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**“Condoms cause Aids”:  
Poison, prevention and denial in Venda**

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# ‘CONDOMS CAUSE AIDS’: POISON, PREVENTION AND DENIAL IN VENDA, SOUTH AFRICA

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## ABSTRACT

This article presents a critique of the position that South Africans are engaged in a process of collective HIV/AIDS denial. Ex-President Mbeki’s well-documented belief that HIV does not lead to AIDS, and that South Africans are not dying of AIDS-related disease, has been used by academics and journalists to explain the widespread public silence around the pandemic. The article argues that the complex social processes employed to create and maintain the avoidance of open conversation around HIV/AIDS are rooted, not in Mbeki’s denialism, but rather in conventions through which causes of death can, and cannot, be spoken about. Through case studies of poisonings and public performances by HIV/AIDS educators, the article demonstrates that by invoking public silence and coded language, ‘degrees of separation’ are constructed that create social distance between individuals and the unnatural cause of another’s death. Far from a collective denial, acts of public silence and obfuscation should be read as protestations of innocence: attempts to drive a wedge between open, public knowledge of death and potential implication in the increasing number of AIDS-related fatalities. HIV/AIDS prevention policies based on inadequate understandings of this wider context have given rise to the social construction of peer educators – and condoms as their central symbol of prevention – as vectors of the virus.

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IN THE VAST LITERATURE ON HIV/AIDS IN SOUTH AFRICA it has become fashionable, almost conventional, to understand the prevailing avoidance of open conversation surrounding the pandemic in terms of stigma and denial. ‘HIV/AIDS denial’ in this context refers to the widespread refusal to name AIDS as a cause of death and the associated unwillingness to talk openly about it in public settings. This is often connected with former President Thabo Mbeki’s controversial stance on the topic whilst in office from 1999

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to 2008. It has recently been suggested that, in the matter of Mbeki's refusal to address HIV/AIDS, 33  
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[I]t is difficult to determine whether the [ex-]President is following the will of the people or they are following his lead. By consensus across the country, few will speak about AIDS.<sup>1</sup> 35  
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It is, however, a turbulent time in South African politics. The decision by the African National Congress (ANC) to prematurely terminate Mbeki's presidency accompanied the government's apparent retreat from a so-called denialist stance on AIDS. The new Minister of Health, Barbara Hogan, has pledged to implement major shifts in AIDS policy towards the universal provision of anti-retroviral (ARV) treatment. This may signal the end-game of a dark era in which the ex-President and former Health Minister Manto Tshabalala-Msimang presided over a profoundly misguided national approach to HIV/AIDS.<sup>2</sup> 38  
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Given this wider context of political change, it is perhaps time to re-think the way that anthropology has configured the well-documented silence that has enveloped AIDS 'on the ground'. How can we explain adequately what this silence *means* for those who choose not to discuss AIDS openly? Why did it develop in the first place and why does it continue in the face of widespread HIV/AIDS education campaigns? Answers to such questions lie beyond notions of stigma and denial. This is not to suggest that Mbeki's stance had no impact on broader social discourses of HIV/AIDS, but rather to insist that these concepts be contextualized within the wider framework of ways in which death in general, *not* exclusively that which is AIDS-related, is and isn't spoken about. A central concern of the current analysis thus lies in developing a distinction between what we may call 'state denialism', 47  
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1. Robert. J. Thornton, *Unimagined Communities: Sex, networks and AIDS in Uganda and South Africa* (University of California Press, Berkeley, CA and London, 2008), p. 2. This quote echoes the sentiments of many other commentators on the topic who have, to various extents, resorted to the explanatory paradigms of denial and stigma to make sense of the powerful influence that HIV/AIDS has on the ways in which people talk, and don't talk, about it. See, for example, Tony Barnett and Alan Whiteside, *AIDS in the Twenty-First Century: Disease and globalization* (Palgrave MacMillan, New York, NY, 2002); Graham Reid and Liz Walker, 'Secrecy, stigma and HIV/AIDS: an introduction', *African Journal of AIDS Research* 2, 2 (2003), pp. 85–8; Jonathan J. Stadler, 'The young, the rich, and the beautiful: secrecy, suspicion and discourses of AIDS in the South African lowveld', *African Journal of AIDS Research* 2, 2 (2003), pp. 127–39; Catherine Campbell, *Letting Them Die: How HIV/AIDS prevention programmes often fail* (James Currey, Oxford, 2003); Didier Fassin, *When Bodies Remember: Experiences and politics of AIDS in South Africa* (University of California Press, Berkeley, CA and London, 2007).

2. This saga has been documented extensively, possibly excessively, in the literature, and does not need to be restated here. See, for example, Nicoli Nattrass, 'AIDS and the scientific governance of medicine in post-apartheid South Africa', *African Affairs* 107, 427 (2008), pp. 157–76; Mandisa Mbali, 'AIDS discourses and the South African state: government denialism and post-apartheid policy-making', *Transformation* 54 (2004), pp. 104–22; Fassin, *When Bodies Remember*, chapters 1 and 2; Mark Gevisser, *Thabo Mbeki: The dream deferred* (Jonathan Ball Publishers, South Africa, 2007).

propagated largely through the former President's political marginalization of the epidemic, and the 'consensus' in the citizenry referred to above: as we will see, to assume a causal relationship between them obscures more than it reveals.

Explanations for this consensus, or 'public silence',<sup>3</sup> have been sought in tracing the origins of AIDS-related stigma. Lambert and Wood, for example, favour the term 'indirect communication' in analysing processes of coding through which, they argue, the word AIDS is avoided by Xhosa speakers in the Eastern Cape to circumvent disrespect. They demonstrate clearly the ways in which not mentioning AIDS is 'respectful' by highlighting associations made between the virus, socially unacceptable sexual promiscuity and bodily forms of pollution.<sup>4</sup> Indeed, Posel has argued that a central tenet of Mbeki's denialist stance was his perceived underlying assumption that bio-scientific AIDS discourse constructed Africans as promiscuous and lustful. Recently, however, Niehaus has challenged this emphasis by suggesting that AIDS stigma in the Bushbuckridge area is traced not through ideas of sexual promiscuity, but through the construction of people living with AIDS as 'dead before dying' in the anomalous domain between life and death.<sup>5</sup> Connected to this, Stadler – also working in Bushbuckridge – highlights the 'distinct symbolic resonance' between AIDS, witchcraft, poison, and pollution that has been postulated to demonstrate the ways in which greed, suspicion, jealousy, and insatiable sexual and material desires combine into what Ashforth has called an AIDS-induced 'epidemic of witchcraft' in the post-apartheid era.<sup>6</sup>

This has added a welcome nuance to literature on the topic. Yet, whilst social and cultural patterns of stigmatization are key to understanding the ways in which meaning is attributed to HIV/AIDS, they do not explain adequately the processes through which people avoid open, public conversation about it. Indeed, if AIDS stigma can be blamed on its intimate associations with immoral sex, witchcraft, or the living dead, then the relationship between this stigma and any denial of the existence of AIDS becomes unclear. Denial does not seem an appropriate term: these ethnographic accounts demonstrate that South Africans actively avoid the conspicuous display of

3. Stadler, 'The young, the rich, and the beautiful', p. 128.

4. Helen Lambert and Kate Wood, 'A comparative analysis of communication about sex, health and sexual health in India and South Africa: implications for HIV prevention', *Culture, Health and Sexuality* 7, 6 (2005), pp. 527–41; see also Deborah Posel, 'Sex, death and the fate of the nation: reflections of the politicization of sexuality in post-apartheid South Africa', *Africa* 75, 2 (2005), pp. 125–53.

5. Isak Niehaus, 'Death before dying: understanding AIDS stigma in the South African lowveld', *Journal of Southern African Studies* 33, 4 (2007), pp. 845–60.

6. Stadler, 'The young, the rich, and the beautiful', p. 133. See also Adam Ashforth, 'An epidemic of witchcraft? the implications of AIDS for the post-apartheid state', *African Studies* 61, 1 (2002), pp. 121–45; Adam Ashforth, *Witchcraft, Violence and Democracy in South Africa* (University of Chicago Press, Chicago, IL and London, 2005).

AIDS-related knowledge for complex, historically grounded reasons. Moreover, HIV/AIDS has proved to be a fertile breeding ground for conspiracy theories, and many believe the origins of the virus to be closely connected to colonialism and state power.<sup>7</sup>

The conviction that South Africa is gripped by a consensus of AIDS denialism has not only dominated recent literature on the subject, but also influenced policy makers profoundly. In this regard, denialism is frequently equated with the need for more peer group education and ‘empowerment’ programmes in order to ‘break the silence’.<sup>8</sup> In the second half of this article, I suggest that policy makers – possibly following academic insights – have misread the situation as a collective denial, and suggest that it should rather be read as an attempt to create ‘degrees of separation’ between an individual and a cause of death. AIDS, as we shall see, is not necessarily central to understanding the dynamics of this silence. Rather, it must be read in terms of a widespread tendency to blame people – or things – for deaths that are perceived to be unnatural.

Through the imposition of peer group education projects, current policy appears to have produced seriously counter-productive consequences. Indeed, the evidence presented here demonstrates that the specific ways in which HIV/AIDS prevention is conducted place the educators in a vulnerable position of blame. Their publicly expressed knowledge of AIDS is equated with an assumed experience of – and implication in – AIDS-related deaths. This has given rise to a widely held belief that peer group educators are vectors of the virus. At the core of their safe sex message, condoms epitomize this close connection between knowledge and experience. As the central symbols of prevention, the salient objects upon which the science of AIDS in rural South Africa hinges, they are thus often thought – like the educators who tout them – to cause AIDS. Evidence for this argument comes from an ethnographic comparison between the ways in which people in Venda speak, and don’t speak, about two sources of suspicious death: poisonings and AIDS.

The data have been gathered over a fourteen-year period, mostly in the Tshivhase District of central Venda. Since 1995, I have been an English teacher, AIDS educator, performing musician and, only latterly, an anthropologist in this region. The particular character of my involvements in Venda society have resulted in a methodological approach that took me beyond observation and into participation. Having helped to establish

7. See, for example, Alexander Rodlach, *Witches, Westerners and HIV: AIDS and cultures of blame in Africa* (Left Coast Press, Walnut Creek, CA, 2006); Isak Niehaus and Gunvor Jonnson, ‘Dr Wouter Basson, Americans and wild beasts: men’s conspiracy theories of AIDS in the South African lowveld’, *Medical Anthropology* 24, 2 (2005), pp. 179–208.

8. This was the official title of the Thirteenth International AIDS Conference held in Durban, South Africa in July 2000.

and run the AIDS education projects that I discuss below, my manner of  
 engagement has combined long-term activism with academic inquiry, and  
 is subject to the advantages and pitfalls associated with this.

*Death and silence in post-apartheid Venda*<sup>9</sup>

Roughly one million TshiVenda-speaking people constitute just over  
 2 percent of the South African population. The Venda region is geo-  
 graphically remote, situated in the far north-east of the country, bordering  
 Zimbabwe and the Kruger National Park. TshiVenda, unlike Zulu or Xhosa,  
 is not of Nguni origin, but is ‘from the north’ (*vhukaranga*) and has more  
 affinity with the vast Niger-Congo linguistic cluster that includes Shona in  
 Zimbabwe and Lozi in Zambia. Perhaps due in part to this peripheral loca-  
 tion and linguistic differentiation from other South African groups, a stereo-  
 typical representation of VhaVenda has emerged which identifies them as  
 mystical and highly secretive, possessing extraordinary abilities to invoke  
 witchcraft. This popular sentiment has been reinforced by a recent increase  
 in ritual murders, and, perhaps more than any other group in South Africa,  
 Vhavenda are cast in the popular consciousness as masters of the occult.<sup>10</sup>

Despite this apparent peculiarity, however, the region shares broadly sim-  
 ilar socio-economic and political characteristics with other parts of rural  
 South Africa. Since the demise of apartheid in 1994, the region has un-  
 dergone significant political and economic change to the extent that many  
 perceive the post-apartheid era as one of emergency, as a ‘crisis of social  
 reproduction’.<sup>11</sup> Sex and death have become inseparable. Current economic  
 policies constitute a challenge to securing a stable future, stripping men of  
 their socially recognized recourse to masculinity through massive reductions  
 in migrant labour. This has largely removed remittances from the household  
 economies that were once managed by wives who often raised families and  
 looked after homesteads whilst their husbands worked outside the Venda  
 ‘Bantustan’. In this context, extensive state welfare and development NGOs  
 compete with an often violent criminality, whilst the lucky few who occupy

9. The Venda region is officially known as the Thulamela District of the Vhembe municipality of the Limpopo Province in the Republic of South Africa. The Limpopo Province includes the former homelands of Venda, Lebowa and Gazankulu. Following more conventional usage, I refer to the Venda region, the people as VhaVenda (sing.: MuVenda) and the language as TshiVenda.

10. For an account of ritual murders in Venda, and the social unrest they caused in the early 1990s, see Victor N. Ralushai, M. V. Masinga, D. M. M. Madiba *et al.*, ‘Report of the commission of enquiry into witchcraft violence and ritual murders in the Northern Province of South Africa’ (mimeo, 1996).

11. Jean Comaroff and John L. Comaroff, ‘Notes on Afromodernity and the neo world order: an afterword’, in Brad Weiss (ed.), *Producing African Futures: Ritual and reproduction in a neoliberal age* (Brill, Leiden, 2004), pp. 329–48.

positions in the upwardly mobile middle classes conduct opulent lifestyles that draw considerable envy. 159  
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In political terms, Venda remains an ANC stronghold, although several high-ranking ANC members in the region have recently joined the newly established Congress of the People (COPE) in the run-up to the 2009 general elections. Following national patterns – and to the surprise of many – traditional leaders have enjoyed a resurgence of influence, but not necessarily legitimacy, in the wake of an ANC-inspired ‘African renaissance’. In many respects, the so-called renaissance has been influential in the post-apartheid political economy, although it has taken on a variety of characteristics in particular settings. At the local level in Venda, it has been embraced by traditional leaders, such as King Kennedy Tshivhase, as emblematic of support for the ruling party and, symbolically, as a mark of distinction from royal dynasties, such as Mphephu, who colluded in the implementation of apartheid. The so-called renaissance has thus instigated a retraditionalization of ‘customs’ such as female initiation (*vhusha* and *domba*) and the installation (*vhuhosi*) of more chiefs: a process that has ignited old political rivalries and significantly dominates the contemporary political landscape of traditional authority.<sup>12</sup> 161  
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At a national level, the discourse of renaissance sanctioned Mbeki’s call for ‘African solutions to African problems’, a mantra that deeply influenced his controversial relationship with AIDS dissidents.<sup>13</sup> One such African problem was HIV/AIDS, and the oft-cited ‘cures’ proffered by the then Minister of Health included, among others, beetroot, lemon juice, raw garlic and olive oil as alternatives to ARV medication which she thought poisonous. Indeed, against the backdrop of Mbeki’s well-documented assertion that it was poverty – not HIV – that caused AIDS, the African renaissance has so far contributed to widespread confusion and uncertainty, helping to shroud HIV/AIDS in mystery. 178  
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During my bouts of fieldwork in Venda from 2003 to 2006, Mbeki’s underplaying of the problem seemed to have some parallels with the situation on the ground. It was apparent that in taxis and beer halls, at markets or football games – anywhere in the public arena – talking about AIDS was not on the agenda. On receiving news of someone’s death, for example, a public response that enquired as to the cause was as unthinkable as it was pointless: the bearer of the news would never admit to such knowledge in public. Should the conversation veer towards this topic, vague euphemisms 188  
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12. Fraser G. McNeill, *An Ethnographic Analysis of HIV/AIDS in the Venda Region of South Africa: Politics, peer education and music* (London School of Economics and Politics Science, unpublished PHD dissertation, 2007).

A1 13. Dissident thinkers question the connections between HIV and AIDS. Ironically, in his search for ‘African solutions’, none of the dissidents Mbeki consulted, such as Peter Duesberg, David Rasnick or Harvey Bialy, were of African origin. See <[www.virusmyth.com](http://www.virusmyth.com)> for a comprehensive overview of their arguments and an extensive bibliography.

and obfuscation were used consistently between friends and acquaintances in all manner of public social situations. If, as was often the case, AIDS was suspected, people talked quietly of a generic, unspecific ‘sickness’, or commented that ‘he had many *cherries*’ (girlfriends) or ‘he was too fast’. Every weekday evening, listeners who tune in to the hugely popular Phalaphala FM (South Africa’s only TshiVenda radio station) are subjected to the hour-long roll call of the soon-to-be-buried deceased. Information is supplied directly to the radio station by grieving families, and the daily intimations follow a strict formula: name of the deceased, place and date of birth, employment history, names of surviving close kin, date of death, time and place of prayer meetings and funeral. On *no* occasion is a cause of death alluded to. Even academic theses written by Muvenda anthropology students in the late 1990s entitled ‘A changing view of death in a Venda village’ and ‘The role of woman in the formation and operation of women’s burial societies’ provide not one single reference to any cause of fatality in the numerous, but selectively detailed, case studies.<sup>14</sup> It became increasingly apparent that causes of death in Venda, regardless of what they may be, are literally and figuratively invisible.

This pattern of ambiguity continues at funerals, during which religious and community leaders inevitably improvise to variations on the same theme: ‘long sickness’, ‘illness’, ‘ailing/failing physique’ or a ‘recent lack of health’. This phenomenon has been incorporated into a song by a Venda *tshilombe* guitarist, one of a spiritually sanctioned and authoritative group of men who historically have contributed to social critique on the proviso that they are ‘madmen’ and thus less accountable for their often provocative and insulting lyrical content.<sup>15</sup>

<i>A huna ane a nga takadza shango lothe,</i>	No one can ever please the whole world,
<i>kani ha ndi zwone zwo itaho</i>	maybe this is what causes
<i>uri vhafunzi vha zwifhe mavhidani.</i>	pastors to tell lies at the graveside.
<i>Hafha shangoni lothe,</i>	In the entire world,
<i>a huna mufunzi ane anga vha kwae.</i> <sup>16</sup>	no pastor can be perfect.

14. M. F. Mavhungu, ‘A changing view of death in a Venda village’ (University of Venda, unpublished MA dissertation, 1998); V. J. Rambau, ‘The role of woman in the formation and operation of women’s burial societies’ (University of Venda, unpublished MA dissertation, 1999).

15. Fraser G. McNeill, “‘We sing about what we cannot talk about’: music as anthropological evidence in the Venda region of South Africa” in Liana Chua, Casey High, and Tim Lau (eds), *How Do We Know? Evidence, ethnography, and the making of anthropological knowledge* (Cambridge Scholars Press, Newcastle, 2008), pp. 36–58; Jaco Kruger, ‘Of wizards and madmen: Venda *zvilombe*, part 1’, *South African Journal of Musicology* 19/20 (2001), pp. 1–17.

16. Taken from ‘*Tshidzombe*’ (Secrets), written and performed by Solomon Mathase, recorded by the author at Ngewani ya Themeli in June 2004.

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Variations on this theme have been reported in other parts of South Africa.<sup>17</sup> In Bushbuckridge, mourners refer in comparatively more explicit terms to ‘OMO’ (the three-letter name of a popular brand of washing powder), or ‘a House In Vereeniging’ – spelling out H-I-V without explicitly saying it.<sup>18</sup> Whilst this was not the case in Venda, it raises important questions that relate to degrees of separation between codes of insinuation and the explicit naming of a cause of death, to which we shall return at the end of the article.

Like the mourners in Bushbuckridge, funeral goers in Venda were generally in little doubt that their friend or relative had died from an AIDS-related illness. Whilst discussing causes of death remained off-limits in public, however, the topic dominated conversations in more private settings. Through whispers and backstage gossip, speculation and suspicion often led to blame, reflecting the belief widely held throughout southern Africa that *no death* (with the exception of the very old or very young) is ‘natural’.<sup>19</sup> All but the most devout Christian families will harbour suspicions that someone, or something, was directly responsible for their relative’s early passing. Contrary to conventional wisdom, and an extensive literature on the subject, this does not necessarily mean that blame will be ascribed to witchcraft, although this may often be the case. In Venda, and throughout southern Africa, the cause of death is accredited not only to the malicious actions of a specific person, but often to physical contact with particular *things*: condoms.

The particulars of this accusation varied, but the most common explanation was that if condoms were filled with warm water and left overnight, or in direct sunlight, small, white ‘worms’ would hatch inside. Contact with these worms was said to result in the transmission of the virus. As Helen Epstein has recently pointed out, the notion that condoms cause AIDS is widespread: ‘Many people [in southern Africa] attribute the epidemic to condoms themselves.’<sup>20</sup> For the duration of this article, I will attempt to unpack the inherent logic behind this seemingly irrational belief. This will first take us into an ethnographic analysis of the ways in which people in Venda reacted to an outbreak of poisonings from August to October 2004.

17. See also Deborah Durham and Fred Klaitz, ‘Funerals and the public space of sentiment in Botswana’, *Journal of Southern African Studies* 28, 4 (2002), pp. 777–96.

18. Stadler, ‘The young, the rich, and the beautiful’, p. 129.

19. See, for example, Herbert Aschwandien, *Symbols of Death: An analysis of the consciousness of the Karanga* (Mambo Press, Harare, 1987); Ashforth, *Witchcraft, Violence and Democracy*, p. 70.

20. Helen Epstein, *The Invisible Cure: Africa, the West and the fight against AIDS* (Penguin, London, 2007), p. 148; See also Elizabeth Pisani, *The Wisdom of Whores: Bureaucrats, brothels and the business of AIDS*, (Granta, London, 2008), p. 148; Thornton, *Unimagined Communities*, p. 199; Rodlach, *Witches, Westerners and HIV*, Chapter 7.

I then compare this to the ways in which peer group educators display public knowledge of another suspicious cause of death, AIDS. 255  
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*Seven days' poison: big news and no news* 257

September 2004 was a particularly hectic time in the village of Fondwe. 258  
Chief Rathogwa had decided to hold a celebration that would coincide 259  
with a national public holiday on 1 October, Heritage Day. Fondwe, like 260  
several neighbouring villages influenced by King Tshivhase's recent em- 261  
brace of the African renaissance, was to observe this by organizing its own 262  
'Fondwe Day'. Plans included displays of traditional dancing (*tshikona* for 263  
the men, *tshigombela* for the women, and *malende* for both), praise poetry, a 264  
small beauty pageant, speeches from prominent community members and, 265  
inevitably, a feast. In the month leading up to Fondwe Day, my adopted 266  
homestead was a hive of activity, as people came and went at all hours of 267  
the day making arrangements and delivering notes to my host, Zwiakonda, 268  
who is secretary to the royal council (*khoro*). Then disaster struck. 269

Someone reported to Zwiakonda that he had discovered his dogs and 270  
chickens dead, with white foam coming from their mouths. His neighbour, 271  
an elderly man, had found white powder under the rim of his water tank 272  
and when he fed it to a stray dog with bread, it died within the hour. The 273  
news that Fondwe had been targeted by *seven days* spread rapidly, and ours 274  
was not the only village in the grip of panic. The headline article in the 275  
*Thulamela Mirror* newspaper the previous month had read: 276

*Taps of poison* 277

Mystery and secrecy surround an alleged attempt to poison the communities of It- 278  
sani, Maniini, Tswinga, Tshakhuma and Muledane during past weeks, after it was 279  
allegedly found that unknown tablets were inserted in some of the public taps in the 280  
area. According to several members of the communities, they discovered unidentified 281  
white and red poison pills in their public taps. Although they are taking as many pre- 282  
cautions as possible, the community members are living in fear for their lives. . . . The 283  
tablets are called 'seven-days tablets' in the community which means you will live for 284  
only seven days after consuming one. . . . According to the chairperson of the Itsani 285  
civic association . . . the community members are living in fear and were pleading with 286  
anyone with information regarding the poisoning of their water to report it.<sup>21</sup> 287

Clearly concerned that his planned feast could backfire with horrific con- 288  
sequences, Chief Rathogwa held an emergency meeting of the *khoro*. It 289  
was agreed that on the following Sunday, the weekly meeting should be 290  
upgraded to an emergency *tshivhidzo*, and that all the old ladies from the 291

21. 'Taps of Poison', *Thulamela Mirror*, <<http://www.zoutnet.co.za/details.asp?StoNum=406>> 27 August 2004.

village would be summoned and interrogated by the chief or a member of the royal council. Old women, it was generally agreed, knew everything that was going on, and would appreciate the urgency of the situation with a mature wisdom. Certain elderly women were also suspected of involvement.

That Sunday, as planned, the *khoro* convened at sunrise. As we arrived, the customary distribution of non-alcoholic traditional brew (*mabundu*) was conspicuous by its absence, and men of all ages and ranks slowly went inside the large council hut (*tshivhambo*). The seating arrangement in a *tshivhambo* consists of concentric wooden benches around the inside wall, with a stage on the right hand side where the chief sits on a throne with two chairs on either side of him, one for each of the four headmen. It was a full house, and some men were forced to sit on the cement floor. As we took our seats inside and began the preliminary business, the old women began to gather outside. Chief Rathogwa addressed us and reiterated the seriousness of the situation, waving a copy of the newspaper article to reinforce his point. He spoke of the recent attempted poisonings and openly criticized the secretive manner in which they were being treated as dangerous and child-like. He was clearly concerned that *seven days* would take a victim at the forthcoming celebrations, and was determined to thwart what he saw as challenge to his authority. Before calling the old ladies, he asked if any of the men present knew anything. Roughly five minutes of complete silence passed, the only noise coming from men readjusting their posture to get comfortable on the thin wooden benches or taking the occasional nip of snuff. Pushing his point, he asked where *seven days* originated, and again was met with silence. Shaking his head into his right hand, he summoned the old ladies with his outstretched left arm.

Unless they are summoned for a specific purpose, women do not attend the council, and in this case – in the presence of the chief – they entered on their knees. They shuffled in, heads bowed towards the floor, and filled the space that had been prepared for them in the middle of the circle. For almost two hours, the old women were subjected to a mix of elaborate praise and sharp questioning, but the flattery failed in its thinly veiled task, and none of them were willing to fill the pregnant silences with the desired information. *Seven days*, it seemed, was simultaneously big news and no news. Frustrated and slightly embarrassed, the chief stormed out of the council hut, pledging to discover those responsible for bringing *seven days* to Fondwe and to deal with them severely. We were then informed that the meeting was over.

Far from being an error of judgement on Chief Rathogwa's part, holding an emergency council was his method of returning a warning to whoever was threatening his power. He made this clear in an interview some weeks later:

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I knew that my people would not talk on that day, in front of me and everyone else, but I also knew that they would listen, and they did [listen] because no one was poisoned at our celebration, these things, you must understand, there are some things we just do not talk of here in Venda. That is why there is so much of this gossip. It has been like that for a long time.<sup>22</sup>

Over the course of the next few months, clandestine stories circulated about people who had attended funerals or weddings and died within seven days of consuming food or drink there. Drinking friends in beer halls suspended their normally communal consumption of beer and, in between gulps, capped their own bottles firmly with the thumb of drinking hands. My research assistants and I endeavoured to establish the source of this rumour, and any patterns to it. The original plan was to start at the hospital where the victims mentioned in *The Mirror* article had been taken, to track down the ‘media liaison officer’ who was quoted as saying samples of the poison were being tested to confirm what substance had been used. All of my assistants refused point-blank to get involved in this, arguing that it would appear as if they were venturing to procure a sample for their own use. As we will see, this was much more than a feeble excuse.

We resolved to solve this by going together to the royal courts of the villages mentioned in the article and asking permission to talk with people in their own homes. They agreed on the condition that I organized someone to invite and introduce us to the different areas, as it would appear dubious were we to appear unannounced, but even then they pulled out of trips at the last minute. I contacted a longstanding colleague from a youth NGO who was an active member of the civic association in the village of Tswinga. After I had waited several weeks for his response, he contacted me to explain that he had made inquiries, and that it would be frivolous for us to go there; he insisted that no one knew anything about *seven days* in his village. Some people replied with ‘anonymous’ snippets of gossip, explaining that they wanted to help my research but they didn’t *really* know anything. This came as a relief, as I had begun to consider the possibility that it was *me* they did not want to talk to.

I tried several other contacts in Tshakuma (where I knew many HIV/AIDS peer educators) and Muledane (where a friend had a secret lover), and I drove without invitation to Itsani where I played in a soccer team in 1995, but no one was prepared to admit that they knew anything. Neither the media liaison officer at the hospital nor the local police would relinquish information, claiming to be ‘bound to agreements of confidentiality’.

The avoidance of open conversation, however, had evolved in the shadow of certain people and institutions that could and did talk openly about

22. Interview, Fondwe royal homestead (*Musanda*), 28 December 2004. Note the distinction made between ‘talking’ and ‘gossip’, marking out the public and private spheres of communication regarding causes of death.

the suspected poisonings. Newspapers and radios reported it widely. A late-night phone-in show on Phalaphala FM devoted an entire evening to it, but the few people who ventured to phone and comment refused to reveal their identities. Village leaders raised it at council meetings, and local politicians were critical of it when addressing the public. Those with spiritual authority such as traditional healers and prophets of Zionist-style African Independent Churches (AICs) professed to sacrosanct knowledge of a panacea either through herbal antidotes or all-night prayer sessions. *Tshilombe* musicians, who live in the human world but have privileged access to the ancestral one, wrote it into song texts that were performed in beer halls throughout Venda.

And yet, as we have seen, among the general public it was strictly referred to in whispers. The wealth of gossip and rumour that circulated quietly between friends and families at home, in taxis, at beer halls, in churches and at washing places in the shallow rivers revealed very distinct patterns of speculation and accusation in more backstage settings. Silence, as anthropologists have pointed out, can often be pregnant with ‘eloquent assumptions’ about local knowledge, whilst gossip and rumour can reveal the ‘intellectual world’ of fears, fantasies and ideas that constitute themselves around silence in the telling and re-telling of things which cannot be spoken about openly.<sup>23</sup> In this way, specific groups, such as (mostly illegal) Zimbabwean immigrants, grave diggers, night drivers and undertakers were said to be responsible for selling the poison, which they allegedly concocted from mixtures of human body parts and fertilizer from tea estates. Although there is no space to discuss it here, *seven days* rumours revealed dynamic expressions of everyday entanglement with the anxieties of post-apartheid life.<sup>24</sup>

In many ways, then, the channels through which people spoke about *seven days* are analogous to the patterns of obfuscation highlighted by studies of HIV/AIDS in South Africa. For every moment of public silence, there was private speculation and blame. Accusations were made against people and things, but strict self-censorship curtailed these to specific, backstage social contexts. Significantly for the argument that follows, those who spoke openly about *seven days* were in social positions through which they could circumvent blame, protected from consequences of an accusation through political or spiritual sanction. The groups of women who spread the biomedical gospel of a much more common source of death, to whom I now turn, were not.

23. Louise White, *Speaking with Vampires: Rumour and history in colonial Africa* (University of California Press, Berkeley, CA, 2000), p. 86; see also Pamela J. Stewart and Andrew Strathern, *Witchcraft, Sorcery, Rumours and Gossip: New departures in anthropology* (Cambridge University Press, Cambridge, 2003).

24. McNeill, *An Ethnographic Analysis of HIV/AIDS*, pp. 228–60; see also Jean Comaroff and John L. Comaroff, ‘Occult economies and the violence of abstraction: notes from the South African postcolony’, *American Ethnologist* 26, 2 (1999), pp. 279–303.

*Peer education and the breaching of public silence*

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In the far north of the Limpopo Province, the Forum for AIDS Prevention (FAP) is the public face of AIDS. It has been in operation since the early 1990s, and has grown into one of the biggest and most active NGOs in the region.<sup>25</sup> The largest and oldest section of its mostly voluntary workforce is the roughly 600 peer group educators, who are divided geographically over twenty projects. Peer educators are involved directly in the public explanation of biomedical discourse not through radio, television, books, or magazines, but through the medium of inter-personal communication.<sup>26</sup> Projects consist of young (between 20–40 years), mostly unmarried women, recruited from beer halls where they were engaging in sex work, or through FAP recruitment drives in churches and at royal councils. Peer educators volunteer for a minimum of 27 hours a week, with a small monthly stipend. Although many have initiated income-generating activities such as brick-yards, chicken farming and cash-lending syndicates (*stokvels*), some peer educators continue to exchange sex for food, money, clothes and other material necessities with multiple concurrent partners.

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Peer education projects are designed with the intention of facilitating so-called participatory approaches to health promotion in which ‘health-enhancing contexts’ can be developed and women can take control of their sexual behaviour.<sup>27</sup> Groups meet weekly for ‘ongoing training’ in which they rehearse for Friday public meetings. On one day of the week, they hold ‘house meetings’ during which they split into groups of four and randomly select two homesteads in which they give advice on HIV transmission and treatment, and distribute condoms. Their uniform makes them instantly recognizable: a bright red skirt, white shirt with red writing, and a scarlet red bag with ‘Community against AIDS’ branded on the front.

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In a manner akin to AIDS education projects throughout South Africa, public meetings are held in beer halls, clinics, or other public spaces, during

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25. FAP is a pseudonym, and non-governmental is perhaps a misleading term here. FAP maintains strong – if often strained – relations with government at the regional and local levels. It is funded, for example, through a bewildering array of national and international donations and tenders, financed by Scandinavian, North American and South African governments and charities.

26. Government AIDS education campaigns are distributed through free magazines, on billboards and on television and radio dramas. They have, however, been delivered with an overwhelmingly urban bias across South Africa and are thin on the ground in Venda. Seemingly contradicting the government’s previous stance, they have generally been received with confusion. Civil society organizations such as the Treatment Action Campaign (TAC), which has played a pivotal role in cementing scientific understandings of AIDS in other parts of the country, have yet to make a significant impact in the far north of Limpopo Province.

27. Catherine Campbell and Zodwa Mzaidume, ‘Grassroots participation, peer education, and HIV prevention by sex workers in South Africa’, *American Journal of Public Health* 91, 12 (2001), pp. 1978–86; Deborah James, ‘“To take the information down to the people”: life skills and HIV/AIDS peer educators in the Durban area’, *African Studies* 61, 1 (2002), pp. 169–93; Campbell, *Letting Them Die*.

which they perform songs and drama designed to facilitate participation 441  
 in the gathering. They select well-known hymns, ‘traditional’ and anti- 442  
 apartheid freedom songs, infusing the popular melodies with AIDS slogans. 443  
 The well-known Lutheran chorus, ‘Jesus is number one!’, for example, 444  
 has become ‘Condom is number one!’.<sup>28</sup> To close a public meeting, peer 445  
 educators preside over a question and answer session, after which they 446  
 distribute free boxes of condoms. This is the climax of the performance, 447  
 and usually involves a graphic demonstration with a large, wooden phallic 448  
 prop of how to roll on and remove condoms safely. 449

In early 2005, I issued a random selection of peer educators with diaries. 450  
 Employing this experimental methodology, I hoped to record – at least 451  
 partially – anonymous experiences not only of voluntarism, but of daily life 452  
 in homesteads and villages. One of the most salient topics to emerge from 453  
 this exercise was their acknowledgment of, and discomfort with, the labels 454  
 attributed to them by many people in the communities where they live and 455  
 work. I quote in translation from the original TshiVenda: 456

As a peer educator most people look and see that I am teaching the community about 457  
 AIDS and sexual illness. If we tell them, they will look and say ‘This one, she must be 458  
 infected; she is the one who is [HIV] positive.’ 459

Our job really, it is not easy. Last week we went to [the village of] Dopeni for house 460  
 meetings, we have not been there for some few months now. On the way walking there 461  
 we were joking that the entire village will be infected now because of our absence! 462  
 When we got there no one would let us past their gate, they would just hide and 463  
 pretend to be not at home . . . they do this because they think we will infect them. 464

I was at the public meeting today – this one was good because there was a small group 465  
 watching and some joined in. It is so boring when no one comes to the meetings . . . it’s 466  
 like the beer halls empty when they see us coming . . . they think our condoms cause 467  
 AIDS! 468

Clearly, then, peer educators are well aware that they have been socially 469  
 constructed by many in their target communities as guilty of harbouring 470  
 and spreading the virus that they have been charged with preventing. Per- 471  
 haps surprisingly, this is not necessarily a negative attribute. Many peer 472  
 educators have progressed into reasonably secure employment either in 473  
 the (government-funded) voluntary counselling and testing programmes 474  
 (VCT) or elsewhere in the NGO sector: without enduring this stigma they 475  
 would have been highly unlikely to have followed such career paths. To 476  
 some extent, then, they are engaged in a symbolic transaction in which their 477  
 acquired knowledge of sexually transmitted illness and AIDS is exchanged 478  
 for a more employable identity. In this regard, whilst their contribution 479

28. For an in-depth analysis of peer education songs, see McNeill, “‘We sing about what we cannot talk about’”; Fraser G. McNeill and Deborah James, ‘Singing songs of AIDS in Venda, South Africa: performance, pollution and ethnomusicology in a neo-liberal setting’, *South African Music Studies* 28 (2008), pp. 1–30.

to public health is recognized by government health workers and NGO representatives, their desire to change the social/sexual health environment is matched by their desire to transcend and move away from it, given that it constructs them as vectors of the virus. 480  
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Whilst there may be perks in personal, financial terms, there can be little doubt that the stigma impinges negatively on their ability to get the job done. As a result of this widespread assumption, families often refuse them entrance to homesteads for house meetings and public performances are just as likely to scare people away as to attract their participation. Such performances and home visits are acted out against the previously outlined tapestry of deeply entrenched patterns of speaking, and not speaking, about causes of death. As self-styled experts, peer educators have a detailed and conspicuous knowledge of a suspicious and mysterious source of mortality that – like other causes of death such as *seven days* – is rarely discussed in public. In following the advice of policy makers and openly naming AIDS, peer educators have put an easily recognizable face onto an otherwise elusive name. The practice of consistent public naming radically undermines the prevailing norm of indirect and unspoken communication, therefore shifting the focus of attention directly to the educators. Through their regular, open confessionals of this knowledge, they actively create an intimate connection between themselves and the virus. As a result, paradoxically, AIDS educators are now perceived as implicated in harbouring and distributing a source of unnatural death.<sup>29</sup> 484  
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*Degrees of separation* 503

To be sure, the ethnographic examples given above outline the dynamics of two potentially rather different phenomena. *Seven days* poison, rumoured to be concocted from body parts and fertilizer, and AIDS, rumoured to be spread by the young women who profess to promote its prevention, both kill in very different ways. One is a white or red tablet that infects water supplies, food or drinks, and will run its deadly course within a week. The other is a mysterious virus that kills very slowly and can be passed on during sex or through the worms that many people believe lie dormant inside condoms. 504  
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29. There is no space to discuss in detail a significant parallel process at work here, through which the patriarchal folk model of sexual health, known as *makwadze dza vhafumakhadzi* (the illnesses of women) ascribes blood-related and sexually transmitted illness to women who have breached menstrual taboos, aborted a child or used contraception. Peer educators are frequently located in this category. This folk model also supports notions of the health-enhancing exchange of fluids during intercourse and the importance of friction, sometimes referred to as ‘dry sex’, in maintaining sexual pleasure for both men and women. Both of these are inhibited by condom use, and this is closely connected to the ways in which condoms have been variously constructed as conducive to a host of illnesses across southern Africa. See McNeill, *An Ethnographic Analysis of HIV/AIDS*; Thornton, *Unimagined Communities*.



Both, however, are known to be equally fatal causes of death. As a result of this, a form of silence developed around them, reflecting the general avoidance of discussing openly *any* cause of death.

The obfuscation of AIDS in South Africa is thus fundamentally related to the same social processes and pressures that prevented public confessions of knowledge about *seven days*. Silence is a safety precaution, collectively undertaken by individuals, against the constant threat of guilt by association. If someone was to have come forward with information about *seven days* in the royal council hut or at a beer hall, or in other ways made themselves public experts on the topic, it is highly likely they would have been suspected of implication in the controversy. My research assistants were deadly serious when they refused to enquire about the poison, arguing that it would appear as if they were attempting to procure a sample for their own use. The rhetorical question would always be asked: how else do you know of such things, unless you are somehow involved in their production or distribution? For this reason, someone who informs another of a death can be assured that the recipient of the news will not enquire as to the cause. It is the widespread tendency to secretly allocate blame that is responsible for saturating this so-called public silence with meaning.

By choosing silence, coded language and obfuscation, people in Venda were not engaged in a collective denial of the existence of AIDS. On the contrary, they were actively constructing degrees of separation to create and maintain a discernible social distance between an individual and the unnatural cause of another's death. The indirect communication – and the refusal to name a cause of death – *is* the direct protest of innocence. Lambert and Wood<sup>30</sup> are correct to suggest that avoidance of the term AIDS circumvents a social stigma on the family of the deceased. But the central reason for this is that it creates a tangible degree of separation between those who remain silent and any potential involvement in the fatality. The act of refusing to name AIDS is just as important for the individual making that choice as it is grounded in any motivation to protect or respect a family in mourning.

However, this does not help us to make sense of the mourners, reported by Stadler in Bushbuckridge, who used the three letters of OMO washing powder to code HIV in what Stadler terms a 'public silence'. This is hardly a code, in that it is quite clear what is being suggested. Indeed it borders on the colloquial. Nonetheless, more ethnographic detail would be required to map the degrees of separation required in this case by which potential implication in the death could be negated. Who said this, and in what context? Was it whispered to a friend or said loudly to a stranger? As we have seen in the *seven days* ethnography, it is relatively safe to engage privately in gossip about

30. Lambert and Wood, 'A comparative analysis'; see also Durham and Klaitz, 'Funerals and the public space' for an analysis of the avoidance of witchcraft accusations at funerals in Botswana.

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causes of death; backstage settings often present themselves as havens from blame.

In the light of the ethnographic evidence above, it may be misleading to think of the situation in terms of a public silence at all. As we saw in the case of *seven days*, some institutions and individuals could and did speak openly about the poisonings without incurring blame or appropriating suspicion. The media reported it in newspapers and on the radio, but neither journalists nor their corporate bosses were implicated in the controversy. Those with political power such as chiefs and headmen scolded their subjects for refusing to disclose information in the run-up to village feasts, and local politicians raised it in addresses at public gatherings, but they also evaded involvement. *Tshilombe* musicians incorporated it into their songs, but their spiritual sanction and strategic claims of madness placed them in an ambiguous but authoritative social position beyond the consequences of blame. Traditional healers and self-made AIC prophets claimed to have antidotes and protection prayers for the poison, but their powerful spiritual connections legitimized this. The social and political positions occupied by these actors facilitated their public comments on suspicious forms of unnatural death at a time when the general public could only whisper about it.

Peer educators, on the other hand, do not occupy powerful or authoritative social positions. As a result, they cannot speak openly about such issues without incurring some extent of blame. Indeed as young, mostly unmarried women they are the antithesis of such patriarchal privilege. Against the background of an overtly gendered folk model that blames young women for harbouring and spreading sexual illness, their public forays into 'participatory education' often act to confirm what many people thought they already knew – that certain young women are to blame for the recent increase in death.

Policy makers, following conventional and academic wisdom, have mistaken the ways in which degrees of separation are established for a consensus of AIDS denialism. With statistics that suggest young women are more likely to become infected with HIV than any other demographic category in southern Africa,<sup>31</sup> the logic of implementing peer education projects within this group has largely been taken for granted. Moreover, the unintended consequences that result from this – some of which are outlined above – are not immediately visible, and may remain veiled from 'evaluation' teams that sporadically assess project efficacy in terms of categories such as 'condoms distributed' and 'public meetings held'. The absence of political influence, significant spiritual leverage or social kudos leaves peer educators susceptible to accusations of implication when the best, and possibly the only feasible strategy that could be employed to ensure the groups' innocence,

31. UNAIDS, 'Country Profiles' <<http://www.unaids.org/en/Regions.Countries/Regions?SubSaharanAfrica.asp>> (6 February 2007).

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would be to maintain a façade of ignorance through a collectively beneficial  
*avoidance* of open conversation on the topic. 594  
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*Conclusion* 596

This article has attempted to demonstrate three key points. First, it has 597  
been concerned with making a distinction between what may be called ‘state 598  
denialism’ and the existence of a consensus, whereby the vast majority of 599  
the South African citizenry choose not to talk openly about AIDS. Given 600  
the South African government’s apparent retreat from a denialist stance, 601  
it is perhaps timely to find new ways of thinking about the silence around 602  
HIV/AIDS. This has been achieved, at least partially, by highlighting the 603  
socio-cultural underpinnings of degrees of separation, revealing processes 604  
that seem to be far removed from national-level rhetoric of an African renaissance 605  
or the ex-President’s plea for African solutions to African problems. 606  
Although it may be tempting to do so, we cannot read the silence ‘on the 607  
ground’ as a jejune reflection of the government’s misguided earlier approach 608  
to the pandemic. In doing so, we potentially obscure explanations 609  
for the failure of AIDS prevention programmes, such as the meaning attached 610  
to conventional processes for the expression of innocence. Second, 611  
I have suggested that the silence in question is closely related to causes of 612  
death in general – and is *not* AIDS-specific. Through an analysis of the 613  
motivations that underpin this phenomenon, it would appear that what 614  
has been termed a consensus of denial is perhaps closer to a mass act of 615  
self-censorship. 616

Last, by understanding the silence around AIDS in these terms, this 617  
article has outlined the inherent logic behind a seemingly irrational belief 618  
across southern Africa that condoms cause AIDS. Current AIDS education 619  
policies, dominated by the peer education model, have helped to construct 620  
female educators as HIV carriers: they have been trapped in the web that 621  
connects knowledge of a death with potential implication in the fatality. 622  
Clearly, in this context, the millions of free condoms that peer educators 623  
distribute on a daily basis cannot escape the process of association through 624  
which peer educators have been framed. Indeed, it would appear that to 625  
some extent they have become the very pinnacle of it. If educators are 626  
known to be involved in the spread of HIV, then why should the essence 627  
of what causes AIDS not also be found in the very thing that they insist 628  
everyone must use? It would, in fact, following this logic, be very strange 629  
if it was not found there. For many people, then, the free condoms they 630  
take home from a public performance remain imbued with the powerful 631  
association that links educators with infection, and, by extension, they are 632  
often thought to cause AIDS. 633