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Local Women, Global Science: Fighting AIDS in Kenya (review)

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(Review)

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social and economic structures in the early twentieth century was as severe in affected regions as HIV/AIDS is eighty years later. One does not come away from reading *Lords of the Fly* well informed about the vast human tragedy that confronted British colonial officials in East Africa a century ago. Unfortunately, Hoppe's analysis fails to capture both the enormity of the tragedy and the humanitarian motivations that gave rise to colonial interventions. These oversights emanate from a rigid framing of the inquiry within a postcolonial perspective in which medical science is uniquely presented as a force for justifying the moral ambiguities of colonial rule.

Despite these caveats, the book is a rich source of factual information that greatly adds to our knowledge of sleeping sickness control in British East Africa. It is enhanced by well-organized chapters, excellent notes, and an extensive bibliography. It will be of great interest to all who have an interest in African trypanosomiasis and the history of colonial-era medicine in East Africa.

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**Karen M. Booth. *Local Women, Global Science: Fighting AIDS in Kenya*.**

Bloomington: Indiana University Press, 2004. 224 pp. Figures. Notes. Bibliography. Index. \$39.95. Cloth. \$16.95. Paper.

In *Local Women, Global Science*, Karen M. Booth attempts a “global ethnography” to examine a significant conundrum of the predominant biomedical model of HIV transmission, the “high frequency transmitter” model. This depicts women (categorized as prostitutes and reservoirs who transmit the disease to men, or wives and victims who transmit the disease to babies) as powerless to protect themselves and simultaneously the target of behavior change strategies for prevention of the disease. In her critique of the research model, Booth manages a review of feminist theory of biomedicine, a political history of national (Kenyan) AIDS policy, a multilayered critique of international STD and HIV research projects, a qualitative account of nurses' views on Kenyan sexuality, and finally a comparison of debates about AIDS treatment in South Africa—all in just 145 pages. With such a wide scope in a tight package, there are inevitable tradeoffs. Here the advantages of clear prose and multilevel coverage leave little room for the “thick description” of convincing ethnography. This is somewhat surprising in view of the fact that the author makes a claim for innovation in studying Kenyan nurses as conflicted mediators between foreign researchers and the study subjects (their patients). Since the author finds the conflict between the research model and development interventions expressed most strongly in nurses' statements, I was expecting the ethnographic portion to be the book's centerpiece. But it is shorter and not as

convincing as the excellent analyses of Kenyan AIDS policy and the evolution of international research projects centered in Nairobi.

Although Booth's work is more effective in developing the critique of the "high frequency transmitter" model than in achieving ethnographic understanding, its content would interest researchers across disciplines. The political history of Casino, the specialized sexually transmitted diseases (STD) clinic established in Nairobi during the colonial era, works as an enlightening background chapter to the fascinating history of the national AIDS policy in chapter 3. This chapter alone would provoke discussion and controversy among public health researchers, public policy analysts, medical sociologists, and anthropologists. The following chapter profiles the international research project that used the Casino population as research subjects. Booth portrays the research as pioneering epidemiology in the field of HIV and STDS but also ultimately damaging in the way it entrenched stereotypes of "African" men's and women's sexual behavior in the "high frequency transmitter" model. Chapter 5 shows how this model is negotiated by nurses in Bestlands Health Center. Dependent on research project funds and services for their work and status, nurses do not question the research model but nonetheless act on a much more nuanced understanding of women's lives. The final chapter is a review of post-1994 AIDS debates, wherein Booth points up missed opportunities to change researchers' thinking about women and presents lessons for current AIDS studies. The value of developing policy from women's self-identified needs is obvious and straightforward. Her questions, such as "Has anyone asked non-pregnant HIV-infected women what they need?" (141), are familiar to development planners in other contexts. Less clear is how exactly "officials, scientists, advocates, politicians, and feminists [are] to seize the opportunity AIDS has offered to reorganize heterosexuality" (139).

In many ways, *Local Women, Global Science* is an ideal text for African studies students and faculty, and I have recommended it to many of my public health and social science colleagues. However, the readership that can do the most to contest its assertions and apply its recommendations are the biomedical HIV/AIDS researchers and the Kenyan nurses who provide the grist for Booth's analytic mill. More important, perhaps, is the book's potential for creating dialogue between these two groups who purportedly work together to improve the health of the same population. The fact that neither group is likely to read this "global ethnography" is an ironic example of how people can share the same goals but work at cross purposes, a phenomenon that Booth highlights.

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