Bookreviews

James D. Faubion, ***An anthropology of ethics***. New York: Cambridge University Press, 2011. 316 pp. US$ 29.90. ISBN: 9780521181952.

'Anthropology of Ethics' is an incisive scholarly analysis that brings out a deeper anthropological understanding of ethics in our world, inspired by works of Michel Foucault. The book is a rich repository of the premises of ethics, examined from various anthropological perspectives. As such it has great potential to inspire further works in this field, which is part and parcel of the social science and other disciplines.

The book is divided into two parts: part one contains three chapters about the anthropology of ethics, and part two consists of two chapters dedicated to fieldwork on ethics. It ends with concluding remarks, some for programmatic purposes.

The introductory chapter, entitled "Precedents, parameters potentials," is an in-depth and original presentation of the premise of the book. The key reference point here is the focus on the central precedent emanating from the third volume of Foucault's History of Sexuality and, in particular, many of the interviews that he published on the subject. It offers a rich base that sets the tone and background thesis necessary for a clear understanding of the book's essence. A critical point in the introduction is a dramatic and incisive dissection of Foucault's works. This not only brings out the primary appreciation of the meanings of the book and the direction in which it is leading the reader. It also lays out the approach which Faubion adopts: "My project – like many other anthropological projects – deploys data of introspection and the data of empirical investigation dialectically …"

The second chapter blends critical analysis with thoughts from other authors in order to develop a deeper understanding of ethics that builds on Foucault's genealogy of the ethico-medical and biopolitical inscription of sexual desire. The focus here is on a vexing question: how can we formulate an ethical self by appreciating the notion of sexuality as espoused by Foucault?

Chapter three builds on the preceding chapter and further develops the idea that ethical discourse and ethical practice are intersubjective and require the services of the other. This notion, in fact, is similar to the concept of ethics and justice derived from the Greek virtue of *dikaiosune* – justness or justice. With regard to the formation of the ethical self, it relates strongly to Foucault's pronouncement that "the freedom of the subject and its relation to others" is "the very stuff of ethics". This is ethics in our day-to-day lives and in relation to others; it is based on knowing what is ethically 'just' and what is not fair.

The fourth chapter again takes the reader through an elaborate process that aims to get to the core of our being in relation to our ethical self and the general public. Called "an ethics of composure," it is well captured in the following quote: "individual human beings typically display such complexity, yet do so only after a considerable course of socialisation has taken place, only after a considerable dose of the intersubjective has already been incorporated and has already become part of the self."

The fifth chapter, named "an ethics of reckoning," is a lively narrative featuring the author himself in the process of nurturing the seeds that eventually grew into this scholarly work. Described by the author as fieldwork in ethics, it is an introspective journey that seeks to stimulate the reader's mind to reflect further on the field of ethics.

Finally, in the concluding remarks, Faubion provides intellectual insights and charts the way forward from the point where he took the reader on a journey to appreciate the ethical discovery of the self. Noting the potential merits of such an approach, he explains: "inquiring into how ethical subjects come into being as ethical subjects and what becomes of them once they do is just one apparatus among many others."

In summary, this book provides a wealth of information on, and insightfully discusses issues pertaining to, the ethics of the self from an anthropological perspective. It presents stimulating arguments and compelling insights that encourage curious minds to delve further into this area of ethics.

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Gemma C.M. Jansen, Ann Olga Koloski-Ostrow & Eric M. Moormann (eds.),
Roman toilets: Their archaeology and cultural history. Leuven: Peeters, 2011.
vii+224 pp. € 72. ISBN 978-90-429-2541-0.

Many aspects of ancient Roman daily life have been studied but toilets were largely neglected. Not surprising, perhaps, since human excretory habits were often considered an embarrassing topic for academic scrutiny, as they were in anthropology. This collection of articles intends to correct that neglect. The authors expect that archaeological observations not only reveal information about the construction and functioning of toilets but also about hygiene, attitudes towards dirt and defecation, taboos and sense of privacy. The book is richly illustrated with more than 150 coloured pictures and figures and has an elaborate index.

The study of excavations is combined with a close reading of contemporary writers to find clues for the exact functioning and use of sewers, drains and latrines. One of the most significant 'non-findings' is that archaeologists still do not know for sure how Roman citizens cleaned themselves after defecation. The 'significance' lies in the fact that writers did not think it necessary to describe this common daily practice. One explanation is, of course, its somewhat embarrassing nature but it is equally probable that such a mundane activity was taken for granted and deemed not deserving to be mentioned in Literature. Authors that were most likely to refer to toiletry practices were comedy writers and satirists such as Juvenal, Plautus and Martial.

Another question that archaeologists struggle with is whether toilet behaviour was tied up with privacy. Some well-preserved locations show multi-seat latrines which seem to suggest that a visit to the toilet was a social event but in other places the latrine is well-hidden and screened off for people passing by. Segregation of sexes in toilets also remains a matter of speculation.

More is known about the use of human waste for manure. Cesspits were emptied and the waste was sold to farmers while urine was used for purposes like dyeing and tanning.

In a chapter on toilets and health Gemma Jansen writes that Roman toilets were far from hygienic. Paintings and graffiti suggest that toilets were seen as unsafe places inhabited by demons that made people sick. Jansen concludes that Roman sanitary facilities could perhaps be compared to conditions in the present-day 'Third World'. It is the only time that a reference – however indirectly – is made to anthropology. Anthropological insights are sorely missed in this book with the promising subtitle referring to cultural history. The only reason for anthropology's absence I can think of is that ethnographic work on defecation and hygiene could hardly be found.

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Michi Knecht, Scout Burghardt, Anna F. Heinitz & Sebastian Mohr S. (eds.),
Samenbanken – Samenspender. Ethnographische und historische Perspektiven auf Männlichkeiten in der Reproduktionsmedizin. Berlin: Lit Verlag, 2011. 202 pp.
€ 19,90. ISBN 978-3643106223.

Based on a student research project at the Humboldt University of Berlin, this special issue assembles seven articles that explore the original topic of sperm banks and sperm donors. In the introduction, *Michi Knecht* ties together the articles' different perspectives, emphasizing the importance of sperm banks for European anthropology: within the daily routines at these sites cultural patterns can be discovered that are constitutive for the social texture of societal presence and history.

Focusing on normalization, commoditization and reciprocity, *Knecht* first introduces theoretical approaches developed through ethnographical research in the field of reproductive technologies and then turns to sperm donors, the economies and history of sperm banks and masculinity, all under-researched topics. Due to limited resources and the paucity of semen donors willing to talk about their experiences *Knecht* notes that the fieldwork for this student project was more of an explorative nature. However, this shortness of primary data stands in contrast with the variety of theoretical, historical, social insights and conclusions drawn from existing literature which – in most cases – are nicely combined with own insights.

The first article from *Anna Frederike Heinitz and Rickmer Roscher* gives a sound overview of experiments for sperm cryopreservation and the formula of a spermiogram developed during the German Nazi regime. The authors connect these topics with knowledge transfer between veterinary and human medicine and the fascist elimination and racial improvement policy in order to show how cultural imaginations of masculinity shape, and are shaped by, medical knowledge production.

In an entertaining way, *Kristina Schneider* explores representations and fictions of sperm donors in TV productions. While sperm donors usually play a marginal role, in one US soap they occupy a central role. Here several types and characters of sperm donors are enacted though, ultimately, dominant notions of hetero-normative masculinity and conservative perceptions of the family are reproduced.

This contribution about fictitious donors connects nicely with the following by *Baumeister-Frenzel, Michi Knecht, Markus Langenstraß and Matthias Schöbe* which is based on ethnographic talks with actual sperm donors in Berlin. Taking masculinity as constantly negotiated and patterned, the authors focus on the question how sperm banks co-produce male subjectivities and how this process is experienced by the respondents. In a methodological paragraph, the authors describe their difficulties in finding sperm donors willing to participate in the study. Ultimately, they recruited nine donors, and developed ethnographic portraits of five of them. Examining these portraits with regard to perceptions of masculinity and forms of social relations between donors and the prospective child, the authors call for further research on the influence of biographical processes on donors' experiences. Moreover, they suggest to explore the various impacts of anonymity on involved actors and to study the ways in which donation of blood or semen might increase the willingness by donors from different socio-economic backgrounds to give other tissues (e.g., cells).

Drawing on ethnographic interviews with lesbian couples *Anna Hartung, Sebastian Mohr and Sylvi Paulick's* contribution centres on ideas of masculinity as normative aspects, and on the influence of these ideas on negotiations in the context of lesbian family planning. After discussing heterosexual normativity, the authors describe perspectives of three lesbian couples which chose different modes of sperm donation, medicalised (using a sperm bank) and de-medicalised (using sperm from an informal donor). In the conclusion, the authors describe social barriers that lesbian couples face to becoming a family as well as strategies to overcoming such barriers. Moreover, they show that from the perspectives of lesbian couples, masculinity plays a double role: chosen men are expected to contribute desirable characteristics (strength for example) to the prospective child; through their social relationship with the child, they are anticipated to convey masculine behaviour to the child, thus complementing the lesbian parent-child-relation.

In the next contribution *Scout Burghardt and Kerstin Tote* look at recruitment strategies of sperm banks. They show how sperm quality and social competences are important selection criteria for donors, whereas decisions about allocating sperm to couples mainly follow criteria centring on resemblance with the husband of the couple. In their conclusion the authors summarize how logics of risk prevention, normalisation, congruence and market aspects structure practices in sperm banks.

Subsequently, *Michi Knecht* provides reflections on the production of societal values in a sperm bank. Referring to paradigms developed within the field of reproductive technologies, the author links theoretical thoughts on the commoditisation and bioeconomisation of male gametes with sperm processing procedures by sperm banks.

In the last contribution, *Sebastian Mohr* takes the readers on a funnily written guided tour through Europe's largest sperm bank that provides *Viking sperm* to the world. The author follows the different steps of the production of medicalised sperm while highlighting some notions with personal reflections.

Although the edited volume assembles contributions varying in length and style, all of them are interesting to read and present different spotlights on the processes and practices around donating and receiving sperm.

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Abdelwahed Mekki-Berrada (ed.), ***L'Islam en anthropologie de la santé mentale. Théorie, ethnographie et clinique d'un regard alternatif.*** Berlin: Lit Verlag, 2010. 200 pp. € 29.90. ISBN 978-3-643-80052-7.

This publication investigates the connections between Islam, transcultural psychiatry and the anthropology of mental health. As Western psychiatry is increasingly confronted with patients and families with a Muslim background, this is an important book, politically, socially as well as clinically. In targeting this subject, it fills a gap in the current transcultural and intercultural literature.

The book addresses practical as well as fundamental questions. What is mental health, what are the underlying assumptions to this question and what are the practices concerned? Islam and Western psychiatry are both subject to these questions as they both hermeneutically interpret signs that are supposed to manifest reality. Migration, immigration, and globalization are rapidly changing the world and peoples' lives. On a very practical level this means that more and more people have to deal with mixed heritage and belonging, an important part of which might involve balancing Western and Islamic values.

Abdelwahed Mekki-Berrada, the editor, is professor of medical anthropology in Canada and the US and involved in research in Canada, India, and Africa. He opens with a discussion considering the possibilities of medical anthropology in Muslim countries. He illustrates this possibility through a thorough discussion of the epistemological basis of traditional and folk medicine in Muslim countries. A central concept is *Baraka*, the godly and life-giving force inherent in creation that inspires contemplation. This force is unevenly distributed over persons, places, and other manifestations of creation and can be tapped in direct ways to cure and heal human and familial suffering. This concept resonates with (neo) Platonic thinking and, as I understand it, with the work of Spinoza. A second theme is the humoral theory of e.g. Hippocrates and Galenus, still influential in Western psychiatry through concepts like melancholia and temperament. The 'Prophet's medicine,' the third strand, is based on *hadith*, the collected sayings ascribed to Muhammad, the Quran, and mixes of ancient customs.

Islamic thinking about mental health abounded in the Islamic 'Golden Age' with the work of Abû Hamid al-Ghazâli (1058-1111). Karim Ben Driss, a scholar of religion, gives an exposé of the search for spiritual healing that was further developed by Sufism.

Next, Ghita El Khayat, a French-trained psychiatrist, psychoanalyst and anthropologist, investigates the cultural barriers surrounding the application of psychoanalytical thinking in Morocco. She points to the sociopolitical impossibility of the striving for personal emotional liberty and various practical difficulties, e.g. the lack of trained psychoanalysts and health insurance. Psychoanalysis, of course, is concerned with character formation and, as such, with the psychosocial development of children. El Khayat gives a clear and informed warning against the uncritical and naïve application in transcultural psychiatry of folk ways and traditions surrounding the birth and the upbringing of children. As the latest insights of Western psychiatry confirm, child development is the key to adult psychopathology. El Khayat details the lack of attention for children's development and developmental psychopathology in developing countries. This gap must be addressed since most future inhabitants of the world originate from these countries.

Taleb Ferradji, a coworker of Marie-Rose Moreau at the centre for transcultural child and adolescent psychiatry Avicenne, Bobigny, also combines anthropology and child and adolescent psychiatry. Francophone transcultural psychiatry is well-known for its anthropological focus on the transgenerational effects of migration. Ferradji shows the strength of this approach in discussing the immigrant descent, culture and psychopathology of young Muslims in France. The result is a fine tuned, multi-layered psychology which is very inspiring and practically and clinically useful.

The work of Cécile Rousseau forms the best known and most important link between the French and the North American traditions in transcultural child and adolescent psychiatry. With her coworkers Ghayda Hassan, Nicolas Moreau and Uzma Jamil, she qualitatively and quantitatively investigated the impact of 9-11 2001 on Muslim families in Quebec, Canada and Karachi, Pakistan. As has recently become evident, stress and social exclusion can lead to severe psychopathology (cf. Van Os et al. 2010: The environment and schizophrenia. *Nature* 468: 203-212). The study provides clear evidence of the negative effects of sociopolitical stress on families and individuals. Among many other things, the study shows that under sociopolitical stress religion turns from a protective shield into a risk factor.

The last chapter of the book investigates the role of Islam in relation to mental health in a totally different setting: the slums of Mumbai, the fast growing Indian metropolis. This chapter, the sole English-language text, resulted from a collaborative project between India (IIPS, Mumbai) and the US-based Connecticut School of Medicine. The chapter investigates the impact of religiosity on empowerment and emotional health among poor Indian Muslim women living in slums. The study struck me as an example of excellent transcultural research, combining qualitative and quantitative methods in a culturally sensitive way.

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Oppong, C., P. Antwi & K. Waerness (eds.), ***Care of the seriously sick and dying: Perspectives from Ghana.*** Bergen: BIC, 2009. 303 pp. ISBN 827-4-53078-0.

The HIV pandemic in various Sub-Saharan African countries has intensified the need to understand the caring capacities of households and kin when it comes to the seriously sick and the dying. The edited volume at hand offers a valuable contribution to this burgeoning field of study through a compilation of essays by health professionals, religious practitioners, lawyers and social scientists on how the seriously sick and the dying are being cared for in Ghana. This compelling undertaking aims to understand and solve the problems arising in palliative public and private care in Ghana, and addresses a social, moral and political concern of increasing global relevance.

Terminal disease represents a specific form of suffering, requiring specific forms of care as the patient will not be cured but will die during the course of patient care (Owusu). The nature of suffering at the end of life raises questions about the value of life. In Ghana, palliative care, as indeed health care in general, is the responsibility of people who are close to the dying person. These are mostly children, parents or spouses. This is particularly problematic since, according to Ghanaian constitutional law, close family members are obliged to provide care (both physically and financially). The Ghanaian welfare system, however, does not provide sufficient health facilities and assistance for the seriously sick and the dying, which creates an ethical dilemma in resource poor settings (Manuh & Quashigah). This is compounded by the fact that caring for the dying is seen as charity, something to be done by individuals who feel called upon to do the work of care, whilst death is viewed as the responsibility of the extended family.

The research essays in the volume offer insights into various contradictions and ambivalences concerning care for the seriously sick: One is the role of religion. Sarpong, for instance, notes that Christianity calls for altruistic care for the needy and supports ethics of care, while the notion of ailments resulting from having sinned or broken taboos in Christian and other local cosmologies might be an impediment to care in individual cases. From a religious studies perspective Akrong shows that on the one hand, faith-healing churches represent hope to many individuals whose ailment cannot be cured by modern medicine. Yet on the other hand these churches do not have a concept for ‘terminal illness’ and even ban corpses from churches, as they are believed to attract evil spirits. Kin relations constitute another form of ambivalence. Antwi and Atobrah (studying HIV/AIDS and cancer in Accra), Badasu (focusing on seriously sick children) and Sackey (exploring family networks and care in

Cape Town and Accra) describe a great variety of care-relationships possible within kin networks in their studies in Accra and Cape Town. Care varies from altruism to negligence depending on the relationship between the caretaker and the patient, as well as on the caretaker's moral and religious position. These ambivalences pervading the domain of care not only reflect contradictions in modern societies; they are also rooted in the significant cultural and religious diversity of contemporary Ghana, a diversity dating to the beginning of the 20th century and fuelled by missions, colonialism, migration and the interconnected global market.

The last two research chapters (Nanbigue & Baataar; Van der Geest) offer fresh analytical perspectives on evaluating the quality of life by asking how 'good' and 'bad death' are conceptualised by Ghanaians and by social scientists. Comparing Ghanaian and Dutch experiences with the process of dying, Van der Geest shows how the need for euthanasia arises in a context wherein biomedical interventions can extend life well beyond the point some people deem life worth living. This situation creates the need for voluntary termination of life in order to achieve a 'good death' and to prevent people from becoming a burden to their relatives. Van der Geest suggests, one reason this is unknown in the Ghanaian situation is because patients usually die before growing tired of living a long, sickly life.

The volume closes with recommendations that highlight the need to include palliative care into a national policy in Ghana and that encourage health professionals to listen carefully to the emotional and spiritual needs of their patients.

This book is to be welcomed for its interdisciplinary approach. It raises important questions, but the single chapters could have profited from a more thorough reflection on some of modernity's contradictions and from a more exhaustive engagement with the literature on 'care' in the social sciences. The sequence of chapters is well composed. The language in all chapters is clear and easily accessible for readers of any discipline. All this makes the volume a valuable contribution to the field of medical anthropology and the field of 'care' in particular as well as a good read.

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Ger Palmboom, Arko Oderwald & Koos Neuvel, ***Door kanker getroffen: Een lexicon van de ervaring.*** Utrecht: Uitgeverij De Tijdstroom, 2011. 195 pp. € 20. ISBN 9789058982001.

In dit boek staan mooie en leerzame citaten, verzameld uit een dertigtal ervaringsverhalen van patiënten met uiteenlopende vormen van kanker, uitgegeven in de Nederlandse taal. De schrijvers hebben de citaten geselecteerd en in alfabetische volgorde gesorteerd op thema's, hier lemma's genoemd, als in een lexicon van Aandacht tot Ziekenhuis. In de kantlijn bij de citaten staan trefwoorden die toelichten welke aspecten van het lemma door de citaten wordt beschreven. Ze zijn soms iets 'bijgebogen' en bij elkaar gezet, wanneer ze vonden dat de citaten elkaar aanvulden en versterkten.

De citaten moeten werken zoals de stemmen in een koorzang, die met een eigen klankkleur en zangpartij een bijdrage leveren voor een lexicon, een bloemlezing waardoor het voor patiënt en naasten makkelijker wordt om het juiste boek te kiezen, passend bij de eigen specifieke situatie, smaak en behoefte. Deze lemma's worden ingeleid vanuit de muzen of de wetenschap, met vaak mooie, interessante stukjes literatuur, film, poëzie, cabaret of strip.

Al met al een boek met mooie citaten uit egodocumenten van kankerpatiënten. Elke alinea is interessant. Er valt voor de lezer veel te leren over hoe patiënten denken en wat zij voelen en ervaren bij bepaalde aspecten van de lemma's. Ik citeer er een uit de vele lezenswaardige passages (p. 74): Dossier inzien:

> Ik blader in mijn medisch dossier. Dan komt een arts binnen. Hij kijkt me enigszins afkeurend aan, maar zegt niets. Ik voel me een inbreker in mijn eigen huis. Heb ik geen recht op inzage in mijn eigen leven? Wat is er zo geheim dat ik het niet mag lezen?'

Studenten, hulpverleners en onderzoekers kunnen wat hebben aan het boek als ze op zoek zijn naar mooie citaten ter illustratie van hun scriptie of hun bevindingen. Want die worden geleverd. Toch heb ik wel enige commentaren.

Door te spreken over een Lexicon dan wel bloemlezing worden de lezers op het verkeerde been gezet. De schrijvers willen de lezer makkelijker laten kiezen uit de grote hoeveelheid ervaringsverhalen over kanker die in de Nederlandse taal is uitgegeven.

Als het gaat om een bloemlezing, verwacht ik geen citaten, maar een verzameling van de mooiste en beste stukken uit werken, hier dus ervaringsverhalen van patiënten, die maken dat de lezer zich verder wil verdiepen in een werk. Dan moet de context meer betrokken worden bij de geleverde citaten. Die context zegt immers heel veel over de manier waarop patiënten met hun ziekte leven.

Een lexicon waarmee de lezer makkelijker uit het aanbod van boeken over dit onderwerp kan kiezen is het ook niet geworden. Daarvoor zijn de aangeboden thema's te selectief gekozen. De schrijvers hebben bijvoorbeeld angst en onzekerheid niet als aparte lemma's genomen omdat ze alomtegenwoordig zijn. Ook hebben ze van 'Arts' en 'Verpleegkundige' geen lemma's gemaakt, omdat "de relatie met specifieke hulpverleners zeer persoonlijk gekleurd is door de specifieke situatie en een al of niet aanwezige persoonlijke klik tussen patiënt en hulpverlener". Dat lijken me bij uitstek onderwerpen waarin het bij 'unieke individuele ziektegeschiedenissen' om gaat, die ons veel kunnen leren over 'best' en 'worst' practices in een bepaalde omgeving met een uniek contact tussen behandelaar en patiënt. Bovendien lichten zij bij de verantwoording van werkwijze en keuze van patiënt ervaringsverhalen niet toe hoe zij tot de keuze van juist deze 30 boeken zijn gekomen uit de zeker 350 ervaringsverhalen van patiënten met kanker die er in de Nederlandse taal bestaan.

De bedoeling van de inleiding bij elke lemma is om, "… buiten de ervaringsverhalen van de patiënten om – een kleine reflectie, een verdieping of juist een verluchtiging op het thema aan te brengen. Daarmee komen de verhalen van de patiënten in een net iets ander perspectief te staan. Naast de nabijheid van de eigen ervaring staat de afstand van de reflectie. En als het goed is, vullen die perspectieven elkaar aan."

Er wordt daar echter ook uit boeken en werk van bekende patiënten geciteerd, Martin Bril, Gerhard Nijhof, Herman Finkers Renate Rubinstein, Karin Spaink. Dan rijst de vraag of de reflectie, verdieping of verluchtiging ook niet binnen de ervaringsverhalen zelf te vinden is.

Na ieder hoofdstuk had ik behoefte om het boek even weg te leggen en later weer op te pakken, hoe mooi de citaten de Lemma's ook illustreerden. Het boek leest niet gemakkelijk, hoewel er heel veel moois te vinden is binnen elk aspect van een thema. Voor een goed op elkaar afgestemde koorzang is kennelijk toch meer nodig dan citaten lichtjes bijbuigen.

De ultieme bloemlezing is het niet geworden, eigenlijk ook geen echte bloemlezing. Zoals gezegd, daarvoor moet de context meer betrokken worden bij de geleverde citaten. Dan hadden de schrijvers meer gedaan met wat traditioneel gezien bekend staat als de taak van de etnograaf zoals Paul ten Have het bijvoorbeeld in 1990 heeft verwoord: doordringen tot een *emic* wereld, die van binnenuit leren kennen en begrijpen, om dan vervolgens een *etic* 'vertaling' daarvan aan een academisch publiek – hier ook een ander publiek van geïnteresseerden – te presenteren. Het gaat immers om ervaringsverhalen van patiënten en hun omgeving, die hun stem laten horen via die ervaringsverhalen, die schrijven over hun persoonlijke beleving, de manier waarop zij proberen te leven met een ziekte, in een samenleving met een gezondheidszorg waar zij te maken krijgen met hulpverleners die daarbinnen functioneren.

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Miranda van Reeuwijk, ***Because of temptations: Children, sex and HIV/Aids in Tanzania***. Diemen: AMB Publishing, 2010. xiii+243 pp. € 35.00.
ISBN 97890-79700-22-6.

'Because of temptations: Children, sex and HIV/Aids in Tanzania' is based on the doctoral thesis of Miranda van Reeuwijk. The book consists of three parts. The first part focuses on theoretical assumptions and methodological implications of studying children (10-16 years of age) and sexuality. In the second part, the ethnographic data are presented. The third part presents the analyses, leading to the conclusions on the central research question of the book "Why do children engage in sex and what do sexuality and relationships mean to them?"

The introduction takes the reader right to the essence of the book. We are taken to a class room in Northwest Tanzania where boys and girls between 10 and 14 are seated. What do sex and relationships mean to them? What role does money and mutual attraction play in sexual activity and relations?

In her previous research and review of literature, the author found evidence that unwanted pregnancies, abortions and coerced sexual experiences were common among youth in Tanzania. Cross-generational relationships and unequal power relations wherein girls could hardly negotiate safe sex and HIV infections are a reality.

How then do children experience sexuality and sexual relationships? How do children themselves understand and interpret these experiences?

The theoretical starting point of this book is Parker's idea that sexual meaning is shaped through sexual interactions that influence both individual and social patterns of sexuality (Parker 2001). Sexuality is framed as a broad concept determined by social, economic, political, legal, religious factors among others; these interplaying contextual variables shape children's sexuality. To analyse agency and decision-making related to sexual behaviour, the theoretical model of 'individual temporal orientations' is used. How do goals (biological, personal, and social) inform individual decision-making? Why can strong emotions, physical desires or peer pressure overrule considerations in one situation but not in another?

The second chapter discusses methodological and ethical issues related to studying children and sexuality. For example, the author approached children in groups without teachers; questions about love and sex were posed in simple language. By using mixed methods – e.g., small group discussions, individual interviews, drawings, role-plays, child-to-child interviews, children's reactions to videos – and by making children key informants, Van Reeuwijk shows convincingly that engaging minors as co-researchers can be successful. This approach also elicited challenges: teachers felt excluded from the research while girls and religious persons seldom spoke openly about sexual issues. This is not surprising for in northwestern Tanzania sexuality is not discussed openly while sexual activity among children is deemed disrespectful to parents and caretakers. Tensions between these norms and social reality are clarified in the second part of the book.

Six chapters present abundant ethnographic data on children's experiences and perceptions of sex and relationships. The title of the book is explained: One boy answered "because of temptations" when asked "Why do children engage in sex?" Curiosity, gifts and money are some of the reasons given for engaging in sex at a young age. Poverty, deprivation, lack of school equipment and food makes young people vulnerable and attracts them to accept sex in exchange for money. Peer pressure and disobedience to parents or caretakers seem to be other factors influencing children's sexual activities. Sexually active children face a dilemma – whether to keep it secret or to show off to friends. Deceit and "skinning" (taking the money but not fulfilling the promises) happens among boys and girls. During the study, boys and girls gave a consistent image of courtship in drawings, discussions, drama and interviews. Van Reeuwijk shows that courtship among boys and girls in northwest Tanzania is complex. Generally, the boys initiate courtship; however, girls have strategies for showing interest. Violence occurs regularly, in temporary and permanent relationships. Both girls and boys attribute love to luck, fate and chance; bonus-like, love contributes to sexual intimacy. Oftentimes, relationships take place for practical reasons: boys like sex and girls like money. Since short term relationships are often characterized by secrecy, transactions, and multiple partnering, girls regularly face difficulties negotiating safer sex and establishing paternity during pregnancy. Boys believe that condoms are costly, reduce pleasure, and that the risk of contracting HIV is low. While reading the book, the urgent need to address these misconceptions becomes apparent, especially in schools as teachers sometimes play ambiguous roles.

The third and last part of the book focuses on agency, vulnerability and the formation of sexual meanings and behaviour of children. The difference between self and society and the model of individual temporal orientation is discussed to examine why children's choices are patterned. Children's selves have been formed through feed-back from the social environment and during processes of reflection. Although boys and girls may want to postpone sexual activity, they usually decide on the spot, oftentimes making impulsive and unpredictable decisions. In this interesting analysis Van Reeuwijk shows that social structures, poverty, gender inequality and conflicting norms and expectations guide the choices young people make regarding sex. She concludes that unless structural barriers like poverty, sexual taboos and gender are addressed, boys and girls will not change their sexual behaviour.

Underscoring this point, the last chapter shows why interventions aimed at promoting sexual health scored few successes. Children in northwest Tanzania are at considerable risk for contracting HIV. Few interventions, however, take into consideration what is at stake for the children. The social aspects of risk and negative feed-back from peers, parents or care takers and partners appear more influential than messages about health risks. Abstinence, faithfulness, and risk of HIV barely enter young peoples' thinking. Organizations advocate abstinence rather than safer sex. Children should not just be targeted by interventions but be consulted. However, such approaches face substantial challenges and hinge on convincing programmers as well as sufficient resources and time.

This book is worthwhile reading and offers many new insights in the study of adolescence and sexuality. The ethnographic material is rich and the findings are revealing. The answer as to why children engage in sexual relations, even if they do not really want to, is convincing. Some questions are not answered however: Why did the author choose the concept of 'children' instead of 'adolescents'? How are individual and collective decision-making related? How did she receive ethical consent from parents, caretakers and ethical committees? Did she share and validate her findings and how did the children react?

The book is a must for anyone interested in studying children and youth. It is an eye-opener for scholars and a lesson for policy-makers who believe in top-down behavioural change programmes because it shows how such interventions are derailed.

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Iris Shiripinda & Anouka van Eerdewijk, ***Facing HIV in the Netherlands. Lived experiences of migrants living with HIV.*** Utrecht: Stichting Pharos, 2008. 143 pp. € 16. ISBN: 978-90-75955-67-5.

"You need to have a positive spirit while living with HIV. Otherwise you just go down," Elizabeth says. She is one of fifteen people from ethnic minorities living with HIV in the Netherlands whose stories are portrayed in this book. The authors argue that although increasing attention is focused on people from migrant and minority backgrounds as important group in HIV prevention, treatment, care, and support, there is little knowledge about how they live with HIV in their everyday lives. This book aims to address that gap by focusing on the following key themes: access to treatment, socio-economic and legal issues, disclosure, intimacy and sexual health. The authors aim to reach three different audiences: 1) policy makers and professionals in the field of HIV to provide them with more insight and understanding; 2) persons from migrant or minority backgrounds living in the Netherlands who are HIV negative or ignorant of their status, to stimulate further discussions, overcome stigma, taboo, and discrimination; 3) PLHIV from migrants and ethnic minority backgrounds, to empower them.

The fifteen PLHIV interviewed for this book have diverse backgrounds and include people originally from Sub-Saharan Africa and Latin America, younger and older people, men and women, heterosexuals and men who have sex with men. Respondents hold a residency visa, or a temporary permit to remain in the Netherlands on medical grounds; they are in the process of applying for a permit on medical grounds, or have had their visa or residency application rejected. The interviewees were selected through the network of the researcher and the organization STI AIDS Netherlands. All respondents were interviewed once through semi-structured interviews, their identities are not revealed.

The respondents' personal stories are divided across the chapters. The first chapter presents the stories of those who were granted residency in the Netherlands and/or hold a Dutch passport. Key issues include the difficulty of disclosing one's HIV status for fear of negative judgement and the almost impossible task of disclosing to relatives who often stayed behind in the country of origin. It is also emphasized that being granted a residence permit (on medical grounds) is important not only for accessing medical treatment, but also for one's self-esteem. However, the permit needs to be renewed on a yearly basis, which causes stress and difficulties in finding housing and building a career.

The next chapter focuses on migrants who do not have a residence permit, either because they are in the process of acquiring a permit or because their application was rejected. Migrants in the process of applying for asylum have a medical insurance and access to care, yet sharing their living space affects the possibility of keeping and taking ARV drugs secretly. Migrants without legal documents face many more challenges in accessing treatment, and are often asked to pay for treatment even if they have no income. Furthermore, they have to rely on friends, relatives and partners for a roof over their heads, or end up in a shelter or on the streets. Their stories make it clear that it is not uncommon for women to stay in abusive relationships because they depend on their partner for a place to stay. Difficulties in finding employment are another source of stress.

The intimate relations and sexual health of all fifteen respondents are discussed in the subsequent chapter; the dilemmas that accompany decisions on whether or not to disclose one's status to a sexual partner and the challenges involved in negotiating condom use are described. Each chapter is followed by a section that summarizes the key issues and challenges brought forward in the migrants' stories. The book is rounded off with a chapter of conclusions and recommendations.

The majority of interviewees discovered they were HIV positive in the Netherlands and during a time when ARV treatment was either not available or very expensive in their countries of origin.

By staying close to the actual words of the women and men interviewed the book makes visible the multiple and interrelated difficulties they face when trying to build a future in the Netherlands and shows the far-reaching effects of Dutch asylum policy on the health and wellbeing of HIV positive migrants. The book aims to reach three different audiences, and especially some of the more fact-laden sections (the introduction and the sections in which key issues are summarized) might not appeal to everyone. Furthermore, it is not always clear to *whom* the recommendations that are formulated in the last chapter are directed. The themes touched upon in the book are of interest to medical anthropologists. However, all individuals were interviewed only once. The many different themes that were captured during the single interview could have been explored further if more interviews had been conducted with each individual. Nevertheless, the book is important reading for policy makers, health care professionals, migrants living in the Netherlands, and medical anthropology students with an interest in HIV/AIDS.

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