Committee 3
The Threat of Epidemics

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Mukenenya- Metaphor of a Modern Plague

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Introduction: Plague - in What Sense?

Dictionaries draw attention to several senses of the term plague. In a narrow sense, it denotes an infectious disease caused by the bacterium *Pasteurella pestis*. Plague may, however, be used about any epidemic disease of high mortality, and in a broader sense it may signify any widespread affliction, calamity, or evil, especially one regarded as a visitation from God. In popular use the term can refer to any cause of trouble or vexation, though images of dreaded historic epidemics are brought along. Plague may, in other words, be thought of as a loose, but evocative association between epidemic disease and particularly harmful or evil effects, but what the more specific contents of this association may be is a different matter: What lends to a plague its social significance and 'felt' quality? How is the threat articulated? My aim in this paper is to draw attention to the role culture seems to play in this process. At the same time, I wish to present an anthropologist's understanding of *Mukenenya* - an epidemic variously identified as 'the one who removes something from you', 'the one who robs you of very many things', and 'the one who makes you very small'.

Background: HIV/AIDS in Uganda

The material I am going to discuss was gathered in Luganda-speaking areas of Uganda; areas where estimated HIV infection rates exceed ten per cent (ACP 1995), and where demographic and socioeconomic consequences of AIDS increasingly make themselves felt (Barnett & Blaikie 1992). Although the metaphor of plague may be inappropriate in other respects, the sheer magnitude of the epidemic brings the term to mind. Likewise, the transmission modes, disease manifestations and inevitable outcome of AIDS seem to give the epidemic a symbolic value reminiscent of that of historic plagues. While any sickness can be considered as a social event, the parts played by sex, blood and other bodily fluids in modern conceptions of HIV/AIDS make the syndrome an unusually powerful 'metaphorical weapon' (Sontag 1989). With the close historical

connection between biomedical and missionary activity (Vaughan 1991) and the moralizing language that still seems to characterise the public debate in Uganda, this aspect is present all the more: HIV/AIDS is rarely discussed as a strictly biomedical phenomenon. Instead, commentaries on the problem form part of a wider discourse, where humanitarian concerns are fused with political arguments and moral claims. Broadly speaking, the tendency is for AIDS prevention to be identified with various forms of 'right living', while the disease complex itself, by implication, is associated with most things 'bad'. A third point that needs mentioning is the degree to which foreign agents have been involved, not only in the social construction of the problem, but in the establishment of a vast 'AIDS industry' on Ugandan soil. The burgeoning activity in this field and its co-occurence with wide-ranging economic and political changes seems to have effected a massive wave of modernization: Since the late 1980s, Ugandans have been confronting a rash of new impulses, opportunities, and limitations, many of whom are challenging their traditions in radical ways. With its material and symbolic attributes, and with the emotional drama it brings about, HIV/AIDS has not only been a locus in this process, but also come to serve as a powerful symbol of the upheavals people have had to live through.

As a social phenomenon, then, HIV/AIDS in Uganda turns out to be a complex constellation: More than a medical problem per se, it has come to function as a metaphor whereby social experiences are negotiated and expressed. At the same time, it is associated with a set of pervasive real-life effects, where some have been so devastating as to inspire the construction of *Mukenenya* - a malevolent agent who attacks the very essence of a person, 'removing something' from her and making her 'very small'. In the following, I will discuss some of the social consequences HIV/AIDS may seem to have in the studied areas, before I approach *Mukenenya* and finally examine it with the aim of extracting some sort of general knowledge about the cultural articulation of epidemic threats.

Social Consequences of HIV/AIDS at the Village Level

My research in Uganda has been focused on a village in the Central region, where I lived and worked for eight months in 1993/1994 and for a shorter period last year. The settlement is located only a couple of hours drive from the capital, but its inhabitants nevertheless define it as 'deep'. Until the 1940s, it formed part of a fringe zone between the economic heartland of Buganda and a densely forrested and tse-tse ridden area; a zone where few people opted to live, and where witchcraft and sorcery were believed to abound. Since that time, however, agricultural changes have increased casual labour opportunities, and 'land shortage' elsewhere has induced several waves of immigration. In effect, the village is not only ethnically heterogenous, but also marked by distinctions between long-established villagers and more recent arrivals, and between the settled population and a class of landless, low-paid 'porters'. These distinctions do however not appear to matter much in everyday interaction, except as a partly implicit, partly explicit scheme for informal status ascriptions. At the practical level, a network of patron/client relationships serves to integrate the population into an overarching system of exchange, which in turn forms the basis for a traditional clan structure. According to most statements, this system used to function quite well in the past. People had enough food to eat, they were 'disciplined' and 'knew how to behave themselves', and the area as a whole was 'beautiful' and prosperous. It is only recently that this delicate balance has been disturbed: With the suffering and poverty associated with HIV/AIDS, clients have become more dependent but less liable to fulfill their obligations, while patrons, on their side, often seem to lack the economic surplus required for a traditional following. This mismatch seems not only to cause grudges between 'big men' and 'small', but in some situations to re-actualise historical oppositions. As the perceived root of the problem, HIV/AIDS plays a central role in these differentiations. Already a stigmatizing disease, it tends to be blamed on competing others, being associated alternately with disputed 'ethnic'

customs, the 'ignorance', 'immorality' and/or 'paganism' of poor and disadvantaged groups, and the economic clout that permits 'big men' to entertain multiple partners. Thus, HIV/AIDS may seem to increase the social distance between people, not only via the stigmatization and moral condemnation that befalls sufferers and members of identified 'risk groups', but via wider processes of blame and counter-blame.[1] At the same time, more specific disintegrative influences can be observed. Cases in point are the attacks posed by modern constructions of HIV/AIDS on traditional rituals and healing practices, and on 'drinking places' that have functioned as the locus of a generalised 'supportive exchange' and 'ritual of reassurance' (Karp 1987) among men.

Impact of HIV/AIDS on the Traditional Clan Structure

The only relations where the above-mentioned tendencies are stemmed may be found within a person's clan (*ekika*), where divisive influences are countered by an ideology of shared 'eating' (*okulya*) and the understanding that the members share a common blood. Clan relatives tend to prioritize each other when solidaric efforts are concerned, and it seems to be first and foremost among the patrilineal descent group a person can hope to find support when AIDS strikes. The clan is portrayed as a moral community in a quite extensive sense: It is described as a corporate body where each part makes a precondition for the others, and where the 'lower' parts have no meaning unless the clan 'is there at the top'. In effect, it seems, a person 'eats' or consummates her life not as an individual, but as a constituent part of her clan.

The clans can never be eroded, I was told; 'not even by colonialism'. Still, and whereas increased emotional and material needs may make clanship more important than ever, HIV/AIDS may effect changes even at this level. Traditionally, the 'eating' or joint consumption of clans was channeled not only via patron/client exchanges, but also through the more formal and elaborate institutions of marriage and blood brotherhood. With the coming of HIV/AIDS, however, these

institutions have been subject to unprecedented challenges. Biomedical constructions leave of the long-established and highly valued blood brotherhood nothing but a 'transmission mode' and a rather sure way of contracting HIV/AIDS. According to my friends and neighbours, the latter understanding has altered the social significance of blood brotherhood in drastic ways: In its original form, blood brotherhood is now almost obsolete. Some people have 'modernised' the institution by committing themselves as 'blood brothers' without actually exchanging blood, but, it is regretfully admitted; without the latter element 'the mystery bondage' and binding force of the pact is also for a large part gone. In some circles, blood brotherhood has even come to be considered as a backward and 'pagan' custom, the way modern messages purport it to be.

When marriage is concerned, actual and potential consequences of HIV/AIDS are more complex. Whereas the new risk that goes with sexual 'playing around' is considered to have brought many couples closer and to have strengthened formal marriage as opposed to 'traditional' and less legitimate unions, conjugal relations may also be affected in negative ways. Traditionally, marriage established a relationship not only between a groom and his bride, but also between their respective clans. Where blood brotherhood was one means of alliance-building, marriage was the other, so that much effort was put into the raising of daughters who could attract a good match. The stated purpose of marriage was twofold: A wife was 'fetched' both in order to provide food and sexual services for her husband, and in order to produce children for the husband's clan. The dowry that instituted her marriage was, however, of limited value. Consequentially, where, as we have already noted, clan relations were conceived as a person's most important social ties, and where the rights of wives sometimes were violated by their authoritative and often polygynous husbands, marriages were not particularly stable.

In the late 1990s, these observations still seem to hold: Conjugal relations are not only romantic but practical arrangements, and with the presence of HIV/AIDS they appear to have become more vulnerable than ever. At the clan level, the question whether a negative 'HIV test' is required or not may cause resentment and/or suspicion.[2] Likewise, in cases where AIDS eventually strikes the tendency is for each clan to blame the other, for their failure to raise a sufficiently 'moral' and dutiful child. Between spouses the uncertainty associated with asymptomatic HIV infection may make even more of a strain. At this level, strict norms of obedience (*obuwulize*) and respect (*ekitiibwa*) tend to hinder open expression of the fear, suspicion, and resentment that may evolve around issues such as condom use, sexual histories and extra-marital affairs. Many women live in a continuous fear for their lives, and consider desertion as their only way out. In cases where one of the partners develops AIDS, on the other hand, the tendency seems to be for the husband to blame and sometimes chase his wife. Other marriages are strained by the burdens imposed when wider relatives are drabbed. The care for sick and dependent relatives often falls on the central woman in a household, who may find herself with an almost intolerable workload, whilst experiencing that scarce family resources are diverted away from her own children and on to members of her husband's clan.

Downward consequences of HIV/AIDS do also exert their influence at the lineage and clan level. Where death, sickness, and the increasing number of occasions such as burials and last funerary rites (*okwalya o'lumbe*) may bring people closer in some ways, these occurences also involve stresses and strains that may work in the opposite direction, once they reach a certain level of intensity. Material deprivation and emotional fatigue may eventually put a limit even to deeply ingrained solidarities, particularly when these are held up against the promises of modern aid. Such prosesses are already at work when it comes to so-called 'AIDS orphans'. Where they previously were absorbed in the wider body of their clan and classified as the true children of

keep her memory alive and 'no set of hearthstones to return to', her spirit after death is doomed to restlessness. Sooner or later, she is likely to cause misfortune among the living - because she is cold and lonely and 'does not like to be forgotten'. This set of associations would also appear to give rise to serious dilemmas for people who still have the opportunity to produce children: Are they to fulfill their traditional responsibilities and ensure for themselves an afterlife as revered ancestors, or are they to heed modern messages and avoid unprotected sex?

At the same time, the profound significance of reproduction relates not only to succession (*busika*), but also to its conceptualization as part of the joint 'eating' (*okulya*) of clans. Both for singular persons and for their clans, this form of 'eating' is associated not only with continuity and order, but with more immediate processes of growth and development. Reproductive sex is considered as an integral part of healthy living and a source of prosperity. The somewhat ambivalent local attitude towards 'playing around' and illegitimate pregnancies should probably be viewed against this background: The value of reproduction is emphasized in an everyday practice where children still make an important asset, and where a person is not regarded as a full, contributing member of society until he or she has 'produced'. Modern constructions of HIV/AIDS do, however, tend to enforce a radically different perspective. Where it used to be a source of healthy enjoyment and prosperity, and even of continuity and expansion for one's clan as a whole, reproductive sex is now increasingly associated with danger, contamination, and moral irresponsibility. As a social phenomenon, then, HIV/AIDS may not only challenge the traditional structure, but effect a gradual reconstruction of the motivations underneath; a reconstruction of the desires and ambitions that so far have kept people in line and united them, as when Baganda have consorted themselves under a founding father who vowed that he and his children would prosper through 'always begetting more.'

The concepts of succession (*busika*) and eating (*okulya*) further indicate how closely integrated people in this area are, according to their traditions. As noted above, a clan (*ekika*) is not merely a corporation, but a conceptual unit where each constituent element has no meaning unless it is seen in terms of the wider whole. A person cannot, by implication, be conceived of except as part of his clan. The notion of succession (*busika*) posits this interdependence in material terms, where the connection with past, present, and future clan relatives is considered essential to a person's wellbeing. In a similar vein, the concept of 'eating' (*okulya*) associates agency not merely with the person, but with the wider unit of his clan: Since any disposition he makes is likely to affect and/or be attributed to other clan members, a person cannot 'eat' in isolation. Furthermore, the concept of 'eating' draws a parallel between corporeal and social processes that once again communicates the extent to which clanship is conceived in actual, physical terms.

On the whole, then, clanship seems to be associated with a conception of the social body as a corporeal entity; one total body in which the singular person appears much as a relational node, holistic whilst essentially connected with others. This body, I have tried to show, may be affected by HIV/AIDS in adverse ways. Certain overall tendencies may nevertheless be identified: Via its demographic, socioeconomic and sociocultural impacts the epidemic may wreak havoc on traditions that have been most central in keeping the social body together. While divisive influences can be observed both at the practical level and as regards traditional institutions, a set of more complex sociocultural implications also seem to be at work. The latter appear most strongly when it comes to 'eating' and succession, where core concepts and values of the traditional order are counteracted by the priorities and practices advocated in modern AIDS messages. On the side of the social body, one may suggest, the total impact of the epidemic takes the form of a set of serious limitations on its 'eating' (*okulya*) and succession (*busika*) by something or someone else - someone who 'robs you of very many

things', 'makes you very small', and 'removes from you' essential parts. *Mukenenya* is considered by most Luganda speakers as a name for 'the thing itself' and not as a 'metaphor' in the popular sense. Still, at least part of its significance may reside here, in the challenges posed by the epidemic to the social body as traditionally defined.

Effects of *Mukenenya* on the Body Personal

As indicated above, notions of the body, of the person, and of clanship are inextricably linked in traditional thinking. While personhood cannot be conceived of except through clanship, clanship 'makes no sense' without reference to its constituent parts. Further down the line, social processes at the clan level are not merely conceived in terms of human body processes, but considered to depend on them: The 'eating' and succession of the singular person simultaneously bear on his own flesh and blood and on the body of his clan. Significantly, these parallels also seem to work the other way around. The singular, physical body is considered to be involved in social processes, to the extent that it depends on social relations for its physical development. Just like full personhood can only be achieved via physical maturation and reproduction, a full body can only be acquired via the social experience that accrues in the course of a person's life. A child is born as a tiny piece of raw material that needs ritual 'tying' to the wider body of her clan if she is to develop adequately. After the initiation, these vital, but socially constructed ties continue to be emphasized at every instance of a person's life. Conceived in the terms of strict obedience (*obuwulize*) and respect (*ekitiibwa*), they are imprinted on her body both via corporeal punishment and as a set of limitations on her movements in time and space: In the traditional system, subordinates are pushed to the back and down, while the upper, central space in society is reserved for those who rule higher on the social 'ladder' (*ddaala*). The place of women and children is in the background; in the back room, in the back yard, and in the garden near their home; and when they are around men they are supposed to kneel out of respect. As they

approach puberty, however, boys are increasingly permitted to roam about and 'eat', in the way of having fun with friends, making 'business' and gradually entering the system of patron/client exchanges, and in the way of exploring their sexuality. In effect, boys grow 'bigger' than girls, both physically and socially, in that they come to be considered as more experienced and more knowledgeable. Their increased social corpus is apparent not only in the size of their bodies, but also in their physical stature; in their manner of walking, sitting, and talking, and in their general way of being around others: As a result of their growing 'bigness' they are gradually allowed to occupy more social space, and to venture higher and nearer to the social and politico-economic centre of the village. Still, it must be noted, not all men can grow to the same size and position. Making society is like lighting a fire, says an old Kiganda proverb; in order to make it work, you need some small sticks, and some big. Whereas some men do not 'eat' as successfully as others, their bodies do also not develop to the same extent. A poor marginal fellow tends to have a lean and humble body, whereas the contacts, wealth, and good food available to a truly 'big' person more often than not is communicated by a sizeable pondus.

Women, on the other hand, are considered to be more 'disciplined' and 'clean', and their state 'under' (*afugibwa*) men to be communicated via a humble appearance. The clean innocence and submission of a young girl is supposed to show both in her slender, supple body and in the light foot-steps and hasty movements acquired after years of hard work and subservience. Likewise, it is communicated in her humble kneeling and high-pitched voice, and in the hurry with which her eyes are turned down in the face of a superordinate. The free and gradual 'eating' process of young men has no parallel here. Instead, girls are ardently controlled and their 'eating' kept at bay until they 'reap' and are ready for marriage. Where young boys are allowed to develop into men 'naturally' and without symbolic interference, girls are actively moulded into women at the onset of puberty. Only after they have pulled their labia (*enfuli*) and been prepared for married life can

they in any sense be considered as mature, and it is not until they have 'produced' that they are regarded as adult women proper. Only when her reproductive ability has been put to work in the service of her husband's clan is a woman's 'eating' acknowledged and reflected in a full-bodied appearance. It is only when she has produced, I was explained, that a woman will begin, and actually will want to begin, to put on weight. From this stage on her 'eating' may continue, though in a more restricted field than that of men: Men usually make more 'contacts', have more sex partners, and occupy a position closer to the social centre, and, as we all know, their bodies tend to grow 'bigger' than those of women.

Thus, it would seem, the social body and the bodies of particular people are constructed in terms of each other, in a manner that tends to emphasize the interconnection and interdependence between the two. Over a person's life course, his personal body develops not in isolation, but as a node within the wider social body on which he depends. The normal body is portrayed as an 'eating' body; a body who keeps growing via the establishment of relations that may add to his personal corpus. Consequently, a 'big' body comes to represent health and harmony: The full-bodied person is conceived of as a sexually active and productive human being, who enjoys prosperity whilst being safely 'tied' to others. These associations would seem to frame another dimension of *Mukenenya*. With the limitations imposed on people's 'eating', not only when it comes to reproduction, but also when it comes to politico-economic exchanges, HIV/AIDS definitely seems to 'rob' them of 'many things'. Likewise, the danger, pollution, and 'immorality' associated with beer gatherings, dances, and traditional rituals, with blood brotherhood and polygyny, and with any form of sexual involvement, may seem to detract from the traditional order some of its most central integration mechanisms, while at the same time 'robbing' people of their most important sources of social and corporeal development. Lastly, and most tragically, the total phenomenon of HIV/AIDS most certainly 'removes something' from a person through the

severance of social bonds. This happens most painfully via the death and sickness of beloved family members, but also via the stigmatization, blame and other divisive tendencies touched on above: Where social relations penetrate the physical body and constitute the very essence of personhood, the severance of any number of these vital ties may seem to cut essential parts off a person's body-self, making her 'very small' both in a social and in a corporeal sense. The threat of *Mukenenya* seems to be a threat neither of 'invasion' nor of a piecemeal 'destruction' of isolated corporeal entities, but of a form of disintegration that may destroy singular bodies by separating them from the wider body of their clan. According to many Ugandans, a major reason why modern HIV/AIDS messages are not heeded resides here: Within the traditional scheme, health and sickness are not individual concerns. A person's state in life is entirely dependent on the collectivity. Hence, a number of people conceive of the maintenance of the social body as the key issue when their health and survival is concerned. Their fear is not one of hosting a latent virus, but, in their own words; the prospect of living and/or dying 'alone'.

Posed against the soundly 'eating' bodies of people who present themselves as un-infected, bodies marked by HIV/AIDS seem to communicate the state of separation and of 'loneliness' that is so much feared. The extremely slim, dry appearance associated with HIV in Uganda is that of a person who is debarred from proper 'eating': Stigmatized and pitied, people with a far-gone HIV infection tend to face a whole lot of difficulties when it comes to politico-economic 'eating' and their day-to-day life situation. Still, the most significant aspect of their state is that they are not supposed to engage in unprotected sex. What this means is not only that they have to forego a major source of enjoyment and health; they are also denied the opportunity to 'produce' and thus contribute to the collectivity whilst securing their own afterlife. What *Mukenenya* seems to do to its victims, then, is to place them outside the traditional structure, and - where they are without a successor - also outside the collective continuity. Thus, the body with HIV/AIDS comes to be

conceived of as 'abnormal', and one also finds a conception of people with HIV/AIDS as 'those who have already died'. Another intriguing metaphor is that of *Kajovu*, in direct translation meaning 'tiny elephant'. While some say *Kajovu* is a thorny plant with a poisonous juice that 'causes pain for a very long time', others associate the term with an insect that may wreak havoc to a banana plantation within few hours. Still, the most interesting explanation that goes with the term turns on its inherent contradiction. There can be no such thing as a tiny elephant, I was explained, and so it is with *Mukenenya*: One almost cannot believe in it, since it is so terrible and so much against the established order of things. The conception of people with HIV/AIDS as isolated and external to the traditional structure seems not only to communicate their misery, but also to add to the imported stigma of the disease complex. People with HIV/AIDS are only too often portrayed as 'weird' and 'different', and as bitter and revengeful people 'with a bad heart'. Their 'abnormal' appearance does, in other words, work as a symbol not only of their suffering, but also of the threat they represent for others, and the threat *Mukenenya* poses to society as a whole.

HIV/AIDS and *Mukenenya* in Local Discourse

As indicated above, the question as to how the threat of *Mukenenya* should be dealt with is a matter of great moral concern. In public debate, communication on HIV/AIDS is dominated by 'elite (particularly male) voices' (Obbo 1995). With modern conceptions of the problem at its base, HIV/AIDS is conceived as a foreign and essentially immoral influence, associated with homosexuality and perversities believed to be widespread in the West. People are, however, not encouraged to react to this influence any way they like. Instead, they are told to adopt a strategy centred on individual responsibilities and individual choice, where 'a kind of unwritten Anglican 'establishment'' (Fallers 1964:135) has left its distinct imprint on the solutions deviced. Understandings of the epidemic are centred on biomedical constructions and on 'Behaviour

Though fundamentally opposed, the religious elite and the most ardent traditionalists have certain common interests. For both groups, the norms of obedience (*obuwulize*) and respect (*ekitiibwa*) remain indisputable, and both are radically opposed to a set of practices and commodities that have come to work as symbols of Western 'immorality'. In the more mundane field, both groups tend to praise the 'traditional' woman, with her decent garments and submissive appearance, whereas girls with modern ambitions tend to be classified as 'prostitutes' and bringers of AIDS. Likewise, there is mutual agreement about the evil and immorality of condoms: For the religious elite, the problem about these devices is that they may lead youngsters into temptation, whereas the problem from a traditional point of view is that they separate sex from reproduction, and hence threaten to separate the interests of the individual from the interests of his clan.

With the emphasis placed on obedience (*obuwulize*) and respect (*ekitiibwa*), youngsters and women who break with traditional standards do not have much of a say, neither in the modern public, nor on the arenas where traditional worldviews are maintained. It seems, however, that these groups have found other means of expressing themselves. Contesting the male elite and their demands for obedience and respect, modernly-oriented women seem to speak through challenging body techniques and 'provocative' Western wear, while male youth, on their side, tend to challenge the establishment with a most visible and rather demonstrative form of condom use. Thus, the social discourse on HIV/AIDS seems not only to involve a multitude of voices, but to take place on several different levels, where all have to be considered if one is to get a grasp on the lived experience that ensues.

Mukenenya - a Modernising Influence

Positioned in the midst of the welter of cultural negotiations occasioned by the epidemic, the person is faced with a whole lot of dilemmas. On the existential side, he is confronted with two very different worldviews; that of the holistic, closely integrated traditional order, and that of the dualistic, mechanistic model forwarded in modern health campaigns. On the moral side, he may be pulled between the collective orientation of a long-established and deeply ingrained order, and the moral individualism boosted by HIV/AIDS. At the most immediate level, his perceptions of personal risk and safety are also likely to be influenced by both modern and traditional explanations, one way or the other. While the respective alternatives have been present in his life-world for a very long time, the threat of a fatal and widespread epidemic seems to bring them into contact and to actualise their differences in a new and tremendously significant way. In a certain sense, one may suggest that the phenomenological person is pulled between collective priorities and tradition on the one hand, and individualistic priorities and modernity on the other. However, this is not to say that the two paradigms are equal in their force: Where modern theories dominate the public debate, tradition is of major influence at the level of everyday practice, and, we have seen, it is embodied in particular people to an extent that modernity is not. Tradition is manifest in the way people move, in the way day talk, and in the way they greet - even in their identities as physical human beings. The identification of *Mukenenya* seems illustrative even at this point: *Mukenenya* is a term used in all layers of the population, and by 'traditionalists' and 'modernists' alike. Still, the term seems to reveal an essentially traditional basis, both in that the threat is personalised, and by way of the broader associations discussed above: Basically, the person who is 'robbed' or is experiencing that something is 'removed' from her is the person as traditionally conceived, while the 'robbing' and 'removing' is induced only partly by the epidemic in itself, and partly by the modernising influences it seems to bring along. Thus, one may suggest, *Mukenenya* speaks also of the broader sociocultural dilemmas a phenomenon such as HIV/AIDS seems to involve.

Concluding Remark: *Mukenenya* as a Modern Plague

With the above, I have not merely wanted to show that *Mukenenya* may be considered as a modern plague: More specifically, I have wanted to draw attention to the part culture seems to play in the articulation of the threat. I began with a few observations on the consequences *Mukenenya* seems to have at the village level, before I ventured closer into some of the cultural associations that prevail, all the time with the aim of demonstrating how the epidemic seems to affect and be affected by the cultural context. During this exercise, I hope to have shown that *Mukenenya* addresses several levels of experience: 'The one who removes something from you' speaks both of the material consequences of the epidemic, of its phenomenological or 'felt' aspects, and of the sociocultural challenges it entails. As a signifying practice, or a process of social negotiations on the epidemic, culture mediates between these levels, and provides a set of symbols whereby the threat can be articulated in an emically meaningful way. Culture may, in other words, be considered as the medium through which a plague acquires its 'contents'. At the same time, the processual construction of the threat implies that its significance always will be in a state of flux, subject to changing associations and coloured by shifting interests. When it comes to health education, therefore, my findings seem to emphasize the need for dialogue. As we have seen, some measure of engagement can point to areas where polarization may be countered if attention is paid to emic conceptions of what a plague is all about.

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[1] This is not to say that there is no compassion or that friends do not help each other out; what I am pointing to here are broader tendencies at a structural level.
[2] Before church marriages these tests are obligatory.