

Book reviews



Health and Disease: A Reader. Second Edition. Edited by Basiro Davey, Alastair Gray and Clive Seale. Buckingham: Open University Press, 1995. xii + 436 pp. Paperback. A\$42.95.

Q: What do you get when you take sixty-two reasonably high-quality articles and condense them into a little over 400 pages?

A: An edited collection that isn't as good as it could be.

That pretty well sums up my feelings about the book under review. It is the revised edition of what has apparently been a successful Open University set text, first published in 1984. Two-thirds of the articles are new to this edition which spans the 'health studies' disciplines and represents diverse personal experiences, political commitments and national locations. Several contributions are 'classics' in my pantheon: Dubos, Navaro, Illich, Goffman, McKeown, Engels and Cochrane to name a few. Even among the lesser lights, I found myself interested in most of the chapters, glad to be made aware of them for the first time or to be reminded of insightful arguments I had encountered but subsequently forgotten.

Edited collections are fickle beasts: they can be immensely helpful to teachers and students, and in a world of exploding information, they can help researchers get their bearings. But collections are inevitably composed according to somebody else's criteria which means one rarely finds all the chapters equally valuable. For use as a textbook, then, most collections suffer from a standard drawback: it contains a number of pieces one would not have included while it omits several one regards as vital. I thought that would be my main complaint, but surprisingly, that is not the problem with this collection. The selection is intelligent, diverse and coherent, with helpful introductions. It covers mainly the UK and USA but includes a few articles considering other locations (Latin America, India). Medicine is discussed but the book is not medico-centric. It opens with ten chapters on concepts of health, disease and healing, and the book considers the experience of health and illness as well as health services. There are also several essays each on influences on health and disease, and the social context of health care. The concluding part contains several provocative 'prospects and speculations', including one on the health impact of environmental change by the eponymous Leaf, a 'challenge to the purchasing orthodoxy' by Whitty and Jones, and a thoughtful essay on 'The last well person' by Meador.

With such an array, the book looks promising. Reading the table of contents and the intelligent introductions, I thought it might be just the text for a unit I teach to students in our Graduate Diploma in Public Health. It would save the students and me endless photocopying and would present them with a range of perspectives and insights on the health field, combining golden oldies with newer material.

Too good to be true. On closer inspection of individual articles, I found that in many cases, the editing has gone too far. Simple arithmetic shows that, with introductions and a shortish index, few chapters can be much over five pages long, and with some the condensing process has—not surprisingly—deleted vital information, leaving the article far less compelling or coherent than the original. So valuable elements of the collection become less useful because often, the guts have been removed in an effort to include a bit of everything. It

is always difficult to weigh the depth-breadth dilemma, and strongly as I advocate for diversity, I think the editors have erred too far on the side of breadth in this book.

There are also some strange bedfellows here: articles on public health appear in the section titled 'The role of medicine'. On the other hand, the section on health work wisely groups items on health services together with unpaid health care. It also contains a surprising chapter by Paterson on kitchen maids in a hospital whose main relevance is, I suppose, that it supplies a sociological explanation of the work practices that produce such poor-quality food. Perhaps a bit more selectivity in the choice of such peripheral articles would have left more room to retain more of the significant deletions from other articles. Finally, while it is not the job of the editors to expunge verbal blunders already committed to print, I found it grating to come upon use of masculine pronouns as generic ('the doctor... he') in the editors' own introduction!

Despite these quibbles, the collection could be useful for undergraduates having their first exposure to health studies. Researchers and more advanced students will have to look elsewhere.

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Rethinking AIDS Prevention. Cultural Approaches. Edited by Ralph Bolton and Merrill Singer. Yverdon, Switzerland and Langhorne PA: Gordon and Breach Science Publishers 1992. Reprinted 1993. 225pp. Paperback.

AIDS and STDs in Africa: Bridging the Gap between Traditional Healing and Modern Medicine. By Edward C. Green. Boulder: Westview Press, and Pietermaritzburg: University of Natal Press. 1994. xi + 276pp. Paperback.

AIDS and HIV in Perspective: A Guide to Understanding the Virus and its Consequences. By Barry D. Schoub. Cambridge: Cambridge University Press. 1994. xx + 268pp. Paperback. Australian \$29.95.

Sexuality Research in the United States: An Assessment of the Social and Behavioral Sciences. By Diane di Mauro. New York: Social Science Research Council 1995. iv + 100pp. Paperback. No charge.

Executive Summary of Sexuality Research in the United States: An Assessment of the Social and Behavioral Sciences. By Diane di Mauro. New York: Social Science Research Council 1995. iii + 19pp. Paperback. No charge.

New books on AIDS are now flowing in for review in such numbers that they must be dealt with in batches. The justification in this case is that, with one exception, they relate to each other in that they place a major emphasis on culture and behaviour.

Rethinking AIDS Prevention is a reprint of seven papers which constituted a special issue of *Medical Anthropology* in 1992. With the exception of the paper on Zaire by Brooke

Grundfest Schoepf, all the contributions are focused on the United States. Nevertheless, their relevance for AIDS prevention programs in the Third World is striking. It is encapsulated in the long paper by Ralph Bolton on 'AIDS and Promiscuity' where he argues, with relation to homosexuals in the United States, that prevention programs have no right to make an assault on cultures, even sexual cultures. He believes that much of the determination to change multi-partnered sexual relations and the mores of the sexual revolution are really based on attitudes and moralities which are anti-sex and certainly opposed to sexual freedom. He believes that the proper moral stance of the campaign against disease — and the most efficient one — is to offer technological help. The campaign against AIDS should have been focused almost entirely on risk-free sex, and in our present state of knowledge, should have had as its centrepiece the use of condoms.

Most of the contributors take the same view of the importance of promoting condoms and making them available. This message obviously has its greatest relevance for the world's major AIDS epidemic, that in the main AIDS belt of East and Southern Africa. It is becoming increasingly clear there that governments are reluctant to attack what they regard as the private behaviour of their citizens and the greatest current success against AIDS appears to be the rapidly increasing use of condoms. Schoepf advocates the use of traditional doctors to promote condoms, but the demand in East Africa for them is now growing so rapidly that small retailers are keen to sell them in a situation where fear of the disease is rapidly overcoming the older fear and dislike of condoms.

Edward Green's book on *AIDS and STDs in Africa* reports on studies of the possible role of traditional healers in six sub-Saharan African countries. He reinforces previous evidence that they are regarded as experts on reproductive and sexual disease and problems. Thus, he believes that traditional healers should be used in campaigns for safer sex, condom use and the avoidance and treatment of other sexually transmitted diseases (STDs). His recommendations have not been taken up: one reason is undoubtedly the one he feared, the opposition of the modern medical profession. Nor has his advocacy of a major campaign against STDs received much support, possibly because some medical opinion is that STDs are so infectious as to render an attack on them even less likely to succeed than a direct attack on AIDS. Green, too, believes that condoms will play a critically important role in containing both AIDS and STDs.

Barry Schoub's *AIDS and HIV in Perspective* is encyclopaedic, but global and very general. Although the author is located at the University of Witwatersrand, Johannesburg, there is very little discussion of the situation in Africa.

The AIDS epidemic has presented an opportunity to increase vastly the research on human sexuality which many social scientists favoured either in its own right or to pursue other agendas than AIDS. Diane di Mauro's work for the Social Science Research Council, assessing *Sexuality Research in the United States*, takes as a starting point the challenge of the AIDS epidemic, but soon gives greater emphasis to the 'many problems associated with sexuality', especially among adolescents. Bolton would certainly be suspicious. The report also emphasizes the need to study abusive and coercive sexual behaviour, and to advance all research on sexuality by promoting it as an important area for university teaching and research.

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Australia and the ICPD: Australia's Position against the Program of Action of the United Nations International Conference on Population and Development

1994. Department of Immigration and Ethnic Affairs. Canberra: Australian Government Publishing Service, 1995. Paperback 204pp.

The (presumably unintentionally) ambiguous subtitle of this report does less than justice to its ambitious purpose. That purpose is, as the then Minister for Immigration and Ethnic Affairs Senator Nick Bolkus stated in the Foreword, to 'assess the extent to which Australia meets the goals and objectives of the ICPD Program of Action' and to provide 'a platform from which further action may be considered'. In addition, the Report is to provide a model for the world: 'I am hopeful that Australia's initiative will stimulate similar action by other national governments....'.

Organized by chapters, the book sets out the undertakings made at the ICPD, referenced by their paragraph numbers, and places below each a summary of government policies and initiatives. It also claims to record 'outstanding challenges and proposed future action', but its compilers seldom seem to have identified either. Thus, the chapter on requirements for basic data collection, analysis and dissemination, for example, is largely a description of what data are already collected by which government departments. One challenge is suggested: that of obtaining reliable data on violence against women; but that, we are assured, is already being addressed through a survey. Other possible challenges are eliminated more comprehensively. The ICPD recommendation for national and regional training programs in statistics, demography and population and development studies is countered by the statement:

The government does not dictate the type of postgraduate or undergraduate courses which are developed and offered at Australian higher education institutions, or the student load attached to any given course. The range of courses offered and the number of students in any given course are at the discretion of each institution. A number of Australian universities engage in population and demographic studies.

Any need for data on, or research into women's health is apparently being met by the current longitudinal study, which is the sole subject of the paragraph under that heading. There is no mention of any need for additional data on reproductive health. This is despite the fact that the Australian Bureau of Statistics publication *Women's Health* (1994) had an appendix listing major data gaps and deficiencies: two-thirds of the items on the list related to national data deficiencies in reproductive health. The ICPD recommendation of *increased* support for reproductive health research is unaddressed; instead, the response lists a few small research projects funded by the government, a couple of workshops and the 'objective' that organizations funded under the Family Planning Program undertake research.

ICPD called for developed countries to assist contraceptive research programs in developing countries and promote technology transfer to them, as well as facilitating their contraceptive manufacturing abilities. For a response the reader is referred to the chapter on international co-ordination, where one learns that Australia is assisting with climate monitoring and combating desertification in Africa.

Of most interest to the readers of *Health Transition Review*, perhaps, is the chapter on health, morbidity and mortality. This does admit that 'the health situation of Aboriginal and Torres Strait Islander people requires further attention ... the National Aboriginal Health Strategy responds to these issues'. The single paragraph on indigenous infant mortality refers us to another chapter, on vulnerable population groups, in which the National Aboriginal Health Strategy is mentioned: there we learn simply that 'particular emphasis is required on maternal and child care services' and that 'The government is strongly committed to improving the unacceptable health situation of indigenous people ...'. Maternal mortality too, the report notes, is disproportionately concentrated amongst indigenous women, but apart from a reference to the provision of culturally appropriate birthing centres, their specific

needs are not identified in the two and a half pages which deal with ICPD's safe motherhood recommendations.

During the Cairo conference, much hot air was generated over the issue of the health impact of unsafe abortion. That heat seems to have wilted the official response here into four paragraphs of defensive obfuscation. It is just possible to infer that abortion services exist—because Family Planning Associations (for which the government provides funding and which the government hopes 'will encourage a more responsible attitude to parenthood and result in a decrease in the number of unplanned pregnancies, thus reducing the demand for abortion') do offer abortion counselling and referral. Also,

the Health Insurance Act provides that Medicare benefits are payable where medical expenses are incurred in respect of a professional service listed in the schedule to the Act. The Medicare Benefits Schedule includes medical services which may be used for the termination of pregnancy It is important to emphasise, however, that the legal and ethical responsibility for determining medical need for any service rests ultimately with the individual medical practitioner and patient, operating within the framework of the relevant State or Territory law. These laws are the responsibility of State and Territory governments.

Thank Providence—or our founders—for a Federal constitution.

A similar mixture of complacency and evasiveness pervades every chapter of this depressing document. Far from providing genuine assessment of where Australia is in relation to ICPD, or a basis for determining future action, it is quite simply an oversized glossy PR promotion. One can only hope that—despite Senator Bolkus's best endeavours—no other government will be tempted to replicate it.

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The AIDS Epidemic. Social Dimensions of an Infectious Disease. By William A. Rushing. Boulder, Colorado: Westview Press, 1995. xv + 288 pp. Hardcover \$US59.00, Paperback \$US16.95.

William Rushing's ambitious treatise on the social dimensions of the global AIDS pandemic adopts a novel approach to the task of demonstrating 'how HIV-AIDS is more complex and socially embedded than many have assumed' (p. xii); in each chapter, he adopts a different sociological paradigm for the analysis of the social causes of and responses to HIV/AIDS. The volume is divided into two main sections. Part One, entitled 'Social Aetiology', examines the nature of 'high risk' groups in the United States, controversies surrounding theories of the origin of HIV, AIDS in Africa, and trends in preventive behaviour in America and Africa. Part Two, 'Societal Reactions,' covers topics such as fear, moralizing and 'scapegoating', medicine as social control, and AIDS and the sick role. The book is based nearly entirely on secondary sources, is densely referenced, has many tables and graphs, and a useful index.

Any attempt from within the social sciences to demystify the AIDS epidemic and to convey its social and cultural underpinnings in clear and concise language is welcome. To this end, Rushing's technique of using a different approach for each chapter has yielded a surprisingly successful discussion of arguably the most complex and multifaceted health issue to emerge in the twentieth century. The book, however, is uneven and has several

shortcomings, many of which derive from what makes it interesting—the narrative technique of using one theoretical perspective per chapter to analyse each topic. An over-reliance on single paradigms leads to serious oversimplification and a lack of theoretical sophistication where it is called for. These problems are most apparent in the use of dubious typologies such as ‘sex-positive’ and ‘sex-negative’ cultures, the sections on ‘cross-cultural’ approaches to AIDS in Africa, and the discussion of trends in preventive behaviour.

The chapter entitled ‘The Cross-cultural Perspective: AIDS in Africa’ is sure to raise the hackles of anyone concerned with cultural context. While Rushing raises several important themes, such as gender power, mobility, and cultural relativism in sexual morality, he engages in gross generalizations about Africa and Africans on the basis of scattered case studies and limited, outdated ethnographies. More problematically, in the following chapter, he blunders into a hornets’ nest of issues by asserting in several passages (e.g. pp. 120–123) that Africans are too mired in non-rational, culture-bound notions of health and illness to accommodate scientifically-based AIDS prevention messages.

The obverse problem emerges in his attempts to prove that over time, scientific knowledge will conquer all in ‘rationalized societies such as the United States’ (p. 123), and that health-related behaviour will be predominantly informed by rational, personal assessments of risk and reward based upon a medically-informed reasoning process. Not only does he fail to raise obvious counter-examples from the United States such as persistent levels of cigarette smoking and alcohol abuse, but he weakly explains away data about race and class which contradict his theory by glibly suggesting that African Americans and members of economically marginalized groups have internalized their oppression and so have a lower sense of self worth (e.g. p. 106), which leads to higher-risk behaviour.

There are a few straightforward and less controversial themes that run through the entire book. Rushing is on more stable ground with his statements that both the manifestations of and reactions to HIV/AIDS are rooted in social institutions and cultural values, and that norms and values about sex combine with social and economic disadvantage in various ways to increase both sexual risk and obstacles for preventive behaviour in certain populations. His most convincing argument about the relationship between knowledge and action is demonstrated in his explanation of why the ‘doomsday’ projections of a rampant HIV epidemic among American heterosexuals (e.g. pp. 148–150) failed to come true. With the exception of noted subgroups, Rushing argues, the capacity of the population of the United States to inform itself and to respond to the epidemic was grossly underestimated by ‘experts,’ while the potential for an AIDS Holocaust was overstated from the outset. Other strong chapters deal with high-risk groups in the United States, the debate over the origins of HIV, and fears of contagion.

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