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Review of Birth in the Age of AIDS: Women, Reproduction, and HIV/AIDS in India, by Cecelia Van Hollen.

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from the recent global recession, offers scope for meeting the coming challenges. The studies were undertaken under the auspices of the Asian Development Bank. Park is Principal Economist at ADB; Lee and Mason are professors at the University of Hawaii.—G.McN.

CECELIA VAN HOLLEN
Birth in the Age of AIDS: Women, Reproduction, and HIV/AIDS in India
Stanford, CA: Stanford University Press, 2013. 288 p. $24.95 (pbk.).

The author is a medical anthropologist who between 2003 and 2008 interviewed 135 pregnant women about HIV/AIDS in Tamil Nadu, a state in south India. She initially interviewed 65 randomly selected pregnant women coming for prenatal visits at government maternity hospitals in Chennai, the state capital, that were participating in the "Prevention of Parent to Child Transmission" [of HIV] program (PPTCT). In Chapter 2 she describes the 2002 inauguration of this program, which provided free HIV testing and counseling for pregnant women and free single-dose antiretroviral therapy to HIV-positive mothers and their newborns. The author used these initial interviews to ascertain Indian women's perceptions of HIV/AIDS. Before meeting with counselors, a process described in Chapter 3, women largely derived these perceptions from television: HIV/AIDS was a consequence of "illegal sex" occurring before or outside of marriage, and HIV-positive individuals could expect to be ostracized by family and community. Van Hollen then interviewed 70 pregnant women who were found to be HIV positive. Her account of their lives after learning their positive status forms the core of the book. Chapters 5–9 examine in turn how women's experience differed from that of HIV-positive men; their decision on whether to carry their baby to term; negotiating childbirth within the Indian health care system; deciding whether to breastfeed; and how participation in support networks, a critical part of the PPTCT program, affected their lives. Among the insights: poor women often arrived at their first prenatal visit late in their term, too late to consider pregnancy termination if they learned they were HIV positive. Connecting HIV testing to prenatal care also meant that women tended to discover their positive status before their husbands did. This timing allowed in-laws and husbands to blame them for putting their babies and spouses at risk. Even when their husbands died of AIDS first, these women often were blamed for being the source of the infection, expelled from their homes, and denied standard widow's benefits. Some hospitals routinely refused to admit pregnant HIV-positive women either because of resource shortages (not enough disposable gloves or syringes) or simple bias, and redirected them to often-distant hospitals for their deliveries. Conversely, some HIV-positive women, fearing discrimination or long journeys to a hospital, routinely hid their HIV status when arriving at local hospitals for their delivery. In this case the stigma surrounding HIV/AIDS caused both unethical discrimination by hospital staff and deception by women, with potentially serious health consequences.—D.H.