BOOK REVIEWS

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Thomas Scharping
Birth Control in China 1949–2000: Population Policy and Demographic Development
London: RoutledgeCurzon, 2003. 406 pages. Cloth, $95.

The planning of births is official business in China. In this overview, Thomas Scharping, Chair for Modern Chinese Studies at the University of Cologne, Germany, elaborates how the state, through national organizing and local dissemination, accomplishes this business. Despite the ambitious title, the book emphasizes the post-1979 period and the implementation of the one-child policy.

Scharping artfully creates a mosaic of details drawn from a wide array of loosely connected primary and secondary sources on the sensitive topic of birth planning. He draws on Western and Chinese-language materials, including monographs, research articles, national dailies, political journals, published statistical data, and reports from the United Nations Population Fund. Most significantly, however, he incorporates "partly published and partly internal" government documents related to birth planning procedures. These include a unique set of roughly 200 provincial-level documents from 1979–99, many regarding the rules and regulations associated with the one-child policy and its implementation.

The use of these provincial documents yields two contributions of note. First, by distilling regulations derived from provincial documents and integrating them with descriptions of regulations published by other China scholars, Scharping creates a valuable English-language summary of these regulations and their variations. This summary, primarily a simple list, complements existing scholarship. It is, however, the excerpted passages from these provincial documents that most distinguish this work. These official renderings—however anecdotal and incomplete critics may declare them—further shape our ever-evolving understanding of the one-child policy, including what is meant by "persuasion" or "coercion" when used in connection with China's birth planning regulations. The excerpts related to "remedial measures," or induced abortion, are illustrative. These carefully worded regulations spell out responses to policy violations. Simultaneously, they show how critical local interpretation can be. The imperatives and ambiguities built into the regulations make clear, if ever it were not, why a local cadre depicted in an introductory passage would declare, "Birth planning is the Hardship Number One Under Heaven!"

The early part of Scharping's book is packed with details—the names, places, and dates of interactions concerning the formulation and reformulation of the one-child policy and its implementation through the late 1990s. These details yield a largely top-down representation that acknowledges, but incorporates less directly, local-level negotiations that shape policy and its implementation. At the same time, the overview promises to be an immensely useful reference for scholars interested in policy. The book's later chapters provide a demographic summary, but are decidedly less useful. Less of the material is new, and despite the 2003 publication date, many of the demographic overviews end in the mid-1990s. Presumably this limitation is a reflection of publication lag, and the author attempts to address this issue with a brief epilogue on the 2000 census.

Overall, Scharping delivers a solid reference that deserves space on the shelf of family planning scholars. His presentation of "official" depictions of the making, breaking, and elaborating of birth planning regulations fills a noticeably silent space in the current ethnographic and empirical literature on China's remarkable one-child experiment.

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Arvind Singhal and Everett M. Rogers
Combating AIDS: Communication Strategies in Action
Thousand Oaks, CA: Sage Publications, 2003. 426 pages. Cloth, $67.95; paper, $29.95.

Combating AIDS: Communication Strategies in Action is a lively book that delivers more than its subtitle suggests. This is a long-awaited publication in which the argument ad hominem holds: Everyone interested in health communication knew it would be good, and it is. Written by two outstanding communication researchers, professors Arvind Singhal (Ohio University) and Everett Rogers (University of New Mexico), *Combating AIDS* wisely does not assume that the reader knows the history of

the AIDS pandemic or its variations in timing and epidemiology throughout the world, correlates of heightened or reduced risk, or policy environments and interventions to educate, motivate, and equip people with skills to make healthy behavioral choices. Although not written primarily for the general public, the book would be, nonetheless, an excellent short course for interested laypersons on the deadliest pandemic since the bubonic plague, its impact, and effective strategies to contain its spread. *Combating AIDS* will be most useful for health professionals and community educators who seek to design HIV and AIDS interventions as revealed by rigorous evaluations of programs that work.

The book combines behavior-change theory—notably the concept of the diffusion of innovations that Rogers pioneered with his book of the same name in 1962—with case histories and examples of campaigns that illustrate its validity and applicability in many settings. "Diffusion is the process by which an innovation is communicated through certain channels over time among the members of a social system . . . . [It] is a kind of social change . . ." (Rogers 1995:5–6). Initially, individuals who are open to (and sometimes seeking) innovation are influenced by the new ideas and practices of opinion leaders whom they respect. These early adopters of the new behavior tend to be leaders within their own peer groups, and therefore, they bring many others to the new way of thinking and acting. When a critical mass of adopters emerges, the mainstream social group follows. Some people are late adopters, of course, and some never adopt the innovation. This diffusion process is well documented in the case of organized family planning programs in developing countries (Murphy 2003), and its lessons are applied in many AIDS communication programs.

In addition to presenting the history of the AIDS pandemic, *Combating AIDS* explores the power of advocacy and of policies and also of the efficacy of drugs used to fight the virus (in the absence of an AIDS vaccine, which is not likely to be available for seven to ten more years). Although these topics are explored separately, probably no other AIDS issue has been the focus of such fierce advocacy efforts as the policies concerning the distribution of antiretroviral drugs (ARVs). These expensive, life-saving drugs have been available for many years to those who can afford them and—only recently— increasingly available to the poor in a few countries. The authors remark:

> The process through which the triple cocktail [ARVs] has become more widely available to people with AIDS from 1996 to the present has been complicated, involving international politics, patent law, and such heavyweights as the World Trade Organization (WTO), the U.S. government, and giant pharmaceuticals all on one side. Pitted against them are a hearty band of AIDS activists, and NGOs, including Doctors Without Borders (Médecins Sans Frontières), the government of Brazil, and people living with HIV/AIDS in Thailand. (Page 130)

The authors emphasize the importance of "segmenting the audience," especially designing research-based programs focusing on specific populations at high risk of acquiring the virus, such as sex workers and truck drivers. A good example is the Sonagachi Project, in which leaders of unionized sex workers in Calcutta reach out to their sisters with child care and schooling, savings plans, protection against police harassment, and AIDS education. The result of this comprehensive self-help program is an HIV rate of 5 percent compared with that of the sex workers in Mumbai, at 70 percent.

Singhal and Rogers dissect the biomedical approach to disease and interventions to prevent or treat illnesses, which too often is the default mode of programs implemented by outsiders. This Westernized medical model often does not respect or even recognize the crucial role of culture in conceptualizing illness and its causes and cures. There are good reasons why, in developing countries, traditional healers are the first people consulted for the prevention and treatment of ailments. Admirably, the authors deal extensively with one negative cultural response to AIDS, the worldwide problem of stigma associated with being HIV-positive. It varies from country to country in form and degree, but everywhere stigma and discrimination are obstacles to prevention, care, and treatment for people with AIDS, and often they lead to other human rights abuses. When already marginalized groups such as sex workers and homosexuals become HIV-positive, they experience twofold suffering. Add poverty, and the recipe for despair is complete.

Combating AIDS is not gloomy, however, because it includes descriptions of successful strategies to overcome many obstacles. Not surprisingly, the entertainment–education approach, which the authors have adopted and evaluated in their own operations research work on AIDS, is the longest and most colorful chapter. They cite Rogers' and his colleagues' work in Tanzania using a radio soap opera, *Twende na Wakati*, that "convinced several hundred thousand sexually active adults to adopt HIV-prevention behaviors (such as using condoms and reducing their number of sexual partners)" (page 289).

Strong messages in the book about the importance of monitoring the quality of programs and evaluating their outcomes are accompanied by useful examples of quantitative and qualitative techniques for doing so, with

an emphasis on those that involve the community and increase a sense of ownership of strategies for change. Community involvement in the design and evaluation of such a project from the very beginning is an integral part of the best kind of health communication. One example is the Rakai (Uganda) AIDS Information Network's exercise for mapping of places and times that increase the risk of acquiring HIV, for example, bars and payday. For readers in a hurry, the final chapter, "Lessons Learned about Combating AIDS," constitutes an AIDS-communication primer of what to do and what not to do. Useful references for following up on case histories and other research complete the book.

Even an excellent book such as *Combating AIDS* can evoke a few suggestions for the next edition. Although Uganda's successful response to AIDS was mentioned in several places, its remarkable story involving political and religious leadership, use of mass media, mobilization of all levels of civil society and, in particular, the empowerment of women deserves to be presented in one place as a holistic case history, as is Thailand's success story. (Unfortunately, the Bush administration has separated one aspect of Uganda's prevention messages from the rest, namely abstinence, and set aside one-third of its $15 billion plan to fight AIDS in Africa and the Caribbean for "abstinence until marriage" programs, ignoring the importance of reducing the number of individuals' sexual partners and of promoting condom use in the commercial sex market and among discordant couples.)

The authors recommend that "gender relationships should be at the heart of communication strategies for HIV/AIDS prevention" (page 44), but devote only one page of their 400-page publication to this issue and do not list "gender" in the index. They ask but never answer their own question, "How can communication experts attend more closely to issues of gender relations in formulating strategies for preventing the epidemic?" without citing examples of AIDS programs that successfully promote gender equity. Similarly, although they point out that "uncircumcised men in Africa are twice as likely to be infected as circumcised men" (page 48), male circumcision is mentioned in only two sentences despite the diffusion of information concerning its protective nature that has created demand for and an increasing availability of safe circumcision services in Africa (USAID 2003). The authors cite operations research in Mwanza (Tanzania) showing a 40 percent decline in HIV incidence brought about by treating sexually transmitted infections (STIs) as evidence of the power of reducing STIs as a cofactor for HIV. Mwanza should not be mentioned, however, without its bookend, the research conducted in Rakai, where treating STIs had no effect on HIV incidence. In Rakai, the incidence of HIV infection was four times higher (16 percent versus 4 percent) than that of Mwanza; the stage of each is thought to be the crucial difference (Hitchcock and Fransen 1999).

Putting these reservations aside, *Combating AIDS* is a welcome addition to the library on AIDS prevention and care. Well-researched, clear, and practical, its writing style is lively, and the authors' use of hundreds of examples of successful AIDS interventions makes it both vivid and credible. Arvind Singhal and Everett Rogers deserve a gold star for their commitment to human rights in addressing AIDS prevention, an area in which public health approaches are sometimes alarmingly insensitive.

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