

Rijk Van Dijk, Hansjörg Dilger, Marian Burchardt, and Thera Rasing, *Religion and AIDS Treatment in Africa: Saving Souls, Prolonging Lives* (Burlington, VT: Ashgate, 2014). pp. 303 + xiii.

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In *Religion and AIDS Treatment in Africa*, editors Rijk Van Dijk, Hansjörg Dilger, Marian Burchardt, and Thera Rasing critically examine the relationship between religion and HIV/AIDS, arguing that new religious spaces are emerging as religion shapes how anti-retroviral treatment (ART) is implemented in sub-Saharan Africa. With an eye to reaching both social scientists and theologians, this edited volume takes a comparative and ethnographic approach towards a variety of religions and traditions to “draw attention to the specific social, cultural and political configurations emerging at the intersection of religion and HIV/AIDS.”¹ The editors have clearly made an attempt at geographic diversity, with six countries from various regions of the continent being discussed: Tanzania, South Africa, Zambia, Nigeria, Ghana, and Uganda.

Felicitas Becker’s case study in the first chapter depicts Muslim civil society’s engagement with AIDS funding in Tanzania. Drawing on James Ferguson’s “styles,” she demonstrates how they developed a style “intended to provide them with credibility both in interaction with donor agencies and with fellow Muslims.”² Marian Burchardt’s contribution to this edited volume uses three individual cases from Cape Town to exemplify various “cultural worlds offering distinct symbolic and material resources to HIV-positive people to allow them to construct a therapeutic habitus.”³ Bjarke Oxlund’s particularly strong chapter examines the role of the Zionist Christian Church (ZCC) in shaping views of and responses to HIV/AIDS at the University of Limpopo’s Turfloop campus in South Africa. He explores how an HIV-positive HIV/AIDS counselor and health promoter at the university navigated the contradiction between his university role that involved referring students for ART and his personal faith and membership in the ZCC that led him to abstain from it.

Anthony Simpson’s chapter examines the perceived risks of testing and disclosure among a group of self-identified Catholic men in Zambia, as well as the behaviors and perceptions of Catholic priests in that country in relation to HIV/AIDS. In the following chapter, Jack Ume Tocco examines views of both

biomedicine and Islamic prophetic healing in northern Nigeria. He relays the views of practitioners from both approaches, as well as those of individuals in HIV support groups. Benjamin Kobina Kwansa discusses informants' responses following HIV tests in Ghana, arguing that the ambiguous wording ("worms in the blood") with which the test results are frequently communicated can lead patients to seek out "spiritual therapy" as a response to a presumed spiritual cause.⁴ Unlike other chapters in the volume that are primarily focused on either Christianity or Islam, Kwansa uses the term "spiritual" without a specific religious affiliation to reflect that spirituality does not necessitate religiosity.

Dominik Mattes analyzes responses to an alleged cure for AIDS in Samunge, Tanzania in his contribution to this volume. Mattes first explores this "magic cup" phenomenon from its rise to prominence in March 2011 to its decline a few months later, then discusses the experiences of two patients in negotiating their use of ART and the "magic cup." Amy S. Patterson provides an ambitious and thorough comparative analysis of church mobilization on HIV/AIDS in Ghana and Zambia in the following chapter. Patterson discusses key differences between the church's mobilizations with explanations based on differences at the societal, state, and international levels of analysis. A.M.J. Leusenkamp examines the role of religious institutions in governance related to ART in Chapter 9, focusing on the case of the Catholic Church's significant role vis-a-vis the District Medical Officer in Uganda's western Kabarole district.

Louise Mubanda Rasmussen examines how the Kamwokya Christian Caring Community (KCCC) in Kampala, Uganda has had shifting views of holistic care as a response to the expansion of ART. Rasmussen effectively elucidates the dilemmas that arise as the organization shifts from a spiritual focus that prompts material provision to one that focuses on counseling and psycho-social support (rather than material support) within the context of donors' demands for sustainability. Caroline Meier zu Biesen's chapter examines responses to a Tanzanian HIV self-help group's use of a tea made from *Artemisia*, a Chinese medicinal plant. Biesen describes how members of this church-affiliated group understand and construct this natural treatment's efficacy, as well as how its promotion has gained increased acceptance by the local biomedical community.

Among the book's strengths is the consistent use of ethnographic methods. Though the amount of theorizing in each chapter varies given the authors' differing disciplines, the common methodological strand enhances the volume's approachability. Similar findings across the case studies also make for an effective balance of universality and particularity. For example, both Oxlund and Simpson identify a fear of HIV/AIDS testing linked to hopelessness and health; some fear to be tested lest they find they are HIV-positive, lose hope, and consequently die sooner than they might have otherwise. Another recurring thread throughout the volume is the concurrent search for and use of biomedical and religious therapies. Such similarities help alleviate some concerns of the case studies' generalizability, a common issue with ethnographic research.

Though geographically diverse, it is unfortunate that the case studies are exclusively former British colonies, given that colonial policies could have lingering effects on public health and/or religious institutions. The volume would have benefited from the inclusion of additional case studies from countries with different colonial histories but comparable infection rates, like Mozambique, Gabon, Chad, or the Central African Republic. Despite this weakness, *Religion and AIDS Treatment in Africa* succeeds as both a rigorous and readable treatment of an important topic, offering something of value to social scientists and theologians alike.

Notes

¹ Rijk Van Dijk, Hansjörg Dilger, Marian Burchardt, and Thera Rasing, *Religion and AIDS Treatment in Africa: Saving Souls, Prolonging Lives* (Burlington, VT: Ashgate, 2014), 2.

² *Ibid.*, 38. Also, James Ferguson, *Expectations of Modernity: Myths and Meanings of Urban Life on the Zambian Copperbelt* (Berkeley, CA: University of California Press, 1999).

³ *Ibid.*, 68.

⁴ *Ibid.*, 148-149.