

Dangerous Words: A Moral Economy of HIV/AIDS in Swaziland

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Abstract : A fundamental premise of medical anthropology is that clinical phenomena are simultaneously cultural, political, and economic: none more so than the linked acronyms HIV/AIDS. For the medical researcher, HIV/AIDS signals an epidemiological pandemic and a pathophysiology. For persons diagnosed with an HIV-related condition, the acronym often conjures dread, too often marking and marginalizing the afflicted irretrievably. Critical medical anthropology is uniquely equipped to theorize the linkages that bind individual and social wellbeing to global structural and culture-specific phenomena. This paper reports findings from an anthropological study of HIV/AIDS in Swaziland, site of the highest HIV prevalence in the world. The project, initiated in 2005, has documented experiences of HIV/AIDS, religiosity, and treatment and care as well as drought and famine. Drawing on interviews with Swazi religious and traditional leaders about their experiences of leadership amidst worsening economic conditions, environmental degradation, and an ongoing global health crisis, the paper provides uncommon insights for global health practitioners whose singular paradigm for designing and delivering interventions is biomedically-based. In contrast, this paper details the role of local leaders in mediating extreme social suffering and resilience in ways that medical science cannot model but which radically impact how sickness is experienced and health services are delivered and accessed. Two concepts help to organize the paper's argument. First, a 'moral economy of language' is central to showing up the implicit 'technologies of knowledge' that inhere in scientific and religious discourses of HIV/AIDS; people draw upon these discourses strategically to navigate highly vulnerable conditions. Second, Paulo Freire's ethnographic focus on a culture's 'dangerous words' opens up for examination how 'sex' is dangerous for religion and 'god' is dangerous for science. The paper interrogates hegemonic and 'lived' discourses, both biomedical and religious, and contributes to an important literature on the moral economies of health, a framework of explication and, importantly, action appropriate to a wide-range of contemporary global health phenomena. The paper concludes by asserting that it is imperative that global health planners reflect upon and 'check' their hegemonic policy platforms by, one, collaborating with local authoritative agents of 'what sickness means and how it is best treated,' and, two, taking account of the structural barriers to achieving good health.

Keywords : Africa, biomedicine, HIV/AIDS, qualitative research , religion

Conference Title : ICMAGH 2019 : International Conference on Medical Anthropology and Global Health

Conference Location : Venice, Italy

Conference Dates : April 11-12, 2019