

Karen M. Booth: *Local Women, Global Science: Fighting AIDS in Kenya*. Indiana University Press, Bloomington. 2004. 204p.

So much academic work about HIV/AIDS in Africa focuses on or uses the epidemiological evidence born of internationally funded, large research studies. Epidemiologists have spent the past two decades conducting a variety of studies across sub-Saharan Africa. Whether the subjects of these studies are young pregnant women, miners, commercial sex workers, men who attended STD clinics or youth, and whether the locations are urban Uganda, rural Zaire, or semi-urban Cameroon, these studies provide scholars of all disciplines empirical evidence from which to base their theories about how HIV is spread. The implications of these studies have great impact on research as well as policies for HIV intervention. Donors use these studies to target their funding for HIV programs, and political leaders take advice from the renowned scientists conducting these studies to inform HIV intervention strategies. But what if these research studies failed to consider a fundamental factor in the spread of HIV/AIDS? Would the policy outcomes therefore be flawed in the fight against AIDS?

Karen Booth takes a critical look at HIV/AIDS research and intervention in her book *Local Women, Global Science: Fighting AIDS in Kenya*. Booth conducted an ethnographic study of nurses from two clinics for sexually transmitted diseases in Nairobi. She did her research in the early 1990s while studying an internationally funded and nationally approved HIV/AIDS research and development project. Booth argues that HIV/AIDS interventions should go

beyond current strategies and take into account the role of gender and sexuality in the spread of HIV. *Local Women, Global Science* concludes with the question of whether interventions could be more effective if decision makers considered the importance of gender and sexual power structures.

Booth makes a serious contribution to the academic work on HIV in that she presents a social science perspective, which is an under-represented viewpoint in the vast literature on HIV. With respect to social science, Booth's work contributes to the scholarly work on HIV in three ways: a political-historical analysis of health and sexuality in Kenya, an analysis of the role of gender, and the analysis of the impacts of the "global" on the "local." Booth presents a careful description of the colonial history of Nairobi and the role of colonialism in gender segregation. Booth also narrates the history of reproductive and sexual health in Nairobi—from a 1959 report of a World Health Organization (WHO) technical officer specializing in venereal diseases to the establishment of the international research project at Casino (a venereal diseases clinic) in 1983, and through the early 1990s when she conducted her fieldwork at Casino.

Beyond her analysis of gender in her historical account of Kenya, Booth also writes about gender relations as seen through the lens of the Kenyan nurses she interviewed. She interprets the Casino clinic staff's segregation of patients by gender and the segregation of female patients based on their sexual partner(s) both figuratively and literally. Booth also contributes to the literature on globalization with a rather extensive description of the behind-the-scenes politicking at the WHO in her chapter about AIDS policy in Kenya. A thorough political history of why Kenya lacked

a comprehensive AIDS strategy is preceded by a lengthy discussion of the WHO's African AIDS paradigm and subsequent strategy to fight the AIDS epidemic. She furthers her globalization-framed analysis with her characterization of the great dichotomy between the internationally funded research side of the clinic from the vastly under-resourced clinical side.

Perhaps an even more important contribution Booth makes to the HIV literature lies beyond the social science perspective. Though the spirit of her work is grounded in historical analysis and contemporary gender studies, her findings present a formidable challenge to the epidemiological research on HIV in Kenya. Booth spends a chapter critically analyzing the literature produced out of the efforts of an influential international research team. The Nairobi STD/AIDS research group, with which she was loosely affiliated, is responsible for nearly 40 percent of all English-language articles on HIV in Kenya and more than two-thirds of all articles published on HIV or STDs in Kenyan women since the HIV epidemic began (Booth 2004: 79). In *Local Women, Global Science*, Booth questions how well the "high-frequency transmitter model" used by the Nairobi STD/AIDS research group fits the data collected by the researchers. Though the researchers had focused on high-frequency transmitters (most notably commercial sex workers from the Pumwani district), only 10 percent of the infections among the male patients seen at Casino can be traced back to prostitutes working in the areas studied by the research group—an apparent geographical clustering of infection (Booth 2004: 95).

One shortcoming in *Local Women, Global Science* is perhaps an overlooked philosophical contradiction. Booth alludes to a lost opportunity to consider gender and sexual

relations with the resignation of Jonathan Mann, the former director of the WHO's Global Programme on AIDS. Though many agree that the loss of Mann negatively affected HIV intervention, Booth's focus on one man, himself an agent of the "global," weakens the foundation of her call to challenge male power and dominance in the fight against AIDS.

Overall, *Local Women, Global Science* is a solid piece of work on HIV/AIDS in Kenya. Booth's narration of the history of disease in Kenya, her critical assessment of HIV/AIDS research in Kenya, and her theory bridging arguments from studies of both gender and disease are informative and refreshing in a still nascent literature.

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