
This volume was eagerly awaited for the scope it appeared to cover, for its promise to base its findings on fieldwork, and for the fact that it was, for the first time, a book-length coverage of the greatest disaster in the world today. It appeared in a situation of social scientific dearth, well described by the authors (p.8):

The number of social science studies of AIDS is still quite small. Birnbaum et al. (1989) [an abstract presented at a 1989 Marseilles conference on AIDS and associated cancers] found that of 551 AIDS research projects considered, only 86 were sociobehavioural, and most of these concerned the identification of risk groups by means of the most proximate variables (for example, the presence of co-factors in infection rates, the number of sexual partners and knowledge-attitude-practice). Hardly any researchers had studied the socioeconomic structures determining either 'upstream' vulnerability - the risk of being infected - or 'downstream' vulnerability - the risks associated with poor or no treatment and the impact upon the household in its economically productive as well as its social aspects.

This, unfortunately, was the case, and continues to be so. This is surprising because Barnett and Blaikie spent January-March 1989 in six settlements in Rakai, Uganda, and June 1989 - January 1990 in one of them carrying out field research (p.86). Yet this research is inadequately described and only fitfully presented throughout the book, mostly in Chapter 6. Much of the book draws, often uncritically, on other research or accounts of very varying quality and so compounds the problem of understanding the African AIDS epidemic by helping in the circulation of insecurely based observations and theories which at present bedevil the social science situation. This material is drawn upon for the authors' favoured research approach: from models to cases to research. This methodology makes it difficult to ascertain the authors' own proven research findings. We are inclined to forget that the findings do not always support all parts of the original model, partly because the authors tend to feel that future research will probably confirm it. We fit the relatively few cases into this framework without wondering too much whether their distribution approximates that of the whole society.

The authors present data (pp.90ff.) on three of the six villages, chosen because they were 'worst hit by AIDS,' but we are not told how the 69 households then examined were selected. Of these households, 14 were either 'AIDS-afflicted' (i.e. contained at least one person with symptomatic AIDS) or were 'AIDS-affected' (i.e. were no longer receiving at least one stream of external income because the sender had developed AIDS). They 'tentatively conclude that the presence of a significant [although not in the statistical sense] percentage of households in which grandparents care for orphans is a new development, at least in part a response to the pandemic' and, by comparison with an earlier survey by Audrey Richards of a Buganda village, state that 'The possibility must be considered that this indicates that in Buganda today young people are hesitating to marry' (pp.90-91). It may be so but the evidence is not very convincing, and, in any case it is very doubtful whether the latter trend, if it exists, can be related to the epidemic.

They then list 18 households (p.95) in an unspecified part of Rakai of which nine are apparently AIDS-afflicted and nine AIDS-affected (the table is somewhat unclear): only two of the former but six of the latter are presented in the text as case studies. No conclusions are drawn from these studies.
But, subsequently (p.101), 129 households are presented of which 12 were AIDS-afflicted and a further eight were AIDS-affected. These households were drawn from ‘three main areas’. The aim was to study the impact of the epidemic by carrying out a statistical analysis of producer-consumer ratios. They found surprisingly that ‘most households had moved towards a more favourable P/C ratio over the previous five years’ (p.100). They resorted to the explanation that ‘only part of one area...had experienced any marked degree of demographic impact from the pandemic’ (p.100). It is far from clear how they knew this, and, if they really do have the important and much sought for data on the demographic impact - let alone the differential impact between areas - of the epidemic this should have formed the core of their book. Nevertheless, they continue:

From these data we may conclude that by 1989-90 AIDS had not yet drawn adaptive responses in production and consumption on a scale that dwarfed the many other adaptions households make all the time in response to other rapid processes of socioeconomic change. However, we believe that in certain localised areas AIDS is beginning to be the major determinant of socioeconomic change ...(p.102).

Perhaps, but they did not demonstrate it.

Later (pp.148-149), in a more detailed discussion of the impact of AIDS on farming systems, they appear to back away from even this conclusion, and instead postulate that elsewhere in Africa, possibly in the savannah, there may be farming systems that would prove more vulnerable to an AIDS epidemic. Their place of first choice is Sokoto in northwest Nigeria, an area reportedly untouched by the AIDS epidemic.

The book contains a chapter on ‘Coping with AIDS: rationality, explanation and action’, where the major reported research took the form of 55 essays by school children on one of three topics, all concerned with relations between adults. Even more surprising is the disclaimer that Christine Obbo, who collected the material, ‘would not necessarily agree with the analysis’ (p.53). There is also a chapter on orphans, but, apart from three pages covering six case studies (pp.115-118), the rest depends on secondary sources. The weakness of the latter is that they usually do not differentiate between AIDS orphans and other orphans in a society where orphanhood has always existed on a large scale.

This book is important because it gathers together a great deal of material and raises a series of important questions. But the research it reports is inadequate to answer these questions.

John C. Caldwell  
Health Transition Centre  
The Australian National University