Introduction

Morality, Hope and Grief: Towards an Ethnographic Perspective in HIV/AIDS Research

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AIDS as an Object of Anthropological Inquiry

Over the last couple of years, anthropological studies on HIV/AIDS in sub-Saharan Africa have taken an increasingly broad focus. While anthropological and social science publications during the first years of the epidemic tended to assume an applied and rather narrow approach to the disease by concentrating on risk behaviours, risk groups and prevention – increasingly also on care and support systems later – more recent research has focused on the way HIV/AIDS as a *social reality* has become embedded in specific social and cultural contexts and how these contexts in turn are being modified, transformed and challenged by the presence of the disease. Thus, from an anthropological perspective, a 'thick description' of HIV/AIDS implies not only the examination of the political, economic and social forces that have prepared the ground for the spread of the epidemic in a given regional and historical setting (Farmer 1999; Schoepf 2001). It also involves the cultural, moral and political responses that various actors in a society have developed in relation to the disease and that give the epidemic its particular shape and meaning in a specific location and context (see also Heald 2003; Setel 1999).

A 'broad' approach to the study of HIV/AIDS raises immediate questions. If, for instance, we assume that HIV/AIDS has to be studied in relation to larger social, cultural and political-economic configurations, why then is it often discussed as a separate phenomenon and what is so exceptional about the disease? This question has no clear-cut answer. On the one hand, the chapters in this book emphasise that the study of AIDS is about the experiences and actions of individuals, families and communities that are struggling with the social, cultural and political transformations that have shaped their everyday lives in the context of globalisation processes and modernity. Thus, the anthropological study of AIDS is about the more general challenges of caring for and supporting the sick and the needy, the responsibilities of burying and remembering the dead, and the moral questions concerning social coherence and continuity in a society undergoing rapid political and economic transformations.

On the other hand, however, many of the chapters make it clear that there is something specific about HIV/AIDS that justifies the numerous studies that have evolved from the topic over the last two to three decades. The specific focus on the epidemic is due not only to the fact that international and national responses to HIV/AIDS have ascribed an 'exceptionalism status' to the disease for a long time: exceptional in relation to the high morbidity and mortality rates caused by the epidemic; the disproportionate funding allocated to the fight against HIV/AIDS (either 'not enough' or 'too much' compared with other diseases); and the social, economic and political impact that the disease has had on societies and communities in sub-Saharan Africa, which has led to the labeling of HIV/AIDS as a 'development problem' (World Bank/Africa Region 2000; Fredland 1998) and even as a 'security crisis' (Ostergaard 2002; Schönteich 1999).

This sense of exceptionalism is also reflected by the social realities and experiences that are associated with the HIV/AIDS epidemic in many African countries – with regard to the multiple prevention, care and treatment programs that have been established in wide parts of sub-Saharan Africa and also with regard to the strong societal stigma attached to the disease since it emerged as a social and cultural reality more than twenty-five years ago.

However, there is yet another aspect of HIV/AIDS that makes it a distinct experience in the life worlds of populations in the wider sub-Saharan African region: the suffering and dying of young to

middle-aged men and women – as well as the children that survive them – who are most affected by the epidemic and who are at the centre of the social and moral orders of their families, communities and the larger state formations they inhabit. What makes AIDS so exceptional from this perspective is that the disease has the power to challenge the 'habitual' of everyday life and that it has become a disruptive and morally disturbing force in the productive and reproductive orders of kinship networks, community constellations and society at large (see Schoepf 2001: 336).

This book is a contribution to the larger corpus of AIDS studies that have increasingly emphasised the need to explore the social, cultural and political-economic dynamics that have been associated with the HIV/AIDS epidemic in sub-Saharan Africa over the last three decades and that have become the subject of moral tensions and struggles for a broad range of social units and actors in the region. In this regard, the book may be interesting for development workers who wish to learn more about the social and cultural contexts in which the communities and families – who have become the targets of transnationally funded interventions as well as 'grassroots' and 'community-based' programs[1] – experience and deal with the epidemic in their everyday life. On another level, however, this volume wants to open the study of AIDS for 'general anthropologists' and Africanists who are confronted with the consequences of the epidemic in their various research projects, but who have not taken up the challenge of integrating this issue in their analysis of the social, cultural and political-economic configurations in contemporary Africa.

By this, we as editors of this book do not mean that *all* anthropologists or Africanists should address the topic of AIDS in their research and writing. However, in a similar vein, as globalisation and/or modernity have become common (though not uncontested) topics in studies on societies and groups in contemporary Africa during the last fifteen to twenty years, we feel that more scholars should become aware of the ways in which the presence of the disease has affected local and household economies; gender and kinship relations; religious expression and organisation; conceptions of life, death and healing; and the organisation of social, cultural and political life in sub-Saharan Africa in general. In this regard, this volume wants to make a contribution to the 'normalisation' of the study of AIDS

in anthropology and the wider humanities and thus contribute to reducing the sense of exceptionalism that has surrounded the epidemic in academic circles for many years (Heald 2003; Herdt 1987). In the following introduction, three aspects will be addressed that have become characteristic of the broader anthropological study of AIDS in Africa and that are also reflected in the chapters of this volume.[2]

Bridging the Local and the Global in AIDS Research

For almost two decades now, anthropologists have argued that the objects of ethnographic and anthropological inquiry can no longer be defined in relation to fixed localities and/or neatly defined social groups: globalisation processes, transnational power relations, migratory networks and the political economies of the emerging 'neoliberal world order' have had an impact on the way social relations and cultural politics are experienced and configured in populations worldwide (Gupta and Ferguson 1992; Ferguson 2006; Comaroff and Comaroff 1993, 2000).

In the context of HIV/AIDS, several authors have argued that the spread of the epidemic – as well as the way people have reacted to it – are intimately intertwined with political-economic processes and the dynamics of globalisation. Brooke Schoepf (1992, 2001) and Paul Farmer et al. (1993) have argued that the course of the HIV/AIDS epidemic in 'developing nations' – but also among socially disadvantaged groups in industrial nations – is determined by globally, nationally and locally produced structural forces such as class, ethnicity or gender. Paul Farmer has further grouped these analyses under the concept 'structural violence' and pointed out that entire groups and societies are exposed to increased risk of illness and suffering in the context of globally driven poverty, transnational power structures and a lack of access to health services and education (Farmer 1996, 1999).

The presence of international forces in relation to the epidemic has been most explicit in the context of HIV/AIDS in Africa, which according to Barnett and Whiteside (2002), has to be contextualised in the wider history of the continent (see also Iliffe 2006). Thus, according to these authors, the history of Africa has been shaped not

only by the destructive consequences of the slave trade, the systems of power and economic dependency that were established in the colonial era, or finally the wars of independence, military coups and Cold War interests that have affected living situations on the continent in the postcolonial era. More recently, societal, political and economic orders in Africa were also reconfigured by the structural adjustment programs launched by the International Monetary Fund and the World Bank that intensified the pressure on local gender and power relations and that created a 'risk environment' in which violence, sexual exploitation and now the HIV/AIDS epidemic have all been able to thrive (Barnett and Whiteside 2002: 124–56).

Some of the chapters in this book also emphasise the way in which the course of the HIV/AIDS epidemic in Africa has been entrenched in processes of globalisation and the power relations that have come to characterise the place of the African continent in an increasingly disparate world order. Jean Comaroff (in this volume) argues that the HIV/AIDS epidemic, coming 'at the time of a radical restructuring of the axes of a bi-polar world, of the liberal-democratic nation-state and the workings of capitalism itself, … served as both a sign and a vector of a global order-in-formation – and with it, a new sense of the possibilities of the political'. By drawing on Agamben's theory of the *Homo Sacer* (1998), Comaroff points out that the HIV/AIDS epidemic – and the way international governments and agencies have failed to react to it for many years – made clear how strongly Africa has come to epitomise another otherness in the contemporary world order, 'less an axis of evil than of irrelevance'. In this context, people with HIV/AIDS in Africa can be seen as an embodiment of the *homines sacri* which are at once sacred and dispensable.

That Agamben's exclusive focus on the *homo sacer* – and the way human rights are enacted in a global world order in which the right to live is granted to some but not to others – may provide only a truncated perspective of globalisation processes in Africa and elsewhere, has been argued by Aihwa Ong. In *Neoliberalism as Exception* (2006: 14f.), she points out that Agamben's exclusive focus on human rights tends to preclude 'other visions of the good life [which] also provide normative guides and ethical claims for the performance of virtue within a given domain of living'; norms and claims, that is, that are promoted amongst others through the work of NGOs and community groups worldwide. In a similar vein, Comaroff (in this volume)

argues that the multiple responses that nongovernmental organisations and community-based groups in sub-Saharan Africa have established in relation to the HIV/AIDS epidemic are reflective of the struggles that people on the continent have developed in their efforts to respond actively to the disease and to transcend the destiny of the 'passive AIDS victim'. As she puts it, '[t]he insistence on "positive" life – life imbued with ordinary, future-oriented expectations – is palpable in the forms of mobilisation that press for recognition of the disease. So too is the rejection of "bare death"' (for a related argument, see Fassin 2007).

Some chapters in this book show that the analysis of the HIV/AIDS epidemic in sub-Saharan Africa has to take account of the wider political-economic forces that have shaped the course of the epidemic in the context of globalisation over the last few decades. At the same time, however, this volume demonstrates that while it is necessary to lay open how global inequalities have affected the course of the HIV/AIDS epidemic in Africa, it is equally important to focus on the 'local moral worlds' (Kleinman 1995) that determine the ways communities, families and individuals have responded to HIV/AIDS and that transcend and intersect the complex power structures that have been established by national and international actors over the last decades. They argue that we need to know more about the multiple struggles and responses of individuals, families and communities in relation to HIV/AIDS in order to grasp the way the disease is configured as a *moral and cultural category* and the way these processes produce and affect social, political and economic relationships on the micro- as well as the macro-level.

Adopting an Ethnographic Perspective in the Study of AIDS

It has become commonplace in anthropology today to agree that 'culture' can no longer be understood as a system of beliefs that is held by all members of a group or society to the same extent or that *inevitably* guides these group members' decisions and actions in their everyday lives and in relation to fields as diverse as religion, kinship or the management of affliction and misfortune. In contrast to earlier approaches that ascribed a 'distinct culture' to neatly defined ethnic groups, contemporary anthropologists argue that culture should be

seen as only one possible system of reference through which people engage in historical processes and through which they make choices and decisions in relation to other systems of reference and identification (such as religion or science) that provide knowledge about the way human beings are situated in society and the world order at large (Abu-Lughod 1991; Gupta and Ferguson 1992).

Ethnography, with its holistic focus and its long-term approach for fieldwork, may play an important role in dismantling the various perspectives, practices and power relations that have come to shape the views, actions and experiences of a broad range of actors in global, national and local settings with regard to HIV/AIDS. A central argument of this book is that individual and collective experiences and actions in the context of HIV/AIDS are best described through the presentation of extended ethnographic case studies and the 'thick description' of a specific locality. As Mark Nichter has argued (2002), the management of illness involves more than the management of the physical disease through the definition of symptoms and/or the choosing of a certain therapy. Illness management is about the social relations that are negotiated in the context of a given illness and that shape the meanings, experiences and actions surrounding a specific illness. It is, furthermore, about the political-economic conditions that determine the presence and distribution of a disease in a given locality, as well as the priorities and entitlement to resources people can claim in a community, household or family concerning the treatment of a disease.[3] In a similar vein, the chapters in this volume emphasise that an 'ethnography of the particular' (see Abu-Lughod 1991) in the context of HIV/AIDS should pay close attention to the use of language and metaphors that have come to structure the social reality of HIV/AIDS in various African countries (Mogensen, Ashforth, Reid), the conflicts and tensions that have shaped people's actions and struggles for meaning and healing in the context of severe illness and death (Colson, Whyte et al., Dilger, Geissler and Prince) and the multiple efforts people undertake in negotiating belonging and the moral standing of individual community members following the deaths of a partner, relative or other community members (Offe, Haram, Wolf, Klaits).

However, while it can be argued that participant observation and the recording of extended case studies – often over many years, sometimes even over generations (Colson) – may establish a privileged

viewpoint for the study of AIDS, the ethnographic approach also bears problems. First, an ethnographic approach to the study of HIV/AIDS – with its appeal to 'pause and look at the struggles' that have shaped the social reality of the epidemic in different settings and communities (Mogensen) – raises concerns about the ethical nature of long-term fieldwork: How ethical is it to engage in long-term research and academic debates when people are dying? While recent publications have discussed issues such as confidentiality, informed consent and also the aspect of mutuality in 'community-based AIDS research' (Baylies 2004), there is no rigid framework or blueprint that guides the anthropological study of HIV/AIDS for all researchers in the same way. Ultimately, it is upon the individual researchers themselves to find an acceptable way of dealing with the ethical dilemmas of doing research on a topic that is shaped so strongly by the continued presence of illness and death, either by collaborating with help organisations and agencies or by 'simply' accepting to be a 'witness' to the suffering in the communities one works with (see Farmer 1992a).

Second, as Paul Farmer (1996: 263) and Brooke Schoepf (2001) have argued, there is a danger of overemphasising the agency of individual actors by focusing too narrowly on the choices and negotiations that guide men's and women's actions in the context of HIV/AIDS. As Schoepf (347) has put it with regard to the situation of poor women:

> [I]t is easy to exaggerate the agency of very poor women. … The late twentieth century saw widespread use of mass rape as a weapon of war. … That these are conditions of life and death for many millions must not be overlooked when arguing for attention to agency, negotiation, and choice. … In the time of AIDS, many poor peoples' survival strategies have resulted in their destruction.

The contributors to this book do not want to question the existence of structural constraints and inequalities in the context of AIDS; nor do they negate the fact that individual and collective biographies and experiences are always embedded in 'large-scale processes such as labour migration, urbanization, industrialization, Christianization, and Western education that have disrupted and transformed local social structures and knowledge systems' in Africa during the last 100 to 150 years (Ashforth; see also Setel 1999). At the same

time, however, the authors in this volume emphasise the necessity of achieving a thorough understanding of the ways in which women, men and children in sub-Saharan Africa are struggling to come to grips with the existing structural constraints and how they negotiate relationships, meaning, hope and grief in the face of suffering and death.

A Battle of Ideas: Illness, Body, and Societal Transformation

A view of culture and society that highlights the way in which people draw on multiple – and often contradictory – systems of knowledge and value in managing their everyday lives has implications for the anthropological study of AIDS. What distinguishes the HIV/AIDS pandemic from other historical and contemporary diseases is the extraordinary variety of responses that the disease has produced in societies worldwide – on all levels of societal and political organisation (Iliffe 2006). As Shula Marks has suggested with reference to the medical historian Charles Rosenberg, '[l]ocal and national authorities, governments and NGOs, national and international agencies, political parties, patients and their advocates and above all the pharmaceutical industry have all had their own and often contradicting perceptions and agendas in addressing the challenges [the epidemic] has posed' (2002: 14). Thus, whilst a multi-level response to HIV/AIDS has often been called for in order to bring about a turn in the course of the epidemic (most explicitly in the case of international governments and African states that were criticised for *not* responding to the epidemic for too long), the involvement of different groups and sectors of society has led to often heated moral debates. As Justice Edwin Cameron has put it at the conference on AIDS in Context in South Africa in 2001, HIV/AIDS has 'from the onset involved as much a battle of ideas as a battle about bodies and organisms and cells' (Cameron 2001: 3).

The morally contested relationships between suffering, individual bodies and the larger society – and the way these relationships are perceived and discussed from a 'local' point of view – have long been the focus of anthropological discussion. According to authors like Victor Turner (1967), John Janzen (1978), and Susan Whyte (1997), illness and affliction in southeastern Africa have often been under-

stood as a reflection of disturbances in social relationships and in the course of reproductive orders. Consequently, the healing of affliction and disease has aimed at the analysis and the restoration of often idealised social and moral relationships and community constellations. This volume shows that Turner's call to understand how explanations for illness and healing among the Ndembu in Zambia – and the way people are dealing with the challenges of life-threatening events – are 'socially posited' (1967: 360) is also highly relevant for the analysis of HIV/AIDS. Thus, whilst public health messages about the 'natural causes' (1967: 360) of HIV/AIDS are widely acknowledged in eastern and southern Africa, individual and collective views of the epidemic, as well as the practices and experiences surrounding episodes of HIV/AIDS-related illnesses and deaths in families and communities, are shaped by socio-moral perceptions and practices that relate people's way of dealing with the disease to broader questions of social and cultural continuity and belonging; and to people's ongoing struggle for order and certainty in an era of crisis and suffering (see Farmer 1992b; Whyte 1997; Dilger 2005; Rödlach 2006).

The contributions in this volume show that local discourses on HIV/AIDS in sub-Saharan Africa have come to identify the 'moral fault-lines' of groups and societies and that the disease is often seen, from an emic perspective, as a marker of disorder and chaos which has to be acted upon in order to arrive at social and moral coherence. As the chapters by Colson, Talle and Quaranta demonstrate, the HIV/AIDS epidemic has become a trigger not only for moral debates on cultural identity and moral transgression that are perceived to be reflective of the larger historical transformations affecting social and generational relations in the context of modernity and globalisation. It is also shown that it is mostly specific subgroups of the population – often women and, in the case studies of Offe and Klaits, widows – who are seen as indicators of these moral ruptures. Thus, while HIV/AIDS is seen in many African countries as a *general* signifier of deviance and the transgression of social boundaries, extended widowhood in the context of AIDS raises anxieties and concerns about the promiscuity of women and – connected to this – concerns about the improper mixing of blood as reflected in references to diseases like *kahungo*, *boswagadi* or *chira* (see also the chapters by Dilger, Geissler and Prince).[4]

While it can thus be argued that local discourses on HIV/AIDS have become the basis for blame and often also the exclusion of sick family and community members, the epidemic has also opened opportunities for social transformation and new ways of living for those affected by the disease. It could be argued that at no time in the history of the African continent has there been such a visible and also vibrant civil society that has become directly implicated in the emergence of a globally connected world order and that has opened a debate on human rights and social justice in the context of globalisation processes (Iliffe 2006). The neoliberal reform processes – and the multiple economic, social and political transformations they involve – have led not only to an increase in social inequalities and new ways of suffering. They have also made possible the creation of new social spaces and networks that devise strategies for positive and future-oriented life with the deadly and stigmatised disease; and that in some regional settings have come to articulate the demands of a transnationalised form of citizenship that makes claims on the global economic and social order based on a 'shared therapeutic predicament' (Nguyen 2005; see also Robins 2004). In this regard, internationally funded programs of care, prevention and treatment have paved the way for emerging forms of citizenship, ethical commitment and the forging of new subjectivities in the context of globalisation and humanitarian interventions.

However, the chapters in this book show that the strong focus on life-worlds that are promoted and represented by nongovernmental organisations and humanitarian interventions represents only a partial view of the complex social and cultural processes that have come to shape the social reality of HIV/AIDS in sub-Saharan Africa. The chapter by Whyte, Whyte and Kyaddondo demonstrates that the translation of ethical guidelines into the professional relationships of an ARV treatment program in eastern Uganda has to be negotiated in relation to the moral commitments and obligations which the 'entangled' health workers experience toward patients and clients who are often part of the same community as they themselves. Similarly, other chapters in this book argue that the ideas and actions of individuals, families and communities in the context of HIV/AIDS are directed not exclusively at the prevention of the disease or the management of physical illness and death but have become deeply intertwined with the more encompassing strategies of women, men

and children to affirm or renegotiate relationships of solidarity and belonging (Colson, Mogensen, Dilger, Wolf), to mark ownership of the land where people live and are buried (Haram), and to (re)-establish relationships with the dead as well as with the living in the context of suffering and death (Klaits, Offe). Taken together the chapters prove that public health and policy categories like 'patient', 'caregiver', 'disclosure' or 'orphan' (and the programs and bureaucracies that are being established in relation to these categories) often provide an insufficient basis for capturing the social reality of those who are targeted by public health interventions and the moral and political-economic struggles that people are facing and managing in the process of negotiating new social, cultural and professional roles in the wake of the HIV/AIDS epidemic.

Structure of the Book

The chapters in this book are grouped around three thematic complexes that have been under-researched in previous studies on AIDS in Africa. *Networks of Healing, Treatment and Care* demonstrates how local and international practices regarding illness and treatment, along with the introduction of antiretroviral medications, convey not only 'hope for a cure' but have also become the trigger for moral and ethical conflicts in relation to illness, death and relationships of care. *Moralities at Stake* examines how social and cultural developments in various African countries are (re)interpreted in the context of HIV/AIDS and how the 'epidemic of signification' (Treichler 1999) is revealed through processes of blaming, as well as by establishing moral connections between the spread of HIV/AIDS and larger social transformations on the community level. Finally, *Experiences of Grief, Death and Pain* explores how AIDS has enforced local dichotomies of 'healthy' and 'diseased' bodies, and how the increased death toll in communities has affected individual and collective forms of burial and mourning.

The book starts with the contribution of Jean Comaroff who emphasises how strongly HIV/AIDS has redrawn the Western moral geography of a neoliberal world order, with its emergence of 'new configurations of integration and exclusion, prosperity and immiseration'. At the same time, however, she emphasises that HIV/AIDS is also triggering new kinds of sociality and politico- and bio-sub-

jectivity, as well as the will and need among people living with the disease to assert visibility, kinship and attachment in the context of everyday survival. Adam Ashforth's chapter goes on to explore how processes of denial, stigmatisation and behaviour change in the context of HIV/AIDS and antiretroviral treatment in South Africa are affected by people's urge to establish spiritual security in the context of suffering and death and to give meaning to the often technical and bureaucratic language of internationally funded treatment programs. Hanne Mogensen's chapter focuses on the issue of disclosure in Uganda in the context of antiretroviral treatment and analyses how the decision to speak to third parties about one's HIV infection is embedded in various levels of sociality and moral commitment. Susan Reynolds Whyte, Michael A. Whyte and David Kyaddondo describe the moral and ethical dilemmas that health workers in Uganda are experiencing in relation to ARV treatment and the ways in which these health professionals are mediating between the various categories within a wider 'medico-moral field' (clinics, NGOs, clients, patients, families). Finally, Hansjörg Dilger discusses the ways in which acts of care and support in northwest Tanzania are embedded in neoliberal reform processes in the country, as well as in family biographies and kinship conflicts in the context of rural-urban migration.

The section *Moralities at Stake* starts with the contribution by Elizabeth Colson, who situates her analysis of AIDS in Zambia in the context of her long-term fieldwork in the Gwembe Valley: she shows how the disease has become part of a long-standing history of outward migration, poverty and the local struggles for solidarity and moral integrity. Aud Talle goes on to describe how processes of 'cultural othering' have shaped the moral and cultural geographies of HIV/AIDS among the Massai in Tanzania, while Ivo Quaranta shows how, in the context of HIV/AIDS in Cameroon, processes of blaming and anti-blaming are being associated with wider societal conflicts that form the hierarchically structured relations between neo-traditional elites, elders and the young generation. Finally, Graeme Reid draws attention to the fact that in South Africa perceptions of HIV/AIDS have been subject to processes of 'heterosexualisation' that have excluded the topic of homosexuality from public discourse for many years. Until recently, communication on the disease within the gay community has taken place predominantly via rumours.

The connection between grief, social suffering and shifting forms of sociality is explored in the last section of the book. Liv Haram's case study demonstrates that among the Meru in Tanzania mourning and grief in the context of AIDS are associated with multiple moral dilemmas evolving from the negotiation of temporal and financial resources, as well as local understandings of proper mourning. These gender-specific dilemmas increasingly give expression to the widening gap between 'rich' and 'poor' Meru and underline the direct relation between the epidemic and the threat of growing social disparities. P. Wenzel Geissler and Ruth J. Prince analyse various concepts of touch among the Luo in western Kenya and indicate how notions of sociality and sharing are affecting the ways in which people in the region deal with the bodies of sick and dead relatives or community members. Johanna Offe argues that in Zambia the bodies of (potentially) HIV-infected widows are represented not only as 'endangered' and vulnerable, but also as immoral, death-bringing and dangerous. At the same time, she shows that widows themselves often make strategic use of this latter discourse as it gives them a possibility for protecting themselves against the sexual advances of men. Angelika Wolf draws attention to the fact that orphans in Malawi – rather unnoticed by public and policy discourses – have managed to establish child-headed households, thereby taking on the responsibilities of adults and adopting an active role in negotiating situations of risk as well as relationships of belonging. Finally, Fred Klaits focuses on the morality of remembering in Botswana and the ways in which 'struggles of remembering' among members of an Apostolic church in Gaborone are tied to the notion of 'sharing blood' as well as to more encompassing processes of procreation and social and spiritual reproduction.

Taken together, the contributions in this volume describe vividly how families, communities and health professionals are attempting to make sense of the AIDS crisis and what dilemmas they are experiencing in their efforts to develop socially and morally acceptable strategies in dealing with the death and suffering of relatives and community members and the consequent disruption of social and reproductive relationships. They argue that an anthropological account of AIDS will often be not so much about HIV/AIDS in the narrow sense of the term – or about the 'patients', 'carers' and 'risk groups' that have become the targets of numerous HIV/AIDS inter-

vention programs – but rather about the often contradictory social, cultural and moral struggles that have been triggered by the high infection and morality rates associated with the disease. In this regard, the authors shed new light on the transformation of social and moral orders in various African societies, which have long been affected by the increasingly marginalised position of the continent in the context of a global modernity.

Notes

1. That such labels may be misleading is argued by Bornstein (2005) who shows that grassroots NGOs and community-based organisations in Zimbabwe have become increasingly intertwined with transnational funding policies and structures.
2. We are well aware that there are different approaches to the anthropological study of HIV/AIDS in Africa and that the close focus on ethnography and social context adopted in this book is only one among them. In particular, the importance of previous studies relating to the effectiveness and appropriateness of HIV/AIDS interventions should be mentioned here (e.g. Green 2003). Furthermore, this book is not meant to be representative of the African continent as a whole. Thus, if we speak about 'Africa' here, we refer largely to the southern and eastern African region.
3. These aspects of disease and illness management have, of course, been core topics in the literature on medical anthropology for a long time; see especially the works of Janzen (1978), Feierman and Janzen (1992), Kleinman (1980, 1995), Baer, Singer and Susser (1997).
4. Apart from being connected to notions of purity and impurity (see Mogensen 1995), HIV/AIDS has also been associated with 'traditional' and Christian-religious idioms of illness and healing (Yamba 1997; Dilger 2007). It should also be emphasised that moral discussions on social and cultural transformations – and the blaming of women in the context of epidemic disease – are not unique to HIV/AIDS. This has been demonstrated by a wide range of historical studies focusing on illness, healing and gender relations in colonial and postcolonial Africa (see Vaughan 1991, Whipper 1972).

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