

University of Alberta

**Performing and transforming “the second life”:
Music and HIV/AIDS activism in South Africa**

by

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Abstract

People living with HIV/AIDS (PLWHAs) in South Africa experience a stigmatised HIV status which threatens to supplant their prior identities. This compounds the marginalization on multiple social levels experienced by those most vulnerable to infection as they cope with associations of death and disease, as well as perceptions of guilt, shame and personal responsibility built into the moral discourse with which the subject of HIV is laden. My thesis explores the grassroots activism of groups and individuals in South Africa who musically advocate for support and social acceptance of PLWHAs within a volatile post-apartheid sociopolitical environment where government intervention has been controversial, inconsistent and, in terms of advocacy, largely absent. I argue, using Thomas Turino's Peircian theory of semiotics, that my research participants draw upon the indexical characteristics of their music to assert social, religious and ethnic identities in the construction of alternative, healthy HIV-positive identities.

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Chapter One – Introduction

Jimmy Mulovehodzi and I are sitting in the living room talking for the first time about the music of Memeza Africa and of his hometown, Soweto, South Africa. In his quiet speaking voice, he tells me about meeting Holly Wright, an Albertan who was on a two-year work contract in Johannesburg in 2004, but whose great passion was the music she loved to write and perform. While he tells me about the song that brought them together, “The World Shall Love Again,” which Holly had written some years earlier in honour of a Canadian friend who had died of AIDS, other members of Memeza Africa begin to emerge from their various sleeping quarters around the house. Bundled warmly in housecoats and sweaters, many wearing toques and warm socks, they move sleepily around the kitchen making their own breakfasts, gradually starting to joke and tease each other as they wake up a little more. Their manager, Carlene, fields phone calls regarding imminent tour arrangements, sitting in the dining room amongst the sewing machine disorder and piles of sheer, flowing, bright-orange sleeves that she has been making to supplement the women’s costumes after they have expressed last-minute reservations about performing with bare arms.

Jimmy continues to tell me about the group’s first Canadian tour together, and about their return to South Africa, when they began a collaboration with the Edmonton/South African NGO, Edzimkulu, a society working in the remote village of Ndawana, KwaZulu-Natal. He tells me about learning medical information about HIV/AIDS from the support groups at the Ndawana Health Clinic, and realizing the toll that stigma was taking on himself, his friends and family, and his nation. He tells me how members of Memeza traveled to surrounding villages with outreach teams, explaining that they would attract the local people to the workshops with their singing and dancing, and after singing a song about the value of knowing your HIV status, would say, “Let’s sing this song together and then join the queue to be tested!”

The next day, I am back at Holly and Carlene's house as the group is getting ready to board the bus for their first concert in Red Deer. The women are attending to their costumes, taking turns at the ironing board carefully pressing their black pleated Zulu skirts. There is a shower running somewhere in the house at all times, and music, from country to R&B to techno to gospel to Elton John, is blaring out of a stereo. Carlene shoos two choir members away from the Wii and they meekly go to finish their packing. Everybody has brought out their luggage, and it fills the upstairs hallway and cascades down the stairs to the entry. Standing out of the way as two of the men begin to haul things out to the bus, I notice a large yellow backpack leaning against the railing. Big, black capital letters written in felt pen span its front pocket: MEMEZA MEDICINE. It occurs to me that this bag may contain the usual painkillers, lozenges and stomach remedies that any well-prepared touring group would want keep at the ready: but in the case of Memeza Africa, it is more than likely that the bag also contains antiretroviral drugs.

I have deduced from what I have been told that at least one member of the group is on antiretroviral drug therapy after nearly losing her life to AIDS-related illness a year earlier. Jimmy's sister, Sarah, the group's former costume designer, was one of its victims. Each of them has lost at least one friend or family member to AIDS. The sixteen South African members of Memeza Africa represent a tiny travelling, singing, dancing sample of South African society: their lives affected in every possible way by the HIV/AIDS epidemic of sub-Saharan Africa, they sing the music they grew up singing, dance traditional dances that showcase their cultural heritage, and perform new songs that address the new conflicts and pressures brought to bear upon their lives. Whether or not their program notes proclaim HIV, whether or not they sing its name in their songs, it is inescapably present in the subtext.

At least, this is the understanding I come to have during my initial work with Memeza. I am surprised to learn, months later, that in fact, this Canadian tour did not include any HIV-positive members. They were not among those selected for the trip. I had not felt at liberty to ask specific members about their

serostatus at the time of my fieldwork, and I realize in retrospect that no one stated explicitly that HIV-positive individuals were within this particular group of musicians, and yet various statements and their history as a group led me to make that assumption. With new knowledge, I speculate about all of the possible reasons for HIV-positive individuals to be left at home in South Africa – potential risks of falling ill while travelling, difficulties with travel or health insurance, or perhaps issues with various travel visas. Given what I have learned in the intervening time, I am conscious that these individuals have missed out on an opportunity to travel, to advance their careers, and to earn money to support their families at home. However, I am also intrigued to learn that members of the choir have recently expressed renewed commitment to working for HIV/AIDS awareness in South Africa and are making critical decisions about the direction their future activities will take.

The work of Edzinkulu and its connections with Memeza Africa were the starting point of my research project, after my friend Susan Green, the chair of Edzinkulu, told me about her work in South Africa. Like many North Americans, my initial knowledge of the HIV/AIDS epidemic was based upon short and often cursory television newscasts with stock footage of orphaned African children, Bono's RED campaign, and the proliferation of AIDS ribbons on celebrity lapels on award shows. A Global News report featuring the work of Edzinkulu, broadcast across Canada soon after Susan's return home from one of her trips, caught my attention. It showed Edzinkulu's support group performing at an AIDS Awareness Day celebration in a remote village in rural KwaZulu-Natal, a line of beaming faces above t-shirts that boldly stated "I am positive," singing, clapping and dancing in a characteristic South African step/shuffle. I was just becoming aware of the field of ethnomusicology at the time, and I realized that I was seeing an example of music with a critical social role. Music was being used to proclaim war against a deadly disease, to encourage people to reconsider their thoughts and attitudes about HIV-positive people, and to communicate information that could save lives.

Research scope

For my thesis project, therefore, I made arrangements to begin research with many of the people involved with Edzinkulu, and was thrilled to learn that Memeza Africa would be returning imminently to Alberta for their second Canadian tour. I was able to interview several group members and others associated with Memeza or Edzinkulu, and attended six of Memeza's concerts in Alberta from April to June 2009. I also began to make contacts in South Africa to undertake a research trip in June/July 2009 in order to experience South African life firsthand, hear the music that I had begun to read about, and discover what work was being undertaken in the areas of HIV/AIDS awareness, education, or advocacy. The project was initiated with four very broad research questions in mind:

- Who is singing about HIV/AIDS in South Africa, why are they singing, and what are the messages or desired outcomes?
- Why do people choose to use music as a vehicle for their activism?
- What are the qualities or characteristics of the music being sung that make it suitable or unsuitable for the work that it is being used to accomplish?
- Is music changing perceptions, beliefs, and actions related to HIV/AIDS in South Africa?

I went to Durban, KwaZulu-Natal with several initial contacts but an open mind about who my research participants would be, since the varying accessibility of email and internet in South Africa made it difficult to confirm this ahead of time. I had the fortune of being directed to Nise Malange, the Director of the BAT (Bartel Arts Trust) Centre in Durban, who welcomed me generously and wholeheartedly, fetching me from the airport, giving me access to office space and equipment at the BAT Centre, arranging incredible accommodations for me with a beautiful family, and pre-arranging several meetings with local people whose interests she felt aligned with my own. Through Nise and the BAT Centre staff, primarily Thulile Zama, who was to become a good friend in a very short time, I met the awe-inspiring Musa Njoko and the pastoral staff of her home church, the KwaMashu Christian Centre; Nozazo and his incredibly dedicated

Youth Vision Choir in KwaMashu; the determined Paul Kariuki and Clifford Squiniseko Khumalo of the Durban YMCA, along with Clifford's drama troupe at a youth retreat in uMlazi; and others whose perspectives helped me to begin to see many sides of music and advocacy in the society of Durban and its surrounding townships.

As well, Steve Black, an anthropology PhD student at UCLA, put me in touch with members of Siphithemba, the HIV-positive choir formerly associated with McCord Hospital with whom he had conducted his doctoral research. I was able to interview the entire group, as well as several individuals one on one, and attend a mini-concert they gave to entertain some potential donors being hosted by McCord Hospital. Additionally, Dr. Angela Impey of SOAS also connected me with her friends Dr. Janet Giddy and Dr. Steve Reid. Dr. Giddy is a physician at the HIV clinic at McCord Hospital, and Dr. Reid is also a physician and professor of Rural Health and Community-based Education at the University of KwaZulu-Natal, and is a musician with an interest in the use of music within the context of medical treatment. This couple kindly hosted me at their home one evening and helped me understand the medical and social context of HIV and AIDS in South Africa, followed by a memorable hour sight-reading piano and violin works with Steve.

Finally, I ended my time in South Africa by making the three-hour drive inland from Durban to the village of Ndawana in the Drakensburg Mountains, where Edzimkulu has been at work since 2003. There I was able to see firsthand the simple living conditions in rural South Africa: a village with small huts or rondavels sprawled over the brown, winter foothills; no electricity; livestock wandering down the road; small children in worn clothing playing barefoot with a deflated soccer ball on a ploughed field in the cold morning; an utter lack of mechanical or industrial noise that almost overwhelmed me when we turned off the engine of the kombi. My trip had been delayed by tragedy: the Ndawana Health Clinic had burned to the ground the very day I was supposed to first visit. However, three weeks later when I arrived, volunteers from the community were hard at work levelling the ground for a portable trailer to be brought in to

temporarily replace the former facility, and organizers were celebrating the quick thinking of local staff and volunteers who were able to save many important records and some equipment from the flames. I was able to speak with community health workers who told me of their devastation, watching the building that had brought so much hope and change be destroyed. However, they also spoke to me of their resilience, their past successes and their hope for the future. Importantly for me, they also told me about the role of music in their work and in their lives generally speaking, as well as their impressions and memories of Memeza's work with them the year before.

Methodology

In all cases, my methodology was to interview participants with questions particular to their work, stemming from the above research questions, and to observe their performances whenever possible. I made audio recordings of interviews and audio and/or video recordings of performances whenever possible, which permitted transcription and more detailed analysis at a later date. Although I met many other people with important and fascinating work, what emerged as a commonality and now provides the scope for this thesis is that none of the individuals or groups using music in their HIV/AIDS awareness work has a formal affiliation with any government program or institution. All of them personally see the issues that they, their family, friends and neighbours are facing because of HIV, as well as huge gaps in the efforts of governments and institutions to address these challenges. All of them see music as a natural, engrained means of communication, and all of them are concerned about correcting the social messages surrounding HIV/AIDS, preventing new infections, and getting people the medical, practical and emotional help they need to live positively with the virus or support their HIV-positive loved ones. Their projects are self-initiated, self-led, and for the most part self-funded.

My research was focused on black South Africans who predominantly self-identify as Zulu. Certainly HIV is also present in the white, coloured, and Indian populations of the Durban area. However, HIV is not just a medical problem. It is a social problem, perpetuated by poverty, unemployment, gender

inequality, crime and lack of access to health care and education. The legacies of colonialism, exploitative industrialization, and apartheid have left black South Africans particularly vulnerable to its grasp. Although studies of HIV prevalence are incomplete and at times contradictory, they consistently identify black South Africans as having the highest rates of HIV infection. The numbers of funerals in the townships on weekends are also indicators of the extent of AIDS' penetration of the black community. Dr. Reid related to me that members of his staff frequently arrive to their Monday morning staff meeting completely hoarse from having sung for several hours at two or even three funerals on any given weekend. At the conclusion of a workshop I conducted with students of the BAT Centre's music development program, students Nelisiwe and Phumelele, performing along to a melancholy, jazz-inspired keyboard and conga improvisation by Fikile and Tyhilelo, poetically declared:

Ma-African, it's enough
 We are tired of attending funerals every weekend
 People are dying of HIV and AIDS
 Just love life, *Thand' impilo*¹ [Love life]
 Even innocent children are dying of HIV and AIDS
 Please Ma-African
Bancane labantu abazi lutho [These young people know nothing]
 Of course there's no cure for HIV and AIDS
 The best cure is to upstain (sic) [abstain]
 Love yourself love the people around you
 Faithfulness (Zulu, Msomi, et al. 2009)

The workshops conducted with the BAT Centre students in music and visual arts (all of whom were between the ages of 18 and 35, the majority falling in their early 20s), and their creative responses to our discussions, were extremely

¹ One of the constraints of my research was my inability to speak the Zulu language. Although everyone I interviewed spoke fluent English, I encountered Zulu on a regular basis, as Durban, located in the province of KwaZulu-Natal, has a large Zulu population. Throughout this thesis, therefore, I have relied upon various Zulu-speaking research participants for transcription and translation of Zulu texts. I have generally maintained spellings as found in the literature, only rarely making changes to slight differences in spelling for the sake of consistency. However, certain inconsistencies in spelling or conventions of transcription may arise, and although I have endeavoured to guard against outright errors, I regret that they may in fact exist beyond my knowledge. In this particular text, I have maintained spellings – English and Zulu – as they were provided to me, italicizing Zulu lyrics and showing their English translations and other editorial comments in square brackets, and will continue this pattern of designation going forward.

valuable to my comprehension of the complexity of social perceptions of HIV/AIDS among South African youth. When I was asked by Nise and Thuli to speak to the students, my initial reaction was one of dismay – as a student myself, not an expert on either ethnomusicology, South Africa, or HIV, I was extremely leery of finding myself in any position of authority, perceived or otherwise. I had been in Durban for only a few days, but this was long enough to suspect that my Canadian origins, white skin and university affiliation already marked me as privileged. As well, Nise had circulated my C.V., which she had requested I send by email, to people she felt could contribute to my research, and I frequently found myself bombarded with questions regarding my presumed expertise in the various areas reflected in my educational and employment history.

Giving in to Nise and Thuli's insistence, in no small measure because of the degree of their helpfulness in making research contacts, I agreed to spend a half-day with each group of students, proposing to use the time as a research opportunity to acquaint myself with their understandings of HIV/AIDS and music and art as a tool of activism. In a desire to make perfectly clear that I was there to consult the students, not instruct them, I designed discussion questions which they addressed in small groups and then brought back to the class as the whole, and with their permission, recorded our conversation. The music students in particular connected with this project, and a lively and sometimes intense and argumentative discussion ensued, with our allotted time quickly slipping by. I requested a second block of time with the students the next day to finish our discussion, at the end of which I asked them for a musical response to the issues raised in the two days of discussion. Their initial reluctance seemed to stem from the broad parameters I gave them, but when I assured them it need not be something polished or professional, that they could feel free to adapt something they already knew or start from scratch, and that I was simply interested to know what they thought they could say musically about HIV in South Africa, they divided into groups and wrote three remarkable compositions that seemed to me to reflect their perspectives, fears, and desired solutions to the challenge of HIV in their communities.

Constraints and opportunities

I relate this experience in detail for two reasons. First, these workshops were my first opportunity to speak directly with young adults who are the main targets of much HIV/AIDS messaging, forming the ethnographic basis of my understanding of the social situatedness of HIV/AIDS. The open-ended approach resulted in a no-holds-barred assessment of the root causes of HIV as a social problem, addressing issues of myth, morality, religion, media, personal responsibility, government policy, celebrity duty, culture, and tradition. As I listened to them argue both sides of a debate about whether the media should be held responsible for the messages of promiscuity featured on television and in music, or whether individuals were able to withstand the influence of media and be responsible for their own actions, I saw the depth and interconnectedness of their various beliefs and recognized shades of grey in the sometimes black and white arguments they put forward.

Secondly, the workshops foregrounded the precarious subjective position I navigated for the duration of my fieldwork experience in South Africa. Despite my concern to not be cast as an authority, and despite espousing a research paradigm which embraces subjectivity but promotes participant observation and a certain attempt at objective detachment, I constantly found myself in an unfamiliar and volatile terrain, asking pointed questions, correcting what I perceived were myths or misconceptions and giving personal opinions in response to questions. More than once in reviewing interviews, I have regretted my interruptions and cringed at the presumptuousness of my responses. Even at the time, I felt that I had unwisely crossed unexpectedly into applied ethnomusicology, when I had had neither the slightest intention nor qualification for such an approach. Hearing, however, that people needed to be forgiven for their sins and become better Christians to solve the HIV problem, or hearing that virginity testing on teenage girls was the best way to prevent promiscuity, I felt simply unable to leave such statements unchallenged. While I continue to struggle with whether this reflects a regrettable cultural and religious bias on my behalf, or simply lack of an adequate personal strategy for dealing with those biases, it is

necessary to recognize that my research was coloured from start to finish by my perspectives, which I will attempt to continue to question throughout this thesis.

Neither anything I had read before going to South Africa, nor my interactions with Memeza Africa before my trip, had prepared me for the highly charged moral – and unexpectedly Christian – ground upon which the discussion of HIV takes place every day in South Africa. Nothing had prepared me for the openly religious perspectives on HIV or the frank evangelical Christian orientation of many of the people with whom I spoke. There was an element of culture shock for me, coming from largely secular Canada where candid, public discussion of personal religious views is often perceived as impolite. My own conservative evangelical Christian background, which I have questioned, criticized and rethought extensively in the past decade, a process brought even more sharply into consciousness by my ethnomusicological study, was nonetheless in some ways an advantage and represented an area of cultural familiarity. Once or twice, shared faith was a bridge that established a common understanding and a sense of trust between me and the person to whom I was speaking. It enabled me to understand the subtext, background and intent of certain religious arguments, to perceive and speak the evangelical “jargon” of scriptural references and religious metaphors. However, it is high-stakes, emotional territory for me, and while this may have led me to question some of the perspectives of my research participants and explore their understandings further, it may have also prevented me from seeing their positive evaluations of faith and the church and their roles relative to the challenges of HIV. At times I had the uncomfortable feeling that I was using my religious background to my advantage to establish common ground with research participants when in truth I had a great many doubts about how similar our beliefs really were. At the same time, some of these interactions made me think in unexpected ways about the role of faith in my own life, and several times research participants corrected my understanding or refuted my statements, which I saw as extremely significant interchanges. Therefore, my own subjectivity on matters of faith will be flagged

throughout this analysis, given its prevalence in the discourse around HIV/AIDS in South Africa.

The sensitivity of HIV/AIDS as the subject matter of my research must also be addressed. As I met with individuals, discussions often turned to highly personal subjects which were certainly uncomfortable for me, and often equally or more so for the research participant, including matters of severe illness, death, emotional distress, social castigation and sexuality. For this reason, I made an effort to make clear that responding to my questions was optional, and once or twice paused for a break in an interview to let the respondent gather his or her thoughts and decide whether he or she wished to proceed. It was not until afterwards, reviewing my interviews, that I realized that I had gauged my language use according to the language used by the interviewee. When I was dealing with individuals who were actively involved in HIV/AIDS work, the discussion tended to be more frank, open and clinical. With others who were secondarily involved or not involved in such work, euphemism and coded language prevailed. Certainly this had equally to do with my personal comfort discussing these matters as much as the comfort of my participants. I experienced firsthand the motivation behind indirect speech and the understandings and relationships required to speak plainly, experienced on an ongoing basis by the many members of South African society infected or affected by HIV/AIDS.

Beyond language use, on two particular occasions I found myself confronted by concerns that revealed to me to an even greater degree the daily experience of people living in South Africa where HIV/AIDS is so prevalent. The first situation occurred one day while sitting in a portable at the HIV/AIDS clinic at McCord Hospital, interviewing one of the HIV-positive members of the Siphithemba choir. I suddenly realized that a mosquito was biting my arm, and slapped my hand down on it without a thought. A smear of blood (my own? someone else's?) glared red and menacing from my skin, and despite my rational understanding that mosquito transmission of HIV is impossible, the thought and sight of the blood on my arm gave rise to a masked momentary panic and left me scrambling for a tissue. On another occasion, sharing a mezze platter with one of

my HIV-positive interviewees at a lunch interview, I was gripped by an unexpected thought: “I am sharing a plate with an HIV-positive person.” While I was able to quickly dismiss these concerns as irrational fears, they demonstrate the power of myth and the imagination, the basic concern for personal preservation that exists at the root of human psychology, and the threat that HIV as a potentially deadly infection represents. These were firsthand experiences of the foothold that stigma finds in society, which gave me empathy for the ongoing psychological stress endured by individuals living in a society where HIV is so prevalent, particularly in the face of continued misinformation and speculation.

Another contextual factor of my research was the constant, daily concern for my personal safety. I had been warned ahead of time about the difficulty of living and moving around crime-ridden Durban, and given advice, which generally speaking I heeded, about safe conduct. Regardless, during the single month I was in Durban, violent crimes happened to five people with whom I had direct contact: two carjackings, one accompanied by a stabbing and theft, the other a “simple” smash-and-grab; one gang attack, which left my housemate Desmond, the young man whom Nise had also arranged to be my guide around town, in hospital for five days during a physician’s strike with a broken arm for which he never received adequate treatment; and two other muggings and stolen cell phones. At the very end of my time in Durban, despite my overall caution, I myself escaped an attempted mugging in broad daylight in a public location, an experience which left me grateful but angry and shaken. My experience of the continual threat to personal safety enriched my understanding of the difficulty of daily life for Durban’s inhabitants, and demonstrated the extent of crime and social instability as symptoms of the social inequalities with which South Africa grapples. It also left me utterly exhausted.

A final experience which was not strictly part of my research but which influenced the direction of my inquiry was the opportunity to participate midway through my time in Durban in the biennial World Congress of the International Council for Traditional Music, presenting a paper on my initial research with Memeza Africa. While the questions and responses to my paper were largely

supportive, the question and answer period that ensued at the close of our panel on music in HIV/AIDS work in South Africa quickly became controversial and emotional. A healthy representation of Africa-based scholars was in attendance, both those originally from African countries and those from other parts of the world. I was taken aback when individuals began to make comments espousing certain conspiracy theories, and when the discussion took on the same morally-based, religious tone that had so surprised me in my research to date. Moreover, conversation moved into a debate of the hegemonic role of Western medicine in African health care systems and approaches – and although no one introduced the hegemonic role of Western scholarship in African scholarship, it was certainly present in my thinking both ahead of and during the conference, as well as by implication in the discussion period. Several conversations with fellow ethnomusicologists following my presentation centered on the representational responsibility of the researcher, the potential for academia to perpetuate the hegemony of the developed world in developing countries, seemingly geographically-based differences in scholarly approaches and assumptions, and the tension between biomedical and social approaches to HIV/AIDS. My questions of research participants post-ICTM began to reflect an increased concern about some of these issues.

Activism, awareness, advocacy and education

Before continuing, I must make a distinction between my usage of terms which may otherwise seem to be interchangeable, as I will use them throughout regarding particular types of HIV/AIDS initiatives. The terms activism and awareness are perhaps most closely related, referring to the work of individuals who are attempting to correct public perceptions of HIV/AIDS, providing medical information and challenging misconceptions and myths. Activism conveys a more public and confrontational approach, while awareness conveys a more consultative or educative approach. That said, education is a term I will use specifically regarding work which intends to instruct and provide facts, often with the goal of prevention of infection or adherence to therapeutic regimes. Advocacy, on the other hand, speaks more specifically to raising public awareness

of the concerns of HIV-positive people, a segment of South African society which is growing in numbers and strength as antiretroviral drugs increasingly become available, with people living positively with the virus for decades beyond what was possible before ARVs.

I will position this research within ethnomusicology and other areas of scholarship in Chapter Two, where an examination of relevant literature will provide a scholarly context for this thesis. To fully appreciate the role that music is playing for those who are engaged in HIV/AIDS intervention initiatives, it is critical to understand the social context of HIV/AIDS in South Africa and consider its biomedical aspects. These contexts will be addressed in Chapter Three. Chapter Four will examine some of the key strategies in HIV/AIDS initiatives employed to date, both official and unofficial, along with the use of music in South African activism in the past. In Chapter Five, I will present in-depth case studies of the work of individuals and groups introduced above, and Chapter Six will analyze and interpret the role of music in HIV/AIDS initiatives. Chapter Seven will offer some critiques of music in service of HIV/AIDS initiatives, suggest directions for future study, and present some conclusions.

Chapter Two – Relevant Scholarship

This thesis draws upon several areas of scholarship as background and basis for analysis. I will be considering the use of music by those attempting to address the challenges presented by the HIV/AIDS epidemic in South Africa, particularly in the absence of effective, comprehensive government programs or strategies. Therefore, this chapter will address scholarship relevant to this undertaking, focusing on previous studies in ethnomusicology, with particular attention to South African musical scholarship, medical ethnomusicology and applied ethnomusicology, as well as medical anthropology.

Ethnomusicology

Scholarship on African music

Africa as a continent has been the object of scholarly gaze from the inception of ethnomusicology, and the continued existence of African music programs, special interest groups, and journals suggests persisting notions of unity in the study of the music of Africa's composite regions and nations. This unity has been hotly debated, and two key points of the debate have direct bearing on the legitimacy of my study – or perhaps more to the point, on the legitimacy of a non-South African undertaking such a study: the issue of difference and the issue of representation. These debates reach a boiling point in the 2003 publication of Kofi Agawu's book, *Representing African Music* and its subsequent academic reception.

To gain an understanding of the context in which these debates emerged, it is worthwhile to observe the trends within the scholarship on African music as summarized in *Grove Music Online* and the *Garland Encyclopedia of World Music*. This is a tactic Agawu himself employs, referencing *Grove's* 1980 incarnation. For my own purposes, the general entries on Africa and literature on African music in both of these reference sources are illuminating because they

highlight methodological shifts and emerging areas of concern in writing on African music.

The author of the *Grove* article, Gerhard Kubik, cites archaeological evidence of African musical practices and instruments, and identifies the earliest written sources on African music as authored by Greek and Arabic scholars well in advance of European scholarship, which commenced in the sixteenth century with the writings and drawings of explorers and missionaries, and later, military personnel. These European sources were mainly descriptive of vocal and dance performance styles and instruments used, sometimes including texts and transcriptions (*Grove Music Online*, s.v. “Africa”). It is notable that the article begins with Kubik’s presentation of African expressive forms as dynamically shifting within centuries of social, political and economic changes. This is itself a clear response to views which emerged during and following colonialism that were grounded in ideas of static, traditional societies, untouched in pre-colonial times. Likewise, Ruth Stone, introducing the “Africa” volume of the *Garland Encyclopedia of World Music*, notes of these European writings, “their interpretations emphasized a music of rather monotonous stasis and inaction, discovered by ever-adventurous Europeans, who, conversely, associated themselves with music of change and development,” and goes on to suggest that the misinterpretation and abuse of concepts of evolution subsequently introduced by Darwin furthered such ideas in service of colonial expansionism (Stone 1997, 11).

The advent of recording technology at the turn of the twentieth century led to the initiation of collection projects and the establishment of archives of African music, predominantly in European or American institutions, with the notable exception of Hugh Tracey’s International Library of African Music in South Africa. The expansion and accessibility of these archives facilitated the development of the field of comparative musicology. Kubik sees scholarship of this era as reflecting a delineation between collectors in the field and the “armchair scholars” who analyzed from a distance. Much of this scholarship was focused on organizing and categorizing people groups, geographic regions, and

related musical genres and instruments, as in Hornbostel's work. That this remains an influence in contemporary scholarship is evident in both articles, which both cite Alan Lomax's continental mapping of song-style areas (*Grove* reproduces the map itself), although Stone notes that this conceptualization has been criticized as Western-derived.

An analytical phase of scholarship was also facilitated by the proliferation of recordings of African music, such as studies of rhythm by A.M. Jones in Zambia; of instrumentation and tonal construction by Percival Kirby, as well as individual compositional approaches by Hugh Tracey, both in southern Africa; and particular musical traditions in Uganda by Klaus Wachsmann. J.H. Kwabena Nketia, a Ghanaian scholar of both Western and African music, also identifies colonial development of African scholars who contributed to African music scholarship by detailing musical traditions, song structures, lyrics, and instruments, or commenting upon the state of music within a particular community or region. In his contribution on African musicology in the "Africa" volume of the *Garland Encyclopedia*, he writes:

The history of Western scholarship in Africa is substantially a part of the history of comparative musicology and ethnomusicology, whereas African scholarship began in response to the challenge of colonialism and the need for developing consciousness of identity. It went through a period in which African writers applied the positive scholarly skills acquired in the process of acculturation before it gradually integrated itself into international scholarship in music. (1997, 15)

In the early "colonial development" phase, he observes that the interest of African scholars was in analysis of elements of musical structure versus function or social role, consistent with worldwide scholarship on African music of the times (20). Western scholars, he notes in an analysis of bibliographies of African music scholarship published up to 1965, had devoted the lion's share of their attention to organology, drums in particular (49).

Developing out of this interest in musical analysis and an emerging awareness of the ethnocentricity of prior approaches to aesthetics and musical value, a focus on understanding local theoretical systems and conceptualizations of music led to studies of transmission and pedagogy, as well as new thoughts

about the task of adequately representing music. New notational methods deemed more reflective of the particularities of orally-transmitted African music, whether tonal, structural or rhythmic, were developed by such scholars as Koetting, Laban, Nketia, and Kubik himself. Kubik's *Grove* article exhaustively details a proliferation of scholarship regarding structural and perceptual aspects of African music, suggesting that although it was one of his own central interests, it was a major theme within African musical scholarship.

Nketia's *Garland* article presents the anthropological turn of African musical scholarship, gaining ground in the 1950s and beyond with a growing emphasis on fieldwork as the methodology of choice, as generating an unprecedented interest in the relationship between music and culture (55). He also notes the influence of the pan-Africanist movement on African scholars during the 1960s and 1970s, although arguably its influence extended overseas.

The pan-Africanist view of African cultures as an aggregate characterized by unity and diversity also influenced the perspectives of African scholars, for this view allows one to see each musical culture in its own right and as part of a totality. . . . In the postindependence period, it was not enough to be aware of the music of one's ethnic group, for Africa had come to mean more than a collection of disparate ethnic groups. One needed to be familiar with the music of one's immediate neighbors, and of others who belonged to the new nation-state, and with the meaning music and dance gave to the concepts of African personality and Negritude. (43)

Subsequently, Nketia notes, the rise of cultural studies at the academic level and national cultural policies at the political level was responsible for redirecting African musical studies away from colonial approaches that had tended to be associated with anthropology, toward an independent ethnomusicology which generally aligned itself more with music departments and defined itself as a separate discipline (44). Rather than precipitating a decline in the study of the sociocultural contexts of music, such studies by both African and non-African scholars flourished from the 1970s onwards in their new philosophical context, exploring such concepts as performance practice, musical traditions and myths, aesthetic choices, and associations of music with dance, drama, language, religious beliefs and practices, and politics (46).

As increasing numbers of African countries gained independence, an emphasis on cultural studies as an avenue for accelerating the process of decolonization gave further impetus to music and musicology, as did the formation of national cultural policies and the planning of cultural development, which in the 1970s became one of the central concerns of African governments (46). Concern that non-African scholars primarily wrote for audiences in their home countries began to be voiced from within their ranks by such scholars as John Blacking and Alan Lomax. Nketia notes that political independence and growing national consciousness

. . . called for a new reciprocity between Africa and the West. Whereas in the colonial period outsiders saw Africa as a place from which to extract data, the new situation required them and their successors to see themselves not just in terms of what they might take back to Europe and America, but also in terms of the value that such data might have for Africa itself, then in the process of rediscovering, reinventing, and reasserting its own cultural values. (59)

It is of the scholarship arising out of the subsequent crisis of representation, which reached ethnomusicologists across the discipline, that Ghanaian-born musicologist Kofi Agawu writes in his book, *Representing African Music*. He comes close to making light of the crisis of representation, identifying more insidious levels of neo-colonialism extant in scholarship that attempts to reposition itself in a more favourable ethical light. Addressing the centrality of fieldwork to ethnomusicological research, he remarks, “There is an undeniable anxiety – marked, perhaps, among American ethnomusicologists – about acquiring insider status, and with that, the authority of authenticity” (2003, 37).

By contrast, he proposes:

Thematizations of fieldwork are generally not pronounced in the work of African scholars. . . . Anxiety over fieldwork therefore seems to be an outsider’s problem. Nor is it common for African scholars to devote entire conferences or significant portions thereof to discussing the problematics of fieldwork. At their conferences, Africans worry about education, the standardization of textbooks, incorporating African texts into the curriculum, church music, teaching children to play instruments, compositional idioms, and above all, resources. This is not to say that no existential matters are broached. But the urgency of material and practical concerns renders guilt-ridden discussions of soft existential issues like ethics and authenticity a luxury. (44)

Agawu's invective identifies a systemic colonialism which persists at institutional, economic and political levels, and questions whether efforts to decolonize the scholarship, without also addressing the material conditions of knowledge production, are at best ineffectual, and at worst suspect in perpetuating power and imbalance, since "the asymmetrical relation between the ethnomusicologist and his or her subjects is not fortuitous; it is, in fact, the very condition of possibility for the production of ethnomusicological knowledge" (155). Elsewhere he proclaims a single solution: "eschew the 'soft' strategies of dialogism and the solicitation of insider viewpoints and work towards the direct empowerment of postcolonial African subjects so that they can eventually represent themselves" (70).

Despite the provocative nature of this statement, which could be perceived as delegitimizing the study of African music by non-Africans, Agawu elsewhere proposes correctives to the scholarship that suggest the possibility of its redemption not through exclusion but through reconsideration and expansion. First, he argues, at the root of perceptions of musical difference is the notion of essential epistemological difference between Africans and non-Africans, which must be discarded:

The truth is that, beyond local inflections deriving from culture-bound linguistic, historical, and materially inflected expressive preferences, there is ultimately no difference between European knowledge and African knowledge. All talk of an insider's point of view, a native point of view, a distinct African mode of hearing, or of knowledge organization is a lie, and a wicked one at that. This idea needs to be thoroughly overhauled if the tasks of understanding and knowledge construction are to proceed in earnest. (180)

At a conceptual level, he argues, literature which has promoted a view of African music as a whole as something inherently different from and incomparable with Western music is not only ill-considered, but perpetuates paternalistic viewpoints. In his opinion, this prevents the study of African music on an equal footing with the music of the rest of the world, in particular, with Western art music.

This leads to his second proposed corrective: the cultivation of a field of African scholars studying all aspects and genres of African music. This task faces not only the material challenges noted above, but also philosophical challenges,

given what he terms “a form of self-hatred that in turn testifies to the success of the colonial project” – specifically, the undervaluing of popular African music in favour of traditional African music or Western classical music (120-1). Although he suggests that ethnomusicology’s insistence on finding a society’s structures and systems reflected in its music is overemphasized in African music studies, he argues for methodological expansion, promoting the type of theoretical analysis applied in the study of Western art music as a correction to the implied idea that there is more social than theoretical value in African music. He concludes:

There is obviously no way not to analyze African music. Any and all ways are acceptable. An analysis that lacks value does not yet exist, which is not to deny that, depending on the reasons for a particular adjudication, some approaches may prove more or less useful. . . . Given the relative paucity of analyses, erecting barriers against one or another approach seems premature. This is not to discourage critical discussion but to encourage the development of a compendium of analyses – for now, anyway. (196)

The challenge encountered by a cultural outsider in negotiating an ethical approach to the study of African music is somewhat daunting. However, Agawu’s arguments above would seem to propose not to restrict scholarship, but rather to broaden it. He argues not to exclude anyone from the study of African music, but challenges us rather to open our minds to new perceptions of commonality and familiarity; to embrace all methods of analysis as potentially offering new insight; to rectify imbalances of power in choice of subject matter, audience, and dissemination; and to empower local people for full participation in such scholarship.

It is interesting that German-born ethnomusicologist Veit Erlmann, a scholar of South African music, takes issue with several of Agawu’s arguments, arguing in essence that he has thrown the baby out with the bathwater and proposed to dispense with the discipline of ethnomusicology. In his essay, “Resisting Sameness,” he argues that dispensing with the study of the social aspects of music in favour of a musicoanalytical approach merely substitutes one unexamined set of assumptions for another, subjecting African music to the hegemony of Western scholarship on yet another front. While his response to Agawu’s perspective is perhaps defensive and reactionary, he makes an important

(albeit perhaps misdirected) point that an objective truth about a musical work is no more available from theoretical analysis than from ethnography. He proposes instead to pursue both lines of inquiry with the full knowledge that each is incomplete, subjective and flawed, and to make these shortcomings explicit in “pluralistic scholarship and ethnographic writing that see themselves as forms of poetic practice” (2004b, 304).

I interpret Agawu’s work as deliberately polemical, offering well-deserved, starkly worded correctives to a discipline-wide imbalance in scholarship, in order to provoke ethnomusicologists to systematically and practically confront the accusations levelled against their discipline with deep humility and the strongest of ethical conviction. In this regard, perhaps the greatest lesson to be drawn from the literature on African music is that it must always be read through a lens of critical awareness regarding its affiliation with the single project that truly unifies African societies and their music: the nearly all-encompassing, continent-wide history of colonialism. This perspective must not be unsympathetic to the fact that such scholars are as much the products of their time and place as is the case today, but rather be alert to political implications of perspectives which may colour interpretation.

Moreover, from Agawu’s compelling denial of essentialized difference, it is reasonable to infer that music is also accessible across cultural, political and ideological boundaries. This is not to suggest the outmoded, oversimplified “music as a universal language” concept, but rather to acknowledge that the process of listening to and interpreting music is a contact point between the individual and the other. Certainly such factors as cultural background, gender, religion, age, or class, as constituted yet variable frames of identity perception, inform to a significant degree the range of interpretation available to individuals. However, these clearly also offer potential common ground and opportunities to explore avenues for intersubjective transformation. What all humans share is the ability to engage in practical and meaningful interactions with others, however many differences or similarities exist between them. Music is not only a venue for this interaction, it has the potential to engender it. This dimension is certainly

significant for my relations with my research participants, but more importantly, this musical interactivity, along with its transformational potential, in fact forms the very basis of their work. This is the understanding with which I proceed to provide my representation and interpretation of events and activities in South Africa, attempting to maintain an awareness of the intersubjective processes which comprise my experience and that of my research participants.

On these matters of interaction and transformation, Thomas Turino's application of Peirce's semiotics to a theory of music, emotion and identity (Turino 1999) provides a critical framework for my analysis. It allows me to demonstrate the means by which my research participants musically counter the fears and prejudices about HIV to support each other and advocate for their full place in society. He has also studied the use of music by Zimbabwean political leaders and the public to foster ideas of national identity from the declining years of colonialism through to independence, which also provides worthwhile parallels to my research in terms of musical reinvention, reinterpretation and imagination in the construction of new social identities (Turino 2000). Perhaps this has heightened relevance due to the experience of colonial oppression shared by both Zimbabwe and South Africa.

Music in South Africa

As noted earlier, some of the earliest literature in ethnomusicology focuses on the music of southern Africa. Hugh Tracey's prolific documentation of traditional indigenous songs across southern Africa and his writings on the same provide a basis for understanding some of the musical and cultural practices found in South Africa in the early twentieth century. Tracey also had a notable concern for preserving tradition in the face of the rapid societal changes he observed, as a means of contributing to the "negritude" movement emerging worldwide, and as a means of supporting the development of national and ethnic pride of African people (1961). It must be noted that remarks in other contexts regrettably suggested that this pride must be maintained within an overall hierarchy of white domination: Agawu expresses discomfort with Tracey's proposed amendment to the American principle that "all men are created equal" in favour of "all men are

created special” (Agawu 1992, 254). Allen notes that the claims Tracey made to pan-Africanism, such as the preservation and promotion of indigenous music as demonstrative of “national personalities,” do not follow the ethnic divisions suggested by apartheid policy (2003, 241); yet his emphasis on preserving Bantu music “until the indigenous people themselves have developed that civilised ability to treasure what is theirs by birthright” (Tracey 1954, 36) aligns alarmingly well with the principles of the apartheid regime’s early promotion of traditional music in support of their agenda of separate development (Hamm 1991). Admittedly, given the complex political environment of Tracey’s time, it might actually be more surprising to find ethnomusicological work untouched by the prevalent political positions of the day, and this must be borne in mind when reading his work. Although his interests were mainly in collection, analysis and organology, he also wrote about the social role of African music, arguing that it is “the most important of all the integrating factors in their social life” (1954, 235).

Tracey’s one-time colleague John Blacking emphasized the importance of theoretical analysis of the social role of music as a tool primarily for understanding human musicality and hence, “human experience in the context of different kinds of social and cultural organization” (Blacking 1973, 31). Referring to his own studies on the music of Venda tribes, he argued in his landmark book, *How Musical is Man?*, that music “cannot be explained adequately as part of a closed system without reference to the structures of the sociocultural system of which the musical system is a part, and to the biological system to which all music makers belong” (30). This had important discipline-wide implications for ethnomusicology. For this present study, the precedent of a holistic approach to musical analysis within South Africa is relevant. Blacking observes political and social functions of music in South Africa that are observable in my research. More importantly, however, although the goal of my study is to understand music as both an expression of culture and a challenge to it, my analysis of the work of music in the context of a biological and social threat (see Chapter Six) views music as a mediation between the individual (or groups of individuals, which may

be considered a subculture) and society, which Blacking might have appreciated as inherently political (28).

Blacking was also deeply egalitarian in his philosophy. This is evidenced by the universalism of his theories, one of which will be particularly relevant to my discussion regarding the use of cultural expression to transcend and counteract cultural constraints:

There is so much music in the world that it is reasonable to suppose that music, like language and possibly religion, is a species-specific trait of man. Essential physiological and cognitive processes that generate musical composition and performance may even be genetically inherited, and therefore present in almost every human being. An understanding of these and other processes involved in the production of music may provide us with evidence that men are more remarkable and capable creatures than most societies ever allow them to be. This is not the fault of culture itself, but the fault of man, who mistakes the means of culture for the end, and so lives *for* culture and not *beyond* culture. (7, italics original)

Blacking likely overstates the separation between “man” and “culture,” for, as I will discuss below, the relationship between the individual and society is interactive and mutually constitutive. However, the point has salience in the context of HIV, where claims to cultural practices and ideologies have sometimes been stumbling blocks in HIV prevention efforts.

Ultimately, Blacking’s convictions led to professional disregard for South African apartheid policies, as he fought to establish an Asian studies program at the University of Witwatersrand and supported the appointment of ethnically diverse faculty members. These directly political positions made him unpopular with the apartheid government, and his further personal contempt for racist laws prohibiting interracial relationships ultimately provided the grounds for his arrest, prosecution and subsequent expulsion from South Africa despite the inadequacy of the government’s case against him (Howard 1991, 62-64).

In more recent scholarship, Veit Erlmann and David Coplan both explore themes of colonialism, modernity, acculturation, and nationalism in the music of black South Africans. Erlmann focuses on globalization and ethnic, cultural and class identity particularly across the last two centuries of South African history in his writing. Erlmann’s subjects are often the people and performers from

KwaZulu-Natal, and his account of the encounter between the Zulu kingdom, surrounding tribes, the Boers and the British through observation of musical developments within this context provides a number of perspectives on the struggle of various societal groups for power or autonomy. He emphasizes the political implications of aesthetic and textual choices of musicians in a variety of genres.

Of particular relevance to this study is Erlmann's exploration of the influence of Christian missions on the music of an emerging middle class of black South Africans. He argues that the compositions and performances in the late colonial era were a grounds for engagement between colonizers and colonized, reflecting, on behalf of black Africans, reinterpretation of imposed values and strategic adoption of the elements that served their social purposes (for example, see his discussion of Ntsikana Gaba's "Great Hymn," Erlmann 1999, 111-32). Coplan also highlights issues of class in his description of the concern of certain musicians from the developing black middle class in the early twentieth century to address the issues of poverty and oppression in overcrowded urban areas, as well as the somewhat resentful attitude of the working class labour migrants about such interventions (2008, 100). As such, Coplan describes a situation where education, music and class awareness go hand in hand, revealing both an early precedent and a rationale for activism by musicians which may prove relevant in this study.

Through his examination of choral groups which toured Europe and North America, Erlmann also highlights the potential of South African musicians to act as "emissaries to the imperial consciousness," (1994, 167) which provokes a consideration, relevant in my study, of how such ventures are perceived today. Erlmann's studies present the potential of particular South African musical genres, such as *isicathamiya*, to bear deep associations of ethnicity, history and morality which continue to be relevant in their contemporary performance. He argues that music must not be viewed in terms of degrees of authenticity and degrees of influence or acculturation, but must rather be seen as a grounds for dialogue and an arena of "discursive complicity" (2004a, 87). So too Coplan

emphasizes in his work that acculturation is a historical process that involves selectivity and cannot be viewed as pure imposition, but rather exchange (1985, 234). This principle of selectivity, along with an understanding of the processes by which certain musical genres have come to bear particular associations, is vital to an understanding of the musical choices of groups and individuals singing about HIV/AIDS.

Another topic valuably explored is the matter of ethnic identity conveyed through music. Louise Meintjes examines the aesthetic and textual markers of Zulu ethnicity in her 2003 book, *Sound of Africa!: Making Music Zulu in a South African Studio*. The reference by several of my research participants to the importance of communicating their ethnic and cultural identity through their music suggests that such identities are asserted against the redefined HIV-positive identities handed to them upon diagnosis. Given the racial and ethnic basis for past oppression, the repercussions of which are in a large way responsible for the prevalence of HIV/AIDS among resource-poor, black South African communities, and also given that HIV/AIDS has become an overtly political matter in recent government administrations, the musical assertion of ethnicity also has a political function. The literature about music during apartheid, in particular *Composing Apartheid*, a volume edited by Grant Olwage, provides insights regarding the active role of music in overtly political struggle.

Finally, literature which examines the link between musical genres or practices and labour migration (Erlmann 1999; James 1999; Muller 2004), considers many of the effects that migrant labour had on society and investigates some of the music that emerged as a result. As will be seen in the following chapter, even though migrant labour practices are less of a factor in the South African economy today than previously, the repercussions of migrant labour on social structure have been far-reaching, contributing significantly to the prevalence of HIV. However, the music of migrant labourers has provided a significant musical resource for HIV-positive people as they struggle for acceptance.

Applied ethnomusicology

The issue of labour migration has also been examined from the perspective of applied, or advocacy, ethnomusicology. Angela Impey's work among rural South African communities disrupted by forced relocation and labour migration focuses on the use of music to recreate a sense of place, which, she writes, "link[s] political displacement, cultural and spiritual memory, economic well-being and global gaze" (2002, 15). Not only are many of the issues she examines widespread in South Africa, a study of this type also examines music in the context of its use by individuals attempting to mend or recuperate social structures and identities that they perceive as ruptured. So too Kathleen Noss Van Buren's 2007 article about individuals using music to address social problems in Nairobi, Kenya reflects a similar perspective, highlighting the perception of music as an effective tool in promoting change and the ethical choices that musicians who professionalize their humanitarian work must face.

Many of the studies published under the category of applied ethnomusicology relate to matters of documentation, preservation, and cultural advocacy in the face of rapid cultural change brought on by industrialization, political instability and/or violence, or the perceived effects of globalization (see Davis 1992; Keil 1982; Sheehy 1992). Such studies are of secondary relevance here; however, inasmuch as my research participants have indicated that promoting their musical traditions within the context of their advocacy work is an important goal, it is important to note that such perspectives may also contribute to an understanding of their musical choices.

Another manifestation of applied ethnomusicology, however, has primary relevance to this study on several levels. Many studies emerge from situations of conflict, violence, distress or marginalization, and explore the music of the people in this context, as well as the role of music and its potential ameliorative or destructive effects. In fact, Samuel Araújo and his coauthors argue that conflict is a central condition of knowledge production (2006, 289). Their study demonstrates the capacity of what they term "dialogic ethnography" to develop both understanding and resistance of physical and symbolic violence in the

favelas of Rio de Janeiro. The musical ethnography of the Maré district at the centre of this project seeks to dissolve distinctions between the researchers and the community researched, giving priority to the active participation of community members in designing the terms of the research itself. Participants and researchers together developed critical awareness of the representative and subversive potential of the music of their neighbourhood as they worked to document its soundscape. The authors note:

. . . [T]he insertion of community members within a stable and mutually reflexive dialogue with academia has potential to transform profoundly the epistemological product of this new relationship. . . . So, the issue at stake here is not quite simply returning something to a community with which one works, out of respectable ethical considerations, but moreover the opening of a possibility of a new kind of knowledge about social forms such as music and music-making – one that may even subvert academic knowledge as it has been traditionally legitimated. (2006, 291)

Their study therefore constitutes an ideologically-motivated enactment of political or social action which addresses violence, distress and inequality. It is “applied” in three respects. Firstly, the authors note that many arts programs are a “tool for social inclusion and [an alternative] to violence” (300), and their program is no exception to this. This is perhaps the most basic level of conceptualization for applied ethnomusicology. Secondly, at an ideological and political level, it seeks to establish a research methodology which resists the potential of such work to recreate neo-colonial relationships between representatives of academia and the researched community, embracing collaboration as both ethical and effective in producing a superior type of knowledge. Third, it seeks to further develop awareness and agency within the research community, thus empowering otherwise marginalized people to assess and redefine their society.

Research conducted with these goals in mind has enormous social and academic potential, in my view. That said, as mentioned previously, I was extremely reluctant to implement such an approach, inserting myself directly into a situation and attempting to bring about any kind of social change at this stage of my research, which I felt was exploratory and foundational. Despite the fact that my presence, questions and comments may have indirectly stimulated critical

thought among some research participants about certain matters, I was seeking, rather, to develop a deeper knowledge of the events and structures which created the environment for HIV/AIDS to take hold in South Africa. Regardless, what I discovered, and what will be further discussed below, is that many of my research participants have already harnessed an applied aspect of musical performance – the performance of positively-valued, healthy HIV-positive identities. Therefore, ultimately my research presents another opportunity for ethnomusicology to become “applied”: by exploring the agency of marginalized people, it sheds light on the processes by which they musically resist such marginalization, and theorizes the means by which they do so, developing the potential for more effective advocacy. Studies of marginalized groups in other settings also explore this function of music and so may offer strategic or ideological support to advocacy efforts (for example, Haskell’s 2006 discussion of international funding of post-war cultural projects in the former Yugoslavia and Hemetek’s 2006 exploration of the music of the Roma in Austria). Arguably there would be enormous transformative potential in a project which centred itself around all four of these concerns, embracing both direct and theoretical research methodologies, which I will argue in my concluding chapter is worth further exploration in the case of the musical advocacy of my research participants.

Medical ethnomusicology

Within ethnomusicology, the relationship of music to matters of health and healing is a long-established topic of research. Some of the more recent research shares much in common with applied ethnomusicology, as with the Florida State University’s Music-Play Project, whose goal in working with children with autism spectrum disorder is “facilitating growth in the response-ability and social agency of its child participants, and also with the goal of developing new tools and methods for improving both applied- and research-based understandings of their special abilities, challenges, likes and dislikes, and modes of communication” (Bakan et al. 2008, 164). Other studies tend more toward these medical and research-based perspectives, such as Benjamin Koen’s research in Tajikistan, which focuses on the cognitive aspects of healing promoted

by musical practices (particularly notable in *The Oxford Handbook of Medical Ethnomusicology*, Koen 2008); however, given that Koen and his associate editors focus on medical ethnomusicology as associated particularly with integrative, complementary and alternative medicines, it is not surprising that this scholarship for the most part is not characterized by the quantitative measurements and control groups of medical research, but rather by participant observation and interview methodologies.

Studies of music and healing, particularly early on, were often conducted by European or North American scholars studying non-Western cultures, often focusing on ethnographic aspects of healing rituals, while the study of music and healing within Europe and North America tended to be limited to the domain of music therapy or the historical study of medicine. Two edited volumes provide important perspectives on music and healing, while demonstrating these divergent perspectives. Contributors to Peregrine Horden's *Music as Medicine* present a history of music therapy in a variety of cultures, although, typical to the normal focus of music therapy, these cultures are exclusively European, with a textual study of ancient Chinese, Jewish, Muslim and Indian literate traditions providing historical background (Horden 2000). Meanwhile, Penelope Gouk's *Musical Healing in Cultural Contexts* (2000) focuses on issues of music and healing from South America, Africa, Europe and North America, both in formal therapeutic contexts as well as informal social contexts. More recently, this topical unevenness has begun to be addressed in the ethnographic studies of music and healing in North America and Europe (for example, see Lind's study of music programs in Danish hospitals, 2007). Additionally, increasing numbers of scholars from the two-thirds world are beginning to study these phenomena within their own cultures.

Several significant works, perhaps not strictly classified under the heading of medical ethnomusicology, have contributed to an understanding of the role music may play in contexts of illness and healing. In particular, Marina Roseman studies Temiar healing ceremonies and engages with Temiar concepts of illness and health in the context of a "cosmology gone wild" after the introduction of the

logging industry disrupted their way of life in the Malaysian rainforest (Roseman 1996, 239). She explores sources of illness, the embodiment of singing, its invocation of healing spirits, and the relation of particular rhythmic and melodic features to ask illnesses to leave the body (1991, 129-48). The contributors to *The Performance of Healing*, which Roseman jointly edits with medical anthropologist Carol Laderman, examine a variety of contexts and genres relative to the embodied symbolism of rituals and performances and the cultural construction of health and illness (Laderman and Roseman 1996, 2).

In her contribution to *The Oxford Handbook of Medical Ethnomusicology*, Roseman presents a framework for facilitating interdisciplinary research in medical ethnomusicology, encompassing emphases of both ethnography and experimentation, and methodologies of ethnographers and clinical practitioners. She identifies the main question of medical ethnomusicology as whether music produces a transformation from illness toward health. She proposes music itself as the first of four intersecting axes, exploring the sound structures, such as instrumentation, meter, tempo, pitch. The second axis is sociocultural meaning, exploring associations and social expectations accompanying musical performance. Thirdly, an exploration of the performative axis entails examination of performance practice, embodiment of the music, and the manipulation of these in the healing setting. Last, the biomedical axis specifically examines psychophysiological transformation, investigating physical responses. An integrated study along these four axes, she suggests, will facilitate an understanding of the psychological, sensory, and affective aspects of music, relating these (sometimes metaphorically) with physical responses and social meanings which result in a changed state of health (Roseman 2008, 27-32).

John Janzen and Steven Friedson have each contributed a chapter to Gouk's aforementioned *Musical Healing in Cultural Contexts*, and their additional monographs of African *ngoma* and Tumbuka healing provide important contexts for musical healing practices in sub-Saharan Africa. Friedson focuses on syncretic trance and ritual practices in Malawi which blend traditional and Christian religious beliefs, noting that both traditional healers and Western-style

healthcare are accessed by the Tumbuka people (2000, 70). His study of *vimbuz* spirits emphasizes a concept of unity between body and soul, “a world that is neither given nor experienced in Cartesian duality” (1996, 5). Janzen studies *ngoma*, which is either a drum used in a healing ceremony or the sung and danced healing ceremony itself, and is deemed as “medicine” (as opposed to “religion”) by South African traditional healers (2000, 47). He emphasizes that *ngoma* does not involve trance, but rather creates a metaphor of the suffering experience which allows them to identify the persecuting spirit, whose release is facilitated by musical performance. He criticizes Friedson for an overemphasis of trance as central to musical healing in Africa, and turns to the work of John Blacking, demonstrating that *ngoma* is such a central part of all aspects of Venda society that the source of its healing power is in fact social and political power. He suggests that *ngoma* is a totalizing practice which “integrates and incorporates the diverse techniques of healing and cultural sophistication into an officially sanctioned presentation” (63-64). I will observe parallels between Friedson’s and Janzen’s observations and the experiences related to me by my research participants.

One final ethnomusicological study of relevance to this thesis is Gregory Barz’s *Singing for Life: HIV/AIDS and Music in Uganda*. Barz writes that he coined the term “medical ethnomusicology” in a 2002 article, and defines it as collaborative research which is “based in ethnographic cultural investigation that takes into account physiological research and medical and religious understandings of faith, health, and healing” (2006, 60). He draws from medical anthropology, explaining, “To explore music and healing in cultural contexts . . . ethnomusicology, religion, and medicine have the challenge of approaching health practices that are flexible, dynamic, and often based on sets of cultural theories, views, beliefs, and assumptions that are outside the Western scientific paradigm typically subscribed to by medical professionals” (60-61). Even more to the point, his study of music and HIV in Uganda, which is nearly unique among African countries for its declining HIV infection rate, examines a number of critical uses of music in the fight against HIV. He describes music as a grassroots

intervention filling several voids in HIV awareness initiatives (63), particularly used by women, whose social position often makes them the most vulnerable to the exclusionary consequences of stigma (79). He examines educative messages, anti-stigma messages, expressions of grief and regret, and moral messages conveyed through music about HIV/AIDS, and includes a number of lyrical transcriptions and interviews which provide several points of contact with the research I have undertaken in South Africa.

It should also be noted that one of the groups with whom I worked, Siphithemba, has been the subject of other, as yet unpublished, doctoral work by both anthropologist Steven Black and ethnomusicologist Austin Okigbo. Black has focused on the linguistic aspect of group members' use of humour (sometimes dark humour, which would be perceived as inappropriate by outsiders to their group) as a means of coping with their HIV-positive statuses (Black 2009), a fact which seems from my research to have raised the self-consciousness of group members about this feature of their small society. Okigbo's forthcoming publication in a volume edited by Barz and Koen on music and HIV/AIDS in Africa examines the community/surrogate family aspect of Siphithemba's support to each other, as well as the composition and adaptation of songs. He details aspects of several songs, identifying themes addressed, and suggests associated meanings (Okigbo, in press). These helpfully supplement the information I was able to gather from Siphithemba members, which, apart from one informal performance and a CD recording, where my inability to comprehend Zulu hampers my understanding, was gained primarily from personal interviews.

Medical anthropology

Medical ethnomusicology has borrowed from anthropologists who write about the subjectivity of the illness experience and cultural conceptions of health and healing. A helpful starting point for one who comes from a society which primarily values biomedical approaches is the deconstruction of the Cartesian dualism which underlies concepts of illness and medical treatment in such cultures. Nancy Scheper-Hughes and Margaret Lock point out that this epistemology is not present in all cultures (1987, 6-7), as such studies as

Roseman's on Temiar healing ceremonies powerfully demonstrate. However, an even more deeply significant deconstruction points out that the illness experience even within biomedically-oriented societies is deeply subjective, shaped by social meanings given to the body and what society deems as physical dysfunction, and accompanied by a search for the meaning of suffering which crosses readily over into the social, psychological, philosophical and religious. In fact, biomedicine itself crosses these supposed boundaries – take, for example, the debate over the existence and value of the placebo effect, the symbolic value of the prescription, and the effectiveness of sham surgery (Moerman and Jonas 2002; Thompson, Ritenbaugh and Nichter 2009). Even in societies where it supposedly reigns supreme, biomedicine regularly comes into conflict with conditions it cannot quantify, such as chronic fatigue syndrome (Cohn 1999; Kleinman 1988) or environmental sensitivity (Fletcher 2005). Furthermore, medical anthropologists have written that physicians who ignore the social and experiential aspects of illness in pursuit of clinical, biomedical approaches ignore a potentially invaluable resource in understanding illness origins and restoring health (Rorty 2007, 47).

Medical anthropology distinguishes between illness, sickness and disease: illness describes the individual's perception and experience of suffering and the physical states that society deems outside the realm of health; disease describes biological structural or functional abnormalities, or rather, what a healthcare practitioner "creates in the recasting of illness in terms of theories of disorder" (Kleinman 1988, 5); and sickness describes social contributors and ramifications, and encompasses both illness and disease (Young 1982, 264-5). In my view, these distinctions are salient indeed in South Africa, as individuals seek to redefine the HIV-positive body as healthy, thereby denying a state of illness while accepting a medical diagnosis of disease, or potential for disease. This will be seen in case studies and further explored in Chapter Six.

HIV/AIDS has received a great deal of attention in medical anthropology, since it has been widely accepted in both public and academic circles that the social contributors to its devastating prevalence call for a socially-grounded

understanding and response (Bolton 1989; Bolton and Singer 1992; Farmer 1998 and 2004; Thornton 2008). I will examine this literature in more detail in the following chapter, but for now it is important to note the metaphorical significance of HIV which may have fostered this interest. Paul Farmer and Arthur Kleinman discuss this in a rich passage that introduces many of the issues involved in studying HIV:

All illnesses are metaphors. They absorb and radiate the personalities and social conditions of those who experience symptoms and treatments. Only a few illnesses, however, carry such cultural salience that they become icons of the times. Like tuberculosis in *fin de siècle* Europe, like cancer in the first half of the American century, and like leprosy from Leviticus to the present, AIDS speaks of the menace and losses of the times. It marks the sick person, encasing the afflicted in an exoskeleton of peculiarly powerful meanings: the terror of a lingering and untimely death, the panic of contagion, the guilt of “self-earned” illness. (1998, 335)

It should also be noted that the literature broadly addresses the social aspects of HIV/AIDS across all cultures, guarding against any connotation that HIV in Africa is somehow more a social problem than in first world countries, although different social emphases arise depending on the geographical region in which HIV is being examined. This has been controversial, and has had important political implications, which will be discussed further on. At present, it is noteworthy that in many ways, the phenomenon of HIV/AIDS is unprecedented in demanding socially-grounded studies and responses that would be of value in many other contexts. Regardless, this brings to mind African postcolonial cautions about the overemphasis of the social aspects of African experience, even within ethnomusicological literature. The corrective to this potentially neo-colonial understanding can be found in anthropologist Michael Jackson’s description of the concept of intersubjectivity, which emphasizes at once the individual subject, an “empirical person, endowed with consciousness and will,” and larger structures and generalities such as “society, class, gender, nation, structure, history, culture, and tradition that are subjects of our thinking but not themselves possessed of life” (1998, 7). The emphasis on individual agency is vital to a postcolonial, egalitarian understanding of the work and agency of HIV/AIDS activists.

In fact, Sherry Ortner points out, critical perspectives on the constitution of subjectivity are politically salient. She argues that certain philosophical and anthropological theories assert a homogenous, essentializing concept of culture, and she presents, by contrast, an understanding of the subject's negotiation of his or her individuality within a particular social context as the basis of agency (2005, 34). Drawing on Clifford Geertz, she also identifies certain anxieties as central to an analysis of subjectivity, arguing that the deepest-set fears which threaten subjectivity are things that we cannot understand, bear, or justify (40). She presents the need for an understanding of a complex subject who partially internalizes and partially reflects upon his or her social circumstances (45), and states, "While recognizing the very real dangers of 'culture' in its potential for essentializing and demonizing whole groups of people, one must recognize its critical political value as well, both for understanding the workings of power, and for understanding the resources of the powerless" (35).

I will discuss how this complex subjectivity, or intersubjectivity à la Jackson, is central to the marginalizing HIV-positive identity, and how the Geertzian anxieties Ortner identifies in fact engender this marginalization. Moreover, I will note the ways in which the activists and advocates with whom I met use music to assert their individual subjectivity against a culturally constituted subjectivity, both as a means of finding meaning in and coming to terms with their diagnosis, and to resist hegemonic forces which constrain them at individual, family, subcultural and political levels.

Finally, the theories of three particular anthropologists also have key relevance to this thesis. Erving Goffman's understanding of stigma (1963) is vital to understanding the situation that the HIV-positive people who are part of my study face. Paul Farmer's concept of structural violence (Farmer 1998 and 2004) is a grounding concept in much of the literature on HIV/AIDS, and forms an important basis for my study, where the inherited political and economic conditions of colonialism and apartheid in South Africa are obvious manifestations of structural violence exacted upon black communities. As such, they are also fundamental contributors to the growth of HIV infection and

fundamental barriers to an effective, coordinated response to public awareness campaigns and treatment programs. Thirdly, Victor Turner's ritual theory has been usefully applied to the development of the activist mindset and grassroots responses to HIV/AIDS by Steven Robins (Turner 1969; Robins 2006).

Ethnomusicology and anthropology provide unique and productive vantage points from which to investigate the manifestation of HIV/AIDS in South Africa. These include the social factors which contribute to the devastating high rates of prevalence, the social experience of people living with HIV/AIDS, and the use of music in response to the threat that HIV/AIDS presents to health and identity. With this, I turn to a more detailed investigation of the vast literature on HIV/AIDS in South Africa in order to situate the experiences of my research participants and provide a backdrop for interpreting their work and music.

Chapter Three – HIV/AIDS in South Africa

There is no disease or violence that has been on the land for over so many years and that is spreading so fast and that is continuing infecting people and leaving orphans, you know, you see, it's . . . I don't know. I don't think there's any in history, in history. A violence that is so powerful. It is powerful.

– Male music student, BAT Centre workshop, June 24, 2009²

A report by Statistics South Africa published in 2006 continues a trend of sobering findings: the death rate among women between the ages of 25-34 in South Africa had more than quadrupled from 1997 to 2004; for men between the ages of 30-44, the death rate had more than doubled (Anderson and Phillips 2006, 27-28).³ A 2008 survey estimates overall HIV prevalence in South Africa across age groups and genders at 10.9%, a number which is showing signs of stabilizing. However, a closer examination of the results reveals still-escalating prevalence rates within most age groups, and alarming prevalence rates peaking in the highest risk groups at 32.7% among females age 25-29 and 25.8% of males age 30-34 (Shisana et al. 2009, 30-31). It is also noteworthy that the province of KwaZulu-Natal, where my fieldwork was conducted, has the highest rate of HIV prevalence in South Africa, 25.8% among all 15-49 year-olds (36).

It came as no surprise, then, to find that most people with whom I spoke knew someone who had died as a consequence of AIDS. However, the willingness to acknowledge such connections varied, as did familiarity with the progression of HIV/AIDS as a disease, beliefs about causes and cures, opinions about the role of medical doctors and traditional healers, and perspectives on whether – or at whom – a finger of blame needed to be pointed. Research participants often referenced social phenomena that exacerbated the spread of HIV in South Africa, and told me about particular cultural beliefs and practices

² All comments by BAT Centre students were recorded in workshops conducted on June 23-25, 2009.

³ To account for population growth from 1997 to 2004, death rates per 100,000 people are reported.

that they felt still held sway in society at large. Significantly, these same individuals also identified conflicts and multiple interpretations of these same beliefs and practices.

As a foundation for understanding the challenges and opportunities that my research participants face in their lives and their work, this chapter discusses the social factors that have been identified as contributing to growing HIV infection rates, as well as the political and economic factors that interact with the social aspects of the disease. I will begin by exploring socioeconomic, moral and religious aspects of colonialism and apartheid which have a bearing on HIV prevalence, turning next to a discussion of local illness models and meanings associated with HIV. Next, I will examine some conflicts between biomedical and traditional models which may confound common understandings of cause, prevention, and treatment of HIV/AIDS, as well as certain concepts of gender roles which contribute to susceptibility and the social experience of HIV infection. This will lead to the social phenomenon of stigma and its rootedness in both multivocal contemporary moralities and traditional ideas of respect and shame, including possible alternative interpretations of silence. Finally, I will examine some aspects of post-apartheid politics relevant to HIV/AIDS.

The basis of this discussion is literature written by anthropologists, sociologists, historians, economists, epidemiologists, public health professionals and journalists. It is supplemented by information provided by my research participants, who shared numerous personal examples of the generalized experiences about which I had read. Their information also broadened my understanding in terms of introducing new, unanticipated social influences, and deepened my comprehension of the complexity and conflicts of experiences often portrayed as generalized in the literature. While the main subject of this chapter is HIV/AIDS, not music, the personal perspectives are those of musicians.

One of medical anthropology's leading HIV/AIDS scholars, Merrill Singer, draws attention to the fact that the most recent medical anthropology places an emphasis on risk behaviours as opposed to risk groups. This is more than an effort for politically-correct, non-race-based representation – it recognizes

that there is a diversity of beliefs, behaviours and circumstances within communities, resisting a homogeneous portrayal, and that consequences may only be directly linked to behaviours rather than beliefs (Singer 2009, 381). He also argues that one of medical anthropology's main contributions is the understanding of the relationship between structure and agency. He writes:

One product of such research is the increased awareness of an often wide gap between what people say they do and what they actually do. Asked about their own behaviour, people will often report what they intend to do under optimal conditions. However, circumstances, including the force of structural factors (such as structural violence or the social construction of 'risk environments'), do not always allow people to act in accord with their intentions. (380)

The tension between these perspectives is yet another reflection of the need to consider HIV/AIDS as intersubjectively constructed. This must be borne in mind during the following discussion, even as I examine some of the common cultural and historical influences of the particular population group in which HIV/AIDS is most prevalent.

Socioeconomic consequences of colonialism and apartheid

While understanding the social factors which contribute to HIV prevalence in South Africa and create the environment in which awareness, testing and treatment must take place, the economic situation of South Africa must also be seen as both drawing on and influencing cultural practices, meanings and metaphors. Paul Farmer's concept of "structural violence" is frequently drawn upon by scholars writing about HIV/AIDS in all contexts. He defines it thus:

Structural violence is violence exerted systematically – that is, indirectly – by everyone who belongs to a certain social order: hence the discomfort these ideas provoke in a moral economy still geared to pinning praise or blame on individual actors. In short, the concept of structural violence is intended to inform the study of the social machinery of oppression. (2004, 307)

Identifying the concept's relevance to the situation of HIV/AIDS, Farmer writes:

Regardless of the message of public health slogans – 'AIDS is for Everyone' – some are at high risk for HIV infection, while others, clearly, are at lower risk. . . . Disparities in the course of the disease have sparked

the search for hundreds of cofactors, from *Mycoplasma* and ulcerating genital lesions to voodoo rites and psychological predisposition. However, not a single association has been compellingly shown to explain disparities in distribution or outcome of HIV disease. The only well-demonstrated cofactors are social inequalities, which have structured not only the contours of the AIDS pandemic, but also the course of the disease once a patient is infected. (1998, 103)

In South Africa, the inherited political and economic conditions of colonialism and apartheid are obvious examples of structural violence toward black communities. In fact, in his foreword to Kauffman and Lindauer's *AIDS and South Africa: The Social Expression of a Pandemic*, Archbishop Desmond Tutu invokes direct comparison by dubbing HIV/AIDS "the new apartheid" (2004, xi). Although in one sense this suggests the use of tactics, attitudes and strategies that were part of the anti-apartheid movement, the additional resonance of this comparison is that black South Africans are the population group most deeply affected by HIV/AIDS.

Going back to late colonialism, the institution of migrant labour had a profound effect on African society. Unable to support their families in the overpopulated homelands to which they were relocated, men migrated en masse from rural to urban centres, looking for work in mines and factories and leaving behind wives and families, and the conditions for the spread of epidemics and HIV/AIDS were set. Many of these men took on girlfriends or entered more casual sexual relationships in the city, and since the advent of HIV, then carried infection back to their wives (Kenny and Camenzind 2007, 33; Phillips 2004, 32). Concepts of "original" and "spare" girlfriends continue to persist among black young adults, and while these practices may have long had a place in society, the propagation of such practices through the structural violence of migrant labour arguably had a reinforcing effect (Da Cruz 2004, 153).

After apartheid was declared ended, restrictions on migration within South Africa were dropped and many of the poor rural youth relocated to squatter's camps and urban areas in search of work. Van der Vliet remarks, "Dense populations of people in the most sexually active cohort, away from the normative constraints of village life, have always encouraged high levels of sexual activity.

Where there is a continuous rural-urban shuttle, as there is in South Africa, HIV can be carried into even more remote areas” (2004, 81). She goes on to note that although South Africa is one of the wealthiest African countries, the wealth is more unequally distributed than anywhere else on the continent. An underfunded health care system meant that the problem was basically unaddressed from a medical point of view. Meanwhile, overcrowded hospitals refused bed space to AIDS patients and invested in cold-storage trucks when morgues ran out of space due to the number of AIDS-related deaths (Leclerc-Madlala 2001, 534).

Unemployment and its correlates, crime and poverty, are prominent features of many black communities. The most recent general household survey by Statistics South Africa notes, “Participatory poverty assessments in South Africa suggest that local communities view poverty not only as lacking or being deficient in income, but also being isolated, having inadequate education and health services, lacking water supply, and the inability to participate in the economic and social life of the community” (2008, 23). In an effort to quantify some of the factors contributing to these characteristics of poverty, it reports overall improvement in several areas for the 2002-2008 reporting period, but notes that some 13% of the total population still resides in informal dwellings. Increased levels of government assistance reflect the implementation of and participation in new programs, but also reflect high levels of need, with 11.4% of the population receiving a government housing subsidy in 2008 (6).

The report also reflects some of the inequalities specifically observable between population groups. For example, while access to the main electrical supply has increased over the reporting period, 17.4% of the population still lives without electricity in their homes (28). In 25.8% of black African households, there is no water in the home and it is accessed from a neighbour, community tap or well, as compared to 1.8% of all other population groups combined (33). Both of these measurements reflect the situation of many rural, predominantly black communities, as compared with the more urban areas where other population groups tend to reside. The report specifically compares population groups in some particularly telling categories: illiteracy rates are highest among black Africans at

13%, followed by 6% of coloured citizens, 3% of the Indian/Asian population group, and 0.5% of white South Africans (59). One particularly relevant example is the comparison of those who have some sort of medical aid coverage, which in 2008 included only 8.4% of black South Africans as compared to 21.6% of coloured South Africans, 39.3% of Indian/Asian citizens, and 68.5% of the white population (20).

Dr. Janet Giddy noted to me that the most likely patients at her HIV/AIDS clinic are black women living in the townships, as they are the most vulnerable (Giddy 2009). Extremely high levels of unemployment lead to a phenomenon variously referred to as transactional sex or survival sex, whereupon women sustain sexual relationships of varying duration with men in exchange for food, shelter, or money – often driven by a need to support their children. Wojcicki notes that these women do not self-identify as commercial sex workers, nor would society deem them as such. In fact, there is a long-established association between gifts and sex, linked to the bridewealth practice of *lobola*, which normalizes these relationships (Hunter 2002). Regardless, these practices leave both sexes vulnerable to sexually transmitted infections, but also, Wojcicki argues, expose women to violence and rape. This is due to the non-formalized nature of their sexual relationships (as distinct from prostitution) and police and public complacency about violence against women, including ideas that women owe sexual favours to men based upon certain behaviours, such as accepting beers in the tavern (2002, 268, 274). While more specific aspects of gender roles will be discussed below, suffice it to say that the economic conditions of a society structured under the racial categories of colonialism and apartheid continue to perpetuate inequalities at very basic, practical levels. Though improvements are perhaps slowly being realized, great disparities still exist.

In the context of these disparities and the apartheid-era struggle for equality, several conspiracy theories about the introduction of HIV/AIDS to Africa arose within the black community, which, notwithstanding medical research and publicity, continue to bear weight in society at large (Kenyon 2008). Phillips notes an acerbic redefinition of the acronym of AIDS as “Afrikaner

Invention to Deprive us of Sex,” and observes that the institutionalized racism of apartheid lent much more weight to conspiracy theories, “giving credence to stories that it was deliberately introduced by the government in the last days of apartheid to try and check the advance of African liberation” (2004, 34).

Conspiracies aside, Whiteside notes a bitterly ironic consequence of the declared end of apartheid: “One of history’s terrible backhanders is that HIV spread as the country was liberated. Returning soldiers and exiles came from high HIV prevalence areas” (2008, 89).

Both the BAT Centre students and members of Memeza Africa whom I interviewed referred to widespread suspicion that the apartheid government itself introduced HIV/AIDS into the black communities in order to decimate the black African population, noting that the overwhelming evidence of black South Africans dying of AIDS, and the apparent paucity of its prevalence in the white community, supported these beliefs. One BAT Centre student noted a belief that it was introduced into American society to kill the homosexual population, but also stated, “It was meant to kill blacks in Africa as well as non-white races. So it’s a rumour or a story, it might be true, it might not be true, we are actually not sure.” The continued ambivalence about these myths indicates the depth of apartheid’s social violence, extending to generations born after its supposed end, as well as an insoluble association of HIV/AIDS with systematic prejudice-based violence.

Moral and religious consequences of colonialism and apartheid

Several authors note that pre-colonial southern African cultures placed a high value on virginity and chastity, particularly that of girls. The traditional bridewealth exchange known as *lobola*, still commonly referred to and frequently practiced if in somewhat more figurative terms, included the exchange of ten cows for a bride, with an eleventh cow for a girl who was found to be a virgin upon inspection by the female relatives of the groom. As well, sexual practices which maintained female virginity while allowing intimacy with boyfriends were promoted to young girls by female community elders, and Leclerc-Madlala further notes, “It was a woman’s responsibility to maintain the balance between

giving men pleasure through her body and guarding her virginity until marriage” (2001, 544).

The role of elder community women also reveals that sexual matters had a proper place for discussion in African society. In fact, Delius and Glaser note in a historical account of sexual socialization in South Africa, examining early ethnographic accounts, that within some tribal groups, such as the Pedi, matters of sexuality were discussed intergenerationally and openly (2002, 30). Several accounts of Zulu society indicate formalized practices which encouraged adolescent exploration of sexuality within strict boundaries and often with supervision, with a concern for the preservation of female virginity, although deviances beyond these boundaries which resulted in pregnancies often ended in abortions or infanticide to preserve the marriageability of the girl (31). The authors point out contradictions within the accounts, which may indicate that such practices were perhaps not as ubiquitous as some accounts portray, noting that matters of sexuality have always invited controversy (35).

The advent of colonists and missionaries introduced new morally-laden expectations of sexual restraint. Delius and Glaser compare sexual openness in traditional Xhosa communities versus the self-designated “progressive” communities that were growing up around the Christian missions, noting, “Christian morality and the pursuit of modernity made a potent cocktail which stigmatised traditional forms of restraint but failed to curb the heightened sexual impulses of pubescent youth. One consequence was a relatively high rate of teenage and pre-marital pregnancy amongst School communities” (36). The moralities promoted by Christian missionaries therefore were not contradictory to some of the existing notions about sexuality, but distorted notions of sex and sexuality as taboo topics and disrupted some of the pre-existing ways in which society managed the sexuality of its members. Within urban areas, Christian beliefs and moralities dominated from the early twentieth century. Delius and Glaser write:

Christian (or Western) attitudes towards sexuality dominated among black city residents from the earliest stages of urbanisation. The urban black elites were usually Christian and adopted Western notions of

“respectability”. Christian missionaries concentrated their work among women, whom they identified as the moral guardians of the nuclear family. Most of the established black urban working class, even those who adhered to non-Christian or hybridised Christian faiths, aspired to Western respectability. There is substantial evidence to suggest this is the case from at least the 1920s and 1930s. Respectability involved a belief in law and order and education, and disapproval of gambling, drugs, alcohol and promiscuity. (41)

These influences continue to predominate in an environment where Christianity and syncretic traditional/Christian movements are widespread. The promotion of the ubiquitous “A-B-C” HIV/AIDS prevention message – Abstain, Be faithful, use a Condom – reflects the hierarchy of moral values in addition to degrees of safety, presuming absolute adherence. In my conversation with BAT Centre students, this deeply-engrained formula was cited frequently, and it was clear that abstinence was the preferred means of preventing HIV infection, with monogamy and condom use promoted for those who lack the moral fortitude to abstain. One male student remarked, “I can say it’s better, because the government long ago used to just say, ‘Condomise,’ but now most people are saying, ‘Abstain, Be faithful, and Condomise,’ but they’re not saying the condomise part as much as they used to say. Now it’s just abstinence straight, just abstain. And it is the best way to go.” Another male student declared, “I’m saying that it’s possible for a guy to never have a girl and vice versa. It’s very possible, especially – like for me, I can live without a girl for . . . *sjoe*, I don’t care!” A third male student made his religious perspective on the matter explicit: “In this case I am saying that if you have got Christ you can just abstain. Because in Christ, we don’t condomise, because you get in the process of sex if you are married.” A female student waved her wedding-ringed hand at me and said with quiet pride, “I waited.”

These comments, overwhelmingly in favour of abstinence and closely identified with messages from the church pulpit, caught me off-guard, given the cohort expressing them. Although I had no reason to suspect the students were disingenuous, I did wonder how much they were giving idealistic answers, telling me what they felt I would want to hear, or portraying themselves in what they perceived as a positive light, in light of Singer’s observations about discrepancies

between intention and actuality. Many members of this group were deeply involved in church music growing up, which has led to their seeking a career in music and involvement in a program which fosters these ambitions, so it is also possible that they more deeply identified with the messages of the church, or had a greater stake in remaining healthy and in waiting to have children, given their professional goals. Musa Njoko, however, noted to me in our interview her perception that large numbers of Christian youth were simultaneously “fully spiritual and fully sexually active” (Njoko 2009). The discussion of the BAT Centre students highlights the Christian morality with which discussion of HIV is burdened, which may serve to silence alternative perspectives. Arguably such prevention messages are overly simplistic and do not address the factors which influence sexual choices, and their associations with this moral hierarchy result in normative codes that may increase silence and shame surrounding sexual matters. It also demonstrates that the change in public messaging, with its reduced emphasis on condoms and its preferred promotion of abstinence and monogamy, has been absorbed by this generation of young adults. Moralities and global politics here come together pointedly, an issue to which I will return below.

The association of HIV infection with promiscuity invites public evaluation of sexual behaviours on a personal level, serving to keep HIV/AIDS a stigmatized subject. Time and again, people told me about hearing messages condemning promiscuity and declarations of HIV/AIDS as the judgment of God for sinful behaviour from the pulpits of their churches. This clearly elevates the moral stakes of HIV and subjects its sufferers to the judgment of the church and the church’s members, increasing the stigma of HIV and silencing its discussion. The fact that HIV is primarily sexually transmitted in the South African epidemic makes this a difficult terrain to navigate, even within medical and anthropological literature. Bolton writes:

AIDS is about promiscuity. In the voluminous material on this epidemic, promiscuity stands out as the key concept, dominating and linking together diverse genres of thought and discourse about AIDS. Sometimes it is in the foreground, its presence explicit, even shrill, constituting the core of the discourse, the central symbol or variable around which the facts of AIDS are organized and interpreted. At other times it is in the

background, its presence more subtle, *sotto voce*, quiet, implicit. But named or not, the concept of promiscuity is present, lurking or parading, exercising a powerful influence on how people respond to this modern-day scourge. (1992, 145)

In South Africa, HIV continues in many situations to be spoken of in murmurs, and admission of infection is taken as an admission of guilt for the socially castigated sexual behaviour of promiscuity within a moral framework informed by both traditional beliefs and Christianity, which in many cases are mutually embraced. Promiscuity is seen as a breach against the family unit and is associated with other behaviours perceived as licentious, such as the consumption of alcohol. It is linked with the breakdown of the family unit as a result of migrant labour and the emergence of informal communities in a moral vacuum, lacking the social structure of the traditional communities. Hence, HIV is seen as a result of urbanization and industrialization under colonialism.

Urban Christians found themselves in an uneasy tension between Christian and traditional beliefs. Delius and Glaser note, “While black urban residents aspired to Western respectability, many – somewhat paradoxically – blamed the morally bankrupt city for the ‘degeneration’ of their youth and looked back nostalgically at indigenous African systems” (2002, 42). The choir leader of Siphithemba, Phumlani Kunene, reflected similar sentiments about the breakdown of several traditional social practices in detail in our discussion:

With the old regime that the people come from, you could hardly find a young girl of 17, 18 having sex with a male also, there was too much respect in terms of doing that according to your culture and such. And all of that was shattered down because of the new things that are coming worldwide, usage of condoms, they were supposed to get married before you actually . . . And people are responsible for that, your parents, because basically traditionally . . . you go to the father, you know directly, you’re not doing anything, you say, “I’ve got a wife now, I think I need to have a wife,” and the father will give you eleven cows, you go there, you *lobola*, and you take your wife formally. And then you can start having children, and a family, without any touching – and you are obliged that you have only single or one, unless you want a second wife. There was polygamy also, and there is still that. But once it was indicated that once you have a girlfriend . . . they would put a certain symbol that will show that a certain boy in this house is having a girlfriend now, so that all the other girls won’t be able now to talk to you. So that was controllable by men. [But] now you can have a number of girls as you want, as much as you want,

have sex as you want. Put on a condom or not, as you want. So what I'm trying to say, the linkage is all about bringing back that culture, together with what we have now, remind ourselves . . . from here, you choose, after you are old enough to choose. (Kunene 2009)

Where promiscuity is emphasized in discourse about AIDS, particularly in connection with biomedical models, many scholars note that the generalizing effect of such statements is counterproductive to awareness. In Barz's examination of the Ugandan situation, he quotes anthropologist Maryinez Lyons, who writes:

How objective is a term which includes among its meanings the notions of "indiscriminate," "haphazard," "casual" or "accidental" in connection with social relations? In fact, I suggest that the term cannot be used scientifically because it implies a notion of "standards," be they ethical, moral, legal, or scientific, to which no society could subscribe in unison. (Barz 2006, 15)

While Lyons focuses on the inappropriate use of the term within scientific discourse, likewise the identification of promiscuity as a risk factor or cause has a silencing effect within society at large. In fact, the seeming relative nature of the term invites uncertainty (connoting ideas of multiple sexual partners), but in fact promiscuity becomes an absolute term in the context of awareness programs which promote abstinence, monogamy or "zero-grazing."⁴ Arguably it is the conflict between this absoluteness and the generalized standards "to which no society could subscribe in unison" that contributes to silence and stigma, as South African communities recognize internal conflicts between professed societal beliefs and the actual practices of individuals.

Not seen in the literature I have read about HIV/AIDS in South Africa, but very prominent in my discussion of the BAT Centre students, was the role of the media in undermining the moral codes of society. In a debate which ultimately

⁴ Zero-grazing was the concept advocated by President Museveni in Uganda, exhorting people to continue having sex, but to keep it "close to home". Thornton notes, "It simply meant, 'Eat (have sex) as much as you like, but don't roam too widely.' As it turned out, this simple rule may have turned the tide in Uganda because it altered the configuration of the sexual networks on which the spread of HIV depends, *not* because it increased sexual abstinence" (2008, 19). It is reasonable to speculate, then, that the emphasis of abstinence over reduction of sexual partners in South Africa may have in fact devalued a potentially more effective solution at the expense of one which many people found untenable.

focused on whether the media bore any responsibility in upholding moral codes, or whether individuals were responsible for their own choices and behaviours, several students railed against the promiscuity portrayed in the daily “soapies” and decried sexually licentious messages in music. One male student argued:

Ma’am, what’s happening today is that, I think since HIV/AIDS it’s more, you get it through the intercourse, like sex, I believe if the media, maybe, like television, if they can reduce the number of soaps, like “Bold” and everything else, that stimulates our hormones as we watch the programs, maybe South Africa would be ok, I think. If the music we hear that stimulates our hormones everyday because . . . you can abstain for two years, understand, and then you hear some song, you watch “The Bold and the Beautiful” – obviously you’ll be wanting to do this thing.

While his statement caused a roar of dissension in the room, overall the argument followed familiar lines of reasoning, often heard from a church pulpit: input affects output. What you feed your mind affects your behaviour, and behaviour may be a direct consequence of something you saw or heard. The debate centred on responsibility – was it the individual’s responsibility for listening to the “bad” messages, or was it the media’s responsibility for broadcasting them? A male student summarized, “If your mindset is straight then you can protect yourself from many things, and help other people including yourself.”

Another emphasis which indicated to me the embeddedness of Christian moral dialogue around HIV/AIDS surrounded matters of healing. Much of the literature on HIV/AIDS in South Africa focuses on traditional healing, or on mythologies attributed to traditional cultures, such as the belief that having sex with a virgin girl will cure a man of AIDS, Zulu ideas of pollution associated with women’s bodies and female sexuality, and the claims of traditional healers who declare breaches of social relationships as causes of illness, and promote traditional medicines and cures for HIV/AIDS. For example, Ashforth asserts, “To talk of a stigma attached to AIDS in contemporary South Africa without understanding the witchcraft dimensions is, in my view, to risk misunderstanding both the nature of community power relations and the impact of the epidemic” (2002, 135).

While these are significant influences, and while several of my research participants did mention beliefs in the supernatural (witchcraft or its Christian

correlate, demon possession), my experience indicates that the literature neglects the importance of the perspective of the church on healing, and in some cases over-represents and exoticizes cultural practices or religious beliefs as peculiarly “African” in a way that sets up a contrast with North American or European countries, as if religious beliefs held no sway in the conceptions of sexuality and experiences of HIV infection in these countries. The BAT Centre students began to debate about whether or not churches were an appropriate venue for onsite HIV testing, and one male student argued, “Understand. God can heal, God can really heal AIDS, understand. So it’s fine to go to church and put like those testing things. Some days it [may] be awkward or maybe some days it’s contradicting with what they believe, according to the word of God.” An article which presents the views of Zambian Christians who see an incompatibility between faith and science concerning HIV describes their view of science as a false icon which will never be able to provide a cure, while a return to a moral life and faith in God presents greater hope for future well-being (Frank 2009, 519). This statement by the BAT Centre student reflects, even in its contradictory language, that the tensions often found between faith and medical science are also present in South Africa.

Musa Njoko also mentioned pastors and faith healers who will proclaim from the pulpit, “I feel the healing power right here, right now. Even though you are HIV-positive, come right now. This may be your last chance to be healed and be cured from HIV. Come and receive your healing” (Njoko 2009). Musa also emphasized the potential role that the church could play in terms of religious coping with illness and HIV-positive diagnosis – a role in which she feels the church is overwhelmingly failing. Although Christian beliefs are so widespread, many people who come out as HIV-positive to their church communities still face judgment and condemnation as sinners, and are therefore denied in some measure the resources that their faith might provide them in coming to terms with their diagnosis.

While the primarily urban people with whom I worked may also consider witchcraft as a possible cause of HIV and consult traditional healers for treatment,

far more often the church played a primary role. Compliance with Christian moral codes as a means of preventing the spread of HIV/AIDS and the availability of healing through the church were matters of fundamental importance. Again, my small “sample” of fifty or so research participants may not be representative of society at large; however, it seems unlikely that it was completely unrepresentative, indicating a potentially serious lacuna in the literature regarding the role of Christianity in social constructions of HIV/AIDS in South Africa.

Local illness models and meanings

Medical anthropologists observe that the individual quest for the meaning of illness is likely a universal human experience: Kleinman identifies, “Why me?” as a fundamental question for one who suffers from a life-threatening illness (1988, 20). In the case of HIV infection, traditional beliefs provide one source of answers to this question, and witchcraft is “a major explanatory model of malignant illnesses that were random and unpredictable, like witchcraft itself; it offered, furthermore, a magical means to exert control over seemingly unjust suffering and untimely death” (19). Ashforth argues that the appeal of witchcraft theories is that they specifically provide answers:

Regarding undeserved misfortune – suffering that cannot be satisfactorily construed as justified punishment or self-inflicted wound – the invocation of witchcraft provides ways of answering the questions: Why me (or he, or she)? Why now? And the key feature of this mode of interpretation is that the conjectures, suppositions, and hypotheses that frame meaningful action in relation to such misfortune posit the malice of another person as the source of suffering. Discourses of witchcraft can thus be represented as modes of posing and answering questions about evil; about the beings, powers, forces and modes of action responsible for causing suffering in the world; about the nature and meaning of their effects. (2002, 127)

He clarifies that witchcraft beliefs are neither systematic nor exclusive of other beliefs, and in fact may coexist in varying degrees with Christian or syncretic Christian beliefs. He states, “For one thing, many people believe in witches but struggle against such beliefs, and the character of this struggle can take on religious, secular modernist, traditional and psychological hues all at once” (126). Meanwhile, ideas about innocence and guilt are wrapped up in the questions of whether or not illness is “deserved,” and these are even more sharply

foregrounded in the case of HIV/AIDS. Farmer and Kleinman note that AIDS “has reified an invidious distinction between ‘innocent victims’ – infants and hemophiliacs – and, by implication, ‘the guilty’” (1998, 338). Barz’s observation of the Ugandan situation, where a “deeply embedded cultural reaction to AIDS as a form of divine punishment” is predominant in religious institutions also seems relevant in South Africa (2006, 153).

Whatever beliefs people profess, the language of witchcraft continues to permeate discussion of HIV with metaphorical salience. In fact, Kleinman writes, “illness idioms crystallize out of the dynamic dialectic between bodily processes and cultural categories, between experience and meaning” relative to and regardless of the cultural setting (1988, 14). He describes the ideas of hierarchy, pollution, and breached social relations which inform and explain illness experiences in many cultures. Likewise, even in supposedly biomedically-oriented societies, metaphor is a salient means of describing illness in terms of how it is experienced by the sufferer, and in terms of how the sufferer wishes the person to whom he or she describes the experience to feel. Listing the many words associated with a simple headache, such as “pounding,” “exploding,” or “blinding,” Kleinman notes that metaphors drawn from one’s cultural context communicate “past experiences, chief current concerns, and practical ways of coping with the problem” (15). So too Kirmayer explores metaphorical descriptions of mental illness, such as sinking into a whirlpool, which allow patients to conceptualize their experiences, but which also offer therapeutic potential when the therapist engages with the metaphor, likening therapy to a rope that prevents the patient from drowning (1993, 176).

Regarding HIV in South Africa, Wood and Lambert note that even while people accept biomedical explanations of sexual transmission, HIV is often referred to as “this poison,” linking it to traditional ideas of witchcraft, where a shaman would send a poison to an individual in a situation of family or social conflict. Whether or not HIV has been “sent” by a shaman, the afflicted person is often seen as having somehow invited the affliction. They recount a situation where village elders visited a young man dying of AIDS, praying, “If Sipho has

made some mistake, forgive him because he is suffering a great deal'; 'If there are problems with the adoptive clan (referring to Sipho's mother's remarriage following the death of his father), let both clans reconcile so that Sipho might get better and be released'" (222). As well, families and friends of dying individuals frequently refer to them as having cancer, pneumonia or tuberculosis, identifying AIDS-related illnesses rather than their underlying cause (2008, 220-1). They argue that families do this to protect the ill person and, by association, the family, from shunning and disrespect.

Wood and Lambert argue for an investigation of a more broadly-based cultural understanding of affliction in relation to AIDS: "As an emergent disease category, AIDS was initially interpreted within existing frameworks of misfortune and affliction, with other nascent notions, including biomedically incorporated explanations based on 'germs,' challenging, coexisting with, and – to a degree – displacing others" (227). In the early 1990s, some scholars expressed concerns that since Africans believed in diseases as having a spiritual cause and did not adhere to a "germ theory" of disease transmission and that biomedical illness models would be ineffective in the context of such beliefs (Schoepf 1992, 232). By contrast, however, Leclerc-Madlala presents evidence of indigenous conceptions of "HIV germs," specifically linking these to traditional pollution theories about female sexuality which cast the female reproductive anatomy as a "dirty reservoir" for such germs, which she argues supports perceptions of women as responsible for both their own infection and for infecting "innocent" men (2001, 541-2). Similarly, Ashforth finds that current HIV/AIDS awareness programs, with their emphasis on exposure to bodily fluids, resonate with traditional ideas of witchcraft and sorcery which use blood, hair or other physical substances in diagnoses or cures (2002, 132).

Despite widespread promotion of condoms as a means of preventing infection, and despite public distribution of free condoms widely available in clinics and public washrooms, some HIV advocates have despaired of the poor public acceptance of condom use. A range of social meanings surrounding condom use confounds straightforward adoption as a socially acceptable method

of preventing HIV infection. Male resistance is reflected in such phrases as “No one eats candy wrapped in paper” and “No one takes a shower in a raincoat” (Treichler 1991, 92), indicating preference for greater pleasure with unprotected sex. It is a commonly-held belief that condom use goes against Zulu culture, and Hunter notes, “Male coercion . . . is often mediated through subtle discourses of persuasion. Men will convince women that using a condom represents ‘unfaithfulness’ and that true love is symbolised by *inyama enyameni* (‘flesh to flesh’ sex)” (2002, 109). In fact, condom use is inherently associated with issues of trust, as HIV infection is likely to have originated from a prior (or concurrent) relationship with another HIV-positive person (with the exceptions, of course, of mother-to-child transmission, blood transfusion or needle sharing). Da Cruz (2004, 140) describes perceptions of condoms as symbolic barriers of emotional closeness. She writes:

There seems to be a clear trend between condom use and the type of relationship men and women find themselves in. Many women in steady relationships voiced reluctance at regular condom use within the relationship. They believed that to suggest condom use to their partners – or if their partners were to suggest it – might imply mistrust and lack of true commitment. They felt that trust and “knowing” their primary partner was a good enough indicator of when to stop using condoms. (151)

Widespread use of condoms by female sex trade workers further burdens condoms with perceptions of promiscuity, and Da Cruz also cites examples of young women who are resistant to condom use because they may be labelled as “loose” or “forward” (146). In addition to these social constraints, the widespread subordinate nature of women to men also means that they are frequently not in a position to negotiate condom use within their relationships. Some conspiracy theories promote ideas of condoms themselves actually causing HIV infection, and others see them as racially denigrating, constraining black sexuality and originating in racist intentions to decrease the black population (Ashforth 2002, 124; Susser 2009, 80; Thornton 2008, 176). Furthermore, a recent study suggests that university students in Durban perceive the publicly-distributed condoms as cheap and potentially faulty and ineffective, and often deliberately choose

unprotected sex over use of publicly-available condoms (Mulwo, Tomaselli and Dalrymple 2009).

A male student argued in one of our workshops, “HIV-negative people need to be taught not to condomise, because condomise is a dangerous thing. It doesn’t really work in most cases. They need to be taught to abstain. But your condoms in Canada work, yeah, and there’s lots of choice and all these things. Here, you need to wear, like, three . . . not that I know, I just heard!” A female classmate, after recovering from the peal of laughter that followed his declaration, remarked, “There’s a stigma against condoms. White people had knowledge of condoms way back in the ‘50s. So now black people find condoms now like ten years back, they’re like, ‘What? What? Plastic? I cannot use a plastic . . .’ and there’s a stigma against condoms so they do not wear condoms.” These comments clearly reflect some of the racial connotations of condom use, the claim to cultural practices, as well as a belief that what is provided to the public without cost is likely of inferior quality – perhaps because of notions of brand quality, but perhaps also because of suspicion that what they are offered is perceived as “good enough for black people.” Certainly this latter suspicion would resonate with some of the arguments around antiretroviral drugs, where inferior formulations are being rolled out by the government because of the high cost of newer, more effective versions.

My research participants frequently cited the psychological stress of knowing one’s HIV-positive status as a possible trigger for rapid progression of the disease, and a reason that many people did not want to be tested. Youth Vision Choir leader Nozazo mentioned, “Even knowing that you are HIV, it can kill you because you know that you are going to be sick” (Nozazo and Youth Vision Choir members 2009). One of the BAT Centre students argued, “[If] I go get tested and then get stressed, the first thing you think, ‘I’m gonna die! People are going to laugh at me,’ of course you’re going to get sick. Your attitude is sick, you know. So now, that’s gonna . . . spread into your body and then you’ll see the results.” He mentioned that positive thinking is required to overcome HIV, and another student went so far as to declare, “I believe that if you fear something, you’re only

making it stronger. So if you could stop being afraid of HIV/AIDS, you could, you could win. . . . The Bible tells you, if you fear something, you make it stronger.” Still another remarked, “One pastor told us in church that the most powerful thing is your thoughts, more than the tablets you take. He said the tablets you take only does like 20% of the job and then it’s the belief that you’re gonna be alright that like, say, contributes 80%.”

Siphithemba choir members Nomusa and Phumlani both spoke to me about the widespread nature of the perception that knowledge of an HIV-positive status causes stress leading to rapid decline, and described their efforts to fight this perception. Nomusa argued strongly that the constant wondering about possible infection was more stressful than knowing and taking action, besides the likelihood of quicker decline if the person in denial continues to engage in unprotected sex and never receives treatment (Mpanza 2009). Additionally, Phumlani deemed the work of church healers who declare HIV-positive people cured as extremely harmful psychologically, and emphasized the need to cultivate positive thinking:

They will pray for you and declaring that in the name of Jesus you are now negative. [Lowers his voice] And that gives you hope and, the wrongest part of it, the messaging it’s all about – we heal the mind. It’s what I believe, we heal the mind but you cannot . . . no, we don’t have a cure for HIV, it’s still existing in your body. So once you have said to a person, “You are healed” . . . he will come back to me here at the clinic and do the test, and the test will be positive again! The psychology of that person is down, you see. The powerful tool to stay positive and cool in mind is to deal with your mind. The soul and the body are just things that you cannot deal with . . . you just have the mind. (Kunene 2009)

The psychological aspect of hope seems to be the greatest factor at play, and the power of the mind to either fight or succumb to the virus is primary. In fact, Dr. Giddy conjectured, before treatment was available for AIDS, why would one wish to know one’s HIV-positive status? It was simply a death sentence (Giddy 2009). In fact, this element of hope is one of the strongest messages that my musician/activist research participants try to convey, and will be further explored in the analysis of their work.

Conflicts between biomedical and traditional paradigms

As I have indicated above, in many ways biomedical and traditional notions of illness meanings, causes and cures coexist within the general population in black communities. It seems, however, that the primarily biomedically-based treatment plans found in hospitals and clinics, as well as official public awareness campaigns, downplay or dismiss the role of traditional beliefs and traditional healers. This is an argument that has become politically laden, as I will discuss later; however, many scholars have identified that campaigns which neglect to consider traditional beliefs overlook potentially important grounds for dialogue which could enhance their effectiveness. Given that biomedical practitioners have historically not been inclined to consider anthropological analyses, nor trained to do so in most cases, perspectives on the role of culture tend to be oversimplified at best (Kenny and Camenzind 2007, 34). David Dickinson offers what is in my view a balanced analysis of the situation, identifying the traditional world view, diversely integrated with Christian views, and western medical science as three separate but equally important perspectives comprising the world view of the black South African population. He argues that the conflicts are exacerbated by the attitudes of medical practitioners:

In contrast to the relatively more malleable beliefs of the Christian churches (allowing the possibility of synchronisation), the custodians of Western medicine have largely refused to contemplate any role for traditional healing as a legitimate health system. Thus, the South African Medical Council successfully lobbied the government for the closure of non-allopathic medical colleges in the 1960s . . . and traditional healing practices are currently unregulated, aside from some relatively weak voluntary associations of healers. (2008, 282)

Perhaps the most obvious example of these conflicts can be seen in the incompatibility between antiretroviral therapies and the treatments of traditional healers. In fact, the delayed availability of ARVs rendered biomedical approaches impotent in the eyes of traditional healers, who emphasized that AIDS was an “old African disease” which must be cured by traditional means (Schoepf 2001, 350). Thornton offers more detail: “The essence of the debate is whether the ancestors knew about AIDS. If they did, then traditional medicine ought to be able to cure it because it is an African disease among Africans; if the ancestors

did not, then traditional medicine cannot cure it and we must die. The struggle against AIDS, then, depends on a peculiar image of its nature and origins” (2008, 151). As well, before the availability of ARVs (and perhaps even since), economics again played an important role in treatment choice. Schoepf notes that in addition to providing more satisfactory answers for some of the perplexing “why me?” questions, traditional healers may be less expensive at the outset of treatment than hospitals or clinics, and may offer services on credit or with payment plans, which is less likely to be the case in a clinical setting (2001, 351). Given the lack of medical insurance coverage among the black population, this is a highly relevant concern.

Since the introduction of ARVs, Dr. Giddy notes that public messaging around HIV/AIDS has changed, and the new goal of the medical establishment is simple: get as many people on ARVs as possible. She explained that some of the medicines offered to patients by traditional healers interact with the antiretroviral drugs, and the patients at the McCord Hospital HIV/AIDS clinic are told that if they wish to use traditional medicines before they start antiretroviral therapy, it is their choice, but once they are on ARVs, they are told, “You actually could be wasting your time completely if you use the two together.” Since ARVs have proven so effective in delaying the onset of AIDS, it is perhaps understandable that tolerance for the intervention of traditional healers has declined. She indicated that the medical community has made efforts to work with traditional healers, educating them about safe use of needles and razor blades used for traditional lettings. However, she noted that many healers have an economic interest in their AIDS cures, and remarked, “People part with money believing they’re getting a cure for AIDS, so there’s a lot of sort of charlatans and people who have an invested interest” (Giddy 2009). Ashforth observes that traditional healers are generally strategic in their approach: “Some healers do indeed make blatant claims to cure AIDS, but they generally tend to be circumspect rather than confront Western medical science head on” (2002, 131). Several of my research participants made references to traditional healers in the marketplace offering

cures for AIDS, sometimes expressing ambivalence about whether or not these healers should be believed.

Offering a contrasting view, Dickinson argues that traditional healers generally do not believe that HIV/AIDS is caused by witchcraft, and in fact see their role as “healers helping to ease accusations of witchcraft within communities, regarding these as socially disruptive and unhelpful” (2008, 285). He notes that healers have integrated biomedical understandings into their work, but opines that the extent of their understanding is likely to remain limited, suggesting that the most effective course of action is for physicians and healers to look for “windows of compatibility” in which the two systems of health care may complement each other (286-7). The speculative nature of his article demonstrates the lack of practical pursuit of such collaboration at any meaningful level to date in South Africa.

Thornton also mentions that many African traditional healers believe that their own medicines are more effective in preventing infection, and cites the proliferation of other beliefs such as absorption of lubrication on the condom leading to impurity of the blood, and the presence of “worms” in packaged condoms. He notes, “All of these beliefs limit use of condoms, and thus may have consequences for public health, but they also point to some important cultural truths” (2008, 199). He points to traditional understandings of sexual desire as originating in heated blood, and that in fact in both Sotho and Zulu languages, there is a single word for blood and semen. Therefore, according to traditional healers, blood in the context of family lines, is not a “spiritual symbol or . . . transcendent substance that represents the continuity of the blood line, but actual blood that flows from one generation to another” (205). Therefore, the ancestors are still present because their blood is literally in the blood of current generations, and through sex “the southern African conception of the person as always a creation of and through other people means that networks of social relations are the matrix out of which people achieve their sense of worth and identity” (215). Sex, “specific to human nature as a social being . . . is experienced as an organic need, such as hunger. Like hunger, it can be controlled, satisfied, or thwarted by

products of the land” (211). Sex, therefore, is central to life in ways that far exceed notions of procreation. It is obvious, given an understanding of the deep meanings that surround sex, that awareness programs which emphasize abstinence may not be seen as realistic. Moreover, the continuation of family lines, of vital importance in pre-colonial times, remains central to the concerns of many today, and authors agree that having children is highly valued. This was made evident to me by the expression of several HIV-positive women of their desire to have children with their current partners or fiancés, despite the inherent risks to themselves, their partners and their children. This value itself has a dampening effect on willingness to use birth control.

Traditional leaders also identify serious conflicts between HIV prevention messaging and the traditional values that they seek to reinstate or at least shore up against further erosion. Traditional leaders in KwaZulu-Natal have noted that condoms are often distributed at public events, flying in the face of their own messages against pre-marital sex (Green et al. 2009, 394). Since the traditional leaders continue to hold considerable influence due to their age and status, not only are initiatives which contradict their positions unlikely to receive their support, they are also likely to conflict in the minds of their intended target audiences, whereas “learning from elders rather than from peers has deep roots in African culture and tradition. Inclusion of traditional opinion leaders in a communication strategy will ideally complement and improve upon the peer education efforts of other HIV programmes in the region.” As with traditional healers, very few efforts have been made to include traditional leaders in the prevention of HIV/AIDS, as they are mostly regarded by the government as “holdovers from the past and obstacles to progress, economic development, and modernisation. They are seen as constraints to the emergence of democracy, or as conservative, patriarchal, all-powerful ‘local elites’ who enjoy unearned benefits at the expense of those they preside over” (390-1).

Genderized aspects of HIV/AIDS

One practice promoted by many traditional healers is the virginity testing of young girls, often from the age of eight, hailed by some members of the black

South African community as a return to pre-colonial values. As seen in the previous discussions of condom use, transactional sex, ideas about female sexuality, and traditional forms of social control over sexuality, it is evident that gender inequality is intertwined with other political, economic and social factors. In fact, virginity testing is a practice which specifically epitomizes some of the social constructions of gender which contribute to women's greater susceptibility to HIV infection. These public ceremonies are often conducted in stadiums or on soccer fields, where girls lie down on mats to be inspected by *abahloli*, the women who conduct virginity tests by inspecting a girl's general physical appearance in addition to her genitalia, also looking into her eyes to see if she has the look of innocence (Leclerc-Madlala 2001, 540). Girls who pass the test may be given a grade, certificate, or a white mark on the forehead, while girls who fail are pulled aside for further questioning and advice about how to conduct themselves in future, sometimes given the opportunity to "earn" back a secondary virgin status (Scorgie 2002, 59). At other times, the girl's family may be asked to pay a fine, and other girls are told to keep their distance from her: "Her loss of virginity is conceived as a contagion that would cause chaste girls to lose their virginity should they remain in close company with her" (Leclerc-Madlala 2001, 540). Scorgie observes:

. . . [I]n many ways, the point of the testing is to render visible what has, until then, remained invisible: it is intended precisely to both confirm and display to others evidence of the girls' (im)morality and (im)purity. Girls who fail the test cannot, therefore, escape notice. Every element of the procedure, then, from the setting up of criteria for passing or failing, to the issuing of certificates and other visual symbols of success, collectively adds to the creation of virgins as a distinct social and conceptual category. It is, in the most deliberate way, a reminder that virgins are made, not born. (2002, 58)

Given the public nature and potentially devastating social consequences of failing this test, I did not expect to find many supporters among the young people I met. To my surprise, one female BAT Centre student argued passionately for the value of virginity testing:

When it comes to virginity testing, there are times where, thinking, looking back to some of my friends that have passed on, I'd say, we would go for boyfriends because we'd say, "Come on, we must be stupid not

having a boyfriend, you know.” But if we were all going for virginity testing, if the whole community was encouraging that, we would all have been here today. But some of us are not here today because of the way we, the mindset . . . We just think if you don’t have a boyfriend, then you must be the stupidest girl, you know, that kind of peer pressure.

In fact, traditional leaders promote virginity testing as a means of discouraging premarital sex, and while they acknowledge the role that public shame and dishonour play in such cases, they argue that avoidance of these consequences is “a compelling factor to conform to tradition” (Green et al. 2009, 395). Leclerc-Madlala argues, by contrast, that the practice “is simply a most poignant contemporary reminder of a long tradition of a social preoccupation with female sexuality” (2001, 545) and that it “helps to obscure the role of men and their abuse of sexual power and privilege, which are driving the continuing rapid growth of HIV/AIDS” (547).

The power of women to make their own choices in sexual matters is compromised on several fronts. As seen in the earlier discussion of transactional sex, some scholars conjure up some limited ideas of female agency through the sexual negotiations of women, while others interpret these actions as bending to circumstances in which they have little choice. Wojcicki recounts several situations in taverns where a woman changed her mind about sex and was raped, noting these women often express an acceptance of the fact that no one would say anything or come to their assistance because they were seen as having given consent by accepting beers (2002, 281). At the same time, she writes that women often accept unsafe sex because they are financially desperate, but that they may also take advantage of the man’s refusal of condoms as an opportunity to raise their price (282). Widespread patrilineal beliefs disempower women from insisting on condom use, with such suggestions sometimes being seen as an invitation of violence (Da Cruz 2004, 148).

Women’s bodies are the sites of many cultural meanings that influence perceptions about HIV/AIDS. Leclerc-Madlala writes about these meanings as gendering AIDS:

At both a physical and behavioural level, an adult woman’s sexuality is metaphorically conceived as “dirty” and potentially dangerous if not

properly harnessed and contained within the socially defined moral boundaries of the patrilineally linked society. . . . On the one hand, the female body is the acknowledged site of male sexual pleasure and the “nest” within which new members of the patrilineage are nourished and grow, and from which they are brought forth. On the other hand, once women become sexually active, their bodies conjure up notions of danger, disease, and the ability to weaken men and bring all manner of misfortune to society. (2001, 541-2)

Arguably it is such ideas about the sexually active woman which foster male interest in young girls, as intergenerational sex is a common feature of transactional sexual relationships and a significant factor in HIV infection. Perhaps the most controversial manifestation of male dominance is the perpetuation of the cure for AIDS by sex with a virgin girl. Thornton recounts the assault of nine-month-old Baby Tshepang by four men who were found not guilty on charges of rape. He writes that in 2001, approximately 21,000 child rapes were reported, although these seldom result in prosecutions (2008, 196-7).

Many references throughout the literature demonstrate women’s subordinate role in relationships, which often leaves them without the ability to negotiate sexual practices and condom use within the context of their relationships. Wood and her colleagues provide a possible interpretation:

[S]exual violence is to be understood both within the context of entrenched sociocultural notions about male superiority and privilege and in terms of the social impact of political economy – in particular deprivation, political emasculation, migrancy, and unemployment – on generations of black South African men. . . . Violence has been interpreted as a response to men’s failure (or fear of failing) to achieve a certain kind of desired hegemonic masculinity related to fulfilling provider and household head roles, including the control of women. (Wood, Lambert and Jewkes 2007, 278)

Likewise, Marks argues that men’s abuse of authority and violence toward women need not necessarily be seen as exclusively descended from pre-colonial social structures, but that in fact were “the unfortunate outcome of their own exploitation, subordination and lack of control in the wider society. In the hostels black men were able to exert their power over the only individuals in a weaker position than they were – the women who were in town illegally and were dependent on the men for a bed” (2002, 21). While decrying the practice of child

rape, Thornton notes that it is reinforced by notions of sex as having healing power and the presence of some “power or substance in female virgins [which] can effect changes in the male” (2008, 198).

By contrast, Leclerc-Madlala argues that such an appeal to culture, such as a return to practices like virginity testing, “constitutes a form of denial that serves to divert attention away from the need to explore, speak about, and do something in regard to what many . . . decry as a pervasive lack of male sexual responsibility” (2001, 547). Both she and Wojcicki argue vehemently for public policy and education which addresses power differentials between men and women, and Wojcicki argues for stronger legislation against sexual offenses and violence against women (2002, 284). Scorgie identifies double standards at play in this discourse and argues that philosophically, the promotion of female sexual assertiveness through traditional messages which hold them responsible for maintaining their own virginity stops short of allowing them to exercise agency in exploring their own sexual boundaries (2002, 67).

The BAT Centre students also identified gendered double standards, particularly regarding the acceptability of multiple sexual partnerships. In rapid-fire exclamations, they told me that there is a lot of pressure on boys to have multiple girlfriends: “Having two or five girlfriends would be a good thing, rather than having one. If you are having one . . . you’re not a good guy, and girls will run away from you.” In fact, the prevalence of multiple concurrent sexual partnerships, sometimes referred to as sexual networks, is generally accepted as the “single-most important driver of the so-called hyper-epidemics of southern Africa,” while “reduction in numbers (and concurrency) of sexual partners [is] the primary behavioural factor explaining declines in HIV prevalence, now seen in several African countries” (Green et al. 2009, 392). A simple epidemiological explanation for this is that HIV is most likely to be transmitted within the first six months after infection, although the virus is often not detectable in the blood at this point. Thus individuals in multiple concurrent partnerships are exposed to a greater number of possible infected partners, and when any individual within a sexual network becomes infected, the virus can be quickly passed on to other

partners before any one member ever receives a positive HIV test result. In addition, given the already-described challenges to acceptability of condom use and the stigma of disclosing HIV-positive status, even the knowledge of HIV-positive status may not lead to changed behaviour, and the challenges of disclosing one's serostatus to prior sexual partners is clearly a more complicated and serious matter within sexual networks (Pisani 2008, 132-5). One particular study, which included racial categories in its analysis, reveals a greater statistical prevalence of multiple sexual partnerships among black South Africans and demonstrates the exponential capacity of sexual networks to cause vastly greater rates of HIV infection in the black South African population (Kenyon et al 2009).

Obviously both men and women are members of sexual networks, but the acceptability of this is very gendered. A female student declared, "A girl [who has multiple boyfriends] has a bad word, and a guy has a nice word, like *isoka*, a guy for girls." A male student interrupted, "Like a Casanova." Furthermore, regarding the term *isoka*, Hunter introduces an economic element, explaining that it conveys success with women, which in pre-colonial times indicated intent to marry them, along with the economic means to do so; however, in contemporary terms, economic marginalization has meant that many men cannot afford the monetary equivalent of *lobola*, and hence *isoka* describes a man who has multiple sexual partners without intent to marry (2002, 106-7). Thus, economic need seems to exacerbate gender inequalities on multiple fronts.

Regardless of where fingers of blame for gender inequalities point, the results can be seen in statistics showing greater rates of HIV infection of women over men, confirming not only their greater biological susceptibility to infection, but also their socially subordinate positions which continue to expose them to violence and constrain their choices. Moreover, men continue to see women as having sexual responsibility for HIV infection. Take, for example, Shiyani Ngcobo, a well-known *maskanda* musician whom I heard perform on two occasions, once singing a song which he prefaced in Zulu, with a Zulu-speaking student translating (although Shiyani spoke with me in perfect English afterwards), "This is song about the virus that is killing our people. It is a message

to all of our sisters to stop sleeping around.”⁵ He followed this directly with a song which seemed to me to encourage men to be faithful, but when I asked him about it afterward, he denied any such intent, declaring, “My father had a porcupine he loved more than my mother.” He explained his father had two wives, and his mother was always fighting with the other “horrible” wife, whose side his father always took. The song, then, was less about his father’s polygyny itself than the ill treatment of his mother. The contradictions in these two songs demonstrate very well how women are held responsible for their own sexuality, and yet often in subordinate positions where they may not be able to exercise that responsibility.

Stigma and silence

Wojcicki writes, “Although many African societies had a ‘culture of discretion’ concerning sexual matters in the pre-colonial era, to a large extent, secrecy concerning sex was enhanced by Christian missionary influences” (2002, 284). This secrecy, along with the heavy burden of judgment that comes with breaking moral codes, has created extremely high levels of stigma. Rödlach writes that in Zimbabwe, the silence is not merely due to ideas of shame and privacy, but that cultural concepts of respect dictate who should speak, and in what manner, about particular subjects (2006, 21). This is also relevant in South Africa, particularly on the subject of HIV/AIDS where, Wood and Lambert note, silence is reinforced by “*ukuhlonipha*, a customary system of ‘respect’ based largely on linguistic avoidance that underpins good social relations . . . [which] involved right ways of talking” (2008, 228). They explore an understanding of this silence as a type of “coded talk” which demands a nuanced understanding: “The assumption (which has been a subscript to some outsiders’ and professionals’ views of communities’ responses to the epidemic), that an absence of explicit discussion about HIV/AIDS equates either with ignorance about it or with ‘denial’ of its nature and implications, is misleading” (215-6).

⁵ July 3, 2009 at University of KwaZulu-Natal, Durban for the International Council for Traditional Music conference.

In fact, they argue, although family members and friends of afflicted individuals will rarely name AIDS, “indirection itself has become a route to ‘knowing’ that the sickness being witnessed is AIDS.” Phrases such as “a long illness,” secretive behaviour about hospital visits, rumour and speculation about the sufferer’s sexual history, and sometimes identification of the disease as tuberculosis, pneumonia or cancer actually function as direct cues that signal AIDS (224-6). This indirect communication acts to preclude the moral judgment and stigma that frequently accompany disclosure of HIV status. As well, the unfortunate side-effect of public messages that AIDS kills is the social death caused by stigma, in addition to the despair an affected person feels upon diagnosis. In this way, “nondisclosure was thus an act of compassion: it acted to keep the sufferer in this social world for longer” (228).

The perspectives of the BAT Centre students attest to both their familiarity with the stigma of HIV as well as the increased number of people willing to risk public castigation by disclosing their statuses. Both they and members of Memeza Africa spoke to me of situations still occurring today where individuals are disowned by their families after disclosure, although members of both groups linked some of these to individuals who were also homosexual and therefore faced the additional layer of stigma associated with what is clearly perceived of as a double moral breach. In fact, several students spoke of people they knew who were publicly HIV-positive, healthy and strong in mind. Arguably, the most blatant forms of prejudice against HIV-positive individuals are indeed becoming more rare, and hopefully the days that disclosure would be accompanied by violent attacks, as was common a mere decade ago (for example, in the 1998 death by stoning of Gugu Dlamini in the KwaMashu township just outside Durban) are over.

However, this is not to imply that the stigma of HIV is in any way eradicated, and that there are not very real consequences for those who publicly identify as HIV-positive. Several members of Memeza Africa described the continued presence of stigma in the townships where they live (primarily Soweto), indicated by behaviours such as avoiding sharing food, utensils or

personal belongings with an infected person, and attributing illnesses to fever, appendix or poisoning. Siphithemba choir member Ncamisile related how the harsh words and treatment of her family members after her disclosure – constantly wondering who was going to take care of her or her children when she was ill or had died, how they would pay for her funeral, speaking about her euphemistically as The Big A (for AIDS) in front of her son, referring to her with three held-up fingers (for the three letters of HIV), and even keeping her plate outside the house – eventually drove her from her home (Yengwa 2009). Zinhle Thabethe, also of Siphithemba, was fired from her job after someone rifled through her desk, found her HIV test result, and shared it with her employers (Okigbo in press, 4).

It is also evident that much of the moral discourse around HIV exacerbates the level of stigma by associating breaches of moral conduct with the consequences of infection. The discussion of the BAT Centre students regarding whether or not the location of an HIV testing centre at a church was appropriate indicates the avoidance of stigma by the avoidance of testing, a very serious problem in the effort to reduce HIV infections. People spoke to me frequently in the coded language of stigma. One person I met, who spoke eloquently and confidently about other matters, dropped his voice to a whisper and began to stutter when I mentioned the focus of my study on music associated with HIV. After remarking in a whisper that stigma was gone, he commented on its role in testing:

That's what the problem is, they don't want to know. "Let me just die, because everybody's going to die anyway. Why should people know that I died of HIV and AIDS, because my children and my grandchildren will then suffer from the same stigma . . ." "Hey, your granddaughter died of AIDS," so let nobody know. They won't go for testing. That's where the problem is.

In the absence of frank language about HIV/AIDS, physical appearance has become a significant indicator regarding possible HIV infection. Bobo Setle of Memeza Africa remarked that if a person was thin or coughed a lot, this was perceived as an indicator of HIV infection, and in the absence of these symptoms, a person could deny to him- or herself, or others, that he or she was HIV-positive (Mangweni and Setle 2009). As well, Nomusa Mpanza spoke about some of the

side-effects of antiretroviral therapy which are physically visible and distinctive, the most poignant one for her being lipodystrophy, the redistribution of fat cells to other areas of the body, which distorts body shape (Mpanza 2009). Several HIV-positive people mentioned to me the importance of maintaining a healthy appearance, understandable since the onset of AIDS often results in skin lesions and weight loss, and since the side effects of the ARVs which suppress the virus to prevent the onset of AIDS are also visual markers of the presence of the virus. Attending the morning prayers and singing at the McCord Hospital HIV/AIDS clinic, I observed that the majority of the people in the waiting room bore no obvious physical signs of the disease. However, as I walked toward the clinic with Dr. Giddy one morning, we met two young girls leaving the hospital campus, and Dr. Giddy remarked, “Those are some of ours. You can tell by the look in their eyes, like they’re in another world already.” Arguably, the world they have entered is one where they carry the knowledge of their own difference as seen through the eyes of their families, friends, schoolmates, coworkers, and complete strangers.

Post-apartheid politics

On the surface it would seem that the shocking statistics about HIV prevalence and AIDS-related deaths within the black South African population would elevate HIV/AIDS prevention and treatment to the highest priority for a post-apartheid government led by the ANC, the very party which had fought for an end to the institutionalized racial oppression. This has in fact been anything but the case. Susser writes:

The tragic confluence of the remarkable victory of the African National Congress over apartheid rule in South Africa with the rising mortality of the AIDS epidemic has only slowly emerged. . . . In any setting, the interrelatedness of death and sexuality is explosive. However, the modern South African debate is also set within a historical context of racism, colonialism, modernity, and what some have labeled millennial capitalism. (2009, 65)

Within this context, HIV/AIDS very quickly became a political minefield for a primarily ideological battle which pitted ethnicity, culture, nationalism, and tradition against biomedicine, international economics and international opinion.

The battle for South African self-determination overextended in a myriad unexpected ways on the issue of HIV/AIDS, and as individuals and groups began to recognize this, organizing grassroots advocacy efforts, they found themselves unexpectedly vilified for defending the rights of those with HIV/AIDS, the majority of whom were within the black population. Thornton notes:

AIDS NGOs and support organizations in South Africa explicitly adopted the style and often the substance of the underground anti-apartheid movement of the 1980s. Surprisingly, the new government colluded in this by acting toward HIV-positive people and those with AIDS in the way that the apartheid state had acted with respect to black people. (2008, 160)

AIDS began its rise in South Africa in the early 1980s while the apartheid regime was in power. Susser notes that not only was the segregated health system inadequately funded, but few statistics were collected on the black South African population (particularly in comparison with those collected on the white population), in a sense rendering AIDS invisible while showing itself suspect of “welcoming the decimation of the African population that such a disease might bring” (2009, 71-2). The collection of statistics only commenced after the release of Nelson Mandela in 1990, revealing 0.8% infection rate, and early on, medical doctors, activists and intellectuals affiliated with the ANC began to note that the migrant labour system in existence was a “recipe for the spread of AIDS” and that an epidemic was unfolding which could “ruin the realization of our dreams” (76). At even the earliest conferences on AIDS, its spread was linked with many of the economic and social factors discussed above.

Internal conflict on the side of resistance parties served to deprioritize AIDS, as the ANC and the Inkatha Freedom Party struggled for control. Susser sees the 1993 assassination of the ANC’s Chris Hani, likely at the hands of white supporters of apartheid, as “the first step in the gradual defeat of the AIDS agenda” leading to a “failure of political will with respect to HIV/AIDS”, as he was an outspoken advocate on the matter (80). Violent, bloody conflicts between Inkatha and ANC members in the early 1990s, particularly in KwaZulu-Natal townships, left little political space for the prioritization of HIV/AIDS. Poku and Whiteside argue that it is significant that KwaZulu-Natal, the epicentre of AIDS in South Africa, is the home of Inkatha, who held the provincial government until

its 2004 defeat by the ANC, noting that the prevalence of AIDS in the area made it not only a significant political challenge, but may have also encouraged violence since “such conditions . . . likely lead to frustration and aggression, which could turn into non compliance or even political violence” (2004, 207).

Although efforts by feminists and AIDS activists and certain members of the early ANC government, such as its first Minister of Health, Dr. Nkosazana Dlamini-Zuma, promoted practical responses to the AIDS epidemic, the only truly meaningful response was the distribution of free male condoms. In the wake of the structural adjustment and privatization policies implemented by the government in 1996, financial support of health care and social programs was greatly reduced, and the developments of the prior five years, such as free primary health care and prenatal clinics, suffered loss of staff, equipment and operating funds (Susser 2009, 90). Overall, the gap between the poor and middle classes within the black South African population widened (93).

President Nelson Mandela himself was reluctant to address AIDS. During the 1994 election, he noted that when he mentioned the threat of AIDS and the need for parents to encourage their children to abstain, he was advised that the issue might cost him the election, should he continue to speak about it. He remarked, “Africans are very conservative on questions of sex. They don’t want you to talk about it. . . . I could see I was offending my audience . . . I wanted to win and I didn’t talk about AIDS” (Dimbleby 2003). After he won, perhaps overwhelmed by the enormity of the task of reforming the constitutional structure and establishing national and civil security, AIDS remained low on the agenda. Justice Edwin Cameron, an HIV-positive supreme court judge and prominent AIDS activist, criticized Mandela for this, remarking, “He more than anyone else could through his enormous stature have reached into the minds and behaviour of young people. . . . A message from this man of saint-like, in some ways almost god-like stature would have been effective. He didn’t do it. In 199 ways he was our country’s saviour. In the 200th way he was not” (Dimbleby 2003). Notably, after his term as president ended, Mandela publicly aligned himself against those standing in the way of progressive policy on HIV/AIDS, and alongside those

fighting for ARVs. Perhaps his ultimate contribution to the fight against HIV/AIDS was his public disclosure of AIDS as the cause of his son's January 2005 death, an attempt to encourage openness and directness about HIV/AIDS (Nolen 2007, 339-55 *passim*).

President Thabo Mbeki assumed leadership of the ANC after Mandela and was elected president in 1999. Matters became explicitly political on an international level when new but costly medications, effective in prolonging the lives of AIDS sufferers, became available in the U.S. and western Europe. It was at this very moment that the World Trade Organization, under the pressure of U.S. government lobbyists, introduced intellectual property rights that, among other things, bound its member countries to provide a twenty-year monopoly on any new drug to its initial pharmaceutical producer. The result was that antiretroviral drugs were simply far too expensive for either governments or most individuals anywhere in Africa (Poku and Whiteside 2004, 115). Dr. Dlamini-Zuma challenged the agreement by introducing an amendment to the Medicines and Related Substances Control Act which allowed South Africa to purchase generic versions of the drugs manufactured primarily in India. This effort resulted in a law suit by thirty-nine American pharmaceutical companies and threats of U.S. trade retaliation, which, although South Africa eventually won, persuaded its government from aligning itself against the U.S. or its associates. Although a five-year strategic plan was put forward by the government for 2000-2005, Thornton notes that it lacked any real teeth. "Lack of trained personnel, inadequate funding, failure to develop previously envisioned bureaucratic structures, lack of provincial level policies and people to drive them, and absence of management protocols for prevention, care, and testing, among many other failures, were highlighted by this plan." He also notes that the plan "took almost no notice of civil society, or of organizations outside of the government" (2008, 169).

Within this international context, Mbeki began to fan the flames of nationalism and Africanism, and on the HIV/AIDS front this meant proposing and implementing what he called an "African solution" in resistance to what he portrayed as the hegemony of the West, clearly in the wake of U.S. trade threats,

and drawing on “a long history of leftist critique of the U.S. and Western medicine” (Susser 2009, 104). HIV/AIDS became infused with ideological significance, as Mbeki was “fighting the moral messages of colonialism as he understood them. . . . His argument was made to counteract the ‘shameful’ image of the black man that the West has created” (206). In fact, as some authors, such as Eileen Stillwaggon, note, the emphasis on “African sexual difference” in research, when evidence confirms equal levels of risky sexual behaviour occurring in North America and western Europe, reflects racialized stereotypes and leads to a distorted view of the true causes of the HIV epidemic (2008, 73). With arguments that resonate with Farmer’s aforementioned declaration of social inequality as the only demonstrable cofactor of HIV epidemic, Stillwaggon asserts that poverty, with the accompanying malnutrition, exposure to parasites and malaria, lack of access to medical care, and susceptibility to sexual violence, is the reason that so many in African countries fall victim to a virus which, she argues, has a “relatively low probability of transmission through heterosexual intercourse” – perhaps as low as one in 1,000 contacts for males and one in 500 contacts for females (Stillwaggon 2008, 75).⁶ Therefore, while Mbeki’s arguments may have had reasonable and valid ideological basis, unfortunately they were catastrophic at a practical level.

Rejecting millions of western dollars for treatment, including the offer by one pharmaceutical manufacturer of free drugs for national PMTCT (prevention of mother-to-child transmission) programs (Natrass 2007, 63), Mbeki and his team proposed several incarnations of local “solutions.” The earliest of these was the supposed miracle drug, Virodene, whose production out of the University of

⁶ Stillwaggon’s remarks would have an uncomfortable resonance with some of the arguments used by Mbeki and AIDS denialists to question the link between HIV and AIDS if she did not maintain the role of poverty as co-factor, rather than cause, of HIV. Certainly denialists abuse this argument precisely by using it to assert that AIDS is caused by poverty, which some conclude denies it legitimacy as a distinct medical condition. In my view, Stillwaggon’s comments regarding poverty as the co-factor which exacerbates HIV infection are well made, as is her problematization of the prevalence of research emphasizing cultural determinants of HIV infection at the expense of research on economic determinants. Regardless, I contend, a balanced emphasis must be struck between cultural and economic contributors to rising rates of HIV infection in public policy and prevention and advocacy planning, particularly since culture and economics go hand in hand in many cases, given South Africa’s race-based structural inequalities.

Pretoria was fast-tracked by Dr. Dlamini-Zulu, and which was eventually found to contain a dangerous industrial solvent. The production of the musical *Sarafina II* in 1996, to raise awareness about HIV and promote condom use for those “unable to abstain,” became a nightmare financial scandal for the government when the disregard of the tender process and the mismanagement of funds was revealed (Nattrass 2007; Susser 2009). Mbeki subsequently seized on to controversial research conducted by American biologists Duesberg and Rasnick which concluded that AIDS was actually not infectious, that AIDS was a syndrome rather than an illness, and that the similarities to lifestyle diseases such as lung cancer, obesity and diabetes indicated that HIV was not actually the cause of AIDS (Thornton 2008, 177-8).

Although this research has been widely rejected, Mbeki maintained his stance as it allowed him to focus on poverty as the prime cause of the epidemic. This provided the opportunity for his ministers to suggest that effective alternative therapies include diets based on garlic, ginger, olive oil, lemon juice, beetroot and vitamins (173); to claim that biomedical explanations of sexual transmission perpetuated racial stereotypes by portraying South Africans as sexually uncontrolled given the high rates of prevalence (Whiteside 2008, 89); to claim that anti-retroviral drugs are ineffective, or even toxic, and therefore should not be rolled out nationally (Van der Vliet 2004, 63); to speculate that the HIV test was faulty; and to argue that “orthodox AIDS theory was a conspiracy pushed by an ‘omnipotent apparatus’ posing as ‘friends of Africa’ with the aim of dehumanizing Africans” (73). The assembly of Mbeki’s Presidential Advisory Council on HIV/AIDS included denialist scientists and marginalized representatives of the biomedical community. It also included traditional healers, which lent historical and moral weight to his arguments, to the point that although the international community viewed Mbeki’s government as ridiculously off-base, the effects of such denialism still factor into public understandings of HIV/AIDS (Kenyon 2008). These include individuals who do not believe the disease exists, those who believe it can be cured by healers who clean the blood, and those who view it as a means of sexual stereotyping (Da Cruz 2004). Further denialist

actions have included the accusation that the main antiretroviral drug, AZT, was toxic (which, notes Dr. Giddy, is the case with any drug taken improperly), the rejection of publicly available antiretroviral therapy, delays in introduction of proven PMTCT regimens, and even a questioning of the legitimacy of mortality statistics (Schneider 2002).

In 2002, Mbeki himself authored a document which epitomizes his disdain for the arguments of the scientific community, condemning them as essentialist and neo-colonial. Nattrass notes the distinct irony in his tone as he dismisses research on HIV transmission and the call for antiretrovirals (2007, 88):

This urgent and insistent call is made by some of the friends of the Africans, who are intent that the Africans must be saved from a plague worse than the Black Death of many centuries ago. For their part, the Africans believe this story, as told by their friends. They too shout the message that – yes, indeed, we are as you say we are! Yes, we are sex-crazy! Yes, we are diseased! Yes, we spread the deadly HI Virus through our uncontrolled heterosexual sex! In this regard, yes we are different from the US and Western Europe!

Yes, we, the men, abuse women and the girl-child with gay abandon! Yes, among us rape is endemic because of our culture! Yes, we do believe that sleeping with young virgins will cure us of AIDS! Yes, as a result of all this, we are threatened with destruction by the HIV/AIDS pandemic! Yes, what we need, and cannot afford, because we are poor, are condoms and anti-retroviral drugs! Help! (Mbeki and Mokaba 2002)

Treatment Action Campaign (TAC) leader, Zackie Achmat, acknowledges Mbeki's resistance of essentialist depictions of Africans as understandable, but criticizes Mbeki's ideologically-based denialism, observing, "That Western picture of Africa is wrong, of course. . . . But you cannot let other people's perceptions and prejudices draw your policy" (quoted in Nolen 2007, 188). Moreover, although he might justifiably argue that research to that point had overemphasized certain beliefs and practices prevalent in South African society, Mbeki's denial of these portrayals as unflattering, condescending and essentialist does not address the overwhelming evidence that social and cultural factors do in fact contribute to the problem of HIV in tandem with economic inequalities.

Jacob Zuma's ascendancy to the presidency was riddled with controversy about HIV. Under charges of rape during his campaign, he shifted the blame to

his female accuser, an HIV-positive AIDS activist, for her short skirt, and to Zulu culture for his explanation that her dress was a sexual invitation which he was obligated to satisfy. He also explained that he was not worried about contracting HIV, despite the fact that he did not use a condom in the encounter, because female to male transmission is less likely and because he had a shower afterward (Nattrass 2008, 30-1; Thornton 2008, 3-4). Many in South Africa and in the international community reacted with outrage to these remarks, and many of my Canadian and South African research participants decried this appeal to alternative ethnic value systems as a cheap deflection of responsibility and a cunning tactic to indemnify himself.

Regardless, Susser notes his attitude is more open to AIDS research than Mbeki's (2009, 206), and indeed, his December 1, 2009 World AIDS Day speech announced "extraordinary measures" intended to directly address access to treatment, expanding access to ARVs for children under the age of one, patients with concurrent tuberculosis and HIV, and pregnant HIV-positive women by providing ARVs when CD4 counts reach 350, versus the current threshold of 200. Notably, he also emphasized the limits of government intervention:

It is an epidemic that affects entire nations. Yet it touches on matters that are intensely personal and private. Unlike many others, HIV and AIDS cannot be overcome simply by improving the quality of drinking water, or eradicating mosquitoes, or mass immunisation. It can only be overcome by individuals taking responsibility for their own lives and the lives of those around them. (Zuma 2009)

He further went on to encourage all South Africans to undergo regular HIV testing:

We can eliminate the scourge of HIV if all South Africans take responsibility for their actions. I need to re-emphasise at this point that we must intensify our prevention efforts if we are to turn off the tap of new HIV and TB infections. Prevention is our most powerful and effective weapon. We have to overcome HIV the same way that it spreads – one individual at a time. We have to really show that all of us are responsible. The HIV tests are voluntary and they are confidential. We know that it is not easy. It is a difficult decision to take. But it is a decision that must be taken by people from all walks of life, of all races, all social classes, all positions in society. HIV does not discriminate. I am making arrangements for my own test. I have taken HIV tests before, and I know my status. I

will do another test soon as part of this new campaign. I urge you to start planning for your own tests. (Zuma 2009)

His speech also included a sop to gender inequality and the vulnerability of women and children to violence, noting, “Many women are unable to negotiate for protection due to unequal power relations in relationships” (Zuma 2009). However, the speech introduced no direct measures on this front, apart from the continuation of sixteen days of activism against violence toward women and children. Still, it marks an about-face in many ways from the policy and opinions of previous regimes, and a recent report by UNAIDS notes that the 2010-2011 South African budget includes USD\$1.1 billion for AIDS, a level of investment unprecedented in any developing country (UNAIDS 2010).

This internal allocation of funds is extremely significant, as it signals independence from international funding. Funding AIDS treatment and research has always been a politically contentious issue, particularly as the overtures of the governments of developed countries were labelled as neo-colonial and interventionist and in many cases rejected. Susser critiques American HIV/AIDS funding as linked with the rhetoric of George Bush’s “war on terror,” quoting his speech announcing international funding to rid the world of AIDS, while simultaneously declaring intentions to rid the world of terrorism (read: Saddam Hussein). Consequently, she notes, “Bush consistently twinned two international objectives – one explicitly to kill people; the second apparently to save lives with AIDS funding. The money for AIDS was one way to make palatable a pre-emptive war, with no clearly stated cause” (2009, 60). In fact, PEPFAR (President’s Emergency Plan for AIDS Relief) funding did reach South Africa, along with clear constraints regarding its use. It advocated the A-B-C approach to prevention, deemphasizing sex education for teens in favour of abstinence messages, promoting monogamy rather than encouraging condom use, and directing most condom-use messages toward sex workers. It also stipulated that 66% of funds be spent on initiatives promoting abstinence and monogamy (47-8). This resulted on a shift away from messages about condom use. Certainly, from the perspectives of the BAT Centre students noted earlier about the superiority of abstinence to safe sex, these messages have been absorbed.

Susser agrees: “The \$15 billion earmarked for AIDS has also gone a long way to promote a conservative agenda of stigma and moral condemnation” (60). She also notes that faith-based organizations received funds specially allocated for them, and that “agencies have been denied funding because of association with reproductive education. USAID denied funds to highly regarded AIDS prevention programs in Africa while granting funds to a consortium of evangelical groups with no expertise in HIV/AIDS or international work” (61). Susser therefore sees the reactions of the South African government within a context of American imperialism, but notes that these responses, while they critiqued the U.S. and its partners, have been combined with capitalist economic policies, with several results. First, they have encouraged the investment of international funds in business while decreasing social funding, which has widened the gap between rich and poor in South Africa. Secondly, they emphasized traditionalism and nationalism in ways supportive of patriarchy and harmful to the rights of women. Thirdly, until recently, they downplayed the role of scientific HIV/AIDS research and treatment approaches which resulted in the unavailability of treatment for the vast majority of South Africans (105).

The volatile and complex political, economic, social, cultural and religious environment of South Africa, and the representation and frequent manipulation of these by the powerful international community, has resulted in a lack of government action regarding HIV/AIDS despite the sky-rocketing statistics of infection rates and AIDS-related deaths. In the absence of these efforts, individuals and groups have risen up to intervene, advocate, raise awareness, and address immediate needs. Given the complexity of the situation, their task is difficult, and often fraught with conflict and contradiction. Arguably, part of the difficulty of the experience of being HIV-positive in South Africa is the negotiation of the contradictions and conflicts in one’s own psychological make-up and daily interactions, and given the deep-seated social inequalities which exacerbate these conflicts, HIV/AIDS is a very powerful violence indeed.

Chapter Four – Key strategies in HIV/AIDS intervention

The cultural arts are a dynamic force – as a tool for social and political change and education they contribute to a better dispensation for infected and affected communities. The cultural arts also provide a means of understanding, exploration, healing, growth and transformation as witnessed by the significant contribution of the cultural arts to the evolution of the ‘new’ democratic South Africa.

– Artists’ Action Around AIDS (AAAA) 2002
Motivation document (HIVAN 2002)

Hampered by the political maelstrom surrounding HIV/AIDS, the few initial prevention and treatment efforts of the government were often seen as controversial and questionable in effectiveness. Consequently, a number of organizations and initiatives, varying in the degree to which they were formalized, arose in South Africa to deal with various aspects of HIV/AIDS in the absence of viable official government policies and programs. As they engaged with the various post-apartheid government administrations over time, they found it necessary to redefine their goals and tactics. Although many of these people had been involved in the anti-apartheid struggle, they found HIV/AIDS activism to be a very different struggle, involving many of the same players, now strategically realigned.

Schneider notes that the National AIDS Committee of South Africa (NACOSA), formed in 1992, successfully used a participatory process to coordinate and promote policy development by writing an AIDS Plan. Had this plan been implemented beyond adoption in principle, the course of HIV/AIDS in South Africa might have been very different (2002, 146). The aforementioned *Sarafina II* musical production reveals the government’s intention to follow a successful formula, modeling its AIDS response upon earlier activist approaches, despite the ultimate descent of the project into controversy. The original musical had received acclaim in New York and London, portraying the anti-apartheid struggle through Zulu song and dance, and was subsequently made into a film which became South Africa’s first entry to the Cannes Film Festival. Thornton

observes, “The idea for basing an AIDS prevention message on an anti-apartheid film fused the South African politics of struggle with the public health problem of AIDS” (2008, 163). It also reveals the government’s perception of the arts as a natural and viable resource in AIDS prevention messaging.

Subsequent positive policy changes under Mbeki were vastly outweighed by denialism, dissension, public confusion, and racial and nationalistic rhetoric surrounding HIV/AIDS. Any progressive government HIV policy had to be fought for, and national roll-out of antiretroviral therapy did not occur until 2004, despite its availability at least five years earlier, and even then was limited in scope. Notably, this delay was in large part due to bigoted assumptions in the international community about the ability of Africans to adhere to ARV regimes, couched in concerns about the risks of non-adherence, which could lead to the development of drug resistant strains of the virus. In this environment, the Mbeki government’s resistance to the introduction of ARVs was tolerated by such influential international organizations as USAID. Beginning in 2000, the rogue diagnostic and therapeutic approaches of *Medécins sans frontières* (MSF) in the Western Cape township of Khayelitsha using generic Indian-manufactured drugs provided undeniable evidence that ARV treatment was indeed effective in South African “resource-poor” settings.

Regardless, Mbeki’s government labelled the Khayelitsha project a “political ploy” using “toxic drugs,” and only after several years of continued protest and treatment did ministers within his government begin to introduce reforms in line with these approaches despite the official policy of the president (Nolen 2007, 108; Natrass 2007, 64, 101). Provinces governed by parties other than the nationally governing ANC defied national policy on PMTCT, rolling out the drug regime to pregnant HIV-positive women that would prevent the transmission of the virus to their child, and promoting Caesarian births in some cases to minimize the risk of transmission (Natrass 2007, 189-90; Yengwa 2009). While some positive steps were taken throughout the early years of the new millennium, the official government response was disorganized, conflicted and often counterproductive.

Organized response by civil society

Meanwhile, seeing the nation on the brink of disaster, civil society organized itself to intervene. Zackie Achmat, an HIV-positive prior member of one of the ANC's left-wing factions, launched the Treatment Action Campaign (TAC) in 1998 after the government-sponsored National Association of People Living with HIV/AIDS had proven itself impotent in challenging government policy. TAC organizers intended to focus on national access to PMTCT and ARVs, particularly by fighting for access to generic drugs and forcing drug companies to lower prices. Instead they found themselves unexpectedly consumed in conflict with the very government which they had fought to bring to power with the anti-apartheid movement (Nattrass 2007, 46). Achmat protested the government's obdurate stance on ARVs by publicly declaring his HIV status and refusing to take antiretroviral medication. Eventually his health deteriorated to the point where he was begged by Nelson Mandela, and subsequently ordered by a motion of the TAC national congress, to take his antiretrovirals, with the argument that his death would serve no purpose other than to deprive the movement of his leadership (Nolen 2007, 192-3).

TAC has used a variety of tactics in its work. Its leaders focused on publicly shaming the pharmaceutical companies and the American government for its threats of trade retaliation in response to the challenge to patent laws. This generated a potential public relations scandal, as the media began to represent the pharmaceutical law suit against South Africa as "a lawsuit against Nelson Mandela and dying babies" (184) and report TAC's arguments that pharmaceutical companies "were putting profiteering above the right to life" (Nattrass 2007, 106). Although TAC had initial success with these tactics, securing the cooperation of several drug manufacturers, which over time lowered costs from R10,000 per month to R7,000 per year⁷ (106), they had to change strategies as their focus turned to the internal battle with the government. They appealed to the constitutional courts for the rights of women and children to

⁷ In Canadian funds, R10,000 currently equals approximately \$1,370, and R7,000 equals approximately \$960.

PMTCT, winning the case in 2002 (190). Achmat had attempted to illegally smuggle generic ARV drugs from Thailand in 2000, and TAC launched a civil disobedience campaign in early 2003, which included demonstrations, heckling of government speeches, and occupation of government buildings and police stations (114). Notably, the government responded on more than one occasion to TAC's interventions by labelling them the efforts of white male masterminds (116). One of Mbeki's associates, Christine Qunta, remarked in an opinion column in the South African newspaper, *Business Day*:

It seems as if white male rage is the black man's (and woman's) burden. . . . However, if the black middle class can observe white male rage at close quarters, the poor people of this country are in the paradoxical situation of suddenly having acquired white male champions in Parliament, at Afrikaans universities and on the streets. As to the cause of the poverty and their role in creating it, they assume black people's memories are short and their hearts big. It's interesting seeing these recent converts to the cause of poverty get their three minutes of fame, sometimes with Africans in the background like extras on a movie set. They do not speak. They are spoken for in the proud white liberal tradition of this country. (Qunta 2003)

These comments indicate another dimension of advocacy and activism as not merely a political, racial and economic issue, but also a class issue. Susser notes, "The colonial processes of missionary education, while contributing to a silencing of the colonized, had also educated men and women who would initiate the resistance movements of the early twentieth century" (2009, 69). During colonialism, numerous individuals, musicians among them, were able to attend mission schools and go on to study at universities both at home and abroad. However, the ability of black South Africans to participate in the educational and economic opportunities in South Africa has ebbed and flowed with the levels of white hegemony, and Susser further observes, "The very opportunities through which, among others, the ANC leadership and Nelson Mandela himself had managed to obtain law degrees at major South African universities were reduced in the next generation" (69). Qunta's comments indicate the degree to which perceptions of paternalism may play a role in the ability of those outside the black South African community to advocate for the human rights of this community. Significantly, however, the black South African middle class, which now largely

controls the government, has been historically divided on the political agenda for HIV/AIDS. This is also a likely reason for the weak response of the government and the attempts by other communities to intervene.

Susser notes the early formation (under apartheid) of groups representing the community of white, gay men affected by HIV, also advocating for the rights of sexual orientation in the new constitution. As well, women's health advocates included both anti-apartheid activists and feminists, who organized around women's sexual and reproductive rights. In fact, many of these groups worked alongside or even with the ANC as one of its factions under apartheid, while many of the ANC's leaders and members were in exile during the time that the ANC was banned.⁸ Susser writes:

Like the international progenitor of non-violent resistance Mahatma Gandhi, who began his lifetime of organizing as a lawyer in Durban, such intellectuals were not necessarily all from among the poorest. . . . Many of the health advocates and feminist and lesbian/gay activists could also be characterized as organic intellectuals from different sections of society working to articulate and address class inequalities. Along with the ANC in exile, they were among the earliest groups in South Africa to recognize the threat of AIDS. (74)

Despite this early cooperation to overcome both racial and class inequalities, the eventual divisions arising between these groups over HIV/AIDS policy after the ANC's ascent to power are symptomatic of the tenacity of concepts of race and class in defining where power should be situated.

TAC, on the other hand, found itself uniting against the new hegemonic black middle class represented by the governing ANC, as TAC's leaders and members came from all walks of South African society. Likewise, thousands of organizations representing all sectors of society have risen up in the last decade to address HIV/AIDS. A current directory of these organizations is maintained by HIVAN (the Centre for HIV/AIDS Networking), located at the University of Kwa-Zulu Natal. This database, housed at www.hiv911.org.za, currently lists

⁸ Susser notes that Mbeki, Dlamini-Zuma and others who later emerged as key figures in the HIV/AIDS policy debates were exiled to the Soviet Union during apartheid, and in many cases educated there or in the United Kingdom, while Zuma's political preparation took place on the bases of the ANC guerilla wing in neighbouring African countries (2009, 75).

more than 15,000 such organizations in South Africa. These vary greatly, from hospitals, clinics, laboratories and testing centres, to university and government departments, to youth councils and community-based organizations, to human rights law firms, to churches, temples, mosques and other faith-based organizations, to counselling and advocacy organizations. Some are South African grassroots organizations. Many are international NGOs.

Nair and Campbell, both of whom are affiliated with HIVAN, note that particularly in rural areas, progress in HIV/AIDS treatment and education has often been made by NGOs rather than government departments and programs. Within government initiatives, they argue, bureaucracy, low levels of education and communication, and overall climates of hopelessness among civil servants often impede meaningful progress. By contrast, NGOs, although frequently small and underfunded, have typically been run by deeply committed and often well-positioned individuals who have connections to external communities and resources, and who work within communities to mobilize internal resources (2008, 49). As such, they conclude, productive partnerships between organizations in resource-poor communities inevitably require grassroots community development initiatives, access to financial and practical resources, and formalized support structures within which these elements can come together (52). While this may seem a logical enough conclusion, the lack of any one of these elements has been a significant barrier to the sustainability of many HIV/AIDS initiatives throughout South Africa.

In another publication which draws on this research (Campbell, Foulis, et al. 2004), the authors write that successful youth HIV/AIDS prevention programs:

- provide knowledge about HIV/AIDS
- focus on development of critical thinking skills
- foster an environment of solidarity in which to construct group identity
- provide a sense of empowerment to motivate changed behaviours
- connect participants to supportive social networks
- ensure access to services, resources and links to outside support agencies

They identify challenges to each of these components, and conclude by arguing that organizations need to ensure their own capacity and resources, staff commitment, adequate funding, and participation of the target audience (in this case, youth) in the organization's "internal workings." Organizations also need to ensure active participation from the community to mitigate dependency on the organization, and develop networks and establish partnerships within and beyond communities to bring about economic, political and social change (36-8).

Music and activism

The arts, and music in particular, have a long-established relationship with activism in South Africa, most notably regarding race relations and oppression under apartheid. On this subject, Ingrid Byerly presents a helpful survey of what she terms "Music *Indaba*," using a Zulu term which means "both an update on topical matters and a conference, symposium or meeting-place at which members of a group contribute equally towards the solution of a problem. It suggests combined efforts at working towards consensus through discussion of matters concerning the group as a whole" (1998, 1). She argues that periods of particular political strife and volatile relations between races and classes sparked periods of musical creativity within South African subcultures, and observes three functions of music in this context. The symbolic function she likens to a mirror with an ability to retrieve, express or preserve identities. Secondly, music had a practical function as a vehicle of communication both within and between segregated groups, acting as a mediator. The third function, following the proposals of Attali, was tactical, mobilizing social change in a prophetic mode by performing political developments before ever they came to pass (8-29, *passim*). She makes a further observation of vital relevance to the use of music in activism, presenting several supporting examples: the intentional use of music as a means of promoting social change in South Africa has been highly unsuccessful as a top-down effort of the government, as the public has perceived such attempts as manipulative, disingenuous and potentially propagandistic (29-30). On the other hand, bottom-up approaches have been publicly perceived as free from hegemonic influence,

and taken rather as genuine and authentic reflections of artistry and collaboration (35).

Byerly's observations provide an additional layer of understanding for the failure of the 1996 government-initiated *Sarafina II* project, which bears striking similarities to the apartheid government's 1986 initiative to release an official peace song (29): both initiatives elicited public outrage over misuse of funds and rejection of what was perceived as a propagandistic message. Moreover, these observations help to explain why very little information is available on official programs which make strategic use of music. Any such efforts, should they exist, may be either ineffective or uninteresting to the public, and subsequently pass without notice. On the other hand, the use of music by grassroots organizations has received slightly more attention and is more readily observable both in the literature and in my own fieldwork experience.

Grant Olwage's edited volume, *Composing apartheid: Music for and against apartheid* (2008), observes the role that music played during apartheid and the years leading up to it. The contributors examine aspects of music across South African society, discussing a wide variety of genres, cultural traditions, and uses of music, portraying the permeability of institutionalized boundaries (259) and the heterogeneity of politics and perspectives within institutionalized factions (7). In her contribution to this volume, Shirli Gilbert presents apartheid protest music as both an important aspect of the ANC's official strategy of resistance as well as a ubiquitous, naturally-occurring presence throughout society. She notes that early ANC leaders resisted launching official cultural protest groups because they perceived that protest music, in the form of freedom songs, was omnipresent at rallies and political events, and perhaps too "common" to "elevate . . . into Art" (166). Nonetheless, she describes the establishment of two well-known and successful musical/dramatic ensembles, Mayibuye and Amandla, whose primary roles were to raise awareness, foster international solidarity for the South African anti-apartheid movement, and garner financial support for the ANC (163). Thabo Mbeki himself, she writes, argued that "affirming black South African culture was integral to the process of liberation, since what was necessary was not only

eliminating the outward manifestations of oppression, but also its attendant individual and collective psychological effects. Asserting culture was a rebellious act of asserting national identity and refusing colonized status.” (172). Oliver Tambo, leader of the ANC during this period, himself penned lyrics to some of the songs performed by Amandla. Gilbert’s account demonstrates both the perception and historical precedent of music’s utility in protest and resistance in South Africa.

Elsewhere, in one of few available sources on the subject of freedom songs of apartheid, Gilbert confirms my finding that surprisingly little has been written on the topic (2004, 11). However, the role of freedom songs in the anti-apartheid movement is articulately presented in the 2003 film, *Amandla! A Revolution in Four-Part Harmony*, directed by Lee Hirsch.⁹ The film includes unforgettable scenes of marching masses, singing and dancing Toyi-Toyi in breathtaking synchrony, facing armed riot police with only stones and the joyful, seemingly light-hearted songs that surreptitiously proclaim chilling warnings to the apartheid regime in African languages that would not necessarily be understood by their opponents. This generates an image of the anti-apartheid movement as musically infused with determination, passion and unity of purpose. Significantly for this paper, the film also brings attention to the creativity of the activists and musicians who wrote new songs for the fight or adapted religious and traditional songs to the new situation by, as activist S’busiso Nxumalo explains, laughing, “Putting an AK here, taking out a Bible there” (Hirsch 2002).

Byerly evaluates the documentary as a gross oversimplification, arguing that it overemphasizes the role of music in ending apartheid, as if song itself were responsible for this political achievement, and that it presents the anti-apartheid movement itself as a uni-directional revolution of dissidents against a monolithic regime. Rather, she writes, “What mobilized final actions, catalysed consensual changes, and ensured historical transitions was not a uni-directional ‘revolution in four-part harmony’ by a single group, but a multi-directional ‘*indaba* in

⁹ The word *amandla* is a Zulu one meaning “power,” and the film depicts crowds chanting “Amandla!” with raised fists at rallies. Its use in this context should not be confused with the ANC’s cultural ensemble, Amandla.

polycultural polyphony' involving both the powerful and the powerless" (2008, 263). She argues that a simplistic portrayal "denies seminal musical dissidents their rightful place in the history of the *indaba*" (262). Byerly's reservations aside, the film addresses a subject which seems to be overlooked, by and large, in ethnomusicological literature. Moreover, no writing could ever convey the courage and strength of activists, musicians and the masses united behind them, nor the almost unimaginable injustice they faced, as effectively as the songs and images of a film.

It seems that few people have proposed to transfer the musical approaches of the anti-apartheid movement to South African HIV/AIDS activism and advocacy, and any such efforts have not had a comparable impact. Nonetheless, a significant number of arts organizations are listed in HIVAN's database, and HIVAN itself has an entire department dedicated to arts initiatives, so clearly the arts are seen as a valuable resource in other capacities. Bren Brophy, the Cultural Arts Consultant in the Communications, Arts and Advocacy Unit of HIVAN, shared with me the two-fold vision of its culture and arts programme:

To contribute to the development of a culture of human rights and a better dispensation for communities touched by HIV and AIDS. To magnify the role of culture and the arts and cultural/community responses to the issues and challenges surrounding the HIV pandemic.

Bren also introduced me to this unit's two main initiatives, the Highly Effective Art (HEART) Programme and Artists' Action Around AIDS (AAAA). A document which lists the projects undertaken under the auspices of each between 2004-2009 notes that the HEART Programme "[responds] to the needs of communities and the emerging capacity of cultural arts workers" and includes "community based participatory workshops that use art making as a vehicle for advocacy and expression as well as providing a tool for the transferral of new knowledge and skills, particularly as concerns treatment literacy and wellness management." Meanwhile, the AAAA campaign focuses on public awareness by "developing exhibitions and presentations for a broad audience" (HIVAN 2009b). Many of the projects focus on children and youth, in workshops which use primarily visual art, while many of the other projects focus on the provision of

visual and print resources for use with children or community organizations. HIVAN's team of researchers and fellows, many of whom I have cited above, have contributed to a number of educational booklets for use by community organizations.¹⁰ As well, two books for children have been produced for use with children whose family members are HIV-positive, or are themselves HIV-positive. Both use the narratives and artwork of children, and provide frank information about HIV transmission, detection, treatment, and social/emotional aspects of living with HIV.¹¹

HIVAN is also involved through its partner organization, DramAidE, in the national campaign, "Scrutinize," sponsored by Johns Hopkins Health and Education in South Africa with significant financial support from USAID, PEPFAR and Levi's. One main resource is a toolkit provided to organizers at university and college campuses for a four-day campaign to educate students about high-risk sexual behaviours and encourage them specifically to "check out (or *Scrutinize*) their risk of HIV infection in relation to their sexual partnerships and behaviours and **to take action** to reduce their risk" (John Hopkins Health and Education in South Africa n.d., 2, emphasis original). The campaign promotes "entertainment education" and the use of arts and culture to draw new, fresh interest to the subject of HIV, about which, the toolkit suggests, many students simply have "AIDS fatigue" (12). Involving peer educators and health promoters, university administration and health care services, and local artists and performers, this program provides a nation-wide message with a recognizable brand supported by a multimedia campaign featuring a cast of animated characters.

The campaign's slogans, at the very least, seem to have reached youth. During the workshops with the BAT Centre students, I overheard the word "Scrutinize," uttered in tones similar to those of the campaign's animated character, Victor. I also recognized slogans from another prominent national

¹⁰ Two of these are *Supporting Youth: Broadening the Approach to HIV/AIDS Prevention Programmes* (Campbell, Foulis, et al. 2004) and *Understanding and Challenging HIV/AIDS Stigma* (Campbell, Nair, et al. 2005).

¹¹ *HI, Virus!* (Moodley, Brophy and Cobham 2007) and *Babiza's Story* (Ndlovu 2005).

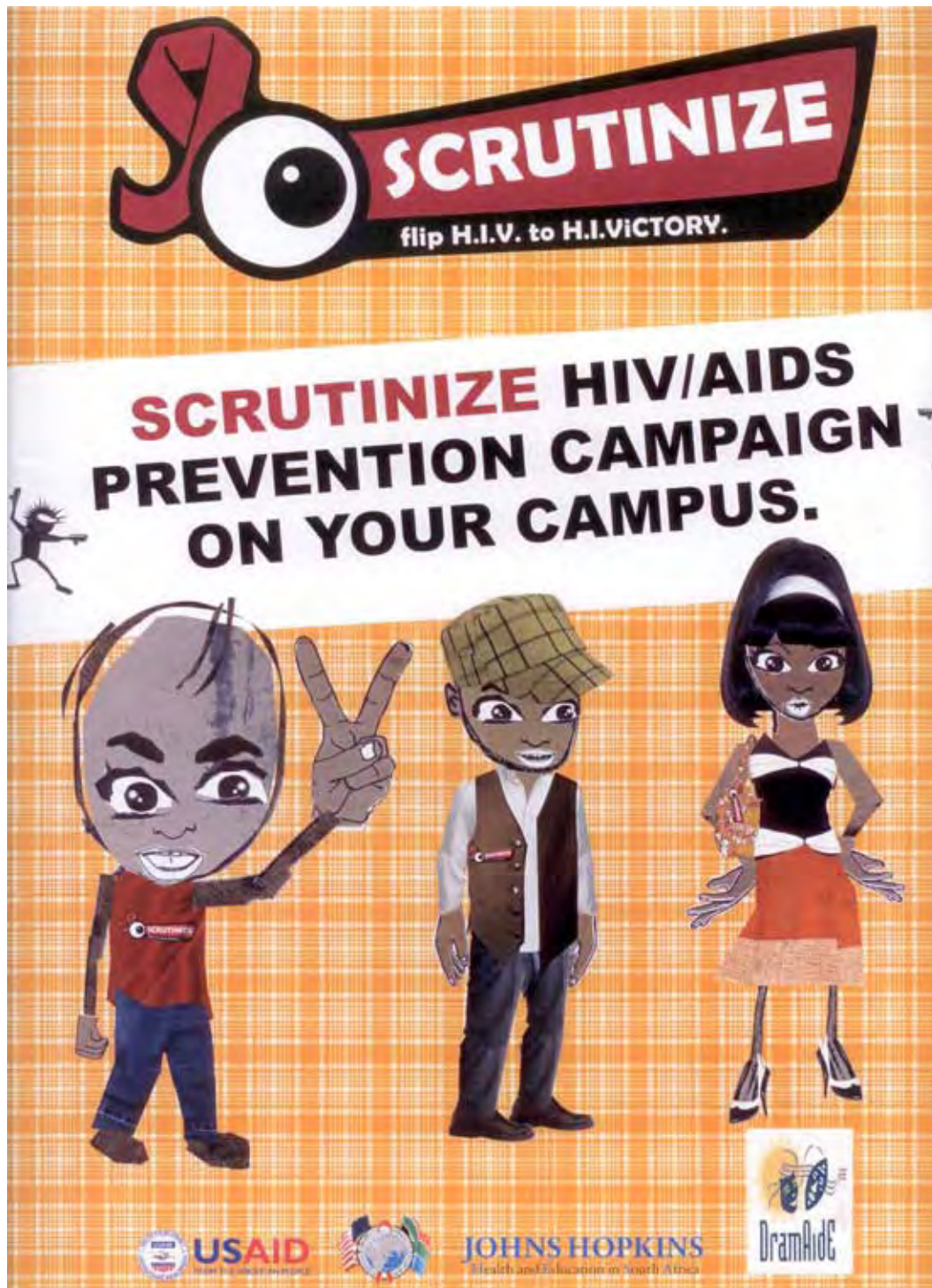


Figure 1. Cover page from *Scrutinize* campus campaign toolkit
(Johns Hopkins Health and Education in South Africa n.d.)

campaign, “loveLife,” in the lyrics and poetry of the students. “loveLife” is another national organization, funded primarily by the South African government and other businesses (mostly South African) and foundations. In its strategy, music features again as one facet of a “brand” for positive living. Their website notes:

Arguably, the form of political mobilization of youth in the 1980’s has given way to mobilization by popular youth culture – organized around music and sports icons, television programmes and popular entertainment. . . . loveLife is positioned as a new lifestyle brand for young South Africans – part of popular youth culture of music, fashion, pop icons and commercial brands, communicated largely through commercial media. (www.lovelife.org.za/corporate/index.html)

Their strategy reflects a similar perspective on the utility of music in HIV/AIDS awareness programs: while music is often included, it is generally valued for the star power and influence of the artist or its ability to draw people’s interest to the program proper. In fact, the “Scrutinize” toolkit notes that entertainment education is “almost like a chameleon, it’s a camouflage to get an educational message across to people using entertainment” (Johns Hopkins n.d., 11).

Likewise, the media company, mat@hboxology, which consulted on the “Scrutinize” campaign, presents music as a powerful social influence to be tapped for branding and communication purposes. Their website cites their work on a number of projects related to HIV/AIDS, and one branch of their business, which they dub Musicology, focuses on music research, creative direction, artist and repertoire direction, procurement and project management. They position these services as tapping into the social capacity of music:

Musicology is Sponsorship 2.0. It starts with embracing a world where music and brands are two of the most powerful social influences in societies. In rapidly evolving societies, music is perhaps one of the most visible lenses with which to view the clash between globalisation and tradition. Developed as a distinctive mat@hboxology discipline, Musicology allows us to understand the culture and business of the industry from within. Musicology taps into the marketing energy of music by identifying inspiration opportunities that naturally link to the brand, organisation or social cause. Musicology develops these natural inspiration points into proprietary and ownable properties for clients. Instead of signage and branding, you become part of the social energy of

music. (http://www.matchboxology.com/index.php?option=com_content&task=view&id=%2018&Itemid=31)

While matchboxology is perhaps unique among those strategically using music in that they acknowledge its social capacity beyond its entertainment value, in the end they also see music primarily as a resource or a commodity in service of another message or goal. In fact, these marketing-based approaches may have limited effectiveness. An article by Zisser and Francis, evaluating the success of the loveLife program, observes that AIDS fatigue causes target audiences to lose interest in the issues raised, “ironically before much discussion among young people has even taken place” (2006, 193). Perhaps this suggests that a marketing-based approach to prevention and awareness introduces associations with forgettable, short-term commercial campaigns which are unable to stimulate sustainable levels of interest, treating the audience as passive consumers of information rather than stimulating the discussion that is required to shift perceptions and tap into the intersubjective construction of such concepts as sexuality, responsibility, and health.

Moreover, none of these organizations seem to harness the performative potential of music to propose or assert a new position for the HIV-positive person in society. In conversation, Bren Brophy mentioned to me that the advent of antiretroviral therapy has changed reality: entire generations of people who were not expected to live are now surviving and wanting to thrive in an often unwelcoming environment. He observed that people living with HIV/AIDS (PLWHAs) now form a subculture within South Africa, and that cultural expression, therefore, needs to shift – and, he suggested, already is shifting – from prevention messages to advocacy for the HIV-positive population.

Other countries hit hard by HIV/AIDS have had more success than South Africa in reducing rates of new infections. Uganda in particular was the first sub-Saharan country to realize declining prevalence rates in substantial numbers, reduced to 4.1% of adults 2003 (UNAIDS 2007, 11). Because of this, some have deemed Uganda a success story, regarding the methods of intervention employed in the 1990s as leading to behavioural changes that halted the spread of HIV. The 2007 AIDS Epidemic Update published by UNAIDS, however, introduces a note

of caution, reporting an increased prevalence rate of 6.7% by 2005 and stating, “There is an urgent need to revive and adapt the kind of prevention efforts that helped bring Uganda’s HIV epidemic under control in the 1990s” (11, 18).

Thornton observes some contrasts between South Africa and Uganda which partially explain the differing success rates. He writes:

Uganda has . . . [developed] a huge cultural industry around “AIDS theater” in churches, schools, government departments, workplaces and villages. . . . The theater of sexuality and AIDS in South Africa has been of a much different sort, played out in courtrooms, on the street in demonstrations, and in the press. While in Uganda theater has been collaborative and part of the new nation-building project after the installation of the new government under Museveni . . . the South African theater has been oppositional, combative, and often secretive. (2008, 30-1)

While he sees these varying approaches as significant, the focus of his study is not on politics or prevention programs. He notes that the approaches to education and prevention have not differed greatly in the two countries, and that as well, “statistical aggregates of sexual behavior data show that Uganda and South Africa are not abnormal compared with countries in the rest of the world” (57). Rather, he argues, the differing trends of prevalence are explained solely by differences in the configurations of sexual networks in each of the two countries. He traces the causes of these different configurations directly back to the disenfranchisement of black South African landowners and the subsequent erosion of kinship as an influential factor in social control, as compared with the continued ability of kin groups in Uganda to pass land on to family members and the corresponding social control they may exercise over these members. These essential differences, he argues, have led to marked contrasts in societal structure between the two countries (60-1).

Barz argues that integrated prevention efforts in Uganda are perceived by local activists as highly successful in conveying information and changing behaviours, and focuses on the musical aspects of some of these initiatives. However, Thornton’s theories suggest that perhaps what has been activated in Uganda is less individual motivation to change behaviour, than a greater level of social control over individuals by influential members of society. In fact, the lyrical examples Barz provides often include morally laden messages, identifying

promiscuity and adultery as the cause of infection, and admonishing people to make “right choices.” Barz himself muses on the problematic nature of such messages when he considers a song sung by children aged two to four years old, which concludes, “AIDS is finishing you; Ask God to forgive you” (2006, 22-23). He describes the music of village women, relating several examples which focus on the experience of being ill with AIDS, along with pleas to young people to go for testing, rather than any sort of message against the position in which they find themselves powerless – if any such songs exist, he has not included them (77-108, *passim*). He also describes individuals who work within and across their religious traditions, singing to diagnose, comfort or educate their colleagues. While a marginal level of resistance against judgmental or silencing religious messages may be detected, overall I interpret the music presented by Barz as used by individuals working within established hierarchical social structures in Uganda.

Key messages in South African music relating to HIV/AIDS

The above observations about HIV/AIDS awareness and education initiatives in South Africa to date, along with my fieldwork in South Africa, have led me to conclude that music has been linked primarily to branded educational messages in official initiatives. As well, contemporary programs do not seem to conceptualize or address the HIV/AIDS epidemic as resultant of the structural inequalities which research confirms exacerbate prevalence, but focus on prevention, emphasizing the individual’s responsibility to change sexual behaviours. However, it is clear that a complex network of social factors contributes to individual choices. The intersubjective construction of identity presents a particular range of choices to people, even as demonstrated statistically by the prevalence of multiple concurrent partnerships among black South African youth (Kenyon et al 2009). All this suggests that a focus on behaviour change at a purely individual level will fall short, and that attention must be given to factors which contribute to prevalence within particular populations. As well, initiatives to change broader social perceptions are required to support change in individual behaviours.

Unfortunately, initiatives of this nature are all but non-existent among organized government programs, and also, surprisingly, among the major civil society organizations. Although the early HIV/AIDS activism of TAC was confrontational and attacked inequalities of access to treatment, critiques against socioeconomic inequalities as a contributing factor to HIV infection seem to have been primarily invoked from the denialist standpoint, rendering these particular grounds of engagement unviable for activists. Social contributors and social experiences of HIV infection are therefore minimized in preference of a focus on the individual.

Moreover, despite some of the similarities between apartheid and the HIV epidemic, and despite the rhetoric which sometimes links the two, it does not seem that music has been invoked in HIV activism to an extent in any way similar to the anti-apartheid movement. I have found no accounts of any significant musical aspects of official civil resistance campaigns, and the primary musical messages of government-sanctioned initiatives tend to be educational ones about prevention. Whereas the perceived success of initiatives in Uganda may be attributed to their collaborative approach, it must also be noted that Uganda's current political and social environment may facilitate these musical messages since they appeal to and work within existing social structures and power equations. In South Africa, political and social confrontation have featured so prominently for so long, one might speculate that the shifts in political power have rendered the tools of the prior struggle against inequality inappropriate or powerless within the current terms of engagement, and that thus far efforts toward collaboration have been tentative at best. Both of these are possible reasons that music has not featured prominently in HIV activism, and rather, has been more valued for its educative capacity.

In a study from neighbouring Zimbabwe, Pietrzyk notes that cultural activism, which she defines as encompassing visual, literary, dramatic and musical arts, is an important means by which HIV/AIDS knowledge is generated. Cultural activism figures prominently in the proliferation of civil-society-led organizations funded by international donors in Zimbabwe (2009, 481-2), and

many successfully provide a space for the performance of the subjectivity of HIV, which Pietrzyk sees as significant in Zimbabwe, where the vigorous pursuit of national identity in recent years effectively “shuts out the individual” (487).

While Pietrzyk focuses primarily on Zimbabwean poets, this function of subjective performativity is precisely the role that the music of individuals and grassroots organizations finds in South Africa, as distinct from the official uses of music in national government-led campaigns. Where these official programs have focused on education and prevention, unofficial initiatives focus on advocacy. Although some of my research participants also promoted the use of music to carry messages about abstinence and safe sex, overwhelmingly the musical messages were about the position of the HIV-positive person in society, the stigma of HIV, the importance of testing and therapeutic adherence, and support and encouragement of people living with HIV/AIDS. Even more importantly, these musical performances and interactions provided a venue for enacting new social relations, negotiating new identities, resisting prejudice and demonstrating care and support. In the highly-charged political environment of HIV/AIDS in South Africa, unofficial, grassroots initiatives address the gaps left by the organized programs of government and civil society. As I turn to the experiences and activities of my research participants, it will be evident that these people have identified very real needs in their communities and are intent on using their musical resources to address them. Moreover, it will be evident that the functions of music Byerly has identified in the context of the anti-apartheid movement – as a mirror of identity, as a mediator within and between segregated groups, and as a prophet of new social relations through intersubjective experiences of performance – are also at work in deep and meaningful ways in the context of bottom-up, rather than top-down, HIV/AIDS advocacy.

Chapter Five – Case studies: Musicians leading HIV/AIDS advocacy initiatives

I grew up singing . . . Now it's in my blood.

– Thabo Chirwa (Chirwa and Khumalo 2009)

Anytime you still have blood left, you could dance this traditional dance.

– Male member of Siphithemba (Siphithemba Choir 2009)

Emerging from the void unaddressed by government prevention programs, the groups and individuals with whom I was privileged to conduct research demonstrated the response of black, primarily Zulu South Africans from the Durban area and more ethnically diverse South Africans from Soweto to the needs they saw in black South African communities, as well as their desire to contribute their resources to mitigate the toll HIV is taking on their society. In some cases this meant getting involved in prevention and awareness; in other cases it meant forming a community of support; and in still others it meant taking a public role in calling for changes to public policy, religious institutions, and public opinion. Three of these groups have made HIV/AIDS central to their work, while three address it within the context of their other priorities. These six cases, I am certain, represent only a minute sample of the artistic responses to the challenge of HIV/AIDS in South Africa. Some have become well-known, while others work quietly in the background in their local communities. All confront any idea of HIV/AIDS as an insurmountable challenge in South Africa, calling on individuals and local communities to find solutions that address root causes and support change.

Memeza Africa: “You’ve got a right”

In 2004, Holly Wright went on a two-year contract to Johannesburg, South Africa with the engineering firm for which she worked.¹² Back home in Canada,

¹² Information about Memeza Africa and Edzinkulu is compiled from interviews and conversations with Jim and Chris Newton and Tim Senger of Edzinkulu; Holly Wright, Carlene Shaw, Jimmy Mulovhedzi, Bobo Setle, Mninawa Mangweni, Thabo Chirwa, and Nathi Khumalo of Memeza Africa; the websites of Memeza Africa (www.memezaafrica.org) and Edzinkulu

Holly was an aspiring singer-songwriter with experience playing in an acoustic folk group. She had written a song to honour a friend who had died of AIDS in the early 1990s, and finding herself in South Africa, where music was omnipresent and the death-grip of AIDS on the population was so evident, had the idea to rerecord this song in collaboration with a South African choir. Attending a concert of the internationally renowned, Grammy award-winning Soweto Gospel Choir one evening, she approached their director, David Mulovhedzi, to gauge his interest in such a collaboration.

David suggested that Holly contact his son. Jimmy Mulovhedzi was a long-time leader of the Holy Jerusalem choir, affiliated with a church descended from the Holy Jerusalem Church founded by David's grandfather in 1940, a feeder choir for the Soweto Gospel Choir. Jimmy said that the two choirs are in fact "the same," with the Soweto Gospel Choir assuming its name in order to sound more inclusive on recordings and tours. Both told me that when Holly approached him with her suggestion, they felt an immediate connection. In the concerts, Holly consistently told the story of meeting Jimmy's choir for the first time. When she and her partner, Carlene, got out of the car in the Soweto alley where approximately ninety choir members were assembled, they were greeted with a welcome song. To bewilderment of the South Africans, she burst into tears, overwhelmed by their sound and their warm welcome. In the group's Red Deer concert on their 2009 tour, which I attended, Jimmy joked, "We were very surprised, we're not used to the crying. We sing a song, a happy song welcoming this lady and she's crying. But then we came to Canada, and now we understand. Canadians love to cry" (Memeza Africa 2009b).

Holly described to me the process of working with the group who was selected for the recording project, as well as subsequent songs that they began to rehearse together. For her, the choir's energy, sound and "soul" added to her

(www.edzimkulu.org); the Edzimkulu-produced documentary, *End Stigma*, directed, filmed and edited by Tim Senger; fieldwork observations with Memeza Africa, including attendance at six of their Alberta concerts; and interviews with community health workers Nontsikilelo (Ntsiki) and Babalwa in Ndawana, South Africa, where I was hosted by Canadian volunteer clinic nurse, Janelle Bickford.

composition, and she suggested, for the choir, the impact of the lyrics was significant. She also commented that they also loved having new material, because they tended to do the same gospel style all the time, although Jimmy does compose original songs in that style. She said they began to share and adapt their musical styles to each other, and that adding to their traditional/gospel SATB style, she introduced them to “dissonant western harmonies that resolve” (Wright and Shaw 2008). They also added Zulu lyrics, which Holly learned phonetically, to other songs she had written, and choreographed the choir’s movements.

Holly and Carlene were aware of the work of fellow Edmontonians Jim and Chris Newton, whose organization Edzinkulu¹³ was at work in the remote village of Ndawana, at the foot of the Drakensberg mountains. During a camping trip in South Africa, the Newtons had been confronted by the evident needs of the communities around them, and began to discuss possible ways they might be able to help. They stumbled across a property near the town of Underberg which, it occurred to them, would serve well as the headquarters for some type of development organization, and suddenly found themselves moving to South Africa. They began to search for a community in which they could make a contribution, when they read a letter to the editor of a local newspaper written by Zanele Mhkwanazi of Ndawana, declaring that the rural people of South Africa were being neglected by the government, left to die and fend for themselves against the harsh realities of poverty, HIV/AIDS, orphans left without families to care for them, and lack of basic services and education.

Moved by the passion and commitment of this young woman, Jim and Chris, supported by the fundraising efforts of the Edzinkulu society which they established back home in Edmonton, began to work with Zanele and the people of Ndawana, government departments (particularly the local health district), and other NGOs. Together, these various players collaborated to increase levels of government support to individuals and families, build a community health centre, train community health workers, and introduce HIV/AIDS care, including

¹³ Edzinkulu is a coined word, merging of the names of the two communities, Edmonton, and the Umzimkhulu River which flows near Ndawana.

education, testing, counselling, and eventually roll-out of ARV and PMTCT regimes. The village of approximately 4,000, which staggered under the weight of the stigma of HIV in 2003, now has a testing rate of approximately 50%, which, their website notes, is likely higher than anywhere else in South Africa (http://www.edzimbuku.org/who_we_are/our_work.html). Beyond the introduction of basic health care to Ndwana and eventually surrounding communities, other efforts have included orphan support, education and literacy projects, employment training, and microenterprise and permaculture projects.

On December 1, 2005, the opening ceremony for Ndwana's new community health centre was held, and Holly, Jimmy and several members of the Holy Jerusalem Choir joined in the celebrations by performing a song written especially for the occasion, based on the actions and words of Zanele Mkhwanazi, "Make Some Noise." Local school-children, whom they had taught the chorus of the song, performed it with them, and they also performed the original song that had brought the group together, "The World Shall Love Again."¹⁴ Holly told me that several people said that they felt this song had universal appeal, and that the courage it took HIV-positive people to speak out against prejudicial treatment was the same whether their home was Canada or South Africa. The group was treated like celebrities by the local residents, such status lent to them by their affiliations with the Soweto Gospel Choir and their origins in the "big city."

Following up on this collaboration, Jimmy and Holly decided that they wished to continue working together, but that they needed a core group. They named it Memeza Africa, *memeza* being the Zulu word for "shout." Their goal, they each told me, and repeated in every concert I attended, was to bring Canadian and South African worlds together, fusing the spirit, music and culture of each. The original group comprised twenty-two South African members, selected, according to Holly, on the criteria of loyalty and dedication, rather than ability. They planned to bring the group to Canada, and so the group's composition was affected when some people were unable to get passports, and

¹⁴ See Appendix A – Poetry and Song Lyrics for complete lyrical transcriptions of both songs.

when others had jobs they could not leave, not wanting to jeopardize their stability. They designed a costume, with the help of Jimmy's sister, Sarah. They did some recording, both audio and video, and then Holly and Carlene returned to Canada in 2006 to raise funds for a tour.

In June 2007, Sarah, who had been sent home ill from a tour with the Soweto Gospel Choir, died of AIDS. The group members mourned her, carrying the knowledge of the cause of her death in silence. Holly began to write a song in her memory, but left it incomplete, feeling that she wanted to collaborate with Jimmy, whose arrival in Canada was imminent. They had felt that the group was starting to doubt whether or not the tour would ever happen, and so arranged for Jimmy to visit Edmonton in September, coordinating appearances on radio shows and other performances, hoping both to stir up interest for a tour in Canada and to allow Jimmy to carry his enthusiasm for the project back to the group in Soweto. Holly often described in concert how she came home from work one day to find Jimmy working on a song. He said he would like to play what he had started writing for Sarah. In concerts, she explained, "I started singing what I had written for what he was playing, and it turns out we pretty much wrote the same song." As the song is entirely in Zulu except for Holly's two English verses, Jimmy usually introduced the song, called "Thokozile," which is Sarah's Zulu name, by explaining that it addresses her daughter, Noluthando. The lyrics say, "How will I explain to Noluthando that her mother need not have died?" and conclude, in Zulu, "*ulale kahle*," which translate to English as "rest in peace."

The long-anticipated tour came about in early 2008. Not long after their arrival in Canada, it became clear that one of the South African members of the group was extremely ill. Although they were able to get her initial treatment in Canada, they knew that without follow-up in South Africa, her situation was dire, if she was HIV positive, as they suspected. The group performed at Edzinkulu's annual fundraiser, and discussed the situation with Jim and Chris Newton, who were home for the summer. Jim and Chris agreed to have the choir member return with them to Underberg to receive treatment, support and counselling at the Ndawana community health centre. During this time, it was very evident that the

choir was suffering from the effects of stigma themselves – the topic of HIV/AIDS was not discussed, despite the serious illness of their group member and the death of Sarah and other close friends and family members. Returning to South Africa, one of the other members of the choir travelled with the sick girl to Ndawana, to provide support. Chris noted that things were far from straightforward. The girl was unwilling to discuss her HIV-positive status, stated she did not know why she had been sent to Ndawana, and refused to participate in any of the support groups or to talk with her Memeza colleague, demanding instead that Jimmy come. They recounted asking her colleague, Fefe, “Does she know you are here to be her treatment supporter? Does she know that you know her status?” Fefe replied, “Well . . . everybody knows her status but she hasn’t admitted it to anyone” (Newton, Newton and Senger 2009). Agreeing that she needed more support to progress in her treatment, Chris and Jim asked Jimmy to come to Ndawana. He came, bringing along several other choir members.

Jimmy described the surprise he and the rest of the group members felt about the openness of the community about HIV. Individuals spoke openly about their status. People came and went during daylight hours to take their ARVs at the clinic. Extremely uncharacteristic of most voluntary counselling and testing (VCT) programs, HIV tests were administered by local community health workers trained for the job. In fact, noted Chris, in the beginning, no one within the community believed anyone would ever trust someone local with the knowledge of their HIV status. However, convinced that PLWHAs required local support, and that the only way to accomplish this was by having local people run the VCT program, rather than a mobile testing program which came to town periodically, she urged them to reconsider, a development which she feels was a major step in overcoming stigma within the community. Tim Senger, a past Edzinkulu volunteer and the producer of a recently-completed documentary on Edzinkulu and Memeza, mentioned that the village has also instituted a practice of ringing bells at 7:00 a.m. and 7:00 p.m. to remind people to take their ARV drugs, a very public indicator of the way in which HIV/AIDS has been normalized within the community.

Encouraged by the example of the people of Ndawana, members of Memeza began attending support groups, and after a time, they decided that not only would they all take the HIV test, they would disclose their results to each other. Several members told me how nerve-wracking the initial group meeting was, as both positive and negative test results were disclosed. Mninawa told me that despite the difficulty, they were confident of the group's support: "In Memeza, we are a family" (Mangweni and Setle 2009). Thabo agreed, "We support each other, we don't discriminate [against] each other. We stand [next] to each other" (Chirwa and Khumalo 2009). In fact, the family nature of this group of musicians seems to be key. Erving Goffman writes that people who acquire a stigma may feel caught between their old and new worlds, between pre- and post-stigma contacts (1963, 87). Because Memeza decided as a group to support and be open with each other, they model a holistic level of community support, where stigma is removed from an entire family, network or community, which allows those with both positive and negative test results to support each other pre- and post-diagnosis.

By this point Memeza had seen the outreach work that Edzinkulu support groups were doing in surrounding communities and felt that they could assist with their music; but they felt that in order to be effective, knowing their HIV status was not enough: they must also be prepared to disclose it to the people with whom they were working. Inspired by the testimonies of the support group members at these outreach meetings, Bobo notes that the choir came to a consensus to disclose: "Some of the people, they will ask you, 'You say I must get tested . . . have you ever tested?' . . . You just have to give him the right answer. You don't have to hide anything. Because if you hide something, that means you are not supporting him or you are not encouraging him the right way so that he can do right things" (Mangweni and Setle 2009). Testing and disclosure, then, were for Memeza not only a means of confronting the fear they had about learning their HIV statuses, they were also a strategy subsequently employed to encourage other people to test, and a means of ensuring their own personal authenticity as they worked with others.

Anthropologist Steven Robins draws upon Victor Turner's theory of the ritual process in his study among individuals enrolled in South African ARV programs affiliated with TAC and MSF. He argues, "It is precisely these processes of illness, stigma and treatment that provide activists with the 'raw materials' with which to construct new HIV-positive identities and social solidarities" (2006, 314). The first phase of Turner's ritual process, separation, can be seen as the experience of receiving an HIV-positive diagnosis, due not only to the social isolation of stigma, but possibly also the experience of illness itself, when the individual is so sick that communication is virtually impossible. The individual crosses over to the second phase, liminality/communitas, when he or she seeks biomedical treatment, joins a support group, enrolls in antiretroviral therapy, and begins to receive education about his or her condition. Robins argues that this is a liminal stage because the individual's health is literally in transition as he or she waits for ARVs to take effect, and that support groups offer a "non-hierarchical social space that is analogous to the experience of communitas" (318). The final stage, reintegration, includes improvement of the physical and psychological well-being of the individual, who is now able to re-enter society. This process, Robins argues, "can transform the stigmatized and dying AIDS sufferer into an activist-citizen empowered with knowledge about HIV/AIDS and an ability to speak out in public spaces" (318).

Robins' proposal resonates with long-held beliefs about the manner in which the ancestors call individuals to become traditional healers or *sangomas*. Janzen describes several personal accounts of traditional healers from a number of South African ethnic or tribal affiliations who experience long periods of illness, often accompanied by dreams, following which they receive healing from an experienced *sangoma* to whom they then become an apprentice, accepting their calling to become healers (1992, 37, 50). The reinterpretation of the illness experience as the medium of the calling itself becomes the means of healing in these traditional settings. Likewise, with those suffering from AIDS who are brought back to health by ARVs, the illness experience also enables them to bring healing to others: not only physical, through the provision of information which

may save their lives, but also psychological and potentially social, through the presentation and proposition of an alternate, healthy HIV-positive identity. Frank notes that a “symbolic conversion of identity” is what keeps many from testing for HIV in Zambia, fearing the reality of the unspoken acknowledgement that “this biomedical identity can dislodge them from the legitimate social institutions and community structures, including kinship relations” (2009, 516). This is clearly as relevant in South Africa as Zambia, and identity is therefore central to any HIV/AIDS advocacy initiatives.

The situations to which Robins refers are not uncommon: due to the stigma associated with testing, many people wait until they are very ill before they agree to an HIV test. Stigma is clearly the greatest challenge to voluntary testing initiatives.¹⁵ In fact, Jimmy speculated to me that the South African government’s early messaging on AIDS, the bluntly-worded “AIDS Kills,” reinforced fear of an HIV-positive diagnosis and increased the stigma of HIV. However, the training Memeza received ahead of their decision to test and disclose, before any symptoms of illness presented, encouraged them to develop an activist mindset almost before they had had a chance to absorb their status, and despite the fact that many in the group tested negative for HIV. Understanding the medical facts of HIV transmission and the availability of treatment gave Memeza the courage to test and ultimately led them through the stage of liminality/communitas, that stressful time of learning their status, disclosing their results to their colleagues, and testing the strength of their resolution to support each other, and the final stage of reintegration, when they began working in the villages. In fact, over the next six months, sixteen of them were trained as HIV counsellors in Edzinkulu’s program, and began actively working in outreach to farms and villages surrounding Ndawana with Edzinkulu support groups.

¹⁵ The conceptualisation of illness as the means by which an individual is called to become a *sangoma* can also prevent people from going for an HIV test, sending them to traditional healers instead and interpreting their symptoms as signs from the ancestors. The community health workers in Ndawana often encounter this objection, and in fact speak out directly against this understanding of illness, encouraging people instead to be tested and receive medical treatment if they are indeed found to be suffering from AIDS (Senger 2009).

Music was a vital component of the outreach meetings. The support groups had always used music in their outreach to enliven the meetings and introduce a participatory element to them. When I had the opportunity to visit the village of Ndawana during fieldwork in July 2009, one of the community health workers, Ntsiki, explained that support groups that she and other HIV-positive individuals instituted had always included singing emphasizing the importance of testing and continued care, and the promise of future life. The lyrics of one song declared, “I have tested, I have taken blood, I am taking ARVs and having support . . . We are free, we are free, we are free!” (Makhohlisa 2009). Jim and Chris feel that song is one of the elements of the program which has made it successful. However, they also told me that Memeza had a certain “star power” for many of the rural people as professional performers from the city and world travellers, and so their music attracted people who might not otherwise have come. The men and youth who previously avoided the outreach meetings now began to attend in greater numbers. Several members iterated the importance of



Figure 2. Village of Ndawana, KZN, South Africa – July 17, 2009
(photograph by the author)



**Figure 3. Village of Ndawana, KZN, South Africa – July 17, 2009
(photograph by the author)**



**Figure 4. Ndawana Community Health Centre, with burned-out clinic in background
– July 17, 2009 (photograph by the author)**

music in bringing vitality and interest to the meetings, particularly in contrast with the dry, talk-heavy presentations with which most of them were familiar. Thabo remarked:

. . . When we sing, they get attracted and interested into our music and they come and . . . they are open and free to talk. You cannot just go to a place and just talk to them, and they'll just look at you like, "Oh . . . let's go, this is not important." But if we do something, like just come and sit around and enjoy the music, after, they come and they open [up] and talk to you. (Chirwa 2009)

Therefore, Memeza's performances not only attracted crowds, they also allowed group members to build rapport with the people by singing well-known songs with them, sometimes drawing them up onto the stage. They wrote new songs or adapted traditional songs, directly encouraging people to be tested. One such song is "*Lelilungelo ngelakho*," adapted from an apartheid freedom song, itself adapted from a traditional Zulu song.¹⁶ Translated from the Zulu, Memeza's version says simply, "You've got a right to know your status." Jimmy explained that they would give their own testimonies to the crowd, and then say, "Let's all sing this song and then join the queue to be tested!" Many people in fact did just that (Mulovhedzi 2009).

Notably, the main message of this song turns the notion of stigma on its head. Goffman's work focuses on how stigma is constructed, understood, concealed and managed as a social process or a perspective (1963, 93), with only a small focus on those who challenge the existence of the stigma. The song "*Lelilungelo ngelakho*" reframes the issue of testing for a disease which no one wants to learn they have. People are not being told they should test. They are being told they have a right to be tested. The testing is, after all, voluntary, an important legal and ethical distinction. Moreover, through the accompanying

¹⁶ The term "traditional" in this context, I recognize, is quite loose and nondescript. Over my time with Memeza, I attempted at different points to determine what it conveyed. It seemed that it could include Zulu songs for weddings, work, celebration, praise, or war, but sometimes included Christian songs which would perhaps not be considered gospel songs, and occasionally freedom songs. An exploration of the conceptualization of "tradition" in the context of music was not within the scope of my study, and so although I recognize that understanding the characteristics of this music would be very useful and relevant, I use here the term that was used by members of Memeza to describe their music, with all of the inherent semantic associations that may be evident to them despite their opacity to me.

message that if they are HIV-positive, there is treatment and a full life ahead of them, they are being told that they have a right to put an end to the wondering, receive treatment, form support groups, and learn how they can ensure they do not pass infection on to loved ones. They are singing a message that defies stigma, and encourages people not to allow stigma to keep them from the freedom of knowing. To sing of such positive actions declares stigma null and void.

Members of Memeza played a prominent role in the End Stigma celebrations in neighbouring Himeville on November 28, 2008. Joining together with partner organizations in twelve surrounding communities in the Sisonke Health District, the success of work to date was celebrated. The day was filled with performances by groups from all of the communities – traditional *ingoma* song and dance,¹⁷ *isicathamiya*,¹⁸ drama, and Memeza's own unique repertoire as they reunited with Holly – celebrating success and reinforcing the main emphases of the day: ending stigma and the power of knowing one's HIV status. All of the communities had learned a traditional song which they sang together to express their solidarity. A number of people, including one of Memeza Africa's members, gave their testimonies of overcoming stigma to test, and challenging the gossip, speculation and silence born of stigma by speaking confidently about their HIV-positive status. Jim Newton also made a plea to the men in the crowd: "My brothers, it's time to stop violence against women and children. We have to do that. And each of us has to hold all of us responsible." Mrs. Radebe, from the Department of Health, pleaded with men and women to maintain faithful

¹⁷ Similar to the term "traditional," *ingoma* may reference a number of types of dance. It is also a word, sometimes spelled *ngoma*, that may connote a song or a healing ceremony. Because I have not had the opportunity to yet understand such distinctions, even though these may be relevant, I use *ingoma* as a gloss for a style of dance which frequently includes high kicks, stamping, body rolls and other stunts.

¹⁸ *Isicathamiya* is particular style of song which originated in the hostels of mining companies, and as such is a primarily male performance form, although in an *isicathamiya* competition I attended in Durban, a few lone women participated. It is characterized by a lead singer backed by a line of men, always in costume and often in formal dress likely due to the influence of touring American minstrel shows. They sing in four-part harmony and step in place lightly, cat-like (thus the etymology of the term), in highly choreographed unison. It is extremely popular across South Africa, and has been popularized internationally by recording artists Ladysmith Black Mambazo. See Erlmann 1991, 1996 and 1999, and Coplan 1985 for just a few of the many available sources on *isicathamiya*.

relationships with each other, emphasizing particularly the responsibility of the men in these rural communities, many of whom work away from their families for long periods of time, to be faithful to their wives back home. Together, the twelve communities signed a Declaration of Commitment to the Department of Health, asserting their right to live healthy and active lives, declaring their intention to foster open, supportive communities, and calling for the cooperation and support of both the traditional leaders and the Department of Health in bringing health services to their communities (Senger 2009).

Jim's statement and the declarations of community health workers and HIV-positive community members demonstrate the fragile ground that anti-stigma programs tread between cultural engagement and cultural challenge. The seemingly heavy-handed messages to men about faithfulness are a prime example. In our discussion, Jim and Chris mentioned that overwhelmingly, it is local women who challenge the idea of the Zulu precedent of polygyny, particularly when it is used as a justification for having additional sexual partners in the city. Jim explained:

The interesting thing is that the received wisdom is, you never challenge the culture, you go in and live with the culture. And the women on our team – we had a team of three women and three men, appointed by the chief – and they were saying almost from the beginning, “This is not a cultural thing.” . . . A man on the team would say, “Well, this is part of our culture,” and the women would say, “It is not! It is not part of our culture. Where did we get that? . . . Oh no, that's not the Zulu culture. That may happen someplace else, but not here.”

Or, as Chris colourfully qualified, “And it doesn't mean that it doesn't happen, but don't call it part of the culture, call it screwing around.” She also gave an example of the challenge to early intervention and prenatal care, vital in PMTCT treatment, presented by what people cited as a cultural stigma against women revealing their pregnancy, even to a doctor, until they begin to show. In this case, she said, she discussed the matter with the local members of the Edzinkulu team, and said, “You know, figure out if this is truly something that's got real validity or if it's just something that's standing in the way of saving lives.” The team came up with the idea of having a small cash reward for the person who refers the woman earliest in her pregnancy to the clinic each month, and now 30% of

women in Ndawana are taking appointments in their first trimester. Chris marveled, “There goes that cultural taboo!” (Newton, Newton and Senger 2009) – although arguably, that a R100 reward (the equivalent of approximately CDN \$14) is sufficient motivation to overcome such culturally-based reservations may also be an indicator of the depth of need in this resource-poor community.

The rather pragmatic views of the Newtons and the Edzinkulu team regarding the role of culture demonstrate the need to stimulate critical thinking by community members about priorities, beliefs and goals in order to bring about change. The use of music in their work may also be a way of engaging cultural expression to allow people to challenge some of their own cultural perceptions. Evidence for this includes the comments of Bobo and Mninawa, who said that the community people felt honoured by the choir’s performance of Zulu songs and dance (although many members of the group, including Bobo and Mninawa themselves, were not Zulu). Since some of these songs were adapted with HIV/AIDS messages, this familiar cultural territory acts as a bridge to new perceptions, and the rapport established between performers and community members is facilitated by musical engagement, allowing them to broach new, previously unspeakable subjects. I will explore this aspect of cultural engagement further in Chapter Six, where Turino’s theories of musical semiotics will provide insight into the way the insertion of familiar songs into new contexts engenders new possibilities.

It was upon Memeza’s second Canadian tour from April to June 2009 that I was able to finally meet and interview the group. I attended several concerts, curious to see how their activist message translated into the concert experience in a Canadian context. As mentioned earlier, the program was billed as a blend of South African and Canadian music, demonstrating cultural sharing between the two countries. Many of the songs drew upon shared experiences of prejudice and stigma in both countries. The repertoire alternated between traditional and spiritual South African songs, Holly’s own compositions accompanied by her guitar, where she generally sang the lead part with backup by the group, two or three covers of popular songs, and energetic gumboot and *ingoma* dances which



Figure 5. South African members of Memeza Africa singing and dancing a traditional Zulu *ingoma* dance during their concert in Lloydminster, Alberta, Canada – June 2, 2009 (photograph courtesy Kristen Heatley)



Figure 6. Memeza Africa after their concert in Red Deer, Alberta, Canada – April 10, 2009. Front and centre – Holly Wright and Jimmy Mulovhedzi (photograph by the author)

left audiences cheering for encores. I noted a group of young men originally from Zimbabwe followed the group to concerts in Edmonton, Red Deer and Vermilion.

Despite some changes to the set list from concert to concert, the song, “The World Shall Love Again,” was a key element each time. It provided the “origin story” for the group, and allowed an opportunity for them to link their music to HIV/AIDS activism in South Africa. AIDS is not directly named in either this song or “Thokozile.” However, at most concerts, either Jimmy or Holly explained the background of each song and directly tied it to the deaths of Holly’s friend Dana or Jimmy’s sister Sarah. In Vermilion and Red Deer, however, the deaths were mentioned without the causes, perhaps suggesting a fear of stigma that might remain among potentially more conservative, small-town Canadian audiences. It was, in fact, difficult to determine the importance of the HIV/AIDS connection as a desired theme.

I had attended about three concerts when I finally realized that HIV was present in the subtext of many songs. I started to hear that several of Holly’s songs are also about stigma, closed-mindedness, and prejudice, and their opposites, resistance, openness and acceptance. For example, “The World Shall Love Again” includes the lyrics:

When I see how they turn you away,
‘Cause of something they don’t understand
When I see how they hate you without even knowing you
It makes me want to cry

I don’t know your race, your beliefs or your faith, I see you, that is all
But when I hear how you’re badgered and teased
For a reason that no one can see
When I hear how they hate you ‘cause they don’t like your colour
It makes me want to cry

If you’ve got the courage to let down your guard
Open your mind and open your heart
If you’ve got the courage to show who you are
Stand on your own [*Sukuma Uzimele*]
And show us who you are (Memeza Africa 2008 Track 13)

Likewise, her song, “I Am Me,” is very clearly a coming-out song, which, she explains in the liner notes of their 2009 *Make Some Noise* CD, was inspired by a friend who confessed he was afraid to tell his parents he was gay. And of course

“Make Some Noise” addresses the deprivation in rural communities, declaring, “We must act and we must speak, and let the world see; Make some noise if you want to be heard” (Memeza Africa 2009a Track 5).

I started to understand that Holly’s songs translate to the South African experience precisely because they sing about stigma. Several of the South African songs, such as “Stimela,” “Meadowlands” and “Mayibuye,” have origins in or close ties to the anti-apartheid movement, singing about the train that carries black factory workers back to their townships before the evening curfew, the forced removals of Sophiatown to Soweto, and the call for Africans across the country and in exile to unite to restore their place in society. I marvelled at the almost euphoric participation of the Canadian audiences in these songs, suspecting that many were unaware of the depth of the conflict and injustice they embodied. I began to feel that the group’s claim to uniqueness, moreso than the “bringing together of two cultures” cited at each concert, was in fact this musical witness to the experience of marginalization. Certainly, it seemed as though an outright message of HIV/AIDS awareness was likely not relevant in Canada, where the incidence of HIV, while not insignificant, does not pose the widespread threat to society that it does in South Africa. Doubtless, this was part of the reason for the shift of the message to experiences of marginalization and discrimination, and the overriding emphasis on joyful living, cultural sharing, and celebrating assertiveness in the face of prejudice.

The program handed out at each concert included a short profile that each group member had written about him- or herself, and in several cases these highlighted how being part of Memeza has allowed them to help support their families financially by providing employment, which is scarce in Soweto. Several of them spoke to me of their dream of becoming well-known internationally, becoming financially self-sufficient, and even perhaps, as Jimmy’s father’s Soweto Gospel Choir has done, winning a Grammy. They had also spoken with passion about their work in the HIV/AIDS outreach program, the change that their time in Ndawana made in their lives, and their desire to continue this work. Jimmy also spoke to me of his ongoing efforts to educate people in Soweto about

the need for HIV testing, describing a conversation he had on the street with a stranger. When he wanted to draw a diagram to illustrate his point, not having a pen or paper, he started drawing on the street with a stone, explaining, “These are your T-cells. When an antigen approaches the body, this is how they react. This is how HIV changes its form. This is how it changes from RNA to DNA going into your cells and the T-cells get confused” (Mulovhedzi 2009).

The shifts of messaging in concerts and the dual focus on career opportunities and HIV/AIDS activism highlight some challenges that Memeza Africa faces. First of all, the need to ensure the commercial success of the tour demonstrates that activism becomes, starkly stated, a luxury. Goffman points out that those involved in the work of managing stigma on behalf of particular groups often find themselves full-time professionals (1963, 27). However, Memeza Africa also entertains. If there is a risk that certain agendas they would like to pursue would sabotage commercial success, these agendas may be sacrificed. Moreover, the theme of their concerts needs to be tailored to their audience. Canada may not be the right venue for the messages they would like to sing.

In the big picture, there is a connection between their work in South Africa and that in Canada, but as long as their commercial success brings badly needed financial resources to their families, a possible outcome is that their direct work with HIV will necessarily take second place. Some high-profile opportunities have come their way recently, including a live performance, televised worldwide to an estimated audience of 18 million, at the FIFA Confederation Cup Draw in early 2009. Additionally, several mentioned to me that it is more difficult for them to be open about HIV/AIDS in the Soweto than it was in Ndawana, perhaps indicating that financially rewarding work may be more appealing than potentially thankless HIV work. In Turner’s terms, this may suggest that their reintegration was premature, since they were sheltered from the immediate consequences of separation, and neither fully experienced liminality nor fully appreciated *communitas*. Therefore, some members may be conflicted about the realities of becoming activists. Chris expressed it more plainly, “I think there’s more stigma than you might imagine with Memeza. . . . It’s like staying spiritually grounded or

staying physically in shape or whatever, it takes practice. It takes being exposed to it and talking about it and having it” (Newton, Newton and Senger 2009).

To invoke once again Paul Farmer’s concept of structural violence, one might argue that in the case of Memeza, the very structural violence which has led to the high rates of HIV infection in South Africa is also at work in preventing them from fighting it directly, given the low employment and unstable financial position of many of the families in Soweto from which the choir originates. However, the recent re-emergence of determination among Jimmy and some South African members of the group, who have just embarked on a remarkable new project at home in Soweto, suggests that their desire to honour the memories of their lost loved ones and prevent future needless deaths may transcend their other goals. This group has recently recorded a new album on their own, rearranging apartheid freedom songs into messages about HIV and AIDS. Edzinkulu has sponsored the production of a number of copies of the CD for distribution to local public taxi drivers in Soweto. Having experienced firsthand the volume at which music pours out of the stereos of these public taxis, and the number of people that crowd on beyond their capacity, I suspect that this messaging will be substantially more than subliminal and reach a large number of people. Moreover, by using familiar songs with altered messages, arguably intertextual elements of the apartheid struggle will accompany the song into its new context, in addition to the interest that is piqued when something familiar is changed slightly. Turino’s concept of semantic snowballing will prove useful in interpreting this intertextuality in the following chapter.

The motivation for Jimmy’s aspiration to continue HIV/AIDS work is clearly expressed in the lyrics of Thokozile, which was one of the most moving moments of each concert. In this way, perhaps Memeza’s music also functions as a reminder to them, as they consider their priorities and goals, to persevere in working for the day when no one will have to explain to a child how her mother died far too young from a disease which could have been prevented or treated. And if the development of their anti-stigma perspectives was incomplete because their experiences of stigma were postponed until they returned from the nurturing

environment of Ndawana to the harsher reality of Soweto, surely the wholesale destigmatization of HIV throughout South Africa is far more desirable than is having to suffer through marginalization to achieve acceptance. Such widespread destigmatization is a very real possibility, as the people of Ndawana have shown.

Siphithemba: Advocacy in “the second life”

Nonhlanhla Mhlongo is trained as a social worker, but is also clearly a bit of an entrepreneur.¹⁹ She was working with McCord Hospital and had started a beadwork program for the HIV support groups. The twin goals of the beadwork program were to provide the members, many of whom were unemployed, with marketable skills and an income, as well as to raise funds for those who could not afford the ARV medications becoming available. In fact, during the first years of the support group, its function had been purely to provide peer support, since the unavailability of any treatment meant that all the hospital could really do was offer counselling for HIV-positive people and attempt to treat opportunistic infections until these overtook the devastated bodies of their patients. However, things changed with the advent of ARVs, although patients still needed to wait until their CD4 count fell below 200 before they could apply to the government for the grant which would contribute to their therapies, which was a painful and time-consuming bureaucratic process.

From an initial investment of R250 (approximately CDN \$35) by the hospital administration, which she used to purchase the required beadwork materials, Mrs. Mhlongo (as she was respectfully and affectionately called by everyone who spoke to me about her) told me that they raised R7000 (roughly CDN \$975), half of which went to the hospital for an ARV fund, with the other half distributed among the members of the beadwork group. She was excited about the potential of this project, and arranged for the group to market the pins, necklaces, and key rings they created at local markets and conferences. She

¹⁹ Unless otherwise credited, information about Siphithemba is compiled from interviews and conversations with Nonhlanhla Mhlongo, Nomusa Mpanza, Ncamisile Yengwa, Phumlani Kunene, Janet Giddy, and Steve Reid; observation and videorecordings of their private performance at McCord Hospital, followed by a group discussion with all members present; and the choir's 2003 album, *Living Hope*.

commented, “What was remarkable was that patients were able to come for medication and also go back with some cash home even to feed their children. So that is what made us different from any other support groups in any other clinics around” (Mhlongo 2009).

The World AIDS Conference of 2000, held in Durban, presented an incredible opportunity for the group. She managed to get a contract with the Department of Health for the beadworkers of the Sinikithemba HIV/AIDS Clinic, as it was now known, to produce 13,000 lanyards and HIV emblems for the conference delegates. She recalls the patients working long hours, until midnight every night, even sleeping in her office at times, to fill this order, but the final proceeds of R150,000 (about CDN \$21,000) were an enormous boon to both the beadworkers and the patients accessing the ARV medication fund.

Nomusa Mpanza was a young mother who had already lost one child to AIDS, and arrived at the Sinikithemba Clinic after the birth of her second child frustrated, angry, and feeling betrayed. When I asked her if it was difficult to have another child, knowing already that she was HIV-positive, she replied:

I don’t know if it was difficult or what, because the thing was, I didn’t get what you call counselling at all at the time. . . . The only information that I was given was that your child is HIV-positive and you are also HIV-positive and unfortunately, the children born with HIV can only live up to six years. They didn’t even tell me about the condom usage and stuff like – absolutely nothing. Nothing, nothing. Yeah, so I think that’s where I made my mistakes, and then at the time when I had my second child, that’s the time when I got to hear about Sinikithemba support group for people who are also living with the virus, so I came and joined. (Mpanza 2009)

Nomusa joined the groups of beadworkers, finding comfort and relief in their personal stories. As she sat and worked with them, eventually she began to share her own story, which she had kept very secret until that time, and throughout the process, learned more about the virus, prevention and care. She also joined in the singing. As they worked, the beadworkers would break into song, singing traditional and gospel songs together. After a while, people began to remain behind after the beadwork sessions to continue singing, sometimes for hours.

Phumlani Kunene was a school teacher, and when he came to McCord Hospital, Mrs. Mhlongo was the first person he met. The singing instantly attracted him. He reminisced:

There were only one or two guys, I was the third one; as usual, the men are afraid of HIV [chuckles]. So when I was just listening to these ladies, I think, “Something is going on here,” and so I started training and singing. And then when they heard the voice, [Mrs. Mhlongo] was the one who said, “No no no, we are starting this choir very formal now. I’ve got you. You are the one going to lead us.” (Kunene 2009)

Mrs. Mhlongo had already sensed there was a market for “cultural products” like the beadwork they produced, and now, seeing musical potential developing in the group, sensed another opportunity. Coordinating with a staffer at the Durban branch of the Diakonia Council of Churches, an ecumenical South African Christian social justice organization, they arranged for an American gospel singer to come and work with the group, and subsequently to take thirty of them on their first American tour in 2002. The choir members took thousands of beadwork items for sale with them, and had a successful first tour in terms of their concerts and product sales. More significantly, though unbeknownst to them at the time, their fortunes changed dramatically when they met Dr. Bruce Walker, director of the Centre of AIDS Research at Massachusetts General Hospital and professor of medicine at Harvard Medical School. He arranged for several group members to participate in a clinical trial of new antiretroviral drugs.

By the time the group returned to Boston the following year to perform at the International AIDS Society–USA’s 10th Conference on Retroviruses and Opportunistic Infections, one of its members, Zinhle Thabethe was able to give the opening welcome to the conference dignitaries and attendees, former U.S. President Bill Clinton among them. Characteristically articulate, she painted a graphic picture of the personal experience of suffering from AIDS in South Africa, the deep and meaningful support she had received from the support group, the remarkable transformation from near death to full health that ARV therapy had brought to her life. She also broached the political controversy which was at that time a very real and prominent discussion within the international HIV/AIDS community:

I am one of the few lucky people in South Africa. I am done asking myself, why me? Why did I have to be infected with HIV? Now I ask myself, why me? And why do I get to live when others next to me are dying without treatment?

Some people say that really poor countries should not get antiretroviral drugs. They say poor people, uneducated people, will not be able to be adherent to antiretroviral drugs. They say they would miss doses and end up with resistant virus that we would then spread. Some people say there are things more urgent that we need to take care of before HIV and AIDS. Things like poverty. Things like malnutrition. And things like high crime, unemployment, violence; diseases like TB, malaria, diarrheal diseases.

I am from a poor family. When I was at my most sick, I was living with my mother, with my 2 sisters, and their 4 children. I had been fired from work, from the job that I was doing, because they found out that I was HIV-infected. So my family was living without any income. Our house had no electricity and had no running water. When there was no money, there was no food. There are no people anywhere who live more basic than what I've just shared with you. But I am adherent to my ARVs. I can tell you that ever since I started medication, I have never missed a dose. Ever. (Thabethe 2003, 69)

By this time, the choir was publicly declaring that they were all HIV-positive and were speaking out in their performances against what Okigbo, in the forthcoming publication describing his work with Sinikithemba, describes as a “weak and coffin-bound” image of the HIV-positive person (in press, 16), and making impassioned pleas for nationwide rollout of ARV therapy. When I met with choir members, they proudly told me about sharing the stage with Bill Clinton and about a subsequent tour with Elton John in the U.K. In fact, their performances mostly kept them overseas, singing and speaking to the international community. Certainly it seems that their efforts were noticed within the international community, but in fact, Dr. Giddy and Dr. Reid commented to me that for awhile it did not seem to them that the group was terribly interested in disclosing their statuses publicly in South Africa, concerned about local newspapers and possible repercussions. Like Memeza, they were much more comfortable with disclosing their HIV-positive status within their group and away from home. In the intervening time, however, the group has become very involved locally, performing as an HIV-positive choir at churches, hospitals, schools, businesses, conferences and public HIV/AIDS awareness events.

At home in Durban, their ambitious agenda and the burgeoning activities of the beadwork support group had suddenly become more than McCord Hospital could support, given its new focus on rolling out ARVs to as many people as possible, and funding they had received in support of that mandate, including connections to Dr. Walker's program in Boston. Dr. Giddy explains the hospital's change in mission: "The shift to medicalizing the program came when treatment was available . . . [Prior to that,] you had to do other things because you couldn't give them drugs. You had to do something in the absence of drugs. When the drugs came, it was, 'Let's get as many people on drugs as possible'" (Giddy 2009).

Mrs. Mhlongo resigned after the change in direction, establishing her own social work practice and running the beadwork program independently, and opening a shop on Durban's waterfront to market their products. Meanwhile, the choir also became an independent entity, separate from the Sinikithemba Clinic. They changed their name to Siphithemba, so as to emphasize the new relationship as well as make a distinction between the two organizations, given their separate missions. Both Zulu words speak of hope: "We give hope" or "Give us hope." In my view, it may be a happy coincidence, but it is significant that the word can be translated either way. It speaks to the reciprocal nature of their work and their music – through modelling hope, they find hope; through singing hope, hope is engendered; through nurturing hope within themselves, they are able to give hope to others. Hope is emblematic of the support they provided for each other, which was the most important aspect of their songs and rehearsal times.

As with Memeza, all of the group members I interviewed told me that the group became a family. Nomusa told me that this was partly a function of the hours and hours spent together, sometimes singing, sometimes talking, becoming an even closer support group within the larger support group. "It made us a much more loving family, because we got to spend even more time together. Because even if you weren't going to be able to make it for the support group meeting, you had to make sure . . . you can miss the support group meeting but not the choir rehearsal" (Mpanza 2009). Phumlani related that the choir was a vital resource in

dealing with his HIV-positive status: “The choir, Siphithemba, what we did clinging together as a family, and becoming more and attached to each other as a family . . . that created a very powerful tool to deal with HIV.” For him, rehearsals were one of the only places, post-HIV-positive status, where he felt at home, able to talk with people “who are infected and who are just talking easy about their status, and you are not shy of talking about it. Sometimes you do some jokes about it. . . . It’s quite a different scenario with some other people really, I can’t laugh when I get back home” (Kunene 2009). And Ncamisile, struggling with the rejection and harsh treatment of her family members, found a surrogate family in the choir, a fact also observed by Okigbo (in press, 2). She described to me how she finally left her home, demoralized, to stay with her uncle’s family for several years, where she felt accepted and welcome, but not entirely at home. Now reunited with her mother and siblings, she described them as “a good family” but qualified that by saying she could no longer trust them. She focuses her ideas of family now on her two children and the choir. She declared:

I enjoy to be HIV-positive because of this choir, McCord as well, and I enjoy to have this little family, a family of three, and it’s good for me . . . because having that choir is like having everyone. I’ve got mother, brother, everyone, in this group. If I feel that my children are hungry and I don’t have money, I know who to talk to, so you’ve got everyone in this group. (Yengwa 2009)

Like Ncamisile, Nomusa expressed outright gratitude for her HIV-positive status. Finding the family support mentioned above, she was empowered to move beyond the “Why me?” questions and begin to accept her status. Nomusa commented that she believed it was by God’s grace that she was still healthy, not yet needing ARVs, sixteen years after learning her HIV status, and that she was happy with her life now. She said:

A lot changes about you, really, because there are things that you just take for granted, and then somehow you are being inspired by the fact that . . . now I know what is happening with my life. And then you start to think, you start to focus more, somehow it just changes you. And at the time when you really are comfortable with your HIV status, then you say, “Wow, I have a chance. . . .” Some other people [don’t] get the chance that you have got, that you’ve had, you see, so you make sure that you try and play your cards right, so each and every day you applaud the new day, and live your life to the fullest. (Mpanza 2009)

Although I was unable to attend any group rehearsals during my short time in Durban, they spoke to me about some of the music they sang. They described the various messages of the songs, shifting between encouragement of testing and prevention of infection, or providing support to each other and to other HIV-positive people. Primarily (and perhaps because of the way I asked), individuals I interviewed explained their song choices in terms of their intended audiences, which emphasized the educational messages about testing and prevention. Phumlani told me about one song in particular, in which they sing, “If you are negative, stay negative; if you are positive, think positive;” another which includes the “Abstain, Be Faithful, Condomise” message; a third which explains the difference between HIV and AIDS; and yet another, in Zulu, which goes, “If you are infected, we are all affected, let’s come together and try to fight the disease” (Kunene 2009).

Okigbo writes about the main themes of Siphithemba’s music itself, which I am grateful to reference. One theme is behaviour change, such as with the first two of the songs related above by Phumlani. Okigbo examines another song, “*Isiyalo*,” (“Advice”), which narrates the story of a girl who, not having the benefit of parental guidance, chooses prostitution over marriage, believing the former more likely to provide financial security. Okigbo observes that an effect of the migrant labour system is this deconstruction of the family and the consequence that many young people grow up without meaningful parental supervision (in press, 14-15). Siphithemba’s song, therefore, addresses some of the factors which render South African youth so vulnerable to HIV/AIDS.

Another theme Okigbo identifies is struggle and militarism, in which battle imagery is metaphorically applied to “arming with knowledge as a weapon for defeating HIV/AIDS” (11). One song in particular, “*Nkonyane Kandaba*,” he observes, is a traditional Zulu battle song which was reinterpreted in the context of the anti-apartheid movement, and was included in the original musical, *Sarafina*, linked with the Soweto uprising (12), drawing some of the imagery and resources of the freedom fight into the fight against HIV/AIDS. I would add, as I will discuss later, that it also accesses aspects of Zulu identity, the current choir

members all being of Zulu ethnicity. Another theme, faith and hope, draws upon gospel messages and idioms for the hope offered by the assurance of God's care in this life and the ultimate peace of the afterlife. Okigbo notes, "All members of the choir express their faith and trust in God as the foundation of their struggle with the virus" (12), which all of the members I interviewed corroborated. Finally, Okigbo discusses the theme of stigma and personal levels of denialism, in which choir members defy the negative images they acquired with their HIV-positive status. Significantly, this includes the judgement of HIV-positive people as sinners, as well as the fatalistic perception that they are imminently headed for the grave. Okigbo observes, "Siphithemba members have defied this picture by becoming role models for a positive lifestyle. For them positive living meant taking their treatment seriously, being economically self-reliant, and engaging in industry" (16).

In my discussions with members of the choir, I found these themes prominent, and highly interconnected in terms of self-acceptance, their relationship to each other and their public advocacy and awareness work. Therefore, these themes have additional significance: they speak to the renegotiation of identity that takes place after receiving a positive test result, and in the case of Siphithemba Choir members, this process is closely tied to other aspects of their identity, in particular, religious and ethnic identity. Regarding religious identity, Okigbo observes in one of their songs

. . . a paradoxical relationship between the temporal and the spiritual order: the former full of trials and the latter as an escape. Yet the singer also shows a willingness and determination to engage in a struggle that must transform this temporal order into a state of survival, peace and tranquility, probably similar to that anticipated in the bliss of God's abode. (in press, 9)

The deep thankfulness the choir members feel about their state of health and their comfort level with their HIV status are the products of what Nomusa calls "working with their inner being," the long, cyclical process of accepting their HIV status, encountering rejection and stigma, and having to re-accept their HIV status (Mpanza 2009).

She also described McCord Hospital as a place where people receive physical and spiritual healing, which reflects its origins as a mission hospital



Figure 7. Sign at the entry to McCord Hospital's Sinikithemba HIV/AIDS Care Centre, Durban, KZN (photograph by the author)

and its continued Christian focus. I twice attended the early morning devotionals with which the various units unfailingly start their day. The devotional in the Sinikithemba Clinic waiting room, where people waited for clinical treatment, lasted about twenty minutes, while the devotional in the waiting room at Hope House, the counselling center, lasted well over thirty minutes. Both events included prayer, singing and dancing, and a sermon, which I was told was led by a different hospital staff member each day. At Sinikithemba, I heard physician Frikkie Kellerman open with a prayer, “Thank you, Lord for this place where we can come get help, physically and spiritually.” He proceeded to give an unmistakably evangelistic message to a fully-engaged room, using the story of the sinking of the Titanic to tell people that they must heed the warnings in their life that represent God’s call to them to “get in the lifeboat” of faith in Christ, warning them that sin in their lives will keep them from helping others or being helped themselves. He provided examples of such sin, notably not listing sexual sin among them, but rather declaring, “You yourself are an addict to *Generations* [a South African soap opera]! You yourself are a slave to fashions! You yourself

have got sin in your life!” (Sinikithemba HIV/AIDS Clinic 2009) Around the waiting room, patients, mostly women, murmured their agreement.

Despite my surprise at finding such open, public expressions of faith, and my discomfort with the accompanying moral and religious messages directly related to the state of health of the audience in question, Nomusa stressed that these devotional times, with their energetic singing, are inspiring, and give the patients “a spiritual feeling that yes, they are HIV-positive, but there is still hope for them” (Mpanza 2009). She also said that patients receive a message that God still loves them, even if they are HIV-positive, and that their status is not a punishment; rather, they must learn to live with their status, gain strength and live positively. Certainly, it seemed to me, the overall atmosphere of the waiting rooms during singing was devout, vibrant, loud and joyful. Dr. Giddy also shared with me her perception that the patients who come to McCord for treatment, even when they themselves hold different beliefs, are not bothered by the Christian environment. At Sinikithemba Clinic, I observed several people simply sitting out of the activities around them, but at Hope House, every last person engaged in the prayer, song and dance, and shouted exclamations and amens at the appropriate points of the sermon.

Observing these devotional times provided insight into the environment in which Siphithemba had been nurtured as a group. Nomusa mentioned to me her experience of the ability of the music they sang together to lift them out of their circumstances, to provide a protected, free space where all of the worries of HIV could not impinge. Several members in the group discussion time mentioned how they feel energized and invigorated by the music, no matter what ailments or concerns are haunting them that day. That so many of their songs are drawn from the gospel repertoire, and that they all profess to the Christian faith, indicates that their faith and the music associated with it are a valuable resource. It also suggests that the singing of their beliefs is a rehearsal of the statements they desire to believe even more deeply. It is a moment when they open their subjective experience of their illness up to the expressions of the community around them, and when they redefine the way they feel about themselves by allowing their

community of faith to inform their beliefs. Although I have personal reservations about the degree of influence to which individuals are vulnerable in such experiences as the waiting room devotionals, I heard no such reservations from the choir members themselves. Rather, these seemed to be valued opportunities.

Additionally, all three choir members whom I interviewed individually told me that they felt their respective churches were giving the right messages on HIV/AIDS. At the same time, they each told me about many churches they knew of, and many people they encountered, where they felt the Christian message was misguided. Primarily, these had to do with faith and healing. I have earlier referred to Phumlani's dismay about cases where people have gone to the altar to be told that they are healed of HIV, and the destructive effect this can have on their psyche. Ncamisile, too, told me about several people she knew who declared that God would heal them, and so they were not going to take ARVs, noting that some also had those with same feelings about traditional remedies. She argued that HIV-positive individuals need to surround themselves with supportive people and be willing to take the ARVs when they are needed. She declared, "They have to believe in God, but they also have to believe in this medication, because this medication is working. . . . God will help you there on your way" (Yengwa 2009).

Ncamisile shared that she had just begun ARV therapy the previous year, which she attributes to the levels of support she had around her from the time of her diagnosis. For seven years, she declares, "I was using the medication called Support" (Yengwa 2009). Undoubtedly this support came in the form of her colleagues in Sinikithemba, but also in their shared faith. Nonetheless, the discretion choir members show about the messages of the church reveals that they are not uncritical in their engagement with their communities of faith. I would suggest that the fact that they felt their own churches had an appropriate stance on AIDS was because they had either sought these churches out, or because their own membership had influenced the beliefs and responses of their community of faith. In this way, their identity as HIV-positive individuals both contributes to and draws from their identity as Christians. "Christian" and "HIV-positive" are

for them not contradictory, despite the lack of compatibility some churches and members of society see between these two identities.

Cultural or ethnic identity is also used by choir members in redefining and asserting their post-HIV-positive identities. The theme of struggle and militarism mentioned above is often found in traditional Zulu battle songs, the Zulus having a reputation as fierce warriors. This view draws from the image of the Zulu warrior dancer of the Zulu empire, first consolidated under King Shaka from 1816-1828, which conquered surrounding tribes, Boers and British alike until its final defeat by the British in 1879. Meintjes describes this image:

A warrior dressed in skins carries a stick, spear, and a cowhide shield. He is performed as the warrior-dancer who unsettles the dust as he flicks his leg and stamps the ground, or as the dancer who vibrates the stages as he stamps into the rising white smoke. This popular icon of the Zulu nation originates especially in those bloody battles against the British in the 1870s, when the Zulus earned a ferocious and militant reputation. (Meintjes 2003, 177)

In fact, I argue that it is primarily through the dance which accompanies their singing that Siphithemba members both draw on their Zulu cultural identity to frame themselves as warriors against HIV, and assert this identity as a resistance to the stigma of their status which would render them weak and dying.

I was able to attend a private performance by Siphithemba at McCord Hospital on July 2. Dr. Walker was in South Africa, and he was hosting American philanthropist and Red Sox owner John Henry and his wife Linda Pizzuti, who were on their honeymoon on a tour of South Africa which included meetings with Archbishop Desmond Tutu and former president F.W. de Klerk.²⁰ Dr. Walker had asked Siphithemba to attend the tour of McCord Hospital and to sing several songs for the guests. Men and women both wore traditional Zulu attire, which, for the women, included beaded pleated skirts, heavy beaded necklaces and beaded head bands. The men wore furry Zulu warrior headbands and Zulu “party pants,” colourful patchwork pants originally assembled from scraps of the overalls worn

²⁰ Although Dr. Giddy, who had arranged my attendance at this event, had provided me in advance with some details about the nature of the meeting, additional information became available later on McCord Hospital’s website at https://www.givengain.com/cgi-bin/giga.cgi?cmd=cause_dir_news_item&cause_id=1285&news_id=69996&cat_id=1420.

by men in the mines and factories which have come to have a life of their own as an article of clothing that conveys Zuluness. Their shirts were dark green tunics with white medallions featuring the profiles of four “very famous leaders,” as I was told by one of the men when I inquired about their identity. Unfortunately, he did not know their names, but one leader appeared to be wearing the head gear of a Zulu king.

Their official performance included three songs, all in Zulu, and the stuffy meeting room throbbed with the joy and energy of their song, despite the fact that several of them were feeling quite under the weather with the flu. The songs alternated between straight choral four-part harmony, call and response led by Phumlani or one of the female singers, and a final piece which epitomized many of the Zulu performances I saw during my time in South Africa. The choir sang an initial choreographed section of the song with Phumlani singing lead. Then, with a vocal drum roll by one of the male singers, the group launched into the second



Figure 8. Siphithemba Choir performs at McCord Hospital, Durban, KZN – July 2, 2009.
Left, with red wrap - Nomusa Mpanza; Centre front - Phumlani Kunene;
On Phumlani's left - Ncamisile Yengwa (still image from video recording by the author)

section of the song, a single line sung over and over. As the energy built, they began to clap, and individual members came front and centre to perform the high-kicking *ingoma* dance, heedless of their shortness of breath. Two men lunged out from either end of the line toward each other in mock challenge, waving their hands above their heads. Ncamisile followed this with an impressive series of Zulu kicks and steps, her foot swinging high above her head each time and stamping forcefully down onto the floor, focusing her attention at first heavenward, and then on the guests of honour. In the background, the choir continued to chant their single line, punctuated by ululation and propelled by clapping.

The guests seemed to be quite impressed by the performance, and Dr. Walker described how the choir had begun at a time before ARVs were available, when support was all they could offer each other. He praised the work of the group and the funding agencies which had made available the ARVs which have “kept everybody alive . . . and as you can see, they’re quite alive!” (Siphithemba Choir 2009). Although at this point, several members of the group were kneeling or sitting after the exertions of their performance, hands on their chests to quiet their laboured breathing, and wiping the sweat from their foreheads, some of them suffering from the fever of their flu, no sign of weakness or fatigue had been visible during their song and dance.

In this way, the traditional Zulu dances of the group allow them to perform vigour and good health, claiming it for themselves. But the enactment of health and vitality is more than a temporary escape, a temporary space in which they can immerse themselves, free of the claims of HIV and opportunistic infections on their life. It is also the way that they assert this vitality to others. Reclaiming Zulu identity over HIV-positive identity allows the choir to stand up to the “coffin-bound” image and the society’s expectation of visible weakness by associating themselves with a powerful, strong warrior image.

This assessment is not made merely on this single observation. I asked each of the choir members I interviewed what the importance of their traditional repertoire was to them. Phumlani began by explaining the importance of

performing traditional repertoire overseas, where they were cultural representatives as well as representatives of the PLWHA community. He said, “We need to teach other people who are we, where do we come from, and what are we capable of doing. Whenever we are doing our traditional stuff, [it] just resembles what Africa is, and who we are.” In doing so, he stated, they literally embody a message of hope, not glossing over the difficulty of HIV, but “also trying to teach and educate people also about how does it feel to be trapped, you know, in the HIV . . . because there are a number of acts or things that people can do in trying to deal with HIV, so we decided that we would pull ourselves together and focus, and through music, we said we can conquer all” (Kunene 2009).

When singing to local South African audiences, Phumlani and Ncamisile present the singing of traditional songs as a bridge connecting the hostile unknown of HIV to the familiar of their cultural heritage. Ncamisile told me that this can attract interest. “I think it’s good if you sing about the HIV with songs that are familiar to people,” she said. “Yes, because people will be following you as they are singing their old song, on their way they will be like, ‘No, it’s not the one that we know!’” (Yengwa 2009). Phumlani said, “It reminds them of . . . the old time regime. So mostly when you start doing it, they will want to just stand up and shout and say, ‘Where did you get this?’ and maybe some older people . . . feel, ‘Oh, this is the sound, and it’s an older one, but it’s now coming back to us, trying to revive our culture.’” Given his views that the erosion of traditional Zulu cultural practices contributes to HIV prevalence, and the potential of these practices to restore social control over youth (albeit primarily male social control), linking to “the old time regime” and attempting to revive culture through singing these songs are also strategies of HIV prevention. He mused:

I’m not saying it’s wrong, but really the coming of the new resources, the type of culture that is coming up, the mixed culture, the rainbow nation – people tend to forget where do we come from, you know, people . . . don’t know where do we stand and where are we going, where are we coming from. So we also have to remind them of who we are. (Kunene 2009)

His comments suggest that loss of ethnic or cultural identity has led to widespread identity confusion and a loss of the value systems which accompany these, which allow HIV to gain a foothold literally through increased exposure to infection, and

metaphorically through HIV-positive identity which arises in the absence of other strong identities. The assertion of Zulu identity to the majority Zulu population around Durban is therefore positioned as an important strategy in confronting some of the factors which contribute to HIV infection.

Nomusa also identified the ability of music to transcend conflict, culture, and even speech. She observed:

Even with different groups, you find people who are not speaking to each other at all, but you find them singing together. They are communicating, but not with each other, with other people through the same way. So music has had a very strong bond, or, it brings a bond or it binds people together. There are things that you don't do with other people, but then you can sing together with them. (Mpanza 2009)

The potential of music here seems to be in both the symbolic and performative capacity of corporate singing. Whatever conflicts exist between people, which in this case may include conflicts in their assumptions about and evaluations of the identity of PLWHAs, singing together offers a common ground where people can cohabitate, at least temporarily. This interaction provides an opportunity for PLWHAs to assert the qualities they would like to be seen as having, which include the ones they share with those with whom they sing. It is an intersubjective moment between the HIV-positive individual or subculture and the outside or mainstream individuals or groups. Advocacy is in fact the act of HIV-positive people reclaiming their position in the mainstream culture by claiming the resource of intersubjectivity.

On a personal level, Nomusa insisted that singing traditional Zulu songs is the natural response of a Zulu person:

You have the song even if you are walking to the river . . . even if there's a person walking behind you, when you sing or you hum a song, they sing along. . . . It's one of the ways of communicating, and it just brings us together. It's who we are, it's how we are. . . . It's in our culture. We sing. We just sing and pray [and] dance. (Mpanza 2009)

For her, singing with the choir was more than escape; it was a way of dealing with her status that was consistent with the way she had been brought up. It provided an opportunity for her to assert a cultural resource against the threats the stigma of her status made to her identity. Even at a personal level, music is therefore an

intersubjective resource which draws on both social identity and personal experience.

Certainly colonialism and apartheid have indeed disrupted identities on a national basis. Interestingly, Phumlani's theories above suggest that the "new resources" and the post-apartheid emphasis on a "rainbow nation" have disrupted them further. Speaking of the way in which this challenge of identity reconstruction is perceived by South Africans, and the role of cultural expression in such reconstruction, Martin writes:

Under apartheid identity was fixed, owned and controlled; now South Africans can choose and access one or more identities. . . . Culture has been a successful tool of empowerment and demarginalization in the old South Africa, sometimes in the face of great odds and hostility; it is right at the centre of the questions we are facing and the solutions we are seeking. But we also know that much negotiation and application are required to secure a rightful and appropriate place for art and culture in our new country. (1996, 14-15)

Although Martin is speaking here of national identity, she identifies the problematic of ethnic identity in the context of post-apartheid South Africa. Taken together, Phumlani's and Martin's suggestions demonstrate the constantly-shifting nature of ethnic identity in South Africa. Arguably, aspects of Zulu identity have never been stable. Yet the claim of Siphithemba on Zulu identity indicates a sense of constancy available to them in the face of the most recent threat to their identity. Likewise, their connection to Christian identity – correlative, not oppositional, to Zulu identity – allows them access to value systems and beliefs which feature prominently in the identities they are constructing in their "second life." These aspects of identity were foundational in their "first life," and regardless of the current climate, they seek to reclaim them in their "second life." Their performances provide an intersubjective territory in which this occurs.

As I conclude my account of Siphithemba Choir, it is important to note that although all the members I interviewed indicated that they continue to struggle to make ends meet, their involvement in the group has afforded them numerous economic advantages in addition to social and emotional support and the opportunity to engage in advocacy. Their involvement in the choir allowed them early access to drugs few in South Africa could afford. It allowed them to

travel all over North America and Europe, receiving gifts and meeting prominent people. Most significantly, it has allowed many of them to obtain permanent employment, in many cases directly through projects affiliated with Dr. Walker's work.

Phumlani is now a community liaison officer with CAPRISA, the Centre for the AIDS Programs of Research in South Africa, working to educate the community about the HIV/AIDS research. The program is an effort of the scientific community to be transparent about the potential benefits and dangers of their research, their commitment to informed consent, and the concern for the overall wellbeing of members of the community, in part so that when they seek participants for clinical trials, some of the past (justified) suspicions South Africans have about the ethics and practices of the scientific community, among which international institutions are prominent, are ameliorated. Phumlani speaks passionately about the need to build consensus as a vital step in current research protocols. Arguably, his involvement with Siphithemba was just the beginning of his professional advocacy work.

Likewise, Nomusa is now an HIV counsellor at Hope House. On a daily basis, she uses her personal experiences and the strength that she has drawn from her involvement in Siphithemba to arrive at a "comfortable" place with her status to help others through the process of accepting their status, deciding when to disclose it to their friends and loved ones, and meeting the challenges they face as an HIV-positive person.

Ncamisile was also the first employee in the pediatric counselling program at McCord Hospital, where she counsels HIV-positive children. She has started soccer and netball teams for children in the surrounding community and in the squatter camp of Mayville where she lives, and told me that her home is often overrun with the children who lean on her for support. With pride and a catch in her voice, she told me of a young woman who recently graduated from high school, publicly acknowledging Ncamisile's encouragement, including the advice to remain sexually abstinent, as responsible for success, saying, "I'm here because

of Auntie Ncami” (Yengwa 2009). Several other members of the choir also work with other projects in Durban and Pietermaritzburg.

The members of Siphithemba Choir have clearly experienced the separation, liminality, *communitas* and reintegration that Robins observes with other HIV/AIDS activists. Their music has been instrumental in this process, whose end result, I propose, is precisely this intersubjectively renegotiated identity. As they have sung and danced their way around the world and around their communities, they have asserted their right to have a full place in society in their “second life.” They constantly reflect upon the miracle of this transformation, which they continue to experience in their choir rehearsals. Nomusa reflected, “Being there and jumping and singing and being happy, well, it’s really amazing. Sometimes I can’t even explain it. Before this I had never, never thought . . . that I can stand in front of a lot of people and tell them about my experiences with HIV and how comfortable I am and how God has been great to me” (Mpanza 2009). Phumlani summarizes, “[We] got a chance to be strong and go out . . . How, how can we not bring that back to the people? You see. So we still have more, more, more responsibility to say to the people, ‘We are here’” (Kunene 2009).

Musa “Queen” Njoko: “African Zulu woman – pride of my nation”

“In short,” Musa mused over her menu, “my destiny caught up with me.”²¹

I had learned about the work of Musa Njoko from Nise and Thuli at the BAT Centre. Thuli had kindly arranged a meeting for me with the always-on-the-go Musa, and she and I left Durban in a metered taxi driven by a very sleepy, pyjama-clad driver before the sun was up in order to make it to Musa’s church, the KwaMashu Christian Centre, for the 8:30 a.m. service. Thuli spotted Musa instantly in the crowd of people in the parking lot of KCC. She seemed incredibly tiny and fragile to me as she greeted us with hugs, but sitting next to her during the service, I was able to hear her voice singing above the deafeningly amplified

²¹ Except where otherwise noted, all quotations are from my transcribed interview with Musa Njoko, July 15, 2009.

contemporary gospel music of the full band and amplified drum kit, even though I could not even hear my own voice. After the service, she ushered me into what seemed to be a pastors' lounge of sorts, a posh carpeted room with soft chairs where the pastoral staff were having lunch before the 11:30 service commenced. Everyone greeted her, and she introduced me around, then took me to meet her father, the Bishop of the House. She then led me back through the sanctuary to meet her mother, an extremely frail woman in a wool cap and enormous, thick glasses, with one lens completely cracked down the centre vertically.



Figure 9. Musa Njoko with the author outside the KwaMashu Christian Centre, KwaMashu, KZN – July 12, 2009 (photograph by Thulile Zama)

Our conversation began in her car on the way from the township of KwaMashu to Umhlanga, which she called a “larny” neighbourhood, situated on the rocky coast in north Durban, big houses with incredible views of Indian Ocean lining the cliff adjacent to the highway. On the way out of KwaMashu, however, she drove past her home in Section G, where she lives with her mother, who was suffering from cancer and undergoing chemotherapy. Because her siblings are all married with children, she said, it fell to her to look after her mother since she was

unmarried, even though she has a child of her own and had taken in another sister's two children upon her death. ("Of course you did," exclaimed Thuli, upon hearing about the sister's children. "It's the African way!") The brick block house was small but pleasant looking, enclosed by a tiny fenced yard with blooming flowers and a friendly-looking dog.

Sitting in a busy café with predominantly white customers and black wait staff, Musa told me her story. She has a dry sense of humour and a matter-of-fact manner of speech, perhaps born of years of practice "speaking the truth." In 1994, at the age of twenty-two, she began, she "got a baby," learning soon after that she was HIV-positive. Her initial anger and frustration was fuelled by the discovery that the man who had infected her had already known he was HIV-positive. She felt completely alone; other than her former partner, she was the only person she knew who was positive, except for Freddie Mercury. She laughed, explaining that her mother was a domestic worker, and said, "Some of the families that she worked for, um, white homes, would let me in the house, and then I got exposed to a whole lot of things, and so that is how I also became aware of Freddie Mercury." She had been told she would only live for three months, and that she should just go home and die because it was an incurable disease.

For the sake of her young son, she said, she wanted to "find ways of asking important questions to important people, people who make these decisions about what information goes out and who gets the information. And so the only way I could do it was through the media." Disclosing her status to her family, she also made them aware that she planned to go public. Upon hearing this, I made a mental note of the year, 1994, recalling that the stoning of Gugu Dlamini at the hands of an angry mob who felt she had shamed the community of KwaMashu by publicly disclosing her status happened in 1998. Approaching the editor of the local newspaper, Musa was shuttled from journalist to journalist because no one wanted to write the story. Eventually someone did, and it spread to other papers and other media. She began working with NGOs already operating in South Africa, and so began her career as a self-described HIV/AIDS activist and consultant, preacher, inspirational speaker, counsellor, entrepreneur and musician.

Musa's biography, found on her website (www.musanjoko.com), lists her accomplishments in the intervening years. A short video found on this web page calls her a voice for women, speaking out about rape, abuse and HIV/AIDS. She has developed training packages and AIDS policies and programs for the corporate sector, government, NGOs and women's and youth groups. She has appeared on SABC and the Oprah Winfrey Show and has been the guidance counsellor on two national televised reality show talent competitions. She has established her own HIV/AIDS consulting service, publishing company, recording label and clothing line. Over our lunch, she told me that she had also recently been appointed an HIV ambassador to Tearfund, a UK faith-based organization which supports churches in alleviating poverty in their local communities (www.tearfund.org). This aligns well with Musa's mission since, in her words, "My big thing is the church, because the church has struggled, still struggles to address the whole issue of HIV. When the church is trying to do something around HIV, they just pull it absolutely the wrong direction." I inquired further, and with an edge in her voice, Musa elaborated:

They're very judgmental, very highly judgmental . . . it's guilt, it's pressure for healing. If you are not cured, it's because you don't have faith, so people are forever feeling inadequate. They don't feel the love of Christ, because there's just that pressure. It's faith versus treatment, you know, all of those things. . . . And also, when you're talking prayer, maybe we're not focusing on testing HIV-negative, but how do we, in the situation we are in, find ways of helping youth to live – even if it's ten days that you're going to live, let it be full on – the most productive, valued ten days of your life. It's not about being HIV-negative, it's about what is happening with you now, here and now, today.

I asked whether churches offer support to PLWHAs, and she replied that acceptance generally comes under the condition of commitment to and evidence of changed behaviour and the sentiment, "If you can be one of us, then we will love you. But as long as you are not one of us, we don't love you."

Musa explained that speaking out about these attitudes in the church has made her unpopular with many of them. She laughed, "Sometimes the church community loves to hate me." She related times that she has challenged the church on its position on faith healing, to be told she has no faith, and that her

influence keeps people from trusting God. She recalled a particular situation where she pointed out the ridiculousness of relying on faith rather than medicine for healing by saying, “If we're going to live by faith only, why don't we, when we feel hungry, just say ‘I am not hungry’ and let it be, and just believe you are not hungry – then you will not be hungry.” I asked her if there have been repercussions to such expressions. “A lot,” she said simply. She listed them off on her fingers: “I was kicked out of my first church. I've been put out of the choir. I've been refused the stage. I have been sidelined. I have been asked to change my testimony to say I'm now HIV-free.”

I gasped at this last one and asked, “What do you tell people when it comes to healing and HIV?” Pausing a moment to reflect, she replied:

That healing comes in many forms and at many levels, because God doesn't operate like man. He's deeper and he's broader. Wayyy broader. God has made available different means for us as humanity to live and enjoy life to the fullest, so good nutrition, being spiritually healthy, that comes first, spiritually healthy. So when you are spiritually healthy, you then have a sound mind. You are able to make wise decisions, and you are able to sober up to different situations that come into your life. And that also translates to your lifestyle. Then you are healed, in my view, you are healed in the sense that you are able to live and be OK where you are at.

Further elaborating on the power of the mind in living with HIV, Musa argued that what PLWHAs need is to live in the present, not some distant future where they are ill, and to find inspiration in their lives. This led her to talk about her philosophies in her work and in her music.

I'm not your motivation type person, because I find motivation to be all hyped up, it only just works your head. . . . So I call myself an inspirational speaker because I go for the soul. I like to connect the heart and the mind, because those two things could be speaking totally different things. The mind could be telling you, “HIV is an incurable disease and people hate me” and whatever, but deep down, I know I am special, I've got something new and fresh that I have to offer the world. I am sure and comfortable of myself, and if the world refuses to see that, too bad. I know it. And so my heart knows that. So whatever happens on the outside, in my outside world, it doesn't have power to affect me deep down. So that is how I have been able to survive all my struggles in the last fifteen years. I mean, I've come face to face with death at least four times.

Our conversation turned to her music. She spoke about all of the qualities that music has that make it appropriate to the task of HIV/AIDS advocacy. “In

doing my public talks,” she said, “I would always have a song to render because sometimes the music communicates better than sometimes the spoken word.”

Music is not only about words, she said, but instruments, voices, melodies and timbres can induce calm feelings. She expanded upon this:

It draws me to that safe and comfortable place within myself. And you find that people are often hungry for that something . . . the music is not demanding you to do anything, but it invites you to be in the place where that song takes you. So if it takes you to a place of peacefulness, sometimes a song takes you to a place of joy, it takes you to a place of excitement, and sometimes music is provocative. It gets you to think . . . and so music goes a very long way, and so, I have found it to be a very influential tool to communicate.

She told me that her music has appeal across generations, and that at concerts and events, people of all ages will come up to her and tell her she has given them strength, or confide in her and ask for advice. She added that this is overwhelming at times and sometimes she does not know what to say. She has had some training in counselling which assists her, but stated that ultimately, God inspires her response. “I may not be materially rich,” she said, “but I have come to embrace the fact that I am rich in my calling. I am rich in my destiny, and so it’s the daily purpose that God created me for. I am quite excited that I feel I am living up to the plan of God.” This followed upon an earlier remark: “I always knew that I would be in front of people. I would always lead, wherever that is.”

Her leadership brought with it recognition. Sony Music signed her as a recording artist in 2001, and she released one album with them, *Victory*, before being “put on the shelf” after the merger with BMG Music. She took matters into her own hands, asked BMG to release her from her contract, and started her own recording label, subsequently recording two CDs of gospel and traditional music.²² Her 2006 release, *Standing on His Promises*, also includes several monologues. In the first, Musa seems gives a manifesto of sorts:

I am not proud to be HIV positive. But I am also not ashamed. I am an African woman, pride of my nation. I am not a disgrace or embarrassment to my family. I am not a liability to my community and country, but I am

²² Musa’s album liner notes designate these songs as traditional. As with the use of the term by Memeza, I have not had the opportunity to explore what “traditional” signifies to her.

an asset, with so much to give. . . . I am a proud African Zulu woman, pride of my nation. (Njoko 2006)

In the monologue on the fifth track, entitled “Turning the Tide,” she refers to the Soweto uprising, seeing it as an example of the vision and courage of people who were not afraid to stand up to oppression. She uses this example to launch into a call to today’s youth to reclaim their place in society, even though they feel marginalized by political decisions that have left them on its fringes, and encourages a new wave of activism from within South Africa against apathy, inequality, oppression, social injustice, violence, crime and corruption. Her lengthy monologue, “Who is fooling who?” identifies the myths, stigma and denialism still prominent surrounding HIV/AIDS and encourages people to be proactive about knowing their status. She argues that churches and prevention programs do not pay attention to detail, or contribute to people’s lives at the level of their personal experiences, values and choices. She decries the terms “AIDS sufferers” or “AIDS victims” and insists that she is deserving of being considered a “normal person.” She calls on the church to alleviate the very practical needs within their communities and their members rather than assuming all they can offer is prayer.

On both albums, her lyrics alternate between English and Zulu. Some are in a contemporary gospel genre, others are hymns. There are also traditional songs, rearranged, and on her 2008 album, *Xpression*, most are original compositions, and more are in English. Some songs praise God for his care and express faith in his omnipotence, others are prayers for strength, courage and leading, and still others quote passages of scripture, such as the well-known line from the 23rd Psalm, “Even though I walk through the shadow of death . . .” in the song, “Hold On.” This album starts off with the distinctive sound of South African gospel music, as found in the well-known *Joyous Celebration* recordings. It acquires shades of R&B and jazz and dabbles with a reggae beat in later tracks, finishing with the track, “Celebration,” a more contemporary song with a disco beat, in which Musa sings a simple expression of thanks to God for restoring life.

To an even greater degree than Siphithemba, Musa’s music and work emphasize Christianity as a resource for HIV-positive people to draw upon. Her

intentional and active involvement in the South African and worldwide church demonstrates her conviction that the church is living up to neither its potential nor its calling in this regard, and her determination to correct this situation. Musa's early exclusion from Christianity, experienced when her church at the time asked her to leave, was a pivotal moment in her work. It seems that although this was a very significant event, it was also evidence of the stigma in the wider society, and so she also focuses her efforts on public policy and consulting work assisting businesses in developing and implementing workplace HIV/AIDS programs.

However, in terms of her personal experience, what I observe is her determination to re-open Christianity as a valid space for PLWHAs. This requires overcoming judgment by assertions of sameness over difference, and, using the terms of Christianity itself, it appeals to Christians to defer judgment to the higher power who, she declares, loves and accepts her. This is the source of her personal acceptance of her status. Moreover, this is the healing, she insists, that people need more than ARVs. She redefines healing in spiritual terms, arguing that while PLWHAs should take their ARVs so they can live productive lives, that the true healing they seek is spiritual, not physical. This, she argues, is the power of her faith in God – to recognize that healing comes in different forms and at different levels. Also like Siphithemba, she seems to assert her cultural identity against the negative associations of her HIV-positive identity. The pride she expresses in her identity as an “African Zulu woman – pride of her nation” is also indicative of her desire to provide hope and act as a role model for young African women.

A letter from then Deputy President Jacob Zuma (now president of South Africa) to Musa on the occasion of her thirtieth birthday celebration and the launch of her *Victory* CD in August 2002 congratulates her for her achievements, politely declines an invitation to the event, and expresses the inspiration she was to him in her performance at the launch of the Moral Regeneration movement in Pretoria earlier that year. It then states:

You are a living testimony to the fact that being diagnosed HIV positive need not necessarily condemn one to the fringes of society, and the people living with HIV can still have hopes, aspirations and dreams, and go out to achieve these as you have done.

It is ironic that you were diagnosed with HIV in 1994, the very year in which our country finally became free after many years of struggle. You were, at that time forced to begin another, more personal struggle to overcome HIV/AIDS as well as the stigma and prejudice that still accompanies it. I think everyone who knows you, and those who have only heard about you, will agree with me that you have not only overcome all these hurdles, but have done so with flying colours.

We are extremely proud to have among us a compatriot like you who inspires all of us with hope and optimism. (Zuma 2002)

Zuma's letter references the struggle against apartheid and connects it to Musa's struggle against HIV/AIDS, and his use of the term "compatriot," common language from the freedom movement, suggests her work is a continuation of that movement. Although the letter was written while Zuma served under President Mbeki, it perhaps also foreshadows the priority that he as president would place on addressing HIV/AIDS. If Musa has indeed inspired Zuma, then her work has contributed to the recent developments in South African AIDS policy.

Despite this, her many years in activism have made her wary and discerning. Over our lunch interview, she identified the difficulties of her career, which she assured me, though her résumé seems packed with achievements, is full of "dry spells" when she cannot gain a forum or find financial support for her work. She laughed and said, "Like right now, it's been very dry. There is nothing 'AIDS-y' during this season. Usually January to March, it's dead quiet, and then in May I'm busy with candlelight memorials [for the Global Health Council's International AIDS Candlelight Memorial] . . . I fly around the country, lighting candles, remembering all the dead ones." These remarks were punctuated by cynical chuckles, and she commented that her other busy times are Women's Day in August and World AIDS Day in December. At these statements, I asked her if she finds it difficult to stay positive. She replied, "It's a frustration, but I have faith in that it be an opportunity for me to even emphasize my points, and communicate that message of how prejudiced these very things are."

As well, she remarked that often people expect that because she is HIV-positive and an activist, she should want to provide her services pro bono: "I should be grateful to be put on stage as an ornament for everyone to see. You know, people will be happy to put me on stage and say, 'See? She has it. Look at

her. She's fine.' But what makes me fine, people don't want to look at that and invest in that." Worse yet, she has found herself the target of people who she perceives would like to take advantage of her:

Some of the people that have come into my life, wanting to do something with my career, realizing my talent to speak and sing and maybe write music, they have come because they first believed that there is an ocean of money in the AIDS world and they know that I'm the quick ticket to get that money. But when they come into my life and realize that I am not prepared to prostitute myself for money, then . . . those relationships, they soon die away.

Musa's professionalized activism seems to be a difficult territory to navigate. In many ways her economic position appears to be somewhat interstitial – she travels the world, lunches in the larny neighbourhoods, and has lived in Johannesburg, but now lives in the township with her mother; she is an entrepreneur dependent on the support of those who need her services, but finds her professional activities hampered by the assumption that perhaps she herself has access to “oceans of AIDS money”; she diversifies her interests and activities because some people equate activism with voluntarism; she earns her living by appearing at events advocating for the underprivileged. Given her passion, it is likely she would continue her activities without charge were she to find herself financially independent; however, having given her whole life to activism, she needs to find a way to support herself and her family through her activities.

In fact, this reveals that her advocacy extends to the activist community as well, which still harbours, in some corners, the stigma of PLWHAs as needy victims and objects of charity, voices who cannot speak for themselves. Musa's powerful voice silences any such assumption. She speaks for herself and encourages others within the community of PLWHAs to speak up for themselves. Her activism draws on the essential tenets of basic human rights, and thus extends beyond the community of PLWHAs to other marginalized groups. Perhaps her song, “Fly Away,” although it sings of ultimate victory over death and the strength that this knowledge lends daily life, best sums up her spirit and her determination to transcend her constraints:

Don't you even think about stopping me
Get this now, I'm untouchable, unreachable, impossible, that's what I am
Remember that you had a chance
Controlling me, commanding me, calling the shots
No no no no no, I've had enough, I'm moving on
I'm gonna fly away like an eagle, fly away up in the sky . . .
Stay out of my way (Njoko 2008)

Individuals addressing HIV/AIDS within broader contexts

During my time in Durban, I met a number of individuals who address HIV/AIDS within the context of their other work. In fact, because HIV/AIDS is so interconnected with other social issues that people see a need to address, it is unsurprising that this is so. I will briefly discuss just three such projects that I was able to observe, noting that each arose out of an unofficial grassroots level effort to implement change in the local community. As well, each of these projects arose out of the passion that their instigators have for their art and the belief that they have in the ability of this art to bring change and healing. They are natural responses of people connected to their communities, offering the best they have to try to make these communities a better place.

Atlas Duma

Having heard the topic of my research, Atlas Duma, a professional jazz percussionist and music instructor at the BAT Centre, quietly approached me one day, saying he would like to tell me about his project with Tabeisa, a consortium of two British and four South African postsecondary institutions, one of which is the Durban University of Technology. This organization works in South African communities to promote black economic empowerment (www.tabeisa.com), but in this case, sponsored the development of HIV/AIDS awareness materials targeting youth, perhaps seeing this as a prerequisite to their economic empowerment.²³ Atlas composed the music for a musical drama promoting these

²³ It is perhaps worthwhile noting that Pisani suggests that many non-profit organizations in developing countries have expanded the focus of their work in order to access international funding for AIDS programs, and points to some rather surprising projects even within the UN, such as Fisheries and AIDS. In a recent public speaking engagement, she pointed to a recent study on climate change and AIDS. She argues such projects may be problematic because they dilute the focus of organizations and distract attention from root causes, sometimes leading people and organizations into work for which they are ill-equipped (Pisani 2008, 270-1; Pisani 2010a).

books, which was performed nine times around Durban from 2005 to 2007. He had brought along a recording of one of the performances, and as we watched it together, he interpreted the Zulu for me while giving me the main storyline.

This performance was introduced by the pastor of the Ethekewini Community Church, which Atlas noted is one of the biggest denominations, very popular with young people partially due to the fact that it uses a lot of multimedia in its services. I read this pastor's introduction as an endorsement of the musical's message, as he preceded his opening prayer by saying that AIDS is the number one killer of black people. Atlas explained that the director is Mbongeni Ngema, a legend in South African theatre, whom he had gotten to know as the bass player in one of Ngema's productions.

The production combines poetry, dialogue and song, and addresses the tragedy of HIV. It opens with a poem which claims that HIV was created because of uncleanness, postulating that the earth, created by God, was so beautiful that someone wanted to destroy it. Atlas paused the video at this point and explained that HIV is not a punishment, but rather a result of cruelty and jealousy. He then detailed for me some of the origin myths and conspiracy theories about HIV, including sexual intercourse with animals, germ warfare, and genocide attempts of the apartheid regime. These are not true, he pointed out, but clarified that the production was concerned with preventing HIV without pointing fingers or laying blame.

The drama progresses into a teenage township love story. The opening songs are sung by the lead character, the boy, with a chorus that functions in a Shakespearian manner by providing commentary, but also steps in at times as the voice of the lead female character, who initially does not sing for herself. The boy convinces her to go out with him, despite her initial resistance, but this quickly leads to her promiscuity, and the next scene finds her in a shebeen, with an offstage voice informing the audience that she is drunk. The first words of this female lead somewhat graphically describe the pleasure she gets from sleeping around, which leads to the exhortation by others in the shebeen to use a condom.

The next scene includes several men discussing how many women they have slept with, and the main character, who has discovered he is HIV-positive due to his promiscuous girlfriend, enters with Tabeisa's books about HIV which provide the basic facts about HIV transmission and treatment. There is some discussion, again very frank and detailed, about ways in which the virus can be transmitted, and precisely how condoms can be used to prevent transmission. The various characters then iterate all of the excuses that contribute to HIV transmission – one male character argues that he can't help it if women fall in love with him because he is so unique, and that he can't live without sex; another gives the "no one eats a sweet in the wrapper" excuse; a girl says she is not allowed to say no to her boyfriend when he wants sex. The main male character provides them with the information from the Tabeisa book and encourages them to go to the clinic, insisting that it is not a disgrace to go.

The final scene provides information about how a blood test is done, what a CD4 count is and how ARVs work. Characters then encourage young people to abstain, saying abstinence is preferable to condom use. The scene ends with a beauty pageant of sorts, with four contestants being asked questions by the MC; in the end, one of the girls is named Miss Abstinence. The musical ends with a song about the desire to live long and enjoy the beauty of Africa.

Atlas also told me about one particular performance where they launched a new, bright green business card-sized pamphlet of information about HIV to the approximately 6,000 youth in attendance. At the end of the show, he remarks, the floor was green with discarded cards. "The kids didn't take the cards," he said, "but on the buses, they were singing the songs" (Duma 2009).

Watching the video with Atlas, I wished I could have seen the production live. It seemed that at times, something might have been lost slightly in the translation. However, the opportunity to view this production and discuss it with Atlas yielded several significant observations, which I hope are not compromised by the constraints under which I made them. First of all, I found it interesting that Tabeisa chose a musical as a means of rolling out their print materials. It suggests a precedent for this type of role for music and drama, perhaps drawing upon

South Africa's history of musicals in activism. It also suggests a perception that a musical drama may be more engaging to youth than print materials and may be sufficient to stir their interest. (Given the story about the green cards, it seems as though the music was a great deal more interesting to the youth than the print materials.)

Secondly, this seemed to be an example of an initiative led by people who were neither professional HIV/AIDS activists nor necessarily themselves HIV-positive. The players involved were there by virtue of their other skills – Tabeisa for their planning and business skills and their interest in empowering South African youth; Atlas for his musical skills; Ngema for his directorial skills. They had connections to each other in their professional lives, which presumably led to their being asked to participate. They perceived HIV/AIDS as a threat to their communities, and so, asked to contribute to a project which addressed this threat, gladly did so.

Thirdly, likely following as a direct result of the previous observation, there seemed to be some mixed messages, and possibly some concessions to some particular stigmas of HIV/AIDS, in the messages of the production. First of all, although the musical was intended to discuss prevention without laying blame, this seems to have stopped at HIV's origins. The lack of voice allowed to the female character in the opening scene and the subsequent portrayal of her as irresponsible and promiscuous in my view overemphasizes female sexual responsibility for HIV infection, and although males are also later portrayed as promiscuous and made to look somewhat silly for their unfounded beliefs, in neither case does the musical address root causes which may be behind such behaviours, such as lack of parental guidance, possible economic motivations for engaging in sexual activity, in addition to the common teenage desires for sexual exploration and emotional closeness. I also wondered about the effectiveness of such blunt presentation of clinical facts of HIV transmission and prevention, which frankly made me squeamish in the context of a musical drama, causing me to wonder how they were received by a roomful of adolescents.

Atlas also told me about another song he has written based on a story he found inspiring, about an author who, as he lay dying of AIDS, instructed his brother in how to finish the book he was writing:

If you have AIDS, please don't panic
Don't be afraid, live your life
AIDS is not a shame, it's just a challenge
Live your life now that you are aware that your days are few,
that your days are dark and your friends are few
Capitalize on that!
Now you have more time, put in some more effort
There is a task you have to complete before you leave this world
Don't despair, hold on
Groom someone, your brother or your sister
Hold on, share with them your vision and your plans
Find someone to replace your being (Duma 2009)

This song presented a new twist on advocacy that I had not encountered before. It subscribes to the somewhat fatalistic concept of a dying AIDS sufferer, but gives a message, albeit a rather romanticized one, which I had not heard before – have hope, even as you are dying, that you can still leave a legacy. It is perhaps a rather dark *carpe diem* message for the AIDS generation.

Atlas is a fine musician and a good man with a good heart who means well, and these efforts indicate his awareness of HIV/AIDS as a problem for his community, as well as his willingness to do something about them, a matter of no small significance since many people, even now, would not want to lend their name to something associated with HIV. His involvement suggests that there is perhaps a much-needed role for HIV/AIDS activists to raise awareness about raising awareness. Certainly some of the materials produced by HIVAN address this, focusing on how to run successful youth HIV/AIDS prevention programs and counter stigma (Campbell, Foulis, et al. 2004; Campbell, Nair, et al. 2005). Musa Njoko's consulting organization also seems to offer this type of expertise. There are likely others. But perhaps in the confused free-for-all of HIV/AIDS prevention, awareness and advocacy programs due to the government's lack of guidance or intervention, people are not aware of the resources they may draw upon. Artists, who wish to use their gifts to speak to social challenges, would benefit greatly from the support of those with expertise in bringing about social change.

Nozazo and the KwaMashu Youth Vision Choir

Nozazo is a graduate of the BAT Centre's music program.²⁴ On the day that I travelled out to KwaMashu, accompanied on the public taxi by my friend Sbonelo so I would not lose my way in the township, we wandered around a while trying to find the KwaMashu YMCA. When we finally found it, we were unsure of which room Nozazo's Youth Vision Choir was using to rehearse, because singing came out from behind several doors. When we found the right room, Sbo passed me off into the care of Nozazo. I observed his rehearsal for awhile, and then was gradually pulled into it, and the morning ended with a long discussion between me, Nozazo and the members of his choir. Nozazo, as their leader, did most of the talking, with a few curious questions from soft-spoken youth when he encouraged them to ask me questions. At a certain point, a Zionist congregation began to worship in the room next door, and the unique sound of their song was almost deafening at times, so much so that the shouting of the pastor giving the sermon was a relief; however, no one in the room I was in paid it any heed. I am not even sure they noticed it, so normal was it to their experience at the YMCA.

When I arrived, rehearsal was already underway. Nozazo was leading the roomful of young people, that day a group of eleven (nine girls and two boys), through taekwondo exercises, explaining that this benefited their posture, endurance and breath support. He then led them through a series of rigorous vocal exercises, which they tackled with an enthusiasm I have never seen in any choir with which I have been involved, even in performance. He then reviewed, completely by rote, all the SATB parts of the latest new gospel song on which they had been working. Over and over, with identical hand gestures emphasizing the syncopation of the phrase, they sang, "There is liberty." Finally happy with the parts, he directed them through the entire piece: "Where the Spirit of the Lord is, there is liberty." The accompanist, Qiniso, who played completely by ear the entire rehearsal, chose an organ setting on the keyboard for the next song, a hymn,

²⁴ All references and quotations taken from my fieldnotes, field recordings, and the transcribed recording of the discussion time between myself, Nozazo and the members of the Youth Vision Choir on July 11, 2009.



Figure 10. Youth Vision Choir, KwaMashu, KZN – July 11, 2009. Front and centre – Nozazo. Back row in green t-shirt – Qiniso (photograph by the author)



Figure 11. KwaMashu, KZN – July 11, 2009 (photograph by the author)

whose Zulu lyrics were posted on the wall for the group to learn, Nozazo guiding them with contour conducting and rote repetition. While I could not understand the words, I recognized the hymn tune as “All Hail the Power of Jesus’ Name.”

In the discussion which followed, Nozazo was very clear about the twofold purpose of the group – to praise God and to provide a wholesome place for the youth in the group to spend their time. The group rehearses several hours a week, and often sings at public events, church events and funerals. Nozazo described worship, regardless of the event, as the end goal of their songs. After mentioning that he would like to be able to get a studio and record an album with the group, he said, “Like, us as Christians, it is not all about the recording and being known . . . people know us, even as we are here. They know that we do exist. And then for us to get that CD and album, that would be a bonus. But our aim actually is to just praise the Lord.” He also expressed the hope that the choir was an ambassador of Christ to the community.

Whatever we sing, we just sing it through our hearts, and we just believe that whatever you problem you are going through, that way you will hear the voice coming from God through us, yeah. Yeah, that’s what we believe. Because before we go there, we pray very hard, “God use us now, we are just going over there, we don’t know anything, just give us the right direction.”

The group is also evangelistic, and Nozazo expressed his belief that Christianity held the answer to the problems faced in their township.

We just pray to God that He will help us along and just bring people who will come out and help us deal with the community, because our aim is to like, get most of the youth in here, KwaMashu, to be saved. . . . Because there are a lot of things which are happening: teenage pregnancy, there is this HIV/AIDS, alcoholism, drugs . . . so it’s really hectic. It’s really hectic. But we believe God, that He will just bring it out.

Following up, I asked if they have ever used their music to address HIV/AIDS and Nozazo said that in fact they had won a community competition in support of HIV/AIDS awareness, performing one of his compositions. He said that participating in this competition made him personally more open-minded on the subject, and that it was more interesting and relevant to him and others precisely because it addressed HIV musically, “Because some of us in here, we always see everything related to AIDS, AIDS, AIDS, but you know, sometimes

we don't take it and just bring it to our own imagination. If you could be positive, how can you deal with that? If your brother can be positive, how can you deal with that?" His comment references the "AIDS fatigue" that has resulted from public campaigns which all start to sound alike after awhile. He then told me about his sister who is suffering from AIDS, and said, "It's hard. We tend to blame the government, we tend to blame – whereas the responsibility lies within us, you know. But that is why we choose to be here, because if we wouldn't have been here, maybe we could be drunk, or could be doing love stuff, which is inevitable." He also expressed the view that HIV was so prevalent that it presented a very real threat even to people who were trying to protect themselves, but that in this case, he would trust that God was all-knowing. "What I believe in, it's going according to God's plan. Even I myself, I can get HIV, I can choose a person and get married to that person, so along the marriage I can get the HIV also, so, it's just something which is everywhere. Just everywhere. You just need to believe."

Since the religious position of the group was very evident, I asked about the messages that churches were giving about HIV/AIDS. He cited the silence within the church on HIV as a big problem, saying that he had never heard anyone inside the church come out and say that they were HIV positive and explain how God was helping them:

We need those kind of things in our churches but we don't have those. We are just having people who come [from Johannesburg] and mentor us and just give us those advices, but we don't have [leadership] from within. . . . Most of our people here in churches, they are not being honest. They just become sick and that's where you see the problem is. . . .

Because the only mentality which people have in South Africa is that if you have HIV that means you've been cheating or you've been sleeping around. That's the only way . . . It's bad. . . . That is why it's hard for them to come within the church, because even in the church, that's where the people come to God and experience God's presence.

His comments reflect the stigma still within the churches and the perceived incompatibility of being both Christian and HIV-positive due to the moral judgment and ethical assumptions associated with the circumstances of transmission. This has left a void for church members who are indeed grappling

with HIV, and the only attempt at a solution has been to bring in outsiders to work with youth on HIV/AIDS prevention. Given the extreme difficulty of being an HIV advocate to one's own community, as demonstrated in the cases of both Memeza Africa and Siphithemba Choir, it is not difficult to see why there have not been more Musa Njokos in South African churches. However, Nozazo's comments confirm that, as Musa says, this silence of the church deprives people who find identity and hope in their faith of its resources as they confront HIV. They also suggest that he questions the association of HIV with sexual immorality, and perhaps, further, that the breach of a moral code is not a basis for social or religious exclusion.

Nozazo told me about singing at funerals, one of the main ministries of his group. In fact, Bren Brophy had mentioned to me in our discussion that an entire industry has emerged around funeral music, unsurprising given the number of funerals occurring every weekend. Nozazo explained that they generally do not charge for their services because the amount they would be paid is too small to be of use, and the potential for money to incite divisiveness among them is not worth the trouble. Rather, he said, "We just decided that what we came here for is singing, and we are not singing for ourselves, we are just singing to celebrate God." They perform mostly straight worship songs:

They love spiritual songs most of the times. Just songs which will make them to like, feel okay, just feel okay. Because most of us, they believe in crying, we mourn too much at funerals. I think that process also is also killing us, because we stick too much on a person, whereas that person is gone. We don't need to forget, but at the same time we need to move on. Yeah. Move on. Some of us, we are being killed by the situations, so that's . . . I think it's all about God.

Once again, his comments refer to the capacity of faith and the associated music to provide comfort and an emotional resource to people in the face of difficulty. Dr. Giddy and Dr. Reid had told me that at funerals they had attended, the singing continued for hours and hours, which likely indicates the degree of comfort that people take from mourning and singing together. Nozazo seems to have some reservations about the potential to dwell in mourning, and sees the potential of music to also help people emerge from this and move forward.

Our discussion turned to practical topics, as the youth wanted to know about Canada, and about the music industry and schools there. They told me about the difficulties of the music industry in South Africa and their perception that it was dominated by musicians from countries like Nigeria and Ghana, and not least, the U.S. Some expressed a desire to have a career as a musician after high school, but noted that their parents did not encourage this. I assured them that parents in Canada had some of the same reservations and would sometimes encourage their children to “get a real job,” which produced laughter around the room. However, it occurred to me later that the current economic climate in South Africa did not guarantee any of them jobs, even if they do complete high school or get an opportunity to go on for postsecondary education. Small wonder that music seemed like a possible opportunity, particularly given the enjoyment they get from it. Indeed, Nozazo himself is an example of this. Having gone through the BAT Centre program, he is making a career out of music gigs. However, his work with Youth Vision Choir seems to be voluntary. He is another example of a gifted person with a commitment to building up young people in his community. With his deep faith and leadership, he seems to be a role model for the youth in his group, who, it was evident to me that day, regarded him with deep respect.

Before the rehearsal ended, Nozazo insisted I perform something for them. Unprepared and somewhat reluctant, I finally decided to play and sing a song I had written several years ago, which I had performed a number of times at various churches with the worship band of which was then a member. As I sang, the lyrics felt wordy in comparison to the simple, short lyrics of the songs the group had been rehearsing; the harmonies seemed simplistic in comparison to the jazz-infused gospel style of Qiniso’s accompaniment; and my voice sounded thin and weak compared to their round tone and ebullient singing style. Nonetheless, they responded kindly, and as I stepped away from the keyboard, Qiniso quickly took over and began to play what I had played, this time harmonized with much more interesting jazz chords and a slight swing in the rhythm. Nozazo began to sing the chorus, and asked me to outline the lyrics to them again. Before my very eyes, my simple song was transformed into a South African gospel song, which included a

nearly five-minute-long choral improvisation on the line, “I will wipe away every tear.”

This was one of the rare occasions upon which I felt uncharacteristically comfortable with the Christianity that penetrated every aspect of this group’s music and goals, and I reflected on this for a long time afterward. I reasoned that since group membership was voluntary, the youth participating perhaps identified with its messages and mission by choice. Perhaps I was simply more comfortable because Nozazo expressed a critique about the failings of the church to address social issues like HIV from within, which gave me a sense of a level of discernment and critical thinking in his evaluations. But perhaps it was also because many of the sentiments, statements, and worshipful musical expressions were familiar, and for awhile I was able to remember a time when I felt that faith had more to offer than it had potential to tear down. This seemed like a ministry that was building up – yes, within a context of values and beliefs to which not everybody subscribes; but certainly one which seems to provide alternatives to some of the challenges and constraints of township life.

In fact, in some ways the group distinguished itself from mainstream South African Christianity. Nozazo said as much with his statement, “There are so many Christians, but they just came due to the changing of the constitution in 1994, so it’s still something which is new. And most of the people, they are sticking on the culture. And Christianity, they are putting them together.” It was an interesting perspective, and reflects the syncretic nature of Christianity in South Africa. I am not certain how this links to the new constitution, and unfortunately did not ask. Its significance to me is in its demonstration of the group’s commitment to a very particular form of Christianity that encourages them to be distinct from mainstream society – a concept familiar to me, although I am also critical of the way various churches interpret it, taken from the apostle Paul’s exhortation to be “in the world but not of it.” However, giving them the ability to make healthy life choices in the midst of circumstances which could encourage more harmful behaviours, it seems to provide an important form of support to township youth.

In fact, looking at the list of essential components for HIV/AIDS prevention proposed by HIVAN, which include knowledge, critical thinking, identity and solidarity, a sense of empowerment and motivation, supportive social networks, and access to services, resources and outside support agencies (Campbell, Foulis, et al. 2004), my brief interaction with the group leads me to believe that several of these are addressed, even though Nozazo's goal is broader than HIV/AIDS prevention. As such, the provision of specific knowledge on HIV prevention is an obvious component not present. I question, too, whether the development of critical thinking is occurring alongside the religious inculcation, leading me to wonder if the group envelopes its members in a bubble of sorts that may burst once they leave its community – a key reason that links to outside resources and development of critical thinking skills are required. However, it does seem to provide a definitive source of identity, solidarity, and empowerment and it is most certainly a supportive social network. As such, this group, with its broader goal of being a positive influence in the character development and faith of youth in KwaMashu, provides some of the resources that they need to make healthy choices.

Perhaps this case study is also indicative of negotiations in personal and corporate levels of identity, since it demonstrates the way in which individuals allow their communities of faith to inform beliefs and behaviours. Certainly it is possible to see a potential for a group like this to be just another hegemonic influence in the lives of young people. However, it is also possible that if it provides them the skills to think critically about their choices and beliefs, and supports them in these, such a group may have a positive role in South African society.

Durban YMCA, Sqiniseko Clifford Khumalo and Nkosinathi Buthelezi

I met with Paul Kariuki, the program manager for Community Development and Social Research at Durban YMCA to find out more about the way they were using the arts in their community development work. Paul described their overall program and all of the arms of their work, which run the gamut of providing life skills to youth, focusing on those in high school,

unemployed, homeless, or in jail; advocating for public policy concerning youth within local communities; character building and diversionary programs like sports teams and performance arts; and employment skills, such as computer training, for unemployed and at-risk youth. He exuded passion about his work and told me I should speak with Clifford Khumalo, who works with their performance arts program, and could tell me more.

Clifford and I met and talked briefly, but he was excited about an upcoming event in the township of uMlazi where a drama group with whom he had been working was participating in a youth retreat, along with another director and his troupe, both presenting plays that reflected the realities of HIV/AIDS in their communities. He encouraged me to come, and gave me directions to the hall where they would be, in Section Y of the Philani area of the township. As I was driven through Philani by the friendly driver of my metered taxi, I observed that this seemed to be a very poor part of the township, the road lined by shacks made of mud and sheets of tin. The driver, after stopping to ask locals for directions, pulled up to an enormous derelict stone building, one which would certainly be condemned in most developed countries.

Clifford (whose Zulu name is Sqiniseko) met me and introduced me to Mama Sylvia, the woman who lived with her children in three or four of the more intact rooms, and had opened it up to the organizers of this youth retreat because it provided space and shelter of sorts for their three-day-long event. She told me that it had been abandoned many years ago by the Muslim family who had lived there, and after the death of her husband, she had moved in, hoping some day to fix it up. There was an open fire burning with a pot of water over it in one of the outer rooms, which, since the windows, door and parts the wall of were long since gone, was rather less filled with smoke than would otherwise have been the case. In the overgrown yard, youth were taking turns brushing their teeth at the end of a garden hose stretching away from the house toward the outdoor toilet. Inside, girls crammed into the room where they had been sleeping, changing for their upcoming performance, and boys crammed into the other.



**Figure 12. Mama Sylvia's home and the youth retreat venue in uMlazi, KZN – July 14, 2009
(photograph by the author)**



**Figure 13. Youth assembled in uMlazi, KZN for presentation of musical dramas
– July 14, 2009 (photograph by the author)**

After about an hour, everyone assembled in a large front room which seemed to have originally been an open porch of sorts. A chilly wind blew through the room (it was winter, after all), but youth and children huddled together on wooden benches and blankets spread on the cement floor, eagerly anticipating the drama. I leaned against a cold cement wall to steady my hand on the video camera, as Clifford was very excited about having a recording of the event. After a local gospel group performed two somewhat lugubrious songs, followed by a few introductions and speeches, Clifford's drama, entitled *The Cross*, commenced. It tells the story of a brother and three sisters, the youngest of whom is an infant at the time of her mother's death, the father having already passed away, also due to AIDS. As the plot progresses, the oldest two girls become tired of being hungry and unable to make ends meet living as orphans in the township. Although told by their brother that this moment was a time when they were at a crossroads to choose which way was best, the girls run away to the city, prostitution seeming like a more lucrative and viable opportunity.

The brother remains in the township and takes responsibility for raising the youngest child, and the play shows some of the challenges he faces. By the time the older sisters return home, ashamed and begging for forgiveness, the youngest child is six years old. Although the brother is initially hard-hearted toward the older sisters and wants to disown them, and although the youngest sister is in denial that she could possibly have such bad sisters, eventually, after a long speech by the brother about how this is another crossroads, the sisters are welcomed back home. The drama was interspersed with several musical selections, arranged by Clifford himself, nearly all in Zulu, performed in four-part harmony by the youth in the drama team, who had obviously worked extremely hard to learn their lines and refine their character portrayal in this drama, which was approximately an hour and fifteen minutes long. It was well-received by the audience, several comical characters eliciting peals of laughter, and generous applause was awarded to the actors as they took their final bows in song.

After a short break, Nkosinathi Buthelezi's drama troupe took the makeshift stage to perform a drama with some similar themes – a mother dead of

AIDS and three sisters looking after each other, trying to survive on their own. It also included themes of rape, violence, corruption and teenage pregnancy. The dialogue contained much more Zulu, which impeded my understanding of everything that was going on, but my attention was captured by one particular song in English and the events which followed it.

After having been publicly castigated by schoolmates for being open about her mother's death due to AIDS, the oldest sister tells the middle sister that the smell in the house that she has been complaining about is in fact her own mother's decaying body, and then tells the youngest one that the mother has died and is not coming back home. At this point, the three girls embrace and sing in unison:

HIV and AIDS is a very serious disease
HIV and AIDS is a very serious disease
Cause once you've got it, it's never going back, can't wish it . . .
(Buthelezi 2009)

Following this song, which the two younger girls repeat, humming, while the oldest goes stage right for a soliloquy, the girls go to church where the oldest one hears the voice of the mother speaking to her. She relays her message to the younger two, telling them to be strong and care for each other, and that she will always be with them. At this point, the girl portraying the youngest daughter overflowed with tears, the middle girl responding with tears of her own, and the older one wiping the tears from the faces of the other two. The audience was still and the room remarkably silent except for the background humming of the chorus. If this was acting, it was very strong acting, and it seemed likely that the actors were drawing on personal experience which was allowing them to portray their characters so emotionally. I did not ask; it did not feel right.

Speaking with the playwright/directors, both expressed their desire to address the issues that youth in the townships face on a daily basis and provide some motivation to them to make good choices in dealing with these challenges. They also felt that these productions were important to the youth on their drama teams, providing them a venue to develop acting skills and confidence, a positive alternative to getting involved in activities which may be detrimental, and an

opportunity to absorb some positive messages. Certainly both productions evidenced hours and hours spent in rehearsal.

These plays were also significant as they represented the efforts by two young men who live in the townships to portray the challenges that they saw around them every day and attempt to address these challenges using their talents and passions and the meagre resources at hand. Clifford expressed the view that in fact, such work needs to be carried out by people from within the communities simply because they have the passion and an internal perspective:

Government has tried by its own means to come up with solutions, provide revenue to workshop, but only to find that they don't have proper people that have a passion to go out in that community and educate. Because there are so many organizations that claim that they can teach about HIV/AIDS, but they come and do their own stuff and they still find that people are dying in the townships. (Khumalo 2009a)

The entire youth retreat seemed to be run completely by volunteers, perhaps unassociated with any organization except for loose ties to the YMCA. While I was uneasy with some aspects, such as the portrayal of the female characters in the first play as inclined to make bad choices, and the valorization of the brother as possessing the most integrity in the situation, when I asked Clifford about this he said that he chose to portray the male character as having the most strength and positive values because so often men are irresponsible and shirk their duty. I was unsure whether I could completely accept this explanation, but he did also say that he felt there was a need to address gender inequality. Despite the title of his play, there was no overt Christianity associated with the message, although certainly perceptions of moral values were present. However, both plays carried a message that people should speak openly about HIV/AIDS and that children should not be ashamed of their HIV-positive parents, even if they die of AIDS.

Such initiatives perhaps also allow youth a space to rehearse their own possible responses to adversity through their portrayal of other characters. They provide youth an opportunity to develop commitment and leadership skills. Arguably they allow youth to see a reflection of their own lives and struggles, which, as art, may allow them to objectify these somewhat and think critically about them. As well, I suspect that they may also provide a cathartic space for

actors and audiences alike. That they exist at all suggests a void in meaningful interventions from governments, NGOs and even social development organizations. Thus they are also a barometer of the environment in which young people are growing up in South African townships, and if viewed as such, may suggest additional methods by which local communities may be supported.

Chapter Six – Musical *indaba* and HIV/AIDS activism

Situating interpretation

While it might be assumed that an analysis of music and HIV/AIDS is naturally situated within a subfield of medical ethnomusicology, I begin this chapter by explaining why my discussion falls outside these parameters. Simply put, since my study travels through the experience of HIV to arrive at HIV/AIDS advocacy, locating this discussion within medical ethnomusicology would, I believe, inadvertently introduce parameters that are peripheral to, and perhaps incompatible with, the work of my research participants. More crucially, I choose a somewhat different perspective in order to demonstrate what I believe is a vital aspect of understanding their work within the complex, interlinked environment in which HIV/AIDS in South Africa exists – understanding the source and means of their agency.

I return temporarily to Marina Roseman's proposed medical ethnomusicology framework.²⁵ She begins by identifying the main concern of medical ethnomusicology as investigating the role of music in producing a transformation of illness toward health (2008, 27). Already this introduces certain emphases to the present discussion that must be explored, for as has been seen, HIV-positive individuals do not wish to be defined as ill, and many express alternate interpretations of health and healing.

Medical ethnomusicologists and anthropologists agree that health and illness are not stable categories, but that the perceptions of individuals and their communities as well as the experience of physical symptoms are brought to bear on these definitions. HIV adds an additional dimension to this instability through the sometimes lengthy delay in the onset of symptoms of AIDS. As Nomusa

²⁵ I recognize that doing so invests in this framework a certain canonical quality that perhaps some would suggest is unwarranted, this subfield being so new. However, I would argue that the contributors to the *Oxford Handbook of Medical Ethnomusicology*, who are the subfield's major proponents, have themselves invested it with this status by positioning it as the first chapter (following the introductory one) of their volume.

Mpanza corrected me one day, HIV does not kill. AIDS kills. In this literal sense, the South African government got the message right the first time around. However, a major focus of the work of advocates is to resist the conflation of HIV and AIDS in the minds of the public and in the minds of PLWHAs, emphasizing that AIDS is not a foregone conclusion of HIV infection. An individual who understands the means by which HIV can be prevented from progressing to full-blown AIDS, or how ARVs can reverse the progression to AIDS, has the possibility of living the distinction between HIV and AIDS. Given the perception of the power of the mind to succumb to or resist HIV, this understanding also has psychological significance. But positioning HIV as a chronic and non-value-laden condition rather than an illness is not a medical distinction only – it is also a political, social, psychological and ontological distinction.

Of course, medical ethnomusicology takes into consideration external factors such as politics, economics, gender, religion and other social influences on illness and healing. Roseman herself points this out, labelling these “non-finite sectors implicated in musical and medical realms” (25), and elsewhere Koen has suggested that in fact this is what makes ethnomusicologists, who are often attuned to these processes and influences in musical contexts, well-suited to the task of examining them together with music in medical settings (2006, 60). One must be careful in this case, however, to emphasize that the transformations from illness to health are desired on more than just the individual physical level. In fact, the battles for this transformation in the case of HIV are frequently fought on social levels. The importance of the grounds of engagement may be heightened as compared to many other diseases or conditions, and in South Africa, these may actually be of more concern to PLWHAs. The “non-finite sectors” must be seen as interactive and integral aspects of the role of music in the experience of HIV/AIDS, potential grounds upon which desired transformations must occur, not mere influences on individual physical experiences of health and illness.

Of Roseman’s four axes of the framework, I focus primarily on two: the sociocultural meaning and the performative axes of music and HIV. I include sound structures and the biomedical response to music only insofar as my

research participants have cited them as relevant to their own processes of overcoming stigma and accepting their HIV status, transitioning to advocacy. As I have sought to investigate the aspects of music that they value in their journeys, sociocultural meaning and performativity have been paramount. Take, for instance, the fear of testing and the belief that the stress of knowing one's status can actually hasten death by AIDS. For many PLWHAs, this is a crucial starting point of advocacy, and this perception is fought on social and psychological levels. This is where musical messages that emphasize social support and positive thinking are present and enacted. Certainly my research participants also spoke about the ways in which music reduced their stress, but I have addressed these only from the perspective of their sociocultural or performative aspects since they were less concerned (although not unconcerned) with the effect music had on them than the way they used music. Simply, this is because their work is in many ways not directed at HIV itself but rather the construction (or resistance) of an HIV-positive identity, itself an intersubjective social manifestation. Even in terms of their own personal acceptance of their status, by and large research participants told me about how music provided escape, comfort, social companionship, energy, inspiration, or hope. It is not a great leap to observe that music also allowed them to embody or perform these things for their own and others' benefit. The challenges of HIV/AIDS and the capacities of music to meet them seem to be conceptualized primarily in social and performative terms.

Although the axes of musical structure and biomedical response within the context of HIV/AIDS suggest productive lines of inquiry, they seem to me to deal more with individual physical levels of transformation in the context of medical ethnomusicology. Perhaps for that reason, the information shared by my research participants does not seem to suggest these as reasons that music is useful or particularly relevant to the aspects of living with HIV which they consider most important. Even in the cases where individuals have told me about progressing to the AIDS stage, coming back from the brink of death with ARV therapy, or dealing with ongoing opportunistic infections, all more individual physical aspects of the experience of PLWHAs, they did not dwell on the role of music in

helping them cope with these things aside from the psychosocial aspects already mentioned. Rather, since my research participants emphasize the intersubjective aspects of their experience and negotiations of their identity as instrumental to their agency in managing their individual physical experience, I will focus on the sociocultural and the performative axes most relevant to these within the musical framework suggested by Byerly's work on music in late-apartheid South Africa (1998) with the assistance of Turino's Peircian semiotic theory of music (1999).

Byerly's concept of musical *indaba* provides an extremely valuable and relevant framework for examining music in the context of HIV/AIDS advocacy. The term's reference to group interaction and consensus building suggests precisely the intersubjectivity that I argue is central to HIV/AIDS advocacy in South Africa. Therefore, in the following interpretation of this work, I will address a number of the capacities of music in terms of the way they function as mirror, mediator and prophet, examining the identity work of music, its use as a communicative vehicle, and its performative facilitation of social change.

Mirror: Music and identity retrieval, expression and preservation

Since several of my research participants asserted the centrality of music to their culture, in many ways it is not surprising that music was an important part of their response to the threat of HIV. Hugh Tracey observed parallel trends nearly sixty years ago, relating in a report to several British societies, while on a mission to raise funds for his library, "In certain areas we find constant reference nowadays to physical scourges such as the venereal diseases, and infant mortality from this cause. In fact *anything they are worried about will be found in their songs*" (1954, 237, italics original). Janzen uses the work of Blacking to support his observations about *ngoma* healing, noting the distinction between what Blacking describes as segmentary events, which are propositional and discursive, with an individual focus, and holistic events, which are performative and expressive, having a collective focus (2000, 63-4). He argues that *ngoma* encompasses both, given its individual verbal component, facilitating a transition from the segmentary to the holistic. He further qualifies:

Blacking speaks of the “holistic” mode of music in which seriousness, sacredness, and the collective unison of social values are the markers. I would like to paraphrase this musical mode as “totalistic”, by which I mean that it engulfs all of the various learnings and teachings a society has to offer. It integrates and incorporates the diverse techniques of healing and cultural sophistication into an officially sanctioned presentation. It brings together and synthesizes that which Western scholarship and institutional order analytically separates. Such totalizing integration is essential for the efficacy of African healing. (64)

The role of music in relation to health, therefore, has a South African precedent, effectively referencing social understandings and negotiating the relationship between the individual and society.

HIV/AIDS not only threatens on the physical level, it also threatens the subjectivity of PLHWAs, on the basis of what Geertz sees as “points at which chaos – a tumult of events which lack not just interpretations but *interpretability* – threatens to break in upon man: at the limits of his analytic capacities, at the limits of his power of endurance, and at the limits of his moral insight” (1973, 100).

Ortner points out that such anxiety is “one of the central axes not only of particular cultural subjectivities, but of the human condition as a whole, that is, the condition of being a cultural creature” (2005, 39). She further clarifies:

Subjectivities are complex because they are culturally and emotionally complex, but also because of the ongoing work of reflexivity, monitoring the relationship of the self to the world. No doubt there are cultural subjects who fully embody, in the mode of power, the dominant culture (“Davos Man”), and no doubt there are cultural subjects who have been fully subjected, in the mode of powerlessness, by the dominant culture. By and large, however, I assume at the most fundamental level that for most subjects, most of the time, this never fully works, and there are countercurrents of subjectivity as well as of culture. (45)

Importantly, Ortner also identifies that the experience of these conflicts is partially internalized and partially reflected upon (45). The receipt of a positive HIV test result, I would argue, amplifies reflexivity by heightening the conflict between powerful and powerless positions in society when social exclusion follows disclosure. PLWHAs are threatened at the very level of being by the potential for death inherent in their status, and their identities as members of families, churches, and cultures (in this case, predominantly Zulu) are compromised. The power of Ortner’s proposition of complex subjectivity is that it

includes both conscious and subconscious levels which can be seen in the work of my research participants.

Through musical choice, connections with estranged identity groups are re-forged. Nomusa's observation that music creates bonds, creating a territory of exchange, even between groups in conflict emphasizes this potential. Coplan's proposal of selectivity at work in the process of acculturation (1985, 234), and Erlmann's argument for music as an area of discursive complicity (2004a, 87), may also be seen here. Memeza Africa, Siphithemba and Musa Njoko have all expressed the conscious choice to include Zulu traditional songs and gospel music in their repertoires. Through these choices, they bring the notions of belonging and the sentiments of group solidarity into contact with HIV/AIDS. The power of this is more than associative – it is propositional. By singing these songs, they lay claim to their right to sing them, and position them as expressive of their identity, whatever other preconceived notions of identity audience members may hold.

These advocates, particularly Memeza and Siphithemba, who include dance in their performance, retrieve ethnic identities by singing Zulu war songs, wedding songs, and work songs, and by performing the dances associated with the Zulu community, from the *ingoma* dancing which calls for Zulu beaded skirts or warrior furs, to the gumboot dance, in the case of Memeza, which calls for the overalls and gumboots of migrant mineworkers. The powerful function of these associations is explained by Turino's Peircian semiotic theory of music, where such performances, in Peircian terms, are signs classified as *dicent indices*. A *dicent* is a sign that conveys the actual existence of the object represented (Turino's example is body language, which is taken to represent the actual thoughts or emotion of the expressive person), and an *index* signifies by virtue of its co-occurrence with actual phenomena (Turino's example is smoke, which represents fire). The two together, he argues, "are among the most direct and convincing sign types because typically they are interpreted as being real, true, or natural" since the representation is taken as being affected by the object (1999, 239). He gives the example of a weathervane, whose representation of wind direction is based on its reaction to the force of the wind. For this reason, these

types of signs are often taken for granted at a non-linguistic level of awareness (239). Turino thus explains the relationship between music and identity:

When signs, in this case a musical style, are interpreted as organically emerging out of a particular social position, they function as *dicent-indices* which are really affected by their object – that social position. In this case the music is experienced directly as real signs of an existing identity. This may be an important distinction for analyzing the effects of processes used in the purposeful construction of new possible identities in contrast to cases where styles emerged as a result of pre-existing identities and sensibilities perceived to have organically given birth to those practices and styles. (247)

Musa Njoko overtly lays claim to Zulu identity, calling herself an “African Zulu woman – pride of my nation.” Several members of Memeza and Siphithemba also verbalized this identification. As powerful as verbal identification is, indexical identification is even more powerful. In the context of these case studies, the selection of Zulu repertoire as part of the performance portrays its performers as ethnically Zulu, as Zuluness is taken for granted as the source of the knowledge and skill required for performances of the Zulu songs. Interestingly, even when they are not Zulu, as in the case of Mninawa Mangweni, one of the lead *ingoma* dancers of Memeza Africa, who is Xhosa, Zulu identity is conveyed. Mninawa noted that members of the Zulu communities surrounding Ndawana felt honoured to have their dances performed by this multi-ethnic group from more diverse Soweto, and so actual and portrayed ethnicities do not seem to be at odds.

Particularly by representing the image of Zulu warrior through dance, HIV-positive Siphithemba members portray themselves as strong and undefeatable. In this case, the energy of their song and dance also indexes health and strength, confronting, without the use of words, any audience preconceptions of ill health or weakness. This illustrates another point of Turino’s, that of semantic snowballing, where music gathers new layers of meaning as it is used in different contexts, and so carries with it any prior associations which render it so complex that they are experienced viscerally rather than cognitively (1999, 235). This concept is also visible in the associations with the anti-apartheid movement gained by the reinterpretation of many of these traditional songs as freedom songs.

Although lyrical adjustments may or may not be made, as the song is taken from the traditional setting to the anti-apartheid setting to the HIV/AIDS setting, such as with Memeza's "*Lelilungelo ngelakho*" and Siphithemba's "*Nkonyane Kandaba*," the experiential and associative aspects incurred through semantic snowballing introduce subliminal affiliations with resistance of subjugating forces. In this way, identities of Zulu warriors, freedom fighters and PLWHAs are thrust into a juxtaposition that calls forth and proposes to unify conflict under an umbrella of agency.

Additionally, members of both Siphithemba and Memeza who have toured overseas told me about the importance of representing their Zulu (or more broadly, African) identities to international audiences. Part of this relates to their concept of integrity and authenticity, representing themselves in a manner consistent with their formative identities, and additionally conveying the strengths of their culture. The purpose is arguably to gain the admiration and respect of the powerful international community upon which HIV/AIDS intervention in South Africa has relied so heavily until very recently, but as well, their desire to affectively convey their experience requires such cultural references.

Erlmann has discussed how ethnic and cultural representation has long played a role in the repertoire selection and costume choices of touring South African groups in the late nineteenth century. One group in particular, the South African Choir, comprised of black middle class members associated with Lovedale College, included English part-songs, African American jubilee songs, and the syncretic European-African styled *makwaya* music in their programs. They appeared for one part of the concert in formal Victorian dress, and in the other part in traditional clothing, modified to suit their audience's concepts of modesty. He argues that for choir members, the African costume was a contentious issue since it was a representation of "Africa uncivilised" from which, as members of the black middle class, they were trying to distance themselves. Arguably the inclusion of *makwaya*, while it indexed Africanness to British audiences through its unfamiliar elements, indexed a conscious, African-specific

adoption of British values – the very basis of the political ideological message of the black middle class (Erlmann 1994, 167-175).

Zulu identity was revived as a positive and potent symbol of strength and resistance during the freedom movement, and arguably remains at equally high levels today, as evidenced by the reaction of many who rejoiced at the election of Jacob Zuma, the first Zulu president to take power. Zuma himself, during his campaigns to gain power of the ANC in 2007 and subsequently of the South African government in 2009, accessed the symbolic and associative power of music by using the apartheid song, “*Lethu mshini Wami*,” or “Bring me my machine gun,” leading his audiences in song and dance, frequently appearing in traditional Zulu clothing (<http://www.dailymail.co.uk/news/article-503311/Machine-gun-man-takes-ANC--God-help-Rainbow-Nation.html>). Several of my research participants mentioned that during the election campaign, many Zulus spoke hopefully about the value of having a Zulu president. Thus, Zulu identity is as salient in post-apartheid Africa as before, and by accessing aspects of Zulu identity, my research participants appropriate the deep associative potential of Zulu identity as well as possibly current associations of actual political power.

Claims to religious identity by my research participants encounter, in my view, substantially more conflict. Selecting songs with Christian affiliations, they praise God and claim salvation as Christians in their country have done now for hundreds of years. However, because of the normative moralities of the Christian community, their status as HIV-positive is seen by many as inherently incompatible with Christianity. While religious messages emphasizing the Biblical condemnation of premarital sex and the strength available in Christ to abstain until marriage may provide some people in Christian communities with enough support and conviction to toe this moral line, for those who, for whatever reason, do not, the result is automatic failure. Hence, a morality-based abstinence message is deeply incompatible with attempts at advocacy messages. The Christian identity, in this case, may only be reclaimed in one of two ways – by a confession of sin and a plea to the church community for forgiveness, or by a

redefinition of the terms of Christianity as based not on the ability to adhere to a moral code, but by the universal provision of God's love and forgiveness despite the inability to keep the moral code. In my view, in this case, performance of gospel songs by my research participants opens up a territory of cognitive dissonance for those who cannot equate HIV and Christianity. I am not sure that the associative power of one is strong enough to overcome the direct, morally-based conflict with the other. Perhaps this is the reason that Musa's work is so language-based, making explicit the grounds by which she lays claim to Christianity. The mere performance is not enough. Where confrontation with the church is less a priority for Memeza or Siphithemba, the inclusion of gospel songs nonetheless rounds out their representation of their identities, and Siphithemba does propose to unify these identities in a song which will be discussed further on.

A final assertion of religious identity is observable in the case of Nozazo and his Youth Vision Choir. The singing of gospel songs, the time spent in rehearsal, and the reinforcement of faith-based values through both of these are conceptualized as prophylactics for sexual behaviour. Through building the strength of identification with the particular brand of Christianity reflected in the group, they build a group identity which may provide the resources for youth to make healthy sexual choices. Nozazo presented involvement in the choir as an alternative to sexual activity, and did not actually express any opinions about messaging on abstinence, although arguably it was implicitly condoned in his argument. His emphasis, however, was on the lack of support by the church for PLWHAs, and the inability of PLWHAs to overcome their fear of stigma in the church to disclose their status, suggesting a recognition that breach of moral code is not a basis for excommunication. Again, the deciding factor on whether or not such an approach is successful is, in my view, the building of critical thinking skills in addition to religious inculcation, without which individuals suddenly deprived of the support of their community of faith, for whatever reason, may find their conviction fading.

A final note on the retrieval, expression and preservation of identity concerns that of class identity. Coplan and Erlmann have both written about the

conflation of class and religious identity in the lives and music of many black middle class South Africans. As well, Delius and Glaser's observation that the moralities introduced by Christianity were not necessarily in conflict with the *amakholwa* (Christian) communities, but disrupted pre-existing methods of social control, is also significant (2002, 36). In an era where the black middle class is now playing a large role in the governance of the country, finding itself pressed upon to address HIV/AIDS, the phenomenon itself may have been perceived as antithetical to the Christian identity claimed by so many of its members, perhaps suggesting an additional reason that it went unaddressed so long. Certainly Mbeki's resistance of neo-colonial and essentialist ideas of black Africans was as motivated by his desire to assert class identity as racial identity to the international community, as was his insistence along with denialists that AIDS was caused by poverty, and therefore AIDS could be cured by eradicating poverty.

While I did not find class identity a salient feature of my discussions with or observations of research participants in terms of their work, many in South Africa, black and white alike, reiterated time and again concern with the widening gap between middle and working class South Africans. In many cases, this included a perspective that individuals in power are in fact unconcerned with this gap and more concerned with the development of a black elite as restitution for many years of oppression. As well, left unaddressed, the working class (perhaps a misnomer, since unemployment rates are so high) will arguably be exposed to more of the economic factors which exacerbate the spread of HIV. Economics have also had a negative influence on access to treatment, although Zuma's recently introduced expansion to ARV roll-out may address this. Class identity may also be a factor in disclosure, as HIV threatens notions of respectability. Certainly the disclosure of Edwin Cameron, the white supreme court judge, and Nelson Mandela's post-mortem disclosure of his son's infection, have caused tsunamis rather than ripples in the public perceptions of "who gets HIV." Class membership is therefore a significant factor in the conceptualization of the terms upon which HIV prevention is built. It also is a factor in accessibility of treatment. Class identity, however, is at work in the experience of being HIV-positive for the

millions of PLWHAs in South Africa, and contributes to the increasing need for work advocating for their place in society.

Identity, therefore, is a dominating concern for PLWHAs. Central to the social experience of being HIV-positive, and at times a contributing factor to the physical experience of being ill, PLWHAs struggle to eliminate the negative aspects of their HIV-positive identity by accessing alternate, previously-existing identities which reinforce continuity with their “first lives.” Music, with both its lyrical potential and its semiotic capacity to retrieve, express and preserve identities in the face of the factors which threaten them, is thus a vital and potent resource for my research participants.

Mediator: Music as a vehicle of communication between and within groups

Certainly the explicit and implicit mediating capacity of music between different identities has been seen in the foregoing section. Music has the ability to communicate knowledge about HIV/AIDS, which I will pursue in a little more depth. However, one may observe that its emotional and psychological capacities may be even more important in the mediation work of HIV/AIDS advocates.

Two dimensions of unevenness are observable in my descriptions of the lyrical aspect of the music of my research participants. At times, the role of lyrics in conveying new perspectives, providing information, or addressing inequalities may seem to be overemphasized. At other times, there may seem to be a lack of detail on the lyrics. Certainly the availability of English lyrics or translations of Zulu lyrics was a factor here. As well, my inability to hear Musa Njoko in performance and the limited opportunity I had with Siphithemba in a somewhat unique context did not allow me to observe performative aspects of their work, forcing me to rely on recordings, the small concert, and what they told me. I was also not present when Memeza was at work in Ndawana, so have relied on the accounts of those who were and my observation of them in concert in Canada to understand their work. Nonetheless, I would argue that the lyrics of the songs are very relevant to the work of these groups, as they musically convey the information they want their audiences to have. As mentioned above, since at times

performance may actually draw identities into conflict, words have sometimes been even more central in their work.

It is primarily through the lyrical component of music that more practical messages are conveyed. A-B-C prevention messages in Siphithemba's music, and the power of knowing one's status or adhering to ARV regimes, sung by both Siphithemba and Memeza, are made explicit in song. Paul Kariuki of the Durban YMCA related to me that the primary purpose of the performance arts programs at the YMCA is outreach to youth promoting healthier life choices, but unlike the case of Uganda, where Barz finds many songs with an educational purpose, I encountered very few. Likely this is due to the fact that by now, the public prevention messages in South Africa have reached large numbers of the population, with most people understanding the basic facts of HIV transmission and prevention. The area of need is, as has been stated several times, support and advocacy for PLWHAs. These are both branches of the same need, with the former occurring at an individual level and the latter occurring at the social level.

Support takes place on both psychological and emotional fronts. In fact, the feedback of my research participants would suggest that music is conceived of as one of the most effective tools for addressing the psychological aspects of infection by reinforcing the belief that it is possible to survive – a belief which, it is perceived, actually makes survival possible. The HIV-positive members of Siphithemba rehearse these beliefs along with the music in the context of the group rehearsal, which itself is an interactive environment where community support is metaphorically enacted by the joining together of voices in harmony. The surrogate family that is built through the time spent together and shared experiences of singing, touring, and experiencing common difficulties, giving individuals the strength to redefine beliefs and establish positive behaviours, is observable in the group contexts of Memeza and Siphithemba, and to some extent the Youth Vision Choir as well. Additionally, Nozazo's suggestion that people can be musically rescued from the grief that is "killing us" reveals the associative powers of gospel music to infuse comfort and hope into the grieving process.

As well, the ability of singing and dancing to lift spirits and encourage was cited frequently. I observed one particular phenomenon which gave me pause – the joining together of rather dark lyrics with a cheerful, upbeat melody. I asked Phumlani in passing about the songs they had sung the day of their performance at McCord Hospital, and he told me that one of the more upbeat and joyful-sounding ones they had performed had lyrics along the lines of “Life is difficult, this world is hard” (perhaps “*Kulukhuni Ezweni*,” documented by Okigbo, who also comments on the combination of melancholy and hopeful lyrics; in press, 8). This phenomenon is also observable in the freedom songs that Memeza Africa included in both their Canadian concerts and outreach events in KwaZulu-Natal. “*Stimela*,” for example, is a well-known song that sings about the steam train that transports factory and mine-workers away from the cities where they work, back to the townships and hostels in which they were required to live, apart from white society. Memeza sometimes performed this version in concert, but often performed one instead or in addition which was melodically and lyrically rearranged by Jimmy. This version begins with the lyrics, in English, “There’s a train that comes from Africa. It’s a train of hope and of peace. Come on, let’s get together and ride on it” (Mulovehdzi 2007) before it launches into the familiar Zulu lyrics of the earlier version.

In this case, the indexical quality of the original song is particularly complex, since the sounds and body movements of the performers suggest joy and celebration, while the words are not only symbols of hope, but also of oppression and hardship, like Phumlani’s song. The associations of either version of “*Stimela*” with the freedom movement are likely felt by South Africans who recall its use in marches and rallies, adding a semiotic association with resistance that at once confounds and reinforces the straightforward, uplifting sound. Therefore, on the individual and subgroup level, these songs comprise solidarity and support. When directed outward, toward society at large or the international community, they move into the realm of resistance.

This is not purely speculative on my part. In Lee Hirsch’s documentary, *Amandla!*, Hugh Masekela and Sophie Mcgina both reference this feature of

many freedom songs, noting the clandestine amusement black people got out of singing songs that whites seemed to enjoy, sometimes clapping along, not knowing they were the target of the often violent lyrics (Hirsch 2002). These types of songs evidence black South Africans using one of their few advantages – that of their shared language – within their community. The semantic snowballing of these songs, when applied to the context of HIV advocacy within the black South African community, includes extremely complex associations of resistance, oppression, violence, solidarity and arguably, victory – so complex that, as Turino argues, they in fact defy conscious identification and can be experienced only viscerally (1999, 235), communicating on this experiential level the need for resistance of marginalizing ideas, in this case, regarding HIV/AIDS. In fact, he suggests in his exploration of the musical involvement in the development of nationalism in Zimbabwe, “If a given index calls forth a thick complex of vague sensations behind more foregrounded associations, the sign will tend to have greater emotional salience” (2000, 175). The use of songs which have been reinterpreted through generations of struggles in the context of HIV/AIDS therefore are loaded with semiotic associations and particularly useful to calling forth affective solidarity in service of advocacy for PLWHAs.

Several comments of my research participants spoke to the ability of music to wield power through suggestion versus commandment, which speaks to this affective capacity. For Musa Njoko, music is invitational, and on its own, without words, she argued, it does not tell you to do anything. Perhaps her music is, therefore, itself a mediating factor, since her words are so direct. In fact, she argued, the value of music is that someone can like a song without liking the message or the artist. One of the BAT Centre students suggested that music is the only thing that can enter one’s consciousness without permission, suggesting the same belief in its subliminal qualities which has in past made it the object of suspicion as a tool of top-down messaging (for example, in the *Sarafina II* affair). The power of music to convey hidden messages is therefore valued differently depending on its source. When subliminal messaging, either lyrical or performative, arises from the bottom, directed toward the powerful, it is seen as

resistance and therefore positively valued. From above, directed toward the powerless, it is seen as coercive and propagandistic, and negatively valued.

Musa Njoko's engagement with the church is another instance where music is mediating between groups – between PLWHAs and Christian communities. Her insistence that the healing that should be sought after first is psychological rather than physical certainly references the capacity of music to provide this support to PLWHAs. It also has implications for her work with churches, whose ideas about PLWHAs have caused a rupture in the community. She urgently desires this rupture to be healed, and so her music, with its invitational nature, Christian associations and its challenging words, is an intermediary space into which Christians are invited and then confronted. The explicit and implicit arguments of music therefore can be seen as active between marginalized PLWHAs and their relationships with churches, society at large, and even the international community when taken abroad. Within the HIV-positive community, music communicates support and solidarity in the cause of asserting one's place in society.

Prophet: Music as a performance of social change

It should be obvious by now that the indexical quality of much of the music used by my research participants is also a key factor in its prophetic capacity to perform desired social change. However, in this matter the sign may vary slightly. Turino explains that Peirce's semiotic theory distinguishes between a *dicent* and a *rheme*. The *dicent*, as introduced above, conveys the actual existence of the object represented, while a *rheme* is a sign of something which is a possibility, rather than a certainty (his example is a painting of an unknown or imaginary person). He explains:

Rhemes can denote and represent what does not exist ("unicorn"), or what does not exist yet ("rocket ships" in early science fiction), but they are crucial to bringing new possibilities into existence by imagining and representing the possibility materially in art objects or performances. (1999, 238)

The ability of music and dance to index health, strength, ethnicity and religion has been noted above. However, in terms of their ability to convey the restoration of

the HIV-positive individual to full membership in society, their power is in moving between the dicent and the rhematic, depending upon the audience. Herein exists the prophetic capability to perform social changes before they are yet evident in society.

Nomusa's observation that music is so inherent to Zulu culture that even people in conflict can sing together, and Phumlani's observation that in rehearsal he can experience freedom from the feeling of "being trapped in HIV," are rhematic performances, representing to the individuals within the group that what they feel – whether the mending of breached relationships or the ability to live outside the constraints of an HIV-positive identity – could indeed become reality. When small successes are celebrated on these fronts, the performances take on a dicent quality which is extremely meaningful to group members. Their dances are dicent indices of health and strength, and rhematically posit survival and hope, which are not a given in the case of PLWHAs, but the indices are strong enough that these other possibilities can be conveyed. As well, their communal song and dance is a dicent index of the community of support they have built up. Represented to outside groups, or better yet, performed with outside groups, communal performance becomes a rhematic expression of potentially broader communities.

Turino observes a visceral quality in the *chimurenga* songs used by the Zimbabwean ZANU party to communicate its official positions and to develop a nationalist sentiment among both its members and the public. He writes:

Perhaps most important, because the songs involved group unison or homophonic singing, as well as some interlocking and overlapping techniques, they created the direct, concrete sense of social synchrony – of singing together and being together. The direct sense experience is fundamental to creating a visceral, emotional, aesthetic power that comes to be associated with the meanings communicated through the texts and ZANU-framed events. (Turino 2000, 217-8)

Singing and dancing with members of communities with whom they wish to build relationships, some of these indices of "social synchrony" are also evident in the music of Memeza Africa in particular. The social synchrony appears as a consequence of the performance, making it at once a dicent index of the solidarity

of the group and a rhematic index of the potential of the solidarity to expand to incorporate new, previously resistant or hostile members.

The case studies show how there can be inconsistencies in the sign as new social relations are imagined, depending upon the depth of experience of those imagining. For example, the incompatibilities of Atlas Duma's song, with its fatalistic conceptualization of a man portrayed as an AIDS sufferer, evidence an attempt to redeem the image from helpless to productive, although it reinforces the social death of the individual which takes place before the physical death. To a certain degree, this is a message which Musa Njoko and members of Siphithemba echo on occasion, with the assertion that they must live in the present, living each day to the fullest, without thought of what the future might hold. At the same time, Siphithemba member Phumlani reframed even the possibility that one day ARVs may no longer work and they may finally succumb to the virus. He told me that they joke within the group about their death, saying, "HIV cannot kill me. If it kills me, he is also going to die, because he's going down with me, in the grave. He cannot pass it away from me, because we are going down together" (Kunene 2009). That a vaccine and a cure are not yet available means that there is inevitable uncertainty which sometimes introduces an element of confusion in the imagination of future new social realities.

Perhaps surprisingly, Siphithemba's songs which juxtapose A-B-C prevention and Christian beliefs manage to convey a future where frank talk about sex and religion can cohabitate. Certainly, the A-B-C message on its own can provide a basis for conveying critical facts about preventing HIV transmission, but contact with the moralizing and judgment-inducing capacity of Christianity compromises the ability of advocacy messages to reclaim Christian identity. However, Okigbo documents a song which begins with the message, "This is Jesus, who was there in the beginning / He is still here even now," proceeding to a refrain which declares, "Christians must arm for the disease attacking us / They mustn't arm with guns / Arm with knowledge of disease prevention / If you use a condom you will be safe" (in press, 10). This was in fact a recently-composed song, although the imagery of arming for battle is taken from familiar contexts of

war songs and freedom songs. But more importantly, here Siphithemba brings Christ and condoms together in a context loaded with semiotic associations of battle and Christianity.²⁶ The result is an explicit rhematic statement of a future when prevention messages within the church need not be burdened by moral codes which prohibit frank discussion about sex, rather providing the knowledge that will equip critically-thinking individuals to make their own choices, invoking the presence of God even in contemporary circumstances. This is music in a role of active prophecy, one which not only envisions the desired future, but which sets transformation in motion by performing the desired change.

Byerly's discussion of the botched attempt of the apartheid government to release a peace song indicates the role of music as a false prophet, one which foretells of a future that does not come to pass (1998, 29-30). So too the music of the *Sarafina II* project was a false prophet, in both cases due to the ensuing public resistance of propaganda associated with their top-down implementation. She references the banned national anthem of "*Nkosi Sikilel' iAfrika*" as a true prophet which emerged after the end of apartheid to become an official anthem of the new nation. She writes, "Overnight, the subversive anthem became patriotic, and the unacceptably underground overtones of the music were instantly replaced by publicly acceptable connotations" (34). The anthem is a decent index of the solidarity of oppressed African people, rhematically suggesting to outside communities its potential to express broader solidarities. It was this rhematic suggestion which made it first threatening and later affirming.

In the context of this discussion, the point is that because musical prophecy is rhematic, it cannot be known at the time of its utterance whether it is a true or a false prophet. Only the activation or failure of the transformative potential of music in the unfolding of social, political and intersubjective processes provides the litmus test of the prophecy's truth or falsehood. However,

²⁶ These certainly have an strong past affiliation, problematic in itself, as evidenced by such hymns as "Onward, Christian soldiers." However, in the context of this song, I would argue that the reference to guns and its composition by a black South African indicates a contemporary association with battle in the context of the anti-apartheid movement rather than associations with imperialism or (worse yet) the Crusades.

my research participants' active propositioning and performance of these potential futures, through their reassertion of new identities and their communication of new solidarities, are the first step in bringing about that future.

Attali's observations, from which Byerly takes her argument, suggest that this prophetic capacity is what makes music and musicians a threat to the status quo:

Music is prophecy. Its styles and economic organization are ahead of the rest of society because it explores, much faster than material reality can, the entire range of possibilities in a given code. It makes audible the new world that will gradually become visible, that will impose itself and regulate the order of things; it is not only the image of things, but the transcending of the everyday, the herald of the future. For this reason musicians, even when officially recognized, are dangerous, disturbing, and subversive; for this reason it is impossible to separate their history from that of repression and surveillance. (1985, 11)

However, this may convey a rather inert sense of prophecy. It suggests that music may primarily have a reactive role, picking up signals from changes outside the musical sphere and transmitting them to whoever might be listening. Clearly, the music of my research participants is anything but inert. Their work is not outside of music; music is where the work happens. Music is the intersubjective terrain on which they are transforming their lives and their society.

A further example of transformational prophecy is Memeza Africa's use of traditional songs and freedom songs in outreach events. Such performances moved far beyond mere entertainment. Encouraging people in the communities to sing familiar songs with them, they indexed shared past associations – Zulu ethnicity, community solidarity, resistance, religious identity – to present a new rhematic possibility of solidarity with HIV-positive people and openness about HIV/AIDS. The power of the indices assists in overcoming the challenge of the new context of the song. It is in this way that music arguably made the unspeakable speakable, both with the support groups who operated before Memeza joined forces with them, and with Memeza once they formalized the musical aspect of the outreach program. In this way, communities were able to begin to talk openly about HIV/AIDS.

This is not to overemphasize the role of music, or to deemphasize the verbal components of the work in Ndawana or the surrounding communities. I would argue, however, that there is ample evidence that it was the performance of openness, strength and solidarity by the initiators of the work in Ndawana which caught people's attention, more than their words. Words alone could never possess the power of the sight and sound of someone standing before a community completely closed off by the stigma of HIV and declaring his or her HIV-positive status and simultaneous hope for the future. Music added another dimension to this work, introducing indexical and participatory aspects of song which gave people feelings of consistency with past challenges overcome and past experiences of community and solidarity. New social positions must be imagined into being, practiced and performed in order to become a reality. Music provides a venue for such realization and in this way is a prophetic voice both declaring and setting in motion new possibilities.

Expressing the inexpressible

Turino closes his article with a point which sums up some of the difficulty in language convincingly the way music mirrors, mediates and prophesies, because words, which are symbolic in Peircian terms, cannot speak to the affective, performative work of music. Semiotic theory, he argues,

. . . helps me understand music's affective potential, [but] *speaking* in such terms can ultimately only point to the *general* ways such experiences happen. Even when Peircian analysis does shed new light, it does not satisfy, and it cannot demystify our most profound musical experiences. When people shift to symbolic thinking and discourse to communicate about deep feelings and experiences, the feeling and reality of those experiences disappear and we are *not* satisfied. This is because we have moved to a more highly mediated, generalized mode of discourse, away from signs of direct feeling and experience. This is Charles Seeger's dilemma about the "untalkables" of music, and the very point of my paper. Symbols do not pertain to all parts of ourselves, and they fall short in the realm of feeling and direct experience. This is why we need music. (1999, 250, italics original)

In South Africa, it seems that the inexpressible in music has facilitated the expression of the inexpressible in the context of HIV/AIDS. The individuals and groups with whom I worked have experienced this capacity and they capitalize on

it in as many ways and means as possible. Their music making is deeply intersubjective, as they absorb and reflect upon their social influences, and then act upon them by engaging with the communities around them. Far beyond any simple conceptualization of transition from sickness to health, their musical performances must be seen as recuperating and asserting desirable positive identities, communicating support within their own subgroup and solidarity to society at large, and performing new social orders which allow them to take their full place in society. As such, the efficacy of the musical *indaba* of HIV/AIDS, and the source of the agency of its performers, is evident.

Chapter Seven – Reflexive considerations and future explorations

As I conclude, it is worth elaborating on some considerations alluded to in passing and some aspects for future study. Lest the picture of the musical advocacy and activism of my research participants be construed as overly optimistic, it is also necessary to identify some of the problems and challenges in their work specifically and in the relationship between music and such work in general.

The complexity of the environment in which HIV/AIDS is confronted practically guarantees potential for conflicts of purpose and difficulties in execution. Even at levels of basic conceptualization, some challenges have been observed by my research participants. For example, some research participants questioned whether particular musical genres are antithetical to messages of HIV/AIDS advocacy through the meanings they index. For example, Dr. Giddy and Dr. Reid speculated that the overtly sexual messages of some popular music create such strong associations with desire and loss of inhibition that they are counterintuitive to prevention messages about abstinence or partner reduction. As well, because the music is being “used,” it may seem contrived and disingenuous. In a more extreme sense, because it acts on subconscious and experiential levels, it has the potential to “brainwash” by taking advantage of its associations in ways that its hearers may not be able to quantify or verbalize. The BAT Centre students echoed some of these perceptions, identifying incompatibilities between commercial music and the social response that was required for HIV/AIDS. However, perhaps because the forms of music used by my research participants are derived not from commercial sources, but are themselves forms of cultural expression which have had a long-standing place in their communities, they conceptualized their music more as a continuation of these processes, and a natural response to the challenges of HIV/AIDS.

As has been amply demonstrated, music enters easily into the moral domain. It is just as easy for it to communicate messages detrimental to the

agency of people living with HIV/AIDS as to communicate support for them. It may elevate stigma by emphasizing the breach of moral codes, and may convey messages which exacerbate gender inequalities by emphasizing female sexuality and deflecting attention away from male responsibilities in sexual relationships. This is seldom black and white. During my fieldwork, I observed that cultural forms of expression encountered grey areas frequently, such as with Shiyani Ngcobo's song, Atlas Duma's musical drama, and even Clifford Khumalo's play. In fact, my research participants overall did not reflect on this potentially dangerous territory. Rather, they focused on the positive messages of their own music. Informed by the wisdom of their experience, sometimes they used music with the goal of simply beginning a difficult conversation, at other times with the goal of changing the understandings and beliefs of the people for whom, or with whom, they sang.

Some BAT Centre students expressed their opinion that AIDS music was boring. The overuse of acrostics like A-B-C, along with other simplistic prevention messages may be partially responsible for this, as they do not foster engagement at meaningful levels (James 2002, 185). The choirs with whom I worked, particularly Siphithemba, did tend to integrate some of these well-known messages into their music, and at no point did they suggest any perception that this cheapened their music or their message. Perhaps this indicates a blind spot, and an area for further investigation. Musa Njoko tends, from what I can understand of her music, to speak about HIV but to sing about broader issues such as acceptance, strength, faith and resisting marginalization. Perhaps this is why. The lyric in Nkosinathi Buthelezi's play, "HIV and AIDS is a very serious disease," itself strikes me as somewhat superficial when taken out of context of the drama. Context is paramount, however, and perhaps this is why none of my research participants felt that their music was weakened by such messages. In fact, what I was able to observe of audience response indicated the opposite. Arguably these messages are made more acceptable by their consistency with the experiences of the singer and the related perception of authenticity that is conveyed. Again I believe genre also plays a role here. Because many of these

songs come from traditional sources which have been altered many times over the years to meet the challenges of the day, their adaptation to the situation of HIV/AIDS is consistent with cultural practice in a way that a more contemporary genre may not provide.

Superficiality may also be perceived in the promotion of HIV/AIDS causes by well-known musicians, who may be seen to be benefiting personally from token involvement. The fact that many such initiatives do indeed walk the fine line between sustainability and profit (or at least, are perceived as having the potential for profit) introduces an element of cynicism about the intentions of their leaders, which may be transferred to other contexts where music might actually be productive. Additionally, at times artists get involved in ill-considered prevention campaigns which contradict the messages of community leaders and HIV/AIDS advocates, or contribute to the “AIDS fatigue” of the South African public with overly simplistic messages about prevention. My research participants identified many of these areas of conflict themselves, and noted that they indicate a need for personal authenticity. Several expressed cynicism and even anger about celebrities who call for people to disclose their HIV statuses but do not disclose their own. They have encountered such cynicism as well, Nomusa relating an instance where she was accused by an audience member at a presentation at a local shopping centre of being paid by white people to say that she was HIV-positive. For them, integrity is the answer, and begins with the willingness to be transparent about their own HIV statuses and their own goals for their music and activities.

Examples of most of these pitfalls can be found at various points in this thesis, indicating that they are as real and active in communities as is work which addresses root causes and inequalities. This suggests that balance and discernment are hard-won in terms of both the messaging and the method of targeting inequalities. Perhaps those who have the most direct access to this insight are those who have had to deal with the experience themselves, accepting their HIV-positive status and encountering stigma. This firsthand experience informs their work; they understand exactly the grounds on which their battles must be fought.

This is not to suggest that all PLWHAs have this perceptiveness and motivation, nor that HIV-negative people may not contribute in meaningful ways to advocacy. Far from it: being diagnosed HIV-positive does not make one an instant member of a subculture. This membership must be built, as demonstrated by Robins' application of Turner's ritual theory to the illness and treatment experiences of people enrolled in ARV programs, and my additional use of the theory to explain the support function and activist work of the choirs with whom I worked.

I would argue that PLWHAs live on a spectrum of acceptance, moving back and forth through various stages depending on their background resources (such as ideological or religious beliefs), external challenges (such as stigma and prejudice, manifesting at many possible levels), available support (such as from family, support groups, communities of faith, or other social networks), and, on more practical levels, economic factors (such as the ability to access treatment and support themselves and their families). Support groups and other social groups have the potential to provide community, but they also have the potential to create a protective bubble that, without the development of personal resiliency, links to external support, and critical thinking skills, may cause their members to be overly dependent on them. Because of this, musical advocacy requires careful consideration, knowledge of mitigating factors in HIV infection, and a sense of what may hinder or motivate change. Reflected-upon firsthand experience is but the most direct path to these understandings. It is, however, certainly the most compelling motivation behind engagement with them.

Because HIV/AIDS is such a serious threat to South African communities, and because their members often encounter it on a daily basis, people all across society are motivated by a desire to do what they can to stop it. This suggests a demand for support of this kind of work. Of course, artists may have a variety of reasons for wanting to address HIV/AIDS in their songs. But for those who want to contribute to efforts to stop the spread of HIV and support PLWHAs, access to training, advice or print materials that provide greater understanding of factors which contribute to the prevalence of HIV and the marginalization experienced by HIV-positive people may make the difference between meaningful

communication and counterproductive static. Arguably, as well-informed initiatives successfully engage with society, deeper understandings about HIV and the experience of PLWHAs will emerge, and more people will be encouraged to confront issues of inequality, rising to the occasion should new challenges emerge.

Although access to ARVs may be improving under Zuma's most recent initiatives, unless a cure or vaccine for HIV is found, the need to advocate for PLWHAs will not lose its urgency until they have won broader recognition as full members of society. However, HIV is still exacerbated by political and economic factors which make the trajectory of its disempowerment unpredictable. As well, the challenges encountered by Musa in her work indicate that even already-established HIV/AIDS initiatives and projects would benefit from further development of the rationale and basis for intervention, as well as probing questions about how advocacy is conceptualized, particularly regarding the voice and role of PLWHAs in such initiatives. Certainly Musa aims, with the consulting practices she has established, to provide this critical perspective. Public availability of such services would enhance the effectiveness of grassroots initiatives which are arguably led by the best people for the job – the people within the communities, who live with the local challenges every day and have a passion to transcend them.

The source of power in the musical messages is also another area of potential contention. Perhaps because its associative potential is so strong, music seems to fare poorly in the hands of those attempting to bring down change from above. Thus, perhaps where it is most effective is in the voices, bodies and instruments of people initiating grassroots responses. This is another argument for empowering these informal efforts, since they avail the broader population of an important resource in dealing with HIV/AIDS, where cultural engagement may engender cultural challenge. That said, culture, class and ethnicity are still volatile concepts in contemporary South Africa, which render music subject to constant reinterpretation and new associations. Certainly the specific goals of asserting Zulu ethnicity are currently not relevant in all segments of South African society,

and since Zulu ethnicity continues to be a powerful but divisive concept in South Africa, the assertion of any ethnic identity may reveal itself to be problematic. The only way out of the continued salience of the racial and ethnic terms of apartheid may in fact be intentional de-emphasis of ethnicity or colour in favour of some other unifying form of identity. So long as HIV/AIDS threatens the social identities of those it infects, the assertion of racial, ethnic, religious or class identities may expose such advocacy efforts to other, equally volatile, forces.

Not everyone believes, however, that HIV should be destigmatized. Certainly this reflects the power of the moral discourse around HIV, where infection continues to be conceptualized as the consequence of sin. Even Nomusa speculated to me that stigma will never completely go away, no matter how normalized HIV infection becomes. Dr. Giddy noted that even within their hospital setting, staff at all levels continue to conceptualize HIV in terms of a prevalence of sexual sin, and although she argued that this does not automatically imply a judgmental perspective, it would seem that the potential for judgment and intolerance is present.

Additionally, where the availability of antiretrovirals has greatly reduced the number of people dying of AIDS-related illnesses, as may hopefully soon be the case in South Africa, Pisani observes a curious and troubling side-effect. In a recent speaking engagement in Edmonton, she argued that in many respects, the world has entered a post-AIDS era, and that without the visual reminder of the physically devastated AIDS-infected body, bearing associations of suffering and death, people are becoming cavalier about HIV infection. She suggests that there is very little motivation for them to choose less desirable behaviours which prevent HIV infection when they know that ARVs are freely available and when they perceive HIV as a rather annoying chronic condition rather than a life-threatening illness. In fact, she observes, it is easier to receive treatment for AIDS than for many other diseases in many countries, as a result of mass national ARV roll-out campaigns amidst continued underfunding of health care systems as a whole. Re-stigmatizing HIV is not a desirable strategy, she qualified, but the normalization of HIV presents some rather perplexing challenges (Pisani 2010a

and 2010b). Such considerations highlight the unpredictability of continued advocacy efforts and the need for constant monitoring of the intersubjective conceptualization of HIV and AIDS.

A variety of additional issues warrant further exploration. The lack of attention to the intersections of Christianity and the meanings of illness and healing in the context of HIV has been identified, and a more thorough accounting of its influence is needed. Another area owed further consideration is whether class issues affect the ability of particular people to advocate, and whether class, race or ethnicity are factors in the reception of advocacy messages. Wider investigation of lyrical and performative aspects of the music of those who, like my research participants, use music to advocate for PLHWAs may also be fruitful, as may additional exploration of the presence or absence of music in interventions organized either by the government or civil society. Returning to the core interests of medical ethnomusicology to study the structural characteristics of HIV/AIDS-related music and the corresponding biomedical responses that may play a role in transformations in physical health may provide valuable information. Such understandings could also have relevance to the experience of social transformation.

Potential applications of this research also merit further investigation. The ways in which my research participants have used music, and an understanding of how these have contributed to open discussion and destigmatization of HIV, creation of communities of support, construction of relationships between PLHWAs and those hostile to them, and advocacy for the place of HIV-positive individuals in society may suggest other opportunities for music, either targeting different audiences or addressing different challenges. Further investigation of means by which such initiatives may be supported, whether through education, strategic support, or financial support, may increase their effectiveness. More broadly yet, perhaps this study contributes another perspective on the role of music in the resistance of marginalized identities, leading to productive parallels or comparisons with HIV/AIDS initiatives in other parts of the world, or even in

relation to other equally dramatic experiences, such as war, segregation, or extreme poverty.

Idealistic as it may be, I hope that the presentation and analysis of the music and work of my research participants will provide some small additional measure of empowerment to them as activists working within certain constraints to make positive changes to their lives and the lives of people around them. Inasmuch as I discovered at the outset of my South African fieldwork during my experience with the BAT Centre students that the line between “strict” participant observation and applied ethnomusicology was blurred with alarming alacrity, so too in the supposed completion of the project I am compelled to acknowledge the many benefits I have accrued during this process – from the personal enrichment of new friendships and insights, to warm hospitality, to the educational opportunities that this line of research has provided.

As such, I am hopeful that some of these benefits may return to the people who shared their knowledge and experiences with me, even if I cannot presently foresee the means by which they may do so, apart from the small returns of performance recordings, the acknowledgement of the contribution of these people to my project, and the commitment to continued consideration of possible ways in which the knowledge I have gained may be fruitfully applied in future projects. In that fieldwork is also an intersubjective experience, I can attest to the effect that these relationships and experiences have had on my understanding of myself and others, and speculate that simply by being present, asking questions from my own perspective, and focusing attention temporarily on the use of music to change perceptions, beliefs and actions related to HIV/AIDS, I have in a small measure fed back into the lives and work of people living with HIV/AIDS in South Africa and the friends that support them.

In closing, I would like to return to the BAT Centre music students, whose own responses to our discussion of HIV/AIDS culminated (at my request) in musical expression. I have earlier related the poetic response of Nelisiwe and Phumelele to the endless number of funerals, accompanied by a call for abstinence. As well, Sbonelo, Andile and Ntsiko performed, in two- and three-

part harmony, a song adapted from one which Sbo had written as a wedding song. With Andile singing lead and improvising over top of the music, they sang:

Love never fails, love never chooses
If ever you are infected of AIDS
It's not the end of the world
Let's give the love they deserve (Mlita, Mdlala and Mhlongo 2009)

This song demonstrates that a nascent will may be present in society to make a place for PLWHAs. Individuals may not comprehend all that is standing in the way of this, and they may not know the best way to make it happen, but perhaps their ongoing losses have informed them on a subconscious level that HIV is an omnipresent threat. Although social and economic circumstances may cause unequal prevalence levels between populations, on an individual basis HIV does not discriminate. This is certainly a potential source of deep anxiety, but ultimately also provides common ground on which PLWHAs may build by asserting sameness. It represents an opportunity to bring prevention and advocacy together: we are the same, so do not let HIV happen to you; we are the same, so support me.

Lindani Njapha's original composition, "*Amanz' amdaka*," provided another example of a song with a serious message and a dire warning united with a vibrant, upbeat melody. His performance of the song demonstrated the enormous participatory potential of music. Starting off somewhat nervously, he sang the first verse alone, shifting from one foot to the other, accompanied by another student on the keyboard. As he sang, the other students interjected with assent, "Hey, hey!" or "Mm!" or "*Hayi-bo!*" By the end of the first line of the chorus, the students could not contain themselves. Though they had not heard the song before, they joined in with two-part, then three-part, harmony, vocal improvisation, clapping, stomping, and ululation. Several swayed and shoulder-danced in their seats, and finally Andile moved out to an open area of the room and danced, to the laughter and encouragement of the others. The song ended, and the students responded with enthusiastic applause, cheers, whistles and shouts of "Wow!" and "Nice one!" The text of Lindani's song in Zulu, as he provided it to me, is as follows:

Qaphela! We mngan' wami
Kuba namhla kuyafiwa
Uma uhlangana nomlingan' wakh' ungaz'vikelanga
Ufana nomnt' osel' amanz' amdaka.
Amanz' amdaka! Qaphel' amanz' amdaka
Amanz' amdaka! Qaphel' amanz' amdaka! (Njapha 2009)

[Be careful / watch, my friend
Because nowadays they say life is hard
If you have unsafe sex with your partner
You are like a person / it's like drinking dirty water
Dirty water! Be careful of dirty water!
Don't drink dirty water (Don't go to the dangerous place/no-go area)]²⁷

Lindani's song is a statement focusing on prevention. He uses the metaphor of dirty water to convey the risk that accompanies unprotected sex. There is no interpretation, only a simple message combined with contagious music. Perhaps the message calls up some of the conflicting ideas about sexuality which make it a controversial topic, ideas which contribute in some cases to beliefs that people have which may negatively affect their ability to make healthy life choices. With this simple message, he has entered the messy, convoluted, highly intersubjective territory occupied by HIV/AIDS. He is not an advocate; this is possibly the first song on the topic that he has written. He is a musician and a member of South African society, responding to the threat of HIV/AIDS in his community in the best way he knows how. His song drew his classmates into a rehearsal of this message, wherein, from what I observed, they experienced joy and a sense of community.

It is a song which is in many ways only a beginning. It does not reveal a nuanced experience of the marginalization of HIV/AIDS, nor assert particular identities against threatened ones. Likely it is just fun. Perhaps this sense of fun and participation, however, can defang the spectre of HIV and open up a space for discussion. The day he came to give me a copy of the lyrics, he told me with pride that he had been working on it with others for an upcoming performance. Perhaps his song has opened up some of these spaces since that time.

²⁷ Translation to English also provided by Lindani.

Finally, therefore, another opportunity for further research is to monitor such musical expressions as they open up spaces to publicly discuss HIV/AIDS. Going forward, music may also be a weathervane of the challenges to the position of PLWHAs as they arise in society, and so merits continued study. As a vehicle of communication within and between communities, new messages and new voices will certainly emerge. With its capacity to anticipate future social realities, it may reflect potential developments to be discouraged or encouraged. Most importantly, as South Africans continue to absorb and respond to these emerging challenges, it will surely provide a powerful tool with which they may continue their transformative engagement with their society.

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Appendix A – Poetry and Song Lyrics

Ma African

Written by and Zulu lyrics translated by Nelisiwe Zulu and Phumelele Msomi
Performed with Tyhilelo “Mzu” Sidfili and Fikile Nuzo
BAT Centre Music Students’ Workshop, Durban, South Africa, June 25, 2009

Ma African Scrutinise
Ma African Condomise
Ma African Ubstain [abstain]
Love Life Ma-African

Ma-African it enough
We are tired of attending funerals every weekend
People are dying of HIV and AIDS
Just love life, *Thand’ impilo* [Love life]
Even innocent childrens are dying of HIV and AIDS
Please Ma-African
Bancane labantu abazi lutho [These young people know nothing]
Of course there’s no cure of HIV and AIDS
The best cure is to upstains [abstain]
Love yourself love the people around you
Faithfulness

Ma African Scrutinise
Ma African Condomise
Ma African Ubstain [abstain]
Love Life Ma-African

Make Some Noise

Written by Holly Wright, 2005
Performance by Memeza Africa on their album, *Make Some Noise*, 2009
Lyrics transcribed by the author, with assistance of Mninawa Mangweni of
Memeza Africa on transcription and translation of Zulu lyrics in chorus

It starts with one voice willing to speak
A beautiful letter that called out to me
But it just takes one step to set your spirit free

Chorus:

Make some noise, make some noise
If you want to be heard
Make some noise, make some noise
If you want to be heard
Let's make some noise [ululation]

Some say I've walked a very long way
It's taken a lifetime to arrive at today
But now we're together, I just want to say
(Chorus)

Yelele, yelele... SiBanga umsindo [Make some noise]

Children frightened, alone and in need
These beautiful people they're calling out to me
So we must act and we must speak and let the world see
(Chorus)

The World Shall Love Again

Written by Holly Wright, 1992

Performed by Memeza Africa on their albums, *The World Shall Love Again*, 2008
and *Make Some Noise*, 2009

Lyrics transcribed by the author, with assistance of Mninawa Mangweni and
Zanele Zondo of Memeza Africa on transcription and translation of Zulu
lyrics in chorus

Dana, what would you care if I should tell you you're not aware
Of the love you send to me and all of the souls that you meet every day
(Zulu lyrics - untranscribed)

I look in your eyes, I see love of a kind you don't find every day
With all that you've got and all that you have in your own special way
But when I see how they turn you away,
'Cause of something they don't understand
When I see how they hate you without even knowing you
It makes me want to cry (Zulu lyrics - untranscribed)

We meet on the street, I see a person in you,
That is all that I see (Zulu lyrics - untranscribed)
I don't know your race, your beliefs or your faith, I see you that is all
But when I hear how you're badgered and teased for a reason that no one can see
When I hear how they hate you 'cause they don't like your colour
It makes me want to cry (Zulu lyrics - untranscribed)

Chorus:

If you've got the courage to let down your guard
Open your mind and open your heart
If you've got the courage to show who you are
Stand on your own (*Sukuma Uzimele*) [Stand on your own]
And show us who you are

When we walk hand in hand we'll be strong in a way we've not known before
Your fears are unfounded, they just keep you bound in a world filled with hate
But when I ask you to follow your heart,
You will learn that's the place you must start
When a child learns no hatred, no fighting, no shame
The world shall love again (Zulu lyrics – untranscribed)

Chorus:

If you've got the courage to let down your guard
Open your mind and open your heart
Unalo ugqozi lokuzikhomba ukuba ungubani
[If you've got the courage to show who you are]
Sukuma uzimele (Sukuma Uzimele) [Stand on your own]
Luzkhomb' ugqozi khomba [And show us who you are]

Proud African Woman

Transcribed by the author from the narration by Musa Njoko on her album
Standing on His Promises, 2009

I am not proud to be HIV positive. But I am also not ashamed. I am an African woman, pride of my nation. I am not a disgrace or embarrassment to my family. I am not a liability to my community and country, but I am an asset, with so much to give. I am an African woman.

I am a woman of courage. I am a mother who brings hope and love, who turns her adversity to victory, who calms the storms of life for her children. I am powerful and dynamic. I am sensible and innovative. I am wise and I am strong. I am more than a conqueror. I am a proud African Zulu woman, pride of my nation.

My voice today represents voices of many women – women from South Africa, women from Africa, and women from around the world. These are women who will never be slaves again – slaves of oppression, manipulation, poverty, abuse, disease and disrespect. These are women who will stand, women who will rise, women who will speak out and be counted and make history.

Today we choose to take our rightful place, place of power and authority. We turn the tide against HIV and AIDS, and all those things that are holding us hostage.

For every young man and every young woman, I challenge you today, turn the tide against HIV and AIDS. Rise, for your light has come.

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Appendix C – Accompanying film

A short film featuring performances by and interviews with the people participating in the research for this thesis may be accessed at:

<http://www.musicandhiv-sa.com>