

Western Science vs. Local Moralities? Foreign Aid in the Struggle against HIV/AIDS and its Impact on Moral Orders

Marian Burchardt
University of Leipzig/Germany
burchardt@uni-leipzig.de

Currently: Affiliated Researcher at the University of Stellenbosch

5, Helena Court
Upper Liesbeeck Rd
Rosebank
Cape Town 7700
South Africa
0027-21-6850666

Paper to be presented at the conference "The North/South-Divide and International Relations", Annual Convention of the International Studies Association, March 22-25, 2006, San Diego/California

Draft – Do not quote without author's permission

Abstract

Despite intensified prevention efforts and high levels of formal knowledge about transmission modes many African countries continue to experience increasing rates of HIV/AIDS infection. In this context, sociological and anthropological studies have pointed time and again to the incompatibility of many prevention policies with the cultural norms and moral values of target populations. Yet the bulk of these studies speak rather vaguely of the clashes between sexual education measures which are inspired by Western science and instrumental rationality, and local moralities without offering a consistent theoretical concept of moral orders, let alone theoretically grounded hypothesis on the impact of foreign interventions on them. At the same time, major shifts in the US-American HIV/AIDS-policy, namely the move towards abstinence-only programs within the field of prevention, indicate that the moral impact of HIV/AIDS is not restricted to dramatic changes in high prevalence communities but that the political responses to the epidemic are themselves fundamentally based on particular moral codes.

In this paper, I will therefore advance a concept of moral orders based on the Habermasian distinction between system and life-world. This concept will serve as a heuristic tool for tracing the moral impact of HIV/AIDS in Sub-Saharan societies. Through a secondary analysis of recent literature I will then identify fields of social practices that are subject to processes of (often unintended) moral changes and that seem to be critical to understanding the mechanisms that trigger moral change in general. Furthermore, I will assess the specific role of US-funded interventions within these processes. Finally, I will draw some conclusions about the nature of the intricate relationships between power, morality and social change as a core element of North/South-relations in the struggle against AIDS.

1. The struggle against HIV/AIDS as a fields of conflicts

One of the most controversial issues, which surfaced in the context of the foreign involvement in the struggle against HIV/AIDS in Africa, was the question of the appropriateness of the policy instruments that were used to combat the epidemic. Surely, such questions inevitably arise in the context of almost any public policy intervention, particularly in the field of public health. And in fact, they did surface as well in the early stages of the epidemic in North America and Europe (for Germany: Gerhards/Schmidt 1992; for the US: Treichler 1999). However, ever since HIV/AIDS became a large-scale political issue in the Southern hemisphere as well, the subject began to be framed as a question of the 'cultural sensitivity' of particular foreign policy interventions. This holds true to a lesser degree for Latin America and Asia, but to a much greater extent for Africa. Since Sub-Saharan Africa has not only the highest prevalence rates in the world but also shows the highest degree of dependence on foreign aid in its efforts to fight against HIV/AIDS, it was here where the controversy developed a very specific moralizing dynamic. In general, these concerns have been epitomized in a sociological and anthropological debate, which is mostly build around the dichotomy of "Western science vs. local moralities" (Parker 2003: 165). To my opinion, this debate is characterized by a lack of analytical as well as empirical coherence and therefore fails to live up to its claims to provide some satisfying answers to questions about the moral impacts of the struggle against AIDS.

In this paper, I will try to provide a theoretical framework through which we can interpret the cleavages and frontlines in the controversy over AIDS-related policies and their moral impact. I begin by sketching the debate and its particular significance. After that I will introduce Habermas' dualistic concept of society as "system" and "life-world" and use these notions to re-cast the most central issues. I will use the concept mainly as a heuristic tool to shed some new light on the moral conflicts, which arise in the struggle against AIDS. At the end, I will draw some conclusions about the nature of the intricate relationships between power, morality and social change as a core element of North/South-relations in the struggle against AIDS.

2. 'Western science vs. African morality'? The sociological critique of Western AIDS policies in Africa, and its discontents

There is a number of reasons why I believe it is necessary to critically review the sociological controversy over the impact of the Western involvement in the struggle against AIDS. The most important one is that it seemingly tends to reify what it is supposed to analyze.

On the one hand, there is a strong tendency towards portraying the role of foreign aid as a powerful manifestation of scientific rationality as the core value of Western modernity around which not only Western Aids policies designed for African target populations, but also its development policies in general, and eventually the whole Western culture with its social, political, and economic ramifications is built (Heald 2002). Furthermore, it is presented as yet another post-colonial project through which the West is trying to exert its power in order to advance its civilizational model and to incorporate African nations into the global economic and political structures to their very disadvantage. Some go as far as to see the fight against Aids as a welcome occasion for an ultimate exorcism, one which once and forever brings an end to all archaic beliefs in the power of witch doctors, traditional African medical practices, practices of ritual sex and so on, all of which are thought to act to the detriment of Aids prevention (Gronemeyer 2004). On the other hand, societies in Africa as political units at

which Aids policies are directed, are presented as primarily governed by cultural traditions and integrated through particular moral codes, which are put under siege by the onslaught of the epidemic and the political responses to it. Thus, the analytical reifications that are at work here, encompass both the supposed cultural foundations of much foreign aid as provided by Western donor countries, as well as the social structures of recipient countries in Africa.

I am far from seeing this debate as completely mistaken, and I believe the critical assessment of the impacts of the Aids-policies it provides, is absolutely necessary. But this critical potential is seriously being undermined if we do not take into account the intricate nature of state action itself at the interface with moral cultures and the diversity of social worlds, which is now characteristic of all developing countries.

Seen from the perspective of development assistance and development theory, it soon becomes clear the debate I am sketching here replicates arguments and positions, which are part and parcel of a much wider field of criticism. This criticism addresses the most questionable approaches of the politics of social and economic development and has its roots in the era of yet un-questioned beliefs in the healing powers of modernization. Then, it was asked whether there was space for developing nations to find their own ways of mediating the tensions between tradition and modernity, without copying the institutional and normative structures of the West. More specifically, it was asked whether development assistance as provided by Western countries did actually allow for such alternative routes to be followed. (It was, by the way, in this wider context that Eisenstadt coined the term 'multiple modernities'.)

The tremendous impact of the HIV/AIDS pandemic on African nations has triggered the return of these issues at the research agenda of social sciences. And rightly so, since no other single development issue is bound to have such enormous consequences for the very fabric of African societies. It is the scale of the pandemic but to an even greater extent the symbolic power of Aids, the enormous proliferation of meanings and metaphors, which are attached to it that makes Aids an issue that lends itself to re-casting ideas about modernity. As early as in 1988, Paula Treichler therefore spoke of an "epidemic of signification". In fact,

she was referring to production of the meanings of Aids in much stigmatizing and apocalyptic public discourse (Treichler 1988). However, I think this epidemic of signification can well be traced into academic discourse as well.

For the time being African governments themselves are left with little resources to engage in far-reaching and intensive prevention programs, let alone to universally provide medical treatment or to change the structural circumstances which contribute to the spread of the disease, such as poverty, poor primary health care and so on. As a result, in their attempts to fight against HIV/AIDS, African governments are highly dependent on foreign aid. International donors provide approximately two third of HIV/AIDS budgets in low and middle-income countries across the globe, largely accounted for by overseas development assistance (Mattes/Manning 2003: 199). This, in addition to many other factors, reflects the truly global dimension of the Aids pandemic.

Yet, as many other development or humanitarian interventions, the struggle against Aids is loaded with social conflicts. Such conflicts almost inevitably occur when the state or state-funded agencies attempt to intervene in fields of social practices that used to be regulated by other types of (non-formal) cooperation, other rationalities, customs, traditions, or cultures. And in fact, it was one of the most telling criticisms of much modernizing development policies that universal principles were sought to provide answers to very particular local questions. Its peculiar moral sensitivity, produced by the intricate connections to sexuality and death, certainly makes AIDS a local question. It follows that any prevention measure, which addresses issues of sexuality, is likely to be perceived as an intrusion into matters, which belong to the most private and intimate ones in any society across the world (Schmidt/Gerhards 1992). However, since sexualities are regulated by and embedded in complex moral orders, arising dispute will often take the shape of moral conflicts (Posel 2004: 24).

As mentioned before, much Aids policy in Africa, being directed either at prevention, treatment or care, is financed by foreign aid, a fact, which even furthers its potential for controversies. It is often seen as being too little, as coming too late, to the wrong places and

to the wrong conditions. Eventually, the mere fact of being foreign often makes it subject to intense suspicion and public myth. This is particularly evident in the case of Aids in Africa: many folk theories saw it as just another Western attempt to bring Africa under its control, to further the interests of pharmaceutical companies or to regulate population growth and their sexuality. New ways of spelling out the acronym Aids, such “American Initiative to demonize sex” are commonplace in the townships across the continent. At first sight, such lay interpretations might seem peripheral to the political process of HIV prevention. However, they point to the role of irony and denial in coping with massive social crisis. Surveys on attitudes towards HIV/AIDS continue to report relatively high levels of non-scientific beliefs. A study of young South Africans, for example, found that 25% either agreed with the statement “Having sex with a virgin cures you from AIDS”, or said that they did not know (LoveLife 2000: 23). All of the so-called “AIDS-myths” are related to one another in that they establish an alternative interpretive frame. And to the extent that this frame departs from biomedical definitions, it undermines the scientifically informed AIDS strategies of government, thereby becoming a political force itself.

Subsequently, anthropologists were quick to take up these folk criticisms and reformulate them in theoretical terms, thereby providing some crucially important work in cross-cultural translation. But the real significance of this work only started to become evident when study after study on the effects of prevention measures showed the lamentable state of knowledge about the ways, in which behavioral change really plays itself out. The basic feature running through most of this work is the rejection of policies, which are based on biomedical models and assumptions about individual rationality (Campbell 2003; Parker 2003; Schoepf 2001, James 2002; Varga 1997). In the context of communicable diseases, this implies the expectation that individuals avoid behavioral choices that put themselves on risk. Furthermore it is assumed that choices are made on the basis of knowledge, which once acquired – for example through sexual education schemes - will be sufficient to block further sexual transmission. However, assumptions about individual rationality are not restricted to the issue of condom use but are evident in various fields of intervention such as

the promotion of nutritional substitutes for breast feeding, the social organization of care for the sick, the distribution and use of anti-retrovirals and so on and so forth. With regard to the field of prevention, Brooke Schoepf writes: "Prevention was essentially viewed as a technocratic problem of behavior change based on access to information and condoms."(Schoepf 2004: 17). So at least at the outset, there was obviously scant understanding of the ways through which cultural and economic circumstances determine whether safe choices are likely to be made or not.

When it comes to the moral changes, which are bound to take place as result of Aids-related policies, again the most investigated field is sexuality. Many anthropological studies have pointed to the fact that public discourse about sex does not belong to the cultural repertoire, through which African societies address sexuality, and that therefore such education campaigns are likely to provoke moral conflicts (Heald 2002: 223, Baylies/Bujra 1997). One might see changes of the moral rules of sexual discourse as necessary and a minor evil in the face of mounting death and suffering. Yet others propose that there are in fact local idioms through which sexual matters can be addressed without using the explicit sexual language of much technical instruction discourse about the use of male and female condoms, non-penetrative sexual techniques etc. (Heald 2003: 221).

Yet the question remains: Do these observations allow for the general conclusion that the struggle against HIV and AIDS amounts to a globalized cultural conflict between scientific rationality and morality, in course of which the West extends its power at the expense of moral values of African societies, as the organizing dichotomy of this discourse suggests? It goes without saying that the struggle against AIDS presents a massive political intervention in fields of social practices, which previously had not been subject to public political discourse. Furthermore, it is obvious that the Western engagement contributes to the global spread of scientific knowledge, thereby fuelling various processes of rationalization. However, the question is: To what extent can biomedical globalization be construed as an expression of Western power? Which analytical categories are appropriate to describe and explain the international political process through which the struggle against AIDS unfolds

and how do global power relations impact on local moral conflicts?

The dichotomy seems flawed for a number of reasons. It presupposes an imagined social space in which scientific solutions to social problems are not acceptable as legitimate interventions because they are external by provenience. I would contend that although particular forms of science might be primarily construed as products of Western cultural traditions in a historical perspective, their material benefits are appealing to people across the globe. The case of the Treatment Action Campaign (TAC), a South African social movement organization is instructive in this regard: Established in 1998, TAC has been extremely successful in mobilizing people from a huge variety of social backgrounds for the political goal of the free provision of antiretroviral treatment through the South African public health sector (Robins 2005). The main goal was to break the South African government's reluctance towards ARVs. But soon after its establishment, it became embroiled in a lengthy legal battle with international pharmaceutical companies over AIDS drug patents and the importation of poor generics. According to Robins, "As a result of highly successful global and national media campaigns, TAC managed to convince international public opinion, and the Pharmaceutical Manufacturer's Association (PMA), that it was moral and just for drug companies to bring down their prices and allow developing countries to manufacture generics." (Robins 2005: 123). The case shows that the picture is in fact far more complex. As an indigenous social movement, TAC is pushing for public disclosure and awareness of the health risks of unprotected sex. By doing so, it has become one of the main actors in the ongoing negotiating process about the meaning of science, health and sexuality in the times of AIDS. This process can be understood as a process of the appropriation of AIDS as a political problem by African civil societies.

Furthermore, during last decades the forces of globalization have set in motion processes of social change in most developing countries, which bespeak the romantic idea of moral cultures that continue to exist in splendid isolation. Globalization has led to the emergence of universal structures of social conflicts over the desired impact of modernization. Again, it would be simplistic to portray the modernization of developing

countries as exclusively triggered by neo-colonial Western imperialism, for this thoroughly neglects the agency of entire populations and supposes a mechanistic and linear model about the effects of political power. In fact, the overriding dynamic between the forces of modernity and tradition have become indigenous to probably most African countries and it has taken numerous forms. The spread of scientific knowledge is part of the process of globalization to the extent that it is incorporated in the technological and organizational forms that globalization brings about. The well-established notion of 'medical pluralism', that is, the co-existence of different medical paradigms, shows that at the level of everyday social practices globalization might lead to the emergence of new cultural patterns, rather than to the geographical spread and replication of pre-existing ones. However, at the same it is true that the very organization of scientific practices does not allow for a great deal of cultural variation. So it seems more appropriate to expect trends of global convergence at the level of research and the emergence of new patterns at the level of the incorporation of scientific knowledge in everyday routines and practices.

One such pattern is the parallel use of traditional medicine and Western medicine. In South Africa, this is increasingly being reflected at the political level by the incorporation of traditional healers into the national public health system. The powerful Traditional Healers Organization (THO) receives strong support from the South African government, particularly with regard to its specific claims in providing prophylactic treatment for HIV patients. For the South African government, the AIDS epidemic has proven to be an important battlefield for furthering the agenda of 'African Renaissance', with very mixed results (Schneider 2002).

In brief, globalization has lead African countries into a situation in which the clashes between tradition and modernity are no longer co-extensive with the imperial order of North vs. South, they are indigenous forces of social and cultural change.

3. Between system and life-world: Moral conflicts over the politics of science and sexuality

Following this line of argument, it seems more promising to employ a sociological concept, which accounts for such conflicts, and then ask, how they unfold on the level of global politics, rather than interpreting moral conflicts over HIV/AIDS through the prism of Western political and scientific imperialism. In the following, I use Habermas' concept of society as a heuristic tool, with the overriding aim of gaining a better understanding of political interventions at the interface with moral orders.

Habermas' argues that societies are regulated and integrated by two distinct mechanisms, which he calls system and life-world (Habermas 1982 and 1992). 'Life-worlds' he defines as the supreme social space in which people interact with one another on the basis of a commonly shared body of knowledge. This body of knowledge is constantly being re-interpreted and re-negotiated through processes of communication. Whereas certain parts of this cultural knowledge are being explicitly addressed in communicative processes, most of it remains un-problematized in the background as implicit knowledge. Its most conspicuous feature is that it provides a common ground of certainty for all members of a given life-world since it is being passed on from generation to generation through the processes of cultural reproduction, socialization and social integration. The institutions of education, family, and law are usually fulfilling this requirement. In a nutshell, we could say that life-worlds are primarily characterized by immediacy, practicability and morality. In fact, morality is the focal point for the reproduction of life-worlds as social spaces, which are constituted by cultural traditions, legitimate orders of social relationships and personality structures. All of the three components of symbolically structured life-worlds are results of negotiated agreements and shape them as moral universes (Habermas 1992).

Now, what is characteristic of modern and modernizing societies is that certain spheres of action such as economy and governmental politics become autonomous, developing their own functional logics. Habermas agrees with the general system theories of Parsons (1951) and Luhmann (1984), that the operations of functional systems are not based any longer on agreements made on moral grounds, but on generalized means of communication such as money and power. The more the capitalization and the

monetization of economies proceed and the more political and administrative processes are becoming separated from the structures of kinship authority in order to be channeled through formal organizations, the more functional systems and life-worlds are differentiated against one another. Now, the point is that under specific circumstances, both mechanisms, systemic integration and life-world can get in conflict with one another. In fact, they do so quite frequently, mostly when social change results in sub-systems establishing supremacy over life-world concerns. Such processes of “colonization of life-worlds” are particularly evident in the current era of Aids in Africa, and I would contend that they do explain many of the moral conflicts I am addressing here.

In the context of HIV/AIDS, many, although not all of them, appear to be closely related to the very specific social regulations of sexuality. From the perspective of the theoretical model, I am proposing here, it would appear that cultural and moral norms of sexuality are generally irrelevant for governmental attempts to govern health-related risks because they are concerned with sexuality as a policy issue, in this case as an issue of public health, and not as an issue of culture in which the regulation of sexuality is embedded. That is, the governmental concern with sexuality in AIDS policy is restricted to the policy objective, namely to enhance public health. And in fact, this explains not only the apparent gap between much prevention policy and the cultural reality of sexual decision-making in the protected spheres of intimacy, but also the conflicts over the use of condoms and the overt sexual talk, which is often part of the scientifically informed education measures. Moreover, the medical reality of HIV/AIDS establishes strong causal links between sexual interaction, disease and death, and we can certainly claim that the struggle against HIV amounts to the most comprehensive ‘medicalization’ of sexuality in human history. Much of the intricate moral dynamics of stigmatization, denial and fear of disclosure of one’s status can be seen as collective attempts to undo such links and to keep sexuality apart from biomedical definitions. To seek counseling with traditional healers, as many Africans do, can be seen as a part of such strategies of finding non-sexual solutions to a sexual problem. Thus, the medical pluralism as it unfolds in the struggle against AIDS can be interpreted as a conflict

between system and life-world.

4. Foreign aid in the struggle against AIDS: Between science and morality

The heavy dependence of many African countries on foreign aid in the struggle against AIDS has certainly contributed to the “*scientification*” of health care, and in the long run it will perhaps even contribute to the production of the kind of managerial relationships of people towards their own lives that public health discourse promotes. However, at this point it appears that state action itself, be it foreign aid or national policies, is ignorant to moral concerns. Functional systems such as the political system operate on the basis of their own internal principles such as power. But it seems that in the struggle against AIDS state power plays itself out in number of different ways of which scientific rationality is but one. On the international level, this is particularly evident in the case of the US-American PEPFAR-Program¹, for it involves strong moral claims, which are beyond scientific considerations. Two aspects epitomize this concern: firstly, in the field of prevention it prioritizes abstinence over the comprehensive ABC-approach². And secondly, on an organizational level, it places a renewed emphasis on the involvement of faith-based-organizations, in prevention as well as in the area of treatment and care. US government officials claim that “abstinence only”-programs are based on “best scientific evidence” but most social scientists and particularly the Ugandan experience with the comprehensive approach strongly contradict such claims. However, the case is instructive and allows for two important conclusions: Firstly, state action is based on power but it can and often does involve some type of moral communication, which nonetheless continues to be politically legitimized on scientific grounds. And secondly, it demonstrates that the anthropological dichotomy of “Western science vs. local morality” is misleading, not only in that it reifies recipient societies as moral communities, but also in taking the scientific discourse around HIV-related policies at face-value. It does not account for the fact that biomedical science is only one of the resources

¹ PEPFAR – Presidential Emergency Plan for AIDS Relief

² ABC – „abstain, be faithful, condomize“

that shape AIDS-policies as a field of governmental practice.

AIDS-policies inevitably touch upon issues of sexual practices, which belong to the most intimate and morally sensitive concerns on a universal level. This sensitivity is at present being reflected in the shifts within US-American AIDS-policies, not because politics are generally driven by moral concerns. Moral concerns are part of the ways in which state power plays itself out because it furthers the *legitimacy of a particular government* in the eyes of its constituency, upon which its power actually rests.

Furthermore, it appears that morality becomes increasingly significant as a mode of power when the *governance of risk* is concerned. HIV/AIDS is currently one of the greatest health risks in African societies, and it appears to be less governable than any other. Under such circumstances, political discourse typically shifts towards liberal concepts of individual moral responsibility or "*responsibilized citizenship*" (Robins 2004). However, research findings suggest that such new models of moral responsibility cannot be construed as direct outcomes of governmental risk policies and political discourse. They are rather being fuelled by a whole variety of non-governmental organizational practices so that from the perspective of HIV-positive individuals and AIDS-activists, moral responsibility appears rather as a form of self-empowerment or "*governance from below*" than as a 'habitus' designed and enacted by public health discourse (Nguyen 2004).

5. Some conclusions

Among social scientists, the struggle against HIV has often been portrayed as some sort of playground for Western science, which is bound to thoroughly restructure the life-worlds of Africans according to the principles of scientific rationality. Contrary to that I would argue that moral conflicts about policy interventions are actually indigenous to any developing country and that they reflect the ambivalent nature of the process of modernization. Controversies about the impact of Foreign aid replicate these pre-existing conflicts between the forces of technological modernity and moral orders. However, foreign aid certainly does have the

potential to accelerate social change in fields such as health care, medicine or sexuality. In this context, moral conflicts as outlined above, can be interpreted as processes of collective negotiations in the course of which the impact of governmental action is mitigated and modified. Thus, moral conflicts are inevitable by-products of social change and should be seen as mechanisms of active adaptation.

Furthermore, I have argued that under specific circumstances moral values not only inform the cultural perspectives of people in their life-worlds, but that morality becomes a tool of power. In the case of HIV/AIDS it remains to be investigated to what extent political responses to the pandemic and the moral conflicts over them lead to the establishment of new models of moral responsibility and to what extent we can possibly observe trends of convergence in the global production of risk-reducing lifestyles.

The case of PEPFAR has served as an example for showing that strategies of modernization, development or the management of crisis are not exclusively based on principles of scientific rationality, or to put it differently: that political rationality is not reducible to scientific rationality.

References:

Baylies, Carolyn/Bujra, Janet: Social science research on AIDS in Africa: questions of content, methodology and ethics. In: *Review of African political economy* 73: 380-388, 1997

Campbell, Catherine: *Letting them die: Why AIDS prevention programmes fail*, Oxford, 2003

Gerhards, Jürgen; Schmidt, Bernd: *Intime Kommunikation. Eine empirische Studie über Wege der Annäherung und Hindernisse für „safer sex“*; Schriftenreihe des Bundesministeriums für Gesundheit Bd. 11, Baden–Baden, 1992

Gronemeyer, Reimer: *So stirbt man an AIDS in Afrika. Warum westliche Gesundheitskonzepte im südlichen Afrika scheitern*. Frankfurt am Main, 2002

Habermas, Jürgen: Theorie des kommunikativen Handelns, Frankfurt a. M.; 1982

Habermas, Jürgen: Nachmetaphysisches Denken, Frankfurt a. M., 1992

Heald, Suzette: An absence of anthropology: critical reflections on anthropology and AIDS policy and practice in Africa, in: Ellison, George; Parker, Melissa; Campbell, Catherine (eds.): Learning from HIV and AIDS. A Biosocial Approach, 210-237, 2003

James, Deborah: "To Take the Information to the People": Life Skills and HIV/AIDS Peer Educators in the Durban Area, in: African Studies, 61, 1, 169-191, 2002

Kalipeni, Ezekiel/Craddock, Susan/Oppong, Joseph/Ghosh, Jayati (eds.): HIV/ AIDS in Africa. Oxford, 2003

LoveLife: Hot prospects, cold facts: portrait of young South Africa. LoveLife in conjunction with Sunday Times, 2000

Luhmann, Niklas: Soziale Systeme. Grundriß einer allgemeinen Theorie, Frankfurt a. M., 1984

Mattes, Robert/Manning Ryann: The impact of HIV/AIDS and democracy in southern Africa: What do we know, what need to know, and why? CSSR Working Paper 34, Cape Town, 2003

Nguyen, Vinh-Kim: Antiretroviral Globalism, Biopolitics, and Therapeutic Citizenship, in: Ong, A./Collier, S. (eds.): Global Assemblages: Technology, Politics, and Ethics as Anthropological Problems, 124-144, Oxford, 2005

Parker, Richard: Sexuality, culture, and power in HIV/AIDS research. In: Annual review of Anthropology 30: 163-179, 2003

Parsons, Talcott: Social Systems [the major exposition of the author's conceptual scheme for the analysis of the dynamics of the social system], New York, 1951

Posel, Deborah: Die Kontroverse um HIV/AIDS in Südafrika. Zur Politisierung von Sexualität nach der Apartheid; in: Peripherie. Zeitschrift für Politik und Ökonomie in der Dritten Welt, Nr. 93/94, 24. Jg., 8–41, 2004

Robins, Steven: Rights passages from “near death” to “new life”: AIDS activism and treatment testimonies in South Africa, IDS working paper 251, Brighton, 2005

Robins, Steven: AIDS, science and citizenship after apartheid, in: Leach, Melissa/Scoones, Ian/Wynne, Brian (eds.): Science and citizens. Globalization and the challenges of engagement, London and New York, 113-128, 2005

Schoepf, Brooke G.: International AIDS research in Anthropology: taking a critical perspective on the crisis. In: Annual review of anthropology 30: 335-361, 2001

Helen Schneider: On the fault line: the politics of AIDS policy in contemporary South Africa, in: African Studies, 61, 1, 2002

Sobo, Elisa J.: Editorial. Cultural models and HIV/AIDS: new anthropological views. In: Anthropology and Medicine 6(1): 5-12, 1999

Stillwaggon, Eileen: Racial Metaphors: Interpreting Sex and AIDS in Africa; in: Development and Change, 34. Jg., H. 5, 809–832, 2003

Treichler, Paula: AIDS, Homophobia, and Biomedical Discourse: An Epidemic of Signification, in: Cultural Studies 1, no. 3, 263-305, 1988

Treichler, Paula A.: How to have theory in an epidemic: cultural chronicles of AIDS (Duke University Press), 1999

Varga, C.A.: Sexual decision making and negotiation in the midst of AIDS: youth in KwaZulu/Natal. In: Health Transition Review 7(suppl.3): 45-67, 1997