposure prophylaxis (PrEP). Just as Emily Martin argues that scientific descriptions of conception reflect cultural and hegemonic gender identities by casting the male sperm in the active and conquering role, while casting the female egg in the passive and receptive role (Martin 1991), I also saw this same kind of “fairy tale” echoed in the scientific descriptions of how HIV infects the body. For instance, Claire – an American researcher affiliated with a medical university in the Northeast United States – was detailing possible reasons for the differences between the CAPRISA trial results, which showed efficacy in HIV prevention with a vaginal gel containing tenofovir, and the VOICE trial, which she said had “more disappointing results.” When describing the biological factors that place women at risk of HIV infection, Claire attributed much of the active role in infection to men’s anatomy and biology, often repeating phrases such as “semen and sex drive HIV.” When discussing women’s biological role in HIV infection, she named several factors that women passively acquire, such as “altered vaginal microbiota,” or the organisms that inhabit the vagina. This altered vaginal state can result from such mundane and everyday occurrences such as altered pH levels associated with yeast infections, or the presence of common infections such as HPV. On the other hand, she assigned the more active role in HIV transmission to men, saying that “semen drives HIV infection for women.” Based on Claire’s analysis, women’s role in HIV infection is to passively receive semen or the common infections that can alter their vaginal
composition. Men, on the other hand, play the driving role by actively imparting their semen during sex.

This male/female binary was also apparent during the Q&A portion that followed the panelist presentations. During the Q&A, a man in the audience asked the panel about microbicide products that could be used immediately before sex, rather than some formulations in clinical trials that require women to use a product daily or at a specific amount of time before or after sex. “I’m thinking about the woman whose husband comes home and has been drinking, and he wants sex,” the man said, adding, “And she could be beaten if she doesn’t give it to him.” Even in this straightforward question about microbicide product formulation, hegemonic gender roles are strongly apparent. In this man’s imagined scenario, the man plays the aggressive role—demanding sexual satisfaction, becoming violent and abusive if he does not receive what he wants. On the other side of the gender binary, the woman in this story fulfills her role by passively submitting to the sexual desires of her husband, unquestionably receiving his abuse or the semen that drives HIV infection. What is even more interesting about the scenario this audience member presented is what he did not describe. Why not ask about a microbicide product a woman could use immediately before intercourse not because her male partner is demanding sex and will turn violent otherwise, but rather because she wants and consents to sex, and wants to protect herself from HIV? As Jewkes and Morrell argue (2012), health literature has traditionally ignored women’s agency and positioned them as victims of men, which likely has influenced perceptions in the HIV/AIDS community about prevailing heterosexual relationships. In other words, this
man has identified the male/female, aggressor/victim binary as normative, and is thinking about tools such as microbicides that can help women best navigate such relationships. Additionally, this scenario reveals one of the major themes surrounding the male/female, active/passive binary with regard to vaginal microbicides: pleasure and responsibility.

Later on, a second man in the audience asked the panel if any research was underway to develop microbicides that men would apply to their penises prior to sex. When met with this potential role reversal, whereby men would be responsible for HIV prevention and not women, the panel remained silent for a few moments. I noticed two of the laboratory scientists looking at each other, until one finally answered with the brief reply that applying a product to the outside of the body is not protective or feasible. With that brief answer, the moderator turned to the next question from the audience. I was struck by the complete lack of discussion this question warranted from the panel, either because of the absence of scientific merit or because a penile microbicide would subvert, to some degree, the hegemonic structure under which researchers are accustomed to operating. It could also stem from the fact that the original intent behind microbicide R&D was to provide women with a vaginal product they could use to prevent HIV. Perhaps it was a combination of all three factors. But given other discussions of pleasure I observed that week – detailed below – I believe that gender hegemonies play a significant part in the discourse that circulates among vaginal microbicide advocates and researchers.

*Vaginal and rectal microbicides panel; advocacy dinner*
The roles of sexual pleasure and sexual responsibility became increasingly apparent at a session that focused on current and future research to develop microbicide products, both vaginal and rectal. The diverse panel included laboratory scientists, clinical trial investigators, and advocates focused on groups such as women at risk of HIV and men who have sex with men (MSM), who are traditionally seen as the target group for rectal microbicides. After a discussion lasting several minutes among some of the panelists regarding the types of antiretroviral drugs used to formulate microbicides and how this could impact issues like resistance, another panelist brought the conversation around to issues of sex and pleasure. Will, an advocate in the MSM and HIV community, began to jokingly rebuke the other panelists for the scientific nature of the conversation up to that point. At the same time, he argued, “we need to be talking about a product that fits into our behaviors.” Describing the amount of rectal lubrication that MSM prefer during anal intercourse, he cited the common phrase “A little dab’ll do ya.” Will then contrasted this with the large amount of microbicide gel that men are asked to apply rectally for HIV prevention. “And if you ask men to pull out an applicator in the middle of sex, that’s just not sexy. In fact, it’s gross. We need something that’s simpler.” This conversation stuck with me for a few days following the panel, as it was the first time during the IAC that pleasure became a part of the discourse in this way – a panelist arguing that microbicides should be pleasurable and sexy for the people actually using the products. This contrasted sharply with the way that pleasure was discussed in the vaginal microbicide discussions – notably, that women’s sexual pleasure or that she might initiate sex were rarely discussed as concerns or priorities.
Later that week, I was invited to a dinner for microbicide scientists and advocates, held at a restaurant near the conference venue. The dinner was a relieving change of pace from most of the week, which was spent in large session rooms, listening to prepared remarks and PowerPoint presentations without much opportunity to converse with panelists. While talking with two microbicide scientists, I told them about the comments above and asked what they thought about the role of pleasure in microbicide development. One replied that although vaginal microbicide advocates do not often talk about sex and pleasure – “pleasure isn’t really part of the conversation” – this was not the case for rectal microbicides. “Those rectal advocates, they’re all about fun,” he said. Later, sitting at a small table with other women, I raised the issue of pleasure and microbicide R&D. Several people at the table almost immediately made comments that there is a general discomfort with women’s sexuality. “People don’t want to discuss that women have sexual urges and desires,” one of the women said, while several others nodded in agreement.

I believe this dichotomous split between pleasure and responsibility stems from the male/female gender binary and the way that active/passive sexual characteristics are assigned to men and women, even in the world of vaginal microbicide advocacy. Because the hegemonic gender binary assigns the active role in sex to men, the active enjoyment of sex and seeking sexual pleasure – even violently demanding it – falls under the male partner’s purview. His role is entirely that of demanding and achieving sexual pleasure, while women are tasked with passively submitting to these demands. Sexual pleasure is not women’s concern – rather is it the female partner’s role to submit to male
demands while taking on the responsibility of HIV prevention. In addition to the active/passive binary, microbicide advocates and supporters also perpetuate a pleasure/responsibility binary when it comes to male and female sexual identities. I did discover a more nuanced discussion of the male/female gender binary during interviews that followed the IAC, where advocates were more likely to alternate between contesting and maintaining hegemony. However, this hegemonic split between men’s active/pleasurable role and women’s passive/responsible duty was largely apparent during the AIDS conference.

Selves and others: Discourse regarding health and sexuality in Africa

International development projects and programs aimed at disease prevention shape ideas about what constitutes “normal” sexual practices and identities, and in the context of HIV/AIDS in Africa, this history of health and social reform dates back to colonial medical discourse (Leigh Pigg and Adams 2005; Vaughn 1991). Given that all later-stage clinical trials testing vaginal microbicide products are taking place in Africa (AVAC 2012b), it is important to examine if and how current U.S. discourse regarding health in Africa stems from geopolitical efforts in the colonial period to socially engineer and alter African ills – both social and physical – through medicine (Vaughn 1991). During the IAC, I observed two significant instances in which current discourse regarding the need for vaginal microbicides in Africa echoes colonial paradigms. The first revealed a preoccupation with Western self and African other, and the second illustrates how constructs of African sexuality are conflated with male sexuality.
In the first instance, the us/them binary, particularly in regard to gender and sexuality, became apparent at the dinner for microbicide advocates and scientists. At one point during the dinner, I was listening to Elizabeth, who works for a U.S. government research agency and specializes in microbicides, tell a story about her time working in South Africa. While visiting the country, she heard media reports about two girls who were raped. Discussing the incident with two male South African colleagues the next day, she said that the men started questioning what the girls were wearing, or if they had provoked the attack in any way. She expressed shock that these beliefs still exist “over there,” adding that she just nodded her head and did not argue with the men because she was a visitor. I found her comments noteworthy given that the IAC took place in the lead-up to the U.S. 2012 presidential and congressional elections, during which a fierce debate about “legitimate” rape and women’s bodies took place (Eligon and Schwirtz 2012) – illustrating that similar statements about how women provoke rape occur in the United States as well. As this story reveals, Africa and Africans are categorized as others “over there,” people with incorrect and harmful beliefs about gender, such as that girls can provoke sexual attackers through their clothing choices. Elizabeth perpetuated the us/them construct, even when similar discourse and beliefs about women’s sexuality occur in the United States.

The second instance reveals how the conflation of African sexuality with African maleness erases women’s sexuality (Vaughan 1991). During the session at which pleasure became a central topic regarding rectal microbicides for men, Will continued to stress the need for products to be sexy, fun and simple in order for people to actually use
them during sex. After he had made several comments to this point, the moderator then announced, “So we’ve obviously been talking about a product profile for people here.” Turning to another panelist, she asked, “What about African women?” In the moderator’s mind, the us/them binary creates a division that places pleasure and fun on the realm of American public health, while African women – on the other side of this binary – are not concerned with these issues. Interestingly, Priya – the panelist who was asked to speak for African women – replied that they, too, are concerned about microbicides being fun and sexy. “No matter where women live, we need to talk about what women want and how they’ll use it,” she said. However, she added that African women have the added burden of worrying about such issues as storage and disposal. “Will their children go through the trash and discover the microbicide applicator or product?” she asked, adding that African women, many of whom live in communal houses with shared bathrooms, are worried about being able to use microbicide discretely. Even when recognizing that African women want products to be sexy, this desire was overshadowed by issues such as discretion and responsibility to their children.

Much like colonial medical discourse was preoccupied with difference, so current microbicide discourse at the IAC stressed differences and divisions between Africans and Americans. This division between the Western “us” and African “them” reveals that the way microbicide advocates talk about sex and sexuality not only echoes hegemonic gender identities that assign women with sexual responsibility and men with sexual pleasure – this discourse also reveals that the women with such responsibility in sex, at least in the world of microbicide R&D, are African. This discourse ultimately makes
African women’s sexuality and sexual pleasure invisible, placing a premium on their responsibility and duty during sex.

Locating and positioning knowledge

How do microbicide supporters think about their role in international health and development efforts? Do they recognize the political entanglements of microbicide R&D and their own location relative to the women for whom they aim to speak? As Haraway writes about resisting the god trick of scientific objectivity, knowledge and claims should be situated in the knower’s embodied and particular location, and requires a level of accountability and responsibility (1988:573). This is especially important when knowers attempt to make claims for subjugated populations, as attempting to see from and speak for disempowered populations (Haraway 1988:584).

Based on my observations at the IAC, I believe that microbicide advocates and researchers exhibit a degree of situated knowledge – several times, I heard advocates, researchers and other supporters attempt to locate their knowledge and claim responsibility for what they know. For instance, at the dinner with microbicide advocates and supporters, Susan – an HIV vaccine and prevention advisor working with a U.S. federal agency – was discussing vaginal microbicide clinical trials among low-income, African-American women in Washington, D.C. Stressing that these women are not motivated to sign up for HIV research trials, she told a story of her experience several years ago, attempting to enroll African-American women in D.C. in an HIV vaccine trial, which was taking place at a hospital in a low-income neighborhood in the city. She
prompted each person the table to guess how many women signed up for the trial.

Following several responses of numbers in the low 100s, she said:

“All right, how many women signed up for the trial?”

“Zero. No one signed up. Because people are more worried about being able to pay for food, getting medicines for other diseases like hypertension and diabetes that they have. A vaccine for HIV is not even comprehensible, not even a priority for them.”

She then emphasized that it is “really important” for scientists and researchers running clinical trials to “engage people in their lives, where they are in their lives. A lot of researchers don’t get that. Some of them do, but most of them don’t. It’s also important to build a foundation of trust. In order to engage people in research, or even get to the point of getting them to take care of themselves. You have to build trust – okay, you care about me and I trust you.”

By critically examining her role and why her goal of enrolling women in a clinical trial was incompatible or unrealistic for the women she wanted to participate, I believe that Susan was making an attempt to locate her knowledge (HIV vaccines are needed, and women should enroll in clinical trials to support vaccine development) in her position as the researcher, with a vested interest in the trial – an interest that was not shared by the women she wanted to enroll. Similarly, Richard – a laboratory scientist who develops microbicide formulations – made an effort to locate his knowledge during the IAC panel on vaginal and rectal products. Following a discussion among the panelists about the use of antiretroviral compounds in microbicide products, Richard said:

Women need choices. User needs are critical. We must go back to user needs. In the beginning of microbicide research, scientists would just pull whatever was available off the shelf to test, without considering if women would actually want to use such a product. Research can’t continue this way. … We need to be more selective based on what women want to use. We’re failing on that point – user needs.
As this quote reveals, Richard was attempting to ground his knowledge (about the efficacy of certain compounds and products in preventing HIV) in his role as a laboratory researcher. His knowledge is partial, as it only takes into account if a compound will work as an HIV preventive. It is also sometimes incompatible with the knowledge and needs of women for whom these products are being developed. In fact, Richard calls on microbicide researchers to take women’s knowledge into account, thereby creating a more accurate knowledge about vaginal microbicides that includes both scientific efficacy and women’s needs. In the same spirit, Susan recognized her knowledge regarding the importance of HIV vaccines as partial and rooted in her position as a researcher. A more comprehensive view requires researchers to engage with target populations, and learn about their needs and priorities.

The above comments from Susan and Richard demonstrate efforts to locate claims regarding HIV prevention and microbicides in the bodies and locations of researchers and scientists – and to gain a more complete picture by supplementing this situated knowledge with the needs of women whose experiences and expertise are rooted in different locations. However, I observed a different conversation about knowledge and risk during another panel at the IAC. During the microbicides and PrEP session, Rose – the researcher who manages human clinical trials of vaginal microbicide products in Kenya – discussed how the perception of risk is critical to microbicide research and eventual product roll-out. “How do we get heterosexual couples to recognize that they’re at risk” of HIV, she asked, adding, “These couples, because they’re married, do not perceive themselves to be at risk for HIV.” This issue could have important implications
for microbicide use, as heterosexual couples who do not see themselves at risk of infection will not be likely to use a microbicide for prevention, she explained. This “problem” can also impact HIV testing and even resistance to antiretroviral drugs used in treatment. “How do we get people who don’t think they’re at risk to come in for testing?” Rose asked. Additionally, she said that “a lot of populations at risk also don’t have good adherence. For example, sex workers in Kenya don’t want to take daily pills. People are creating the issue of drug resistance, these people who don’t complete their treatment.” Later on during the session, one of the panelists also mentioned that microbicide products will “need to be marketed as sexy, as desirable to use” in order for people at risk of HIV to actually use them.

As these panelists argued, many individuals and couples whom public health officials define as at risk of HIV infection do not share this knowledge, which could negatively impact the uptake and use of microbicide products once they become available. This was a strikingly different conversation about knowledge than the ones described earlier with Susan and Richard. At no point did Rose or other panelists attempt to root their claims in their positions as scientists and researchers. More importantly, perhaps, they also did not count the knowledge of others as legitimate. Both Susan and Richard indicated that the vantage points and needs of specific women (potential HIV vaccine trial participants and intended microbicide users) should be taken into consideration in order to achieve a more accurate knowledge about vaccines and microbicides. However, when discussing how some heterosexual couples will not use microbicides because they do not see themselves at risk of HIV, or how sex workers in
Kenya do not like to take daily pills, Rose instead invalidated these vantage points by placing blame for the spread of drug resistance. She slipped into the god trick of objectivity (Haraway 1988) by asserting her knowledge as rational and others’ as irrational, instead of recognizing these other vantage points as legitimate due to their particular location in the world.

To summarize, hegemonic definitions of masculinity and femininity studded the discourse circulating at the IAC regarding vaginal microbicides, and I observed a parallel binary regarding men’s sexual pleasure and women’s sexual responsibility. This binary ultimately serves to erase women’s sexuality, particularly for African women, who are assigned the sole duty of serving men’s sexual needs and preventing HIV transmission. Finally, I discovered a degree of reflexivity and situated knowledge at the IAC, with some researchers attempting to account for their claims by recognizing their position in the microbicide R&D landscape. However, such attempts at situated knowledge were not universal, as revealed in conversations around risk and microbicide use. All of these themes are critical components in the next chapter, which details my findings from ethnographic interviews with U.S. microbicide advocates and supporters. In particular, the politics and broader power structures behind claims regarding gender, health and international development programming will become increasingly clear.
Chapter 4: Interviews with vaginal microbicide advocates

After the AIDS conference in July 2012, I spent the next three months conducting ethnographic interviews with microbicide advocates, most of whom were located in Washington, D.C., but also in New York and Seattle. I met many of these advocates at the AIDS conference, and others were referred to me by my initial group of interviewees. For each interview, I used a standard interview script but also asked other questions when interviewees brought up unexpected topics or issues. During these interviews, I found that advocates have a more nuanced relationship with the gender binary than the one I observed at the IAC, as advocates argued that microbicides must fit within and maintain male and female hegemonic identities. However, they also railed against the notion that women are passive victims of male sexuality, often contending that vaginal microbicides can help women wrestle control from men, as well as offer women another option to meet their health needs. The power these advocates assign to vaginal microbicides – to both maintain and undermine gender hegemony – reveals the significant amount of non-human agency associated with these products, and I aim to examine the resulting political entailments. In particular, I will argue that microbicides are often tasked with broader U.S. international health and development goals regarding Africa, including mending such societal ills as imbalanced gender relations, poverty, education and childhood development.
The embedded nature of gender hegemony in microbicide discourse

The overriding theme that emerged from my interviews with vaginal microbicide supporters is that women – primarily African women – lack any power or control over their sexual lives, including whether condoms or other methods are used during heterosexual intercourse for HIV prevention. When I asked them why they believe microbicides are important and needed, study participants invariably discussed how women do not have a choice about when they have sex, whom they have sex with or using condoms to protect themselves from HIV. Jenna, who has been working in microbicide advocacy for about three years, said:

It’s a gender power dynamic issue at the end of the day. It’s particularly difficult in marriage for women to request that their partner use a condom, and I think oftentimes because of the gender power imbalance. Globally, not just in developing countries, women tend to succumb to whatever the male partner prefers. So as not to have conflict in the relationship. Perhaps it’s more so in countries where women are economically dependent on their male partners and really have strong reasons not to disrupt the relationship. This is still present in developed countries, sadly, with male domination.

Elizabeth – the microbicide expert with the U.S. government who told the story about rape in South Africa – later discussed her past experience as a health care provider, treating HIV-positive women:

“I worked with many patients whose only risk factor was having sex with one of two partners in their lives. They were not substance abusers. Some of them were married, some were not. Some had only had one or two partners in their entire lives.” She connected this situation to the fact that women do not have control over condom use in their sexual relationships: “The condom concept still was not a method that women could use, or that women can control. Neither male condoms or female condoms. It’s quite obvious that you need male cooperation to use a female
Other microbicide advocates discussed how these issues of gender and power in sexual-decision making are particular to women in the Global South. Mary, an advocate who has worked for about four years with an organization that develops vaginal microbicides, said that her organization:

[C]reates products for women in developing countries. In many of these countries, given the socioeconomic situation, women don’t have a choice about condom use, or to negotiate condom use with their male partners. They don’t even have the option to protect themselves. They can also be victims of sexual violence.

People often singled out African women as being particularly victimized and passive regarding sex and sexual decisions. Michelle, an advocate who has worked in global health issues for more than 10 years, was discussing her experiences in various African countries: “Microbicides also help address the needs of African women. Women who don’t have any power or choice of when to have sex, who to have sex with. My experiences in Africa [have shown me] the reality that women are faced with. That sex is not necessarily a choice.” Ann, an advocate relatively new to the field of microbicides, said more bluntly that “women in Africa don’t have a lot of agency.” Later on in my conversation with Ann, when I asked her to describe the women taking part in microbicide clinical trials, she said that microbicides are “being developed for all women. But I think that there are some women who they would most benefit.” She then told a story about when she lived in India for a short period of time, and she knew a woman whose husband “beat her every day.” Another woman, Ann continued, contracted HIV from her husband, and her family “still kicked her out of the house. Her husband was
[HIV-]positive but she couldn’t do anything to protect herself. There’s pervasive problem in impoverished countries, where women have no agency or control over their bodies. HIV prevention is completely out of their control.”

As the comments above illustrate, microbicide supporters unquestionably recognize the hegemonic gender binary that creates essentialist and naturalized characteristics of masculinity (violence, aggression) and femininity (passive, weak). Interestingly, this group had a problematic relationship with gender hegemony and its manifestations in sexual behavior – at times upholding and maintaining the male/female gender binary, and at other times contesting it. For instance, many people stressed in interviews that microbicides need to fit into existing gender relationships, and that men need to support such products for women to actually use them. In a focus group I conducted with Sarah, Karen and Michael – three advocates who work on global health and women’s issues – the group began discussing the issue of discretion, or if women who use vaginal microbicides hide this from their male partners. “Men are the decision-makers in so many cultures. Men could be uncomfortable with their women doing something without their consent,” Sarah said. Another advocate whom I interviewed, Teresa, said that vaginal microbicides are “gonna start with men.” Teresa added that she’s been in focus group discussions with African men, who said that they “’would not want my woman to use a gel because she’d feel like the Indian Ocean.’ I’ve also heard men say. ‘You have to feel like you’re conquering the vagina.’ Ultimately, you need to get them [men] to say, ‘This will protect me.’ Or, ‘This way I can go sleep with my young woman and not bring anything home.’” According to these arguments, men – as
the active decision-makers in sex – have to consent to their female partners using vaginal microbicides due to the benefits the products will bring to them, including allowing them to have multiple sexual partners and still be protected from HIV. This argument goes beyond recognizing the male/female gender binary at play in microbicide research and use – it ultimately upholds the binary by contesting that these vaginal products need to fit within hegemonic gender identities and encourage men to continue practicing corresponding behaviors.

Much like at the IAC, pleasure also became a primary theme during interviews with microbicide advocates. Often, these discussions of pleasure echoed the male/female binary at the IAC, where men were assigned active sexual pleasure and women were resigned to taking responsibility for HIV and other negative consequences of sex. Many advocates stressed that in order for men to agree to vaginal microbicide use among women, they must be convinced that the products will increase their sexual satisfaction. Sexual pleasure, however, is not an issue for women, who are primarily concerned with disease and pregnancy prevention. Michelle said that “in some cases, men will be the drivers” of microbicide use because “microbicides can increase their pleasure, since they wouldn’t have to use condoms” to prevent HIV. She added that the “reality is that men are at the natural decision-making level.” Leslie, a Seattle-based reproductive health and microbicide advocate who has been working on the issue for about 12 years, said that the messages used to market microbicides to men and women would need to be different in order to convince them to use the products:
There may be different reasons that people will want to use these, and why they want their partners to use them. For women, they’re mostly concerned about not getting pregnant and not getting HIV. For men, who are not being protected by these products, their needs need to be acknowledged. What are the benefits for their partners using them? Will it protect them? Will it itch? Will it hurt? Will it make sex better? Will it detract from sex? We need to think about the broader selling point that will make men supportive of women using these products.

This idea was repeated in several interviews. In the focus group, Michael said that in the United States, “there’s a general preference for lubricated sex. So microbicides could be a great tool for women to use while also pleasing their man.” Priya, who has been an advocate for microbicides and women’s health since the late 1990s, was discussing the role of pleasure in vaginal microbicide use and marketing. She said, “And this relates to the marketing – the product can provide better sex for you and him. That’s really important, the better sex for him element. Women’s aren’t always worried about sex for their own enjoyment, but rather the enjoyment of their partner.”

In the discourse of vaginal microbicide advocates, sexual pleasure has become another line that splits the male/female gender binary. On one side of this line, men are afforded not only control and power over the act of sex itself, but they are also given all of the pleasure. Pleasure and control become inseparable, as men’s right – afforded by the gender binary – to take all the pleasure in sex translates into their control over decisions such as whether condoms will be used (as condoms detract from men’s pleasure), when sex will occur, and with whom. On the other side of the divide, women are the passive victims of sex, who have no say or control over when they have sex and with whom – and they certainly have no agency regarding condom use for HIV prevention. Along with this concept of sexual passivity comes the notion that women do
not enjoy sex (how can they if they are victims?), but are instead more concerned about their male partners’ needs and shoulder the burden of pregnancy and disease prevention. Many of the advocates I interviewed argued that men will ultimately have control over women’s use of vaginal microbicides – and that these products should be marketed to men as a tool to enhance their sexual pleasure in order to gain their consent. They also maintained the hegemonic ideal of femininity, arguing that women do not actively desire pleasure in sex for themselves, but are rather more concerned about their male partners’ gratification and bearing the responsibility for preventing disease. Additionally, these advocates maintain that men have control over condom use for HIV prevention but often choose not to use them, primarily because condoms detract from their sexual satisfaction. By arguing that vaginal microbicides will allow men to continue not using condoms for enhanced sexual pleasure – thereby placing all the responsibility on women for HIV prevention – microbicide advocates are perpetuating hegemonic gender identities that define men as active and aggressive, and women as passive and receptive. And as I will later argue, this discourse is also a part of broader U.S. international development discourse that aims to create and legitimize knowledge about sexual moralities and relationships, and what counts as the right kind of sex men and women should have.

Contesting hegemony

It is important to recognize that while vaginal microbicide advocates uphold and perpetuate hegemonic gender identities, definitions of gender are fluid and situational – and that individuals and groups continuously contest hegemony. So while hegemony
does create and maintain gendered ideals situated on a binary, this hegemonic structure is often contested by microbicide advocates, who negotiate male and female positions of power in sex and actively work to create variant identities that compete with the male/female binary. It is critical to recognize how these advocates contest hegemony in order to recognize their counterhegemonic discourse that presents the possibility of change (Grewal and Kaplan 1994; Ortner 1990), as well as to acknowledge that while women do operate within hegemonic structures that can define them as weak and passive, they can and do actively resist such power structures (MacPhail 2009). As I discovered in interviews with vaginal microbicide advocates, they believe that these products have the power and ability to contest and change existing hegemonic sexual and gender power structures and assign a large amount of non-human agency to microbicides in the process.

In addition to identifying how advocates resist and counter hegemony, it is critical to examine the political power dynamics that are entangled with the assignation of agency to vaginal microbicide products (Casper 1994).

For instance, advocates did not always maintain the male/active, female/passive gender binary. Often, they expressed frustration when recognizing how the male/female gender binary affected women, sex and vaginal microbicides. Michelle discussed how she has met with microbicide researchers conducting clinical trials in Kenya, South Africa and Zambia. She raised issues that can hinder vaginal microbicide trials with the researchers, who said that the fact that “women’s needs are not prioritized” meant that there is a “need to have men on board” in order to conduct trials in a community. “Not because it’s the right thing to do. But just because you have to have men’s consent and
approval to conduct vaginal microbicide research. There was a real call for more education” to change the situation.” Mary expressed disappointment that 30 years into the HIV/AIDS pandemic, enough men worldwide are not choosing to use condoms for HIV prevention because they believe that condoms will detract from sexual pleasure: “For me the bottom line is that we wish it could be different. After 30 years of behavior change efforts, trying to get men to use condoms for the right reasons haven’t gotten us very far. There have been some inroads but not as much as we would like.”

This frustration with the male/female gender binary consistently turned into a discussion of how vaginal microbicides could play a role in fighting and changing hegemony. Leslie began telling me about the time she first heard about a vaginal microbicide. “My original impression was certainly a great deal of interest in a product that could help women protect themselves from HIV and other” sexually transmitted infections. “The women focus was very central to the discussion, and still is. The point was—women need to rely on men to use condoms. Short of that, if women are sexually active, there’s little they can do to protect themselves from HIV. It’s about opening the door to a product that women can use to protect themselves, which is very exciting and compelling. It’s what has compelled the field.” Priya said that the “whole point of a microbicide is that women can use it without asking for permission. Men are really important in this process, but it won’t be the make it or break it.” To other advocates, “opening a door” to a product that women can use for HIV prevention without men’s permission is a counterhegemonic process that can shift current male/female power dynamics in sex. Vaginal microbicides are an “HIV prevention option that helps and
empowers women,” Michelle said, adding, “For so long, prevention technologies have been under a man’s control. Microbicides have the potential to switch that control. Ideally, it would be a conversation about equalizing that control.” She later said, even more directly, that a vaginal microbicide “adds a tool that shifts the gender balance.” In the focus group discussion, this idea of countering gender hegemony was the first theme that the group discussed when I asked why vaginal microbicides are important. Sarah’s first response was, “With microbicides, it’s something women can take into their own hands and initiate without their partners’ consent. It provides women with agency, autonomy and control.” As these comments reveal, advocates see vaginal microbicides as a tool with the potential to provide women with more power and control in their sexual relationships with men. In this view, microbicides are counterhegemonic and have the power to fracture the male/female gender binary that defines women as weak and passive sexual victims.

Choice was also a persistent theme that came up in interviews with microbicide advocates and supporters, highlighting another way that this population recognizes women’s agency in choosing HIV prevention options that work best for them, as well as choosing if and how to involve their male partners in microbicide use. When I asked advocates why vaginal microbicides are important, many answered that the products would provide another HIV prevention option from which women can choose. “I don’t necessarily see one product,” Mary said, adding, “I really do feel like if you look at … if you parallel this to women’s contraception options in the U.S. and Europe, women have so many options. Women are much more likely to use one product if you have multiple
options. The bottom line is that different products will be right for different women. You have to have a range of products, or else you’re only going to be helping a subset of people.” This argument that microbicides would provide women with more choices in HIV prevention was also a running theme in the focus group discussion, with the group stressing that choice ultimately provides women with more control and agency over their health. Karen said, “I automatically connect microbicides to birth control. It you think about birth control available in the Western world, where we have so many options. There is a relative lack of choices in HIV prevention. Any little improvement will help.”

The connection between choice and power was perhaps expressed most clearly by Mary, whose organization develops microbicide products in various forms, including gels and rings:

This is why I have high hopes for the ring. In theory, you put in in and you forget about it. Or if it happens to come out, you wash it and put it back in. It becomes a part of you. For women having intermittent sex, they might not want a ring inside their bodies 24/7. That’s why every product isn’t for every person. As for the gel, using it before and after sex, that could be cumbersome. I don’t know that I could speak to someone else’s cultural context. Using something before and after sex – that would take some of the spontaneity out of it. But it’s do-able. But for someone who’s not able to time sex, or can’t use it discreetly, this might not be an option. But I think that plenty of women would. And they deserve to have a choice about what products to use, to have a combination of products available.

Women’s agency and choice were also reflected in discussions about if and how women will involve men in the use of vaginal microbicides. The theme of negotiation and context was recurrent in my conversations with advocates, just as MacPhail (2009) found that women use distinct strategies for negotiating HIV prevention decision-making with men – and that these strategies were often counterhegemonic, albeit in subtle ways.
Indeed, advocates often answered that the way women involve men in vaginal microbicide use will be context-specific, dependent on a woman’s situation, her relationship and the choice that makes the most sense for her at that time. “I really feel like, from everything I know and have read, it depends on the woman and her partner, her community, and the social context in which she has a relationship,” Mary answered, when I asked her what role men play in the use of vaginal microbicides. She added:

In an ideal world, that’s the kind of thing you’ll talk with your partner about. He might even feel more comfortable that you’re using it. For some women, that might not be an option. Even discussing using a product [for HIV prevention] could bring up the feeling that the woman doesn’t trust her partner. For me, in an ideal world, it’s not that men are bad and can’t be engaged in microbicide use. … And I think this speaks to cultural context. In many communities, women have indicated that they preferred to engage their male partners. But they liked the fact that this was a product that could be used discreetly, if they needed to.

Women’s choice was also apparent in the way that advocates talked about the covert use of microbicide products, or whether women will tell their male partners that they are using a microbicide during a particular sex act – at least for products that would be undetectable to men, as many people stressed that men often can tell in clinical trials that a woman has vaginally inserted a microbicide gel. Consistently, advocates stressed that the decision to use a microbicide covertly would be up to a particular woman, based on her context and needs. Leslie described a shift in the way that microbicide advocates talk about covert use – a shift that she said stemmed from the response from women themselves:

There’s also been an interesting discussion around covert use. A big selling point was that these products could be used covertly. With that, too, there was a turnaround
from the advocacy side. We’ve been hearing women and men from various parts of the world saying, “We should not talk about it only in that regard.” For some people, they would want to use it covertly. For others, it would be important to talk about it with their partners. It would be detrimental to position a microbicide as a big secret that women are keeping from men. Different communication would impact how people talk about it with their partners. That would determine how people will talk about this with their partners.

Choice, therefore, was a persistent theme in my conversations with advocates – a theme that reveals yet another way that the microbicide community recognizes women’s agency in certain contexts and situations. Women’s choice, agency and control illustrate the problematic relationship microbicide advocates have with hegemony. While they uphold and perpetuate hegemonic gender identities – arguing that microbicides need to fit within existing gender power dynamics – they also employ counterhegemonic discourse, and work to create variants to the prevailing male/female gender ideals that compete with the active/passive binary. Advocates even expressed counterhegemonic arguments regarding pleasure – while this happened rarely, it is worth noting. While in interviews and at the IAC, women’s sexual pleasure was primarily invisible, there were erratic recognitions that microbicides could impact sex and satisfaction for women as well. Most often, when I asked advocates about the role of pleasure in microbicide use, the discussion turned to men. Occasionally, however, people commented on women’s pleasure and satisfaction – although this discussion was not nearly as long or in-depth. Comments were more passing: “I think that there’s something about the intersection of pleasure and risky behavior,” Ann said, adding, “We somehow need to link safe sex with pleasure. Microbicides could get into that space. It could be marketed as a sexy product. And microbicides could allow women to enjoy sex because they’re not at risk of HIV.
They’re free from fear.” In a different conversation, Priya responded that there “has been some work on whether a microbicide could help increase pleasure. Some of the results coming out of the trials is that women are saying it could perhaps women have more pleasure, maybe because gels provide more lubrication. It women are having better sex, that is amazing. But some women are saying, ‘My sex is just fine. I don’t need another product.’ I think this goes back to the idea that women have different needs.” Michelle, discussing how microbicides could help enhance sexual pleasure for men, then added, “I think it can be the pleasure of both partners. Pleasure can be a marketing tool for microbicides. This is a different aspect to microbicides, because for so long the discussion has been about empowerment for women. But there are other women who enjoy sex, and this would be an added benefit for women who are already empowered. … It’s not just about impoverished women being victims. There are other aspects, and that’s the thing that’s so interesting. There is just no one image of a woman. It’s a good reminder of that.” It is noteworthy that these women called attention to women’s sexual pleasure, when women’s sexuality is so often ignored or even erased. However, these comments were a rare occurrence in interviews, as advocates were primarily focused on increasing women’s agency and control, and discussing how microbicides might impact men’s sexual pleasure. An additional comment – offered by Michelle – can help explain this overarching erasure of women’s sexuality, particularly when considering the political implications of assigning microbicides with non-human agency. She said, “Given the political environment in which we work, the leading argument for microbicides will not
be about pleasure. We will have to focus on helping to solve a problem.”

Non-human agency: assigning microbicides significant power and influence

As previously discussed, “human” and “nonhuman” are socially and politically constructed concepts, and a full examination of human, nonhuman and the resulting designations of agency needs to consider the various motivations behind defining something as human and/or nonhuman (Casper, 1994). I discovered in my interviews with microbicide advocates and supporters that this population assigns a striking amount of agency to vaginal microbicide products, which are given the capacity to carry out human actions such as equalizing gendered power structures and empowering women. I also discovered that these advocates assign vaginal microbicides with more politicized work, wrapped up in broader U.S. international development goals to correct and heal faulty gender relations in Africa that contribute to a host of societal and health problems on the continent.

As the section above on the gender binary illustrates, microbicide advocates assign these products with a certain level of personhood and agency – sometimes even more agency than the women who will use the products. Vaginal microbicides are an “HIV prevention option that helps and empowers women,” Michelle said, adding, “For so long, prevention technologies have been under a man’s control. Microbicides have the potential to switch that control. Ideally, it would be a conversation about equalizing that control.” A vaginal microbicide “adds a tool that shifts the gender balance. Women are at the highest risk of HIV in places in Africa. Microbicides can give women control over
prevention.” Sarah said, “With microbicides, it’s something women can take into their own hands and initiate without their partners’ consent. It provides women with agency, autonomy and control.” According to these advocates, microbicide products are much more than tools women would use to prevent HIV – they are products with human-like agency and ability to disrupt the gender binary, give women more control in their sexual lives, and even equalize relations between men and women.

However, there are also political objectives that vaginal microbicides are tasked with achieving, as many advocates said that these products will not just impact women’s ability to control HIV prevention and other aspects of sex alone. Indeed, microbicides’ ability to empower women and provide them with agency could extend well beyond the act of sex. For instance, Priya said that there are “many theories of women’s empowerment out there. A microbicide is yet another way to get women to think about their sexuality and their reproductive health needs. The process of talking to their partners about their choices can lead to empowerment. If has the potential to be yet another tool to help women get control over their own health and sexual health needs.” Michelle explained that vaginal products can force a conversation between men and women about gender, sexuality and other issues: “Having an HIV-prevention option that has to be used by women makes you think about women’s sexuality. It forces a dialogue. You have to think about gender. It forces a different kind of thinking and raises a dialogue.” Microbicides, therefore, are a vehicle that will empower women to take charge over all of their health needs, while at the same time compelling women and women to talk about HIV prevention choices, gender and women’s sexuality. This idea
of improving communication between men and women was also widely apparent across interviews with advocates, with comments from Karen such as, “There’s also the idea of healthy communication. You would hope that couples would discuss options and microbicides would be one of them.” Leslie, when discussing how couples could access microbicides once they are available outside clinical trials, said, “If men are counseled on these in the same way they would another product, there could be a lot of couples counseling going on.” Microbicides as the impetus for improved communication and counseling between men and women is indicative of a larger objective: repairing the societal ill of broken gender relations, creating healthier and “better” relationships between men and women by raising the status of and empowering women. This was a common theme across my interviews, represented most clearly by the following comments from Jenna, who works at an organization that develops vaginal microbicide products:

    In the field, there’s a whole movement of making sure that men are brought along. I don’t feel as strongly as others do about it. I think what needs to happen … I like to tackle the root causes, as opposed to Band-Aid approaches. The root cause is the power imbalance. It’s not that men need to be aware of microbicides. There needs to be more done to build men’s awareness of the basic equality between women and men, women’s right to protect themselves and the lives of their children, and to have their requests respected. It’s beyond microbicide development. They’re equal partners in sexual relationships. It’s a hard issue to tackle, because some of it’s so culturally entrenched.

    Or, as Priya said more precisely, “We need to continue to strive for better relationships between men and women.”

*Social engineering in Africa*
Given that vaginal microbicide R&D efforts are concentrated in Africa, advocates were primarily concerned with creating healthier and improved gender relations between African men and women. Much like discourse at the IAC, the language employed by advocates in interviews centered on the articulation of differences between Western selves and African others (Vaughn 1991). Improving gender relations and the status of women is not “impossible. It’s happened here. We haven’t solved all the problems, but we’ve made progress. It’s about behavior change. And it had to come from the grassroots to take hold,” Jenna said. Many advocates echoed this division between the Western self – American and European societies that have made great improvements in gender relations, women’s autonomy and agency – and the African other, where great inequalities still exist between men and women that contribute to the spread of HIV. Mary, who was stressing the need to gain men’s consent and approval for vaginal microbicide products, said, “Because as uncomfortable as it may be to some people, or to women here in the U.S., we have a very different sense of our own control and our choices, a level of control. Even though we may want to engage our partners, it can be a different model in other countries in Africa, where men still make those kinds of decisions.” Teresa, relatively new to the field of vaginal microbicide advocacy, was direct in her positioning of the Western “us” and African “them” when discussing how she believes HIV/AIDS-related stigma is a much bigger problem in Africa compared with the United States, which can affect women’s willingness to participate in clinical trials for HIV-prevention products such as vaginal microbicides. “When I go to Africa, I
always want to say, ‘You do know that you’re the most affected by this [HIV/AIDS], and you’ve still got so much stigma.’ It’s more harsh than here, in the U.S.”

This focus on correcting unbalanced gender relationships and improving the status of women in Africa reveals that microbicide advocacy has become entangled in broader U.S. international development projects, which intentionally or unintentionally shape ideas about what constitutes “normal” and “moral” sexual practices and relationship between men and women (Pigg and Adams 2005). This focus also echoes colonial medical efforts in Africa, which were focused on the articulation of cultural differences between Africans and Europeans. Social reform goes hand-in-hand with the articulation of such differences, and current microbicide discourse parallels the longstanding concept that health efforts in Africa are tied up with social engineering efforts to make the continent healthier by curing its cultural and social ills (Vaughn 1991). The comments above reveal that microbicide advocacy is not only concerned with developing new HIV prevention tools. Vaginal microbicides are also endowed with a striking amount of political agency to change societal and cultural realities in Africa – a reality constructed along the male/female gender binary that defines women as sexually passive victims, and men as sexually active aggressors. This wider U.S. effort to shape, change and improve gender and sexual relations in African countries and in other non-Western nations is reflected across several global health and development policies and frameworks released by federal agencies such as USAID (2010c, 2012) and the State Department (2012).

These broader U.S. efforts to enact social reform are not restricted to making healthier relationships between men and women in Africa. Indeed, several advocates
stressed that empowering a woman through microbicides would have far-reaching benefits for her, her children and her community. “I feel that giving women an opportunity, a first opportunity to protect their health with a product under their control is empowering overall,” Mary said, adding, “It could lead to decision-making in other area for them, or their children. When you have a choice to protect yourself that you didn’t have before, that enhances your sense of self-worth. And it can help lead you to make decisions that are more empowering for yourself and for your family, whatever those may be.” I often asked advocates in interviews to explain, in more detail, how a vaginal product for HIV prevention could have benefits for so many other people beyond the women using it. “Microbicides can help raise the status of women. When we raise the health and status of women, this leads to better health for their children – it’s an important link in the chain,” Michelle explained, adding, “Girls who are more educated have fewer children. When you empower women as equal partners, it shows them that they matter. It raises the status of women.” Mary also discussed the link between microbicides and these broader societal benefits, saying:

Because women are generally the caretakers. If they get infected, they’re not going to be able to carry out that role. Their children might have to take that on, and that means being taken out of school. Also it means that women can’t physically take care of their children in the way they’re accustomed to. If they pass away, they won’t be there for their children. Children having access to education is a big piece of that, being able to remain in school. Otherwise these kids are orphans, and it perpetuates the same vicious cycle. They get married off at very young ages, which can happen anyway.
Going beyond the family unit, some advocates discussed how U.S. funding for microbicide R&D efforts has implications for how international development policies will take shape in the future. Mary continued:

In theory, it’s an investment. It’s not just the right thing to do. It will pay off in the future. It will affect the way we finance developing countries in the future. It also helps, too, thinking of all the MDGs [Millennium Development Goals, established by the United Nations]. Reduce poverty, potentially. … Women who have more rights and have financial opportunities, their families and their countries in general tend to have a much higher status. In terms of their ability to eradicate poverty, keeping their kids in primary school. Reducing child mortality and infant mortality.

Vaginal microbicide advocacy started as a grassroots, feminist movement outside the mainstream HIV/AIDS structure to address gender inequalities and provide women with HIV prevention options they could control (Forbes et al. in press). But so many years later, it has now become a part of the larger U.S. and global political landscape regarding international health and development. Vaginal microbicides are assigned with carrying out a large amount of political work, helping to achieve international development and health priorities established by the U.S. government – and international bodies such as the United Nations – to create better and healthy men and women in Africa, keep children in school, reduce poverty and disease, and even improve national health and economic status.
Chapter 5: Conclusion and a closer look at politics, power and agency

From its beginning, the vaginal microbicide advocacy movement was rooted in issues concerning gender and power dynamics at play during the act of sex between men and women. My research has demonstrated that gender remains at the heart of this community in the United States and that advocates live and experience gender hegemony in complex and contradictory ways. In particular, hegemonic definitions of active masculinity and passive femininity pervade how advocates talk about and conceptualize sex between men and women. Subsequently, women’s risk of HIV is defined primarily in terms that focus on their role as sexual victims, and the fact that women can also contract HIV while in search of sexual pleasure is often overlooked. At the same time that they operate within hegemonic gender norms – and even reinforce them – microbicide advocates also rail against the notion that women must always be passive victims of men’s sexual violence, and they assign vaginal microbicides with a distinct level of non-human agency to contest hegemony by providing women with an increased level of control and choice during sex. However, advocates’ decision to assign such a notable amount of agency to a vaginal product goes beyond issues of gender and power during the act of sex. Indeed, there are significant political implications of such designations of non-human agency that become apparent when microbicide discourse is analyzed in light of longstanding Western paradigms regarding health and sexuality in
Africa. Current discourse and rhetoric regarding HIV/AIDS in Africa echoes colonial medical discourse that focused not only on differences between Western selves and African others, but also aimed to discover social and cultural roots of disease and then fix such moral shortcomings. Vaginal microbicide R&D has undeniably become a part of broader U.S. global health and development programming, which has specific moral and political objectives, such as improving flawed relationships between men and women in Africa. Microbicide advocates also discussed how these vaginal gels and other products can achieve significant political and economic objectives identified by the U.S. government, including reducing poverty, improving childhood education, and boosting the economic status of entire communities and nations. Therefore, with the apparently simple act of inserting a product into her vagina, a woman achieves a great deal of political and economic objectives for her family, community and country. She shoulders the burden of HIV prevention at the same time that she is charged with improving the economic and educational prospects for countless others, while men are left to simply enjoy sex. As this thesis has illustrated, the boundaries between science and morals, politics and history are much more porous than is usually acknowledged.

In addition to revealing how microbicides are entangled with broader U.S. international development objectives, several advocates touched on issues closely related to the relationship between knowledge and politics. In the following paragraphs, I will offer some thoughts about the dialectic relationship between risk, legitimate knowledge and power. International health and development programs in Africa, primarily in response to the HIV/AIDS epidemic, represent a new form of geopolitical power, under
which the United States and other Western nations establish and run health interventions based on exceptional conditions that are classified as emergencies (Rottenburg 2009). There is a dialectical relationship between the real health emergencies and situations – like the impact of HIV/AIDS on women in Africa – and the articulation of these emergencies by U.S. global health programs and policies in order to legitimize their interventions. This thesis has similarly demonstrated that knowledge of HIV risk and the politics of vaginal microbicides are also entangled in a co-constitutive relationship.

Throughout my interviews with advocates – as well as at the IAC – the knowledge of risk was a persistent theme. An overwhelming number of advocates and supporters discussed that a critical component of ensuring the success of vaginal microbicides hinges on risk, or ensuring that women who are at risk of HIV recognize their risk and, subsequently, use microbicide products when they are available. “The biggest issue will be getting women to understand that they’re at risk or in a situation of risk,” Elizabeth said, adding, “Risk – it’s a hard one. If you play this as, ‘Women, you are at risk,’ you’ll never sell it that way – ‘your partner is risky.’ We have to sell it as reproductive health, individual health. If we don’t sell it in that way, women are still going to look up and say, ‘He’s mine, he’s not that kind of guy.’ You’re stuck in a situation where people are having to perceive themselves at risk or not.” Leslie also explained:

We know there’s a lot of discrepancy for women we know who are at risk and those who perceive themselves to be at risk. An enormous discrepancy that we need to address. How do you position it broadly enough that people will see themselves as a potential user? It’s not something people want to do if they’re married, have four kids, and think their husband is monogamous. Of course, many people are in that position and know they’re at risk. But there’s some kind of divide – it is positioned so broadly that it’s seen as something that will enhance sex and keep you safe and
healthy? Or is it just positioned as something to protect you from HIV? Could you lose all those women who are at risk but don’t see themselves at risk? We need to ensure that women who can potentially benefit from these will actually decide to access these products. They need to use them to keep themselves healthy, at least by preventing HIV. That’s a really big piece of this puzzle – beyond the science – conveying this to women, who are the target users. As any product is positioned, you identify who those populations are who you want to use them, convey to them why you want them to use your product.

According to these and several other advocates, there is a considerable gap in knowledge between public health officials, who know that certain women are at risk of HIV, and the women themselves, who lack this knowledge of their own risk. This discrepancy in risk and knowledge could jeopardize the ultimate success and legitimacy of vaginal microbicide products – if women do not know they are at risk of HIV infection, they will not be motivated to access and use such products. Expressing similar concerns, Alan, who works at a U.S. federal agency on microbicide product development, told me that there is

…an issue with marketing, and the need to create the desire for these products. We always wanted to respond to women’s need and desire for a product. When we started developing microbicides, we hoped that the demand would be there. We’re learning that’s not automatically the case. We need to create this demand and make it desirable.

When I asked him to elaborate on why women do not automatically want the option of a microbicide, he explained, “I think it had to do with people’s demand for technology solutions. Solutions aren’t always a good fit.”

These comments regarding marketing and demand contrasted sharply with other statements advocates made during interviews, where they claimed that there is an incredible demand for vaginal microbicides from women around the world. At times,
such contrasting statements were made by the same person in the course of one interview. “I’ve yet to find a woman who I talk with about microbicides who doesn’t think it’s a good idea,” Priya said. This sentiment was echoed by several others. Mary said, “We’ve found that when women find out that there’s a possibility of a microbicide, they ask where they can get it,” while Ann said that “women are calling for a microbicide. African women are calling for them, and that’s really important.” This incongruity is critical, especially when considering the issues of agency, politics, reflexivity and knowledge that have appeared throughout this thesis. If women – particularly African women – are demanding microbicides and asking where they can access these products, how can there also be a lack of demand? Why was marketing and creating a desire for microbicides such a prominent theme in interviews, particularly in regard to recognition of HIV risk? Using the theory of the dialectic relationship between knowledge and politics in global health, I believe that both realities are true, to a degree. HIV/AIDS is increasingly impacting women worldwide, and the hegemonic gender binary works to create and maintain male/active and female/passive gender identities that can hinder women’s agency and control in sex. And while women do operate within hegemonic power structures, individuals and groups continually contest hegemony, creating counterhegemonies and subversive variants that leave the world open to change. In the world of microbicide advocacy, women and men have identified vaginal microbicides as a method of negotiating with gender hegemony, even shifting gender power dynamics in sex and giving women increased control over HIV prevention. It is likely that women
outside of this small group of U.S advocates also think about microbicides relative to their own agency and control over HIV prevention during sex.

However, analyzing agency only at the individual level stops short of recognizing the politics and power entangled with U.S. global health efforts. While recognizing how microbicide advocates experience and live issues like gender hegemony and colonial health legacies in Africa is critical, agency and power must also be accounted for at the level of geopolitics. Medical knowledge and geopolitics are co-constitutive, caught in a Mobius strip of the emergency of women’s HIV/AIDS risk and international programming to address and solve this emergency. Unpacking the political objectives in the creation of knowledge on issues such as risk, healthy gender relations, and improved social issues in Africa can help disentangle this strip. So too can an increased effort, on the part of various actors in the world of microbicide advocacy, to situate their knowledge in this political landscape. When asserting that African women are calling for a microbicide, while also contending that many women at risk of HIV need to be persuaded to use microbicides, what objectives and aims are wrapped up in these knowledge claims? When assigning microbicides with the power and agency to upend gendered power structures that influence sexual-decision making in Africa, whose moral and political objectives will be achieved? Some of the microbicide advocates I interviewed negotiated and struggled with these broader hegemonic and political structures, acknowledging and pushing for counterhegemonic gender identities for women that allow for agency, control and active sexualities. But greater reflexivity and accountability for their knowledge claims could allow advocates to locate themselves
within the geopolitics of U.S. international health efforts in Africa and to take responsibility for the claims they make on behalf of women in Africa and around the world. I saw this emerge with several microbicide advocates and researchers – not only Susan and Richard at the IAC, but also Michelle when discussing how microbicides might affect women’s sexual pleasure. “Given the political environment in which we work, the leading argument for microbicides will not be about pleasure,” she said, adding, “We will have to focus on helping to solve a problem.” In this moment of reflexivity, Michelle recognized how U.S. political aims and objectives shape the discourse on gendered power and sexuality, by requiring that there be a problem to solve. Paying closer attention to the rhetoric implemented by microbicide advocates not only helps extricate and uncover these broader political goals and objectives – it also points to a particular notion of agency in feminist and Western liberal scholarship, which I will explore further in the following section.

Agency and liberal conceptions of the self

Writing about the seemingly divergent topic of the Egyptian Islamic Revival, Saba Mahmood (2001) explores how the notion of agency in feminist and liberal scholarship – which places the subject’s political and moral autonomy in her response to power – inherently limits the ability to understand and analyze the lives of women who have been shaped by nonliberal traditions. According to Mahmood, feminist and liberal scholarship has traditionally aimed to understand the ways in which women resist male domination by “subverting the hegemonic meanings of cultural practices and redeploying
them for their own interests and agendas” (2001:205). This scholarship has centered on questions of how women contribute to reproducing their own domination (or how they uphold hegemony), and how they resist or subvert it. In other words, this form of analysis defines agency as a woman’s ability to realize her will against the full force of custom, tradition or other power structures. “Thus the humanist desire for autonomy and self-expression constitute the substrate, the slumbering ember that can spark to flame in the form of an act of resistance when conditions permit,” Mahmood writes (2001:206).

While Mahmood is concerned with how scholars working in this vein have tended to examine religious traditions in terms of the resources they offer women to secure their own interests, I see striking parallels between her examination of Islamic practices and my own examination of how advocates talk about microbicide in terms of the resources they would offer women to exert more power and control during sex. Primarily, framing women’s actions solely in terms of their role in reinforcing or undermining structures of male domination is encumbered by yet another binary – that of resistance and subordination. Much of this thesis has analyzed the shortcomings and limitations of binaries, at least those focused on gender, and I agree with Mahmood that such a binary construction of agency is “insufficiently attentive to the motivations, desires and goals that are not necessarily captured by them” (2001:209). Microbicide advocates primarily frame women’s actions during sex in terms of their role as sexual victims or conscious actors fighting to exert their own power. As Jennifer Hirsch and colleagues (2009) demonstrate, women’s vulnerability to HIV and their sexual lives are much more nuanced than this binary allows. Defining women’s actions by their success or failure at
realizing social change reduces life experiences, as Mahmood puts it, to the “rather flat narrative of succumbing to or resisting relations of domination.” It ignores the multifaceted and varied reasons that women engage in sex. And while some of these reasons are undoubtedly the result of male dominance and victimization, other motivations (love, pleasure and desire, to name just a few) are not captured by an agentive binary centered on compliance with or resistance to hegemonic structures. Such a binary definition of agency is problematic for another reason, as Janice Boddy (2007) argues in her analysis of British efforts to end female genital cutting in colonial Sudan. Individual autonomy and agency are historically and socially mediated constructs; however, the conception of autonomy as an ideal human state has been fetishized in Western liberal discourse to the point that it is deemed a universal, global truth (Boddy 2007:407). This construct of selfhood overlooks its context, or separates the self from the social world in which it came to be. Additionally, its “wide adoption as a universal imperative has led to the classification of other (equally specific) models as aberrant,” Boddy writes, adding, “Or different, where this implies unnatural, irrational and unfree” (Boddy 2007:407).

Such a construct of individual autonomy as universal and ideal, thereby defining other concepts of agency as unnatural and deviant, echoes the us/them binary that preoccupies Western discourse regarding health and sexuality in Africa – in particular, its focus on identifying African social and moral shortcoming that cause disease and attempting to rectify them. But as Mahmood and Boddy point out, this notion of individual autonomy as universal also elides the fact that the desire for freedom and
liberation are historically situated goals. Emancipatory motivations cannot be accepted as self-evident, and they must be critically examined – including motivations to provide women with increased freedom during sex through products such as microbicides. As Mahmood writes, such an “openness to exploring nonliberal traditions is intrinsic to a politically responsible scholarly practice, a practice that departs not from a position of certainty but one of risk, critical engagement, and a willingness to re-evaluate one’s own views in light of the Other’s” (2001:225).

Such a notion of politically responsible practice speaks to the very heart of the microbicide advocacy community – a movement that began with distinct political objectives to shape national and international policies and create real change in the lives of women at risk of HIV. These tensions and questions regarding agency and politics speak to the fact that feminism is both an analytical and political practice (Strathern 1987), and that freedom has become normative to feminism. In other words, scrutiny is applied to those who are seen as wanting to limit women’s freedom, rather than those who wish to extend it (Mahmood 2001; Mill 1991). Given the vaginal microbicide movement’s feminist beginnings, it is unsurprising that these two notions – a universalized concept of agency that hinges on the binary of submission and resistance, as well as scrutiny focused on those identified as wanting to hinder women’s freedom – permeate the ways in which advocates think about women’s sexual lives. In addition to my earlier argument that microbicide advocates should increasingly locate their knowledge and claims squarely in the geopolitics of U.S. development aims in Africa, I conclude with a contention that advocates should analyze and take responsibility for the
implications of their political goals to expand women’s agency and freedom during sex. What values, moralities and modes of existence will be altered with efforts to undo and remake women’s sexual lives and experiences via vaginal microbicides? Instead of inhabiting a stance that presupposes the ramifications of its political aims, a more responsible approach to such efforts would recognize that women’s agency during the act of sex is not universally defined, but is rather as varied and nuanced as women’s life worlds and experiences.
Appendix 1: Microbicide Clinical Trials as of August 2012

<table>
<thead>
<tr>
<th>TRIAL NAME</th>
<th>PHASE</th>
<th>START DATE</th>
<th>LOCATIONS</th>
<th>PREVENTION TYPE</th>
<th>POPULATION</th>
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<td>Women</td>
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<td>III</td>
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<td>South Africa</td>
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<td>Women</td>
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<tr>
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<td>March 2012</td>
<td>Malawi, Rwanda, South Africa</td>
<td>Microbicide</td>
<td>Women</td>
</tr>
<tr>
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<td>III</td>
<td>June 2012</td>
<td>Malawi, South Africa, Uganda, Zambia, Zimbabwe</td>
<td>Microbicide</td>
<td>Women</td>
</tr>
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<td>Women, Men</td>
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<td>South Africa, Tanzania, United Republic of, Uganda, Zambia</td>
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<td>Women</td>
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<tr>
<td>CAPRISA 004</td>
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<td>HPTN 035</td>
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Table courtesy of AVAC.
Appendix 2: Office of Research Subject Protections Approval

OFFICE OF RESEARCH SUBJECT PROTECTIONS
GEORGE MASON UNIVERSITY

D/O: Andrew Backford, Sociology & Anthropology
FROM: Adrienne Dade
       Assistant Vice President, Research Compliance

PROTOCOL NO.: 8019
PROPOSAL NO.: N/A

TITLE: Microbiocide development: How advocacy and gender intersect.
DATE: April 2, 2012
CC: Kimberly Larkin

Under George Mason University (GMU) procedures, this project was determined to be exempt by the Office of Research Subject Protections since it falls under DHHS Exempt Category 2, research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observations of public behavior.

You may proceed with data collection. Please note that all modifications in your protocol must be submitted to the Office of Research Subject Protections for review and approval prior to implementation. Any unanticipated problems involving risks to participants or others, including problems regarding data confidentiality, must be reported to the GMU Office of Research Subject Protections.

GMU is bound by the ethical principles and guidelines for the protection of human subjects in research contained in The Belmont Report. Even though your data collection procedures are exempt from review by the GMU IRB, GMU expects you to conduct your research according to the professional standards in your discipline and the ethical guidelines mandated by federal regulations.

Thank you for cooperating with the University by submitting this protocol for review. Please call me at 703-993-3381 if you have any questions.
Appendix 3: Interview Guide

Interview script
Kimberley Lufkin
Human Subject Review Board Submission
Microbicide development: How advocacy and gender intersect

1. How long have you worked in your current position?

2. Tell me about when you first heard about microbicides.

3. Please describe to me what a microbicide is. What are they used for? Who might use them? Why?

4. What made you decide to work in microbicide advocacy? Tell me about some of the experiences that led to your decision.

5. What are some of the most common issues you deal with in your job?

6. Why are microbicides so important?

7. What current problems in HIV prevention will microbicides help to solve?

8. What role do men play in the use of vaginal microbicides?

9. Microbicides are currently in clinical trials in several parts of the world. Who are the women participating in these trials? Why were they chosen to participate?

10. Have you ever interacted with a woman who is participating in a microbicide clinical trial, or a woman that is part of the microbicide target population? Please tell me about that time.
11. How do these women taking part in microbicide trials involve men/their sexual partners?

12. Who are the women who will eventually use microbicides, when they become available outside clinical trials?

13. Who are the women that microbicides are being developed for?

14. Can you describe how a woman might use microbicides in her daily life? Will she use them every day?

15. Will people think that microbicides are easier to use or more difficult to use than other forms of HIV prevention? Why or why not? What will make them easier to use? What will make them more difficult to use?

16. Do you think that women will involve men in microbicide use?

17. Do you think that the US Government should support vaginal microbicides?

18. What role do microbicides play in US international development goals?

19. Tell me how microbicides might help women in ways beyond HIV prevention?

Note: During the course of the interview, participants may make statements that will require the researcher to probe for more information and/or ask questions that are not included in this script.
Appendix 4: Informed Consent Form

Microbicide development: How advocacy and gender intersect

INFORMED CONSENT FORM

RESEARCH PROCEDURES
This research is being conducted to examine how microbicide development and advocacy are influenced by cultural constructions and perceptions of gender and sexuality. If you agree to participate, you will be asked to talk with the researcher and answer questions on these topics. Interviews will likely last between 45 minutes and no more than two hours, depending on your time and availability.

RISKS
There is no more than minimal risk associated with this study.

BENEFITS
There are no benefits to you as a participant other than to further research in microbicide development and advocacy.

CONFIDENTIALITY
The data in this study will be confidential. Your name will not be included on the interview notes and data. Instead of your name, a numeric code will be placed on the collected data. Through the use of an identification key, the researcher will be able to link your answers to your identity, and only the researcher will have access to the identification key.

PARTICIPATION
Your participation is voluntary, and you may withdraw from the study at any time and for any reason. If you decide not to participate or if you withdraw from the study, there is no penalty or loss of benefits to which you are otherwise entitled. There are no costs to you or any other party.

AUDIO TAPING
If you agree, the researcher will record the interview. The sole purpose is so that the researcher can go back to the tape to retrieve quotations and other portions of the conversation that might not be captured through note-taking. The files will be kept in a locked location in the researcher’s home, and the only identification on the files will be numeric codes. Only the researcher will have access to these files.

CONTACT
This research is being conducted by Kim Lufkin at George Mason University. You may contact
the George Mason University Office of Research Subject Protections at 703-993-4121 if you have questions or comments regarding your rights as a participant in the research.

This research has been reviewed according to George Mason University procedures governing your participation in this research.

CONSENT
I have read this form and agree to participate in this study.

Please let the researcher know whether or not you agree to be audio taped.
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World Health Organization (WHO)


Kimberley Lufkin attended the College of William & Mary, where she received her Bachelor of Arts in Anthropology and English in 2003. She will receive her Masters in Interdisciplinary Studies (Women & Gender Studies and Anthropology) from George Mason University in 2013. She has worked in global public health for almost 10 years, initially as a writer and editor on issues related to global HIV/AIDS, tuberculosis and malaria – as well as women’s reproductive and sexual health policies in the United States and globally – for the Kaiser Family Foundation and the National Partnership for Women and Families. She currently works at PATH in Washington, D.C.