INTRODUCTION

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Anthropological Contributions to AIDS Research

More than 115,000 cases of AIDS have been reported to the Centers for Disease, Control, and by 1991 300,000 cases are expected to occur in this country alone. Professionals representing a wide range of disciplines are examining the biological, epidemiological, and sociocultural aspects of the disease and there is unanimous agreement in the scientific and professional community today that, in the absence of a vaccine or a cure, reduction of risk behavior remains the strongest deterrent against further spread of the disease.

Anthropologists have the opportunity to make a unique contribution to these preventive efforts. Our theoretical training and methodological skills provide us with interpretive frames and analytical tools for careful observation and examination of human behavior in natural settings. Ethnographic, meaning-centered studies can facilitate a deeper understanding of risky and preventive behavior in the context of human relationships.

Anthropologists, however, have been somewhat slow to respond to the AIDS crisis, and publications concerning AIDS in the anthropological literature remain limited. In a 1986 issue of the old series of the Medical Anthropology Quarterly, Michael Gorman introduced six brief commentaries by AIDS investigators, many of them programmatic statements. Concurrently, Douglas Feldman and Thomas M. Johnson (1986) edited a collection of 15 papers in their volume, The Social Dimension of AIDS. Last year Medical Anthropology published a special issue entitled The AIDS Pandemic: A Global Emergency, and additional articles have appeared recently in other anthropological publications (e.g., Feldman 1985; Herdt 1987; Parker 1987). Anthropologists have also begun contributing to epidemiological research on HIV (e.g., Feldman, Friedman, and Des Jarlais 1987; Gorman 1986; Stall, Coates, and Hoff 1988; Stall et al. 1986), and a growing number (e.g., Bolognone and Johnson 1986; Clatts and Mutchler 1989; Farmer and Kleinman 1988; McCombie 1986) have joined other social scientists and humanists exploring the cultural construction of AIDS and its metaphors.

The general reluctance of anthropologists to participate actively in the national and international dialogue surrounding the AIDS epidemic appears to be
changing. Since 1982, the number of symposia on AIDS-related issues at anthropological meetings has increased exponentially. The AIDS and Anthropology Research Group was organized in 1986 and became an affiliate of the Society for Medical Anthropology in 1987. The American Anthropological Association Task Force on AIDS was initiated in 1987 and formally appointed in 1988.

In editing this volume of the Medical Anthropology Quarterly, we note two directions that our fellow contributors have taken in studying AIDS: first, gathering empirical data on behavior and attitudes that place certain people at increased risk for AIDS (e.g., Page et al.’s article on IV drug users in Miami or Singer et al.’s literature review on Latinos in the United States) and second, research on the meaning of AIDS within particular cultural contexts (e.g., the articles on Botswana and Haiti by Ingstad and Farmer respectively, as well as Marshall et al.’s on the doctor-patient relationship in the United States).

As editors, we also take this opportunity to propose some recommendations for future research. First, we believe that anthropologists should consider the following issues before jumping into the fray of grant writing and new research. What questions regarding AIDS-related behaviors deserve our attention most? Where do our greatest strengths in addressing these questions lie? In other words, we need to decide where and how best to focus our energy.

Sexual contact is the most common route of HIV transmission. There is a definite need for further investigation of heterosexual and homosexual practices and the cultural norms that regulate sexual behavior in general. In this volume, Stall et al.’s paper on singles-bar patrons and Leonard’s paper on clients of street prostitutes both contribute to the growing literature on sexuality and the transmission of disease among rarely studied populations at risk for HIV infection. It is important to continue and expand research on such populations, including categories of people who have been found increasingly to be at risk, such as children of IV drug users, adolescents, and women.

Yet we must also avoid the trap of restricting our research to identified high-risk groups, because we are in fact all vulnerable to becoming AIDS victims. Both Stall et al.’s and Marshall et al.’s articles point to the need to study risky behaviors and fears about contracting AIDS within the general population. In the course of such research, we may help redefine the notion of “risk group” and the concept of risk itself. Although the “risk group” idea is useful, in reality all people are at relative risk as a result of particular behaviors—their own or others'. Anthropologists may find it more illuminating to focus on risky behaviors and not on categories of membership, such as homosexual versus heterosexual, male versus female, intravenous drug user versus non-intravenous drug user, etc.

More traditional ethnographic research among diverse cultural and ethnic populations is another critical arena for anthropological attention. We encourage anthropologists who have already studied societies that are particularly vulnerable to the spread of HIV to consider returning to study AIDS within that culture. Ideally, such studies would be placed in the hands of policy makers and would be planned in such a way that the results could be used in developing appropriate preventive programs.

Collaboration is often the key to a robust understanding of the factors influencing behavior surrounding the transmission of HIV and treatment for infected individuals. Four of the seven papers in this volume reflect the combined efforts
of anthropologists, health professionals, and other researchers, and anthropologists active in the field frequently publish in interdisciplinary journals (e.g., Feldman, Friedman, and Des Jarlais 1987; McCombie 1986; Stall, Coates and Hoff 1988), reinforcing a cooperative dialogue between and across disciplines. The challenge of the AIDS pandemic will be met by sustaining the impetus to increase interdisciplinary and intercultural collaboration.

In the course of putting this volume together, we contacted many anthropologists about their work in AIDS research. The papers presented here represent only a sampling of their explorations of issues surrounding the epidemic.

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