Chapter 4: A Sentient Ecology of HIV/AIDS

We have many powerful spirits in Africa...you can have the spirit of immorality; the spirit of prostitution. I think AIDS is a spirit. If you become touched and become an HIV-positive then maybe there is a spirit that pushes you towards that status...AIDS does not just come itself, for AIDS to come to you there must be a spirit that comes to you. Like maybe I am the husband and my wife is clean, and I am moving outside, and I move with a woman who is HIV-positive, so it is me who is being pushed. AIDS cannot just come itself, there must be something behind it.

-Conversation with farmer at Kitenyi Beach, Mfangano Island (Dec 30th, 2008).

“An Epidemic of Signification” (Treichler 1987):

In Kenya, actors within formal health institutions attend to many demographic indicators in the management and planning of HIV/AIDS strategy. Yet without question, it is prevalence data that dominates the greater part of official public health attention. In conversations with directors of NGO’s and Ministry of Health officials, I was reminded frequently of the critical prevalence rates on the islands of Lake Victoria. With national adult HIV prevalence in Kenya currently at 7.4%, Nyanza Province perennially reports the highest provincial rate, currently at 15.0%. Within Nyanza, Suba District perennially reports the highest adult prevalence, currently at 21% (see Figure 14). While sentinel data within Suba District sub-locations is less complete, adult prevalence estimates for the islands of Mfangano, Takawiri, Remba, Ringiti range from 30-60%, marking these communities as some of the most severely impacted in East Africa (NASCOP 2005; 2007; 2008; IMC 2008, Johnson 2008.).

Figure 5. HIV prevalence in Kenya by province, KAIS 2007.

Figure 16: HIV Prevalence by Province (NASCOP 2008)
As an intern in the AMPATH Community Mobilization Department in Eldoret, it was my job to help design programs to “reduce levels of ignorance” and “raise awareness” about HIV/AIDS in communities largely uninformed of their high prevalence. Yet, as an ethnographer among the Suba, I began to understand the unique ways in which remote communities pay sensitive attention to the signs and signals of the presence of HIV. Not only do local attitudes about rising HIV prevalence reflect biomedical trends, they incorporate a breadth of social and ecological observations that health demographic statistics frequently neglect. The type of sentinel data relied up by the Suba is not merely epidemiological, rather it is organic.

As Rudolf Virchow famously asserted, “epidemics are like sign-posts from which the statesman of stature can read that a disturbance has occurred in the development of his nation that not even careless politics can afford to overlook” (Virchow 1985, 115). Ethnographic literature from across Africa concerning HIV/AIDS makes it clear that politicians are not the only actors reading the sign-posts. Setel argues that in East and Central Africa “the emergence of AIDS was associated in popular thinking with symbols of an imbalanced political economy and development” (Setel 1999, 145). He points to Schoepf’s discussion of colloquial expressions for
AIDS that picked up on the relationship between poverty, inequity and infection; SIDA in Francophone countries came to stand for “Saliare Individuel Difficilment Acquis” (Individual Salary Acquired with Difficulty) and AIDS in Anglophone Africa was often quipped as “Acquired Income Deficiency Syndrome” (Schoepf 1992, 37). In Northern Tanzania, the Swahili acronym UKIMWI was rephrased as UKWIKWI, “a disease characterized by excessive weight loss in one’s pockets,” and other slang terms such as skanya, “a weevil that eats bagged maize, or dudu (bug) played on the same resonances between sex, food, money and insidious misfortune” (Setel 1999, 145).

Along the Lake Victoria’s shores, local communities demonstrate remarkable perceptiveness in HIV terminology. In fact the very first reports of the epidemic in Africa come from Ugandan fishing villages in Rakai, who in 1982 began describing an increased incidence of a wasting illness they termed Silimu or “Slim” (Serwadda et al 1985). Rugalema notes that as early as 1983, lake communities along the Uganda-Tanzania border began describing a wasting illness termed Juliana after the most popular clothing apparel brand carried by magendo traders, young male itinerant merchants who moved throughout the region and were recognized as the most frequently affected (Rugalema 2008; see also Konotey-Ahulu 1987). By the early 1990’s these same communities referred to the disease as ekiuka, a banana weevil, linking the effects of viruses on humans to the devastating effects of larvae in crops. As a social commentary, human-crop disease analogies for HIV/AIDS, according to Rugalema, consciously link the spread of disease as a function of both poorly tended farm fences and the breakdown of traditional social structures. As we shall see, a similar commentary emerges on the opposite side of the lake through the Luo notion of chira.

During my volunteer service with the Ekialo Kiona Center and through 12 semi-structured interviews in December 2008-2009, I learned that the farming and fishing families on Mfangano attend keenly to the biological, social, and ecological relational fields of HIV/AIDS. I began to appreciate a sentient ecological discourse regarding the etiology and symptomology of HIV/AIDS infection through interconnected and highly idiomatic Suba and Luo conversations regarding kibanga (“fences”), tembea (“moving”), and mlango (“the door”) (see Figure 18 below).
Contravening the *Kibanga*: The Transgression of Traditional Order.

On Mfangano, it took me several months to realize that fences featured as a frequent topic in daily conversation. The symbolic importance of fences was conveyed to me in both

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1 Based on diagram of traditional compound layout on Mfangano drawn by a community health worker at Mala Masa Beach (Dec 30th, 2008).
indexical and iconic modes. In multiple programmatic discussions about site construction plans for the Ekialo Kiona Center and informal conversations about organic farm plots it became clear that the strength and integrity of fences indexed the stability and commitment of the activities contained inside. To demonstrate the seriousness of our health program’s intentions, we were compelled by many ardent voices to spend thousands on a chain-link fence for the full perimeter of our center. In the Suba oral histories told by elders at Kitawi beach, the fence featured as an icon of appropriately ordered relationships between genders and generations, and the maintenance of lineage structure.

The traditional account of the fence, incorporates Luo custom into a Suba history of one of the first Abakunata patriarchs named Ware. According to Michael Kenny’s research and confirmed by my informant, a retired assistant chief at Kitawi beach, the Kaswanga clan (from the Suba word kibanga or “fence”) on nearby Rusinga Island are so named after a dispute between Ware and his grandson Kimundi (Kenny 1977, 184). Kimundi was a kimerua, a male child born out of wedlock; according to Luo custom when his mother was later taken as a bride, the adolescent Kimundi was sent from the new husband’s home to the compound of his maternal grandparents. Ware had many wives and placed the young man in the home of one mother-in-law. The mother-in-law soon became pregnant by Kimundi and an infuriated Ware banished Kimundi to a hut outside the compound. Ware proceeded to erect a tall, impenetrable fence that effectively solidified a boundary between the lineages of Ware and Kimundi’s descendants, a clan distinction that persists to present day.²

Among the Luo in Tanzania, Dilger notes that “social memory is a forceful instrument in the moral critique of the present” (Dilger 2003, 32). In many ways, commentaries on the durability of physical fences persist today on Mfangano in response to the perceived disintegration of traditional ancestral strictures. The breakdown of the minimal lineage group as the fundamental unit of authority and support is attributed in many ways to the transgression of customary fences around a range of social action, from sexuality to agriculture. Thus, the causes and consequences of massive HIV prevalence and the decreasing influence of cultural prescriptions are reflected in the notion of chira, an illness of trespass.

As a Legio Maria postulant on Ringiti Island explained to me, chira comes from what Suba call the power of the tongue: “the forefathers with power put down the customs and

² Conversation with CK, Kitawi Beach, Mfangano Island. Dec 14th, 2008 (see also Figure 2, Chapter 1).
declared we never shall pass these!”

Transgressions against the spoken declarations of ancestral spirits incur a curse in the form of a wasting illness that can afflict either the perpetrators directly or other members of their families. Among the Luo of Nairobi, and long before the emergence of AIDS, Parkin notes that the chira framework is grounded in ideas about the “control of uncertainty” and “floats, so to speak, over the interlinked concepts of incest, adultery and abuses of seniority, and so facilitates a range of interpretations of the causes of family sickness and death” (Parkin 1972, 163). He records the main sources of chira as transgressions against sexual rules (ie, adultery during “closed periods” of pregnancy and breastfeeding resulting in chira for the newborn baby, incest), but also, violations against gendered sleeping arrangements (parents must not sleep under the same roof as married children), and generational hierarchies (first sons must build homes before younger siblings, younger brothers must not marry before older brothers). In Tanzania, Dilger highlights chira as sexual transgression and disordered traditional spatialities within Luo compounds:

![Figure 19: Fenced Compound and Chira (Dilger 2008, 222).](image)

On rural Mangano, the main causes of chira were explained to me as violations against agricultural customs (prescriptions for seasonal farming and fishing periods, performance of ritualized sex with first-wives immediately after plowing fields, planting hierarchies in which first-wives must sow seeds before second-wives, etc), incest taboos (prohibited sex with in-laws and children’s age-mates), pregnancy rules (no adultery during pregnancy and/or breastfeeding),

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and domestic order (cooking implements and undergarments must never be used as instruments of violence).

On New Year’s Day 2009, a violent dispute broke out in the compound above Kitenyi beach between the first and second wives of a respected fisherman, an incident discussed in the community for weeks. While many were upset that the second wife had thrown a cup of used battery-acid in the face of the first wife, intense anger was evoked by the fact that the second wife had then struck her husband with a cooking pot when he tried to break up the fight. Worse than the battery-acid, this act was seen as a deliberate attempt to bring chira upon the family; in a community that has watched hundreds die of wasting illnesses, this was far from a trivial insult. The gravity of a seemingly superficial act of striking someone with a pot represents a “semiotically saturated incident” (Smith 2006, 424), reflecting Luo sensitivity to the dangers of anti-social action. To employ a cooking pot, the definitive centrifugal emblem of domestic cohesion, in an act of open hostility was perceived as a contravention of social order that acutely threatens the biological health of family members.

In public health literature about the Luo, chira is cited often as problematic superstition in direct opposition to appropriate biomedical knowledge of disease. Yet, while health education programs are quick to disavow the supernatural mechanisms of chira, they frequently fail to recognize the many ways that chira conversations represent indigenous discourse about the social and ecological relational fields that are enfolded into human physiology on Lake Victoria. Whyte and Kariuki comment on biomedical practitioners in Nyanza Province that immediately chastise Luo mothers for attributing marasmus and kwashiorkor to chira, and thus fail to appreciate the dynamics of social networks that determine household food security:

While nutrition-intervention programs tend to treat women as individual actors, women see themselves as enmeshed in social relationships which affect their ability to care for their children…We want to stress that mothers who talk about chira…have a fundamental insight that is not always appreciated in nutrition programs; that child health is embedded in a context of family relations and gender relations. The individual mother and child should not be seen in isolation from their social relations to significant others. (Whyte and Kariuki 1991, 1-3)

Moreover, is through the perspective of relational thinking that we can appreciate chira not only as an expression not only of the Luo social body (Schepers Hughes and Lock 1987) but of the Luo “body ecologic” (Hsu 2007). Chira has taken on new meaning in the context of HIV/AIDS, yet retains much significance as a commentary on the sources of sickness.
Highlighting the overlapping sexual transmission and wasting symptoms of chira, Dilger argues that chira, like HIV/AIDS, is an “infectious disease” (Dilger 2008, 220). This suggests the possibility that HIV or similar retroviruses may have been circulating among these remote populations for generations. More importantly, as contemporary critique on Lake Victoria, the related conceptions of customary fences and chira contraventions remain highly charged in the face of an increasingly open-access fishery. While countless community-based organizations decry the need for “development” on Mfangano, the social and ecological changes that development that has already catalyzed on Lake Victoria are reflexively assessed by both older and younger generations. Among Luo youth, Dilger argues that AIDS, like chira, is identified as “disease of development,” a “metaphor for the moral breakdown of society” and “symptom of modernity which is perceived as ill” (Dilger 2003, 32). HIV/AIDS resonates through chira discourse as a sign-post of the time-honored fences that rapid development on Lake Victoria has left behind. The particular connection between chira, AIDS, and sexual mobility beyond the confines of marriage emerges in related conversations about movement.

The Pathology of Tembea: Sexuality, Mobility, and Reciprocity.

While the work of post-colonial anthropology over the past 50 years has gone a long way in complicating simplistic assessments of “African sexuality,” the intensity of the AIDS epidemic in Africa, propagated by the sexual transmission of the HIV virus and coupled with devastating mortality, has revitalized reductionist sociobiological and behavioralist arguments attributing the epidemic to African cultures of “promiscuity” (Ruston and Bogaert 1989; Caldwell, Caldwell, Quiggin 1989; see also Bibeau and Pederson 2002). Aside from dangerous inherent racialism, these universalizing explanations marginalize the importance of local environments and the current political economic contexts in which people choose—or just as frequently are coerced—to have sex. Moreover, they disregard nuanced African conversations about risky sex and the parasitic circumstances underpinning much sexual mobility in Africa.

With a pad of paper on my lap and a digital recorder, I was hardly surprised to hear that the sexual lives of my devoutly Christian informants on Mfangano were far less licentious than those of my classmates at Oxford. However, in sunset conversations out in the canoes of local

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fishermen, playing right outside midfield on the Kitawi beach soccer team, and over late night beers at the beach pub, another discourse emerged. I began to hear all about affairs in church choirs, secondary school students sleeping with teachers, teenagers making out in the bushes behind gospel revivals, farmers meeting lovers in the cornfields above town, and certain loose women nicknamed bei kali (“hot price”). These candid accounts revealed an active field of extra-marital sexual interactions. These transient sexual encounters are differentiated from conjugal sex by the Swahili verb kutembea, “to drift,” “to wander,” or “to move.”

The pattern of sexual movement within Mfangano communities struck me as neither more promiscuous nor riskier than any rural community in the world. Yet, what distinguished the sexual fields on Mfangano as some of the most dangerous in East Africa is their intersection with a highly parasitic field on Lake Victoria. Through very limited degrees of separation, nearly all sex among the Suba, both risky and safe, is connected to the intense movement taking place “down at the beach.” Keenly aware of this situation, “moving” for the Suba is not merely a titillating subject of rumor, it is an overarching framework for dangerous interactions that lack healthy balance and reciprocity.

“Sexuality is much more than what takes place on an interpersonal level between sexual partners; it is embedded in a whole array of contextual forces that are antecedent to any particular encounter” (Setel 1999, 16.) On beaches around Lake Victoria the contextual forces that shape sexual encounters are ecological, economic, and gendered, all of which have been powerfully shifted towards disequilibrium by the Nile perch industry. As outlined previously, migrant fishing populations remain a key source of income for local women across Lake Victoria; they are also a key source of HIV/AIDS infection. Allison and Seeley’s insightful analysis highlights the common factors behind soaring prevalence in fisheries around the world. Susceptibility to HIV is attributed to the high mobility of fishing populations, the significant periods of time fishermen spend away from home, access to daily cash income in an overall context of poverty, the ready availability of commercial sex and alcohol in fishing ports, and the subcultures of risk taking and hyper-masculinity among fishermen (Allison and Seeley 2004).
Without emphasizing a direct causative correlation, it is worth highlighting that the emergence of HIV/AIDS on Lake Victoria in the early 1980’s coincides chronologically with the emergence of Nile perch boom. As the boom reached its peak in the early 1990’s, so did the number of new HIV infections across Kenya (see Figure 20a-b):

Figure 20a: Nile Perch Catch Trends in Lake Victoria, Kenya (Abila 2003)

Figure 20b: New HIV Infections in Kenya (NASCOP 2007)
It is precisely during these peaks that people began to notice the emergence of vast motorboat fleets employing a new method for catching Nile perch; interestingly, local fishermen in communities across Lake Victoria began describing them as Tembea boats. As Janson et al assert, “the tembea fishing technique constitutes ‘a revolution’ in the Lake Victoria fisheries and has already had important socio-economic impacts” (Jensen 1999, 20). They explain that tembea fishing started in Ugandan waters in the early 1990’s with large canoes fitted with outboard engines. These expensive rigs deploy up to 100 double gill-nets, with a total length of 1-2 kilometers. The term tembea explicitly references two aspects of this type of fishing operation. First, tembea boats and their nets “drift” freely with the wind throughout the night, catching up to 1,200kgs of perch in a single haul. At the same time, these fleets “move” seasonally beach to beach along the lakeshore, following the migration of perch stocks. As Jansen explains:

A characteristic feature of the tembea boats are that they move around in a fleet, from one place to the other. When the catch of fish goes down in one area, the fleet move to another beach from where they fish for some time, completely undermining the operation of the locally based traditional boats…From the viewpoint of participation, there is no doubt that the migratory tembea boats destroy work places in the traditional harvesting sector (Jansen et al 1999, 21).

Jansen et al enumerate many “negative impacts” of tembea fishing. Aside from the rapid depletion of fish stocks, tembea boats requiring far fewer employees (3-5 per boat) to catch larger volumes of fish, resulting in a real displacement of local labor. With a total cost of ~600,000 Kenyan shillings per tembea rig, the ownership structure of fishing fleets shifted from multiple local owners to few investors with large amounts of capital. Motored tembea boats also outcompete traditional sailing and paddling vessels, providing fresher and larger quantities of fish directly to processing factories. At the same time, insecurity on the lake has increased due to conflict between tembea crews and local fishers, arising from the destruction of stationary fishing nets that become tangled in tembea lines, and the frequency of piracy and theft for the valuable gears drifting through nighttime waters (ibid, 22). For these reasons, in addition to the violent storms that crews must often endure, tembea was often described to me as most “dangerous” and “riskiest” type of fishing.

On land there is another “risky” element; tembea fishing is linked in both name and practice to extensive sexual movement. Migrant fishermen, returning from hazardous work conditions, find easy opportunities for “creature comforts” in each impoverished beach community they visit: “away from home and family, and with few options for saving and
investment, this can lead to spending of this small surplus on drink and sexual adventure” (Allision and Seeley 2004). Within these short-term stopovers, the sense of community cohesion and responsibility has decreased due to the “transitory nature of the composition of many fishing communities” (Bishop-Sambrook and Tanzarn 2003, 3). One of my informants on Mfangano implored me to visit one of many fishing boomtowns to witness the risk environment that emerges after dark: “I’ll one day take you to Sena at night, maybe Remba, Ringiti, or Takawiri or maybe Sindo or Mbita... At night you will see the exact picture the Suba, of the people around Lake Victoria. You will see why this thing [AIDS] is so high around the Lake Victoria region.”

I eventually sailed with local fishermen to Remba and Ringiti Islands where we spent evenings touring the many bars and brothels, surrounded by young women, Tusker beer, Konyagi Vodka, and tembea fishermen with pockets full of cash.

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6 Tembea Boats on Remba Island, August 8th 2008 (photo by author).
As loci of numerous sexual relationships, *moving* fishermen in these beaches are highly vulnerable to HIV infection, on par with other high-risk sentinel groups like truck drivers, itinerant clothing traders, and nomadic produce sellers (Allison and Seeley 2004). They carry this risk with them when they return to their families: “Vulnerability extends to fishermen’s casual or semi-casual partners and to their wives at home” (Hemrich and Topouzis 2000, 90). As many have asserted though, it is inaccurate to stereotype migrant fishermen and their sexual partners as unequivocally “reckless” and “feckless” (Westaway et al 2007). On Mfangano, I first learned the word “tembea” in numerous conversations surrounding the HIV/AIDS death of a respected family man named O— in the summer of 2008. I first met O in December 2007, when I spent a week helping him thatch the roof a new house. O was what they call in Luo a *sori* or “roof pole;” as a hardworking farmer and fisherman he supported his own wife and six children and dozens of other relatives in a large extended family. In the late 90’s, he jumped at the chance to join a tembea crew and earn a steady wage. This job necessitated long periods away from home, forcing his wife to use her own means to feed the family in his absence; a normal domestic situation on Lake Victoria where a common “characteristic of marriage is the absence of husbands due to labour migration” (Whyte and Kariuki 1991, 4). When O developed a debilitating wasting illness nearly a decade later, it was major a blow to the social network he

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7 Tembea Boats, Nile Perch Trade Banda, and Numerous Bars on Ringiti Island, January 11th 2009 (photo by author).
supported, and generated a great deal of discussion about the source of his sickness. During the summer of 2008, I spent several weeks working closely with O’s family, confirming his HIV+ status, enrolling him into anti-TB and anti-retroviral treatment, and wheel-barrowing him to the hospital on the mainland for x-rays. Despite our efforts, my friend died. While O’s mother and wife ultimately attributed his death to chira and witchcraft respectively, in whispered conversations his brothers began speaking to me about tembea. For them, it was clear that the virus entered O’s marriage during his time out on the lake; it was acknowledged that tembea fishing had “opened the door” providing opportunities for both of them to “move” with outside partners.

Embedded within these conversations about movement is a colloquial discourse about the dangers of social and ecological interactions that lack stability and reciprocity. In many ways, “moving” qualifies a strategy of interaction that is ideationally opposed to what evolutionary game theorists describe as *iterated play*. As the likelihood of repeated long-term relations between actors diminishes, so does the incentive to cooperate, encouraging opportunistic exploitation or “defection” (Axelrod and Hamilton 1981). Thus within social and ecological interactions categorized by movement—be they transient sexual encounters down at the beach or drifting motorboats sieving fish stocks from remote harbors—local actors distinguish an inherent lack of long-term equilibrium. As outlined previously, trends towards increased exploitation are promoted within contexts of *superinfection* or *coinfection* that reduce the lifespan of host systems. With the emergence of Nile perch and HIV, the human ecosystems of Lake Victoria are caught in a vicious cycle of syndemic parasitism.

From a human standpoint, the introduction of Nile perch has deeply undermined domestic food security and female livelihoods previously based on artisanal haplochromine trade. Simultaneously, the perch export industry has promoted aggressive harvesting strategies that remove male breadwinners from households for long periods of time and move thousands of cash-solvent migrant fishermen through impoverished communities with little alternative sources of revenue. The intersection of this dual macroparasitism *unfolds* as an environment of intense sexual exploitation for women down at the beach, where “transactional sex is an economic reality” (Westaway et al 2007). The inherent disequilibrium of this high-risk relational field is then *enfolded* into the bodies of local people in the form of a sexually transmitted microparasitism—HIV.
From an ecological standpoint, the rising prevalence of HIV has further incentivized exploitive agricultural strategies categorized by movement, such as tembea fishing and slash-and-burn maize cropping. Families are becoming desperately food insecure in the face of breadwinner death: “Premature death robs fishing communities of the knowledge gained by experience and reduces incentives for longer-term and inter-generational stewardship of resources” (Alision and Seeley 2004, 215). HIV parasitism undermines the frequent assertion that local involvement in management of fisheries will foster a return to attitudes of long-term stewardship: “the logic is not relevant to the young men living with HIV, who know they will die within a few years, or to the women whose children are also infected. With infection rates apparently rising as high as 70% in some African fishing communities, that is a lot of fishermen with short term interests” (ibid, 227). At the same time, growth of a local agro-business sector has been hindered by a stigma surrounding HIV affected communities that incentivizes aggressive short-term lending over enduring credit options; calculating high likelihood of default, credit agencies are increasingly reticent to facilitate long-term loans in areas of high HIV prevalence (Barnes 2002). In many different ways, HIV microparasitism unfolds in the macroparasitic use of natural resources. Cyclically, HIV incidence both stems from and generates the type of opportunistic interaction that the Suba describe as “moving.”

In the context of increasingly unbalanced and unstable relationships, Dilger reports that many young Luo’s reflexively seek trust and love as central elements in their sexual relationships; yet these elements often stand in direct opposition to motivations for condom use (Dilger 2003). On the subject of condoms, I frequently heard comparisons to the risks of sex and road travel; moving with a condom was often equated disparagingly to wearing a seatbelt in a recklessly speeding matatu. Thus, as we shall see, the portals through which HIV moves into a community are opened both through the decreasing cohesion of social networks, and the desperate attempts of actors within these networks to preserve supportive relationships. This insidious irony is reflected in discourse centered on the fragmentary nature of modern families and the active agents that undermine their integrity.

Knocking at the Mlango: Development, Witchcraft, and Social Solidarity.

In Northern Tanzania, Setel describes AIDS as a “paradox of modernity” —for many rural communities promises of development remain a source of hope for cure, yet the moral disruption of new values and social structures is simultaneously identified as the underlying
cause of the epidemic (Setel 1996; Setel 1999). In the context of rising poverty, epidemiologists have argued that the rapid spread of HIV has been facilitated by the systemic breakdown of “social cohesion” within communities, families, and marriages: “social order and attendant social cohesion play an important part in regulation of sexual mixing in populations…in relation to Africa, the existence of a risk environment reflects the breakdown of social order and cohesion” (Barnette and Whiteside 2002, 89):

On Mfangano, however, I learned that the relationship between social cohesion and risk is not nearly so linear. If we accept the relational claim that the “locus of health is not the body but the relationships” (McElroy and Townsend 1996), we see that in some instances, robust social cohesion can render individuals vulnerable to collective infectivity. As I observed on Mfangano, the enduring potency of certain social networks frequently exposes individuals to HIV infection along lines of obligatory support and induced risk. For HIV, the door is often the family itself; for the Suba, the family is a door.

For Suba elders, a minimal lineage group is often referred to as a mlango, the “door” or “gate” of the traditional fenced compound encompassing the homes of a single patriarch and his male descendants. For example, in our meetings to determine representation for the Ekialo Kiona Center, it was frequently asserted that the minor clans of Kitenyi beach represented the smallest “mlango” of the original Abakunta founders. Among the Wataita in Southern Kenya, a distantly related Bantu group, James Howard Smith points to similar use of the words mnyango (“door”) or mbenge (“gate”) to refer to minimal lineage groups (Smith 2008). Among the Luo, he notes the concept dhot ot referring to both a “doorway and lineage segment” (Smith 2003, 446). Smith
emphasizes that these words also refer to hidden charms and medicine planted in the ground at the entry point to a compound, the site of potent witchcraft. As Smith explains:

The use of the term “mbenge” to refer to powerful magic, a gate, an extended family, and a lineage of historical depth suggest that this level of social belonging is understood as powerful, and this power must be protected from competing powers that would subvert it. But in the 1990’s Wataita understand that the locus of family sovereignty was, increasingly, a more or less nuclear family, reflecting a progressive contraction of recognized blood relations at the very moment when people felt they needed to depend on larger kin networks because of declining income and price inflation (Smith 2008, 117).

On Mfangano, the presence of competing powers that threaten domestic stability and fracture communal solidarity is a topic of almost daily discussion. While the impacts of Western values and HIV are discussed explicitly as sources of disruption, opening Suba doors to a variety of social ills, these trends are frequently wrapped up in hushed conversations about the activities of jajuok or “witches” (literally, “the bad people”). As we shall see, the threats of witches and the illnesses they inflict, are sources of intense social division and rallying points for powerfully unified social action. As such, conversations about witchcraft, like chira, resonate strongly with broader considerations of the enigmatic changes brought about by development on Lake Victoria. Yet while chira refers to reckless or negligent transgressions against customary boundaries, witchcraft refers to the active and purposively anti-social actions of human beings intent on harming others for private gain. As I saw it among the Suba and Luo, witchcraft emerges as a local conversation about particularly virulent forms of parasitism, bringing together many ideas about competition, solidarity, and development.

As ethnographers since Evans-Pritchard have argued, witchcraft discourses can represent highly rational explanatory frameworks for the etiology of misfortune, answering both questions of causation and generating social cohesion against the perception of a common adversary (Evans-Pritchard 1936). In Bewitching Development, Smith explains how his “liberal” application of the word witchcraft corresponds accurately to local use of the word: “While Westerners tend to define witchcraft as a type of magic, the extraordinary nature of witchcraft beliefs were not what distinguished witchcraft from other kinds of action for Wataita, and for many Kenyans. In Taita, witchcraft implied secretive and destructive, and not necessarily magical action, that threatened and resisted the (imagined) peaceful and productive sovereignty of the group in question” (ibid 16). As others have asserted, witchcraft represents an African discourse about selfish action. James Ferguson:
The production of wealth throughout wide areas of southern and central Africa is understood to be inseparable from the production of social relations. Production of wealth can be seen as pro-social, morally valuable work...Alternatively, it can be understood as anti-social, morally illegitimate appropriation that is exploitative and destructive of community. A common axis of contrast is an opposition between honest ‘sweat,’ which building something shared and socially valued, and trickery or artifice through which one exploits or ‘eats the sweat’ of another (Ferguson 2006, 72).

For these ethnographers, conceptions of witchcraft and the conflicts generated by neoliberal development in Africa were seen as inseparably linked. Rather than pushing out traditional ideologies, the incursion of western capitalist values and economic practices has fomented the rivalries, inequities, and jealousies that have always underpinned African ideas about witchcraft. While I heard many colorful stories on Mfangano, when I asked individuals directly if they “believed” in witchcraft, they always said no. As Christians, to deny “belief” in witchcraft was to deny “allegiance” to their satanic power; the existence of witches and the impact of their power was an altogether different question, one that was undisputed. This was made clear to me during a “Non-Violent Communication” seminar at the Ekialo Kiona Center. The instructor of the course, from a Dutch NGO, opened the session with a careful explanation of the difference between an “observation” and an “interpretation” of behavior, distinguishing, for instance, the frown on a neighbor’s face as an observation from the interpretation that the neighbor is angry. This distinction was immediately clear to the class. The instructor then asked the class to list observations of behaviors of family and friends that caused them problems. One man said, “I don’t like greedy people” and was subsequently admonished by the class for listing an interpretation. A woman then offered, “I don’t like people who do witchcraft.” Seeing many affirmative nods, the Dutch instructor impatiently asked the class, “come on guys, is witchcraft really an observation?” The unanimous response from three-dozen farmers, fishermen, teachers, elders, health workers and secondary school students was an unequivocal yes. Despite the instructor’s repeated questioning and increasingly frustrated explanations, the class continued to affirm the patent presence of witchcraft within their social networks. Moreover, as I would learn, witchcraft can have an observable effect on the function of these networks.

Regarding maternal and child health, Whyte and Kariuki explain that “social support networks are probably even more important to health in developing countries than in Western settings. The difficulty is in distinguishing what is supportive from what is oppressive. Western Kenyan women are enmeshed in social relations and their children are enmeshed with
them...children are treated as symbols of adult relationships” (Whyte and Kariuki 1991, 13). On Mfangano, people rely on broad fields of family relationships to stay healthy, working across large extended families to protect crops, pay medical fees and transport costs to hospital on the mainland, remind each other to take medicine, provide childcare during episodes of absence and sickness, assist with harvests and house repairs, warn each other of bad business deals, and alert each other to coves where fish stocks are flourishing. Yet when extended support networks contract into immediate families, these powerful sources of health breakdown. Interpersonal conflicts between related adults are frequently translated into adverse outcomes for various family members. Regarding the social relations of therapy management, Nichter asserts that understanding the impact of disagreements and consensus building in the maintenance of health requires an appreciation of the “social dynamics of households, extended kin groups and larger social networks as they influence one another and are influenced by political economy and globalization” (Nichter 2002, 82).

On Mfangano, the normal tensions of rural life—sibling squabbles surrounding issues of land use, political rivalries between pastors of various church denominations, fights between co-wives over the payment of school fees, etc.—were intensified in the context of increasing food insecurity and economic competition. Smith reports similar trends among the Wataita: “As family members found themselves unable to provide for one another, and as men called on long-standing family debts to meet their other responsibilities, the family itself became a site of violence, exploitation, commoditization, and paranoia.” (Smith 2008, 19). Rather than key sources of support, relatives were often perceived as subverting communal health and prosperity for personal gain—in many cases this assumed an active participation of relatives in witchcraft. As one informant explained to me: “If a person goes to an ajuoga (witchdoctor) for a problem, he will always say it is a relative who is witching you.”

Outright conflicts, like the fight between first and second wives described earlier, were rare during my time on Mfangano; intrafamilial tension was more frequently subverted into the insidious realm of rumor. The social network analysis of White and Watkins describes very dense and highly stable conversation networks among women in the Wakula villages of Mfangano south (White and Watkins 2003). Across these types of networks, electrifying rumors

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8 Conversation with PM, Mala Masa Beach, Mfangano Island Dec 30th, 2008.
of “witchcraft” and “devil worship” travel quickly. Moreover, these rumors have force; it became harder and harder for me to deny the etiology inherent in the assertion that people get sick when they are bewitched. Herbs, charms, and spells do not need to activate magical forces for sickness to ensue; awareness of their creation is enough to generate intense antipathy between related households. In the context of high HIV prevalence, the daily politics of witchcraft can have a pathological influence on the dynamics of broad social networks, severing vital relations of emotional and material support between in-laws and siblings, facilitating the transmission of viruses and accelerating the depression of CD4 counts once people are infected. Distrust, deceit, and suspicion erode lines of loyalty that inhibit adultery across households living in close proximity. Anger prevents neighbors from reporting promiscuous behaviors of unsupervised teenagers down at the beach. Apathy and disregard leaves sero-postives with less allies to procure adequate nutrition for anti-retroviral treatment, manage debilitating opportunistic infections, or care for orphans. Across Western Kenya, it is increasingly common for orphans to receive inadequate care due to the predominance of “isolated households without original support from community and patrilineage as prescribed” by Luo custom (Nyambedha 2003, 309).

Yet, once HIV slips inside the door, the virus drains energy not only from sero-positive individuals, but from the intact remnants of therapy management collectives that continue to support sick family members. It became evident on Mfangano that HIV/AIDS represents both an infectious disease in the traditional epidemiological sense, with horizontal and vertical viral transmission through sex and breast milk, but also what I would describe as an inductive disease. Analogous to Christakis and Fowler’s analysis of the spread of obesity through social networks (Christakis and Fowler 2007), I began to recognize similar inductive phenomena in the way that HIV risk is communicable through small social networks on Mfangano. The presence of the virus within the body of a particular individual in a family dramatically changes resource utilization and power dynamics across numerous relationships. Connected individuals, particularly female affines, are often coerced into vulnerable situations with migrant fishermen in order to find food for children and younger siblings or pay for medical bills and school fees. Sick family members are unable to supervise adolescent behavior at the beach, or worse, forced to turn a blind eye. One male informant in Kitenyi beach estimated that 85% of the women involved in jaboya were women from AIDS affected households; as the sole remaining brother
out of three, he himself was looking after two widows, both of whom were supporting their family with income from the beach. Thus, HIV infections spread through families and communities on Mfangano, not only through direct transmission, but also by exposing the lines of financial dependence and social obligation that remain within family groups, often compelling members to make desperate choices with their bodies “down at the beach.” In this inductive context, social cohesion is a double-edged sword; AIDS, like chira, emerges as collective infection.

Goldschmidt reports that when Tanzanian communities first learned of Nile perch cannibalism they were horrified: “They didn’t want to eat Nile perch for fear that cannibalism was contagious” (Goldschmidt 1996, 227). Ironically or insightfully, it is true that in many ways parasitism has spread from these fish, into economic export programs, through gendered dynamics, into land-use practices, across social networks, and into human bodies. As divisive forces driving this pathology, the competition and rivalry promoted by the incursion of neoliberal development strategies into local places—the Nile perch export industry in the case of rural Lake Victoria—are twinned to local preoccupations with the asocial evils of witchcraft. In a 2003 ethnographic account of a Luo community in Western Kenya, Smith demonstrates that “local social preoccupations—including those related to ecological deterioration, religious transformation, gendered and generational conflict, and privatization—are shaped by far-reaching structural transformations, but experienced through local cultural traditions and understandings” (Smith 2006, 423). On Mfingano, traditional Suba tales, such as that of *nyamgondho* (“lit. daughter of the hook”), in which a beneficent fish spirit is caught by a lucky fisherman and assumes female human form to bring him wealth and prosperity, are reconfigured in terrifying tales of Nile perch shape-shifting into violent witches in nighttime nets. Others recount rumors of stillbirths of half-fish babies born to wives of greedy fisherman who use charms to procure excessive catches, and sightings of *tembea* motorboats filled with corpses and demons drifting along the shore at night.

Yet, just as stories of witchcraft reflect local notions of conflict and disintegrating cohesion, they can also generate powerful unity by “focusing the collective imagination on

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10 Conversations with JO, Kitawi Beach, Dec 19th, 2008; GO, Kitenyi Beach December 30th, 2008; PM, Mala Masa Beach, December 30th, 2008).
The intense solidarity generated by the threat of the *jajuok* emerged in two dramatic episodes during my stay on Mfangano, both of which were permeated with HIV risk. In December 2009, I participated in a “chasing” ritual for a woman possessed by spirits at Chwera Chwera Beach. Following months of violent hallucinations, the family of the possessed women requested assistance from both the *Legio Maria’s* and the *Roh’s*, two charismatic Catholic sects renowned on Mfangano as potent witch-hunters and exorcists. At sunset, musicians and dancers arrived from the mainland and commenced an all-night performance of ecstatic prayer, dance, and song intended to scare out the demons that had ostensibly been sent inside the compound by anonymous *jajuok* on the island. Like the solidarity described by Roseman among the healing dances of the Temiars in Malaysia (Roseman 1992), and Katz among the Kalahari Kung (Katz 1982), the roughly 50 participants at Chwera Chwera shared potent energy, sweating, chanting, and shouting together for over 16 hours in a powerful exhibition of endurance and communal support. Yet, not everyone present gathering was participating in this way. When I eventually stepped outside to relieve myself in the bushes around 3am, I noticed whispering and giggling from numerous small groups of young men and women in the shadows. To me, the “collective effervescence” (Durkheim 2001, 171) that united the adults and small children inside the compound, and the unsupervised movement of adolescent couples in the surrounding bushes, emerged as fields of relationships with distinctly oppositional health potentials for the family.
A similar situation emerged during the weeklong vigil following my friend O’s funeral at Kitenyi Beach, where dozens of relatives ate and slept together outside by the fresh grave to prevent witches from digging up the body. Dilger (2008) explains the heightened importance of such funeral gatherings by the way in which they allow extended families to reconstitute the dissolved cohesion that frequently precipitates AIDS deaths: “The mutual accusations that had shaped experiences of migration and the course of individual illness and dying were replaced by families intensified attempts to reconstruct not only the moral integrity of the dead person, but also of the wider kinship network in general” (ibid, 223). Thus, despite their increasing frequency in light of AIDS, funerals continue to require broad participation of extended families and substantial expenditures that often far surpass the energy spent on actual treatment and care for the dying. As one Luo informant asserts, “our country loves corpses more than sick people” (ibid, 225).

After an extended and increasingly isolated battle with HIV, O died in his home above Kitenyi Beach. I was on a farm by the lake when we heard his wife and daughters begin to wail. Their soaring cries echoed out of O’s compound, and then spread from door to door along the

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11 “Chasing” Spirits at Chera Chwera Beach, December 19th, 2009 (photo by author).
beaches of Mfangano East Sub-Location, women in each compound picked up the news and directed it towards the next compound. Within minutes of his last heartbeat, everyone that O had known throughout his life in Kitenyi, Chwera Chwera, and Kitawi Beaches knew that he had died. Overwhelmed myself by the painful echoes, I was reminded of Hsu’s comments on the *trans-individual fluidity* of acute pain, such as that triggered by sharp wailing in Greek Funerals. Hsu argues that such pain has an “eminently social potential for enhancing a sense of togetherness between individuals and for making real social relatedness. In other words, the sensory experience of acute pain is essential to community building” (Hsu 2006, 85). On the day of O’s death, the sound of wailing reverberated across the southern side of Soklo mountain for hours, as if landscape itself was mourning along with the community. As I learned over subsequent trips, the distant resonance of funeral wailing is a frequent backdrop in the villages of Mfangano. When I reached O’s compound, his body was still warm on the floor of his now crowded bedroom. I collapsed under the thatch eves with desperately sobbing neighbors and relatives—the majority of whom had shied from his compound for months—each waiting for a turn to participate directly in the intense weeping emanating from inside the house.

O was buried two days later in his compound in a massive and expensive ceremony, complete with a feast of the family’s one remaining cow. I spent the next week with dozens of his relatives who, as prescribed by custom, slept under tarps by the grave. The large extended family ate all meals together, watched Luo movies on a generator-powered TV, and stayed up late each night telling traditional stories. This was explained to me as a way of demonstrating support for O’s wife and children; yet late at night also I learned that our job was to prevent O’s body from being unearthed by the *jajuok* who could use his flesh to inflict harm upon the family. Dilger comments on similar aspects of Luo funerals: “Particularly in those cases in which acts of solidarity and support were denied to a dying relative, extend families often paid careful attention to ritual requirements, since only if the dead were properly buried would they bless those still living” (Dilger 2008, 224). One such requirement is the *kutawanyika* or “formal break-up” mandating that the funeral vigil continue until a series of ritual cleansings through sexual intercourse is performed by immediate family members of the deceased and their spouses (*ibid*, 226). Many Luo ethnographers also point to rituals of “wife inheritance” where a brother of the deceased formally assumes marital responsibility for the widow and her children. In the context of an HIV/AIDS funeral, however, we see again that health generating potentials of these
collective responses that reunite extended social networks and seek to reestablish order for the living, are undermined by the pervasive presence of sexually transmitted viruses.

Ultimately, for the families I lived with on Mfangano, HIV/AIDS has emerged not only as a “paradox of modernity” but, more poignantly, as a paradox of social solidarity. In complex ways, the dual parasitism of Nile perch and HIV has subverted and twisted the qualities of reciprocity and egalitarianism, the “the fundamental ideals of the Luo social order” (Dilger 2003, 215; Parkin 1978) into relational fields of high-risk. As described previously, local discourse regarding interactions that lack these fundamental qualities are often categorized by idioms of movement. In reference to witches as active agents that tear at the symbiosis of Luo and Suba social order, a particularly terrifying kind of witch was described to me over candlelight on Mfangano: the jajuok otieno or “night-runner.” The graphic descriptions of these witches, who dash naked through nighttime villages, knocking on doors, and dangling the dismembered limbs of dead relatives under the thatch eves of houses, seems to link sexually charged images of trespass and movement with a dangerous anti-social disrespect for the ancestral dead. If we accept that witches are a “socially standardized nightmare” (Wilson 1951, 313; Smith 2008, 17) it makes sense that their occult actions are understood as complicit in both the ecology of “Darwin’s Nightmare” underneath the surface of Lake Victoria (Sauper 2006), and the neoliberal economics that have opened the doors of families on Mfangano Island to the socially experienced nightmare of HIV/AIDS.

While many development institutions continue to point unequivocal fingers at “retrogressive cultural beliefs” as the primary cause of high HIV prevalence in Suba District (National Coordinating Agency for Population and Development 2005, 9), I learned on Mfangano that it is not the cultural practices themselves, but the progressive onslaught of globalized parasitism that has transformed traditional relationships of symbiosis and solidarity into increasingly treacherous fields of infectivity. Suba and Luo cultures are not the root problem; rather, as organic systems highly sensitive to infection, they too have been contaminated. In seeking to accurately target the sources of sickness on Lake Victoria, we must be careful not to misdirect interventions at indigenous frameworks that retain significant potential for perceiving disease and promoting health.