

BOOK REVIEW/COMPTE RENDU

Viviane Namaste, T.H. Vukov, Nada Saghie, Robin Williamson, Jacky Vallée, M. Lafrenière, M. Leroux, Andréa Monette, and Joseph Jean-Gilles, *HIV Prevention and Bisexual Realities*. Toronto: University of Toronto Press, 2012, 218 pp., \$27.95 paper (9780802097170)

Over 30 years into the HIV/AIDS epidemic, prevention education has become an important part of the public health response to deter its spread. In *HIV Prevention and Bisexual Realities*, Namaste et al. capture the complex realities of trying to provide prevention information to bisexual people. The book serves as a primer on epidemiology, institutional ethnography, and participatory action research. The authors, led by Namaste who holds the Concordia University Research Chair in HIV/AIDS and Sexual Health, are researchers and activists on the community advisory committee associated with the research for this book. They begin their inquiry by asking why there is so little education directed towards people who have sex with men and women and what kind of education they need to help prevent HIV transmission. To answer these questions, they undertake a critical analysis of the public health education process and design an empirical study of bisexual men and women in Montreal that includes an intervention component.

The purpose of this book is threefold. It fills a gap in the literature of large scale empirical studies on the HIV/AIDS prevention needs of bisexual men and women. It also explains how bisexual people have been overlooked by critically analyzing epidemiological data about HIV risk groups and the institutional processes influencing the funding of HIV prevention education. Finally, it addresses bisexual people's information needs by talking to members of the community and developing relevant educational materials. By focusing on the information needs of sexually active people, rather than those who have been categorized as members of a risk group, Namaste et al. seek to redefine how social scientists think about who is at risk of contracting HIV. Their work makes a distinctive contribution to creating a more critical relationship between public health and social science research. The authors are able to identify spaces of disjuncture, or "lines of fault" (Smith 1995:20), in which bisexual people's experiences of the everyday world differ from institu-

tional responses. This model of inquiry seeks to remedy the lines of fault that are created with existing research methodologies.

The authors' first important contribution is a critical analysis of the cultural construction and reification of epidemiological risk categories, whereby they reveal the limits of data created by public health bodies. The question of epistemology is central to this book, specifically how gaps in knowledge are perpetrated, particularly regarding people who are bisexual. People are often classified as bisexual only if their behaviours fit within researcher-determined criteria about who is authentically bisexual. Further, bisexual men are often grouped into a more general category of men who have sex with men, rendering their specific information needs unaddressed. This erasure explains why it is hard to find HIV prevention information directed explicitly to people who are bisexual. In Canada, the authors found no record of any since the HIV epidemic began in the early 1980s. Namaste et al. advocate for an alternative focus on sexual health information needs. Their work allows us to see continuities between the sexual behaviour of all people in society — mainstream or otherwise.

The authors' institutional ethnography of HIV prevention in Canada is their second major contribution. Using this framework for linking micrological and macrological forms of analysis, Namaste et al. reveal how institutional activities of the public health response to HIV/AIDS are coordinated through texts such as the national strategic planning documents that organize HIV prevention work and the funding of HIV/AIDS community service organizations. The authors diagnose a flawed public health strategy that is caught in a reciprocal relationship between epidemiological studies and service provision. They also elucidate how the translation of epidemiological research into institutional policies and practices continues to erase the bisexual experience in prevention education.

The third contribution of this study is the authors' development of an alternative methodology that fills in gaps about bisexual people's HIV prevention needs. Namaste et al. illustrate the bridging of academia and activism by using participatory action research (PAR) to design a study that is relevant to the information needs of bisexual people. PAR falls under the umbrella of community-based research approaches. In contrast to research objectives based on a positivist scientific paradigm, this kind of participatory inquiry uses a critical theoretical paradigm that understands the socially created nature of scientific knowledge and emphasizes the participation of community members in the process of knowledge creation. Their research emerges out of concerns within the bisexual community and is overseen by a community-based advisory

committee made up of academics, researchers, and community members who all partake in sexual relations with both men and women. The action component of this research includes the development of education materials (posters published in free weekly newspapers, a phone line, and website) that are more relevant to the bisexual community than existing campaigns.

Namaste et al.'s fourth contribution is to reveal the line of fault in how bisexual people's information needs differ from educational materials currently available. As the first Canadian study of its kind to identify the HIV-prevention information and service needs of bisexual women and men, the researchers discovered gaps in current prevention strategies while highlighting ideas for innovative efforts that could benefit everyone in society. The research setting is unique in that Montreal's bisexual community has a good degree of organization, including the swinger community. Interviews reveal the need for mainstream campaigns that are not fear based and that use everyday language to provide specific information for a diverse population. Interviewees also express the importance of linking education with services for bisexual people who often have poor access to health care and are stigmatized. This book lays the groundwork for research that conceptualizes bisexual people in a non-identity based manner, with recruitment of participants based on self-identified practices; this includes those who do not necessarily identify as bisexual. The collection of narratives collected by Namaste et al. contribute towards an understanding of the complexity of bisexual men and women's lives.

Finally, Namaste et al. have formed a response to women's inadvertent exclusion from both HIV research and prevention education by making a special commitment to remedying this line of fault that minimizes all women's vulnerability. Women participants felt that most services dedicated to HIV and STD prevention did not meet their needs. The action component of the project addresses this by developing posters directed to women and providing oft-excluded information on their website for bisexual women.

The limitations of this project reflect epistemological and institutional obstacles to accessing HIV/AIDS prevention funding rather than researcher shortcomings. Like many community-based research projects, this one was short term, inhibiting its ability to provide ongoing sexual health information to the bisexual community in Montreal. The funding limitations that led to the short-term nature of the project are evocative of an institutional context that segregates funding for prevention and education initiatives and also limits the ability of researchers to acquire funding for projects unrelated to "high risk" populations (as determined

by the aforementioned methodologically flawed epidemiological data). The project website, however, is still online and hopefully continues to be accessed by community members. Readers may wonder about community reception to the campaign so a feedback survey would be useful. This book will undoubtedly serve as a resource for individuals who work in or study the following fields: public health, medical sociology, public policy, community health work, sexuality studies, empirical sociology, community-based or action research, epidemiology and qualitative research.

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REFERENCES

Smith, George. 1995. Accessing treatments: Managing the AIDS epidemic in Ontario. Pp. 18–34 in M.L. Campbell and A. Manicom, eds., *Knowledge, Experience, and Ruling Relations*. Toronto: University of Toronto Press.

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