‘THERE IS NO SECRET UNDER THE SUN’: RUMORS, AIDS BELIEFS, AND PREVENTION STRATEGIES OF WIVES IN RURAL MALAWI

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Acknowledgments

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ABSTRACT

'THERE IS NO SECRET UNDER THE SUN': RUMORS, AIDS BELIEFS, AND PREVENTION STRATEGIES OF WIVES IN RURAL MALAWI

Anika Wilson

David J. Hufford

Life in Malawi has been profoundly affected by the advent of AIDS as reflected in myriad forms of informal expression, communication, and improvised practices. This dissertation explores fear of the hidden in the AIDS era through an examination of conversations, rumors, and interviews in which rural Malawians try to make sense of the gaps in information that may endanger them; through their discourse Malawians seek to bring to light what is hidden in darkness in a way that allows them to generate improvised solutions. The first half of the dissertation presents the traditions of suspicion and accusation in Malawi and culminates in an analysis of conspiracy theories about the government’s provision or lack of provision of adequate medicines to combat AIDS, particularly antiretroviral drugs. Conspiracy rumors about imported medicines, their properties and effects on black, African bodies reveal fears about hidden agendas of both transnational organizations and the Malawian government. Prominently featured themes of AIDS drug conspiracy theories included notions of a global hierarchy in which Malawi ranked low, multilateral population control plots, a profitable domestic “AIDS Industry,” and government transparency and accountability. Thereafter, I transition from examining the fear of organizational secrets to fears of intimate secrets with a focus on secrets of infidelity that husbands keep from wives. Wives I met transformed information gathered...
in informal instruction and gossip about AIDS, sex, and infidelity into explicit actions to secure fidelity in their marriages and reduce their risk of HIV infection. More specifically I found that women are not merely concerned with altering their own behavior in the face of AIDS but with changing the behavior of unfaithful husbands or their husbands’ girlfriends. The conspiracy theories, gossip, advice, and practical actions described in this dissertation constitute folkloric responses to dangerous secrets in the time of an epidemic. The responses, both verbal and practical, draw upon community knowledge and experiences and help people to navigate through risk within the restraints and strengths of community relationships.
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Introduction: Hidden Dangers, Open Uncertainty

In mid-August of 2005 several women shop owners sat chatting in a Rumphi District market. Their talk that day revolved around a certain Tanzanian woman, who was said to be using magic to attract the wealthy men living around Rumphi boma.¹ Simon, a young man assisting in my research, came upon the women as they chatted, greeted his neighbor Mrs. Ng’oma, and asked if the stories about the woman’s use of magic to attract men was true. Mrs. Ng’oma replied,

Mrs. Ng’oma: Yes, I have got the proof a certain man who happens to be one of the rich people here in Rumphi he was found at night one day with the same girl in the room at a certain motel just within Rumphi but I can not mention his name because it was a rumor but I don’t know if at all it really happened.

Mrs. Chiwalo: She is staying at certain resthouse² just here in Rumphi, but she usually spends days in Mzuzu because it is said that she is also having some man there.

Simon: How is her health status or position or condition?

Mrs. Ng’oma: She looks very healthy and strong and attractive although people say that she is getting ARVs³ but I don’t have any proof about that.

Simon: Is it that the woman is very beautiful?

Mrs. Chiwalo: Of course the woman looks [good], to be young and beautiful but we do still believe that she is using the charm that makes man to go mad.

Simon: How old is she?

Mrs. Ng’oma: Actually I don’t know but she looks a bit young I believe she should be about 26 years old.

Simon: What do people say about her?

Mrs. Chiwalo: They feel bad about her because she is causing problems in many families because some men do not think about their wives and children just because of her and they spend a lot of money on her than they do to the wives and children.

Simon: Do the wives of these men know about the nasty woman you are talking about?

Mrs. Ng’oma: I don’t think so because they do this secretly maybe they just hear from people but they don’t believe what people say about the husbands.

(Simon, August 2005)

¹ Boma is the administrative center of a district and usually a central locale for market activities as well.
² Motel
³ Antiretroviral medicine used to treat people with AIDS.
Much of what Mrs. Ng’oma and Mrs. Chiwalo said about the behavior of husbands and the Tanzanian woman was shrouded in uncertainty. They were unsure of her HIV status, they were unsure of whether women knew that their husbands were being enchanted by the stranger, they were unsure which men visited the woman, and they were even unsure whether all the stories they heard about the deadly enchantress were true. Their conversation suggests that what people don’t know has the potential to hurt them. These women are not only apprehensive about what is “unknown” in the generic sense; that is, they are not concerned about ignorance per se, but of secrets, information purposefully hidden by others. Secrets can endanger one’s happiness, and in the time of AIDS they can endanger one’s very life. Yet many Malawians found hope in the locally popular proverb, “There is no secret under the sun.” Whatever people seek to hide will be discovered.

This dissertation explores fear of the hidden in the AIDS era through an examination of conversations, rumors, and interviews in which Malawians try to make sense of the gaps in information that may endanger them; through their discourse Malawians seek to bring to light what is hidden in darkness in a way that allows them to generate improvised solutions. My fieldwork and subsequent analysis were guided by several questions that explored discussions of hidden knowledge in Malawi across the spectrum from institutional to intimate secrets: What beliefs about government and health campaigns are apparent in rumors about AIDS treatment? How are currently popular narratives about public health related to older rumors? How are they related to observations and experiences Malawians have had with western medicine and health care regimes? Also, what kinds of intimate secrets are revealed in gossip and rumor, and how is this related to actions taken? How do women in particular use knowledge from
informal networks to address the problems related to spouses’ infidelity, including the risk of HIV infection? What kind of success do women have in their prevention strategies? How do women evaluate success in their strategies?

The first half of the dissertation presents the traditions of suspicion and accusation in Malawi and culminates in an analysis of conspiracy theories about the government’s provision or lack of provision of adequate medicines to combat AIDS, particularly antiretroviral drugs. Conspiracy rumors about imported medicines, their properties and effects on black, African bodies reveal fears about hidden agendas of both transnational organizations and the Malawian government. Drawing on reported conversations observed by local research assistants referred to as “journalers,” I discovered that prominently featured themes of AIDS drug conspiracy theories included notions of a global hierarchy in which Malawi ranked low, multilateral population control plots, a profitable domestic “AIDS Industry,” and government transparency and accountability. Following the first half, I transition from examining the fear of organizational secrets to fears of intimate secrets with a focus on secrets of infidelity that husbands keep from wives. From my interviews with sixty women within a village in northern Malawi I discovered that information on the whereabouts and extramarital sexual relationships of husbands is passed along in informal gossip networks along with stories about the women with whom the husbands have been seen. The wives I met transformed information gathered in informal instruction and gossip about AIDS, sex, and infidelity into explicit actions to secure fidelity in their marriages and reduce their risk of HIV infection. More specifically I found that women are not merely concerned with altering their own behavior in the face of AIDS but with changing the behavior of unfaithful husbands or
their husbands' girlfriends. The conspiracy theories, gossip, advice, and practical actions described in this dissertation constitute folkloric responses to dangerous secrets in the time of an epidemic. The responses, both verbal and practical, draw upon community knowledge and experiences and help people to navigate through risk within the restraints and strengths of community relationships.

My Research Journey: Stumbling in the Dark

I was an undergraduate when I became casually interested in African folk beliefs and practices related to HIV/AIDS. It was late 1999 when I read an article in *Time Magazine* entitled "An Epidemic of Rapes," which told the story of a woman in South Africa brutally raped and left in doubt of her HIV status. The article also spoke of a teenage girl who had been raped by her father. The author linked this rape, as well as the many other rapes being reported in South Africa at that time, to the fact that "many believe that raping a virgin will kill HIV" (Hawthorne 1999). Other sources claimed that this was a common belief across sub-Saharan Africa that was fueling the high infection rates in the region while some researchers have denied the existence of the practice altogether (Barnard 2005; Jewkes et al. 2002). Like most people who hear or read such stories, my immediate reaction was outrage and a feeling of sick disbelief. My secondary response was to wonder at the power of beliefs and culture in times of crises and desperation. My general interest in vernacular beliefs and practices lead me to a graduate program in folklore, where my topical focus meandered until a conversation with a classmate who was studying traditional healing and AIDS in Zimbabwe lead me back to this question of AIDS beliefs and practices in southern Africa.
After expressing my interest to colleagues from disciplines across the University of Pennsylvania, I was told of a research project in the Population Studies Center where I might pursue my interests. Upon making inquiries I became one of the graduate research assistants for the Malawi Diffusion and Ideational Change Project (MDICP), a longitudinal survey studying the impact of social networks on family planning and AIDS beliefs and practices. The project includes a qualitative component in which former interviewers write up conversations they have taken part in or overheard that relate to AIDS and sexuality. During this introduction to Malawian culture I read through many of the AIDS conversational journals written by local Malawians who took part in MDICP.

Although the journals were all accounts of conversations about AIDS and sexuality, I was amazed at the variety of opinions represented therein. Furthermore, I was struck by the nature of the conversations, the ways in which information about AIDS risk, treatment, and etiology were exchanged as anecdotes, bits of gossip, reflections of personal experiences, rumors and jokes. Despite this wealth of material, I was intent upon learning more about the virgin cleansing belief, popularly called “the virgin cleansing myth” in the popular press. I had little success tracking down references to the virgin cleansing belief in the over three hundred Malawian conversational journals completed at that time. I had expected to find some hint of the story within the many journals as the virgin cure belief was said to exist throughout southern Africa, having

4 The Malawi Diffusion and Ideational Change Project has been funded by the national Institute of Child Health and Human Development (NICHD), grants R01-37276, R01-HD44228-01, R01-HD050142, R01-HD/MH-41713-0. The MDICP has also been funded by the Rockefeller Foundation, grant RF-99009#,199. The MDICP received ethical approval from institutional review boards at the University of Pennsylvania and the University of Malawi.
begun in Central Africa and spread south from there (Graeme and Bowley 2002). However, I found only one reference in the MDICP journals to an actual incidence of someone acting on the belief (Chawake, February 2003). Yet the singularity of the story within the thousands of pages of journals and the fact that the same journaler had reported reading a magazine article the year before which said that people were having sex with young virgins as a cure of AIDS in Malawi cast doubt on the reliability of the account (Chawake November 2002).

The closest references I could find to the virgin cure were references to chokolo or the “cleansing” of a widow by a designated man who has sexual intercourse with a widow to ensure that the woman and the family would not be haunted by the dead husband. In most of these conversations the participants complained about the practice and said that in light of the AIDS epidemic, this practice should change. In other conversations in which people talked about how to choose HIV-free partners, virgins were noted as particularly desirable. People also spoke of young girls being lured into relationships with older men for money. Still these practices bore little resemblance to virgin cleansing.

The beliefs about AIDS indexed in the jokes, advice, and gossip found in the journals tended to be far less exotic or dramatic than the stories I was reading in the western or international media. Yet when I began my research among the Tumbuka people in a village in Rumphi District, I thought I might be able to find more about the story. One day I was sure that I had stumbled upon a true example of the belief. It was January 25, 2006. My research assistant Catherine and I had just finished interviewing several middle-aged women on the compound when one of their daughters came by to
take her leave and return to her marital village. Grace Mwandira, aged 23 and in her second marriage, was a petite-framed woman with eyes large in her small triangular face. As we settled on the veranda for our interview, she held a lethargic little boy who lolled in her arms throughout the interview. Her baby girl, even smaller, gummed my shoe and smiled up at us as she played at our feet.

We asked Grace if she had ever heard rumors told about AIDS or the HIV status of someone at a funeral. "It happened here," she replied referring to the compound, "someone died and people were saying So-So has AIDS. They even say I have AIDS because my first husband died. They even say it is me suffering from AIDS."

"They say it to you?"

"They said that when I come back—they say 'She’s got AIDS kids—AIDS kids are beautiful. This is how AIDS does. 'How old is your baby?' They said their father—he’s now been gone six years—maybe ten he [the baby] will die, maybe at five we will die...They saw the father suffering...they were feeling pity but they were also fooling [joking]." Grace became agitated as she told us how her oldest child whom she was holding was sick and every year they had to go to the hospital for transfusions; she reached around the child sleeping restlessly on her lap to swipe away a tear. "They say, this child is suffering from AIDS. They are now saying, 'Look she has delivered an AIDS baby—it will die also.' When we go to the hospital we can even meet people who say, 'Aren’t you the one who has AIDS?' So I say, did AIDS just come for me? You don’t have to say these things unless you are just too clever and you have some ways to protect yourself?" After the other women in the village ridiculed her one day she bought rat poison and thought about killing herself. "I don’t want to see my children die!"
Both Catherine and I were considerably moved by Grace’s testimony and were pained that we could think of no comfort to offer her. While some of her struggles were directly related to the physical illness of her child and her presumed HIV-positive status, her torment seemed to be greatly related to the social conflicts in which she was caught.

As Catherine and I packed up our materials to go, Grace began to speak again suddenly in a torrent of words, telling us that people in this village are saying she was in a relationship with a man convicted of raping two little girls a few years ago and infecting them with AIDS. They supposed, Grace explained, that because she has AIDS and the man gave the children AIDS, she and the perpetrator must have been a couple. The people went so far as to suggest it was her fault the children were infected. Grace went on to say that she supposed that he had slept with the girls for “medicine.”

In that moment it seemed the virgin cleansing belief did exist. However, when I checked the transcription and the recording at a later date I discovered that the term “medicine” was used, but it was not clear that the medicine of sleeping with virgins was specifically for the cleansing of HIV. As my research continued, however, I learned that while there were a few who had heard stories of the virgin cleansing belief (mostly from the media), many more were familiar with the idea that sex with a virgin could be used as medicine in traditional healing prescriptions to gain wealth. Two months later, when I met and spoke with a convicted rapist in Mzuzu he claimed that he had raped a fifteen-year-old girl in order to complete a spell to gain wealth, I finally realized that the medicine was not necessarily for the curing of AIDS.
My Research Journey: Hidden in Plain Sight

Locked into the categories and concepts of western media, I had misinterpreted what I had heard. All the time spent looking for the sensational and rare almost distracted me from finding the medicine in the everyday, from finding the way in which “advice is good medicine” to Malawians. I almost missed the fact that people were talking about the ways sexual behavior needed to be changed from the past and devising strategies that were modifications on how things used to be done. In the journal excerpt below, an old man and a young man argue about the differences between these days and the old days. The old man said,

Most of these children do not live long before they kick the bucket because of AIDS and when they survive people should give thanks to God and change their way of living, the old man said. He [the old man] was crushed by a certain man who said that it is not true that people during the time of the old man were conducting themselves in the right manner as compared to the present situation. The problem is that nowadays there is a disease which unveils a lot of secrets happening in the darks, otherwise people in the past were too much as far as sexual intercourse is concerned and some of the ways...have been discouraged now, as ways of transmitting HIV/AIDS virus... (Frackson, January 2005)

Malawians feel that life now is different than it has ever been before and that they, as a society and as individuals, must find ways to adjust to AIDS, such as altering the practice of rituals like widow inheritance, but also in everyday adjustments. Life has changed and yet life goes on. Leela Prasad remarked in a recent talk at the Center for Folklore and Ethnography at the University of Pennsylvania that after a tragic event, traces of that tragedy linger and are anchored in everyday routines (April 15, 2008). Similarly, AIDS and the fear of contracting AIDS intrudes into the lives of Malawians in subtle ways,
everyday pushing into the scant spaces left by concern about feeding children, purchasing fertilizer, paying school fees, caring for sick relatives, democratic elections, droughts, crop cultivation, witchcraft, the price of tobacco, and poverty. The question therefore follows: how are Malawian institutions or perceptions of institutions effected by the "nowadays disease," AIDS? What wisdom of the past and prescriptions for future behavior are communicated in the traditional folkloric conversational genres of rumor, gossip, joking, conspiracy theories, arguing, and advising? By seeking to answer these questions my original focus on the sensational was replaced by a concern with the mundane or everyday.

Background and Theory

A folkloristic approach to AIDS discourse, belief, and practice which foregrounds the mundane, quotidian, and the expressive is important in a time when programs to address the spread of AIDS have proliferated across the globe and especially in sub-Saharan Africa, the region with the highest rate of infection in the world. Billions of dollars are poured into AIDS education programs to create and disseminate messages urging people to recognize and alter sexual behaviors that put them at risk for infection. In Malawi, messages about AIDS are ubiquitous and can be found on school exercise books, at village meetings of health surveillance assistants, at antenatal clinics, on billboards and posters, on the radio, at the hospital, and many other places, prompting one man in Malawi to say, "everywhere there is AIDS." Both the disease itself and messages about the disease are found everywhere. Southern Africa is said to be at the "epicenter" of the worldwide AIDS epidemic according to a recent UNAIDS/WHO report. The
estimated infection rate for Malawians between the ages of 15 and 49 is 12% (NSO 2005:230). Furthermore, for both social structural as well as biological reasons, women are more vulnerable to AIDS infection than men. Yet these numbers do not tell the whole story. The narratives, comments, and exchanges I present in this dissertation represent Malawians’ active engagement with the threat AIDS in the context of already complicated lives. They also represent the creative means by which Malawians cope with fear about AIDS and the uncertainty of its presence in their lives. Gary Alan Fine asserts that epidemics have long been a source of folklore including the “creation of rumors, legends, folk beliefs and even humor” (1992: 69). Rumor theorist Tamotsu Shibutani says that rumors and related genres can be processes of collective knowledge building and problem solving (1966). So while government ministries and aid organizations craft messages to educate the public, the public has been busy educating itself, generating conceptual, narrative, and practical responses to AIDS that make sense according to common observations, experiences, and relationships that structure everyday life.

To Malawians, the social institutions of government and patriarchal marriage systems are not only perceived as sources of “structural violence,” that is, the social, physical, or symbolic oppression that results from structural forces, but are also viewed as sources of structural and personal security. The dual identities are revealed in Malawian discourse including folkloric communications such as gossip, rumor, conspiracy theories, and advice. The government, for example, is sometimes accused of introducing AIDS to the country yet it is relied upon to bring about healing. Many women feel their marriages put them at risk for AIDS but also see their marriages as a

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possible source of financial security, social status, children, sex and love. Close attention to contradictions and tensions revealed in interviews and rumor reports brings to light not only paradoxical conflicts but also tentative solutions that allow people to walk the line between the certain destruction of relationships (and all that entails) and the uncertain preservation of health. I learned from my interviews that married women employ a host of strategies to influence the behavior of their husbands and their husbands' girlfriends. My analysis of tentative solutions based on informal networks is focused on the perspective of married women among the patrilineal and patrilocal Tumbuka people of northern Malawi.

**Significant Contributions**

This dissertation makes several important contributions. First, it contributes to knowledge of folk health beliefs and practices in the midst of the AIDS pandemic. The first part of the dissertation features popular conspiracy narratives and confirms a "branding" or close association between the government and AIDS. My analysis of these rumors and related rumors makes visible the ways in which both negative and positive associations between institutions and diseases are created and maintained. While conspiracy rumors have sometimes been described as a symptom of collective paranoia and social dis-ease, my findings suggest that conspiracy rumors can be a healthy means by which societies confront hidden processes and governmental negligence or abuse. My research thus contributes to the growing body of literature that takes the claims of conspiracy theorists seriously and seeks to find not the social pathology evident in these narratives but instead seeks evidence of common experiences, observations, and recurrent
rumors that create the basis for popular suspicions and narratives (See for example Butt 2005; Turner 1993; White 1995, 2000).

In addition to the exploration of the rationality of conspiracy rumors this dissertation considers the ways in which people perceive and deal with risk introduced by others. While much of the literature on HIV/AIDS risk perception and behavior modification focuses on the individual and the ways in which an individual can reduce their risk of infection, this study deals with the ways in which people perceive and manage risk introduced by others and seeks to the ways in which women seek to effect the behavior of husbands or sexual rivals. In this way I work from the assumption that married women in Malawi who do not necessarily fit into targeted “at risk” groups (e.g. prostitutes, injection drug users) are working to reduce their risks by enacting small changes within their spheres of influence. Women’s risk reduction work involves the negotiation of information in relevant networks (in-laws, natal relatives) and the manipulation of elements in the domestic sphere (cooking, cleaning, sex). I choose to focus on informal strategies rather than institutional agency guided by the assumption that many women may never seek help from a formal institution. Furthermore, in my analysis of women’s agency I do not reject the constraints of “structural violence.” Indeed, the struggles in which women engage trace the contours of some constraints and make more visible those constraints which are plain to them. We might even suggest that there are emic perceptions of structural violence expressed in women’s struggles and in conspiracy narratives about treatment.

Finally, I include in this preface an example of a woman suffering as a result of stigmatizing gossip that stands in contrast to the discussion among the three female shop
owners who complained about a wicked woman enchanting husbands and infecting them with HIV. While most research on stigmatizing narratives about AIDS tends to focus on the perspective of victims like Grace whose reputations are at risk, this dissertation primarily takes the perspective of gossipers like the shopkeepers. Research on disease and stigma, AIDS research more particularly, tends to ignore the perspective of gossipers and thus fails to account for the ways in which stigmatizing gossip is used by some as a "strategy of exclusion" for the protection of the health of their families and for securing fidelity in their marriages (Douglas 1991). In this dissertation I follow the tales of women desperate to protect their marriages and the maneuvers that pit vulnerable women against vulnerable women in struggles that cannot be won without loss.

Chapter Summaries

Chapter 2 lays out the relevant literature and background framing this study. It begins with a description of the magnitude of the AIDS epidemic in sub-Saharan Africa and more particularly in Malawi. Then I explain the importance of rumor and other conversational genres (gossip, conspiracy theory, complaints) as a means through which to access vernacular health beliefs and practices. The content of these conversations often indexes a long tradition of suspicion of dangerous secrets in southern Africa revealed in historical, folkloristic, and anthropological literature. The medical practices of the state have been and continue to be subject to suspicion. On a smaller scale, conversational speculation in the village setting are part of the means by which women assert influence within the marriage. Bucking the current trend favoring the perspective of the accused, this study looks at women’s strategies of accusation from the perspective of the accuser.
My third chapter describes my research methods. My methods included fourteen months of fieldwork in Malawi between 2004 and 2006, the gathering of over one hundred conversational or rumor journals from local informants, the analysis of MDCIP conversational journals, a pilot study of AIDS rumors in northern Malawi with eighty-nine informants, and extended case interviews with sixty ever-married\(^6\) women in a single village among the Tumbuka of Rumphi District. My research efforts were greatly enriched with the aid and insight of my research assistant and interpreter Catherine Simkonda.

In Chapter 4, I present my analysis of stories revolving around the treatment of AIDS in Malawi. More specifically, this chapter seeks to make sense of popular rumors of inadequate AIDS treatment in an era of conspicuous donor largesse and the scale-up of antiretroviral drugs. The three conspiracy theories presented in this chapter are illustrative of Malawian beliefs about accessibility of biomedical treatment, government accountability, and Malawi’s place in a global health and economic hierarchy. The scaling up of ARV treatment in Malawi beginning in 2005 provides a focal point around which to situate the study of Malawian vernacular health beliefs and the re-emergence of suspicions about population control and second-tier medicine imports. The re-emergence of themes of suspicions apparent across time suggests the continuing salience of the themes in the current AIDS crisis as well as the collective experience of governmental or public health negligence or abuse.

\(^6\)“Ever-married” is a social science survey designation for people who have at one point been married whether they are currently married or not.
Chapter 5 moves our attention away from examining talk about distant dangers to investigate ways that married women in rural northern Malawi struggle to reduce the HIV risk introduced to them by reportedly unfaithful husbands with an assortment of strategies. As Malawian women go about their lives they find ways to deal with fear of HIV infection that fit into their social context in ways that the ABCs (Abstain, Be Faithful, and Use Condoms) of global health fame cannot. Part of this process of risk reduction and AIDS prevention is accomplished through and communicated in conversational genres of complaints, gossip, and advice. Troubled women draw upon the knowledge of those with cultural and social authority as well as peers with whom they commiserate and gossip. Many of the strategies are directed toward changing their husbands' extramarital practices rather than their own and include advice to confront husbands, endure, pray, or use love potions. Analysis of talk revolving around everyday prevention strategies reveals the tensions women feel in acting upon the secrets they have learned and the advice they have received.

The sixth chapter follows women's strategies to trace structures and maneuvers that contribute to the relative success or failure of aggressive strategies. Women using aggressive strategies, whether physical aggression or social aggression, seek to oust a sexual rival from the life of a spouse. From my analysis of stories of fights between women and their rivals, both third-person and first-person, I derived the importance of labeling processes and exclusion in aggressive strategies. However, women combatants may have roughly equivalent status in their communities thus limiting the fixity of negative labels often attributed to the "other" woman such as "prostitute" or "AIDS widow." The recitation of fight tales elicits responses of laughter and sympathy for both
the wife and her rival provoking feelings of both amusement and sorrow in those who hear of such happenings.

The final discussion draws together some of the key findings of this dissertation including the observation that the emic reactions to AIDS epidemic in Malawi constitute incremental adaptations of everyday routines instead of revolutions. The fear of government public health agendas and annoyance at apparent hypocritical or irresponsible behaviors of government health workers foments into rumors that constitute cries for greater accountability and healing and not a rejection of proffered medicine. Malawians and many others in the region of southeast Africa are familiar with the notion that powerful people and objects/substances can be endowed with the ability to both kill and cure. Similarly Tumbuka wives find that marriages are a source of life and possibly death, complicating their actions to avoid risk of contracting HIV from a spouse. Women who hope to transform yet preserve their marriages may find themselves up against other vulnerable women in a struggle that cannot have a fully satisfying conclusion. In the contests women say there is sorrow and laughter mingled. For someone to win another must lose. Despite the light thrown onto the dark places through the sharing of conspiracy theories, gossip, and advice shadows of uncertainty remain as long as reversals are possible, new troubles may arise, and other secrets remain hidden.
Chapter 2

Literature and Background

AIDS in Malawi

The AIDS epidemic has hit communities of sub-Saharan Africa hard. In 2006 almost two-thirds of all people in the world infected with AIDS lived in sub-Saharan Africa (UNAIDS/WHO 2006:10). Malawi’s AIDS burden is the eighth highest in the world (UNAIDS/WHO 2005; UNDP 2004). The 2004 Malawi Demographic and Health Survey (DHS) reported that 12 percent of men and women between the ages of 15 and 49 were living with HIV/AIDS. When disaggregated by sex, a distinction further explored in this dissertation, men’s prevalence rate was 10 percent and women’s 13 percent (NSO 2005:230). HIV prevalence rates also vary according to whether one lives in a city or in a rural area. Urban women have a much higher HIV prevalence rate than rural woman (18 percent versus 13 percent) but the difference between urban and rural men is even more pronounced (16 percent and 9 percent respectively), suggesting that whether in the city or on their farms, women are more vulnerable to HIV infection than men (NSO 2005:17). Though an epidemic of these proportions has been decades in the making, the public health infrastructure has had little success in keeping pace with the need. Malawi, a small country located in southeast Africa with a population of roughly 12 million, not only has one of the highest AIDS burdens, but it is one of the poorest nations in the world, a circumstance that adds to the difficulties in fighting AIDS (World Bank 2004).
In the mid-1980s, Malawi’s government instituted strategies for battling the spreading epidemic. Since the drafting of the first strategic plan, HIV/AIDS programs have been primarily geared toward activities of testing, creating “awareness,” preventing mother-to-child-transmission (PMTCT), and promoting behavior change (Department of Nutrition, HIV and AIDS 2005). With scarce resources and a weak public health infrastructure, the government has provided relatively little in the way of treatment. According to Malawi’s own Ministry of Health, of more than 20,000 healthcare posts, 33 percent are vacant, a total of 64 percent of nursing positions have not been filled, and Malawian healthcare facilities retain only one-sixth of the number of recommended doctors (Harries 2006:1070). It was only in 2005 that the government began dispensing, free of charge, antiretroviral drugs (ARVs), which lengthen the lives of AIDS sufferers; a decade earlier these drugs had transformed AIDS into a chronic disease in rich nations (Palella et al. 1998).

To a great extent, the government’s current provision of ARVs has been made possible by external donors, most notably the Global Fund against AIDS, Tuberculosis and Malaria (Harries 2006:1071). The newly democratic government, with its assets of democracy and “good governance,” has been able to attract substantial donor funds to address the problem that Malawi’s own underfunded public health system could not. By the late 1990s one researcher estimated that at least seventy-three non-governmental organizations (NGOs), both local and international, were dealing with AIDS in Malawi, the largest contributors being UNAIDS, USAID, UNDP, UNICEF, Action-Aid, and the British governmental aid agency DFID. The activities and intent of the government, this cadre of AIDS donors, and the local organizations they fund are all subject to critical
scrutiny by the Malawians. Both measures to promote prevention as well as nascent treatment programs have been received with an air of hope, wariness, and suspicion expressed in myriad rumors and conspiracy theories.

**Rumors and Epidemics**

According to Gary Alan Fine, “Major epidemics have always provided a rich vein of folklore—particularly the creation of rumors, legends, folk beliefs and even humor. Accounts of cholera, polio and the Black Plague have demonstrated the connection of folklore to the popular understanding of disease” (1992:69). In other words, by paying attention to informal communication relating to a disease, we can learn about a community’s vernacular health beliefs. The folklore genres we are most concerned with here are those speculative genres common to everyday conversations whose purpose is to represent observed reality and fill in gaps for that which cannot be observed. Gossip and rumor obviously fit into this category of narrative.

Stewart and Strathern offer useful definitions of gossip and rumor. Gossip, which is talk about an absent subject, “takes place mutually among people in networks or groups. Rumor is unsubstantiated information, true or untrue, that passes by word of mouth, often in wider networks than gossip” (Stewart and Strathern 2004:38). While rumor or gossip can contain positive or negative judgments or characterization of their subject, people often linger over the negatives, the scandalous. In addition, it is important
to note that practical advice, given explicitly or communicated implicitly, also flows from these exchanges.\footnote{For a discussion of advice, see also Swidler and Watkins, “Hearsay Ethnography.”}

The notion of passing along and seeking information of “practical” value is of particular importance in the context of an epidemic disease like AIDS. This inevitably fatal, sexually transmitted disease, often undetected in the first years of its incubation, seems designed to spark speculation. In Malawi, when people get together to chat, they share observations and collectively construct the sexual histories of neighbors and relatives. They infer HIV serostatus of others through these sexual histories and sometimes use this information in choosing sexual partners (Kaler 2004a; Poulin 2007; Reniers 2003, 2005; Schatz 2002; Watkins 2004). Sociologist Tamotsu Shibutani (1966) says that rumors arise in ambiguous situations, often some kind of crisis in which people pool their information in order to solve a problem. Rumor can thus form a basis for action. Speculation about the sexual histories of neighbors and relatives often functions as a preventative measure, forming a response to the problem of a possibly hidden disease. This preventative stance toward HIV is at odds with the portrayal of sub-Saharan Africans as fatalistic with regards to AIDS (Campbell 2003). Instead, people seek and pass along information that may help them navigate the epidemic.

By stating that gossip, rumor, and conspiracy theory may serve the function of educating people about the potential dangers of certain sexual partners or classes of “at risk” people, I do not suggest this is the only function they serve. In Ruth Finnegan’s monograph \textit{Oral Literature in Africa}, she criticizes the tendency of researchers of African prose narratives to assume that their primary function is to educate and socialize.
This structural-functionalism paradigm was not only common in folktale analysis but also in the study of gossip. Max Gluckman, coming from the school of structural functionalism, analyzed gossip as a means by which group solidarity was created, social norms restated, and undesirable behaviors sanctioned. In other words, the integrity of social institutions is maintained through these discursive processes (Gluckman 1963). Detractors were not far behind in firing their ripostes. Robert Paine says gossip is a competition of information transmission whereby a person creates a favorable impression of himself while degrading the reputation of a rival (Paine 1967).

However, according to Abrahams, gossip is used for both enhancement of personal power as well as the articulation of community ideals. In his treatise “The Performance-Centered Approach to Gossip” he concludes that gossip, in that it encompasses these multiple functions, is related to other rhetorical strategies and genres (1970). For example, among the Vincentian speakers of English creole in the British West Indies, the equivalent of gossip “cômmess” was also related to joking, arguing, and ritualized performances. Similarly, everyday discussions of anxiety about AIDS treatment and prevention in everyday life is registered across the related genres of rumor, gossip, conspiracy theory, legend, and advice exchange. I would also add that these kinds of discourses, stirred up in the midst of worry and uncertainty, are linked to traditional practices in managing relations to family and state. Both the verbal and practical are parts of the self-same folk repertoire.

In a statement echoing that of Abrahams’ above, Sally Engle Merry suggests that the conflict between the two modes—system centered and actor centered—could be resolved through a synthesis that opens up the way for further inquiry into the functions
of rumors. She asserts that alone, each perspective creates a caricature of reality. Not all gossip contributes to social equilibrium, nor is every instance of gossip about self-promotion (Merry 1984). My analysis, which follows, is enriched by the notion of gossip as egocentric interest (i.e., self-promotion and disease avoidance) as well as the notion of gossip’s function in articulating and re-forming social norms.

In her study of gossip among the upper-middle class in Philadelphia, Yerkovich conceived of gossip as “conversational practice which involves the creation of others as ‘moral characters’ in talk” (1976:13). Yerkovich, like Abrahams (1970), suggests that gossip is not an end in itself but a way of speaking. Her overall aim was to better understand gossip by studying a particular woman and her social network. In contrast, I hope to better understand the imagined worlds, shared values, and practical wisdom of my informants through the study of gossip and related genres. However, the construction of moral characters remains a central activity of gossip examined here as a person’s reputation plays a role in strategies of exclusion.

If rumor is an instance of collective belief formation, then in Malawi the discursive culmination of that collective belief formation is advice. Indeed, advice is often said to be “good medicine,” and girls in northern Malawi pay a small fee for the advice they receive from elders at their menstrual initiation. Throughout the early years of their marriages they continue to receive counsel. So while rumor seeks to inform and reveal hidden truths, it is advice that explicitly translates that information into a script for

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2 Gary Alan Fine mentions that advice is one function of contemporary legends (also known as urban legends), as contemporary legends “are designed to be spread to relevant others who care and who might face similar situations” (1992:30).
action. Advice often flows vertically from elder generations to younger generations, but it can also flow laterally between agemates and friends.

In addition to gossip, that idiom of intimacy, this dissertation is concerned with conspiracy theories, a type of rumor that takes as its subject the exertion of malevolent influence that the distant powers of government, NGOs, and global aid organizations have on the everyday reality of Malawians. Conspiracy theories about AIDS treatment in Malawi point to hidden plots of tainted medicine and worthless treatments. I draw upon Luise White’s approach to the vampire narratives circulating in colonial East and Central Africa to structure my analysis. White conceives of these narratives about the experiences of colonial medicine as neither true nor false, neither depictions of actual events nor fantasies of irrational minds, but rather as descriptions of “meanings and powers and ideas” informing the ways people behave and think (White 2000:89). She suggests such stories should be read for generic, formulaic qualities. In particular, White finds that vampire rumors, when juxtaposed to triumphant tales of biomedical practice, can illuminate the context in which biomedicine was practiced in colonial East and Central Africa (2000:89). The same can be said of current conspiracy theories, which abound in Malawi: about a lucrative AIDS industry, stories about a cure for AIDS hidden through an international conspiracy to keep the poor sick, and tales of tainted or second-rate drugs imported into Malawi. In the face of government claims of authority in defining and dealing with HIV/AIDS, the conspiracy theories of Malawians encode persistent skepticism about western biomedicine and government claims of mastery in the realm of healing.
Suspicion, a prominent structuring idiom in sub-Saharan Africa, is manifested throughout the pre-colonial, colonial, and independent periods in traditions of witchcraft accusation and witch purging movements. These movements have targeted the high (i.e., ruling elite) and the low (i.e., neighbors or kin) and have exposed tensions in the social fabric (Ardener 1970; Chakaza 1985; Evans-Pritchard 1976 [1937]; Green 1997; Marwick 1952; Mitchell 1956; Peters 2002; Probst 1999; Richards 1935). Conspiracy theories and witchcraft accusations both arise out of "occult cosmologies" defined by West and Sanders as "systems of belief in a world animated by secret, mysterious, and/or unseen powers (2003:6)." The long tradition of witchcraft accusation and the habitual suspicion of hidden powers it evidences function as the fertile ground from which conspiracy theories spring. Several scholars have linked conspiracy rumors and witchcraft accusations to the processes of democratization and the monetization and globalizing of economic systems (Ashforth 1996; Auslander 1993; Comaroff and Comaroff 1993; Geschiere 1997; Sanders 1999, 2003; West and Luedke 2006:3). The resultant "malcontents of modernity"4 include the experience of entrenched poverty and the exacerbation of political, economic, gender, and health disparities on local and global scales. Some scholars have noted that the AIDS epidemic has spurred witchcraft accusations in Haiti and sub-Saharan Africa as people try to make sense of misfortune, avoid being labeled as diseased, and interpret illness symptoms with respect to familiar etiological theories (Ashforth 2002, 2005; Farmer 1992; Rödlach 2006; Stadler 2003; Yamba 1997). My reference to witchcraft is a variation on the notion that the new (in this

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case AIDS) is interpreted in the light of the old, familiar idiom of suspicion and accusation.

Many might be tempted to assume that suspicions and accusations are born of irrational thought processes, or they might think that narratives of suspicion are simply fabricated to deal with anxiety and uncertainty. However, Hufford contends, “events accurately observed and reasoning properly carried out are in some cases central in the development and maintenance of folk belief, even when the beliefs are fantastic” (1982:xiii). His experience-centered approach to supernatural beliefs can easily be extended to health narratives and beliefs of Malawians. Thus repetition of experiences and observations across generations also account for the revival of narratives of suspicion in Malawian communities. Conspiracy theories of present-day Malawi about the government’s AIDS treatment agenda and about the technology of antiretroviral medicine itself can be added to a long discourse of medical suspicion chronicled in studies regarding African encounters with Western medicine.

**Black Skin, White Pills: Acceptability of Western Medicine in Sub-Saharan Africa**

For many African communities the first sustained experience of Western medicine came through missionaries in the late nineteenth century (Comaroff and Comaroff 1990, 1997; Etherington 1987; Friedson 1996; Gelfand 1964; Northcott 1945; Vaughan 1991:55f). In response to medical missions, a demand for European pharmaceuticals was created across southern Africa (Comaroff and Comaroff 1997). Medical anthropologists, historians, and sociologists have struggled to make sense of the twinning of strong desires for pills and injections on the one hand with rejection and
suspicion of these technologies on the other. In 1924 when missionaries began giving injections to treat yaws, many traveled for miles around in pilgrimages to receive the treatment (Gelfand 1964:40; Ranger 1992:266-7). Missionaries spoke effusively of their successes in attracting and treating African patients. Comaroff and Comaroff write,

Robert Moffat (1842:591), for one soon found out that, in the interior, “it was well known that [he] performed some cure.” On his travels consequently, he was often brought “dozens” of patients and plied with demands for medication; although the fact that he was asked for books as well should alert us to the ways in which white power was being objectified in the local imagination... In like vein, some people are said to have walked over a hundred miles to seek Livingstone’s treatment. (1997:338)

However, European medicine was not the only medicine thought powerful because it came from afar. According to Comaroff and Comaroff, one missionary noted the tendency of the Tswana to seek out cures among neighboring groups to enlarge their own medical repertoire (1997:38). In Borders and Healers Harry West and Tracy Luedke assert, “Evidence abounds from as far back as the historical record reaches of the movement across geographical and social borders of healers and their patients and of their materials and ideas associated with healing” (2006:3). In Luise White’s analysis of the translation of European objects and techniques into the African idiom, she states, “Ointments, stethoscopes, and pills may have been objects translated and substituted into local beliefs, made powerful not because of their novelty or their strength but because of the difficult journeys required to obtain them.” Beliefs about powerful border-crossing healers may have helped pave the way for the acceptance of European medicine, but

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5 See also Last 1992; Prince and Geissler 2001; Rekdal 1999; van Binsbergen 1995; Whyte 1982; and Whyte, van der Geest, and Hardon (2002:6-9).
other beliefs undermined the acceptability of the drugs. African communities have continuously imputed meanings to Western medicine that have dismayed and bewildered public health officials.

Besides slippages in translation between health belief systems, drugs are sometimes rejected or eyed with suspicion on a variety of grounds. For example, rumors of sterilization plots have recurred with successive public health campaigns since at least the early twentieth century and flourish unabated today (e.g. Feldman-Savelsberg 2000; Kaler 2004b; White 2000). Others have questioned the suitability of white medicines for black bodies (Ranger 1992; Rutenburg and Watkins 1997), while other still ponder possible toxicity or the inadequacy of drugs given at no or low monetary cost (Ashforth 2005:144). In rumor, contradictions are brought together but not resolved (White 2000). In rumor, Malawians suggest that powerful cures from afar can also kill.6

Accusations and Inequalities

AIDS conspiracy theories, etiological accusations, and pharmaceutical skepticism are the latest incarnation of “questioning misfortune”7 in Malawi. According to Evans-Pritchard in his ethnographic study of witch beliefs among the Zande, when misfortunes occur, people ask, “Why me? What do I have that causes others to be jealous, and who close to me is causing my misfortune?” In her research among the Nyole of Uganda, Whyte found that a different question predominated when misfortune struck: “Why

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6 Ashforth found similar ambiguities in the understanding of traditional medicine in South Africa. *Muthi* can be translated as both medicine and poison (2005:133-153).
7 See Whyte 1997.
“you?” The immediate response to unexplained sickness is to focus on discovering who is behind the illness, an act of “extrospection” rather than introspection. When Malawians move the question of misfortune beyond the level of individual misfortune to a context of collective suffering of families, villages, regions, and whole nations, the questions “why me?” and “why you?” become equally relevant, as the answers are constructed in the context of tensions between “me” and “you.” Accusations follow tension and suspicion.

Paul Farmer’s seminal treatise on AIDS and accusation (1992) points to the central role of accusation in constructing meaning in the AIDS epidemic. In his ethnography of social responses to AIDS in Haiti, he found, “Of all the responses registered, accusation—the assertion that human agency had a role in the etiology of AIDS—is the dominant leitmotiv” (1992:192). Similarly AIDS-related accusations in Malawi regularly register social tensions in the form of accusation. Like witchcraft accusations, AIDS accusations explore the fault lines between rich and poor (or poor and poorer), male and female, urban and rural, young and old, mobile and stationary, insider and foreigner.

The study of blame has led scholars in two directions pertinent to this thesis. The first is toward examining the construction of stigmatized, diseased identities. This body of work has paid close attention to issues of discrimination and the ways in which widespread public health practices of targeting “at risk” groups create “at risk” individuals subject to slander and exclusion (Brown 2000; Farmer 1999; Green 1995; Link and Phelan 1995; Marshall 2005; Meyer-Weitz et al. 1998; Niehaus 2001; Treichler 1999). I also study strategies of exclusion based on diseased identities but go against prevalent trends to view these strategies from the perspective of women who use these
strategies to secure fidelity in their marriages. While most AIDS literature about
stigmatized identities focuses on the vulnerabilities of targeted individuals and the means
by which they resist stigma and all it entails, my research uncovers a different
perspective, that of the accuser. According to Douglas the diseased label is a resource for
marking “public enemies” and is used in strategies of exclusion not only between the
powerful and the weak but between relative social equals (Douglas 1991:734). Some
women in Malawi, fearing the HIV serostatus of their husbands’ girlfriends or other
wives, will try to marginalize those women by affixing the diseased label and mobilize
others in the community in their efforts.

The other set of studies pertinent here analyze blame directed cross-culturally or
transnationally and the ways in which such accusations, when coupled with individually
based behavior modification recommendations, can be a product of or a means to
perpetuate inequality and health disparities (e.g. Baylies 2000; Farmer 1999; Setel 1999).
Public health advocates, political scientists, medical sociologists, and medical
anthropologists have sought to expose how the political and economic policies of
multilateral and bilateral organizations have contributed to a situation in which those who
are in the greatest need of AIDS treatment (e.g. those living in poor regions where HIV
prevalence is highest) are the least likely to receive AIDS medication. They call to
account national governments, multilateral organizations (United Nations, World Bank,
World Health Organization), and NGOs and charge them with recognizing that the AIDS
epidemic is more than a health problem but a problem of “systematic inequalities” that
they have a responsibility to alleviate (Baylies 2000).
The language of government accountability, borrowed from the vocabulary of multilateral organizations supporting African transitions to democracy, has come to permeate local discourses of AIDS in Malawi. Thus accusations have subtly shifted from etiological attributions to the government of Malawi’s responsibility to use AIDS funds wisely in ways that are intelligible and grounded in needs as expressed by the people. The nature of the public’s relationship with the Government of Malawi vis-à-vis the AIDS epidemic is complex but bears further discussion to contextualize popular conspiracy theories about antiviral drugs and calls for accountability in healing.

**The Government Disease**

Currently the government is the dominant organizational referent for HIV/AIDS in Malawi. The most obvious sign that people associate AIDS with the government is the popular name for AIDS, *Matenda a Boma*, translated “government disease.” The nature of the perceived connection is varied. For some the connection comes from first hearing of AIDS from government announcements. During research conducted in 2004, we asked village headmen and traditional healers in rural Rumphi District when they first remember hearing about AIDS. The following conversation with a traditional healer typifies the responses offered:

I asked when he first began to notice AIDS and what he, as a healer, does about it. He [said he] started hearing about HIV/AIDS in the ‘80s and ‘90s. He saw this [AIDS] in action starting 2001 to 2004 after seeing the sick people...He added that he was hearing about AIDS through the radio. We asked if he could remember what they were saying [on the radio].

He said he was hearing from the people that there was AIDS, a disease that cannot be cured by traditional healers or doctors. They gave instructions—no local
injections in the villages, take care of yourself. When going to healer carry your own razor blades. (Wilson fieldnotes July 16, 2004)

Msiska, a young healer and farmer, gained his initial knowledge of AIDS, like many others, not through firsthand experience but through warnings made on the radio, at government hospitals, or by word of mouth. Before the media was liberalized in 1994, the Malawi Broadcasting Corporation (MBC) was the only radio station. It was also owned and tightly controlled by the then-autocratic national government (Chirambo 2002:112; Englund 2002b:22). When Malawians heard the messages on the radio, they assumed the government was behind it. And if people did not hear certain information through the radio, then they assumed that the government was also responsible for this silence. The following excerpt, written by a Malawian informant, reports a conversation between several young men discussing the history of the government’s efforts to sensitize Malawians.

Another young man also said that AIDS came [to] live in Malawi [a] long time ago and for the time it came here no one knew that there is AIDS around and people were still doing sex rather practicing sexual intercourse and it means they had been spreading to each other and the time that our government begun knowing that there is AIDS [it] means a lot have already contracted it and since that time of Kamuzu Banda the former president of Malawi things were very complicated the government was not so active as it is nowadays that now everyone knows more of AIDS and hence be aware of it through the radios, newspapers and even dramas. (Bato September 2003)

Besides the paucity of information provided in the late 1980s and early 1990s, people recall the confusion caused by inaccurate or contradictory AIDS messages. Older Malawians say that at first they were just hearing that there was this deadly new disease AIDS, which has no cure. People were not sure what to believe, especially as many had
not yet seen physical evidence of AIDS. We spoke to a Nelson Kayira, a fifty-two-year-old village headman and healer, about first reactions to early information about AIDS in his village.

I: What did people say when they heard about it?
R: People did not believe it although they heard it.
I: Why didn’t they believe it? What kind of things did they say?
R: These people said it was a lie because the instructions they were given. Because they thought they could get it from handshakes, wearing same clothes and eating together. They were misinformed.
I: When did they start believing it?
R: People started believing it because they saw many people had died. At this time they heard more instructions that were true. That you could get it through sex, razors, and injections...I also started believing there was AIDS in 1990s. (Fieldnotes July 21, 2004)

The 1990s saw the high HIV prevalence of the 1980s converted into cases of full-blown AIDS and rapid deaths as people began to shrink to skeletal proportions, exhibiting the signs and symptoms described by government health officials. The messages of the government were thus the words of prophets. It seemed that the government had spoken truth and held knowledge about a new and frightening disease. In the passage below a man explains to the rumor journaler signs of AIDS and the reason that people should already be aware of these symptoms.

“[It’s] bad, this disease is killing those who are deaf enough from the daily messages from this radio (There was a radio near where he sat)... warning them that the disease is dangerous and has no medicine. What kind of disease has no medicine? In the past there were other dangerous disease[s] like Chitayo but [we] had medicine and the other but not this one.”

And I asked …”[what do] these people think of this disease then?”

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He said “people think that because it is a global crisis and has world widely spread then it’s indeed a disease which the bible has written about Kaliwonde-wonde”.

And I said “What do they do, if [anything] at all, considering that partners they go for might have infected of this disease?”

He said, “I believe some people are clever when noticing that his/her partner has started showing signs of what kinds of what the radio says that becoming ...thinner and thinner, coughing persistently and hairs becoming scraggly and soft. The clever partners leaves or divorces the partner or the spouse no matter how good and powerful she was or he was to avoiding contracting the disease.” (Bato, May 2002)

In the excerpt above there is no direct mention of the government as the source of information, but ample evidence exists that government and media, especially radio, are closely associated in the eyes of the public. Malawi’s first radio station served as a mouthpiece for government propaganda. Under the democratic dispensation, independent radio stations have sprung up, but Malawi Broadcasting Corporation still dominates. The memory of the old authoritarian use of the media has not yet faded. Furthermore, the public often expects (or suspects) that the government is a censor or final approver of any information broadcast. For instance, conversations found in the rumor journals are full of complaints that the government is encouraging people to use Chishango brand condoms and thus encouraging extramarital sex and the spread of AIDS. Others complain that they are hawking defective goods, as the wife of one of the journalers asserts in the passage below:

“The radio announces another type of Chishango condom which the government has yet just established. Why is the government recommending the new-fashioned type every day? It means the old ones have faults. Shouldn’t they stop wasting money on this but rather make us aware of AIDS?” (Bato, April 2002)

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8 Chichewa meaning getting thinner and thinner.
Chishango is a brand of condoms distributed by Population Services International (PSI), a United States-based, non-governmental organization, and yet in many conversations it is the Malawian government that remains the focus of condom-related criticisms.

"This is so because when you open the radio you hear that there is AIDS, when you attend a meeting you hear that there is AIDS, when you go to the church you hear that there is AIDS. It is heard everywhere that there is AIDS and because of that the guys are afraid of going for girls because they are afraid of catching AIDS. It is heard everywhere that there is AIDS and if there is a place where it is not common to hear of AIDS is at the funeral. I only heard once at a certain funeral at Kalonga where the village headman announced that the dead person had died of "matenda a boma" (Geladi, February 2003).

I suggest that the principle that Gary Alan Fine calls the "Goliath Effect" contributes to making the government of Malawi the dominant organizational reference in AIDS discourse. In Fine's study of American rumors about big corporations, he found that urban legends tend to specify the biggest corporations, those that are most prestigious or that have the most products on the market (Fine 1992). Messages about AIDS are everywhere in Malawi, and according to my sources, it is not only the government that is responsible for creating and disseminating them. However, no other organization rivals the government to the extent to which AIDS is identified with it.

**Worried Wives**

Marriage has come under scrutiny as a potentially disempowering institution for women in contexts such as Malawi. From social science to international human rights
organizations, women are presented as vulnerable and unable to enforce the use of condoms or live independently of a husband’s cash income (Amaro 1995; Baylies and Bujra 2000; Doyal 1995; Heise et al. 1995; Issiaka et al. 2001; Kandiyoti 1988; Lesch and Kruger 2005; Maman 2001; McGrath et al. 1992; Seeley 1994; Sinding 2005). Indeed, quantitative studies suggest that, on average, women in Malawi are more worried about contracting AIDS than men are (Clark 2005; Smith 2003; Smith and Watkins 2005). Not only are women more worried, their worry is of a different kind. Whereas men fear infection from extramarital partners, women are more afraid that their husbands will pass the disease on to them from girlfriends or other wives (Clark 2005; Smith and Watkins 2005). They have reason to worry. Malawian men are far more likely to have extramarital partners than women. And although men are more likely to use condoms with extramarital partners than with their wives, the use of condoms is not consistent (NSO 2005). This means that men who have unprotected sex with their extramarital partners increase the risk of the transmission of AIDS to their wives. So what can women do?

Both Enid Schatz (2002) and Georges Reniers (2003; 2006) have found that women in Malawi are beginning to use divorce as a strategy for removing themselves from risk of HIV infection when their husbands are unfaithful.\(^9\) Divorce is not uncommon in Malawi. In Rumphi 14 percent of first marriages have ended after five years. After twenty-five years about 40 percent of first marriages have ended (Reniers 2006: 82). But divorce is not a foregone conclusion in this kind of marital conflict. Indeed, it usually

\(^9\) For more on the development of prevention strategies in Malawi, see Baylies and Bujra 2000; Poulin 2007; Watkins 2004.
only takes place after a series of interventions have failed. And divorce may not even
happen at all, especially when there are children, financial constraints, *lobola*
(bridewealth), \(^{10}\) and various family obligations. In a patrilineal society like that of the
Tumbuka, divorce is easier for a man to initiate than a woman. Children become part of
the husband’s kin group upon the payment of *lobola*, or an agreed-upon monetary
bridewealth, and a woman may risk leaving them behind if she decides to leave the
marriage. Instead, many Tumbuka women find themselves negotiating AIDS risk within
the context of marriage and learning a variety of ways to endure.

**Women’s Strategies in Marital Conflict**

Women in southern Africa have long worked within the confines of patriarchal
societies to exert influence on their situations. Elizabeth Schmidt, in her study of Shona
women from 1870-1939, highlights the ways in which women exerted influence
informally when their access to institutionalized power was lacking. Drawing on the
distinction made by Bourque and Warren, Schmidt characterizes “power” as “the
capacity to define and enforce the rules by which society is governed (1992:20). Power is
institutionalized and formalized, whereas “influence” consists of informal strategies used
by those excluded from prominent institutions. The goal of these strategies is to “limit the
power of others and the ways in which that power impinges upon their lives (1992:20).”
Furthermore, because they are systematically excluded from key institutions based on
gender, women rely more exclusively on strategies of influence than men.

\(^{10}\) Bridewealth among the Tumbuka is usually paid in cattle and/or cash.
Schmidt notes that many of these strategies are culturally acceptable. Indeed, many of the strategies Schmidt enumerated are folkloric in nature, including gossip (which she describes as a means of social control) and subversive work songs. Other means of expressing displeasure in order to exert influence included the naming of children. Through the names of their children, co-wives in a polygamous marriage would express displeasure with one another. The songs sung while women pounded maize were a means by which they could complain about the ill-treatment of their in-laws. Such traditions of complaint through song have also been documented in Malawi (White 1987; Friedson 1996). Likewise, gossip and rumor are a means by which the Tumbuka women I interviewed assert influence and reshape their social contexts.

The Tumbuka of Northern Malawi

My in-depth field research took place among the Tumbuka of northern Malawi. It is in this context that I studied women’s marital strategies for preventing AIDS infection. Malawi is divided into three large administrative districts that correspond roughly to ethnic groupings. The district of Rumphi sits in the northern region, which has been politically and economically marginalized since the independence in 1964, stagnating industrial development and political representation (Friedson 1996:52; Vail and White 1989). Most Tumbuka are subsistence farmers, living on extended-family compounds and cultivating a plot of land to support the family. Crop surpluses are often used to buy soap, salt, sugar for tea, and to pay school fees (Friedson 196:53).

Although the northern region is politically and economically marginalized in comparison to the other regions, Rumphi has high average educational attainment in
contrast to districts in the central and southern regions. In a survey 93 percent of Tumbuka men responded that they could read and write, while only 51 percent of the Yao and Chewa men could. Of Tumbuka women 70 percent were literate, whereas among Yao women only 12 percent were literate (Poulin 2007:97f). The greater emphasis on education relative to other regions is likely due to the legacy of missionaries from the Free Church of Scotland who came to the area in the late nineteenth century. Another legacy of the missions in the north is a high concentration of Presbyterians compared to the central region, where Catholicism dominates, and the southern Malawi, where Islam is prevalent.

In my research site, the village of Chikuwala, as in many villages in northern Malawi, the economy is dominated by the production and sale of tobacco. A labor-intensive enterprise with unpredictable returns, growing tobacco often involves the hiring of additional laborers outside of the household, the shifting of adolescent plants from the dambo nurseries to the fields, and the liberal use of costly fertilizer. The division of labor between men and women is striking. In addition to cultivating cash and subsistence crops, other economic activities in Rumphi included the ownership of small tack shops, teaching, trade, and selling crafts (Takane 2006). Most non-agricultural cash-generating activities are dominated by men who are more mobile than women, leaving women dependent on men for provision of cash for school fees and other such necessities.

Marriage among the Tumbuka is patrilineal and virilocal. Generally speaking, women are closely tied to the domestic sphere of their affinal kin by a multitude of

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11 The village name is a pseudonym to protect the identity of my informants.
12 Fertile wetlands.
13 Convenience store for the sale of manufactured consumer goods such as soaps, razors, packaged snack food, and other consumable convenience items.
productive and reproductive responsibilities. While men and women both work the fields, women additionally keep the home through daily cleaning and periodic smearing. The village where I carried out my research was composed of several compounds where close patrikin live in clustered houses of mud wall or mud brick and thatch. Here the women cooked—sometimes for in-laws or the whole compound—cared for the children, took care of ailing family members, and spent hours fetching firewood and drawing water. On average women in Malawi work a twelve-hour work day, whereas men work from four to six hours per day (Schatz 2002:50). Quoted in Schatz (2002), Mbilizi states that “The fact that women work exceedingly hard for survival has made them the most vulnerable group” (Mbilizi 1997; Schatz 2002). And while women hear the many public health warnings about AIDS, it is not necessarily at the top of their daily concerns; as women in one of the world’s poorest nations, they are primarily trying to keep their families fed in the midst of drought and crop failure.

To understand Malawian women’s response to the AIDS crisis, we must first understand their embeddedness in multiple relations of responsibility. One major complaint of women in sub-Saharan Africa is that while they may adhere to the ABCs of AIDS prevention, they do not trust their husbands to do. Yet women are bound (and/or inclined) by expectations of marriage to consent to sex with husbands even when they feel endangered by them. Few wives are in the position to insist on the use of condoms.

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14 Smearing refers to resurfacing both the exterior and interior of the hut with mud, which is used as plaster.
within their marriage.\textsuperscript{16} This may explain why so many strategies I learned about involve trying to change the behavior of the "other."

There were two main types of "other" that women's strategies targeted: husbands and the extramarital partners of their husbands. Many of these strategies discussed in Chapters 5 and 6 may be seen more generally as strategies for ensuring the fidelity of a spouse, but in these times of the "nowadays disease," ensuring fidelity takes on a new level of urgency such that even some extreme actions may be tacitly endorsed by sympathetic community members. My task as a folklorist and ethnographer was to find a way to listen in on these conversations.

Chapter 3

Research by Design and by Chance: Research Methods

Beginnings

As a "professional stranger" one must create opportunities to hear about the topics of interest, rely upon local assistance to glean information circulating within intimate social networks, and take advantage of happy accidents. The topics I chose to pursue emerged from preliminary fieldwork in Malawi during the summers of 2004 and 2005 in conjunction with my participation in the Malawi Diffusion and Ideational Change Project (MDICP). The MDICP is a longitudinal survey project that solicits data on the impact of social networks in the dissemination of health information and behavior change. The project has a qualitative component, a journal project in which Malawians, trained to work as interviewers for MDICP, write down everyday conversations about AIDS they overhear or take part in. During my assignments as a graduate research assistant, one of my responsibilities was thematically coding such reports.

While coding, I realized that these everyday conversations are a major means by which health information is imparted, debated, and reinterpreted; the stories being told about HIV and AIDS were stories about infidelity, sick neighbors and their symptoms, rich men enticing young girls with money, women fighting over men, scandals of men and women caught in the act of sexual intercourse, concern about the youth and the

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1 Agar, Michael (1996[1980])
2 The Malawi Diffusion and Ideational Change Project has been funded by the national Institute of Child Health and Human Development (NICHD), grants R01-37276, R01-HD44228-01, R01-HD050142, R01-HD/MH-41713-0. The MDICP has also been funded by the Rockefeller Foundation, grant RF-99009#199. The MDICP received ethical approval from institutional review boards at the University of Pennsylvania and the University of Malawi.
3 We used NVivo software for coding the ethnographic journals.

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“nowadays disease,” discussions of biomedical treatment of AIDS versus treatment by traditional healers (sing ‘anga), men and women fretting over how to choose a sex partner or spouse, and controversies over the efficacy and morality of condom use. People debated the usefulness of testing and speculated about the merit of revealing one’s HIV status. There were complaints about local health care workers and wasteful government spending. Through these stories I was drawn to study rumor, gossip, and conspiracy theory as processes of health belief formation. As people try to make sense of the magnitude and impact of AIDS on the nation and in their communities, they come together to actively seek and constitute knowledge.

During the preliminary phase of my research during the summers of 2004 and 2005, my interest was initially directed toward understanding the transmission of information from the perspective of authorities and cultural leaders; therefore I conducted interviews with headmen, traditional healers, radio personnel, and newspaper journalists during those months. Often the headmen or healers I interviewed spoke with confidence that their advice and leadership in AIDS-related behavior change was heeded by recipients. Members of the media, by contrast, lamented that ignorant village folk did not heed messages, saying, for example, that villagers did not understand or were too stubborn to use condoms and too stuck in tradition to choose biomedicine over traditional healers. While I did not doubt that many of the messages of these journalists, headmen, and healers were reaching villagers, I became concerned with understanding where

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4 Headmen are men or women appointed by higher chiefs to assist the chiefs in carrying out their functions. Headmen and group village headmen (who oversee several villages) report to chiefs matters that occur within their village that fall under jurisdiction of the chief. However, many matters, such as disputes between villagers, for example, are handled by the headmen and never make it to the level of the chief. Village headmen are liaisons between larger governmental bodies and help to funnel information and resources into villages.
people go first for information and advice. How is knowledge constructed and used for everyday solutions by laypeople within close networks before they seek the professional marital intervention of headmen or healing interventions of *sing'anga*? That focus was then narrowed to married women in particular because social science literature consistently points out their vulnerabilities (see Chapter 2). At the same time I maintained an interest in the widely circulated conspiracy rumors. What can conspiracy theories tell us about popular ideas about AIDS treatment and the government's role in public health?

To answer these questions I designed a research project with three major methodological components: ethnographic journals, pilot interviews about AIDS rumors, and interviews with ever-married women about marriage. I begin this chapter with a description of the ethnographic journals, the rumor interviews, and the interviews with wives, and then discuss the role of my research assistant and my fieldnotes.

**Ethnographic Journals**

The strength of the ethnographic journals is that they give a glimpse into natural conversation and the ways in which themes of narratives flow one into another, displaying cognitive links. My initial forays into villages of northern Malawi helped me in shaping a course of inquiry that included both guided interviews and an expanded journal project I designed to focus specifically on marital conflict and women's prevention strategies.

My own journal project was initiated in July of 2005 and ended in June of 2006. In the summer of 2005 I recruited five Rumphi residents to write down conversations they heard in the course of the day. Part of my motivation for this comes from the
difficulty of entering gossip networks as an outsider. Working with locals becomes an
important means for accessing information that flows in intimate networks. Merry
describes this dilemma for participant-observers, writing, “I was able to trace the flow of
information circulating around the neighborhood, but I had little access to those intimate
moments when close friends talk about a third friend. I expect this is true for much
ethnography on gossip. Gossip may be a phenomenon that must rely heavily on reports
of participants rather than those of observers” (Merry 1984:273). The journal project was
an answer to that dilemma. Although a journal project already existed that had collected
over 500 reports, most of these reports were coming out of the matrilineal, Muslim
southern district of Balaka; there was little coverage of northern districts.

In July of 2005 I recruited two women and three men in Rumphi ranging from
ages seventeen to twenty-eight who had all completed high school and were fluent in
English. The men and women were recruited during the hiring process for the Malawi
Religion Project (MRP), a sister project to MDICP in which data collection took place
during the summer of 2005. I worked as a graduate student assistant for MRP and those
who hired interviewers and trained them referred five of the trainees to me to work as
journalers. Both male and female journalers were included to provide insights into the
conversations that take place between men and men; men and women; and women and
women. All were instructed to attend to gossip, rumor or scandal relating to topics of
interest which included stories about marital conflicts, HIV/AIDS, and witchcraft. I will
refer to these men and women as “journalers.” The journalers were told that they could
engage in normal conversations but should not act as formal interviewers. They should
write a record of the conversation on the same night it took place. The journals were to
be written in such a way as to reflect the back-and-forth dynamic of conversation and
were to be written as close to verbatim as possible.

While I encouraged the journalers to be listeners more than speakers or initiators
of conversations I found upon reviewing their writing that for journalers to initiate
conversations was a natural part of interaction and that what it means to initiate a
conversation is not simple to discern. I discovered that a relevant conversation\(^5\) could be
initiated by a question or an observation that sparks a conversation. Some journalers,
especially Simon Nyirenda who had no other employment would spend time visiting the
market and other public places in order to listen and insert his questions into a
conversations already taking place. The effect of this was that the speakers sometimes
discussed aspects of the topic they may not have otherwise mentioned. Yet the question
and answer exchange is a part of the way in which people converse. If Simon had been
mute, this may have seemed strange and shown a lack of interest on his part. By contrast,
several times the journaler Hastings Mkandawire came upon a situation and asked a
question that sparked a discussion that he could not have known would lead to the kinds
of conversations in which I was interested. When he saw a burnt house near the home he
was visiting he asked what happened and was told a story of a jealous wife burning the
home of her rival. In another instance when Hastings, a craftsman and a farmer, went to
buy fertilizer, he began chatting with one of his clients, Mrs. Mwandira, a married woman
in her 30s. As the two talked, a young woman named Beatrice came to her to borrow
money. Hastings had questions about the woman when she walked away.

\[\text{Hastings: Are you related to this beautiful lady?}\]

\(^5\) By “relevant conversation” I refer to discussions that are pertinent to this particular research agenda.
Mrs. Mwandira: Oh yes she is a relative of my husband she is the daughter of my husband’s aunt.
Hastings: She is beautiful I tell you I have liked her who can do the work for me? (Mrs. Mwandira laughed before giving me a question.)
Mrs. Mwandira: What work do you want somebody to do for you?
Hastings: I have loved her, but I am afraid to propose her direct, and instead I need somebody to do the work on my behalf – somebody like you. (Mrs. Mwandira laughed and asked me if I was alone) I am not alone, I am married but I wanted to have her too. I feel like they can’t be a problem to have her in my house. (In fact I was not all serious playing that game but I really pretended serious this was one way of passing hours away while waiting along cue[sic] to be going.)
Mrs. Mwandira: Do you know Rabson Kamanga of Mphombo Village?
Hastings: Oh yes I know that boy what about him, are they going out together or do you want to tell me that Rabson wants to marry her?
Mrs. Mwandira: Mr Carpenter, do you stay in Mzokoto? Rabson once married that lady—he was the sixth husband since she started changing husbands.
Hastings: I heard that Rabson has married but I didn’t know that he married this beautiful lady – so you means she is ready divorced.
Mrs. Mwandira: Mister, beauty has nothing to do in life and love, my reaction is [that she is] really beautiful but her behavior is not beautiful. As I am talking Beatrice is pregnant and she is HIV positive so if you are ready to take care of the double troubles then I will do that work on your behalf.
Hastings: You may know about the pregnancy, but it’s difficult for you to know that the lady is HIV positive, unless you know her hospital report after an HIV test.
Mrs. Mwandira: We know some of the husbands whom she was married to – they were carrying all signs of being HIV positive.

(Beatrice came close to where [we] were. I don’t know what was she to do this time we stopped talking and started other stories. I even stopped admiring the woman for what I got clearly showed that the lady was just beautiful out ward looking but the inside was not okay.)

In the excerpt above, Hastings’ comment clearly sparked the part of the conversation that eventually lead Mrs. Mwandira to disclose the scandalous history of Beatrice. However, he could not have known that the woman’s reputation was tarnished when he began his playful banter. Hastings continued to prompt Mrs. Mwandira to disclose more information with follow up questions and the proffering of his opinions. Yet even his
promptings were not designed to elicit a particular kind of history. They were not the kind of direct questioning that I sought to avoid such as “Do you know of any women or men who are reputed to have contracted AIDS through their sexual activities?” or “Have you heard of any marital conflicts occurring recently?” Instead the questions and observations made by Hastings and the other journalers arose from the social context of the moment. Overall the journalers did a good job in being attentive listeners and recorders of daily interactions without artificial promptings.

I suggested the journalers write their entries in the form of a play, focusing primarily on displaying the dialogue. Some followed this instruction better than others. Though the journals were written primarily in English, great latitude was given for the journaler to write out long phrases in chiTumbuka and then translate on the same page. The original instruction was for journalers to write out proverbial statements or axiomatic phrases in chiTumbuka and include a translation. Later, I could see that some journalers found it useful to write out other types of phrases in the original language for the sake of recall. The innovation was accepted as a normal part of the journal project.

The journals were written in standard 80-page exercise books (20 x 14.5 cm) designed for use by Malawian primary and secondary school students. Journalers were compensated about $20.00 for each booklet and could complete two per month. The limit was set to decrease the temptation of fabricating stories. Of course, there are no guarantees that journalers, or I daresay any informant, is completely honest, but the limit was a hedge against dishonesty. The topics I was interested in were popular topics for discussion and so I assumed there would be no lack of real discourse for the journalers to

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6 “chiTumbuka” means the language of the Tumbuka. The prefix “chi” means “language of.”
record. Furthermore, journalers were asked to give details about the context of the conversation, the relationships among those involved in the discussion, and a description of all those present.

Anyone who has ever written fieldnotes knows it is quite easy to write indefinitely on one event, one moment. Journalers were permitted to write freely and to update stories they had written down before if they heard a new conversation on the same topic; thus there was plenty of material to keep journalers busy without the need for falsification. However, there was one journaler who seemed to be writing down not conversations but long folktales in an obviously literary style. I suspected that she was copying from a book and conferred with my research assistant for her opinion. She agreed with my assessment and the journaler was barred from writing any more reports.

The use of local journalers to collect information, like all methods, has limitations. The high monetary compensation (compared with what most Malawians earned), as mentioned above, could act as an incentive for journalers to fill booklets with fake stories or rambling narratives. However, issues of trust and reliability are present in all research that relies upon the witness of informants. I had some assistance in gauging not only the factuality of reports but also the plausibility of the stories therein. Both my research assistants and a typist gave comments on the relative quality and plausibility of the journalers from a cultural insiders' perspective. Their input aided me in ranking the work of the journalers relative to one another so that I could decide whose work needed to be eyed with greatest skepticism and whose work was the most reliable.

In addition, I hoped to find overlap in the stories discussed by journalists who lived in the same region. Yet I discovered only one instance in which two journalists, as
well as an interview respondent, all discussed a particular woman, Agnes. From the
journaler Hastings Banda we learn that Agnes once lived in Mzuzu but after an
unspecified scandal involving a man she returned HIV positive to her grandmother’s
home to live. Hastings notes two separate conversations about Agnes, one in which
people discussed a fight she had with her grandmother and her failed marriage and
another conversation in which people discussed her HIV positive status, her use of
ARVs, and her marital prospects. Another journaler, Tawonga Msowoya, chronicled a
conversation she had with Agnes in which she sought to offer comfort to Agnes when she
was despairing about her health. And finally, in the village where I interviewed married
women, located near the village of Hastings and Tawonga, we asked women if they had
ever heard of anyone who sought to spread the HIV virus on purpose. One of the women
told us that Agnes was such a person who “accepts every man that goes for her and they
do everything they want with her.” Later our respondent insisted Agnes “has killed a lot
of people. Some even cry telling her that she has killed them.” The multiple references to
Agnes points to a real circulation of information about her rather than a fabrication of
incidents by each journaler. This overlap helps to lend credence to the honesty of the
journalers more generally. However, the multiple reports of Agnes’ story by several
journalers was the exception rather than the rule. This leads to the tentative conclusion
that within the same geographical space\(^7\) multiple social networks co-exist amongst
which people are not necessarily preoccupied with discussing the same subjects.

\(^7\) Two journalers lived within the same village, two lived in Rumphi township, and another journaler lived half a mile outside the township
The other drawback of using journals is that they are not verbatim records. This means that they are more suited for capturing meanings and sequences of conversational transitions than they are suited for deeper structural linguistic analysis. In this they are quite similar to an ethnographer’s fieldnotes which also fail to capture exact language. However, the impressions of reality jotted down by the journalists are full of descriptive detail, debate, and local wisdom which in its cumulative weight across journalers and over time (some journalers wrote for about a year) is substantial.

During my stay in Malawi between November 2005 and June 2006 I met with the journalers to collect the journals once a month. As topics such as gender-based violence and human rights came to my attention, I added these topics to the list of options journalers could address. Each journaler was informed of the importance of keeping the journals safe and the project itself confidential. At the end of the project I had gathered over one hundred journals. A little over half of these were later typed. Transcripts were chosen to be typed based upon whether they contained reference to the topics that emerged as the focus of my dissertation. While the original guidelines I gave were broad and covered a range of conflicts and scandals that may have arisen, as my focus narrowed and my funds depleted, it was necessary to limit the number of documents which could be typed. Untyped journals were also included in the study but could not be coded with the ethnographic coding software.

Throughout this document all references to proper names or people and places have been replaced with exception of major marketplaces, townships, districts, NGOs, and public figures (for example, a reference to Malawi’s President remains specific).
AIDS Rumor Pilot Interviews

The main period of my fieldwork began in November 2005 when I relocated to the town of Phwezi in Rumphi District. Phwezi and the surrounding villages are seated within Henga Valley, the heart of Tumbukaland between the Vipyia Plateau to the east and the Nykia Plateau to the west. I chose this location to facilitate the use of an MDICP sub-sample for the pilot interviews. Having identified a location for my research, I ran a small interview study of married men and women ranging in age from their early twenties to their forties to gauge whether the types of stories being told in the south were also known in the northern region. I narrowed my focus to eleven story types identified from the ethnographic journals from the southern district of Balaka and from newspaper articles. My objective was to establish the circulation of the stories and themes in the region and then to discern locally relevant themes and motifs that could be a starting point for further research. With the help of Professors David Hufford and Susan Watkins, I devised a short-term project in which local interviewers mentioned the pertinent stories or skeleton versions of them in order to prompt respondents to recite versions they knew. In order to ensure that the project did not contribute to the transmission of misinformation, interviewers gave a disclaimer about the veracity of the stories or themes. Interviewers told the respondents, “We (the research team) were not stating that the stories were either true or false by asking our questions. Rather we hope to know if you have heard such kinds of stories. However, we do know that some of the stories are false such as the belief that you can be cured of AIDS by sleeping with a virgin or that the government is spreading the disease on purpose.” This disclaimer addressed the possibility of encouraging distrust of government sponsored AIDS interventions and
experimentation with the virgin cure. However, I do not consider my respondents to be naive or gullible; they understand what narratives are and spend time in daily life telling them and discerning the truthfulness and usefulness of the narratives they hear from others.

Before beginning research in the district, I met with the District Commissioner and obtained written permission to conduct research in the area. I was given a typed, signed, and stamped letter to show to any local authorities who had questions about my authorization to research within Rumphi. Each respondent was told that participation in the project was voluntary and that the information they shared would be kept confidential. After a brief explanation of these terms as well as the aims of the project, they were each asked to sign a consent form.

Using a sub-sample of MDICP respondents in Rumphi, we interviewed eighty-nine ever-married men and women in six villages around Phwezi. Seven interviewers were hired based on recommendations from other researchers. All interviewers were in their twenties and had previous experience in research projects as interviewers. Of the seven, six were male. It is unclear whether the gender of the interviewers had an effect on the answers given by respondents all of the respondents were used to being interviewed, some of them by interviewers of a different gender who asked questions of a far more personal nature. Respondents were given a bar of soap as a token of appreciation for the time they spent with us. Some of the respondents asked why they were not also receiving sugar as MDICP had given both sugar and soap. “What shall we do for our tea?” they asked. As demonstrated in the preceding comments, my respondents were used to participating in research projects and had expectations for what they would receive. It is
likely that they also had expectations for the kinds of questions they might be asked. This did not necessarily work to my favor as MDICP’s questionnaire was quite structured and, by contrast, it was my intention to elicit narratives.

The interviews were recorded on digital recorders and transcribed the day following the interview. The interviews were loaded onto my laptop computer and erased from the recorder after transcription. All interviews took place in chiTumbuka and were transcribed onto exercise books such that the left hand page contained the verbatim transcript and the right hand page was left blank for English translation. The average length of the interviews was 35 minutes and covered the story types as set forth in the following list:

1. Stuck together: Couples getting caught in illicit (often adulterous sex) and being magically stuck together or other stories about love potions or affairs revealed

2. Death list: Stories about people dying of AIDS who on their death bed identify others who will follow them to the grave

3. Chain of AIDS: Discussions about the death of a person from AIDS leads to fear in the community

4. Fighting between women over a man

5. Die Many: Stories about careless or malicious men or women who when diagnosed with AIDS decide that they will sleep with many people so they will not die alone but rather die many.

6. AIDS Mary: Stories about people who have the appearance of good health but are infected. Some variants could include stories about people who can transmit the HIV but never get sick themselves

7. Virgin Myth: Stories about men trying to be cleansed of HIV by sleeping with virgins

8. AIDS as population control: Stories about the United States’ or European countries’
secret plots to lower the population in Africa through AIDS

9. AIDS Industry: The lucrative business of AIDS organizations and the people who profit from their involvement in the industry

10. Government Fight Against AIDS: What people see the government doing in the AIDS fight and their opinions of state activities and messages

11. Hypocritical Health Care Workers: Rumors about activities of AIDS healthcare personnel who do not follow their own messages or actually help to spread HIV


Interviews followed a topical guideline but were not meant to be highly structured. The idea behind the loose structuring is to allow respondents to expound extensively on topics or narratives about which they were knowledgeable or enthusiastic. Interviewers were given latitude in the interviewing process; they could tell an actual story or use the skeletal outline of a story to elicit narratives.

This method met with limited success. Both interviewers and respondents had difficulty breaking out of the structured interview mode, and some interviews moved from one narrative to the next without lingering over compelling stories as one might in a normal conversation. It was common for a respondent who said “yes” to the query of “Have you heard such a story?” to merely remark, “It is as you have said” when prompted to give further explanation. I suspect extensive experience with more structured questionnaires on the parts of both the interviews and respondents helped to establish this mode of questioning and answering. Findings of the pilot study are further discussed in the upcoming analysis section.

Interviews with Married Women
With the help of a research assistant and interpreter, I conducted my interviews with married women in one particular village, Chikuwala, near Phwezi’s provincial trading center. Chikuwala is situated below a tarmac that connects to Mzuzu (the city of the north) in one direction and to the nexus of Malawi, Tanzania, and Zambia in the other. Though not a hub for governmental administration, Phwezi is an educational center having both men’s and women’s technical schools as well as a nationally renowned secondary school. Down the road from the polytechnic schools is the Phwezi market, where many of my informants purchased the groceries they did not produce themselves and sold mangoes and stalks of sugar cane. Phwezi boasted a bar and a resthouse which loomed large in the imagination of wives in Chikuwala, becoming a synecdochic referent for prostitution and men’s mobility and adultery.

In addition to collecting journals, I conducted interviews with the aid of a research assistant, Catherine Simkonda. Our aim was to engage in conversation with women who had been married within a particular village so that we might hear multiple versions of a story to better grasp the distribution of information and its varying interpretations. After choosing the particular village, we interviewed women based on their marital status and willingness to be interviewed; some respondents were found by just approaching homes and asking to speak to married women there. After those interviews, we asked for referrals to other women within that compound, creating a snowball sample. Sometimes we moved on from one compound to another without a reference when there seemed to be no more married women available or when practical concerns arose; for example, we once moved on to a new compound because it was too difficult for my research assistant.
to walk up the hill in the previous one as her pregnancy progressed. We interviewed in five compounds of a single village between January of 2005 and May of 2006.

When we approached potential respondents, we introduced ourselves and the parameters of the project. Sometimes the respondents assumed I was a married woman and spoke freely about things only married women were supposed to hear. Other women thought I was seeking information to prepare myself for imminent marriage, and they made an exception to the social rules and spoke about some of the secrets of marriage. In both cases women were completely aware of my status as a researcher. The alternative visions of my presence help to frame the conversations that took place. Respondents were told that participation was on a voluntary basis and were informed of the risks of involvement, which in this case were minimal. No medical information was exchanged, and when respondents often left out the names of acquaintances and relatives to further ensure there would be no repercussions. In any case, confidentiality was ensured, and each respondent signed a consent form. Together with my research assistant, I guided informal interviews (there was no questionnaire) on a list of topics that included the choice of marital partners, courtship, preparation for marriage, advice for dealing with marital conflicts, observation or narratives heard about local marital conflicts, divorces they had heard about, virginity testing, family planning, and rumors relating to several well-known urban legends. Each interview was recorded on a digital voice recorder; later these interviews were translated and transcribed.

We interviewed 60 women, and a subset of 15 were chosen to be visited a second and third time. With each visit, we were updated on developments in relevant narratives.

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8 Catherine was pregnant with her first child when we began conducting interviews at the end of 2005.
This method is similar to the social anthropology "extended-case study method" that developed in the 1950s and 1960s in studies of witchcraft, urbanization, and modernization. Put simply, this method follows the conflicts of particular persons as they develop over time and is particularly suited to the study of conflict and the processes that bring about change. Englund states that "'The actual relations of Tom, Dick and Harry' could themselves generate processes that circumvented or modified general principles—processes that were not, however, utterly devoid of logic." The extended case method is useful because situations are not discrete and conflicts of everyday life are ongoing. The decisions and events of today, though dramatic, can be overturned tomorrow. The same can be said of the narratives that relate to events. As an interested public keeps tabs on a particular conflict, the observations and judgments of today can be replaced by new information.

My project was designed to detect such vacillations. The case studies revolved around particular narratives rather than particular persons, although of course, people and narratives are connected. We revisited certain people who told compelling stories about family and neighbors as well as themselves. These people knew (or told) more stories with greater detail than others. A few of these women were the aunts and advisors of their compounds; others were wives who had married into and been a part of the family for at least ten years and borne several children; and still others were younger wives who were less established in their marital villages, with fewer contacts than the other two

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9 Englund 2002a:28-29 (developed by or associated with Mitchell 1956; Turner 1957; Epstein 1958; van Velsen 1967; Marwick 1965; Long 1968; Kapferer 1972)
groups. This last group often told more stories from their home villages than from their marital villages.

While gossip may seem to be a prohibitively intimate genre to enter as an outsider, there are advantages to studying gossip over personal experience narratives. My task was to design a project in which gossip was elicited. To do so was a matter of using basic interviewing principles, beginning with general discussions on a topic (for instance, how does a woman prepare for moving to her husband’s village?), and leading up to the specifics of women’s own experiences, observations, and the stories they had heard. Those women who were comfortable spoke about themselves as well as their friends, relatives from home, in-laws and “people around.” Others revealed during subsequent visits that some of the stories they had told were actually about themselves. Because gossip is not about themselves, people do not feel the embarrassment they might feel when discussing their own situations. We told the women that it was not necessary to disclose names so that they would not feel the threat of potential disclosure of information that could create tension in their communities. Epistemologically, gossip and rumor are more about the formation of shared knowledge and collective beliefs than the life history of a particular individual.

In order to learn about AIDS prevention strategies within marriage, most of the collected narratives were prompted by a general discussion of marital practices leading to the specifics of events about which women had heard or in which they were involved. In this way I was also able to gather narratives of personal experience as well as third-person gossip. For example, if a woman told us that many people use love potions when they are concerned about infidelity, we asked whether they had seen this (observation and
inference) or heard this (through gossip) for themselves. With this approach, probing questions were oriented toward gathering information about the respondent’s source, standard of evidence, and the respondent’s opinion about the actions of those in the narratives. After a general discussion of these strategies referencing the experiences of others my questions shifted to a greater focus on the experience of the women being interviewed. Some, but not all, women we interviewed described their own conflicts. Third-person narratives are particularly prevalent in Chapter 6 in which I examine conflicts between women and their rivals. First-person narratives help to substantiate the kinds of stories told by second-hand observers in general theme and progression if not in their particulars. For example we heard rumors that some people used love potions to influence the behavior of their husbands and later we spoke to women who actually resorted to employing these kinds of medicines. The personal testimony gave greater weight to the general rumors.

Strategies for securing fidelity and preventing HIV fell along a spectrum of actions, ranging from culturally sanctioned methods to emergent strategies to actions which are officially frowned upon yet commonly practiced. Direct questioning, especially about the counseling women receive before and during marriage from elders, often drew responses of orthodox or sanctioned strategies. Elder women in Malawi have been identified as keepers of “tradition” who derive power and esteem from their authority over younger generations of women.¹⁰

This does not mean, however, that senior women cannot promote emergent or unorthodox strategies. In one compound, we met a middle-aged woman who advised

¹⁰ Ribohn 2002; T. Cullen Young 1931.
twenty-one young wives who had given birth that during the traditional two- to three-year postpartum abstinence period (a time when women fear their husbands will take new partners), they could have sex while using condoms to protect their nursing child from sexual pollution. She thus brought together practices that are unorthodox in Malawian society—the use of condoms and the violation of the proscribed post partum abstinence period. While interviewing young women in that particular compound we found that in general they had a more positive opinion of condom use than young women in adjacent compounds, suggesting the continuing importance of counsel and support by elders.

Many times, we found that advice from the elders from a woman’s natal home would conflict with the advice she received from her affinal elders. Elders at the birth home, for instance, were much more likely to tell a woman to use love potions (perceived by some of my respondents to be dangerous) than affinal elders in marital compounds. For this reason we made sure to ask from which set of elders a woman received her counsel.  

Of course, elders are not the only source of advice and support for young women. Women also rely upon agemates who become friends in their new homes. With these people, women share their everyday grumbles, commiserate about common experiences as newcomers to their villages, give and receive advice, and help as they go about everyday activities. They also share stories about the price that tobacco is fetching, problems with the health of their children, rumors they heard about the rising price of  

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11 Women told me they were supposed to abstain from sex while breast feeding or else their children will be sickly and fail to grow.
12 Most marriages involve a *thenga* or "go-between" who brokers the marriage and may be called upon to make judgments during a conflict or the dissolution of marriage. The go-between is on the increasingly formal side of a spectrum of intermediaries. Even more formally there are chiefs and then civil courts a woman may appeal to when facing marital conflicts.
maize at the Admarc,\textsuperscript{13} stories of how a certain man uses witchcraft to draw people into his store, and, of course, stories about marital conflicts and sexual misadventures. Some of the information is a form of entertainment and the women bond as they share these stories. Other times, women exchange information that may directly bear upon their own marriages or act as examples that bring into focus the possibilities for action and reaction. In the midst of gossip, judgments are made, opinions asserted, proper action debated, and alternatives posited. Among agemates (as opposed to elders), women more openly discussed the unorthodox options for confronting infidelity. In these stories, one hears of women withholding sex or food from husbands or beating up the girlfriends of their husbands. To elicit such narratives we asked whether a respondent knew people who complained about an unfaithful husband. Then we asked them to tell us their stories; often they told stories of their sisters-in-marriage\textsuperscript{14} or even friends from home. Thus we collected both second hand knowledge (rumor and gossip) as well as first hand knowledge (personal experience narratives).

\textbf{Research Assistant and Our Identities in the Field}

This section about my research assistant, Catherine, may seem as if it belongs in the “Acknowledgements” section but I include it here because of the centrality of her role in my research endeavors. I cannot stress enough the value of her hard work and critical

\textsuperscript{13} Admarc is an acronym for the Agricultural Development and Marketing Corporation
\textsuperscript{14} Wives of their male in-laws who were distinguished from sisters-in-law who were biological sisters of their husbands.
input in this project. Not only did Catherine act as a translator\(^\text{15}\) but she helped smooth the way with her ability to easily connect with people and in her knowledge of how to ask and how to respond.

It was in the summer of 2004 that I first visited Malawi and began to build relationships and lay the foundation for the major portion of my field work. In the District of Balaka in the southern part of Malawi I worked with several interpreters. While the information I gathered during those few weeks was negligible, I learned a great deal about the importance of an interpreter/assistant. One of my MDICP colleagues, an anthropologist, was working with a local interpreter, Mary. Because I was looking for assistance, Mary recommended to me a certain local woman, Honor,\(^\text{16}\) whom she said speaks English and would be willing to work with me. Honor and I worked together one day and in that short time it became clear her English was not advanced enough for us to continue. Another young woman, Sarah, was recommended to me. Her English was quite good but she was painfully shy and reticent when we spoke to people. After a week I realized that despite her technical language skills, the arrangement was not ideal. I worked with a third woman in the Balaka District who had recently completed a job for MDICP. Janet spoke English, chiYao, and chiChewa\(^\text{17}\) fluently and was both personable and outgoing. I discovered during our outings, by making a contrast to my earlier experiences, that the art of fieldwork is bound up in the partners we make in the field and the extent to which they can help us to finesse complex social interactions.

\(^{15}\) Catherine is fluent in six languages of the highly multilingual northern region including the languages of the Nyika, Lambia, Namwanga, Tumbuka, Mambwe, and Bemba. She also speaks some Swahili and of course, English.

\(^{16}\) Pseudonyms will be used to refer to all interpreters but Catherine Simkonda.

\(^{17}\) Language of the Yao and language of the Chewa respectively
Despite my late success in finding an interpreter in the Balaka District, I was soon bound for Rumphi District as an MDICP graduate assistant. I worried about reliving the stressful process of working with several interpreters and asked the survey supervisors if they could identify possible candidates to refer to me during their hiring process. Julian sent to me Catherine Simkonda, telling me he thought we would get along well. He was correct; she and I recognized in one another kindred spirits, and I found someone with whom to work who showed little inclination to treat me with the painful deference shown to a bwana, or “boss.” As a neophyte into Malawian life, it is not always good to forge into every situation in the role of leader; instead I became a follower in some matters.

In matters of demeanor and manners, for example, I often followed Catherine’s lead. I recall one incident during which we met with a headman to request permission to do research in his village. During our conversation, we discovered that a close relative had died and a funeral was being held the next day. She expressed her regret and reached into her purse to pull out a small bill which she held concealed in her hand. When the headman’s attention was requested by a young man who interrupted us, Catherine explained that when someone dies it is customary to give them a small amount of money. As we set out to leave the headman I followed her lead in surreptitiously handing him a wadded bill and murmuring, “Pepani, pepani”18 as we left the compound. In another incident, we went to interview a woman who said that she wanted to cook lunch for us. I was inclined to demur, not wanting to impose, as we would already be imposing with our intrusive questions, but Catherine persuaded me to accept the meal. I acquiesced because Catherine was pregnant and hungry and I was just plain hungry myself. We waited

18 “Sorry, sorry”
outside the respondent's house as she stoked the fire and stirred the *nsima*. When she was finished, she brought us into her house and set before us *nsima*, fish, and greens stewed in tomatoes. After eating one of the best meals I had in Malawi, we interviewed our hostess who told us with a laugh at the end of the interview that if we had not eaten her meal she would not have agreed to the interview.

Catherine was raised in the northernmost district of Malawi called Chitipa but lived in Rumphi for several years while earning degrees from secretarial school. Perhaps because she was not from Rumphi originally and had not taken part in some of the rites of puberty and marriage common to the district, she, like me, was ignorant of some of the practices we were learning about. Her own sense of curiosity was aroused and her insights helped to shape the direction my project took. In some ways were both learning about married life for women in Rumphi. Our ability to ask women questions, often of a sensitive and personal nature, was facilitated by her skillful handling of our identities. She was purposefully vague about our marital statuses. It was not until later that I discovered the importance of this equivocation. During the last days among the women of Chikuwala, Catherine was drawn into a side conversation as I was gathering up our materials so we could cross the bridge before sundown. Catherine broke away from the conversation with one of the respondents at her heels. They were laughing and Catherine explained, “The women were asking about you and are surprised you have no husband. They said, ‘How is it she was asking us such questions and she is not married? But how could she know about those things of marriage and the bedroom issues?’ They say they will find you a husband before you leave.” If I had been “outed” as a single woman

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19 A thick porridge made from maize flour which is the foundation meals.
earlier I may have had more difficulty learning the things I learned. On the other hand, because of the presumption of my marital status and Catherine’s equivocation on that score, I learned information early on about marriage practices which, when incorporated in subsequent interviews, marked me as a kind of initiate in the eyes of my respondents. In their eyes I knew things that married adult women know. Single women, even if sexually active, should not be instructed in the matters of marriage. Specific instructions on how to “stay in marriage” (i.e. take care of a husband through housework, sex, working hard, respecting in-laws, and bearing children) are only given to women when they move to their marital village. Before marriage, a knowledge barrier is maintained by married women who keep the secrets of married life from the unmarried. The experience of these in-between times and encounters, recorded in my fieldnotes, were of great value in learning about social norms and expectations.

Fieldnotes

Rather than merely acting as a touchstone for memory after returning from my research site, my fieldnotes played their most central role in my thought processes in the field. My notes are a combination of forms and functions, from jottings and scribblings on a notebook tucked into the ever-present satchel on my hip to the fleshed-out narratives with analytical commentary that some of these jottings became in the process of being typed. While no experience or account of experience is superfluous in qualitative research, some of the fieldnotes were written during interviews in my field site for the specific purpose of noting the important points made during an interview and contributed more directly to the ongoing formulation of my research agenda. Although all my
interviews with married women were recorded, the notes I made during the interviews were especially important in evaluating what I was learning as I went along. In the evenings or every few days I would review the notes to form theories or talk over issues with my research assistant. These discussions would help determine which respondents to re-interview and which stories to pursue. The notes were primarily focused on interviewers’ responses and were used to discern patterns and make short-term plans in the field.

Many of my notes were written about those unrecorded moments along the way and the unexpected encounters that arise from them as I traveled to and from the town on minibuses or when a neighbor stopped by to chat as I sat on the verandah grinding groundnuts in a borrowed mortar while a housemate sliced the greens. My notes are also full of the daily entanglements of life with my four housemates (we started as three and then became five) and the conversations we made over nsima and belekele greens. Though some of the interactions scribbled in my notebooks were not directly related to my research project, others were central.\textsuperscript{20} For example, it was our neighbor who told us about the two kinds of ARVs (see Chapter 4), and it was a friend of a friend, kindly giving us a ride, who spoke of her husband giving AIDS to her as a gift (Chapter 5). These conversations and encounters, while not part of formal interviews, were an entry point into a discursive world that helped me to better make sense of the lives of my informants.

\textsuperscript{20} Besides AIDS and sexuality there were many topics that came up in conversation including religion, politics, cooking, rain, witchcraft, and Satanism.
My multipurpose fieldnotes also functioned as a personal diary, a place for me to pour out my frustrations, to say the unsayable, and to make an account of the difficulties of being a perpetual outsider. For example, my jottings chronicle my struggles of hyper-visibility/invisibility, of being seen and not known, and of the unfamiliar labels by which I was called by Malawians. My notes also testify to moments of triumph, to the euphoric outpourings on the days when things went right, when an interview was punctuated by a moment of discovery or heightened communication with a respondent - a breakthrough. Rantings, celebrations, and impressions were interspersed with quotidian commentaries about the weather and food and manners. I wrote a considerable amount of everyday minutiae; to-do lists, schedules, contact information, plans, and ideas spun into the abstracts and papers that were further knit into the chapters that make up this dissertation.

Analysis

As elaborated earlier, a variety of methodological approaches were employed to examine AIDS-related discourse and prevention strategies (pilot interviews, interviews with wives, rumor journals, and field notes) and thus my analysis followed the contours of the data as I sought answers to my guiding questions: what does AIDS prevention look like in the everyday lives of wives, and what ideas about treatment do rumors express? The first step of post-fieldwork involved cataloguing and sorting all the materials gathered.

The first texts subject to categorization and analysis were the pilot interviews. A read-through of interview transcripts and translations verified that some types of narratives known in the southern part of Malawi were indeed also heard and known in the
Rumphi district; for example, stories of adulterous couples being stuck together magically were heard in the south as well as in the north. The pilot study further yielded narrations of stories about love potions more generally and their use within marriage. These stories of love potions, in turn, were later incorporated into my inquiries of women’s strategies for prevention (see Chapter 5). Similarly, the pilot study substantiated the dissemination of gossip about women fighting other women to secure fidelity within their marriage (see Chapter 6). And finally, the pilot study transcripts suggested lively discussions and debates relating to the government’s role in healing. Though other types of narratives collected during the pilot like Die Many and others became peripheral to my analysis in this particular project because they did not pertain to the main organizing questions of this thesis or arise in the interviews I later conducted with wives. Instead, my focus narrowed to stories related more directly to marriage and prevention and then to the government and treatment.

The information gleaned from the pilot study both helped to construct the focus of the wife interviews conducted by me and my research assistant. The transcripts of these interviews were not typed, but were transcribed and translated in hundreds of Malawian exercise books. After returning from the field, I read through each interview transcript, labeling them with sticky tabs to identify themes and stories therein. Later I typed summaries of the informant’s interviews into a spreadsheet which allowed for easy searches and again, a juxtaposition of texts. The spreadsheet was also used for referring back to original physical transcripts. A similar process was followed for the journals, although many of the journals were actually typed, which allowed for keyword searching. When the main themes had been identified among the pilot interviews, interviews of
wives, and the journals, excerpts that were related thematically were isolated and placed in a single document so that they could be literally juxtaposed for comparison. By reading across pilot study transcripts, pilot interviews, and rumor journals, I was able to formulate a set of questions to use in my approach to all of the texts.

For analysis of the marriage-related narratives, I draw upon Schmidt’s concept of women “influence” (1992:20) through informal strategies and approach the texts with the following questions: What “everyday” tactics do women use to ensure fidelity in marriage? Who tells them to use particular strategies? Do they see themselves as successful? If so, what factors might account for their success? If not, what factors account for their failure? For the texts relating to government and treatment I asked the following: What associations do people make between the government and AIDS treatment, particularly ARVs? How do issues of trust enter into conversations of AIDS treatment by the government? What do rumors or conspiracy theories, whether contemporary or told long ago, reveal about beliefs of government culpability/responsibility in public health? What accounts for these perceptions? My analysis of the government and treatment texts is based on White’s notion that rumors encode “meanings and powers and ideas” (White 2000:89) and speak powerfully of the ambivalence in the experiences Malawians have with government treatment.

The strength of using a variety of methods and sources is that by juxtaposition and combination, they confirm themes found across texts and make up for the weaknesses of individual methods or sources. For example, while journals are a useful way to access information from conversations that I, as a single individual and an outsider, could not physically or socially enter into, they are not, in fact, verbatim accounts. The interviews
with wives, however, were recorded discussions which could be shifted in particular
directions by questions composed in the moment. Thus interviews had the advantages of
creating a permanent verbatim record and allowing the opportunity for extemporaneous
versatility. In addition to the advantages of my own varied methodology, I had access to
the research of and conversations with numerous MDICP colleagues and mentors
(sociologists, demographers, and anthropologists) whose studies regarding AIDS belief
and behavior in Malawi has created a body of literature to fill the previous vacuum. I am
especially indebted to the work of Susan Watkins, Enid Schatz, Georges Reniers, and
Amy Kaler for both quantitative data forming the statistical backdrop of my own work
and qualitative analyses to which I can compare my own observations. With the aid of
my mixed methods and the growing body of literature created by colleagues, I seek to
make sense of the rumors surrounding AIDS treatment in rural Malawi and the way in
which informal discourse affects wives’ everyday strategies for prevention.
Chapter 4

Government Medicine: ARVs, the Government of Malawi, and the Rhetoric of Accountability

In 2004, research journaler Mkhoma witnessed an argument between several men on a minibus headed toward Karonga, a northern lake district. One of the disputants, whom Mkhoma described as a pessimist, said that scientists were in no rush to formulate a cure because, unlike victims of SARS and Ebola who died quickly, AIDS victims died slowly and could therefore contribute to the country’s development before their deaths.

"Scientists are also benefiting from the disease AIDS. You can see the mushrooming of AIDS organizations that only sensitize people to dangers of indulging in sex (unprotected) and other AIDS related things. Can you expect scientists to come up with medicine for the so-called disease while they are benefiting from it?" asked the man as his friends answered No! in agreement.”

[Another] man came in with the news of ARVs. He said that scientists have brought medicine for AIDS. According to him he believed that ARVs do suppress the disease absolutely. (I knew that the man never know the actual use of ARVs that they only sustain the life of AIDS victims and not suppressing the disease absolutely.)³ "Why do you criticize Government for not bringing medicine for AIDS. Look [at] ARVs--aren't they medicine for AIDS," he quizzed.

His friends tried to tell him [the pessimist] the purpose of ARVs but to no avail. The man was so pessimistic and stubborn hence everything ended in suspense for the friends of his did not want wrangles because of the story. (Mkhoma December 2004)

On the eve of the Malawi’s National AIDS Commission’s (NAC) broad expansion of antiretroviral (ARV) drug distribution, these men asked the questions that troubled many Malawians. How can you trust the government, or scientists with whom they are aligned, to provide a cure when they benefit from AIDS as part of a "booming industry?" What

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³ Journalers often wrote asides in parentheses. Here the informant hoped to show his knowledge in contrast to the ignorance displayed by those he observed.
happens to donor funding if it is not used for treatment? Is the government living up to its responsibility to heal?

This chapter is an analysis of stories revolving around the treatment of AIDS in Malawi. More specifically, it examines rumors that seek to account for inadequate treatment of AIDS in an era of conspicuous donor largesse. The three conspiracy theories presented here are illustrative of Malawian beliefs about healing, antiretroviral drugs, government accountability, and a global health hierarchy. The upscaling of ARVs by the Government of Malawi (GOM) in 2005 provides a focal point around which to situate the study of conspiracy theories. Conspiracy theories borrow from past collective narratives and experiences to help account for current events and constitute a kind of folk theory that explains the way the world works. As theories based in observation and the authoritative weight of past traditional narratives of suspicion (e.g. legends), conspiracy rumors often posit compelling interpretations of real events.

The content of conspiracy theories shifts with changes in public health programming but has retained certain themes of mistrust. Ethnographic research reveals that Malawians look upon the arrival of ARVs with cautious optimism. Yet persistent suspicions of government misspending, hypocrisy, and global inequalities undermine this tenuous trust. Conspiracy theories not only express this mistrust but also constitute a call for a greater measure of healing and government accountability. They are an answer to the question: Why do you criticize the government for not bringing medicine for AIDS? In this chapter I begin by introducing key concepts in the study of conspiracy theory. Then I outline a pivotal moment for the treatment of people with AIDS (PWA) in Malawi, that is, the upscaling of antiretroviral medicines. Next I present three conspiracy
theories. The first I call “ARVs are Only for the Rich People,” the second is “The AIDS Industry,” and the final I refer to as “The Two-Tier Drug System.” Only for Rich People rumors prevailed before the advent of free ARVs and revolve around ARV drug availability to the poor and rural. This section reveals beliefs about local and global inequalities as well as beliefs about the efficacy of antiviral drugs. Next I turn to the way in which AIDS Industry rumors turn critical attention to institutional infrastructures built upon solving the problems associated with AIDS. This type of discourse makes up the bulk of the conspiracy theories I came across in my research and thus the bulk of my discussion here. The Two-Tier Drug System rumor states that antiretroviral medications provided by international donors and distributed by the government are second-rate drugs, inferior to those found in the developed world. The last section explores Malawian calls for government accountability both before and after the arrival of free AIDS drugs.

Drawing together characteristics identified by conspiracy theory scholars, I have constructed a working definition of conspiracy theory to ground the discussion. Conspiracy theories are historically contingent propositions formed in response to events or conditions that serve as explanations for disjunctures or gaps in information (Butt 2005; Fenster 1999; West and Sanders 2003; Keeley 1999; Briggs 2004). More specifically, conspiracy theories are a kind of rumor suggestive of a reality in which individuals or groups with extraordinary power operate in a secret manner to manipulate outcomes, especially in the realms of politics, public health, and the economy.²

² Conspiracy rumors have been linked to occult cosmologies. Sanders and West define occult cosmologies as “systems of belief in a world animated by secret, mysterious, and/or unseen powers. Occult cosmologies suggest that there is more to what happens in the world than meets the eyes—that reality is anything but transparent.” (2003: 6) Conspiracy theories may arise out of or constitute part of occult cosmologies. (2003: 6). Witchcraft beliefs of sub-Saharan Africa are one of the most comprehensively examined occult
The rumors under consideration here question the lack of cure or adequate treatment for people living with AIDS despite the amount of money funneled into Malawi. Conspiracy theories perform “leaps of scale,” contextualizing unaccounted-for grievances by projecting local suffering into a national and global context. (Briggs 2004)³

In his analysis of conspiracy theories told among Amerindians of Venezuela during the cholera epidemic of the early 1990s, Charles Briggs found that such rumors constitute “back talk” against official discourses that blame the culture of the poor and politically unrepresented for their disproportionate morbidity. Similarly, Paul Farmer asserts that AIDS origin theories in Haiti and Africa turn blame back on rich nations as part of a global “geography of blame”. (1992)⁴

This chapter shows that conspiracy rumors can be about more than blame across borders and ethnic groups. This study explores the discursive path from a geography of blame to a rhetoric of accountability. I begin by presenting a brief history of the introduction of widescale distribution of ARVs.

**Upscaling Antiretroviral Therapy**

Antiretroviral drug therapy (ART) transformed the experience of AIDS in the developed world when introduced in 1996. With the combination therapy of three types of drugs, AIDS became a manageable chronic disease in rich nations. However, poor or middle-income nations bearing a greater disease burden have had less access to health-enhancing, life-prolonging pharmaceuticals. As recently as 2001 the Government of

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⁴ For further discussions of AIDS and blame see also Sabatier 1988; Treichler 1999.
Malawi reported, “[s]o far, little attention has been paid to care and treatment of HIV itself because of the enormous expense of antiretroviral drugs. Only about 100 persons out of 800,000 HIV-positive individuals receive antiretroviral therapy” (GOM June 2001: 11). In 2003 the World Health Organization (WHO) launched its “3-by-5” initiative, the goal of which was to have three million AIDS eligible patients in poor nations taking ARVs by 2005.

Malawi’s application for funds from the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM) was approved, thereby establishing a major source of external funding for AIDS treatment. Following WHO Guidelines for drug therapy in “resource-poor” countries recommending simplified regimes and the use of generic drugs (Ministry of Health, Malawi 2003), Malawi developed a plan to distribute free ARVs. In January 2004 only 4,000 people were receiving ART through public facilities. By September 2005 over 37,000 had started on a free antiviral medicine combination treatment in sixty facilities nationwide (Harries et al. 2006: 1870).

“Only for the Rich People” and Other Beliefs about ARVs

Before ARVs became widely available, Malawians were already talking about them. The inaccessibility of the drug and was uppermost on people’s minds.

One [man] said that the drugs are so expensive and are only for the rich people because they can afford to buy them every month because once you start taking it you have to make sure that you are taking it every month once and failing which then just know that you can’t stay longer before you die of it. (Bato, December 2003)

Helpful drugs now existed, but they were not something that the average Malawian could afford to buy. Saving funds to buy the medicine may have been an option for a larger
proportion of the population if the drugs were a one-time treatment. Instead, the therapy requires adherents to take a daily dose for the rest of their lives. Inequality in health care options, combined with the necessity of daily treatment, was enough to rouse suspicions of conspiracy. One man claimed that white countries had created the disease and now were making a profit by withholding a cure and in its place selling expensive drugs in need of constant replenishment. On the other hand, he said the poor African countries in which people could not afford the medications were decreasing in population due to AIDS-related deaths.

I think that if it was a heavy problem in the white countries they could have already found the cure for that disease at this point. And you can see that when they want to provide the life prolonging drugs they are selling them at a higher price so that it can be only bought by those people who are rich which means that there is no chance for the poor people to have something to help them try to overcome that disease. . .[I]f the life prolonging drug is going at more than MK10,000.00 how much more money can be needed for the curing drug if they can find [one] and who can afford to buy that a curing drug among the poor people if it is already a problem for us to buy only the life prolonging drugs? (Geladi, December 2003)

The inaccessibility of ARVs was thus framed as a deliberate act and linked to the popular understanding that white countries are determined to reduce the populations of African nations.

Since the advent of free antiretrovirals, a more hopeful tone has entered into conversations about treatment. Journaler Hastings Mkandawire noted a debate about the nature of ARVs that took place after a controversial church sermon. The preacher claimed that AIDS is a plague from God and this was the reason that there is been no cure

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5 About 135 U/S/ Dollars
for AIDS. Afterwards one congregation member responded in a conversation with friends with the statement below:

The truth is that [the] disease is not a punishment from God, this is just a disease like other diseases. Time will come when God will show somebody the real drug which will be going away with the disease. It was not easy for scientist to come up with ARVs, I feel like that is a step forward in the search for the drug to cure the disease. (Mkandawire, April 2006).

ARVs are “a step forward,” a hopeful development that entails inconveniences. A female journaler, NyaChirambo, was chatting with two friends on the way to the market. They passed a young woman with a baby “at her back,” and the two friends told NyaChirambo that the child had AIDS and was on ARVs. Nyachirambo was astonished and began to ask her friends about his treatment.

I [Nyachirambo] asked, “What? ARVs? So you mean that the child will be taking these medicines till the end of his life since those ARVs they don’t stop taking. Each day you need to take a single tablet till the end of your life on earth.”

Then Nyaunthali said, “Sometimes you might become okay and stop taking those medicines and live longer with your healthy life.”

“But AIDS has no cure,’ came in Nyakaonga, she further added [...] “You could stop [taking ARVs] to become sick time and again but the virus won’t come out of you.” (Lilyan Dambo, December 2005)

Malawians praise ARVs for their ability to maintain health and prolong life but caution that they do not cure absolutely. They must be taken every day and thus constantly remind the patient of the disease that lives in his or her body—the threat of a health decline always possible. Some even described AIDS as living in the bones, suggesting that the disease becomes an inseparable part of its host.

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6 “Nya” is a female honorific usually suffixed to a surname.
Then the third man whom his friends were calling him Mvula said, "But although they can try this and that they will never find a cure for a virus because the medical experts do manage to find the drugs which can kill other germ like bacteria but not a virus because a virus does live in the bones so that it is difficult to kill it and if there can be some drugs to kill that, the moment the virus can be dying that person can die too and here in Malawi..." (Geladi, November 2004).

In the public’s discourse ARVs are associated with the government. In December 2005 we interviewed people in rural northern Malawi and asked what government was doing about AIDS. Several mentioned ARVs specifically as a positive intervention the government had introduced and described how the drug works and whether it is effective. ARVs were commonly described as boosting the immune system or “easing the disease down a bit,” allowing an infected person to live longer.

The effects of the drugs on the outward appearance and health of a person rumored to have AIDS is often remarked upon, sometimes with a sense of wonder at the transformation of people with visibly diminished health and weight returning to fuller weight and vigor. A female journaler from the Rumphi district overheard several women gossiping about a man they saw going to make repairs to the maize mill. A few of the women wondered aloud who that man was. One of the women answered, giving a history of his two marriages, the death of his second wife, and his diagnosis of HIV:

He was at first growing thin because he was thinking that he too will due[die] soon but after joining a certain organization which deals with AIDS people he started looking healthy again and now he lives a happy life and even doing better with his garage work. The organization gives them (AIDS patients) free ARVS for them to live long and happy. (Magwira, June 2005)

Steven Robins has found that narratives of ARV use in South Africa are told in an idiom of religious conversion stories, moving through a narrative sequence of risky behavior, near fatal illness, testing, ARV treatment, rebirth, and changed behavior. Openness about HIV status and ARV treatment became an important component of the new life narrative. (2006)
Later on the same woman talks about her aunt’s experience with ARVs:

She is healthy because she tells people the truth of AIDS, she takes a balanced meal everyday, and the ARVs she takes helps her to look healthy, happy and to live long. She is the one who has been advising me on how to choose a spouse. (Magwira, June 2005)

Stories of transformation after going on ARVs constitute a kind of health gospel to be spread. Not only are lives changed and the “already dead” resurrected, but those who are transparent about their HIV serostatus and ARV treatment are somehow deemed more alive because of their revelations. Yet even optimism is tinged with concern. The rumor reports (and even some interviews, which generally tend to capture more positive attitudes) reveal that in everyday conversation some Malawians express concern that the ARVs have made it increasingly difficult to discern the healthy from the diseased. In the excerpt below a group of men discuss the appearance of a young woman widely rumored to be infected with AIDS and taking ARVs. The journaler quotes one of the participating men in saying,

“But she can find [a] market far from here, meaning find a husband who [has not] got know knowledge of her past experience and present status. With the ARVs she is taking, nobody can know that she is suffering from deadly disease. I look at an introduction of ARVs as a bad development what happened is that other gets affected from people who are already affected who could have really seen that they are affected had it been there were on ARVs. It really helps to those who are suffering to get back to their strength and have at least prolonged life but those that are careless they spread the disease further with an aim of going to the grave in a multitude.” (Mkandawire, January 20, 2006)

In addition to the ambivalence of disease masked and the hope/hopelessness engendered in the daily regime, people also express concern with the strictness of the regime. It is said that when taking ARVs, you must follow the directions of the health

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8 Malawians sometimes described people with AIDS as the “walking dead” or “dead but alive.”
care provider precisely or the treatment will not work. A similar notion that it is imperative to follow a treatment regime exactly as prescribed by health practitioners was expressed by women with regard to temwanani mankhwala (love medicine). The consequences of a failure to adhere to a treatment regime for love medicine and other kinds of traditional remedies is madness or death.

Perhaps the concerns attendant with the treatment guidelines of traditional medicine have tinted the reception of public health strictures regarding ARVs. Simon Nyirenda recounted a conversation in a bar that took place between several men after some street children wandered in begging for cash. The talk meandered from the plight of street children in the AIDS epidemic to those young girls who slept with men for school fees to the condition of one particular man known for sleeping with such young women. One man recounted what he had heard of a certain “rich man”:

“And it was at Mzuzu central hospital where he was advised to start taking the ARVs drugs. Then indeed the man had stared taking the ARVs but when he had started recovering and putting on weight he stopped taking the drug and started again drinking beer and even the business of sleeping with the ladies, hence causing a lot of complications\(^9\) in his body.

Since it was said that when one is under going the treatment of ARV, is usually advised that he / she should not be drinking beer, smoking and even having unprotected with different partners so as to avoid increasing the number of the virus in the body’s as it was said by Mr. Zgambo.

But yet that was not the case with Mr. Harawa (the deceased guy) he kept on having sex with different ladies, he also kept on drinking heavily as if he was not on ARV treatment.” (Nyirenda, February 8, 2006)

Despite these reservations and others\(^10\) the introduction of ARVs has done much to raise the government’s reputation as healers of the people. One man told us that the

\(^9\) Complications.

\(^10\) Additional reservations include fear of side effects such as the blackening of skin, the inability for many to afford the nutritious foods recommended to accompany medication, and the fear of being stigmatized and identified as a PWA by use of ARVs.
government is doing a good job in “sensitizing” people but more importantly in providing ARVs.

I. Okay...either way you look at it, you, do you see that the government and the organizations--the job they are doing is helpful?

R. Especially... the government as they have started the ARVS.

I. Mmm

R. Mmm, otherwise getting tested for the sake of getting tested is meaningless. Mmm but getting tested and given ARVs--now this is very positive.

(Anonymous, December 2, 2005)

It would seem that ARVs and the government’s distribution of them have been positively received by many Malawians, a finding that may not seem to fit into a chapter dealing with conspiracy theories about drugs. Often conspiracy theories about foods or injected substances focus on the harmful effects of those materials and the malice of those who distribute the products. The general positive response to ARVs should be understood with relation to a more negative rumor cycle—The AIDS Industry.

Rumors about the government’s central role in a thriving AIDS Industry make up the bulk of the conspiracy theories told about AIDS both before and after the advent of ARVs. As the government seeks hegemony over the AIDS epidemic, it constantly points out its own internal weaknesses, culpabilities, and responsibilities. The public perceives inconsistencies between government claims to have control over the situation with its failure to cure in the midst of unprecedented donor largesse.

The AIDS Industry

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The AIDS Industry conspiracy theory cycle links together a variety of activities, organizations, individuals, and material resources, imagining a profit-seeking motive for each element. The AIDS Industry is characterized by an infrastructure of organizations mobilized for a multilateral response to the epidemic, universalized discourses established at institutional centers distant from Malawi. From these ideological “metropoles” come a flow of resources across and through a variegated organizational network that includes government ministries, the non-governmental organizations (NGOs), and community-based organizations (Altman 1999; Butt 2005; Pigg 2001). AIDS Industry activities, from education seminars to food and drug distribution, and industry participants, from a village health surveillance assistant to a secretary working at an anti-AIDS NGO, are subject to scrutiny and suspicion by Malawians.

“But from where I found them the other man was saying that AIDS has been recognized in Malawi twenty years ago and all these years a lot of donors and well wishing organisations have been pumping in billions and billions of Kwachas towards the disease to assist people who are already infected in different ways the government itself might think its the best way to assist them. Now they have come these Antiretroviral drugs in short ARVs the government is again selling them where do you think the huge amount of money different organisations gave the government in fight against this disease have gone? The other person was just nodding his head in agreement to what his friend was saying. He continued saying we hear in the radios [and] television that the National AIDS Commission of Malawi has received such billions to help those who are infected but we don't even see any change as far as we see the patients. What they know is just using the money on their daily needs like going to Resort, Clubs, motels, Hotels etc with their families leaving the patients out there in agony.” (Balalika, March 2005)

A rhetoric of accountability develops as a response to a “politics of the belly” (Bayart 1993) and displaces the discursive primacy of the “geography of blame” (Farmer 1992) at this stage of the epidemic. In the 1980s and early 1990s the epidemic was characterized...
by finger pointing among groups marked as different by nationality, ethnicity, and sexual orientation. A geography of blame held sway; when American scientists and the media talked about risk groups, Haitians, hemophiliacs, intravenous drug users, and homosexuals were their focus. Origin theories consistently pinpointed Africa as the source of the disease. Paul Farmer says the scapegoat narratives provoked the development of conspiracy theories, first in Haiti and later in African communities.

One major theory to come out of the fracas stated that AIDS was created purposefully by the U.S. military as a biological weapon. Renée Sabatier, author of *Blaming Others: Prejudice, Race, and Worldwide AIDS*, writes that assertions of the American origins of AIDS were appealing because pronouncements of African origins seemed to arise out of a racist determination to blame Africans (Sabatier 1988). Conspiracy theories implicating the global North in producing AIDS can thus be seen as a rhetorical counterattack (Farmer 1992).

Far from blaming northern nations and organizations, some Malawians are now impressed by efforts of non-governmental organizations and foreign aid, calling them “well wishers” and praising them for “pumping in billions and billions of kwachas towards the disease to assist people who are already infected.” In the following journal entry, an old man explains to an audience of young men the way government officials draw donor funds into the country and then benefit from them.

And he said that [in a] country like Malawi which depends on asking an assistance from other countries, it becomes rich when it gets supports/funds from other countries in terms of AIDS crisis clutching Malawi as the whole by having the high report of people suffering from AIDS and the reports be sends to the donor countries and people, the rich people especially those in government and
the Malawi leaders like the Presidents becomes richer and richer from the money they hide sent from donor countries to be used in caring the patient suffering AIDS. (Bato, March 18, 2004)

It is not, in fact, foreign agencies that are raise the most suspicions now but rather the national government, which is perceived as swallowing billions of kwacha and neither producing results nor publicly accounting for the use of the funds. More specifically, those in high positions in the government and people who are already rich seize and hoard AIDS donations. The speaker in the excerpt insinuates that government reports of Malawi’s AIDS burden may be manipulated in ways to draw money from donors. The government is thus accused of manufacturing AIDS as a means for elite enrichment and participation in politics of the belly. Government is even suspected of covertly gathering health information through unjustified routine blood tests.

Then her friend said that on the way from the hospital she asked her husband about why has he never accepted to have his blood tested and that her husband told her that those medical officers are carrying out an HIV/AIDS research at the hospital and that in so doing they are taking blood tests to all those who are bringing their patients at the hospital together with the patient and that this is how they do collect the data of the number they have found in a year of the people were HIV positive and they do cheat that the patient is lacking blood and that in so doing you offer yourself to have your blood tested after they test that of the patient and that at the end they tell you that your blood groups are different from that of the patient and they don’t tell you anything about your blood status on HIV though their aim is to have that examination and that he will never give his blood for medical examination at any hospital because those officers are tricky when it comes to blood examinations because they do hide the truth about what they have really found in your blood after the tests. She told me that Phinziro’s mother told her that her husband said that he said no to have his blood tested because of such tricks within the hospitals. (Geladi, January 2003)

Not only is blood taken for reasons other than those explicitly expressed by health officers, but even the results of the blood tests are hidden from those who might benefit
from knowing their HIV status. The benefits of the testing are all for the health officials.

A journal writer described one man’s reluctance to have an HIV test.

[The man who sat opposite us ... spoke very loudly and said: “UNE AMWENE NGATENDA YELE!” (Yao) meaning: “I cant do that!” We laughed and then I asked him why? He begun saying that he can not do that because he knows that the government are recording rather keeps the records and names of the people who goes there to have their blood tested and they use the number of people plus names of them who were/ are found positive and be sending to other rich countries like America and other countries so that they may be sending assistance or rather any aid to them and just leaving you in frustrations and worries because you are found positive while they become rich in the name of the positive ones cheating the donor countries that they are assisting the patients suffering from Aids or people found with the virus which causes Aids. We laughed and he continued saying that he can’t do that that his name should give some people money and be rich while him becoming poorer and poorer and we were laughing. And friend continued saying that what he really knows is that those who tests people to see if they have Aids or not, these people receives money and its their work and all of them possibly they did not had tempted to test their blood. (Bato, December 2003)

In this estimation each datum representing an HIV positive individual corresponds to donor funds, yet persons represented by the datum are being cheated. The information they provide by giving blood becomes the means for elite or government consumption. Some, as illustrated by the excerpts above, refuse to give in to vampirism, which may be labeled the politics of the belly.

**Mandate for Healing**

The politics of the belly, or “extraversion,” as described by Bayart, is a state of governance (purportedly common in sub-Saharan Africa) in which politicians aspire for positions in order to gain access to resources and influence for the purpose of hoarding and consuming at the expense of the poor meant to benefit. Wealth becomes concentrated in the hands of the ruling elite while impoverished communities wait for the benefits of
foreign aid to reach them, and find themselves disappointed (Bayart 1993). The natural outgrowth of such conditions is the proliferation of conspiracy theories.

Conspiracy theories thrive when people suspect significant actions of powerful institutions are hidden from the public’s view. Yet the development community calls for transparency in the intertwined areas of governance and economics. “The notion of transparency similarly lies central to the everyday operation of myriad transnational institutions like the United Nations, the European Union, the World Bank, the World Trade Organizational, the International Monetary Fund, and various nongovernmental organizations. . . . A modern world must be a transparent world.” (Sanders 2003: 149) In Malawi the transparency gospel has found city dweller and villager alike fomenting an imperative for government action and accountability.

While development has given Malawians a new vocabulary for “good governance,” in public health the mandate for government accountability in healing can be traced back more than a century. According to Ranger’s study of nineteenth century chiefs, prophets, and cult leaders, systems of governance and healing have long been intertwined in eastern and southern Africa. (1992) Ranger quotes Feierman in saying, “Authority for the control of health was in the hands of a set of leaders which included chiefs, healers and local patriarchs. These controlled the conditions of health in several different ways.” (1992:247-8) Broad public health measures included controlling deviance that threatened the health of the community, forcefully isolating the ill, and calling upon the advice of diviners to identify and eliminate witches. Chiefs and elders also provided for the health of the public by regulating land use for optimal output. With the help of specialists, they buried the dead, created irrigation systems, and organized
communal rites. This broad concept of health and the government’s responsibility to provide for public health is echoed in calls for government responsibility in the AIDS crisis. In the public’s perspective the government has both the mandate as well as the resources to significantly reduce the impact of AIDS.

**Billions and Billions of Kwacha**

Malawian suspicions of government misspending and belly politics is promoted by frequent media coverage of donor giving. I submit several examples of such reporting that took place within a short span of time. Newspapers report on the amount of money that the government and NGOs receive due to the AIDS burden. A report on the ARV scaleup in the *Malawi News* included the estimated cost of the drug consignment:

> "The ARVs are part of the K1.4 billion worth consignment, which includes drugs for opportunistic infections, gloves and CD4 count equipment.” National AIDS Commission (NAC) executive director Biswick Mwale said, “We expect 50,000 people to be on ARVs by December this year.” (Malawi News, June 18-24, 2005)

Another newspaper article quoted the figure for funds donated to a Malawian family planning NGO called Banja La Mstogolo (BLM):

> BLM Programme Director Walker Jiyan said this in an interview during the official launch of the NGO’s voluntary counselling and testing (VCT) centre in Nkhata Bay on Thursday. Japan International Coorperation Agency (Jica) funded the project to the tune of K38 million. (*The Daily Times*, July 4, 2005)

In an article titled “Clinton takes cheap drugs to African children” a *The Daily Times* reports on the munificence of former U.S. President Bill Clinton’s foundation:

> The former president said in April his foundation would spend some $10 million this year on treating 10,000 children afflicted by HIV/AIDS in poor countries, particularly in rural Africa. “We hope to add another 50,000 children next year.
We think that at the end of next year we will about 60 countries buying medicines through my contract and we are negotiating to try add more producers to it,” Clinton said on Sunday. (July 19, 2005)

The fight against AIDS is linked to the conspicuous importation of money and distribution of resources to those who are involved in the industry from central government to district level participants. In an article titled “Nac intensifies Aids fight” begins:

“The National Aids Commission (Nac) on Friday presented 31 vehicles, 28 motor cycles, 28 computers and printers valued at almost K 107 million to all district assemblies in an effort to intensify the fight against HIV and Aids.” (The Nation, Feb. 28, 2006)

Such reports, hailing the arrival and distribution of funds and medicine, could reasonably create an expectation of plenty. But vehicles and computers sound less than helpful to people than medicine and food. In an article published in Malawi News on July 9, 2005, a government health official tells the reporter that Malawi will not be able to meet the WHO “3 by 5” target for a slew of reasons.

“We used to target ARVs from an Indian firm Lambaxy. But since their drugs were disqualified, we started ordering from CIPLA where we found a long queue,” he said.

Makombe said Malawi has just received a consignment of drugs it ordered last December. “As at [sic] now, Malawi has distributed the drugs to 22,000 people which represents 14 percent of her target,” he said.

Health Minister Heatherwick Ntaba said Malawi is not the only country in southern Africa that has missed the 3 by 5 target.

“The major reason for this is lack of money for buying drugs. We budgeted drugs that would cater for 80,000 people using money from the global fund,” said Ntaba. Ntaba furthered said his ministry if mobilizing resources for training of personnel and procurement of more drugs. (Malawi News, July 9, 2005)
In the face of reported donor generosity, the failure to meet the ARV distribution target appears strange. The numbers don’t add up. Why can’t billions of kwacha purchase enough drugs for 80,000 people? In conspiracy theories Malawians react against the apparent discrepancy between the money given and experience of healing on the ground. Because the course of donor funds is not transparent, Malawians look for signs of unnecessary consumption.

**Where Do You Think the Money to Fight AIDS Has Gone?**

Some people say that the money is used for partying at hotels where AIDS conferences being held. When someone complained that his friend could not afford ARVs and was sent home, another man offered an explanation for the situation, linking a lack of treatment directly to misspent funds.

After that he continued on the very same issue that sometimes the responsible people under the Ministry of Health organize fake seminars intending to discuss about HIV/AIDS in different motels and clubs only to spend time there doing nonsense things like drinking beer and womanizing, that is not good at all. Now you are saying that your friend was sent back from the hospital where he went to buy the ARV drugs just because he had not enough money to meet the cost of the drugs, that was very unfair. He lamented. (Balalika, March 2005)

Even after the ARV scaleup made the drugs more available, the hypocritical behavior of government officials and continuing inequality in health care access bear witness to the government’s consuming habits in the midst of a high AIDS death rate.

“[S]ometime[s] when you go to workshops you find--maybe there’s a workshop on way to Intensify the fight against HIV/AIDS--the bosses would come to their rooms with prostitutes to warm their beds and you wonder if the pandemic would really end. I think most of the bosses know that AIDS is somehow good to have been here because it has provided jobs for those who are helping in the fight against. You can Imagine one being paid half a million kwacha per month
working with an organization which is there trying to eliminate AIDS! That’s more like killing one’s self. That’s more like drying a well from where you depend on water.” Nyagondwe with her eyes sparkling with truths.” (Botha, Dec 2, 2005)

The benefits of involvement in the AIDS Industry seems obvious to the Malawi public—access to workshops, salaries, motorcycles, bikes, computers, and trips to the city paid for on the NAC budget. The incentives for such AIDS Industry affiliates (either on the national, district, or village level) to truly exert themselves toward eradicating AIDS seems less obvious in a country of stark rural poverty.

AIDS Industry stories not only dwell upon consumption and failure to heal by AIDS industrialists but take the next logical step to suggest that a cure is available that AIDS beneficiaries are hiding from the public. With all the research conducted and all the money donated, it seems inconceivable that no cure has yet been found. Many marvel at the difference between the “nowadays disease” and diseases of the past, particularly STDs for which cures have been “found.” The exchange below, which takes place among relatives of the journalist, exemplifies the hope that some traditional healers can cure AIDS. The italicized text indicates commentary of the journalist himself.

Mr. Silungwe: I do believe in saying which goes Ng ‘anga yikutchuka yayi mucikaya chake (A prophet has got no honor in his own land). I do see a lot of people coming from far and beyond to be treated by Dr. Zilani Msiska. Others do get him from here to their places to work there on order basis. Had it been he is a fake Doctor a lot of people would have stopped coming to his place. I am one of the people who agree with him that the herbs he using really cure Aids disease I wondered to hear this statement spoken in very strong manner from the mouth of well educated father. I thought only less educated ladies from village could believe such a thing. Nyauntonga who started the Topic was laughing at the mixing of statements from participants and had this to say, “I don’t believe there is a cure for Aids up to date world wide. What we know is there is ARVs which
prolongs the life of Aids patients. Maybe Dr. Zilani Msiska can heal or treat other diseases but he can’t do with the Aids disease.

Nyalungwe (My wife): “Ah, Aids is a disease without cure, if he has got a cure to the disease then he will turn into a very rich man in the whole world “.

Mrs. Msukwa: The way people do flock to the man’s temple, it’s very easy to believe that the man and his wife have got the cure for Aids disease. The other day I had a long chat with the couple as we were going down to Phwezi trading centre. I met them on the Lungazi bridge they were going to nurse a certain patient at Phwezi. I asked them on the same issue of treating Aids -- more especially considering the number of life the disease is claiming. I wanted to know the reason why they don’t want to be open to the whole nation through the radio.

Silungwe: Silungwe cut her short. It’s not something which should be made public. The Government will never accept such advert to be done on the radio feeling that a lot of people may do being caress sex with an aim of if affected the herb is in the north with Dr. Msiska. The other point is that The Malawi Government do receive a lot of funds from rich countries in the name of Aids once he cure to the disease can be discovered in Malawi all those donations can cease automatically.

Mrs. Msukwa: Brother you are just right those were the points I received from Dr Muzimu Utuwa. The couple agreed that the cure is there but not easy to tell the nation that we know the herb.

Nyakwenda: That is not true, the truth is that the herbalist needs easy money from Aids patients. The action of Dr Muzimu Utuwa is not good, he takes a lot of money from people who are suffering from deadly disease and at the end of the day the patient is not treated. (Mkandawire, March 2006)

ARVs, as powerful as they are, are not a cure for AIDS. The government medicine has ultimately failed the mandate of the sacred leaders to heal the people. Schoffeleers says that traditional healers such as Billy Chisupe and Dr. Msiska have become popular because of the failure of the government to heal. The government’s failure is attributed to a loss of connection with sacred power, to which traditional healers claim to be linked. Sacred power is derived from ancestors and the spirits that rest in places. Malawi’s modern leaders, however, gather foreign aid and take a biomedical approach to healing.
Chisupe criticized the Ministry of Health, telling them that if they wanted to treat AIDS, they should “dig for medicine in the bush,” that is, search for a cure in local resources of nature, healers, and ancestral spirits (Schoffeleers 1999: 411). However, people do not frequently assert a hidden cure. Once stated, some people refute the notion of a hidden cure as illustrated above.\(^\text{12}\)

The government’s proffered treatment, ARVs, while not a cure enjoys some popularity, as described earlier in this chapter. However the long-anticipated arrival of the drug in Malawi, as well as other “resource-poor” nations, was preceded by a debate over the feasibility of treating AIDS with antiviral medicines in poor countries (Harries et al. 2006; Creese et al. 2002). Did they have the infrastructure to deliver such drugs? Would funds be available to sustain the daily dosages for millions of AIDS sufferers? Would Africans really adhere to treatment regimes in such a way as to prevent the development of drug-resistant strains of HIV? The rhetoric of “medical futility,” a discourse preoccupied with “sustainability” and “appropriate technologies” for poor countries (Farmer 1999: 21) characterizes the debate taking place among public health researchers, policy makers, and drug companies. This rhetoric may help to explain emergence of the next rumor under consideration.

The Two-Tier Drug System

After interviews one January evening, Catherine (my research assistant) and I stopped by the market on the way home and came upon our next door neighbor, Mike. As we three walked toward home together, Catherine and I were giddy with the relief of nervous

\(^{12}\) Traditional healers are also the object of great suspicion and are not perceived as the primary experts on the topic of AIDS.
tension that accompanies interviews. As we spoke generally of the difficulties village women faced in marriage, Mike said that if I stayed around much longer, I would find myself married as well.

Chuckling I echoed the words and sentiments of my informants saying, “No, I can’t manage to do that. Not with this disease of today.” Catherine laughed too saying, “This Nowadays disease!” Together we exclaimed, “This disease of ours!” “The government disease,” I said. Catherine and I were laughing and clasping hands in throes of hilarity.

“Matenda a boma” Mike said. “You know they call it the government disease.” I replied that I indeed heard this though I suspect it was not really a question. He continued, “They say this disease has come from the government.”

“Yes,” I said, remembering something I had read in one of the gossip journals recently, “but now they have the government medicine—ARVs.”

Mike replied, “You know they say there are two kinds of ARVs. One for the rich countries and another for the poor countries like Malawi. They say they give a strong medicine in the rich countries but they give a weak one to the poor countries like Malawi.” (Wilson fieldnotes, January 2006)

The Two-Tier Drug System rumor recognizes a world order in which Malawi and other poor African countries must receive whatever imports of aid and ideology are offered. According to Altman the arrival of ARVs accentuated the gulf between the rich and poor “with a minority of people with HIV now seemingly able to live for long periods without major disease, while the majority of the infected people face a series of debilitating and painful illness en route to a reasonably rapid death.” (1999: 572) The upscaling of ARVs provided greater access to life-prolonging pharmaceuticals in “resource poor” Malawi but failed to eliminate the sense that all is not equal between the rich of the north and the poorer south.
In mid-December 2005 Simon Nyirenda, a young journaler, ran into an older man outside of a motel in Rumphi boma, a small town in northern Malawi. The old man said he had just seen a woman begging for money to help her care for a son who was suffering from AIDS. He did not blame her, since the AIDS situation is so bad due to youth careless with their lives. He himself had tried to help his son. He said:

"I can not cheat here that my son was bewitched as other people say. Because I openly know that my son died because he was very careless with his life. I tried very much to save his life but things did not work. I remember I was sent to South Africa to buy the ARVs for my son so that maybe he could be saved—but the ARVs did not help at all.

And from that day I have developed a negative attitude towards the ARVs--because I believe these drugs are just meant to kill the people who said [that they] have got HIV--fast. Why am I saying all this? Most of the people who are now dying just because of HIV, you will find out that they were taking ARVs.

And what I believe is that the western country[ies] are producing these drugs in two forms: The better ones are put in their countries and they really cost a lot of money for one to have them.

Then there is another type of these ARVs which are just dropped in African countries, which are added with some poisonous particles which help to take the life of a person little by little.

In fact as you can see for yourself a lot of people here in Africa are given free ARVs yet you will find out that in western countries you will not hear of any country providing free ARVs.” (Nyirenda, December 2005)

How can a cure that is free and "dropped" into Africa measure up to the drugs that are being use in the rich, white countries or in South Africa? Medicines that had been extraordinarily expensive are suddenly being given away for free. The local experience of public health freebies hinted at sly coercion, and some have expressed the fear that the

13 “Boma” refers to a township that is a local seat for government operations within an area. A “boma” tends to be a center for markets as well as governmental activities. Rumphi boma, is the administrative seat of the Rumphi District.
cure may be worse than the disease. Are Africans being offered a treatment that could hurt more than heal, or are they being offered an inferior product? The old man quoted above could not decide whether the pills were tainted or simply low quality. He is not alone in his fears. Concerns about the hidden qualities of imported medications and food products are not new and fluctuate between identifying imports as toxic or inadequate.

In the colonial period there were similar fears in Malawi, then Nyasaland, during the syphilis and smallpox campaigns. In 1936 a local health care worker employed by the colonial government reported his experience when trying to vaccinate people against smallpox infection. When he rode into villages on a decrepit bike offering residents vaccines (sometimes inactive), he was often rejected. One chief told the health worker that "no one was sick and besides when someone came before for smallpox more people got sick and suffered very much." (Vaughan 1994:185-86) The vaccine meant to protect against the disease was thus perceived as bringing illness.

In the smallpox campaign of the 1960s, a rumor circulated claiming that the vaccine was really meant to cause sterility or death. The external plot to sterilize Africans is a particularly persistent motif in public health rumors. (For example Feldman-Savelsberg et al. 2000; Kaler 2003; Sabatier 1988; Turner 1993; Vaughan 1994) During this latter smallpox eradication campaign in Malawi, mothers were so worried about the possibility of forced sterility that they hid their daughters when health officials swept through the villages. (Feldman-Savelsberg et al. 2000) Throughout the twentieth century rumors circulating in southern Africa have pointed to imported pharmaceuticals as the means by which foreign nations carry out population control plots. (Feldman-Savelsberg et al.; Vaughan 1994)
But I am worried with this generation because there are many troubles these people are facing these days because they are told to treat water, to treat the mosquito nets and to use condoms too. Don’t you wonder with all such things which were not there on our days. I am sure that these guys will end up being infertile because they have to know that all these substances they are using these days, they will up giving them bad effects in their fertility and you will become all unfertile if you are used to whatever you are told by these ‘whites’ to use. What you have to know is that these whites do just make them for you to use them and they don’t use all these treatments themselves because they know the effects of those things (Geladi, January 2003).

More specifically, the acceptability of condoms as a means of birth control and protection against STDs has been compromised by the never-dying sterility rumors (Kaler 2004b). These rumors suggest that powerful multinational organizations, aided by the Malawian government, have set a course to control the fate of African nations.  

A certain young man said that its true and he heard that these condoms really made deliberately to minimize the population of the world. He said that the oil found in the condoms the way he heard said...really destroy man’s fertility and as the result he develops genital soles and these genital soles if not treated early one can die of them. (Bato, September 2003)

Condoms are associated with the transmission of HIV as well as with sterility or injury. Malawians tell stories of condoms, sold at a low cost by the high-profile United States NGO Population Services International (PSI), that are defective in many ways. Some say that condoms have holes that allow the passage of germs or that they are coated with a lubricant that is contaminated with HIV. It is believed that when Malawians were not overwhelmingly persuaded to adopt the family planning philosophies and practices of industrialized nations, NGOs and multilateral organizations had to deploy more covert means of manipulation. In this conspiratorial equation, foreign aid is not a gift but a

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14 In rumors about plots to import poisonous or inferior drugs. The target of the plot is not Malawi specifically but rather African countries as a whole category.
means of control. While Malawians complain about or reject condoms for a variety of reasons well documented by researchers (Kaler 2003, 2004b; Watkins 2004), one reason that researchers consistently overlook is the complaint that there are two types of condoms.

Chris said the driver presented the condoms on the eyes of the people and people were just watching... The driver could not stop talking and be saying, People of today can’t manage sleeping with 18 women and always be using these (referring to condoms) and the end result they do plain and take AIDS. They felt sweet in a short period of time and troubled for a long time and eventually die. AIDS can only be prevented by these condoms. And I don’t use the condoms which we the Black People use but durable ones which the Europeans use. Look, he showed us again. Chris said so. (Bato, June 2001)

According to the rumor above there are durable condoms that Europeans use and ones that are made for blacks which are inferior or expired. Here we can discern the theme of whites dumping inferior health products in Africa while keeping the best for themselves. A similar charge was made in the syphilis treatments given to blacks in the 1920s; even though a better drug had been found to replace arsenical treatments, officials decided to continue with the older ones because of financial constraints. Yet it became generally known that there was a newer drug being used outside the borders of Nyasaland; this made people angry and wary. They wanted the newer drug, not a lower tier drug. (Vaughan 1992: 275-6)

That people receive ARVs with suspicion of inferior quality should be no surprise given the history of Malawi with international health campaigns. The distribution of expensive drugs at no cost resurrected old suspicions. Most Malawians could not afford

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15 Malawians have expressed a dislike of condoms because, for example, they decrease pleasure and sensation in sexual intercourse and their usage in marriage they suggests or promotes distrust between husband and wife.
the ARVs before the government received Global Fund aid. After the scaleup some have suspected the rich or those involved in the international AIDS Industry of secreting quality ARVs from rich nations for their own benefit or for sale on the black market. One respondent told us of a local health worker on antiviral treatment.

“...[T]he ARVs from England he is taking are the ones loving his life. We normally say aaa this one is already dead.” (Anonymous December 2, 2005)

In telling ARV rumors, people draw attention to both global inequalities and to the elite within Malawi who stand to profit from their involvement in the AIDS Industry. Some complaints suggest alternatives to government distribution of AIDS funds and ask the government to be more transparent and accountable for spending. At the root this is a call for government responsibility to restore health to the nation.

“You, NAC, Is this Your Responsibility?”

One of my informants reported an MBC radio broadcast at the end of 2005, the year of the major ARV scaleup. During the evening News Bulletin a reporter, Joshua Kambwiri, summed up the activities of NAC, noting successes and posing explanations for failures.

“Many activities have taken place this year 2005 in the fight against the AIDS pandemic. If I can remember correctly it is this year when the government of Malawi started distributing free Antiretroviral Aids drugs to common people. Also this year John Hopkins Project (JHP-) started testing the drug if it is good for people. Currently the task is underway. Again this year we have seen companies which sell condoms organizing competition and people winning, a clean indication that they are really protecting themselves from the AIDS pandemic. This has shown how the war in the fight against aids is going.

What we see is that there is no proper cooperation [of those] who are actively involved in the fight against Aids. Thus why nothing is seen to be done.
Maybe we can find a chance to ask the National Aids Commission (NAC) to give us the current statistics on the state of the disease in the country. The commission should come in the open to explain to [the] nation whether their objectives are being achieved or not. It can also be necessary for NGOs to account for finances it has been using and who has benefited.

At the day of commemorating AIDS in the country, it is the responsibility of the commission to tell the national [sic] of Malawi if it is necessary to continue with methods which it follows or to change certain approach[es] in the fight against the pandemic.

NAC has released a report on some of the strategies to fight the disease which organizations must follow. Truly speaking, they don’t look at the disease as a major threat to the lives of people. The commission must find good facts and follow ways which in the end would materialize. Maybe Malawians should start asking themselves if messages which are given to the masses carry important information.

Do people use condoms which they buy them. Will the vaccination assist in future where do the donations go? You, NAC, is this your responsibility? (Mhango, Dec. 8, 2005)

We can interpret the announcer’s request for NAC to “come in the open” and explain to the public what progress has been made as a call for transparency. More specifically, the reporter asks for financial accountability. Not only does the announcer ask these questions on his own behalf, but he puts himself in league with the public he imagines saying, “Maybe we can find a chance to ask the National Aids Commission (NAC) to give us the current statistics on the state of the disease in the country.”

It is not only the responsibility of the government to heal the nation, but it is their responsibility to tell the nation what they have been doing. Have their current programs yielded fruit? He urges Malawians to ask questions about the results of their labor. The public does indeed desire to know what the government has done, and this includes knowing what AIDS organizations know about Malawian communities that is not being shared or made public. What do I mean by this? For example, when I arrived in my field
site in November 2005, I was approached by a young man at the market. He assumed correctly that I had worked with an AIDS survey project conducted in that area the summer previous. He asked me, “When will you people come and share with us what you have learned from the survey? We want to know how our community is doing.”

Malawians desire national statistics and progress reports as well as feedback from research conducted locally.

People perceive ARVs as an important way in which the government can fulfill its mandate to heal, but ARVs are not enough. They do not singlehandedly eliminate all the ways in which suffering from AIDS in the poverty of rural Malawi differs from suffering from AIDS in the rich north.

“The talkative man...went on saying that Malawi’s government receives a lot of money also with regards to the epidemic disease AIDS so that the money should be used in caring for those people affected by this disease both in town and villages, in homes and in hospitals by buying food like maize flour beans, soya beans, cooking oil and be distributing to them so that they should be living in a happy life even [though] they know that they have the kachilombo (chichewa language—the virus causing AIDS). (Bato, February 2004)

The money that the government receives for AIDS should not only be used for purchasing lifesaving drugs but also for the food that is needed for ARVs to work properly. Such provisions would also ease the burdens of families caring for relatives with AIDS. This is the kind of care some say the government should be giving. Some have even suggested that AIDS money should be used to create jobs for young people so that they would be occupied and gainfully employed. People reason that young women would not seek rich boyfriends and young men would be too occupied in wage labor to spend all their time sleeping with many women.
That AIDS funds should be distributed in a variety of programs is an idea not alien to the government’s official agenda. The aim of NAC’s AIDS “mainstreaming” initiative is to develop and support AIDS programming across a variety of government ministries and in the private sector as well. Cries for alternative uses of AIDS funding may be seen not as a radical request on the part of the Malawian public but as a call for the government to do as it has already promised to do. The government promised to deliver ARVs, but missed its 2005 target. It promised to mainstream AIDS interventions but the efforts (read resources) have not flowed much beyond the central level or materialized in forms other than workshops. NAC has said it will be responsible in all matters pertaining to AIDS. Conspiracy theories are a reminder of those promises, a reminder of a responsibility to heal the nation.

Discussion

Studies of conspiracy theories, especially those conducted by political scientists, often have an air of patronizing disbelief. Conspiracy beliefs are seen as the products of overactive and paranoid imaginations or as a response to alienation engendered by modernizing states and economic systems. (West and Sanders 2003) The danger in conspiracy theories is believed to lie in their ability to create a distrustful public that disengages from government or institutional programming. For public health programs involving broad-based drug treatment, a lack of mass participation can doom a project to failure, causing drug-resistant disease strains. In the case of ARV conspiracy rumors in Malawi, distrust of the government is not equivalent with a rejection of medical
technologies. Instead, the rumors constitute a critique of the delivery of those technologies and a call for ever greater availability.

The conspiracy narratives related above should not be thought of as free-floating narratives but as narratives anchored in experience and folk belief. Just as Malawians were not incorrect in their belief that there was an international alliance to control African populations (Kaler 2004b:109), they are also correct in surmising inefficiency in the delivery of AIDS treatment through AIDS organizations. An independent review of Malawi’s National AIDS Commission conducted by the Health Research for Action (Hera) group stated, “The limited financial, technical and administrative capacity of many CBOs [Community Based Organizations] to fulfill the requirements for funding through the Umbrella Organizations, has considerably affected the pace of programme implementation (2005:35-36).” Bureaucratic red tape has “considerably affected” delivery of AIDS services. The additional observation of hypocrisy within their own communities feeds the sense that funds are misspent and industry insiders are involved for their own benefit.

The sense that ARVs are only for rich people can be linked to the experience of long inaccessibility of the drugs in Malawi. In 2004, only 7.7 percent of Malawians with advanced HIV infection were receiving ARVs (Department of Nutrition, HIV and AIDS 2005: iv). Even as funds for treatment were increasing on the global health stage some continued to question the feasibility of treating the very poor. An article published in the Lancet analyzing the relative cost effectiveness of prevention programs versus treatment programs recommended that cost-wise it did not make sense to invest in treatment at the time (Marseille, Hofman, and Kahn 2002). Similarly, the Two-Tier-Drug-Sytem may be
rooted in the varied therapeutic strategies recommended by the World Health Organization (WHO) and implemented by the Malawian government. Antiretroviral therapy does look different in Malawi and "resource-limited" settings than it does in industrialized nations. Malawi's antiretroviral treatment standards are based upon WHO’s manual “Scaling Up Antiretroviral Therapy in Resource-Limited Settings: Treatment Guidelines for a Public Health Approach” which recommends, for example, certain drug combinations in poor countries due to lack of haemoglobin monitoring capacity. While the drug stavudine (d4T) is recommended over zidovudine (ZDV) in places where blood cannot be routinely tested has been associated with neuropathy, pancreatitis, and metabolic abnormalities more so than zidovudine (WHO 2004:13). The use of zidovudine, however, requires the frequent monitoring of hemoglobin and Malawi lacks the equipment for such monitoring. Though, variations in therapy are recommended when a patient in a resource-poor setting does not respond or responds poorly to the one-size-fits-all treatment,

While ARV rumors such as The Two-Tier Drug System may question the efficacy of the drug combination, they more pointedly comment upon apparent global hierarchies in which African bodies are valued below that of white bodies in rich nations. They draw attention to the decade gap between the delivery of ARVs to the rich and to sub-Saharan Africa. They note differences between the simplified one-pill-a-day regime they receive and the complicated, individualized drug regimes of the rich. Yet suspicion need not be viewed as an opting out of participation in biomedical regimes such ART. Instead it might be seen as a way of engaging with it. The habit of suspicion, long cultivated by occult beliefs and demonstrated in recurring witchcraft accusations ranging in scope from 104
the village to the national politics, suggests that for many in sub-Saharan Africa, functioning in an atmosphere of suspicion is the norm, not the exception. Though the government is perceived as having done a good service in making the drugs available, many Malawians perceive all too clearly the signs of AIDS Industry waste and hypocrisy.

In the next two chapters I examine the ways Malawians are “resource-rich.” As past experiences and narratives provided the starting point for the generation of folk theories of government public health activities, married women in the midst of the AIDS crisis similarly draw upon folk beliefs as expressed in its many guises of rumor, gossip, jokes, and advice. In addition to these narrative forms women can observe the actions of others and add these observations to their source of practical knowledge in dealing with marital conflicts related to infidelity and AIDS. This vast repertoire of narratives and observations are a well from which women draw and also contribute.
Chapter 5

Advice is Good Medicine: Marriage, Counseling, and the Comforts of Home

During my first week in the Rumphi District of Malawi, I met Patricia. She and two other women were laughingly commiserating about marital problems as Catherine and I tagged along. Patricia, a woman in her mid-30s, was complaining about her husband, who had been missing for eleven days. She had heard and believed that he was with his girlfriend in a nearby shantytown. Her friends murmured their sympathy, and we piled into a car and drove to a convenience store, where she continued to complain as we waited in the parking lot for one of the women to emerge from the store. Patricia turned to me, eyes gleaming through the shadowed twilight, and said with a laugh that “Marriage is one way to get AIDS. The man—even if he’s fine at first—he changes. Though you don’t move around. He’ll just bring it to you as a gift and you will just receive it—happily—open arms and open legs!” We all laughed in that moment, but I could still remember her frustrated tears from the afternoon when the women had gathered around her in her home. That conversation, occurring within the first weeks of my arrival in Malawi, compelled me to ask: What prevention strategies do wives in Malawi employ when they feel at risk of contracting AIDS from their husbands, and what role does the commiseration and counsel of others, especially women, play in devising those tactics?

The purpose of this chapter and the next is to investigate ways in which married women in rural northern Malawi struggle to reduce HIV risk introduced by potentially

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1 Pseudonyms are used throughout to protect the anonymity of respondents.
2 Anonymous woman, from author’s unpublished field notes, November 27, 2005.
unfaithful husbands, through an assortment of strategies handed down from elders and friends and communicated in daily talk: rumor, counseling, joking, gossiping, commiserating, and complaining. Malawians utilize numerous strategies for AIDS prevention beyond the ABCs (Abstain, Be Faithful, and Use Condoms) recommended in public health campaigns. Several of the creative strategies women employ in HIV prevention are aimed at changing the behaviors of another person. This chapter examines women’s efforts to secure fidelity with actions directed toward changing their husbands’ extramarital sexual practices rather than their own.

Because expert advice passed along official governmental public health channels does not adequately address popular desires to effect the behavior of dangerous others in their quotidian lived realities, women (both spouses and sexual rivals) seek the expert advice of elders and knowledgeable peers from within their communities. Elders, in particular, are entrusted with “cultural authority” as defined by Hufford as a kind of authority derived from experience that compels others to trust (1996:92). The system of familial council for marital problems relating to infidelity and AIDS is an “alternative institution” to more official institutions such as traditional healers and voluntary testing and counseling (VCT) at biomedical health centers. The exchanges among women and elders constitute a kind of folk family therapy which addresses more holistically the social situation in which women experience AIDS risk. Analysis of ethnographic data exposes the importance of rumor and advice as a means by which women deal with vulnerability and find strength within social bounds of marriage and kin obligations. Furthermore, because cultural authorities often hold social authority, that is the “ability to compel obedience” based upon “the belief that authority holds adequate power in
reserve,” women rely on them for both wise council and their ability to enforce decisions in a particular social sphere. Wives receive counsel when they are troubled by rumors of infidelity, including advice to confront their husbands, endure, pray, or use love potions. Not all stories or remedies are accepted at face value, but rather women question sources and motivations, testing gossip against their own observations and testing social remedies against their own experimentation.

The first section of this chapter outlines key elements of the cultural and social context of Tumbuka women’s anti-adultery strategies. Among the elements discussed here are women’s perception of AIDS risk from husbands, their reliance upon friends and neighbors to report spousal activities, and the problem of working out marital conflicts while living among in-laws and strangers. The next section presents women’s accounts of what happens when they take their complaints to in-law elders. What advice is given and what impact do wives have when they act upon it? The last section also deals with advice but this time advice from peer group friends and natal relatives. When dissatisfied with counsel from in-laws, a woman may seek help from friends or family back home. The contrast between counsel from affinal elders and natal elders suggests the existence of competing orthodoxies for dealing with marital infidelity.

No Secret under the Sun

Infidelity is a common topic of gossip in Malawi provoking expressions of both the voyeuristic pleasure and moral outrage. In their conversations about adultery, people relish the idea that they have stumbled onto hidden knowledge of wrongdoings. They also enjoy making judgments about the adulterers, speculating as to motives and predicting
consequences for the persons discussed and for the community as a whole. Journaler Hastings Mkandawire recounts a conversation that took place while waiting in line to buy maize. The buzz in line that morning was that the watchman at the ADMARC (Agricultural Development and Marketing Corporation) had allowed a woman to buy twice the rationed amount of maize in exchange for sleeping with him. Mkandawire summarizes the stories he heard from several people that morning and finishes his account with comments made by the friends with whom he was chatting. He begins by suggesting a motive for the woman’s behavior saying,

People used so many tactics on this day to secure enough maize for their families. One strange tactic was the one I got on the day when we were on the queue struggling to buy 10kg of Maize. A certain woman from Mkombezi happened to have a good terms with one of the workers at Mzokoto Admarc the watchman. The watchmen then assured her that if she wanted to get enough kgs the following day she should accept to do sex with him. Considering the extent of the famine in her family the woman accepted to do that with the watchman the same Sunday night. Before Monday everything was done. The watchman assured the woman to be among the first people to be served that morning she was also total that she will have an additional 10kgs on top of the recommended 10kgs as saying goes there is no secret under the sun some body who went out to urin[ate] behind the Admarc saw...their agreement as usual secret is only between two people this third person was the one who started telling people at the Admarc Major was now explaining to people as if the one who got the first hand information.

Major: You are now telling us only 10kgs but our friends who gave her body to you got 25kgs right from the same Admarc this is not fare [sic].
Hastings: You mean others were getting 25kgs right from here?
Major: Only one lady has gone out with this place with 25kgs of maize on the special offer.
Mary Luwemba: What our friend has done is useless, if its because of famine that has befallen into Malawi it better for us to die than to do sex with somebody you don’t know for the sake of having 25kgs of maize the AIDS worries me much.
(Mkandawire, February 10, 2006)

The proverbial phrase “There is no secret under the sun” is common throughout Malawi and is sometimes used to punctuate stories of scandalous secrets revealed. Two
broad but related interpretations suggest themselves. One speaks to the inevitability of truth being revealed. Everything that has been done in secret will be known. This interpretation begs the question: How will the secrets be revealed? The second interpretation addresses this question. “No secret under the sun” implies the presence of knowing subjects, people who know information that is being hidden. Sometimes women are suspicious of infidelity through their own observations. For them the secret is “revealed” by frequent and poorly justified absences of their husbands. In these cases they are the knowing subjects, but often knowledge of a spouse’s extramarital activities is revealed or confirmed by other people—neighbors, friends, relatives.

General fears of secret affairs as expressed by Mrs. Luwemba can be contrasted with personal and specific fears for the cuckolded spouse. When a woman is told that her husband has been spotted with another woman, she heeds these particular stories with a greater level of attention. During our interview Kondwani Kwenda recounted the multiple ways in which she learned of her husband’s infidelity (February 2, 2006). The following exchange took place between Kondwani and my research assistant during an interview:

R: When I was six months pregnant my husband had a girlfriend here, he still continued with her [during the pregnancy].
I: With all that beauty? [Catherine referred to the respondent’s appearance]
R: When I was seven she was four months pregnant also. When I was eight I delivered at eight. He gave her money for abortion at five months...He gave her K500 for abortion. When he was doing this I didn’t know.
I: Not even partial?
R: Not even that, I didn’t know. I was at the hospital delivering. I was delivering the child which died...

3 This proverb seems to be a combination of two or more Biblical references. The first is “There is nothing new under the sun,” which is found in Ecclesiastes 1:8. The second part of the proverb more specifically speaks of the revelation of secrets with reference to the light metaphor found in the New Testament. See, for example, 1 Corinthians 3:13. “[H]is work will be shown for what it is, because the Day will bring it to light.” (Bible, New International Version)
I: So after you delivered how long did it take before you knew?
R: After the child died I delivered on 13th April and he died on 19th May. So I heard the story in July...After I was cleansed and we started sleeping together it was when I heard.
I: Who said this? Who told you?
R: It was my mother. She heard this at the funeral of my child.[unintelligible]
I: Your own mother?
R: Yes...
I: So did you ask him?
R: I did and he denied it. Another person told me again. He said they were just loving each other. I asked him he denied it again.

Later on, after Kondwani stopped drawing and warming water for his bath, cooking for him regularly, or sleeping with him, her husband confessed and apologized, saying he did not know what he was doing. Kondwani, like other women, took the rumors seriously enough to investigate further.

Interventions begin with the investigation of a rumor. Such was the case for Kettie Harawa when she heard that her husband was proposing other women. Her neighbor, who related to us the same story, cautioned her not to accept the story at face value but to prove it. So, according to Kettie, she followed her husband one day to “prove” the story and saw him chatting with the young woman. Kettie hid behind the bush to listen in on their conversation. Later she complained about the issue to his aunt and brought him to the elders to be counseled.

“They say that staying in marriage is endurance”

Why is it so important to “prove” the rumors? Part of the need to prove a story stems from a woman’s position in her virilocal setting. Several women told me that before they relocated to their husband’s village, they were warned by their elders back

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4 Schatz has also noted in her qualitative research conducted in rural Malawi (including Rumphi District) that respondents claimed that reports of infidelity always required further proving (2002: 309).

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home that on your new compound you may find people who speak badly about you and
tell lies. The women I interviewed were told to remain quiet. Ruth Chirwa said,
“Wakutenga kuhala pa nthengwa nkupilira” [“To stay in marriage is endurance.”].
When you marry, you may find rude people at your compound treating you poorly
“because they can say a lot of bad things since it is not your home, just keep it in your
heart. Do not talk anyhow” (January 12, 2006). In virilocal Tumbukaland women say, “I
am a stranger here” or “I am new here” when they come to their husbands’ compounds,
and because of this they may be reluctant to speak up in what may be a hostile territory.
Elders in their natal villages prepare women for the possibility of discomfort or even
hostility in their marital homes. Women expressed the most fear of being overworked at
the service of in-laws, being talked about badly, and being beaten by husbands. The
ubiquity of the experience of a harsh welcome into a marital village is evidenced by a
folktale widespread throughout sub-Saharan Africa.

Boyd and Richardson (1998) analyze several versions of a folktale they call “The
girl who wanted an unblemished husband,” in which a girl spurns all suitors except the
one found to be without physical blemish. Typically the plot unfolds as follows: against
the judgment of her elders, a girl marries a physically flawless man and follows him to
his village only to find there that she has been deceived. Her husband has been disguised,
and after marriage he transforms into his true form, a leprous and grotesque man or else a

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5 Talking “anyhow” means to express your anger freely or to speak without thought and consideration to
consequences.
6 Schmidt found similar experiences among nineteenth century Shona women who called themselves
strangers and referred to their in-laws as “owners.” (1992: 17). Lloyd (1968) talks about the “stranger”
status of young Yoruba wives in their virilocalities. Richards, in a study conducted in the early decades of
the twentieth century, found that the matrilocal Chewa of what is now central Malawi “talk of the father as
a stranger.” (Richards 1950: 233)
hideous monster. In some versions the man is a cannibal, and he and his friends plot to consume the woman. The bride escapes but finds herself in the wilderness, stuck high in a tree and surrounded by threatening in-laws. She wards off the danger with singing and is later rescued, ultimately returning to her natal village to safety. In other versions of the story, a woman is accompanied to her marital village by a younger sister who discovers the hidden monstrous nature of her sister’s husband and warns her sister not to “eat,” that is, have sexual intercourse with her husband (Bill 1994). Most versions of the tale end with the girl fleeing the marital village for her natal home. I will refer to this folktale occasionally in my analysis of women’s kin-based prevention strategies, looking upon it as a kind of vocabulary or template for women’s experiences in marriage.

One explicit moral of the story enjoins brides to hear the advice of elders, silently endure when prudent, and look through the obvious to discover the hidden nature of things. In other words, when one is among strangers, do not trust everything you hear or see—you may be deceived. Constance Mzumala told us that some women will lie about another woman’s husband if they like him themselves. There was a married man who used to buy fish in Phwezi from a certain woman, she said, and they would greet each other cheerfully during these encounters. A woman who observed their interactions went to the man’s wife and said the two were having an affair. The wife did not believe her because she had another friend in Phwezi (a nearby marketplace) who told her otherwise.

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7 When a woman refuses to “eat,” what she is really doing is refusing to be eaten. The folktale variant in which the husband is a python who visits his wife at night under the cover of darkness and partially swallows her makes the link between eating and sexual intercourse explicit (Bill 1994: 58-59). Linguistically the distinction is even built into the words “to marry,” which vary according to gender. Among the Tumbuka, men take a wife (kutenga) while women are taken (kutengwa). Turner 1996 [1952]
The wife criticized the talebearer, telling her, “Never to do it again because you can let people kill each other.”

Despite the danger, women rely on each other for information. When we asked this same Constance Mzumala how one could know her husband was cheating, she told us, “Not all people will hate you.” Your friends will tell you about your husband’s infidelity “and you will find they like going to Phwezi!” Surveillance conducted through a network of friends or sisters-in-marriage was common among the women we interviewed. Elizabeth Mkandawire, who was twenty years old with a newborn, said she was worried about her husband’s movements. She said, “My husband stays in Mhuju and he is a driver, so I hear a lot of stories saying he is proposing so and so and so.” She believes the people telling her the stories but is unable to investigate on her own. Elizabeth said, “As I stay here, it is difficult. Sometimes I want to do that [investigate],” but instead all her information is derived from hearsay rather than direct observation. Elizabeth’s story demonstrates extreme reliance upon a network to reveal what is hidden under the sun or by distance.

The aphorism “marriage is endurance” was expressed not only in the context of living among demanding or troublemaking in-laws, but also when women referred to ways in which men could (as in the folktale) change after marriage.⁹ Women expressed

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⁸ Phwezi is a marketplace close to the village. The market or the town is associated with youth, uncontrolled sexuality, and AIDS. For a discussion of the perceived link between youth, mobility, commodities, sexuality, and AIDS, cf. Setel (1999).
⁹ A similar complaint is made by women in South Africa. Informants of Harrison and Montgomery talked about the problems of men changing after the wedding and complained about difficulties of living with in-laws. “It’s difficult at other people’s houses. God gives you strength to be patient, but you often think about leaving. Men will treat you well for the first few months. He’ll change after 6-7 months. It’s difficult! I don’t even know how much he earns [now].” (Harrison and Montgomery 2001: 317)
the most fear that men would stop “hoeing,” that is, working hard to provide materially for the family, or that they would beat them “harshly” or “unnecessarily.” Secondarily, women worried that a man would start having girlfriends or acquire a new wife. They were advised by elders at home, elders in the new villages, and by agemate friends that if a husband changes, you ought to endure these negative transformations. Some believed that these transformations are inevitable. One of the middle-aged women we spoke to said that nowadays complaints about cheating and polygamy are routine. She warns younger women, “When you marry, don’t think you are alone” (Estery Gondwe, January 10, 2006). Olifa Mhango said, “My mum told me that every man changes, so just endure.”

What do these women mean when they say you must endure? Selina Mweso (age 20) explained, “Whether he will have a girl, you should endure, whether he beats you, whether he is bad just endure” (February 2, 2006). Her exegesis encompassed what one endures but not how to endure it. In practical terms, enduring could signify different actions and goals. The most basic meaning of enduring marriage is to “just stay,” that is, to not go home. Beyond continued presence in the marital home, enduring for some is passive and for others is highly active. Several elders told women to be patient if they found out their husbands were cheating. Don’t react in anger and get into a fight but wait to “hear more” so that your reactions may be tailored to the situation and so that you might not find yourself abandoned for “overreacting.” Agogo, Fanny Ngwira said when faced with the problem of an unfaithful husband, “The real medicine is cooking and

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10 *Gogo* means grandparent. “A” is a prefix used as an honorific or when directing addressing and individual.
hoeing”; in other words, continuing to take care of the house and the husband’s sexual needs. In the end he may return to you, the steadfast, hardworking, and calm wife, and abandon the other woman for, “[I]f you are two [wives], you will get the disease [AIDS],” said Agness Kumwenda.

Among elders there is a strong orientation to urge their young in-laws to endure, that is, to persevere in marriage. The day before we met with Lusungu Kayira, a young wife had visited her to complain and get bus fare to travel home. The young woman wanted to go back home because her husband was trying to bring another woman into the marriage. He even insisted that she go with him to collect the new wife.\(^{11}\) He told his wife that if she did not listen, then she was disobeying his rules, as if to imply that he would punish her in some way. Lusungu described the young woman as depressed, because her polygynous husband was no longer providing food to the household. However, Lusungu did not give the woman money to go home. Instead, she told the girl to speak to her father-in-law. We asked Lusungu what she expected the father-in-law to say. “What can he say?” she replied. “He is the father of the husband, he will tell her to stay.” Despite the sympathy she felt toward the young woman and all she had experienced, Lusungu recommended endurance in solidarity with the will of her husband’s relatives.

Endurance, as I have described thus far, has been decidedly passive, but some women practice what I call “active endurance.” When Ruth Chirwa said marriage is endurance, she followed the adage with an inventory of the troubles she has encountered

\(^{11}\) Our informant seemed to believe that the husband in her story was bringing his first wife to meet the new wife out of cruelty rather than out of a practical motive. Husbands may want to make sure co-wives can get along, and thus an introduction would be a matter of practicality. Here, however, the narrator was intent upon creating an image of a mean husband.
and the strategies with which she met those challenges. Upon hearing that her husband was contemplating marrying another woman, she sought advice, confronted him, followed him, used love potions, prayed, took him to church—and finally drove the other woman out of the village. Kondwani Kwenda spoke of a similar kind of endurance when she talked about punishing her husband by refusing to “cook” for him, both literally and figuratively. While Kondwani punished her husband, she said they were not living “free,” that is, they were together in a state of dis-ease until he confessed and apologized. It is at that turning point of confession and apology that Kondwani inserted her comment that marriage is endurance. I present Kondwani’s and Ruth’s actions as examples of active endurance.

The alternative to enduring is to go home or ultimately to divorce, but for some there does not seem much point to divorcing a “mobile” husband because it is likely that this man has already transmitted HIV to them. Mrs. Chavula told us that when young women come complaining about their husbands’ movements, fearing AIDS, she tells them to just endure, because if their husband is infected, then they are infected as well. Agness Kumwenda said a woman came to her to complain about a husband who had married his brother’s widow. She had no advice to offer to the woman. Mrs. Kumwenda said, “Nowadays many people are complaining and say ‘Ah ah, we already know we have AIDS. We already know.’” We asked Mrs. Kumwenda what her friend was doing about the situation. “The woman is now staying with her husband, but she has said to him, ‘Your brother died of AIDS, so are we not dying also? We have already died. As of

12 Enifa Botha’s extraordinary story will be explored further in the next chapter.
13 Cooking” and “food,” particularly nyama, which is beef or flesh; nsima, which is maize porridge and the staple food; or maswiti, which are candies, are associated with sex.
now the widow is dead. Are we going to live longer? We are finished.'” She had no advice to offer the woman; as far as she could see the damage had already been done.

Complaints about mobile husbands are common, says Tamora Gondwe. Wives say to her,

“My husband will take the disease—he is not moving well.” When we answer them we say, “Oh yes, he will get the disease.” The badness is that they are not known. When you say you are infected because this virus [it] eats you slowly--sometimes 5 years can pass. Because you will not know when you slept with somebody who was infected. She will just say “It's my husband you don't refuse him.” You [as an advisor] will just discuss that you are sick. Your blood is infected. And you start feeling unwell, whether you or your husband. But if you know, well...

The last two quotes exemplify several aspects of the popular beliefs about AIDS in Malawi. Generally speaking, people overestimate how easy it is to get AIDS and tend to think that one sexual encounter with an HIV-positive partner means that the disease was certainly transmitted. When this belief is extended to regular partners such as spouses, then people speak with even greater conviction that if the husband has HIV, then the wife definitely has it, and vice versa. The certainty of these beliefs about the ease with which the disease is transmitted is hedged by the fact that many people do not get tested for HIV or know for certain the HIV status of their husbands or their husbands’ partners. This ambiguity is exemplified by a saying that has become almost proverbial. People speak of the “walking dead” and those who are “dead but alive.” And perhaps most poignantly, it has been said that “We these days move half dead” (Mkandawire August 12, 2005). Are people “dead,” i.e., infected with AIDS, or are they alive, i.e., not yet infected? The gap of certainty contains the kernel of hope that preventive action is still possible for those who are half dead on some days and half alive on others.
Endurance is not idle resignation or stoicism but for many people is an active resolve to make use of the knowledge and resources within their communities and within themselves. Endurance, therefore, rests not on fatalism but upon hope that change may be possible. When women are faced with criticisms of laziness, they work harder; when faced with rumors of unfaithful husbands, they listen to “hear more.” The next section examines what it means to “hear more.”

Advice is Good Medicine

In 2004, when I spent time in southern Malawi at a roadside hair salon, the young woman who ran the business asked me if I had any medicine for her business. I was confused until my interpreter explained that she wants advice. “Advice is good medicine” she told me. Malawians seek literal *mankhwala*,¹⁴ that is, medicine, for financial, interpersonal, and physical health. The *mankhwala* of advice seems to be the medicine one seeks before consulting healers for actual medicine.

In Tumbukaland, before a woman joins her husband at his compound, she receives advice from her aunts and, less formally, from her friends. Once she is living in her husband’s compound, she is expected to go to her husband’s aunts for advice in domestic matters—both in keeping the house and in all manner of marital conflicts that may and do arise. We asked some female elders what advice they gave out to the young women who came to them seeking advice and counsel. Problems brought to them included struggles over finances, infidelity, drinking habits, and the execution of household chores.

¹⁴ *Mankhwala* is Chichewa for medicine.
Joyce Mhango told us she had to criticize her granddaughter-in-law because she was not bringing bathing water to her husband and the meals she cooked were slow in coming. In annoyance, he retaliated by withholding money when the granddaughter-in-law asked for cash to buy household goods. When Mrs. Mhango sat down with the young woman, she asked, “Did they advise you at home [about] who is the head of the family? You are under the man. But what you are talking is good. When he is talking bad, criticize him. If he is not listening, come to me” (January 27, 2006). “Criticize him,” or “confront him calmly” was the also the advice that most of the young women heard when they complained to the elder women about their husband’s infidelity. Women were told to advise their husbands about the perils of their bad behavior, and if that did not work, ask the elders to speak to him—to counsel him. The repetition of these three steps in advice in marital problem solving—complain, confront, and bring your spouse for counsel—could be said to make up an idealized sequence. The point of counsel is that the so-called bad behavior should change, but not everyone has faith that change is possible.

One elder women spoke with despair about the men who were going out with bargirls. And then of women who sleep with men for financial support. She laments that AIDS will kill these men and women.

R: I even tell them that—“Don’t go there, you children. Look that one lost her husband so you will be going out with her, you will die...They don’t listen.
I: Have you ever seen anyone advised who has changed?
R: Oh no, they don't change. They [women] love them because they will eat good food, so they cannot change. They cannot stop. Because it is nice. So they cannot change even if you say, “Sit down my child;” they say, "you old people you are troublesome.” So when you are talking they say that--"Old timers--this is new," so they just continue. Time does not pass, they just die. (Tembo, January 12, 2006)
Young women are often counseled by elders not to enter into sexual relationships with men in order to gain financial support. In “When They See Money They Think It’s Life: Money, Modernity and Morality in Two Sites in Rural Malawi,” Amy Kaler writes that elders believe young women are “going to the grave” by chasing men who provide gifts and money (Kaler 2006). Elders claim that the temptation to become involved with men with cash causes women, single or married, to ignore their advice.

In a similar elders’ lament, Estery Gondwe told us that she doesn’t dare try to advise some of the young people she sees nowadays. Now men will insult you if you try to interfere, she said. Her advice to fearful wives is for them to endure the cheating of their husbands because some men will recognize the error of their ways and come back on their own. What is implied is that others will not.

Giving and receiving advice is perceived as an important means for establishing “healthy” social norms. The conversation takes place between Hastings, an elderly neighbor, Mrs. Mbale, and her relatives.

Mrs. Mbale [a woman in her 70s]: Thus true that young girl you see, she has seen a lot of things more that what I have seen in the world. Before her first marriage she was being beaten by wife’s of the husbands he was going out with, going into marriage we thought, people of Luwagha will be relieved her bad habit. While in the marriage she was still going out of the marriage circle till she was discovered hence the end of the first marriage.

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15 Janet Bujra also reports similar complaints heard among elders in Tanzania. The sense that youth fail to listen was supported by AIDS literature in Tanzania, which in early days focused heavily on youth (2000).

16 Indeed, Estery’s own husband began an extramarital relationship when they moved to the city of Lilongwe. When he refused to end the relationship, she grew fearful of contracting AIDS, so she went back to their village to raise their children and left him with the other woman. He visited her once and tried to initiate sex and she refused him. He returned to the city to stay with his other woman. When he became ill, he returned to the area to be treated at the Livingstonia hospital where Estery visited to take care of him. The health personnel at the hospital told her he was dying of AIDS.
She was been exchanging men as if they are clothes, Now if the missing is that of going into marriage then she has gone to the No. 5 husband. She must have a certain mission to fulfill.

Alex [a teen and relative of Mrs. Mbale]: She has got a mission of taste all men in the country...” We all laughed at the joke which Alex fixed on.

Hastings: Sister, do you know that the dog ate shit because it lacked advice?” That girl can change if she can be properly advised on what she is doing. People have changed there bad habits after being advised properly.

Mrs. Gondwe [the daughter of Mrs. Mbale]:
“Advisors were there at her home but didn’t want to take use of all the advise people were advising her. Now she is affected with a deadly disease she had loosened (Hastings Mkandawire, February 2006)

This excerpt reveals the value placed on receiving wise counsel. Behavior, in emic terms, is directly related to the counsel one has received. Without “proper” advice one can participate in risky, undesirable behavior—one can eat shit rather than the good medicine of advice. Implicit in this conversation is the notion that the girl may have behaved “badly” because people around her failed in their responsibility to properly guide her.

Giving advice is thus a duty for those who hold important knowledge and who are in the position to impart that knowledge. Consequently, once advice is given, it becomes the responsibility of the receiver to follow it—to modify their course. Thus risk avoidance is an individual’s responsibility within an enabling social network.

When a woman has proved to herself that her husband is moving around with another woman, she may go to a female in-law for advice according to the idealized sequence of complain, confront, and send spouse for counseling. Jessie Kwenda told us the steps one should take when confronting infidelity, saying, “Whenever faced with these problems, the first step would be to talk to him, and if that fails, then third parties are involved, those could be his parents or aunties.” According to Shupie Munthali, one
must keep problems at home a secret until you reach a point where you can no longer endure. Only then do you consult a mother-in-law or father-in-law.

Some elders were confident in their ability to counsel couples through problems. Love Zgambo went to see her niece at home because her niece's husband was a womanizer. She counseled them and now claims that they are *kukhala makola*, that is, staying well. Below is an excerpt from our interview with Mrs. Zgambo:

R: I told him these movements are not good [Mmm] because if you continue you will make your wife die and yourself.
I: Eee--the disease?
R: From the disease--so you need to abstain...He said what my wife told you was true so as you have advised me from today I will not continue. So I went to check on them [and they are staying well.]

Some women, such as Kettie Harawa, mentioned earlier for spying on her husband in the bushes, were fairly satisfied with the results of elder counseling. She reported to his grandmother that her husband was cheating, the grandmother intervened, and “now he has changed.” Naomi Msiska was also happy with the help she received from her in-laws. When she married her current husband, she brought with her three children from a previous marriage. Her new husband changed his mind about marrying someone with so many children and decided to send her home. She reported to her in-laws. The elders told her husband, “You already knew about the children before you married; you should keep her.” He did, and Naomi was happy with the intervention.
Not all women are so happy with their interventions. Masozi Nyirenda complained to her in-laws that her husband was not providing any money for ndiwo\textsuperscript{17} for herself and the children. His parents criticized him, telling him that for the wife to remain respectful, one who is not begging around the compound or having boyfriends, you must give her money. Mr. Nyirenda apologized and said he did not know what he was doing and he would change his behavior. However, when we visited her for the third time, she was again troubled by beatings, his drunkenness, and lack of money. “Did you not say his behavior has changed?” we asked. She replied that his behavior changes when he has no money. As of now, she said, he is not communicating with his parents and they have given up on counseling him.

Other Orthodoxies

The perceived lack of behavior change can cause despair, as demonstrated above, but can prompt some elders to encourage divorce and other unorthodox measures. Magret Kaonga, a middle-aged woman, tells the young women in her compound that if they suspect their husbands are HIV positive, then they should get a blood test. If the blood test is negative, then they should refuse to have sex with him. Elder Flora Kaonga counsels young women to begin having sex again earlier than the two-to-three year period traditionally recommended for postpartum abstinence, a period in which sex is considered dangerous and harmful to the nursing child. Flora, like many others, is concerned that men will go to other women during postpartum abstinence,\textsuperscript{18} so to protect

\textsuperscript{17} Malawians often translate the term ndiwo as “relish,” but the better English equivalent might be “side dish.”

\textsuperscript{18} Zulu 2001. “Ethnic Variations in Observance and Rationale for Postpartum Sexual Abstinence in Malawian.”
both the marriage and the child, she recommends ending abstinence early and using condoms to protect the child from pollution. The use of condoms (especially by a married couple) and the ending of abstinence early are both practical innovations, because neither practice has high sociocultural value. Yet together they constitute an emerging unorthodox practice to secure fidelity.

Kettie Harawa, a twenty-year-old newlywed, was pregnant with her first child when we interviewed her. She said she could start having sex again after her child was six months old if she used condoms. Catherine reacted by laughing in shock and saying, “Which agogo supported condoms—the way agogo refuse condoms?” Catherine’s shock demonstrates the novelty of an elder embracing the technology of condoms; Kettie’s casual acceptance of the advice suggests the power of elders to normalize a strategy through their authoritative recommendations. It should also be noted that a major campaign to promote the use of condoms for HIV prevention was launched in 1994 as Kettie and her agemates were coming of age. I suggest that though Kettie may have been more comfortable with the idea of condom use than the generations before her simply because of the times in which she was raised, the reinforcement by her elder advisor helped to frame condom use in marriage as both proper and good.

The influence of elders in defining what constitutes proper sexual behavior bears further investigation When a woman moves into the marital village, the aunts from her family as well as her husband’s family come with supplies and advice. On these occasions women learn from their elders that sex is a way to take care of a husband. The women told us that they were taught how to “dance” or “wiggle the hips” to help their husbands reach a climax. Some aunts would simulate sex for the couple to observe and
learn, while others would instruct while having the couple simulate sex themselves.

Though sometimes Tumbuka girls were trained by elders to “dance” before becoming engaged, they were not told the reason. Upon marriage women were also taught to clean the genitals of themselves and their husbands after sexual intercourse, change and wash the bedclothes, and prepare “tea” (black tea and a snack of bread, groundnuts, or whatever small food is available) for the husbands to eat to renew their strength. Throughout the early days of marriage, women consult elders for advice on marital issues, including sex and child spacing. Elders are thus quite active in defining and supporting “proper” or “normal” sexuality for the younger generation.

**Friends and Family Network**

In scrutinizing interview transcripts, I discovered that the type of advice a person is likely to receive is far more associated with the particular role of the advisor within the kinship system than I had anticipated. Before I began the writing process, I drew out of the transcripts an assortment of women’s strategies and was surprised to find that more than a few young women had been told by elders to divorce or go home to their natal village if there was unbearable trouble in the marriage. On closer inspection I came to see that only elders from the natal village and some agemate friends were suggesting this type of action. Likewise, advice to use love potions seemed quite common, but no one had been told to use these medicines by elder in-laws. It was sisters-in-marriage and elders from natal villages who gave advice to use dangerous love potions and told their

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19 Sisters-in-marriage are women who are related because they have married men of the same compound who are related to one another. A sister-in-marriage is distinguished from a sister-in-law, as a sister-in-law is a woman married to a male blood relation, like a brother. Whereas a sister-in-law will typically reside on the compound of one’s birth, a sister-in-marriage typically resides in one’s marital village as it is also her marital village.
friends how to get them. In this section I discuss some of the advice that women get from natal elders and sisters-in-marriage. While much of the counsel given overlaps with what affinal kin advise, here I focus on strategies that diverge from that given by affinal kin. Thus the focus of the next section is to first examine the support for the use of love potions and the meanings women associated with them. Second, I look at women’s accounts of divorce, or “going home,” and the way in which women draw strength from their natal home in negotiations within marriage and as an ultimate refuge.

Love Potions

Problems of fidelity are not new, and thus some solutions already exist (Barnes 1951; Kaler 2001; Mitchell 1951). Love medicines are one of the solutions women and men have used in the past. Love medicines that women use are connected to men’s labor outside the home and the sexual infidelity associated with mobility. Men have also used love potions, but for the purposes of this chapter, we will deal with material related to women’s use of love potions to secure men’s exclusive love, sexual fidelity, and support (Rödlach 2006; Wendroff 1985; Young 1935). In addition to these more longstanding motives behind the use of love potions, the women we interviewed saw the use of love potions as a way to reduce their risk of AIDS infection. Similarly, respondents in Rödlach’s study among the Ndebele of Zimbabwe and those in Goebel’s study of Shona women’s everyday AIDS prevention efforts in rural Zimbabwe explicitly linked the use of love potions to concern with the AIDS epidemic (Goebel 2002: passim; Rödlach 2006: 87-103). Like myself, Goebel argues that “husband-taming herbs” used by Shona women to control the sexual behavior, spending, and drinking habits of husbands constitute
complex solutions to the complex problems of AIDS, infidelity, and gendered practices of property division and control (2002: 462). Just as the Shona women described in Goebel’s study worked their solutions in the midst of the particularities of Zimbabwean resettlement policies, daily demands of family and farm, and gender politics Malawian women’s reliance upon love potions to control their husbands is predicated upon gendered labor migration patterns, marital obligations, the informal social networks, and women’s financial entanglement with husbands and in-laws.

There has been a long history of men’s labor migration in northern Malawi. Despite recent restrictions on Malawian workers in countries like South Africa (Chirwa 1998), men continue to enjoy greater mobility than women and even migrate around the country in search of wage labor. And women, left behind in the villages, suffer anxiety from this situation, fearing their men will find other women where they go and forget their wives at home. In 2004 I was observing a traditional healer as he saw patients. One woman came for his help because her steady boyfriend was taking a position in the south of the country, a twelve-hour drive. I am afraid he will forget me, she told the sing’anga. She asked if he could give her some medicine.

Additionally, love potions address the threats posed by the potential of polygamy. When a married man gets a regular girlfriend, this may be a step on the way toward polygamy. Judy, a second wife herself, married to a tenant farmer from Chitipa, told us a story she heard from one of her friends who comes from the same home district:

My friend heard rumors that her husband has a girlfriend somewhere even though he does not stay out like others. Then the girlfriend came asking her, “Are you harsh? Can I be together with you and your husband?” She was a Tumbuka. She even came asking what she should give to the husband as a gift. My friend
answered, “You know yourself.” She is just a girlfriend [now], they are not yet married. (Hilda Sichinga, February 9, 2006)

For some aunts who advise their engaged nieces, the problem of infidelity may be anticipated and prepared for before a woman is sent into marriage by equipping her with love medicine. We asked Grace, eighteen and recently wed, what advice she was given to deal with this potential problem. She said:

R: They gave me medicine so that if he starts being mobile I take his underwear and wash it with medicine.
I: Who gave it to you? Your aunts or his aunts?
R: The aunts from home.
I: Is the medicine for using before he starts to cheat or to stop him while he is cheating?
R: It is for before he starts cheating.

Love medicines, sometimes called *temwanani* in the Tumbuka language, meaning “love each other,” are meant to work as prophylaxis against extramarital and polygamous relationships in two ways. The first is by increasing the measure of love the recipient has for the one who gave the medicine and simultaneously decreasing the recipient’s interest in having other sex partners. The second way is by making the recipient physically unable to have sex with anyone other than the person who administered the medicine. For a woman this means being “locked” while the husband or boyfriend is away. For a man this means suffering “equipment” failure when he is with another woman. Both types

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20 The reply “You know yourself” seems to be a kind of passive challenge. The woman refuses to aid the potential co-wife and implies that if she knew the husband so well she would already know what gift to supply. The other interpretation is that the wife is resigned to the new wife, in which case “you know yourself” could be an acknowledgment of the new wife’s role and intimate knowledge of their husband’s tastes and needs.

21 The women we spoke to in reference to this topic would euphemistically refer to the penis as “katundu,” which can be translated as “equipment.” Sometimes the respondents would use a Tumbuka version of the English in the term “maquipment.”

22 Additionally there is a kind of medicine that does not prevent extramarital sex but reveals that an affair is taking place. In these narratives one of the offenders is unwittingly dosed with medicine by a spouse.
of medicine, those that lock and those that increase love, can be used to either halt an affair or prevent an affair from ever happening. Medicines that cause "equipment" failure seem to be especially suited for halting affairs in progress without confrontation. We asked Constance, a married woman in her mid-thirties what she’d been told to do if she was troubled by infidelity.

R: They told us that if a man will be troubling you we can help you. Those were the elder people. We can give you our traditional medication. So those traditional medicines could make it so that a man could not move anymore.

I: Oh, so they would be changing. Even with beatings too?

R: They change. They would change all those bad behaviors.
I: Have you seen this yourself, that some would look for such drugs and be helped?
R: They are really helped.
I: And for those who are fond of women?
R: Know that when he has gone there he will not do anything there.
I: He will just come back?
R: Yes
I: No sex will be done?
R: He will go there and find that nothing can happen and will just come back. [laughter...] Doing nothing
I: Okay, so he loses desire or he loses power?
R: The desire is there but no erection...
I: Have you had any friends who have had this problem and used these medicines. You don’t need to mention names, just the stories.
R: There are several. This is possible if the man has one wife. When you are only one—when you have used the medicine a man can go anywhere but nothing will happen.
I: Cannot the man ask you if you have done this? [that is, use the love potion]
R: Where is he going to start? He cannot ask you. There are several people who do this in relation to these infections.

During sexual intercourse the couple will be "stuck together" and unable to come apart without aid. Their predicament, which calls for the help of others, reveals the hidden affair. (cf. Rödlach 2006)
By her question “Where is he going to start?” Constance highlights the ingenuity of the
of love medicines. How will a man explain his question, which involves a confession of
infidelity and then an admission that he failed to get or maintain an erection?

The effects of the medicines are not wholly reliable, predictable, or long lasting. According to both first and third person narratives, temwanani medicine can have no
effects, limited effects, or negative effects. Ruth, who later had a widow expelled from
her village, told us she used three different kinds of love medicines concurrently: one to
increase her husband’s love for herself, another to make him unable to have sex with
other women, and a third sewn into his pillow that caused him to reveal his affairs by
speaking aloud in his sleep. Ruth told us that she woke him and confronted him with the
information she had gained. He eventually confessed and apologized, she said. The
medicines really worked, and his behavior has indeed changed, but she is still using the
medicine. We asked if she had any lingering concerns and she replied, “Yes, because I
don’t know if it has really changed. Sometimes you can say this has stopped but it hasn’t
stopped.” For others, Ruth said, the medicine does not work at all.

But even more common than stories about a completely useless treatment are tales
of temwanani medicine gone awry. These cautionary tales, told by and for both men and
women, bring into sharp relief associations in the social construction of gender. For
women they are serve as strong warnings of the consequences of tampering with the
nature of man. For men these stories acquaint them with the messy complexities of
polygamous marriage.

Vera told us the tragic story of her uncle who was given a potion by one of his
wives:
“My uncle was working but one day the relatives of his wife brought some gifts. In those gifts was found fried chicken. The wife took the chicken and cooked some nsima23 [maize meal porridge] for the uncle. Then after the husband ate there were others who deceived the mother and said it was for love. Make the chicken so he’ll love you more. After he ate he almost went mad and had to be tied with ropes. The took him to the ng’anga [traditional healer] and did magic and removed beetles from his brain. After that they took him to hospital. They said he’s gone mad and we can’t help. His relatives… disowned the children of the woman. The uncle stayed mad for many years. He died four years ago. The woman remarried a butcher in Mzuzu.”

In Vera’s narrative the wife had used the means available to her to exert influence over her husband. She used the elements that her natal kin brought to her. Her area of influence was the domestic sphere and the objects therein.24 But her control over the situation was illusory, as the chicken she fed to her husband was treated with a medicine that made him lose his sanity. Madness and love potions often go hand in hand in these cautionary tales. But the insanity and death that love potions cause are preceded by strange, foreshadowing behaviors.

In reading across different narratives about love medicines, a pattern emerges in which men who have been exposed to love potions through a woman’s manipulation of objects in the domestic sphere begin to exhibit behavior that is considered abnormal.

Madness and Woman’s Work

When things go awry with love medicine, men are found doing the work of women and/or loving one woman “too much.” This constitutes the abnormal behavior aggravated by an increasing failure to work in the men’s sphere.

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23 A thick porridge made from maize flour. Nsima is the staple element of the Malawian diet.
24 Goebel also found that Shona women were in exclusive control of cooking such that a man cooking would be subject to ridicule. The kitchen was thus under a woman’s sphere of influence (2002: 484). Rödlach suggests that Ndebele men’s fear of love potions sometimes acts as a deterrent for them to take new wives or girlfriends (2006:92).
When Hastings, one of my journalers, stopped by to give Mrs. Gondwe a message, she had a story for him. Mrs. Gondwe, a divorced, middle aged woman who was with her mother Mrs. Mbale and sister-in-law Mrs. Chavula, said to Hastings, "Brother you know that polygamy is very bad. Mr. Sichinga went mad because of marrying three wives." Her sister-in-law argued that the man went crazy because he was smoking marijuana. Mrs. Gondwe pressed on with her argument anyhow.

Mrs. Gondwe: Love potions are very powerful drugs (charms) which really work. A lot of men have changed their behavior after taking love potions. Some love potions makes the man to be following the wife wherever she goes; others make a man to stay in the house all the time with no time to go some where to propose to other women. The secret behind these love potions is that the ladies should be loved beyond normal capacity"

Hastings: So you mean thus what Nyanyirenda did to her own husband?

Mrs. Gondwe: Oh yes she gave the man those charms (love portion) so that he should be loving her too much also to keep him quiet in terms of proposing any other woman for marriage. This affected him in very bad way. Since he get the potion he started loving his wife—[Nyanyirenda]—too much, up to the extent of escorting her to a maize mill, to the water point tap, to the bush for bush fire collection.

Hastings: You are just exaggerating the story so that it should sound attracting.

Mrs. Mbale: No she is not exaggerating the story, the love potion which the woman fed her husband are made of very bad charms and ingredients which make a man behave madly. Fancy—tails of lizard, other herbs and even feaces of woman mixed and cooked together with relish; there are very powerful and bad charms.

Mrs. Gondwe: As you see him he is a good brick layer but he is just staying at home because of his mind doesn’t function well. He stopped going to work and instead started following Nyanyirenda wherever she goes. The company wondered at his man’s absentee and just dropped home from work.
Mrs. Chavula: So you mean that what Nyanyirenda wanted her husband to be doing [that]?

Mrs. Gondwe: No, not necessarily that, what happened was that, when you go to beg charms they tell you that the charms you are getting will not harm your husband he will be going to the join [work] as normal. He will be normal but when you go and work out those charms the end results are the ones which Mr. Sichinga is facing today.

Both women and men feared the effects of temwanani. In other stories we heard, men expressed concern about love potions. One man said he feared becoming “dormant” if one of his wives was to give him a love potion, so he takes a counter potion to protect himself.25 Another man, who conducted qualitative interviews for me, heard some of these stories and was disturbed. He said that although he had considered polygamy, he could not risk someone using a potion on him. Though he joked, he seemed genuinely concerned about women’s secretive use of love potions.26 This statement that people may be dissuaded from taking new partners in order to avoid being secretly dosed with temwanani.

The tragicomic irony of the temwanani discourse implies that economic prosperity (mobility) and sexual fidelity cannot go together. Having multiple sex partners is the behavior of a financially prosperous man and part of the world of productivity he lives in.27 For a woman to affect one aspect of his masculine identity, his sexual roaming, is also to rein in his economic productivity. The stories of love potions presented here suggest that men who love one woman too much become bound to the domestic sphere,

25 Goebel said men were apt to become “sleepy” and “useless” at work if herbs were overused (2002:481).
26 While Shona men also expressed concern about women secretly using love potions Goebel focused not on their fear of negative side effects but of the men’s fears of being controlled by women (2002: 473-474).
27 Kaler’s analysis includes a similar description of Malawian notions linking masculinity to multiple sexual partners. Kaler asserts that some men went so far as to state that AIDS can be a sign of positive masculine identity. She says these bragging statements thrive when men are not actually certain about their HIV status. (2003)
becoming weak and economically unproductive. They no longer “move around” as they ought, ironically causing the women who administer the potions to lose part of what they hoped to gain. Thus love potion cautionary tales suggest that medicines may be a bad strategy in the long run, that their use may be a tradeoff in a zero-sum game that pairs sexual mobility and economic productivity and puts them in opposition to domesticity and marital fidelity.

Divorce

When women fail to control the behavior of their husbands, some of them divorce. An elderly woman and second wife to the headman told us that complaints about AIDS are so common now that they are like a “song.” When she hears about women in danger, she advises them first to counsel the husband and, if that fails, to go home. When problems arise,

R: Just discuss with him...[warning him that] now there is AIDS. He will infect you and you will die. So if you have children they will be orphans. If he does not listen just leave him there--when he has contracted AIDS.

I: And you go back?

R: Yes

I: Should leave him there?

R: Should leave him there alone with his diseases. He will live here, go to Phwezi [town] and contract the disease and should infect me?! If he is known just leave him. (Chipeta, January 2006)

The complaints of women are like a refrain. Recall the folktale in which the woman stranded in her husband’s village is rescued by her song that reveals her plight and results
in her rescue and eventual return to natal kin. The girl cannot rescue herself but relies upon others to become extricated from possible consumption and destruction by her husband and affines. This wariness of in-laws expressed in the tale resonates with a pattern I discerned in the predominant source of advice to “come home.”

Advice to come home was given primarily to girls raised in the village and marrying out rather than to young women who were marrying into the village. Agness Kumwenda counsels new brides leaving the village to live with their new husbands to first discuss problems with the husband, and if that fails, go home to parents. My understanding that bridewealth makes parents reluctant to encourage divorce of their daughters was overset by the testimony of young wives. There was a surprising willingness on the part of some elders to support or even encourage divorce. Tawonga Chihana told us that before she was married, her aunts said that if a man is cheating on you, should come straight home because of this disease. The elders instructed that, if necessary, she should write a letter and they would come and bring her home. Her sister actually did this, she said. Witness Ngwira, a wife in her early twenties, was given similar advice. If the husband does not stop going with girlfriends after counsel, then go straight home—he can kill you. Most of the young women knew of at least one friend who had left a husband because of infidelity. Some of the women had done so themselves, though it is unclear as to whether “going home” is always equivalent to divorce.

When Pauline Nyirongo, a woman in her twenties, confronted her husband over his infidelity, he beat her. She did not bother to report him for counseling at his village but went straight home. Her family welcomed her there, she said. For Pauline and her husband Simon, the separation was not permanent. Sometimes a separation initiates a
divorce while at other times it initiates a reconciliation on the wife’s natal territory. In Pauline’s case, Simon followed her to the village and apologized to both her and her family. She decided to return to their marital home. We asked Pauline what her parents said to her husband to resolve the problem. She said,

R: They forgave him because it was the first time. They said to him never to do it again. ‘If a woman is wrong we don’t beat, we just talk,’ they advised him.

I: What about the issue of sleeping at Phwezi [in town with other women], cause here you spoken about the beating issue only?

R: They advised him it is not good to sleep out if you are married.

Why would Pauline bypass the counsel of her elder-in-laws? One possibility is that she feared that these relations would not be able to bring about a satisfying resolution. In examples presented earlier in this chapter, we saw that interventions of in-laws could be frustrating for young women. Perhaps by seeking aid at home Pauline, and others, are able to negotiate marital conflicts from a position of greater strength. Parents and other elders related to a woman may be more likely to take a harsher stance against the husband’s behavior than his own relatives. In Pauline’s natal compound, Simon is surrounded by his in-laws rather than his own relations. The threat of a permanent separation is made more real by a woman’s trip home and a confrontation with the people who can help make a separation permanent—in other words divorce.

A woman’s maintenance of connection with her natal home appears to play an ongoing role in her protection. When Vera Msukwa from the northernmost District of Malawi received a proposal from a man from Karonga, her relatives were apprehensive.
They warned her not to marry so far from home. From a distance it would not be easy for her to call upon her relatives when she was in need. In the case of Witness Ngwira, her natal relatives did not want her to marry so young, so they refused to accept bridewealth and other wedding fees from her husband’s family. They wanted to be able to sever the marriage with few complications should problems arise. In some of the cases of going home or divorce reported to us, the natal kin welcomed their children home and in a few reported cases the natal kin went so far as to fetch the beleaguered wife and bring her home.

Like the folktale introduced early in this chapter, the natal home is the only safe haven for a wife troubled by her husband and in-laws. A woman’s status as a stranger in her husband’s village, though mitigated by time and the birth of children, may extend for many years. If a woman finds it too dangerous or disagreeable to remain married she may leave and never return to her marriage by going home and sometimes by remarrying immediately. Several studies of virilocal societies have shown that natal kin can act as a strong support system even after a woman’s marriage (Deluz 1987; Hakansson 1994; Kuper 1958; Fricke et al. 1993; Ngubane 1987; Niraula and Morgan 1996; Warner 2007).

Fear of a bride entering into a vulnerable position vis-à-vis her husband and in-laws is found the world over sometimes expressed in the rituals of the weddings themselves. In primarily patrilocal Romania, Gail Kligman found that the wedding was an act that subtly incorporates a bride into a position subordinate to her elder female in-laws (1984: 170). A daughter-in-law was expected to work hard, obey her mother-in-law,
and to behave in a sexually honorable way (1984:170). A daughter who is marrying is pitied; this is expressed in the following wedding song:

"Poor girls,
If only they would die
And let their mothers bury them.
Let them bury them among the flowers
Rather than become daughters-in-law;
Let them bury them among the lilacs
Rather than live among strangers." (1984:172)

The wedding in Romania dramatizes the separation of a woman from her natal family such that the symbolism of the wedding is tied to idea of the bride’s death.

By contrast Blake states that Chinese weddings are purged of all reference to death to emphasize sexual maturation, fertility, and life. The exception, however, is in the practice of the bride’s laments which start three days before the wedding. In these mournful laments a bride weeps her farewells to her family, rebukes her parents for their matchmaking, and mourns difficulties to come. Blake quotes Yang Pi-Wang, who collected bridal laments in the hinterlands of Shanghai. Yang said, "‘The daughter fearing maltreatment by her in-laws and stern rule of her husband would be reluctant to leave her home’" (Blake 1978:15).

Similarly the nuptial poetry of Estonia expresses the anxieties of a woman going into the strange territory of her husband’s home (S. 1885:169). The following nuptial poem questions the reception a bride will receive at a new “shore,” her new home.

"Young maid, young woman!
When thou grewest up in the house,
Thou wert precious as gold at home,
As silver in the father’s hoard,
As copper in they brother’s treasure,
But now, my Marichen, thou goest to a stranger’s abode.

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There thou wilt come like a fish to a different shore
Like a duck to a different place.
I know not whether to praise or blame thee,
Whether thou wilt be valued so much as the earth
Over which the geese so rapidly run,
Or as much ground as a sparrow can stand on” (1885:169).

The potentially contentious situation of a marital home is in some situations mitigated by a bride’s continuing relationship with her natal family. In the context of patrilineal societies of sub-Saharan Africa, brothers in particular are described as being bound to sisters by the payment of bridewealth to the family. The receipt of cattle bridewealth for a sister’s marriage makes a brother’s marriage, and thus the continuance of the lineage, possible. Wives, particularly in the early years of marriage, will live a life divided between their natal and affinal kin by making visits home to help to cultivate the fields or attending funerals. Women, therefore, maintain status in their home villages and call upon their families for assistance when necessary, receiving financial aid, marital advice, and a place to stay when problems arise (Deluz 1987; Hakansson 1994; Ngubane 1987).

Discussion

Secrets hidden in dark places are illuminated by words. Malawian women place high value upon information that can shed light on the nature and behavior of the men they marry. The expectation that a man will change after marriage makes information gathering vital even after the wedding. Yet because they are “strangers,” with their positions in their new homes precarious, younger women may feel themselves more vulnerable to deception or lacking in support. They turn to elders to guide the way
through marital conflict, some finding the help they seek, while others look to agemates or elders from home. While it is generally accepted by the women I interviewed (with a few exceptions) that “marriage is endurance,” what that means varies. For some, endurance had the meaning of passive resignation to infidelity or other difficulties. For others still, endurance had more of a sense of perseverance and active intervention.

Seeking advice from elders, confronting a spouse, and meeting as a couple for counseling with an elder were the standard first steps for resolving conflict. The strength of such interventions is that they are made through people in the community who can impose sanctions, that is, elders. Some women we spoke to felt their problems with a husband’s infidelity were solved by elder intervention. This was not the case for everyone, however. Other women found it necessary to take advice from other sources and looked to friends and natal kin to provide them with solutions that in-laws would rarely suggest—love potions and divorce are among these. Love potions are a symbolically laden means by which women confront the dangers of infidelity and AIDS. The use of temwanani mankhwala is a secret manipulation of hidden sexual affairs. Love potions are a way in which women can counter infidelity without dangerous or fruitless confrontations. The secrets between husband and wife are thus multiplied. A new secret becomes the answer to the old, each dangerous in its own way. In the next chapter I discuss women’s strategies for securing the fidelity of husbands that rely not upon secrecy but upon radical openness and community consensus. These are strategies of aggression.
Chapter 6

Funny Yet Sorrowful: Physical and Social Aggression against the “Other” Woman as Strategies of Exclusion

Introduction

In their efforts to ensure fidelity of their spouses, women in rural Malawi may resort to strategies that challenge female rivals, that is, the “other” woman in their husbands’ lives. These challenges, which I describe as “aggressive,” can take the form of physical aggression or social aggression. The aim of either type is to force the “other woman” away from the contested husband and from the village if possible, that is, expulsion. Aggressive strategies are use for several reasons. Women may resort to aggression when other tactics for influencing the fidelity of their spouses fail. Aggressive tactics are also used when women wish to avoid uncomfortable or dangerous confrontations with husbands. In other words, an inability to direct the behavior of a spouse can precipitate the use of unorthodox, aggressive strategies of physical violence or social aggression. Tales of infidelity and aggressive confrontation are seen as highly entertaining and yet simultaneously sad or shameful.

In this chapter I present narratives of wives challenging sexual rivals to discern what social structures and maneuvers contribute to the relative success or failure of aggressive strategies. I derived from my analysis of fight narratives the importance of processes of labeling and exclusion in aggressive strategies. Aggressive strategies are served by discourses that stigmatize and label sexual rivals as threats to the health of the community. Yet interviews and ethnographic journals revealed that seldom is the “outsider,” marginal identity of a rival firmly fixed within a community. Thus the
community shares the sense that woman against woman confrontations are at once a kind of collective or vicarious catharsis and a shameful or morally questionable opposition of vulnerable woman against vulnerable woman.

I begin this chapter with a brief explanation of my theoretical approach. Next I present a few typical tales of physical aggression, the kind of story that drew me to research ways in which women struggle to ensure fidelity. Ethnographic journals, some commissioned by MDICP and some commissioned by myself in the course of my dissertation, serve as one source of fight tales. The rest of the case studies examined here were related during interviews conducted by myself with the aid of my research assistant Catherine Simkonda. From an introduction to fight narratives I move through a series of cases. The cases are divided into two major sections. The first section deals with physical aggression and the second section deals with social aggression. Throughout the discussion of each case I will draw out the key issues in women’s aggressive “strategies of exclusion.”

Strategies of Exclusion

The term “strategies of exclusion” is derived from the work of Mary Douglas and refers to the means by which a society marginalizes certain members (Douglas 1991). In the article “Witchcraft and Leprosy” she lays out two strategies of rejection, both of which are based on accusations of insidious harm. For the purpose of this chapter we are most interested in her theory that societies use “infectious disease as a resource for controlling designated public enemies.” The person being rejected need not start as a marginal figure but can become one in a process of negative accusations. Douglas names
two factors necessary in successful strategies of rejection: “There has to be consensus. There has to be an imputation of immorality (724).”

The first step in excluding a rival is to affix to them a negative label, that is, to verbally or otherwise accuse them of belonging to a group to which society ascribes negative characteristics and behavior (725). The next step in rejection strategies is for an agent to put forth accusations of harm such that the accused is viewed as a threat to the public. In the context of northern Malawi, and indeed much of sub-Saharan Africa the labels of “prostitute” and to a lesser extent “widow” fit the description of categories to which libels are attached. Both groups are considered part of AIDS “at risk” categories regularly targeted for public health campaigns and scholarly examination (Chirwa 1997; Craddock 2000; Hunt 1989; Kishindo 1995; Luginaah et al. 2005; Malungo 2001; Mhalu et al. 1991; Okeyo & Allen 1994; Traverne 1996; Schoepf 2001; Waldby 1996). While seen as “endangered” or vulnerable they are simultaneously viewed as potentially diseased and dangerous (Bird 1996; Goldstein 2004; Gould 1993; Lawless 1996; Sabatier 1988).

It is here that I take a turn and resist going down the well-trod road of stigma scholarship. Issues of blame and discrimination have been well documented and analyzed (Lawless 1996; Sabatier 1988; Farmer 1992; Treichler 1999) as have the means by which stigmatized groups and individuals resist labels (Parker 1987; Farmer 1992; Schoepf 1988) or make positive use of labels ascribed to them (Mutongi 1999; Robins 2006). Instead, I want to break away from this paradigm that has dominated medical anthropology and public health to the extent that thinking about strategies of exclusion in any other way has seemed impossible (Douglas 1991:734). In this chapter I look at
narratives about aggression, labeling, and exclusion from the perspective of women who seek to exclude "other" women from the lives of their husbands. Success and failure of strategies will be viewed from this perspective.

Though I speak about similarities between fight narratives, I do not follow the accepted folkloristic stance which, according to Hufford, assumes that the more widespread or popular a story is (i.e., urban legends) the greater the evidence that it is fiction.

I Caught Him with An/"other" Woman

My first taste of research on Malawian beliefs and practices began back in 2003 when I was introduced to hundreds of MDICP journals. Therein a rich array of topics and narratives about sexuality and AIDS. Accounts of sexual rivals committing violence against one another stood out as a distinctive genre. For example, one young woman told a journaler about her skirmish with her husband’s girlfriend and the dramatic events leading up to the conflagration. The journaler, a young man in his 20s, wrote:

We laughed. She continued, “I caught him with another woman, moreover our neighbor...doing sexual intercourse in my house [the] afternoon when I went to the market and returned fast because I didn’t fulfill my appointments I scheduled that day as he thought I will be late with those appointments. He asked the partner to visit him in the afternoon, so she did and the woman was as well married and [that] marriage ended the same day as well. I found them totally doing sex at my bedroom and I was furious that I caught the woman at the neck and we started fighting and she was losing and the husband kept on holding me so that I may not be able to fight her thoroughly as I was intending to. Then neighbors came to rescue us and then neighbors criticized the woman and she felt very shamed. In the following day morning I departed coming here while he went in town say to shop maternity goods for me, I was not after that, I departed without him knowing...”
And I asked why he did like that?

My in-law said, “I wanted to give him the lesson that he may not repeat that, and make him know that I hated that.”

My wife said, “And if he comes you may allow him to be your husband once again?”

In-law said, “Ooh! Yes, I will allow because our marriage didn’t end but we have just separated because of what he did, and moreover I have his child who may need his assistance.” (Bato, February 2002)

Like many narrations of sexual rivalries, the story contained standard elements including the revelation of infidelity (by chance or by design), a verbal and/or physical fight, an account of the spouses actions (often either running away or protecting the girlfriends), and a description of the reactions and interventions of neighbors. Finally narrators of fight narratives usually end with discussion of the consequences of the confrontation. In the excerpt above the wife discovered the infidelity accidentally and flew into a rage. The community reacted by intervening on behalf of the wife and imputing shame to the rival. Through the fight and the separation the woman sought to teach her husband a lesson.

The arrangement of these elements differs depending on who tells the tale and why. In the journal excerpt below a young girl named Hawa is explaining to the village headman and elders that make up the village court what happened the day two married women beat her:

“And the girl said that she was on her way going to the garden with her friend and that while on the way, she reached at another river where she saw those two women named Alisoni and Contrida and that girl who is named Hawa said that when she was passing at that river, those two woman were washing their clothes together with some women. And that when some of those women who were at the river there together with those women were saying that Hawa and her friend are prostitutes and that they were saying this because it was heard in that village of Kameza that Hawa is going with Alsoni’s husband and that when Hawa heard
that, she shouted at those women and told them that they are stupid and that she will never stop going with Alisoni's husband and Alisoni is not a beautiful woman and that her husband does tell her that he is going to divorce Alisoni and marry her.

Hawa said that at that point then Alisoni and Contrida followed her to fight against her. After some women who were with them there at the river encouraged them to beat her and that they really beat her and tore her underwear and that she went to her home while crying and that she reported this to her mother and that it was her mother who encouraged to leave that case in the hands of the village chairman for a hearing. (Geladi, December 2003)

It became clear after reading a dozen such stories that fighting between women is both a strategic and an emotional response to infidelity. In addition it is often a response that relies upon collectivities. In the example above the women washing had were in consensus about the identity of Hawa and her friends. The physical fight that culminated in the tearing of Hawa's clothes and her shameful exposure was encouraged by nearby women who were more than just bystanders. They were participants in their friend's struggle for marital fidelity.

The two narratives presented above were set in southern Malawi amongst the matrilineal and uxorilocal Yao where one might expect a relatively high level of such assertiveness because women there are surrounded by their own matrikin. However, even amongst the virilocal Tumbuka this kind of report is quite common and remarkably similar to those heard in the south.

Since there is no secret under the sun, one day (22/08/03) Anderson went out to have sex in the bush with a certain young girl. [It was] funny but shameful what happened... While they [were] having sex, a group of women came to that bush fetching for fire wood. Unfortunately those women fetching for firewood went straight to where these two...were having sex as if they were told the where these guys were. As these women were there among them was a wife of the man (Anderson). They found these two...and they both stood up. The . . . wife of Anderson was . . . very angry and the fighting started there. The husband
(Anderson) ran and left the fighting on. The...women joined the fighting against the young girl. Though the husband ran but he didn't go far he was just hidden by the ant hill. So he was watching what was happening to his girl friend. He failed to control himself not to go stop the fighting. And his girl friend was bloody [over] the whole body. And those women instead of fetching fire wood they all joined fighting. So the husband came out from that behind ant hill. You women, stop beating her, she is young she is not your age, hey my wife don't beat her. I have just have sex once with her. And if you are not stopping beating her then I will not leave her said the husband (Anderson). The husband came to the fight stopping them fighting. It took about 10 minutes to stop the fighting. By the time the fighting was over the girl was almost bloody, especially her face and chest.

The other women who were with the wife of Anderson to fetch fire wood started laughing at their friend (wife) of Anderson that without their help she (wife) would have been lost the fighting. They didn't even fetch the fire...after the fighting. And they all went home laughing, reviewing what was happening when they were fighting. (Chipeta September 2003)

The laughter that characterizes this narrative is typical of one of several discernible patterns in women's fight narratives. In all three narratives presented above the conflict between a woman and her rival becomes the conflict of her friends as well. Fights, though often erupting in moments of heated and sometimes unexpected confrontations, can be a part of a self-conscious strategy for a woman to exert control over her husband's fidelity. We saw this in the case where the woman says she was trying to teach her husband a lesson. However, fights do not emerge out of thin air. As in the case of the fight by the river, rumors about Hawa's affair were already in circulation; her reputation was already tarnished. How then are fights the unveiling or eruption of ongoing conflicts between rivals that on an everyday basis entail complaints, gossip, and labeling as primary exclusion tactics? What do they reveal about the nature of the conflict and the

1 Journalers were instructed to give dialogue-style accounts of conversations in which information relating to sex, AIDS, and religion was discussed rather than simply to summarize information they learned in such conversations. However, sometimes journalers did not follow the directions to the letter and would write summaries such as the one included here. This was especially the case for new journalers. In Chipeta's excerpt he has summarized information from several conversations that took place in his village.
relative social influence of the sparring women? And finally, what kinds of success do women achieve and what role does humor and camaraderie play in constructing success?

Mrs. Kuzunga versus the Prostitute

In a journal written in February 2006 rumor journaler Simon Nyirongo related a gory tale of adultery and violence he heard about a doctor from the family planning clinic, Banja La Mstogolo (BLM), who had brought a prostitute to his home while his wife was away. Simon had gone to collect some money from a woman; while he was there two other women came and began to tell of a recent scandal. According to the women, Dr. Kuzunga and his wife were summoned to a funeral, but there was only enough money for his wife to go. While Mrs. Kuzungu was away, said the women, her husband brought a prostitute to stay at the house. Meanwhile, the children in the house were complaining about the situation to neighbors. Mrs. Kuzunga’s neighbor and best friend was disturbed by the story, so she went to the houseboy for confirmation.

The houseboy confirmed the story and added that his boss had tried to secure his discretion by offering a bribe of a monthly bonus. Obviously the bribe did not work. The neighbor called her friend on the phone to warn her. When it was time for Mrs. Kuzunga to come home, she returned a day early and tried to contact her husband at the family planning office. He was not in, they told her. So she went home, only to find her husband and the prostitute in bed, naked. Furious as “a hungry lion,” according to the narrator, Mrs. Kuzunga grabbed a panga knife\(^2\) and began to beat the woman with the knife.

\(^2\) A kind of machete used locally usually for agricultural purposes and sometimes for butchering meat.
Meanwhile her husband fled the scene. When the prostitute got a chance, she also fled, bleeding from her hands and her head. The wife sent the houseboy to catch the woman.

The houseboy caught the woman, and Mrs. Kuzunga shouted for her friends, who came and crowded around the woman. The neighbors began questioning her. What did she think she was doing? Who was she? The neighbors assembled presumed that she was a foreigner from Tanzania and a prostitute. The woman told the crowd that Dr. Kuzunga had said he was a widower. She explained that they had been seeing each other for several years. He had even promised to marry me, she said. Someone in the crowd asked if the woman had used condoms. The woman said that only at first and later the man insisted that because they were trusting each other and faithful, condoms were no longer necessary. This was a breaking point for Mrs. Kuzunga, according to the women telling the story:

"Then as the prostitute was narrating Mrs. Kuzunga became very furious with the statements that the prostitute was narrating so she ordered the people who were around to play on her. So indeed the people started beating the prostitute. It was said that they were using different kinds of materials when they were beating the prostitute--materials such as panga knives, stones, sticks and some of the helpers used a razor blade which had left the prostitute big cut in the face, head, logs, arms, and a very big cut on her stomach as it was said by Mwiza [one of the women telling the story to Simon].

But the other source who happens to be Malita student from Rumphi secondary school who also dwells around the place that the incident happened said, 'The mob even tampered with the private part of the prostitute with the aim of teaching her a lesson that it is bad to be making relationships the husbands of other people.

The young lady also said that the prostitute is not to be blamed for the shit that happened because it is Dr. Kuzunga who is very careless with her [sic, his] life. Of course the man is already aware that prostitutes are very dangerous people who do not care about their precious life, and that they are after money not love.

And these prostitutes do not choose men, they just sleep with any man that comes on their way as long as the man has got cash at hand and it is believed that it is
these prostitutes that are highly spreading the HIV / Aids to many people and in many countries usually because these people do sleep with lot of men whom they do not even know about their HIV status so in such a way there is a great chance of them get the HIV / Aids or spread it.

The young lady kept on saying that she tends to wonder why some men [are] attracted to these prostitutes while they already know that sleeping with a prostitute is just the same as killing...yourself.” (Nyirenda, February 2006)

Although the prostitute is absolved of complete blame for the affair (e.g. “The young lady also said that the prostitute is not to be blamed for the shit that happened because it is Dr. Kuzunga who is very careless with her [sic, his] life”), nowhere in the conversation as related in the journal was there a sense that the violence inflicted upon the young woman’s body was unwarranted and cruel. In fact, Mrs. Kuzunga appears as the heroine of the story.

The lack of sympathy for the prostitute is striking in light of some of the other stories I heard. During the course of my research, I investigated the story that grown men sexually molest young virgin girls as a cure for AIDS. In the village where I conducted the bulk of my interviews, I heard of two cases of molestation. One occurred in 2003 and the other in 2006, while I was there. The perpetrator in 2003 was incarcerated, while the perpetrator from the most recent case was hiding from the police. Within the village there was a conspiracy to keep the man’s whereabouts hidden from the police. Many were outraged and saddened; they asked how a grown man could do such a thing to a little child? They spun their explanations, most being inclined to think of his actions as an aberration or motivated for a singular, particular purpose. Despite the harm the man had done, the community seemed inclined toward reintegration and incorporation.
Why is it that the crime of molestation is treated by with less outrage than the case of adultery? Perhaps the answer can be found in the stories themselves. Molestation is viewed as a one-time offense, so the threat is limited. The threat of adultery, however, is perceived as ongoing and constant. In addition, many experience worry about infidelity, and with AIDS, the stakes are higher. The friends that Mrs. Kuzungu called were other women who likely identified with her, perhaps suffering from similar marital problems.

The act of violence can be interpreted as preventative but also as retributive. In this story retribution comes not only from Mrs. Kuzungu but from her friends, who identify with her and enter into the violence. Inasmuch as the prostitute—who remains nameless throughout—falls into the category of an “at risk” type, i.e., sex worker, she comes to stand for all other prostitutes—all women who sleep with other people’s husbands. The battered woman becomes a scapegoat, forced to take the punishment for other women. “The AIDS sufferer is a victim-turned-villain in the popular mind, recalling the lepers, and maimed, crippled evil-doers of popular culture” (Bird 1996: 50).

Even so, assuming the narrative corresponds either to some real life events or is a collective fantasy of such violent events, why would these women react with such extreme violence? I would suggest that the interpretation of the women’s response to the prostitute must be filtered through the lens of AIDS and uncertainty, or perhaps in this case, AIDS and certainty. In Simon’s account of the beating, he consistently refers to the victim of the beating as “the prostitute.” Her identity as a prostitute and a foreigner in the perception of the multiple narrators marks her as a dangerous, polluting other—a threat to the stability of marriages and community health. There is no trace of doubt in the assertions that the victim has HIV. She is a prostitute and foreign, she is certain to have
HIV. The magnitude of the response is adjusted to the certainty of the belief and the extent to which the woman is an outsider. What, then, do people say about the likelihood that the husband and wife are also infected?

Certainty about the HIV status of others diminishes as people trace outward the sexual history from the types of people considered to be at the source of the disease dissemination. Prostitutes are high on the list of those whom Malawians identify as sources of the disease. The husband who slept with the prostitute also is considered at high risk of infection, but more evidence is needed to confirm his diagnosis. While the prostitute is implicated through her identity as such, the husband’s reputation as a womanizer needs to be established. There is lengthy exposition of his activities with prostitutes, and school girls and of his overall flirtatious behavior. The serostatus of the wife seems to be even more in doubt, as is evidenced by the statement of one young woman, quoted in Simon’s journal, who said,

“There is already a rumor in the compound that both Mrs. [and] Dr. Kuzunga are on ARV [antiretroviral drug] treatment although a lot of people around are not very much sure about the information but still more some people do believe the rumor.”

Malita added that “it is also said that they have got a child (baby) who is said to be on TB treatment and that the baby is always seen to be in a poor health. But some people around usually say that the baby is HIV positive because it looks to be not stable and healthy. But as for myself I can not say much because [I] am not yet sure about the status of Dr. and Mrs. Kuzunga, because the reason is very simple where the virus has entered in the body of human being it does not cause the disease AIDS to appear until after 8 to 10 years.” (Nyirenda, February 2006)

The site of greatest consensus was the body of the Tanzanian woman. Foreigner and “prostitute,” she was utterly outsider, utterly “other.” Her body was perceived as certainly diseased, and the community showed little pity or restraint in placing burdens of AIDS
and infidelity on her shoulders and meting out punishment. She represented the embodiment of the diseased other, the threat to the wholeness of the community. One hopes, upon reading this account, that the violence has been grossly exaggerated. Even so, the extreme violence imagined in this narrative still constitutes a coalescence of public opinion and collective catharsis, a fantasy of revenge.

Furthermore, I also suggest that it was not only reputation that created the “other” woman’s image of prostitute but the public beating itself and the revelation of her genitalia, which solidified her label as prostitute outside of the small circle of neighbors who took part in the confrontation. A conflict that could have remained a private problem became a very public affair in which many people felt they had a stake. Her public shame became the proof of her private affairs. In the end it is really public shame, rather than the physical beating per se, that was Mrs. Kuzungu’s main weapon in the battle against her rival. In the next case the identity of the “other” woman as outsider is less clearly defined.

Mrs. Kayira versus Eunice, the Spinster

One wife targeted both the person and possessions of the new woman in herman’s life. Hastings describes another conversation he had with Mrs. Gondwe when he visits with a message for one of the women of her house. Mrs. Gondwe, the main narrator, is a middle aged divorcee. She lives with her mother Mrs. Mbale, who is in her seventies, and her daughter Mrs. Chavula is home for a visit. Mrs. Gondwe tells with relish the scandal of her neighbor Eunice, whom Hastings describes as a spinster.
I was warmly welcomed by the three ladies at the household Mrs. Gondwe, Mrs. Chavula and Mrs. Mbale I got a small stool which was on the khonde\(^3\) and [sat] on it. The thing I wondered before I was greeted was [the] burning of the small house.

Hastings: Ah-ah, what happened to this small house here? You mean there was fire here the other time? Where was the lady when the house was catching fire? This time Eunice were not at home she was at Phwezi Training Centre where she works as an assistant baker.

Mrs. Gondwe: Mr. Mkandawire do you mean you don’t know anything about this house?

Hastings: Oh yes but before that I have come to tell you that brother send text message and here is the message. [I got] the phone and give it to the wife of Amend to read the message on phone screen.

Mrs. Mbale: You know that we are keeping Eunice here in the house which [caught] fire last week. This girl started going out with Mr Chirwa who opened the Bar at Mzokoto Trading Centre. Understand the lady followed the money which that Bar is making, hope it must be the only bar which makes a lot of money over the day.

Hastings: Is Mr Chirwa not married?

Mrs. Gondwe: Ah, that man is older than my brother he is married with three children. The wife and children do stay at home and he does stay here solely because of that bar business.

Mrs. Mbale: If [he is] married why all these things? How can a person married indulge himself is boyish behavior?

Mrs. Mbale: My in-law, there are certain men who doesn’t consider their age when doing things they always like to be young in needs.

Mrs. Chavula has finished reading the message from the phone and want to phone her husband using my phone.

Hastings: I am sorry you can’t phone I am having a few units\(^4\) in the phone as a result I am now sending messages only. If you like just write brief notes and send them to your husband that will be okey. Mrs. Chavula gets the phone [and] starts writing the message on the phone. What I want to know is what really happened to have the house catch [on] fire?

Mrs. Mbale: Now, the wife of Mr. Kayira got the news from friend and the first action she took was to move from home where she was staying to Mzokoto T Centre to stay close to the husband. In other words guarding the husband from his careless behavior.

Mrs. Chavula: I have written the massage assist me how do you send the message? I got the phone from her and pass the right button to send the

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\(^3\) Veranda or stoop  
\(^4\) Prepaid minutes for cell phones
On the screen come words (massage sent) and for matter of belief, I showed the words Mr. Kayira on the screen so she was happy.

Mrs. Gondwe: Alongosi, alongosi mwapulika (brother, brother, you heard). She always starts statements like that I then got a attention to her. I know Mrs. Gondwe wanted to add something to the story. That first move of coming to stay with the husband here didn’t help the woman. We were seeing still Kayira coming to stay and even taking his night here.

Hastings: You mean he was leaving the wife alone at his house and coming to sleep with Eunice? So what was his own wife thinking over his missing in the house through out the night?

Mrs. Mbale: Now it was her time to prove that what [she] was hearing from people—friends was really true. She came here one day to shout [at] the lady (Eunice) unfortunately Eunice was at work... she just kept her in mind.

Mrs. Gondwe: This was worsened when the wife of Kayira got the news that Kayira wants to marry Eunice. There was no peace at both side Sabela Kayira was in troubles at home same was Eunice here. The woman was coming shouting at her. Out of all these effort nothing was changing as the result she just decided to kill a spinster by setting the house fire. She comes at very late hour around past one pm the house was then set on fire. Eunice who was sleeping inside told us that she noticed of smoke entering the house she wondered and quickly got out of the house while out side she wondered to see the roof under fire she shouted for help and her landlord, Mrs. Mbale and Mrs. Chawinga were the first to assist her keeping the[m] all out of fire. Water was used on that day to try to keep out of fire while we were doing this Gomezga who was the only man too [sic] come to assist us busy inside to get the goods out of the house when it was 3:00 pm the fire had stopped on the roof of the house. Now Mr. Gomezga wanted to know what caused danger[ous] fire he went around to see it fire might have started from ground grass there was no trace of grass around the house. “Eunice, somebody have just set fire on your house roof or else the fire might have started inside the house and I quoted.” She was Mrs. Chawinga who opened our eyes. She quickly reminded us of Sabela Kayira who has been coming to house shouting at Eunice concerning their love affairs with Kayira.

Hastings: So she was the one responsible for the fires on the Eunice’s house what followed after suspecting Sabela?

Mrs. Gondwe: The lady Sabela was in the following morning consulted on the story and the issue was taken to the village headman to answer some charges. Up to now we don’t know what will follow after hearing the story from both parties. But the affairs between Kayira and Eunice are still goes on.

In terms of content, the most striking difference between this text and that of the prostitute is that the “spinster” as adulteress is less clearly a villain than the prostitute of
the previous story. Yes, she sleeps with another woman’s husband, but she is not part of a recognized “at risk” group or portrayed as a risk to the community as a whole. She even seems poised to become a wife. Indeed, though she is called a “spinster” several times, primarily she is called by her name. She is, in fact, integrated into the community and has an identity independent from her sexual activities in the account of the narrators. Recall that the narrators mention that Eunice works as an assistant baker at the bakery in Phwezi. According to Douglas Raybeck the effect of multiple identities and a community’s desire for reconciliation mitigate effects of labels, as stated below:

If a person labeled as deviant remains a co-resident, other villagers seldom treat that individual in the dichotomous fashion suggested by Becker (1963), Matza (1969) and other labeling theorists. Instead, there is often recognition of and expressed value for other statuses the individual occupies, and continuing efforts are often made to reincorporate the individual into the mainstream of village life (Raybeck 1988:387).

Even though Eunice’s relationship to Mr. Kayira is comparable to the relationship the unnamed prostitute shared with Mr. Kuzunga, Eunice’s actions were not judged with the same harshness. Some social theorists have suggested that it is not one’s actions that define one as “deviant” but rather the willingness of a community to apply that label when an opportunity arises.

Social groups create deviance by making the rules whose infraction constitutes deviance, and by applying those rules to particular people and labeling them as "outsiders." From this point of view, deviance is not a quality of the act the person commits, but rather a consequence of the application by others of rules and sanctions to an offender. The deviant is one to whom that label has successfully been applied; deviant behavior is behavior that people so label. (Becker 1963:9)

Eunice’s integration, however, has dire impacts on Mrs. Kayira’s ability to successfully attack and exclude her. Mrs. Kayira’s fire, if she did indeed set it, did not
succeed in scaring Eunice away. Instead, the act is described as a desperate maneuver in a losing battle. The women observed that the man continued to visit his girlfriend. The narrators also mentioned the failure of Mrs. Kayira’s many other efforts to interrupt the relationship between her husband and Eunice. In this narrative Mrs. Kayira is the outsider. She does not enjoy multiple identities in the context of the community she has entered to conduct her fight. She went outside of her marital village, where she has perhaps developed a social support network, in order to challenge Eunice. She could not, therefore, call upon Eunice’s neighbors to launch a public and shaming attack against her rival.

Instead she undertook an attack under the cover of night to set a fire that brought the neighbors to the aid of Eunice instead of herself. Mrs. Kayira’s secrecy can be interpreted as an indication of her lack of social support within that village and an admission of the shameful nature of her attack. I suggest that an open attack with the support of friends and neighbors implies righteous anger and retribution. In the end it is Mrs. Kayira’s actions, more so than Eunice’s, that are called into question. Mrs. Kayira, like other women referenced in fight narratives, must face the consequences of her actions in a village court of elders who frown upon violence. Unlike other women, however, she does not enjoy the mitigating support of her peers within that village.

In contrast to the prostitute’s tale, in this narration shares of shame were more evenly distributed. The husband’s “boyish” and impulsive behavior, Eunice’s foolish but understandable “following money,” and a desperate wife’s violent attack all receive criticism in turn. Mrs. Kayira’s failure to win the public battle to shame her rival stems both from her lack of integration in that particular context and Eunice’s comparatively
high level of integration. Part of Mrs. Kayira’s failure was thus related to her own “outsider” status and to Eunice’s advantage in the social terrain.

Sabina and the Co-Wife

Even when a woman’s confrontation with an “other” woman takes place in her marital village, she may find that she lacks support among key members of her affinal family network. Such was the case for Sabina Chirambo. We asked Sabina about divorce cases she knew of relating to infidelity, and she told that she herself had divorced for that reason. Sabina went home twice because of her husband’s womanizing. She said she ran away because of diseases. She had gone to the aunts, the elders in her marital village, a few times, but she became tired of repeating this process. The aunts also became tired of advising her. Sabina confronted her husband, and told him it was bad to womanize. “You will get the disease and you will not die alone, but it will kill both of us and our children will suffer” (March 7, 2006).

She first heard about her husband’s womanizing from friends, and later the “other” woman came to stay in the village. We asked her to narrate her story. “What did she come to do? Why didn’t you burn her?” Catherine asked while laughing. Sabina continued to knit while replying with a smirk, “She came to marry, A-a-a, can I just leave her [alone]?” The woman had come to marry Sabina’s husband Tobias in October, four months before our interview. When she first arrived in the village, Sabina was unaware because she was in her natal village at a funeral. Meanwhile, her husband was called before his elders because his girlfriend had arrived pregnant. They wanted him to accept
the woman as his second wife. When Sabina arrived home from the funeral, she found her husband staying with the new wife at his grandmother’s house.

Sabina’s marital situation continued to deteriorate. Not only was Tobias now living in a house with the new wife, but Sabina could not find the money she had earned when she sold the tobacco. The money she planned to use for buying fertilizer was gone. She went after the “other” woman and beat her. She chuckled as she told us, “Yea, so my husband, [Mmm] my husband protected the new wife.” The respondent, Catherine, and I laughed at the image of the scene and Catherine commented cannily, “Vikusekeskanaso vyachitima.” It is funny but also sorrowful. Is laughter an indication of classic “gallows humor”? (Fine 1988; Obrdlik 1942)?

Folklorists, often drawing on the work of Sigmund Freud (1960[1909]) and sociologist Obrdlik, have conceived of humor as a means to defend the psyche against dangerous or painful thoughts (Burke 1989; Dundes and Hauschild 1983; Fine 1988). More recently, Fine has examined gallows humor as a means of collective buffering against a sense of overwhelming vulnerability to danger and uncertainty:

Individuals and the communities they are part of may control this risk by continually talking about it...Fortunately, folklore genres, notably humor provide a means by which people can address their fear while convincing themselves that they are not afraid because they are able to joke about it. (Fine 1988: 179)

Sabina’s fear of infidelity is managed in her rehearsal of the fight narrative in which she is portrayed as assertive and in control of the immediate situation. The intervention of her husband is one more piece of evidence of her superior power and control. Key to this sense of control, according to Fine, are the personas that humorists embody when performing (1988: 177-8).
Fine's concept of persona is built upon Goffman's notion of "framing," in which a performance is marked off from the norm to be interpreted in a nonliteral "humor frame" that allows "comic license" such that everything within that frame is not to be taken seriously (Goffman 1974). That is to say that the tendentious and possibly fractious opinion expressed within the humor frame is not to be attributed to the joker outside of that context. However, we find that Sabina's goal in framing and punctuating her story with humor and bravado has an opposing inclination. Sabina and other women who tell similar narratives desire for that persona of strength to be extended into their everyday image and persona. However, unlike classic "gallows humor" in which the joke is told from the perspective of the oppressed, Sabina's humor proceeds from a location of both strength and vulnerability. She is both the oppressed condemned of gallows humor and the hangman aggressor (Burke 1989; Dundes 1983), and the moment passes as one of humor and sorrow in which irreducible ambivalence is lodged. The fight and the moment of laughter were the high point of a narrative in which Sabina's strength was to be challenged again and again.

The initial fight precipitated a series of negotiations. Sabina threatened to leave, but her in-laws insisted that they all sit down together to settle the matter. Her husband claimed that he did not really love the woman, it was only that his aunt and grandmother were forcing him to take her. Sabina protested that this was a lie, because while she was away, he was freely with the woman. Eventually, however, husband and wife reconciled and went back to the house they shared, leaving the new wife alone in his grandmother's house. It seemed that Sabina's tactics had yielded some positive results. The husband was
no longer staying with the new wife. Later it was heard that the other woman began to go around with male tenant farmers.

Sabina’s husband went out of the district and while away heard that his second wife was sexually unfaithful. During that time Sabina was summoned before her in-laws. The grandmother and aunt told her that she was responsible for her husband refusing to accept the new wife. They threatened to call the police because of the beating if she not leave. “Then,” said Sabina, “I really did not want that” so she went home. The environment had become hostile for Sabina. When her husband returned, he found his first wife gone. Sabina reported, “Then that new wife was also chased away by my husband, and he said it’s you, grandmother, who is keeping this wife. She is sleeping with tenants, she is a bargirl. Do you wish me good with my life?”

The new wife was chased off by Tobias, and he followed Sabina back to her home village. There Sabina’s parents refused to allow him to take her back. If you take her back, she can just die, they told him. They referred to AIDS. Her husband left but came back again with his own father to apologize and bring Sabina back to his village. Sabina returned to her marital home. “He has really changed,” she said. Had Sabina “won”? Had she separated her husband from the “other” woman? Had she humiliated, shamed her?

Another respondent also told us about Sabina and her troubles. According to her, when the husband brought the other woman, the elder wife heard about it and beat the new woman. The man refused responsibility for that pregnant woman, so the woman began to go out with tenants. He tried to chase the woman and the case went to court. The new woman sued the man, but he said he meant to accept, only now she has been with
other men. According to this respondent the man was then only with the first wife.

Sabina’s story, unlike some of the other accounts was related to us primarily as a first-person account, what is sometimes called in folklore studies “personal experience narratives.” Despite their individual composition personal experience narratives may borrow from themes and motifs popular in third person genres. This does not mean, however, that these accounts are falsified. Indeed, Hufford has found that not only do many personal experience narratives continue to index a core experience, traditional narratives such as legends and supernatural beliefs, for example, may sometimes arise from experiences rather than the other way around (1982). In Sabina’s case, a third-party bore witness to the prolonged and public conflict between Sabina and her potential co-wife thus corroborating her story and confirming the tarnished reputation of the second wife in the community.

The story developed further. When we visited Sabina for the second time, she told us the other woman had been arrested for cheating people out of money. By our third visit the co-wife had returned to the village. We asked if the woman had recommenced her relationship with her husband. “I am not certain whether she is continuing with my husband.” Her triumph was fleeting and in some ways quite ignoble. Not only had she beat up a pregnant woman but had sent her to fend for herself. In the various versions of this story we heard from her neighbors, people said that the man refused to accept responsibility for the woman, and once the woman gained the reputation of going out with tenant farmers the magistrate did not take seriously the suit she brought against Sabina’s husband. We are left to wonder what options are open to a woman thus rejected.
Sabina's story demonstrates the tenuous and temporary quality that a success can have when the "other" woman is not easily labeled and is accepted by key members of a community. In confronting her rival, Sabina was also confronting her in-laws, who actively sought to incorporate her into the family. Unlike earlier cases where the "other" woman was identified as a prostitute throughout, the identity of the "other" woman here evolves from a legitimate second wife who is pregnant and supported by her in-laws and welcomed by her husband. Yet aided by the "other" woman's increasingly tarnished reputation in the village and her own machinations (i.e., the fight, the confrontation with her husband and in-laws, and the negotiations taking place at her natal home) Sabina gains favor over her rival. Meanwhile, Sabina's rival is rendered increasingly marginal and labeled a "bargirl." Still, Sabina's victory cannot be complete or sure. The "other" woman, valuable to the patrikin for bearing a child, continues to be welcomed by her in-laws and stays in the village, making a future relationship with Sabina's husband possible if not highly probable. The next section will discuss the use of social aggression and the ways in which it can be much more effective in banishing rivals.

**Social Aggression: Joyce and the In-laws**

A powerful example of the importance of the familial support of in-laws in defending a marriage against polygamy is demonstrated in Joyce Mhango's story. We met Joyce Mhango in the late afternoon at the end of our interviews that day. We waited for the crowd gathered for a meeting behind her house to disperse to settle on the mat with her. Mrs. Mhango is an elder and for the purposes of the village meeting had donned
bright head scarf. She coughed intermittently but welcomed us nonetheless. In a voice weak from the coughing and tired from a long village meeting, she began to tell a story of strength.

It happened in the 1970s that her husband brought a new wife to the compound and said he wanted to marry the other woman. In this case, getting a girlfriend was not a step toward polygamy but rather a step toward dissolving his first marriage. Joyce was told by her husband that she should go home. She did go home, but her natal family said that it was not she who should leave the village but the new wife. The go-between, who acted as a kind of marriage broker and counselor, tried to settle things outside of court. Joyce discovered that her brother-in-law also supported the idea that Joyce stay in the village and that the new wife go home. However, he said, if the new wife did stay, Joyce should stay anyhow and remarry in the same village. It seemed she had become a valued member of that family. Even her parents-in-law said that Joyce should stay. It was, in fact, only the husband who was insistent that Joyce leave. This was not enough for him to get his way.

When the case finally went to court, the husband tried to press his divorce suit, yet none of his relatives took his side. His own son, upon hearing about the divorce, testified on behalf of Joyce, his stepmother. He said, if my father does not keep Joyce and insists on taking a new wife, then Joyce can come and live with me. His father could just stay with the new wife. The new wife objected to this arrangement because she had thought she would be alone in the marriage. She left. "So when the compound was in my favor, that's when she was going back." Then the husband withdrew the request for
divorce. Before they began to testify at court, they said, "Nyamhango, the court does not end marriages but rather corrects marriages."

The contrast between Mrs. Mhango’s case and Sabina’s is striking. When Sabina sought to divest herself of her rival, she was thwarted by uncooperative in-laws who preferred the second wife to the first. They even went so far as to send Sabina back to her home. Her husband had to go against the wishes of his relatives to bring back his first wife. In Mrs. Mhango’s case it was her husband who was eager to replace his first wife with a new wife. In such cases we might be tempted to think the desires of the husband would be paramount, but the overwhelming support of his first wife by his relatives secured Mrs. Mhango’s place in the village. The force of their social will overcame a husband’s desire to replace one wife with another. It becomes obvious that the social aggression of a collective is more affective than physical aggression in itself.

Not all acts of social pressure are as dramatically collective as Mrs. Mhango’s example. Wezzie Nyasulu, one of our younger respondents, told us about a woman who went to her rival and told her that it would be a bad idea to marry her husband because of the financial struggles that already existed in his first marriage (Pauline Nyirongo, March 7, 2006). One woman, who was pregnant, went to reason with the girlfriend of her husband. She was afraid her rival might have AIDS because of things she’d heard about the woman’s first husband. The rival abandoned the woman’s husband and married elsewhere (Masozi Nyirenda, February 20, 2006).

We heard another story about two co-wives who were annoyed that their husband was bringing a third wife into the marriage. The third wife was a widow, and the two women assumed that the woman was infected with AIDS. In an expression of extreme
disapproval, the mother-in-law of these women refused to eat the *nsima* of the new wife, a sign of rejection and refusal to incorporate the third wife (Grace Mwandira January 25, 2006). Presumably such disapproval could make the woman's life so uncomfortable that she would change her mind about remaining in the marriage.

The tactic of trying to make a rival run away is not new. L.P. Mair, drawing on materials collected throughout sub-Saharan Africa in the 1940s, wrote that “there was plenty of room for jealousy between wives, expressed in an insistence on a strictly equal distribution of the husband’s favours, in meanness towards the children of co-wives when distributing food, sometimes in making life impossible for a new wife so that she was driven to run away to her own home” (Mair 1953: 18). Still, individualized acts of social pressure seem less likely to yield the kind of results enjoyed by Mrs. Mhango. Mrs. Mhango’s success in excluding her rival was built upon the community consensus in her favor. The era of AIDS creates a new basis for consensus as people reassess the viability of traditions such as widow inheritance and polygamy in the face of epidemic uncertainty, as demonstrated by the final case study of this chapter.

**Ruth and the Widow**

It was early January in 2006 that we met Ruth who, like her neighbors, was in the midst of mounding and planting her maize and tobacco fields in preparation for the delayed summer rains. The day before, we had visited her close friend, who had directed us to Ruth as someone worried about contracting AIDS from her husband. Rather than
presume prior knowledge, we began by asking her if she knew of any cases of people who feared infection by a husband, and she said,

“I am worried because when the husband started misbehaving he was sleeping with a widow so maybe during that time he took it.”

“So what did you do when you heard this” we asked.

“Do you have any information about the widow?” we asked.

Ruth said, “The brother of my husband is not far. The older brother of my husband was suffering from AIDS. They told us at the hospital. He suffered for three years. At that time when he was suffering he stopped sleeping with the younger wife. He would only sleep with the older wife then. Then you could see that that the elder wife got shingles. But after his death she got better and then relatives said [to my husband] you should marry her, she was not sick with AIDS, just bewitched because they were rich. Just inherit her, they were telling him. But he had been told that the brother was suffering from AIDS. Then the family was saying that my husband should marry the younger wife saying that she won’t have AIDS because the husband was not sleeping with her in the end. The husband was deceived and he started going out with the younger one. That’s when I started noticing a difference [in his behavior]. He started going out at eleven and people were telling me about this.”

“Why the window?”

Ruth replied, “He was afraid to go through the front door because there were some girls sleeping in the sitting room and he would be seen so he tried to go through the window. When I saw the leg I just caught it in my hands from the window. I said, I asked you if you had been sleeping with the widow and you said no!! But still he refused saying that I was drunk so I didn’t know where I was. Besides he said, I used a condom.”

“Did you forgive him?”
"No, I didn’t forgive him. I called the relatives. The relatives, in-laws, brothers and my eldest sister and they discussed. The woman was chased away from the compound and went home."

"How did that meeting go?"

"After the discussion the most elder brother of my husband chased the woman saying that you are a killer. They criticized her saying that we know what our brother was suffering from. Are you trying to kill many? To finish the whole compound? The family encouraged us to go to the hospital but we have never been for a blood test because the husband refuses to go...the wife who was chased away died when giving birth to a baby. I am afraid that maybe my husband got the disease from that woman" (Ruth Chirwa, January 2006).

The AIDS widow is an archetypical figure expressed in various rumors circulating in northern Malawi, or more broadly throughout the region of sub-Saharan Africa. In everyday talk widows are regarded as likely to be infected with AIDS. The motif of the widow becomes mythic in the Barthian sense and brings to bear entire narratives in a single referent. The reference to a widow in AIDS-era Malawi takes on connotations of danger and disease. Relating the notion of motif as synecdoche to Roland Barthes’ description of myth, we see that when a mythic allusion is made, it “hardly retains anything of [the] long story. The meaning contain[s] a whole system of values: a history, a geography, a morality, a zoology, a [l]iterature” (1972: 118). The AIDS widow as motif/myth takes us from the particulars of Ruth’s case into an investigation of a world of ideas she may be bringing to bear upon her situation. And what kinds of associations and stories are heard about widows in twenty-first-century Malawi?

When we think about African widows in the time of AIDS, we are keyed into thinking about the practice of “widow inheritance,” or levirate marriage. Social scientists and the Western media give us this orientation. Widow inheritance is associated with
property grabbing, ritual cleansing through sexual intercourse, poverty, and dangerous social/spiritual liminality. Widow inheritance has also been associated with another institution with which Western audiences have never quite become comfortable—polygamous marriage (Luke 2002a; Luke 2002b; Rosenthal 2006). According to some social scientists, cultural practices such as widow inheritance are driving the spread of AIDS. The narrative they tell is that widows today may be so because their husbands died of AIDS (Luginaah et al. 2005; Ntozi 1997; Malungo 2001).

This means that in a context like Rumphi, where polygyny is prevalent, a man already married may “inherit” the wife of his relative. If this widow has HIV, then the husband may potentially spread the disease to his other wives. The other perspective is to see widows as victims who may be in danger of being infected in cleansing rituals. These associations and narratives are not only part of a Western discourse on African practices, but they are very much a part of Malawian AIDS education campaigning by the national government and NGOs. These stories of the deadly widow and the victimized widow are heard on the radio, advocated by sensitized village headmen, and preached from pulpits in sermons on charity. One informant who was monitoring media messages reported an item from the radio:

Another item was about the meeting of traditional leaders who have passed a resolution that no one should practice, wife inheritance, village cleaning and other cultural practices which spread the virus in the area of Chief Ngabu of Chikwawa.

According to the report, the traditional leaders passed this resolution after a sensitization workshop organized by Trinity Revival Ministries held at Ngabu Secondary School.

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6 Of first marriages 40 percent of respondents in the MDICP Rumphi sample were polygamous in 2001. Sixty-five percent of second marriages were polygamous. (Reniers 2003: 188)
The workshop discussed the dangers of some cultural practices, which are fueling the spread of the virus. The traditional practices, said the chiefs of cleaning widows through sexual union and wife inheritance have no place in our area, we have declared.

The traditional leaders agreed that the practice have no place in their traditions and now consider them primitive. The traditions have been banned in order to reduce the transmission of HIV among the people in the area (Kennedy Mhango 2006).

Not only are general narratives about inherited widows well known, but throughout Ruth’s compound as well as the compound adjacent, several women repeated Ruth’s story.

A woman, Olifa, who lived across the road told us she knew of a woman worried about being infected with HIV through her husband. She did not speak her name but she nodded her head in the direction of Ruth’s house and told us the advice she had given to Ruth.

R: There is one, her husband wanted to inherit a wife so I told her that that is your husband, do not just go back.

I: The marriage is yours.

R: Just touch the words of the Lord[7] and encourage him [Mmm]. You will see him change [Mmm]. Yes it has happened and now he is very dedicated [Mmm]. And that man was completely changed.

I: He has not inherited the woman?

R: The inheritance is no more. She is back home.

( Olifa Mhango, January 2006)

Olifa’s account varies somewhat with Ruth’s first-person telling. While Olifa assumes that the apparent peace between Ruth and her husband is a result of prayers and only

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7 The precise meaning of this phrase “touch the words of the Lord” is unclear
prayers, Ruth had gathered advice from many quarters and used a plethora of strategies including love potions to change the behavior of her husband. Olifa, by contrast, advised Ruth to rely only upon prayers and not use potions or magic of any kind. Olifa was also ignorant of the state of Olifa’s marriage. While seemingly stable from the perspective of outside observers, Ruth confided to us a continuing struggles within her marriage.

I was told by another woman that even the sister of the widow came to the village and warned them to “take care.” The respondent went on to say that the widow had been admonished. Some people asked her to end the relationship, but according to the respondent the woman replied, “What do you think I should do and yet I don’t have a husband myself? (Masozi Nyirenda, February 2006).” What is important to note here is that the respondent recognized the widow’s sad predicament. Her repetition of the widow’s words might be interpreted as an expression of sympathy on her part. The widow is not merely a type, she is a woman who has experienced a tremendous loss of status, economic support, and security.

Discussion

In some societies gossip can be a means of storing and retrieving information from a community (Roberts 1964: 441). The gossip known throughout the village regarding the widow’s late husband became evidence against her when the case came before the elders. The collective knowledge formed in gossip was retrieved as damning evidence. Ruth was able to oust the woman from the village by deploying the powerful symbol of the widow among a community that would have immediately recognized the

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8 For the full discussion of strategies used to influence the behavior of her husband see Chapter 5.
dangerous salience of her allusion. It is the potency of well-known AIDS stories of
diseased and/or deliberately infecting widows that inhabits the widow as symbol. By no
means am I saying widows have only this meaning—but by deploying and invoking
certain narratives, some women attempt to transform their marriages and keep their
health intact.

Yet these narratives are not “just stories” in the pejorative vernacular sense of the
term, these stories are rooted in experiences as evidenced by first-person narratives
backed up by third-person accounts. The conventionality of fight stories and their
widespread popularity should not lead us into the common folkloristic fallacy in
analyzing personal experience narratives of “dismiss[ing] all of the teller's claims, in
advance, without the need for evidence” or negating the importance of knowing whether
a real event has been reported (Hufford 1995:31). Fight narratives are not just about
narration but about physical fights and social struggles. Fights are realities wrapped in
words but are realities that have a life and consequences that are irreducible to words.

An outbreak of aggression between female rivals marks not only a transition of a
private conflict into the public, but the fight itself can act as a declaration that a public
enemy has been identified. However, a sneak attack (recall the case of Mrs. Chirwa
versus Eunice, the spinster) may mark the assailed woman as victim in need of
community support and Mrs. Chirwa as the underhanded aggressor. Such an outcome
may in part result from the reasoning that people do evil in secret, in the darkness. Thus,
women’s strategies of exclusion utilize techniques of illumination, throwing light onto
affairs hidden in corners, telling tales of their own trials and worries, and bringing
conflicts into the light of day. Wives using aggression make their problem a problem of
the larger community.

Success is not guaranteed. Women’s efforts to exclude rivals can be made
difficult if the “other woman” is a highly valued member of the community. The
difficulty of excluding a rival is therefore contingent upon the relative social integration
of the rivals and the extent to which stigmatizing labels (prostitute, AIDS widow, etc.)
adhere to their subject. Complicating the matter, the struggle we witness is not
necessarily between a very powerful woman and a very weak woman but between two
relative equals. According to Douglas, “The histories of the definition of a disease remind
us that the community also constitutes itself in a struggle for power among its
members” (1991: 734). Perhaps this is why stories so amusing are at the same time so
sorrowful. Yet laughter is part of the triumph women experiences in confronting a rival.
Indeed, laughter, more specifically shared laughter, may be the only victory a woman
ultimately enjoys over her rival.
Discussion

Adaptations, Innovations, and Shifts

Even the most astute observer has now and again been deceived by appearances. We peer in from a distance and all the pieces seem to be in place and moving in the same patterns as before. It appears that though an extraordinary disturbance, AIDS, has entered the world, married life continues on undisturbed in villages of Rumphi, Malawi. A closer look reveals otherwise. Beyond the decisions people make to enter or exit a marriage based on presumed HIV status, fear of HIV can cause strains on a marriage that mimic long familiar marital strains but which are heightened by the specter of possible illness and death. The worry women experience is an ongoing fear which, being confronted one day, may rise again the next. If I asked whether a problem had been resolved, many of my informants said that the story is still going on. It is the nature of everyday life, accepted by the women we interviewed, that life will go on even in struggle and endurance. The disease avoidance strategies they slip into the flow of everyday interactions and maneuvers attest to this view of reality. They are actions designed not to set the world on its head and rupture relationships but to make the everyday more tolerable and marital relationships less worrisome.

In the beginning, I talked about my goal of gaining insight into the emic construction of what determines the success or failure of women’s prevention strategies from the perspective of a fearful wife. However, the evaluation of success in the eyes of my informants is more complicated than I had anticipated. Neither success nor failure are absolute in emic terms; the bitter and the sweet are tumbled together and are experienced simultaneously and alternately. Both laughter and sorrow are inherent in the strategies
and the consequences of the strategies. This paradoxical outcome is especially the case with aggressive strategies pitting vulnerable woman against vulnerable woman. A defeat of a rival is like the defeat of oneself. A woman may be glad to see her rival vanquished but in her heart she and her allies know that they may one day come to resemble the defeated one. This was the charge of Grace Mwandira, the woman whose story I presented in the introduction. While being ridiculed for having “AIDS babies” and accused of being indirectly responsible for the infection of two children she responds to her tormenters: “So I say, did AIDS just come for me? You don’t have to say these things unless you are just too clever and you have some ways to protect yourself?” Ironically, the way they protect themselves is by removing their protection from Grace and other such targets of slander by affixing to them labels that marginalize them. Yet even Grace could sense the ambivalence in the women’s talk when she noted, “they were feeling pity but they were also fooling [joking].”

The topic of women’s use of aggressive exclusionary tactics should be extended to encompass the fate of the accused. While I have no desire to replicate the research on stigma and blame, it would have been instructive to follow the progress of women dispatched from communities by aggression and gossip. Following the perspective of the accuser should not mean ignoring the cause of the “other” women. Though it seems as if labels are not firmly fixed, only further research could reveal whether words and accusations can follow a woman when she is marginalized from a community. Will she be able to establish herself elsewhere in a different “market?”
Tumbuka wives' prevention or “risk management” strategies, which involve influencing a husband, draw heavily upon the strength within affinal kinship networks and sometimes on their natal kin. Village gossip helps inform women of the activities of husbands who they could not monitor themselves. When worried wives come to elders and friends with their songs of complaint to receive the “good medicine” of advice, they are offered tips from the experience and learning of their counselors on how to reign in a straying spouse. Some of the tactics suggested would be familiar to women all over the world (e.g. marriage counseling with elders or refusal to cook). Yet the advice received by affinal versus natal kin was sometimes in conflict, illuminating the biases of each group. Whereas, affinal kin favored quiet endurance, natal kin sometimes suggested an endangered daughter come home to her birth village. There she gains protection, a strong base from which to re-negotiate her marriage, and more advice. Advisors in natal villages were more likely to tell a woman to use love potions to cause a husband not to stray. However, cautionary tales about love potions abound. In analyzing the narratives about love potions I found that women feel torn between a desire to rein in their husbands to secure their love and loyalty and a desire to ensure the economic productivity of their husbands which in the eyes of many Malawians is linked to mobility which is linked to sexuality. Love potions are not new to Malawi, but their use in connection with AIDS is an innovation that suggests that Malawians are fairly comfortable in adapting the old to the new. Similarly, the use of condoms during the traditional period of post-partum abstinence suggests the flexibility of practice contrary to public health notions that rural popular merely cling to tradition.
Past beliefs, like past practices, are re-examined or revived in the light of present-day risks. The ghosts of past experience with public health and governmental irresponsibility are re-awakened to make sense of AIDS treatment today. In lively debates and rumor exchange, Malawians create folk theories of how the world works and how it is broken. More to the point, they not only identify who is to blame, but they also identify who should be fixing it. The process of collectively criticizing the government for its failures in the biomedical treatment of AIDS constitutes an active engagement with the sociopolitical and health communities rather than a rejection. As AIDS settles into its third decade “blame” has come of age as accountability.

This dissertation has been a study of African health beliefs and practices with a few unconventional twists. As a folkloristic document it is less concerned with the study of a particular genre and instead has folk belief and practice as a focus. Narrative and conversational genres—jokes, gossip, rumor, conspiracy theory, etc.—are formulations for the expression of belief. Ways of communicating that are typically ignored by folklorists emerged as important in the lives of the women with whom I worked. For example, through complaints, advice, and counseling women communicated their fears and learned of possible solutions. These three ways of talking seem prosaic but recall the woman who said that complaints about potentially infecting husbands were “songs” suggesting that, within the discursive field of Tumbuka women, complaints have a special role. Overall, however, I took an approach toward genre that accepts and appreciates narrative distinctions but only insofar as the distinctions helped, rather than hindered, the illumination and analysis of women’s prevention strategies. It is no secret that marriage can be dangerous and worrisome for women in these days of AIDS but they
deal with this worry in strategies devised from experience-informed wisdom of the kin and friends they know and (sometimes) trust.
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