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Many years ago, a conversation with a Ghanaian colleague sensitised me to the idea of cultural differences in the understanding of disease. Discussing the death of a friend, I enquired how he had died, to which she responded: 'Do you mean 'how' or 'why' he died?' In the ensuing conversation, she explained to me that while Western scientific explanations could explain the cause of biological death in general, they were sorely lacking when it came to understanding why *this* particular person had died at *this* particular point in his social existence. For these answers, she looked to other more culturally specific explanatory systems that took into account the social and spiritual worlds in which a life is lived.

Since the beginning of the HIV epidemic, the language(s) employed to describe it – scientific or lay, formal or colloquial – has played a critical (and frequently contested) role in our responses to it. For example, the popular misunderstanding that HIV and AIDS are virtually synonymous (giving rise to erroneous notions of the 'AIDS virus' or 'AIDS transmission') reflects the common, sloppy media practice of conflating the terms *HIV* and *AIDS*. At a more subtle level, responses to people living with HIV and AIDS, are shaped in part by the pervasive use of terms that signify, explicitly or implicitly, important moral distinctions among those affected by the virus, depending upon the extent to which they are considered blameworthy (or not) for their own condition.

Considering language and HIV/AIDS within a broad framework of linguistics and public health, the authors explore how - in a range of settings around the world (Australia, Cambodia, Burkina Faso, Hong Kong, India, South Africa, Tanzania, Thailand and Uganda) - knowledge about HIV/AIDS is constructed. This is a rare but much needed exercise in the context of resource-poor settings. Employing qualitative methods of discourse analysis, social semiotics and ethnography, they explore points of convergence and difference between professional and local understanding of HIV/AIDS and identify critical issues for consideration in relation to education about HIV/AIDS.

For example, Mutonyi and Kendrick's work with Ugandan students shows how the representation of transactional sex within the drawings they produce reflect both global *and* local discourses on HIV prevention. Finn and Sarangi consider the limitations in an Indian setting of approaches to HIV/AIDS education that reflect Western discourses of empowerment and neoliberalism and assume a homogenous audience of rational empowered individuals, failing to acknowledge complex socio-economic and cultural distinctions and the implications of these for personal and social action. Drawing from experience in Tanzania, Higgins considers gender within discourses on HIV/AIDS and identifies how these may actually

reinforce gendered and sexual inequality, while Jones and Norton, argue that in failing to take into consideration the pervasive nature of poverty, sexual abuse and gender inequality in rural Uganda, interventions intended to 'empower' girls and young women may ultimately exclude them.

This book is a potentially valuable resource for anyone involved in education on HIV/AIDS (or any health issue for that matter). It challenges us to reflect critically upon the power-full nature of the language we employ. More than this, it cautions us to recognise and take into consideration other voices, other ways of seeing the world. Individually and collectively, the contributors to this volume remind us that - as some practitioners of neuro-linguistic programming like to say - the map is not the territory.