

Winter Semester 2022/2023

SDAC Guest Lecture Series

HIV and Care in Aceh, Indonesia: Navigating (In)visibility and Gendered Inequality

Annemarie Samuels Leiden University, the Netherlands

*The lecture will be held via Zoom



Dr. Annemarie Samuels is Associate Professor of Cultural Anthropology and Development Sociology at Leiden University, the Netherlands. Her research focuses on end-of-life care, HIV/AIDS, narrative, morality, and disaster in Indonesia. She is the author of "After the Tsunami: Disaster Narratives and the Remaking of Everyday Life in Aceh" (University of Hawai'i Press, 2019), and she is currently leading the European Research Council-funded project "Globalizing Palliative Care? A Multi-Sited Ethnographic Study of Practices, Policies and Discourses of Care at the End of Life."

As in many places in the world, in Indonesia HIV/AIDS is a highly stigmatized affliction. In Aceh, the country's northwesternmost province, prevalence is relatively low, but those affected face many obstacles to accessing care. In this lecture Dr. Annemarie Samuels will discuss how people living with HIV in Aceh navigate the landscape of health care in the midst of stigma, gender inequality and poverty. Often people living with HIV/AIDS need to be at once visible and invisible as HIV patients, as they need to be seen and recognized by health care and social institutions to receive care and assistance, while disclosure of their HIV status to neighbors and family might lead to severe discrimination. The fear of involuntary disclosure is particularly pronounced among women, whose mobility is subject to larger social control. In these situations, not following up on medical appointments may less be a conscious "decision" and more often concerns a postponement of decision-making, taking place within historically and socially shaped circumstances of inequality that may open up some possibilities while (temporarily) foreclosing others. The worrisomely high number of patients who are classified as "lost-to-follow-up" in Indonesia, then, has to be understood in light of a range of social factors that make healthcare available but not always accessible.

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