

BOOK REVIEW

A DIFFERENT KIND OF AIDS: FOLK AND LAY THEORIES IN SOUTH AFRICAN TOWNSHIPS



David Dickinson, *A different kind of Aids: Folk and lay theories in South African townships*. Auckland Park: Fanele, 2014. ISBN 978-1-920196-98-1 (paperback), xxvii+377 pages

There are a lot of contestations in South Africa when it comes to giving meaning to the HIV/AIDS pandemic. David Dickinson's book puts at the centre of enquiry the struggles over explaining HIV/AIDS in one of the most affected areas in South Africa — the townships. Despite close to 30 years of HIV/AIDS education, alternative and non-scientific explanations of HIV/AIDS are still prevalent in the townships. The book aims at examining how to think about such explanations and the various ways in which township residents make sense of the disease. Using the cases of Bafana, Grace, Neo and Paleka, who reside in the townships of Gauteng, Mpumalanga and Free State provinces, enables the author to enter into the daily lives of ordinary people in order to understand why such theories exist, and are always circulating in townships. Being attentive to grass roots constructions of alternative theories is an exercise in appreciating the various ways ordinary people make sense of their world. At the same time, it is a critique of biomedical explanations of the causes of HIV/AIDS which in most cases are an imposition from the above. The author argues that township residents, "have creatively crafted and woven various accounts of AIDS that draw on diverse resources. This plasticity of explanation is important and we must grasp what underlies the hydra of AIDS belief in the *kasi* (township)" (p. xxvi).

The book is divided into three parts. The first part, "Alternative explanations of AIDS", explores a mosaic of explanations and beliefs about HIV/AIDS. It must be noted that South Africa has a plural health system; the professionals explain the HIV/AIDS pandemic via biomedical lenses. However, other theories, such as folk theories, consist of explanations that are beyond the

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biomedical explanations (p. 34). Dickinson identifies at least three theories that are central in explaining HIV/AIDS in townships. These are racism and authority, traditional beliefs, and Christian beliefs. The above are an addition to what are called lay or popular theories of HIV/AIDS. Such explanations, “are constructed from individual experience, passed-on explanations, and self-made theories that are rooted systematically in wider systems of knowledge” (p. 12). According to Dickson, explanations that challenge biomedical explanations will continue to be present and popular due to the incapability of scientific theories to successfully deal with health burdens (p. 22).

Dickinson is keen to remind readers that they should not dismiss HIV/AIDS myths circulating in townships as irrational. The myths are sound explanations for many whose everyday experiences have been shaped by their makeshift existence in townships. Thus, Dickinson persuasively argues that, “AIDS myths are neither simple or are they produce out of thin air” (p. 50). Rather, “they draw of different, if not always discrete or compatible bodies of knowledge that produce the underlying core ideas to which AIDS myths are linked” (p. 50). The significance of appreciating the plurality of theories means that individuals can shift allegiance to another explanation.

The second part of the book, “Constructing AIDS in the Kasi”, is an ethnographic study of life in the townships — a space which Dickinson describes as, “a world saturated with death” (p. 192). Using the cases of four individuals, Dickinson untangles how township folk makes sense of their struggle against HIV/AIDS and the multiple ways in which individual responses have been shaped by township experiences. The case of Bafana, who is HIV positive is emblematical. His views on his condition are shaped by his experiences in the township. Bafana’s conditions also affect those close to him. Thus, Dickinson also brings to the fore the experiences of close friends and relatives — who are part of the regimes of care. As the story of Bafana’s sister, Paseka Radebe, shows, those close to people suffering from HIV/AIDS are also part of the story of loss. While this loss has always existed in the township, it, nevertheless, has played an important part in shaping how people have responded to HIV/AIDS.

The story of Grace Dhlamini brings in a different dimension to experiences with HIV/AIDS. Grace, like Bafana, is HIV positive. In addition, Grace openly discussed her status at the local clinic where she is a counsellor. Though she has embraced her condition, her responses are equally complicated like Bafana’s. Grace relies more on allopathic medicine than Bafana. But she also struggled with the shortcomings and limitations of the very health system she thinks is the most effective (p. 242). Neo Pakwe’s experiences with HIV/AIDS are grounded within her Christianity. For her, HIV/AIDS and her sin are one and the same (p. 244). Dickinson reminds us not to dismiss Neo’s interpretations of her condition. Rather, we must engage with her understanding. Indeed, her interpretations, like in other cases, are framed by the material deprivation and uncertainty of life in townships.

The third part of the book, "Denial above, dissent below", analyses responses to the HIV/AIDS pandemic from above and below. Dickinson notes that the Great Aids Debate — which includes Mbeki's denialism and the Truth and Action Campaign — is part of an elite response to the condition. Such responses from the elites usually relegate ordinary people's perception of the disease to the fringes of the debate. As Dickinson demonstrates, township residents were not passive recipients of AIDS explanations from above. They demonstrated agency by constructing their own concepts which are rooted in their township experiences. The existence of alternative theories constructed from below suggests that, "an effective response will have to work with alternative frames that are not seen as strange but perfectly sound accounts" (p. 206). In order to do so, there is a need to respect such explanations.

A Different Kind of Aids brings out a rich ethnographically grounded account of the responses to HIV/AIDS in South Africa's townships. One of the book's strengths lies in its ability to bring to the fore agency from below. Dickinson does a superb job in showing the agency of township residents in constructing alternative theories of HIV/AIDS. These explanations, as Dickson points out, arise out of the experiences with poverty in the townships, and they are at times at odds with explanations from above. Thus, the struggle over explaining AIDS reflects the pervasive social and economic gaps in South African society.

An easy read and engaging book, Dickinson's work is also strong in making scholars appreciate ethnography as an important methodological tool. This is done through the entire book as the author critically engages himself in the everyday life of the township. Going through the book, one gets a vivid picture of the complex life in the townships and, as noted above, how such experiences shape township residents' conceptions of HIV/AIDS.

An issue that could have been analysed further revolves around the historical antecedents in responses to diseases in townships. True, Dickinson alludes to how township responses to HIV/AIDs were formed before HIV/AIDS added its toll and how they informed adaptations to new experiences (p. 192). However, more could have been done by providing clear cut examples of how Africans have responded to past epidemics, such as the influenza epidemic or industrial diseases, such as tuberculosis, or conditions such as malnutrition. This will give a more nuanced appreciation of how responses to past epidemics informed present ones.

Another area that could have been further examined is how township residents tapped into their cultural repertoires to come to terms with their new condition. This, the author could have done by, *inter alia*, an analysis on the innovative use of language. An inquiry of the metaphors, slangs and euphemism used to describe HIV/AIDS in townships would have further enhanced the numerous ways in which township residents construct their understanding of HIV/AIDS. On the whole, this is a welcome contribution to the literature on HIV/

AIDS in South Africa. Dickinson does well in persuading us to stop dismissing alternative theories of HIV/AIDS which circulate within South Africa's townships. Rather than dismissing them, we must respectfully engage them. A sympathetic engagement with folk and lay theories will help in bringing more effective changes to the HIV/AIDS problems in South African townships.