

disease: What strategies should Nigeria put in place and how should future policies be designed? The chapters examine how to influence policies and programs, the prospects for an HIV vaccine, development strategies for building institutional capacity, policy implications for expenditures on HIV/AIDS, the military and HIV/AIDS, and future monitoring and evaluation of the epidemic in Nigeria.

In short, both books make significant contributions to our understanding of the HIV/AIDS epidemic at the continental and national levels. They both tackle the historical, cultural, epidemiological, medical, economic, and social forces that have shaped this epidemic. Without trapping himself in the controversies of the epidemic, Iliffe weaves together a fascinating and coherent story of the origins and spread of the epidemic in sub-Saharan Africa and the forces that have shaped and continue to shape it. *AIDS in Nigeria: A Nation on the Threshold*, by contrast, is a comprehensive book for assisting policymakers and researchers in the science, epidemiology, and social aspects of HIV/AIDS in Nigeria. The book is very strong in the science, the epidemiology and public health, and the social science of HIV/AIDS in Nigeria. However, because careful spatial and temporal analysis at country level is critical in offering a powerful visual appeal to policymakers, a comprehensive book like this should include a discussion of geographic information systems (GIS) approaches. Yet, apart from the second chapter, where HIV/AIDS prevalence was cursorily mapped, the temporal/spatial spread of the epidemic in Nigeria is neglected. This weakness notwithstanding, *AIDS in Nigeria: A Nation on the Threshold* is a treasure trove of information on the nature of an epidemic and how to deal with it in Nigeria.

In sum, these two books utilize very different approaches, one historical and the other contemporary, one country specific and the other continentwide. Yet they both graphically illustrate the complex nature of this disease and the forces behind its rapid spread throughout Africa. The books should prove useful for both policymakers, politicians, academics, and the wider lay community.

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Peter Mutunga and Julie Stewart. *Life Skills, Sexual Maturation and Sanitation: What's (Not) Happening in Our Schools? An Exploratory Study from Kenya*. Harare: Weaver Press/University of Zimbabwe, Women's Law Centre, 2003. Distributed by African Books Collective Ltd., 27 Park End Street, Oxford, OX1 1HU U.K. 200 pp. Tables. Notes. Index. Index of References. \$27.95. Paper.

This valuable exploratory study from Kenya, funded by the Rockefeller Foundation, examines the teaching of "life skills" at the primary school

level and its relationship to girls' enrollment, retention, and academic achievement. Life skills refers to basic learning competence and issues of girls' sexual maturation and menstrual practices. The hypothesis is that girls' perennial low enrollment and level of academic success are linked, perhaps causally, to how factors often shrouded in secrecy and silence at home—sexual maturation, sanitation, and life skills acquisition—are (not) addressed in the primary school curriculum or the wider educational context.

The book consists of six case studies and several tables, and an introduction and conclusion by Peter Mutunga. The researchers found “great gender disparity in access to education and performance at all tiers of education” (23) linked to several factors: infrastructural shortcomings, an examination-oriented curriculum, inadequate teacher training, insufficiently implemented educational policies, and negative cultural beliefs, attitudes, and practices surrounding girls' puberty both at home and school.

Kenyan girls tend to start school older in age than boys, have higher primary school dropout rates than boys, experience sexual maturation while still in lower grades even though “family education” is not taught until the middle school years, are prioritized lower than boys in the wider cultural context, particularly where education is concerned, and receive education from policymakers and planners who are predominantly male (22). Macro-level variables shaping gender disparity in education include Kenya's high fertility rate and population growth, drought and economic decline in the late 1990s and early 2000s, ethnic, geographical, and cultural diversity, and poverty, as well as what rural parents often experience as the exorbitant costs associated with education—school fees, mandatory uniforms, and supplies.

Institutional problems loom large: underequipped infrastructures with severely inadequate sanitation systems make girls' modest management of personal hygiene an imposing if not impossible challenge. Unable to manage menstruation with dignity at school, many simply choose not to attend when having their menses and so fall behind in lessons.

Problems stemming from infrastructural shortcomings are compounded by an examination-oriented curriculum into which life skills are not sufficiently integrated or adapted to local contexts and conditions. The simultaneous lack of teacher training in life skills pedagogy and support systems such as counseling to help primary school girls cope with the physiological, psychological, and social processes associated with the “tremendous bodily, emotional and social changes accompanying sexual maturation, including understanding their sexuality” exacerbates gender disparity (191).

Researchers report that both female and male teachers and male pupils have negative attitudes toward pubescent and prepubescent primary school girls. The study also reveals “the serious gaps and anomalies

between government policies, especially in education and health sectors, and what actually happens on the ground,” and concludes that “many of these gaps are due first to a general laxity and neglect in the enforcement of policies or legislation and lack of accountability among some of the managers and policy makers of education and health systems” (89).

The researchers recommend institutional solutions. The in-school acquisition of life skills, including knowledge about the process of sexual maturation, menstruation, and effective coping strategies can be improved if teachers are better trained to teach about them and if guidance and counseling programs are made available to pupils at the primary level (191). This exploratory research report provides current, empirical data and prompts timely questions about the role of health, the body, culture, and the significance of bodily practices in the construction of social identities and life trajectories through schooling and educational processes.

The volume is dedicated to Ben Makau—who tragically died before the books went to press—as “a true and rare professional in all seasons.” His work, together with Carla Sutherland’s, formed the backbone of the Foundation’s current program on “basic education in Africa” (4). The Rockefeller Foundation created a Web site for this project at <http://www.femshuleni.org>.

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Amy S. Patterson. *The Politics of AIDS in Africa*. Boulder, Colo.: Lynne Rienner Publishers, 2006. xii + 226 pp. Maps. Charts. Bibliography. Index. \$52.00. Cloth. \$19.95. Paper.

Africa currently bears the brunt of HIV and AIDS. While twenty-five million Africans were living with HIV at the end of 2005, three million new infections and two million AIDS-related deaths occurred in the continent during that year. The disease has also killed ten times more Africans than any war and has orphaned more than twelve million African children. In *The Politics of AIDS in Africa*, Amy Patterson interrogates how key aspects of African politics—the state, democratic transitions, civil society, and donors—affect AIDS policymaking. Patterson’s book opens with the customary sobering statistics on the magnitude and implications of the pandemic for Africa. But she admits that the pandemic does not affect all people equally because of the character of African political institutions and the resource differences and inequities in policymaking in the politics of AIDS both within African countries and between wealthy and poor countries.

Four aspects of the African state—centralization, neopatrimonialism, state capacity, and security—provide the grid upon which the second chapter of this slender book engages AIDS policies in four African states: Uganda, South Africa, Zimbabwe, and Swaziland. The author uncovers