

CHAPTER FIVE

EVIDENCE: ACCOUNTING FOR THE EXISTENCE OF AIDS

If, as we have seen, AIDS is a concealed and secretive epidemic, how is evidence of the epidemic acquired; how is this communicated and what implications does this have for responses to the epidemic at the local level? As I observed in the previous chapter, AIDS talk is not completely silenced; coded references to the disease are made in everyday conversations, and most particularly in gossip and rumour. I suggest that the discursive forms of gossip and rumour construct a folk or local epidemiology of AIDS, and in so doing informs how people respond to the epidemic by creating categories of person that are believed to be likely carriers of HIV.

In the chapter I consider the ways AIDS is made known through semi-public, subaltern forms of communication. Although there is considerable social pressure not to talk about AIDS within public settings, ‘deep talk’ about the epidemic is contained within gossip and rumour. What I describe in the chapter as gossip or rumour can also be likened to ‘pavement radio’ as coined by Ellis (1989). He suggests that pavement radio thrives in communities where official forms of broadcast are censored or absent. These texts form an oral archive of the evidence of AIDS. They construct a type of ‘reality’ of the epidemic which is an alternative to public health propaganda. However, because gossip and rumour are vague and prone to exaggeration, the evidence they create are often disputed and challenged. In the chapter I suggest that the ‘private’ discursive domains of gossip and rumour, in contrast to the tacit censorship of AIDS, construct a local

epidemiology that identifies who dies of AIDS and why. I argue that these discursive forms are critical in informing individual and social responses to the AIDS epidemic.

In the chapter I draw on the idea of a local or popular epidemiology. In contrast to the ‘official’ epidemiology, local or popular forms are generated by people directly affected by a threat to their health. ‘Popular epidemiology’ in the literature is an alternative to conventional forms of epidemiology, is directed by non-professional community members and is usually linked to community activism. It emphasizes social structural factors in understanding disease spread and also counters the conventional understandings of risk. Examples include Lyme disease in affected communities in the US (Brown & Mikkelsen 1997; Clapp 2002).

The chapter starts by exploring anthropological approaches to gossip and rumour about AIDS and compares this to local constructs. It then goes on to show how these forms of everyday speech are critical in spreading information about the AIDS epidemic and in mobilising popular opinion as well as resisting official discourses of AIDS.

GOSSIP, RUMOUR AND AIDS

Gossip and rumour are popular responses to social crises and calamities (Geissler 2005; Rosnow 1988; Turner 1993; White 2000). The AIDS epidemic is no exception; the shockingly high number of deaths from AIDS has created a crisis in meaning and signification (Treichler 1999). South Africa’s AIDS epidemic has been fertile ground for rumours about AIDS. An example is the ‘virgin cleansing myth’ that for some time was assumed to encourage child rape but for which there is little evidence either at the community level (Niehaus 2003) or from an official perspective (Jewkes et al. 2002).

Although AIDS poses a real public health threat, it is also a cosmological problem articulated in terms of familiar narrative frameworks such as rumour and gossip (Feldman-Savelsberg et al. 2000; Niehaus & Jonsson 2005; Pigg 2001; Smith et al. 1999; Stadler 2003a; Treichler 1999). For example, conspiracy theories about AIDS as a form of state-sponsored genocide, provide a ‘means for people to make sense of political or economic conditions’ (Butt 2005, 413), and articulate a counter discourse of blame (Farmer 1992). In Indonesia, rumours about purposeful HIV infections through contaminated needles reflect fears about the vulnerability of the individual and social body, the need to be vigilant about protecting it, and the potential for misuses and abuses by hostile forces (Kroeger 2003, 244). In South Africa, accounts of child and / or virgin rape as a cure for AIDS shares distinct metaphorical resonances with folk concepts of health and cleansing (Leclerc-Madlala 2002), but also creates moral panics about uncontrollable male sexuality. Research conducted in Bushbuckridge highlights the gendered concerns expressed in rumour: women accuse envious nurses and men for the spread of AIDS, while men tend to spread rumours that contain theories of AIDS as a conspiracy. Women’s ideological association with the domestic domain and men’s experiences with job losses and deindustrialisation in a global labour market account for these gendered differences (Niehaus & Jonsson 2005).

Public health writings tend to problematize gossip and rumour as an ‘information gap’ (Geissler & Pool 2006), and therefore a barrier to prevention¹. Yet, ‘rumours are more than just wrong or incomplete information; they are socially constructed, performed, and interpreted narratives, a reflection of beliefs and views about how the world works in a particular place and time’ (Kroeger 2003, 243). Moreover, they are not

simply conventional storytelling, but powerful discursive practices (White 2000). For example the rumours surrounding medical research can be regarded as local level discourses about bioethics and the treatment of trial subjects (Geissler & Pool 2006).

Because it is almost impossible to trace the source of gossip and rumour, and control its flow (Andreassen 1998, 41), it can also be a potent form of hidden retaliation. As Besnier (1994, 4) puts it, the gossip narrative can be a 'prime site of political resistance' due to its 'mundane setting and apparently innocuous nature'. Butt (2005) notes that gossip and rumour operate as 'collective imaginaries reacting to experiences of inequality', and technological transformations and modernization. They are therefore an important part of local cultural social practice that become powerful 'weapons' at times of severe suffering or perceived threats (Butt 2005, 414-415).

Gossip and rumour may claim to be true, but are not always believed unequivocally (cf. Turner 1993); they can be challenged and disputed as quasi-factual accounts to be regarded with scepticism (Geissler & Pool 2006; White 2000). However, the absence of truth is not what is important about gossip and rumour (Besnier 1994). What *is* important is that the story is deserving of retelling, as it resonates with local sensibilities, experiences and ideas.

Gossip and rumour may be distinguished according to who participates in telling the story. Rumour usually encourages broader participation in the narration and construction of narratives, while gossip is more exclusive. Who one gossips about and who participates in the gossiping reflects and reinforces social networks and relations. Gossip is an exclusive discursive practice that delineates boundaries of belonging and group membership and refigures social relationships, through a process of exclusion and

inclusion (Smith et al. 1999). It reflects and recreates social tensions, alliances and divisions within particular social contexts. Gossip talk is used to maintain boundaries, reinforce cultural identities, and create a sense of social cohesion (Gluckman 1963).

GOSSIP AND RUMOUR: LOCAL PERSPECTIVES

Contra to the literature, my informants expressed a distinction between gossip and rumour. Gossip is described by the verb *ku hleva*. Literally translated this means to ‘to tell a secret’ that is told in confidence. Rumour is a type of story that goes around from person to person, described by the term *maveriveri*, a phanopeia that evokes the image of randomness. In practice however, gossip and rumour are difficult to distinguish.

Gossiping and rumour-mongering are potent discursive practices in Bushbuckridge. In particular, gossip and rumour plays a significant role in negotiating the identity of witches. Verbal statements are used as evidence in suspicions of witchcraft (cf. Niehaus 2001, 116). For example when a man’s daughter died, he accused his neighbour of witchcraft. Giving evidence at the court of elders (*bhandla*), he reported that the week before his daughter became ill and died his neighbour had responded to his greeting with the words: ‘We cannot complain because we will all die anyway’. These words were evidence of his malevolent intent. In a separate case, a woman lost two sons and her daughter-in-law when their car was hit by a truck on the main road leading to Nelspruit. At the funeral she was heard muttering the words ‘soon we will all be equal’. These words were recalled when the father of her daughter-in-law was killed one night while returning home after drinking, and in quick succession his daughter died the next week after a brief illness. My informants pointed out that these deaths equalised the deaths of

her two sons, just as the bereaved woman had foretold and were evidence that she used a magical form of retribution.

Gossip and rumour are also powerful weapons used against people who shirk good neighbourliness and common decency. For example, residents of one of the neighbourhoods where I hung out often gossiped about Lindiwe, a young woman who displayed excessive pride. Lindiwe was scornful of her poorer neighbours; she scolded little boys who scavenged in her rubbish dump for stale bread and rotten meat and reprimanded a neighbour who wanted to use her fence (itself a symbol of her aloofness) as a washing line. When her wealthy, older lover died in a car accident it was widely rumoured that Lindiwe had used magic to kill him for his money. Villagers lined up to visit her home, mostly to view the expensive bed Lindiwe's lover had purchased for her. They stood outside in the yard, talking about her. The following exchange took place between two neighbours:

Neighbour 1: Ooh! Lindiwe has roofed her house! Did you see the bed – it has mirrors?

Neighbour 2: She really knows how to use her *masenge* [genital area]. If it was not for her, her mother would not manage to support [herself].

Neighbour 1: The day they kill her, her mother will shit in her pants and faint, because no one will help her going around looking for men.

In this exchange the gossipers blatantly (and crudely) state that Lindiwe was a prostitute who used her body to buy commodities and luxuries (a decorative roof and a bed with mirrors). There is also the suggestion that Lindiwe had angered people; her lover was the father to several adult children who expressed their dislike for Lindiwe on

several occasions. Many residents shared similar sentiments about Lindiwe, and her sexual conduct was the subject of many conversations. As time passed she gradually lost the support of former friends and neighbours and became more secluded. As she no longer had access to an income from her deceased lover, Lindiwe fell on hard times. It was rumoured that she had fallen pregnant with a new partner in order to access the child support grant.

Owing to the public nature of peoples' private lives, secrets are extremely difficult to keep; my informants were often able to provide extremely detailed information about the most intimate aspects of other peoples' lives. Therefore, although gossip was highly secretive and restricted, it was always possible to eavesdrop on secret conversations. For example parents and elders often try to prevent young people from listening in to their conversations. However, children are often invisible, as a young girl noted: 'You know on the road when people come back from work they talk to each other so we can listen'. A man and his lover had sex in the dense bush surrounding the village. A young boy saw them having sex and stole their clothes. The naked couple tried to run back to their respective homes without being seen. My informant who recalled this story remarked: 'there is nothing you can hide in the village'.

While gossip is a potent discursive practice, participating in gossip is also a risky business. Spreading gossip about powerful individuals can result in reprimand and punishment, if the source of the gossip can be identified. For example, a local shop owner punished his employee for spreading rumours of his involvement in a ritual murder by dragging him down the road tied to a cow. An elderly man became inebriated after

drinking traditional beer and gossiped with his fellow drinkers about the identity of a witch. A few weeks later he was found dead, apparently poisoned.

Known gossipers (sometimes called ‘Mrs Gossip’ Zulu: *Nwamgobozi*) enjoyed the power of gossip over others; yet this was often short lived. Gossipers were scorned and derided when they themselves experienced misfortune and became the object of gossip.

One case comes to mind. Dyondzeka and Eunice attended university together, both studying for the same degree. Whereas Eunice studied hard and achieved her degree after four years, Dyondzeka was not as successful and dropped out. She presented her parents with a fake degree certificate. Both women had boyfriends. Eunice had a child with Mondli who was employed with the South African Police Services. She visited him frequently in Hammanskraal near Pretoria and always returned with new clothes. Dyondzeka was jealous of Eunice. Her boyfriend was unemployed at the time and she seldom purchased new clothes. She would gossip about Eunice saying things like ‘She thinks she is a madam’. A year after Eunice’s child was born, Mondli broke up with Eunice; he had started to have affairs. Dyondzeka befriended Mondli’s girlfriends and always made sure she had an opportunity to gossip about Mondli’s ex – Eunice. When Mondli’s sister died, Dyondzeka attended the ‘after tears’ party; Eunice was not invited. Dyondzeka’s fortune changed and she was married in an ostentatious ‘White Wedding’, symbolising her husband’s commitment to her. Now employed, her husband built her a house and purchased furniture and a used car. Years later, her husband was discovered cheating on Dyondzeka. Eunice commented ‘I thought he was committed to him – they had a White Wedding. She laughed at me when I broke up – you really shouldn’t laugh at

others' misfortune'. Dyondzeka went into virtual seclusion, conscious of the stories circulating about her situation. Many recalled the fact that Dyondzeka had spoken cruelly about Eunice.

CONSTRUCTING A POPULAR EPIDEMIOLOGY OF AIDS IN KWABOMBA

I suggest that it is useful to regard narratives about sexual relationships and AIDS contained within gossip and rumour as constituting a 'folk' or 'popular' epidemiology. Popular epidemiology is distinct from its 'professional' counterpart, derived from different sets of signs and indicators. The orientation is local, based on a 'local knowledge' (Geertz 1983) of illnesses and personhood. For example, in their analysis of infant mortality in the Brazilian northeast, Nations and Amaral (1991) distinguish between the 'official infant mortality rate' and the 'popular or culturally construed meaning of death'. Yet, both professional and popular or 'folk' epidemiology are cultural constructs (Setel 1999) located in specific historical, cultural and political contexts and possess social and cultural dimensions (Lupton 2003).

The concept of a 'popular epidemiology' appears prominently in Setel's (1999) ethnography of AIDS in northern Tanzania. In particular, Setel takes note of the disjuncture between anticipated facts about the epidemic contained within professional narratives of AIDS, and the lived experience of people infected and affected by AIDS; the popular epidemiology. This difference, he suggests, exposes contradictions in the idea of individual risk; for instance, individual conduct that exposes people to HIV but who remain untouched by the disease. A 'popular epidemiology', this implies, is an attempt to comprehend and deal with the ambiguities and paradoxes of risk.

My research endorses other researchers' findings that AIDS is often interpreted in terms of folk afflictions and aetiology but seldom as witchcraft. (Heald 2002; Ingstadt 1990; Niehaus & Jonsson 2005) (See Chapter Seven). My informants defined AIDS clearly and unambiguously as a disease of the blood (*vu vabya wa ngati*) spread through unprotected sex, or contact with infected blood for example in a motor car accident².

While the path of HIV infection is unambiguous, the symptoms of AIDS are not. My informants expressed considerable confusion regarding the symptoms of AIDS, as this young man said:

They can say in KwaBomba that there are a lot of people with AIDS but you don't know who they are – you just see people getting thinner. You don't know that it is AIDS – some die, some don't die.

And, quite accurately, an elderly woman observed that there were many symptoms of AIDS:

There are different symptoms that go *hambana, hambana* [around and around]. Some people say 'sores', others say 'it is a rash'. Other people get so confused they don't know what to say anymore.

She suggested that the Department of Health provide photographs of people with AIDS to resolve this confusion. The symptoms of AIDS are also muddled with other diseases. Most frequently, AIDS is confused with *tindzaka*, an affliction caused by sex with a person who is in a state of pollution, for example during mourning prior to undergoing ritual cleansing (*machiyiweni*). The main symptom of *tindzaka* is a perpetual cough, abdominal swellings, fever, and wasting; if untreated this can be fatal. The similarities between AIDS and *tindzaka* are so pronounced that it is difficult to

distinguish between them. A teacher at a primary school said he was unable to make up his mind whether his neighbour had died of *tindzaka* or AIDS³.

At the hospital they said it was AIDS. People here [in the village] said it was *tindzaka*. I am confused – I cannot tell if you have AIDS or *tindzaka*. The symptoms are the same.

As these comments demonstrate, there is limited consensus regarding ‘who dies from what’, based on reported and observed symptoms.

A social diagnosis of AIDS is made by the ‘manipulation and interpretation of a different, though no less real, set of signs’ including health education messages, rumours and gossip, and ideas about moral character (Setel 1999, 185-186). As Taussig (1980) notes, the symptoms of disease are not solely biological and physical, but are also ‘signs of social relations disguised as natural things’ (Taussig 1980, 3). The ‘language of illness’, usually suppressed and denied in professional biomedical accounts, are foregrounded in the way patients talk about their illnesses (See Kleinman 1988)⁴.

The popular epidemiology I encountered in KwaBomba constructs categories of person who best fit the idea of AIDS, and draws on ideas about ‘good behaviour’⁵. When a young woman died her neighbours debated about whether this was caused by AIDS. The words of her former school teacher are revealing; he argued that ‘poverty and low standards of hygiene’ had caused her death, that she was ‘still too young’, ‘behaved herself’ and ‘never went to taverns’. However, he admitted that there may have been aspects of her life about which he was unaware, and remarked ‘Maybe there was something I did not know about her’. In another example, a mother of two who died from a disease that ‘looked like AIDS’ was not identified as having died from the disease.

According to her neighbours she ‘behaved herself, never had affairs’. Gossip was therefore central to making a social diagnosis of AIDS as a cause of death.

Gossip about AIDS often had its source in the conversations between nurses who worked at the hospitals and clinics. A young woman noted how gossip about AIDS flowed from these sources:

Some nurses at the hospital are not only friends with the nurses from the hospital, they are friends with the other friends, they gossip with those friends, that gossip will be taken all around until it is spread all over.

Funerals were another source of gossip about AIDS. Private conversations ‘in the corners’ of the funerals speculated about AIDS. For example, after the funeral for a young woman, conversations focussed on her frequent trips to Randfontein. Ntwanano Shabangu was born in 1975 and died in 2003, on 22 June. Dike, a young man and Ntwanano’s neighbour grew up with her and knew her very well. He recalled that she was a really good looking, ‘grand young lady’. Ntwanano’s father was a retired security worker for Five Roses Tea in Isando on the East Rand of Johannesburg. Her mother was unemployed and she had two older brothers who were employed. The other two sisters and two brothers were still at school. Ntwanano’s mother and father separated when Ntwanano was fairly young and her mother travelled to Randfontein in the early 1980s to find part time work selling fruit and vegetables and second-hand clothes (See Chapter 2). The family was not extremely poor, although the father had a reputation for drinking his income away. In 1995 when Ntwanano was in her early twenties she started to have numerous lovers. She also started to make regular trips to Witbank. A female school friend talked about her:

She would go to many different places. She was selling her body to anyone who wanted to have sex. Because she was really good looking she would get picked up by truck drivers. She was not satisfied at home. She wanted to get something by herself. She would go for two weeks at a time or even for the entire school holidays. At first she would only go during the holidays but when she started to prostitute herself she would miss school to go to Johannesburg.

Based on the gossip about her from her neighbours and friends Table 6 describes Ntwanano's sexual partners. These descriptions draw attention to specific categories of employed men who are often suspected of being infected with HIV: labourers, drivers, teachers, and men with money.

Table 6: Ntwanano's sexual biography

Sexual partner	Description
School boy	Ntwanano's first boyfriend. They met at school.
Labourer	A young married man from Edinburgh. Employed with the Department of Water Affairs. Fathered Ntwanano's first child.
Criminal	A young man who died in a shoot-out with the police in Soweto.
Unknown man	A stranger who drove a Toyota Tazz and only visited late at night.
Truck driver	A middle aged man employed by Mayinga Stores often stopped overnight at Ntwanano's homestead.
Truck driver	A youngish man who worked for a cold drink distributor and whose truck was seen parked over night at Ntwanano's homestead
Teacher	A teacher, who died at 31. He was married for a year but fought constantly with his wife. Described as a drunkard. He dated Ntwanano
Teacher	A stranger from another village
Wealthy man	A young man from Merry Pebble Stream village. His family was wealthy and he owned a luxury car. The relationship lasted until Ntwanano fell pregnant for the second time and he refused to accept the pregnancy.

Gossip about AIDS was in some respects more fearful than the disease itself. Although uttered in private spaces, gossip has potentially devastating social and public consequences. Gossip about AIDS can transform status, spoil identity and destroy

relations, and contains the potential to inspire ‘moral panics’. However, it is not just what is said but the fact that a person is the topic of gossip that is damaging.

Yet, gossiping about topics such as AIDS carries with it the insinuation of complicity. Those who gossip risk being accused of ‘knowing too much’. McNeill (2007) uses the term ‘degrees of separation’ to describe the strategy of avoiding insinuations of personal culpability and involvement. It is critical then that gossip is indirect and relies on insinuation. This is very apparent in gossip about AIDS that is characterised by ambiguity and hidden in carefully coded references. This is nicely illustrated in the following reconstructed conversation between two women:

1. Abigail: Where is Morgan’s wife?
2. Dorothy: She is sick
3. Abigail: Why, what’s the matter?
4. Dorothy: Don’t you know that Morgan used to go around with another mistress [female teacher] at Songeni [primary school]
5. Abigail: No!
6. Dorothy: Did you know that she died?
7. Abigail: No!
8. Dorothy: Yes, it seems like now the wife is starting to be sick as well

This brief exchange begins with an innocent enquiry about the whereabouts of Morgan’s wife (line 1). However, the question is loaded with meaning, partly because it insinuates that she is not where she should be, and because it creates a sense of mystery about her⁶. In the exchange Dorothy reports that Morgan’s wife is ill (line 2), and without specifically mentioning it, suggests that this could be AIDS by referring obliquely by using the phrase ‘go around with’ to refer to her husband’s affair with a female school teacher colleague of his (line 4) who recently died (line 6). Although their dialogue does

not make direct reference to AIDS, Dorothy's statement at the end 'it seems like now the wife is starting to be sick as well' (line 8) strongly suggests AIDS could be the cause.

Paradoxically, by *not* mentioning the cause of the illness, the exchange between the two women draw attention to the secrecy of Morgan's wife's behaviour, therefore insinuating that she had something to hide, which in this context could only mean AIDS.

In the next example, two young women talk about Poppie, a woman of the same age who was rumoured to have died from AIDS. The disease is mentioned by name, yet this is only once the first speaker has provided a list of symptoms to assert that this was the case.

Woman 1: Poppie was running around with many men. There was a time she became really sick. They took her to the doctor when they came home with her she started vomiting and had non-stop diarrhoea until the mother and father took her to the hospital. That time she was pregnant. When it came time for her to deliver and she had her baby. After that she became worse and worse ... for about two years. She ended up dying at home with her parents. She left her baby and he does not seem healthy; in fact he may have died.

Woman 2: The father of the baby also died. They buried him last week. They did not say anything at the funeral about the cause of death. But people will know that it was AIDS because some went into the house and they saw the body and when they come out they were saying that the body was very thin and very small

An important aspect of gossip about AIDS is the construction of evidence through narration. As the excerpt above demonstrates, certain pieces of information are conveyed that establish the evidence for AIDS. Interestingly, the account begins with the statement 'running around with many men' that allocates personal culpability toward Poppie having multiple relationships. It proceeds to list physical symptoms and then the possible source of infection (the father of the baby) and its consequences (the death of Poppie's child).

Similar aspects are noted in the next account, an extract from a conversation between Mathews, a school boy and his older friend, Mandla, about Smekie Mathonsi.

Mathews: I was visiting my girlfriend. I met one boy. He told me Smekie is dead. So he explained she was killed by AIDS. So I said ‘Why do you say that?’ He said ‘She was sick for a long time and her hair looked very thin and her body was thin’. So this is the thing. So when I go again I met another person. She told me that Smekie was dead. So I said why. So she said she was killed by AIDS. So I asked why do you think that [she died of AIDS]? That girl said that Smekie was a prostitute girl...the girl said she was warned to stop prostitution but she never listened. (...) I believe it because I knew her. I told Mandla. I said to him there is a girl who is dead and many people say she died from AIDS. So maybe it is true, I don’t know.

Mandla: I said I can believe this because it is a girl I know and she is a very big prostitute and she is the kind of girl who goes to shebeens and she hangs out with the guys who have cell phones or maybe a car and so she was that kind of a girl. So I believed it.

Interestingly, these accounts refer to physical symptoms, body shape, but also to types of men (who have cell phones and cars) and places (shebeens) that are associated with the spread of HIV. This statement acknowledges that AIDS is a mobile disease, and one that spreads within a context of inequities and desires for luxury commodities.

The examples of gossip in the preceding paragraphs are about named individuals. Yet there were other forms of gossip that referred more generally to people whose identity was not clearly stated. These formed moral narratives about young women and older men in general.

WOMEN WHO BUY THEIR OWN COFFINS

Young women who die of AIDS were often called ‘prostitutes’ (*magosha* or *isifebe*) and ‘loose women’ (*n’gwadla*). In the gossip that surrounded their deaths, they

are symbols of unrestrained female sexuality (cf. Fordham 2001). They attract a moral critique that focuses on their desires for luxuries, commodities and cash. These narratives also reflect a concern with the transience of money. Unlike money that is generated through hard work and labour, ‘easy money’ transacted through sex is corrupt⁷. Money has a dual moral significance: money that is earned through hard work and labour can sustain the future of the household. In contrast cash that is transacted through sex deprives another woman and her children of her husband’s earnings. Such money is ephemeral and cannot last. It is called the ‘money of tears’; the sadness that is caused by deprivation undoes the worth of the money.

This sentiment is summed up in the rhetorical statement ‘buy your own coffin’, the idea being that women who think they are acquiring wealth, are deluded and instead acquire AIDS. For example I was told about a cleaner, employed by a game lodge, who had sex with an American tourist for R2 500. The next day the tourist handed the woman a suitcase full of money, and told her ‘You now have AIDS ... take this money and use it to buy your coffin’⁸.

This story is a moral text about the pursuit of wealth and the erosion of sentiments of kinship and neighbourliness. Funerals and the rituals surrounding death are key events in village social life; in certain respects the funeral is the quintessential ritual in lowveld culture: failure to regularly attend funerals risks being ‘buried alone’. Coffins are extremely expensive and usually financed by the broader family or community. Families who are too poor to afford coffins evoke pity and sympathy and sometimes neighbours and kin make voluntary donations to purchase a coffin. Even those with small irregular incomes join burial societies and schemes. Participation in burial societies is not only a

question of financial contributions, but is a fundamentally social act necessitating attendance at members' funerals and sharing in the preparation of the feast. In contradistinction, to 'buy your own coffin' is a potent statement of the rejection of kinship, good neighbourliness and sentiments of reciprocity.

The second version of this story is woven into local witchcraft beliefs. In the story, a young woman in her 20s meets a wealthy, older man. He is extremely charming and takes her to good restaurants, buys her clothes and always drives her everywhere she needs to go. He does not demand anything from her except to visit his parent's home. The man asks the girl to enter a huge hut. It is pitch black inside as there are no windows. He tells her to sit quietly, to remain still and whatever happens not to scream. He closes the door. The hut is dark and quiet. She then hears something moving and feels something touching her. Suddenly something is sucking her breasts. But she remains silent as the man instructed. Her breasts are continuously sucked for hours and hours until she feels weak and collapses. Eventually the man opens the door to the hut. He says 'you are now dead, you will die'. He gives her a briefcase full of money and says 'this is for your funeral, take it and use it to buy a coffin'. He then drives her home and takes her to her parents. He gives them the money saying 'bury your child'.

This story was related to me by a young woman who works in a hairdressing salon in the upmarket suburb of Rosebank in Johannesburg. The account resonates with rumours of witchcraft familiars that drain the blood of humans and thereby create wealth for their owners (See Chapter 7).

INFECTED CONDOMS AND DYING WITH OTHERS

This section discusses two rumours about AIDS. The first concerns a widespread narrative about the presence of HIV in Government Issue condoms. The second, the spread of HIV through purposeful infection by HIV carriers who do not wish to die alone.

In 2003, the following report appeared in the *Mopani News*:

Aids rumours dismissed

Rumours that some doctors working in private surgeries are spiking medication with HIV/AIDS infected blood in order to panic unsuspecting patients are spreading like wild-fire in the Greater Bushbuckridge area. Traces of 'live' or 'dead' worm-like creatures are said to have been spotted in some medications (Matlala 2003)

This was not the first time I had heard about worms found in condoms. Indeed, the notion of HIV infected condoms was fairly widespread, not only in Bushbuckridge (cf. Epstein 2007). Rumours about condoms are often dismissed as 'myth' (Versteeg & Murray 2008), reflecting fear and doubt (Campbell et al. 2007). McNeill (2009) argues that the close association of condoms with AIDS underlies this rumour. I suggest that the rumour has different meanings depending on who is doing the telling. Moreover, as a rumour, it is not always unequivocally accepted as 'true', but has broader social and political meanings.

The first time I encountered the rumour a group of young schoolboys told me about the appearance of worms which they thought were evidence of HIV inside an unused condom. They told me how a boy they knew but would not name filled a condom with tap water and exposed it to sunlight. After a short while 'tiny worms' could be seen suspended in the water. One of the young men performed this procedure for medical staff

at Tintswalo Hospital. The doctors inspected the condom using a microscope and confirmed the presence of HIV. My friends were curious about the experiment and agreed they would withhold judgment until they had tried it for themselves. I asked them why, if it was indeed true that condoms were infected with HIV, would anyone want to spread HIV in this way. They replied that this was done purposefully in order to infect black people with HIV:

...they said that the doctors ...who made the condoms and gave them away for free...wanted people to get disease from those condoms. So even myself should I prove it and come to find that they were telling the truth I am sure I am not going to use a condom.

The story achieved popularity, not because it was utterly believable, but because like most conspiracy theories it successfully challenged authority, in this case scientific authority and appropriated scientific apparatus (the experiment and the microscope) to do so. The rumour also resonates with young men's ambivalent experiences and perceptions of condoms. The condom is the only way to prevent HIV; yet it also effectively prevents reproduction, and the exchange of fluids during sex (cf. Taylor 1990), rendering men virtually impotent. This is perhaps why men compared using a condom to 'throwing away your future children'.

The rumour of the virus in the condom reflects a creative form of resistance against government health messaging that urges condom use, frequently providing little in the way of alternatives. Importantly, the rumour was most popular amongst younger men, those targeted by condom promotions and whose 'irresponsible behaviour' was seen to be behind the spread of AIDS. In contrast, younger women that I spoke to about the

rumour disputed it. They argued that young men promoted the story because they simply did not want to use condoms. This was an excuse not to have to put on a condom.

RUMOUR AND MORAL PANICS

In August of 2002 a notice stamped with the official Department of Health logo, was displayed on the walls of the health centre. In bold capital letters it declared:

TO: ALL THE COMMUNITIES OF THULAMAHANSHE

BEWARE OF BEAUTIFUL LADIES WHO ARE HIV POSITIVE. DO NOT GIVE THEM LIFTS IN YOUR CARS!!!!

Photocopies of the notice were distributed to taxi drivers and motorists. A similar warning was broadcast on the community radio station Radio Bushbuckridge.

Residents of KwaBomba speculated that the warnings referred to young women who pretended to hitch rides to Thulamahanshe, but were really looking for customers to pay them for sex. NwaMbembe, a domestic worker in Hoedspruit, claimed that she recognised two young women referred to in the public notice. She elaborated:

Now it is hot so you won't find them next to the road, but when the sun goes down and if you drive a car on the road you will find them next to the road, and if someone stops the car they will just get in the car because they don't know where they are going to sleep...they walk the tarred roads waiting for these guys.

Her words had a sinister ring and suggested that this was no ordinary prostitution. The true intentions of the young women who stood by the road were suggested by other accounts; these speculated that the women intentionally spread HIV. Charlie aged 29 corroborated this view:

A girl from Ludlo village has been seen hanging around Maganga Bottle Store in Thulamahanshe. People are aware that she has HIV. They also know that the purpose of her hanging around is to pick up men and to spread HIV to them.

Mandla – a young unemployed man – told me about Comfort Ndlovu who worked for the Bushbuckridge Water Board. Comfort was seen ‘proposing love’ to one of the young women at Ximambane’s, a tavern in KwaBomba. Later Mandla heard rumours that Comfort was infected with HIV. ‘I cannot sleep with any girl that Comfort has slept with because he slept with the one who is spreading AIDS so maybe now he has AIDS’ he remarked.

In another version the young woman was rumoured to have spread HIV amongst the school boys at a local high school. According to MaSeerane, a school teacher, the woman proposed to the young boys but refused to use a condom. ‘Several boys slept with her and they are now HIV’ MaSeerane asserted.

In the following version of the rumour, a young woman returned from Johannesburg, infected with HIV. A male informant picked up the story from his drinking companions:

There is a young woman who is from Oak Town [a township] and she went to Johannesburg to do *ku pirates* [to trick men to have sex with her for money]. She went for a test in Johannesburg and they told her she was HIV positive. She decided to come back to Bushbuckridge. She hung about at night at the KwaBomba Bottle Store and then sleeps at KaZitah Village, and then during the day to PW Mnisi High School. She hangs out there [at the school] for two or three weeks during lunch times. The boys would propose to her. The first night one boy would take her to his place. The second night another boy would take her to his place and so on. She slept with five boys at PW Mnisi High School. After that she moved to KaManzini to Shongwe High School. She did the same thing there for about two weeks. She slept with eight boys there.

One of the boys realized that something wrong is going on. She then went back to Buck Town where she met a guy called Frans. He took her to his place. When

they wanted to have sex Frans said ‘I am using condoms’. The girl said ‘no you are not using a condom with me’. Frans said ‘if you don’t use a condom I do not want to have sex with you’. She said ‘okay, you can sleep over there without having sex with me’. This guy suspected something and started to question her. ‘Why don’t you want to use a condom?’ She wouldn’t tell the truth but he realized that there was something wrong with her. The following day she woke up and left. Meanwhile the Radio Bushbuckridge was announcing that the police are looking for a young woman who is dressed in a particular way. If anyone sees her they must come and report this to them. They also said that she is HIV positive and is going around to the schools and sleeping with the young men from the schools. The police went to the KwaBomba Bottle Store and hung out there in plain clothes. Someone pointed out the woman to them. One police man went to her and proposed to her. She agreed and they went to the car. When he got into the car he took her straight to the police station. They questioned her and she told them the entire story and they say she is still in jail at this moment. They even announced in the radio that she has been found and arrested.

The rumour depicted the young women moving around from place to place infecting men, a metaphor for viral spread. This had the makings of a ‘moral panic’. La Fontein usefully defines moral panics as ‘the construction of a social problem as something more serious than the routine issue of social control’ (La Fontein 1998, 19). Fordham notes that moral panics centred around prostitutes ‘whose unrestrained sexuality clearly marked them as contravening the behavioural rules for good women’ (Fordham 2001, 260).

This idea of intentional infections was not unfamiliar to my informants who recited the slogan ‘infect one, infect all’ and a belief that HIV positive people infected others to avoid dying alone (cf. Leclerc-Madlala 1997). Yet, these rumours also had a powerful effect on individual perceptions of their capacity to avoid infection. A young man told me he had tested negative, but had little hope of maintaining his status because it was only a matter of time before someone purposefully infected his girlfriend. However, other responses were more decisive. An older married man proposed that villagers form a ‘committee’ (posse) to track the girl down, kill her and present her

corpse to the police. Another said he would personally tear her body apart and throw the pieces in different directions in the same way as she spread the virus.

At the time when this rumour was doing the rounds the KwaBomba muchongolo dance troupe composed a song that warned men to stay at home and to avoid women who spread AIDS:

Tshikani ku yendla vavanuna (Stop moving with women, married men)

<i>Vata ku dlaya nwa'ananga</i>	They will kill you my son
<i>Tshikani ku yendla vavanuna vavansati va dlaya</i>	Stop staying with women, men, women can kill
<i>Ami swi voni leswaku se ma hela hi</i>	Can't we see that we are getting finished with
<i>Vuvabyi bya HIV AIDS la ha andel naa</i>	the disease called HIV AIDS out there?
<i>Vuyelani amakaya mi nga si hlangana na xifu xa</i>	Come back to your family before meeting the
<i>masiku lawa lexi vango i AIDS.</i>	death of nowadays that they call AIDS

In these texts blame is articulated in terms of young women's bodies that circulate intentionally spreading HIV. It is not improbable that infections are spread intentionally, or knowingly, as a few cases reported in the media have suggested. Yet, these narratives can also be regarded as moral critiques of the ways in which women use their bodies.

Flominah Khosa was 19 years old and had left school without completing her final year. She resided with her parents in KwaBomba but changed residence fairly frequently, moving into different men's houses. The young men I spoke to remembered her as 'a beautiful young woman who would sleep with drunken men for only two Smirnoff Ice [vodka and lemonade mixer]':

She did not want to die alone. Before you can sleep with Flominah you have to buy her delicious Sunday food. That is all she needs to stay fit and healthy. She is not looking for money – she only wants food. She is doing this just to spread the disease. She doesn't want to die alone – she wants to die with many other people.

Towards the end of 2004 Flominah was identified publicly as a threat to the communities of Riverdale and KaManzini; community members threatened to chase her away as they feared she was infecting male residents with HIV. My informants provided conflicting accounts of how Flominah became infected. According to one, Flominah was first infected after having sex with a number of policemen, one of who was married to a woman who was suspected to be HIV positive. Another theory is that she had contracted HIV after having spent some time in Randfontein where she sold sex to mine workers. Locally, she was rumoured to have had an affair with a teacher who was suspected to be ill with AIDS in 2001. He slept with Flominah when she was still a school student. Another teacher met Flominah at a tavern in KwaBomba. When he discovered that she was HIV positive he was extremely frightened but according to his friends showed no signs of having been infected by HIV. Another lover was in his late 50s and also a teacher at the KwaBomba High School. He was also the chair of the Community Policing Forum. His affair with Flominah Timba was common knowledge to young and old in KwaBomba as he had boasted once that he had had sex with Flominah but had used a condom. Yet, according to rumour he had recently started to appear ill. 'He is he is not looking that great, his body is not looking good. Flominah infected him. He is going soon' remarked a fellow member of the committee.

A young man, who had been studying law in Johannesburg, also had an affair with Flominah. He was known to have had sex with two teachers from KwaBomba who were suspected to have AIDS. He was also known to have a regular sexual relationship

with a woman in Tzaneen and another woman who regularly travelled to Johannesburg and had sex with men there. My informant continued to relate the story:

She also had several teachers who were her boyfriends. We used to see several men who would come looking for her. She went to taverns a lot on weekends. People used to say ‘she will get something from outside and give it to the local boys’. She would hang out with men who were not known. They will end up stealing or killing somebody and the problem is that we do not know where they are from’. Sizwe told her to stop hanging around with men: ‘get your own boyfriend – you are bringing too many outside men in here – they are harassing other people and they are causing problems’. People were cross with her. They said that she had increased the number of people who are HIV positive in KwaBomba. And because she told people that she had AIDS she contributed towards the awareness that people had that many people in KwaBomba were HIV positive.

Through gossip, it was possible for neighbours and fellow villages to construct a sexual biography of those people who they suspected of dying from AIDS. In some cases this informal knowledge was used to avoid infection by avoiding particular individuals. In others potential threats to the community were acted upon.

CONCLUSIONS

This chapter has described how the AIDS epidemic was constructed in KwaBomba through gossip and rumour. These texts invest AIDS with meaning, and thus to a certain extent, attempt to ‘control’ it (Treichler 1999, 5), simultaneously rejecting a notion of risk that is based solely on ‘individual irresponsibility’. The local, popular epidemiology that gossip and rumour creates can be regarded as a struggle between local and official accounts of the epidemic over who has the authority to define risk and create categories. Balshem (1991) argues that a working class community in the US with high levels of cancer, rejected being ‘blamed as victims and targeted for education’, and

responded ‘with a critique of their own’ . And, Farmer’s ethnographic treatment of AIDS in Haiti shows how Haitians rejected dominant discourses and classifications of AIDS as a ‘Haitian disease’.

The material presented here suggests that rumour and gossip are powerful channels through which people talk about HIV/AIDS. They create debate and dialogue in an otherwise silent epidemic. Gossip provides an arena in which the symptoms and causes of AIDS are talked about using ‘local frames of reference’ (Pigg 2001, 509), unlike more formal educational settings, such as workshops, that may mute expression. Rumour and gossip are also powerful media through which information about HIV/AIDS can travel.

But it may also be that the epidemic is just so incomprehensible that we are unable to talk about it, to render it meaningful in any way. This is not simply denial of the facts of AIDS, but reflects the incapacity to comprehend the extent of the illness and death that AIDS has brought. I have suggested that the popular epidemiological handling of AIDS morbidity and mortality have attempted to move beyond the bare statistical representations of the epidemic, to uncover the underlying social, political and economic dynamics of HIV infection.

A last point needs to be made about the contrast between professional and popular epidemiological evidence. As noted earlier, both are culturally constituted, that is to say are derived from particular social and historical contexts and can be seen to be socially constructed (Setel 1999). In the world of AIDS research, the one – based on ‘hard data’ is given primacy over the other, often labelled ‘anecdotal’, myths, or rumour. The problem, as Allen (2006) writes is that these less easily quantified and enumerated textual accounts

of AIDS are ‘set aside as perhaps interesting, but largely irrelevant when it comes to policy’. This seems odd when the very nature of the evidence is based on peoples’ self-reports of their most intimate experiences (Allen 2006, 8).

The rumour and gossip accounts described in this chapter are in many ways similar to those that concern witchcraft. Indeed, information about witchcraft is often spread through gossip and rumour. Furthermore, the accounts of AIDS spread resonate with witchcraft beliefs. To what extent discourses of AIDS and witchcraft are similar is discussed in detail in the following chapter.

END NOTES

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- ¹ The public health discourse of rumours as barriers to adherence and healthy behaviours (For example regarding adherence to contraception see DeClerque et al. 1986) continue to prevail in AIDS research for example the need to rectify and challenge ‘myths and misconceptions’ of AIDS beliefs (Bastien et al. 2008).
- ² A group of school children grilled me about the various paths of HIV infection. Having sex with a dead person who had HIV and if two lesbians shared a dildo and one was HIV positive are examples of some of the surprising theories they proposed. These do not detract from the idea that HIV is sexually transmitted.
- ³ Although there are obvious parallels between the symptoms of *tindzaka* and those of pulmonary tuberculosis, my informants presented these as distinct afflictions. One healer argued that she was able to tell the difference by listening to the cough, which in the case of *tindzaka* seemed to originate from below the diaphragm. Researchers have also noted the emic distinction between a ‘traditional’ TB and a ‘Western TB’ (Edginton et al. 2002).
- ⁴ I am conscious that the disease – illness distinction is often over imposed, and that disease is itself recognised as a cultural construction (Inhorn 1995).
- ⁵ I refer here to Heald’s (1986) observation that the identity of thieves and witches in Gisu society in Uganda is contingent upon ideas about moral personhood. The propensity to commit criminal acts or acts of witchcraft is based on the Gisu idea of excessive *lirima* which compels young men to steal and older men to commit witchcraft. In Setel’s (1999) ethnography of AIDS in Tanzania, AIDS is conceptualised as an outcome of excessive *tama* that he defines as similar to the English ‘desire’.

- ⁶ I was told never to ask a man or especially a woman about the whereabouts of their spouse.
- ⁷ It is noteworthy that Weiss (1993) reports a similar rhetorical statement about women in Tanzania in the midst of the AIDS epidemic there. Women are said to buy their own graves (but not coffins). He suggests that this refers to the position of women and gender relations more generally, in particular the desire women express for commodities, and men's inability to control their desires.
- ⁸ This bears a striking similarity to 'AIDS Mary' or 'AIDS Harry' rumours that were reported in Johannesburg many years ago. In these accounts a woman or a man wakes up after a one night stand and finds the message 'welcome to the AIDS club' scrawled in lipstick' on her bathroom mirror.