

Buzzing and Blooming in the Age of AIDS: Fifteen Years of the Malawi Journals Project

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Introduction

Underlying the ability of research projects to see the AIDS epidemic and measure its effects on a population is the transformation of complexity into simplicity. Stories become marks in a survey box, people become data points, and households become dots on a map.¹

This quote describes one vector between research and reality, as the contradictions and idiosyncrasies that make up everyday life are smoothed and flattened through data collection. For most researchers, this is a familiar, well-worn pathway. In this paper, we discuss the problems and opportunities that arise when contradiction and idiosyncrasy are foregrounded, through considering the lessons of fifteen years of observational journals in Malawi.

Smoothing and flattening is one way of moving from the cacophony of lived experience to information that is recognizable as research. These observational journals represent a different vector, as lived experience are transmuted into stories, arguments, discussions, and other unruly discursive phenomena. Our task throughout the journals project has been to grapple with this blooming, buzzing confusion of narratives.

The term “blooming, buzzing confusion” comes from psychologist William James² (1890). James uses this to describe how a baby experiences the world, before the infant has acquired the analytic

¹ C. Biruk, ‘Seeing Like a Research Project: Producing ‘High-Quality Data’ in AIDS Research in Malawi’. *Medical Anthropology; Cross-Cultural Studies in Health and Illness*, 31, 31:347-66, p.52.

categories that enable him or her to sort out information. James connects this profusion of experience to the tensions between synthesis and analysis – between the imperative to connect discrete bits of information into larger patterns, and the desire to break down larger wholes in recognition of discontinuities and ruptures. The Malawi journals represent a decade and a half of oscillation between synthesis and analysis, as we search for patterns and discontinuities that allow us to make general statements how about people grapple with AIDS.

Our efforts to order the profusion of narratives have led us to see broader dynamics manifest in the journals, beyond simple descriptions of how these communities and individuals encounter AIDS. In addition to being able to speak about the epidemic, we find ourselves also able to speak about some of the classic preoccupations of researchers of social worlds.

In particular, we focus on the ways in which the journals challenge received wisdom about AIDS and social dynamics in Africa. We argue that they illuminate the multiple moral logics which Malawians bring to bear on the risks of living in a high-prevalence community, which are not always congruent with the ways that policymakers expect that the people most affected by AIDS think and act. We also document the slippages and disjunctures, as information and ideas in the North pass through the global chains that reach rural Malawi. Local processes of deliberation – often in the guise of gossip and informal debate – emerge as more salient to individuals’ talk of strategies of action than do the large-scale didactic efforts to change people’s minds. We argue that authoritative knowledge about AIDS emerges from local history, personal experience and direct observation.

History of the Malawi Journals Project

² W. James, *The Principle of Psychology* (Cambridge, Harvard University Press, 1890)

The journals project was an accidental consequence of concerns about the quality of survey data collected by the Malawi Diffusion and Ideational Change Project (MDICP). This project was a large team effort, based in the University of Pennsylvania and the University of Malawi, which sought to learn how people in Malawi understood and made decisions about contraception and HIV risk. The second author of this paper was the original principal investigator for this project, along with Eliya Zulu, a lecturer at Chancellor College, University of Malawi, while the first and third authors have also been involved with it over the last decade and a half.

Analyzing the data from the first round of the survey in 1998, when there were already articles in local newspapers telling readers that AIDS was due to promiscuity and that the government wanted them to change their behavior, researchers noted that men's reports of the number of their partners seemed implausibly low, given the common presentation of AIDS as due to multiple sexual partnerships. Thus, the following year the first author made a list of men under age 35 who reported in the 1998 survey in one of the districts that they had no extramarital partners, and asked some interviewers to talk with these respondents informally. The interviewers then described the conversations to her: about half of those respondents talked freely about their partnerships.

The difference between responses in formal interviews and responses in informal chats with interviewers were striking. Not only were respondents engaging in an unusual social interaction—an interviewer with a clipboard asking personal, even intimate, questions—but also a large field survey makes a lot of commotion. Vehicles drop off and pick up research assistants, interviewers with logo T-shirts and bags full of questionnaires walk around asking where does so-and-so live, white graduate students check surveys in the field and sometimes play with the kids that gathered to stare. At evening debriefing meetings, Malawian supervisors said they were asked many questions about why this white

project was really there, and what the ulterior motives for the project might be. It is thus not surprising that respondents would lie.

The first author decided to ask some of the interviewers who seemed particularly observant and sociable to act as ethnographers, paying attention to what they heard people in the field saying about the project and about AIDS. When they returned from the field, they related their stories to her as she typed and asked questions: when you saw the wife confronting her husband's girlfriend, what exactly did she say? What did the girlfriend say? What did the bystanders say — did they support the wife or the girlfriend? Were they shouting or murmuring?

When it was time for the survey project to pack up and leave in 1998 and these interviewers were preparing to return to their villages, they were asked to continue observing and writing. They were given ordinary school notebooks in which to write the conversations about AIDS that they overheard in public places. They were not to interview, nor were they to change their daily routines: they were simply to listen, and then write what they heard in their notebook. They should give the notebooks to one of the interviewers, a friend to the rest, who would pay them and mail the notebooks to the second author. In this process, they moved from being "interviewers" to being "journalists" or "diarists".

Looking back on those days, one journalist recalls:

We came here and we started writing. But it was very hard for me. Even to go with six pages or seven pages. What I did was just summarizing. I could just hear the people are talking — 'oh no, you know, ah this nowadays I don't want to go with ladies because there is AIDS...' —but they were talking much but what I was only capturing was that sentence: 'ah no I cannot go with ladies because there is AIDS.' But they were building. I was not even trying to capture what sort of situation was there and why the conversation started, and what sort of guys, like ages and

the like. So, I was just like summarizing. So it was very hard. But since that time, and it was like each and every year writing the journals (Interview with Adam Ashforth, June 26 2007).

The first notebooks, written before the project left the field, were weak: the journalists had not yet shed their identity as interviewers (an identity they were proud of), so they asked questions. By the time the survey project left, however, they had learned to be participant observers, just writing what they overheard (and sometimes putting in their own comments). And, just as rural Malawians sometimes ignored the injunctions on age behavior and treatment delivered by western and local authorities, so also did the journalists sometimes ignore the injunction not to ask questions, as will be evident in the excerpts of the journals we provide below. The journalists were paid for each notebook they submitted, beginning with 20 Malawian kwacha per journal. This was not an enormous sum of money, but it gave them a bit of regular income in the context of an unpredictable subsistence economy.

An obvious risk was that paying the journalists would provide an incentive to make up conversations. As described in a methodological paper on the journals³ (despite the incentives to falsify the journals (one journalist was fired for doing so, a lesson to others), we believe it will be evident from the excerpts of the journals that we present below that only a gifted novelist could have manufactured such a variety of voices, situations, incidents and viewpoints. Indeed, as Kaler⁴ observes, it probably would have been more work to invent these situations and voices than simply to record them in their journals.

[W]henver I'm at the trading centre, for example, ah, what I do is not just chatting with one person. Maybe I can sit here, and we chat we chat we ... [b]ecause this issue of AIDS, the topic,

³S. Watkins and A. Swidler, 'Hearsay Ethnography: Conversational Journals As a Method for Studying Culture in Action' *Poetics*, 37, 2, pp.162-84.

⁴A. Kaler. 'My Girlfriends Could Fill A Yanu-Yanu Bus': Rural Malawian Men's Claims About Their Own Serostatus', *Demographic Research*, 1, 11, pp.349-372.

comes natural. We don't induce them, or force them to come out. So maybe, it can be for the whole day, I think maybe I can hear maybe two stories concerning that, maximum. And I don't think I've ever heard three or four stories in a day. But maybe it's like two, maximum three. Ya, in the trading centre. And whenever it is adding with my wife, when I'm home – because she's the one who ... tells me a lot. So, if I can write everything, starting with how I started, how it went, any interruptions, how it ended, like where the interruption happened, or it went as far as that. So if I could write everything, details, just to make the one to read, it has to be maybe like *there* [they're] watching the scene. (ibid).

One female journalist described how her gender gave her access to particular social milieux:

Like myself as a woman I was hearing most of the times from the well, when I went to draw water, or the maize mill, to the market, or when I go to attend the funeral somewhere. People somewhere speaking that this one has died of AIDS. Relating to how a person looks, she has had this disease. She is becoming slim, she has this and this, she has diarrhea, coughing, whatever. We think this one has died of AIDS. Sometimes, not most of the times, you can hear maybe from the churches speaking about that disease. But most of the time we have gone to the market, or maybe we are moving, going somewhere, or you have gone to the hospital you can hear people speaking. By that time most of the people who are speaking of that story, maybe you are friends, you are chatting with them, with some friends, speaking with them, but not letting them know that you would like to hear many things from them. We were just putting our comments, asking them questions, for them maybe to tell us more, making more probes, probing them to say that so that we should hear more from them. That was how we were getting the information (interview with Adam Ashforth, September 6 2005).

While the journals project was not officially a Project when it began, it became one bit by bit: from developing a way to systematically date the texts to collaborating with the Inter-University Consortium for Political and Social Research (ICPSR, a large repository for surveys based at the University of Michigan) to produce software to anonymize the journals for public use. There are currently more than 1300 journals, each approximately 12 single-spaced typed pages, and each usually covering several different conversations. They are drawn from rural areas in the north, central and southern regions of Malawi. Since there are frequently several people conversing, readers can overhear, at second hand, several thousand people. Twenty-two journalists (9 females, 13 males) have contributed to our corpus of texts, with three (two males, one female) contributing very frequently, 13 frequently, and six occasionally. The journalists wrote in English, a language learned in school, and used parentheses or carets (< >) to set off their explanatory comments or untranslatable expressions in the local language. The handwriting and repetitions suggest they often wrote rapidly, and their comments suggested that they were very engaged: “I wrote until 10 p.m. and then I woke up at 5, bathed, had breakfast and began writing again.”

The journals record hearsay evidence: we hear only second-hand, from the journalists’ ears to the readers’ eyes. While the journalists’ memories are surely not perfect, by reporting what people say to each other rather than in the context of a formal method of data collection (not only surveys but also qualitative interviews and focus groups) we believe that they give unique access to the social construction of meaning. The journalists’ selective memory as individuals is like the selectivity that filters which ideas are transmitted and shared amongst individuals, becoming part of the collective taken-for-granted⁵.

⁵H. Varenne “Talk and Real Talk: The Voices of Silence and the Voices of Power in American Family Life” *Cultural Anthropology*, 2(1987), pp. 369-399; R. Wuthnow *Meaning and Moral Order: Explorations in Cultural Analysis* (Berkeley, University of California Press, 1987).

Historical Antecedents

The journals project has intellectual antecedents in the massive empirical collections of observation gathered by sociologists and social anthropologists of the first half of the 20th century, such as the British Mass Observation (MO) archive. Begun in 1937 by an anthropologist and two artists, the Mass Observation project recruited a national panel of volunteers who replied to regular questionnaires on a variety of matters, and sent in their descriptions of typical days in their lives. The MO archive often contradicted dominant narratives about the public good and collective life. For example, MO authors counterpoised individual accounts of the struggles and difficulties of life in the Great Depression of the 1930s with public accounts of the supposedly jubilant national mood surrounding the coronation of George VI, in a book named for the coronation day: *May 12, 1937*.

The current goal of Mass Observation, which was re-launched in 1981 is “[to] build a resource of qualitative longitudinal social data with an emphasis on subjectivity and self-representation which will contribute to our understanding of everyday life in the late 20th and early 21st century”⁶. On a smaller scale, this is what we have aimed to do through the journals project, using the public crisis of AIDS as an analytic lens in the way that Mass Observation used public events such as the coronation.

Closer to home in eastern Africa, the work of the journals project also descends from the work of the early anthropologists of the Rhodes Livingstone Institute (RLI) in the postwar period. These anthropologists, most of them students of Evans-Pritchard, went out to live for extended periods in rural (and later peri-urban) communities, making detailed notes on the everyday life of their neighbours and creating massive collections of field observations by both the anthropologists themselves and their Africans assistants. Like the Mass Observation analysts, the anthropologists of the RLI found that their

⁶ ‘The Mass Observation Project’, available at http://www.massobs.org.uk/mass_observation_project.html, retrieved March 3 2014.

data often challenged the received wisdom of the day, such as the idea that African rural life was simple, unchanging and gruelling, ripe for the “modernizing” forces of colonialism. Their goal was to provide structural descriptions of the norms and rules governing African life⁷. The Malawi journals project comes out of a different moment in intellectual history, in which the discovery of rule-governed behavioral schemas is no longer the most desirable or even feasible goal for social research. However, like the Livingston Institute project, the journals represent efforts to collect large amounts of data on everyday interactions as naturalistically as possible.

Although the journals are similar to the corpus of both MO and the RLI, they differ in one important way. The journals are not written for an anonymous readership; they are (especially in the early years) “letters to the first author”, and thus focus on those elements of daily life which the journalists imagine would be of interest to her. This known readership has undoubtedly affected the contents of the journals, but the exact effect is hard to gauge. Journalists may have selectively edited their accounts to correspond with what they think of as her preferences. However, given the wide range of behaviors, both normative and non-normative, that are evident in the journals, we believe it is unlikely that they were writing only what they thought she would like to hear.

Setting

The population of Malawi, a small country in Southern Africa, is overwhelmingly rural, dependent on rain-fed subsistence agriculture supplemented by small-scale business activities and a few cash crops, with some mobility to and from towns in search of work. The AIDS toll in Malawi is extreme, with prevalence estimated at about 11%⁸. A 1998 survey in rural Malawi found that respondents were well

⁷ See e.g. E. Colson and M. Gluckman, *Seven Tribes of Central Africa*. (Manchester, Manchester University Press 1961).

⁸ National Statistical Office and IFC Macro, *Malawi Demographic and Health Survey 2010*, Zomba, Malawi and Calverton, Md (2011), p.198, table 14.5.

aware of AIDS and the risk of becoming infected: an average of five respondents reported that they knew someone who had died of AIDS; 61% of men and 52% of women were “very worried” about becoming infected; the vast majority, 81% of women and 78% of men identified sex and the source of infection they were most worried about; and 46% of women and 31% of men believed they were already infected⁹. The combination of poverty and high HIV prevalence attracted the attention of international donors. Notably, in the early 2000s, and with funding from the Global Fund to Fight HIV, TB and Malaria (the “Global Fund”), the government of Malawi began to organize a strong response to the epidemic. Initially the focus was on prevention programs, many of them implemented by non-governmental organizations and, since the mid-2000s, the rapid expansion of HIV testing and treatment programs.

Methods

We searched for all published and presented research that drew on the Malawi journals, and then coded the articles for thematic and methodological content. In the following sections, we address salient themes that emerged repeatedly in the published work using the journals, in order to demonstrate the broad social-scientific relevance of this project. We introduce each theme with questions that are addressed by the material in the journals.

Themes

1. Multiple moral logics

What actions are understood as morally right and/or strategically feasible in a given situation? What happens when there are multiple answers to this question?

⁹ K. Smith and S.C. Watkins, ‘Perceptions of Risk and Strategies for Prevention: Responses to HIV/AIDS in Rural Malawi’. *Social Science & Medicine*, 60 (2005), pp. 649-660.

By “moral logics”, we mean persistent actions or statements that contain both a moral (normative, ethical) component and a logical (strategic, practical) component. The journals delineate multiple moral logics at work in rural Malawi, under the pressures and moral dilemmas created by the HIV epidemic. These logics become apparent in discussions of what people should or should not do, with these choices articulated in terms of both ethical and practical dimensions. These behaviors include individual choices about sex, such as sleeping with extramarital partners and using condoms¹⁰ as well as about health, including seeking HIV testing and AIDS treatment¹¹.

There is clear consensus on the rightness or wrongness of some of these behaviors. For example, having extramarital partners is generally considered ethically wrong-- although it is also common, forgivable, and can be justified by citing pressures of desire and loneliness. Watkins’ account of a marital dispute presented at a chief’s court attended by village residents, records the reactions of the audience to a plaintiff who came to the chief to complain about her spouse’s extramarital activities, which she claimed exposed her to the risk of HIV¹². While the audience made sympathetic noises, when the husband’s turn came and he claimed that his adultery was motivated by his wife’s refusal to have sex with him, he also was met with “murmurings to be heard in the audience that the man ... could not do otherwise if his

¹⁰ A. Conroy, S. Yeatman, and K. Dovel. “The Social Construction of AIDS During a Time of Evolving Access to ART in Rural Malawi”, submitted to *Culture, Health, & Sexuality*; A. Kaler, ‘My Girlfriends Could Fill A Yanu-Yanu Bus’: Rural Malawian Men’s Claims About Their Own Serostatus’, *Demographic Research*, 1, 11, 2003, pp. 349-372; I. Tavory and A., Swidler, ‘Condom Semiotics: Meaning and Condom Use in Rural Malawi’, *American Sociological Review*, . 74, 2, 2009, pp.171-189; A. Kaler, ‘AIDS-talk in Everyday Life: HIV/AIDS in Men’s Informal Conversation in Southern Malawi, 1999-2001’, *Social Science & Medicine*, 59, 2 (2004), pp.285-294.

¹¹ N. Angotti, K.Y. Dionne and L. Gaydosh, ‘An Offer You Can’t Refuse? Provider-initiated HIV Testing in Antenatal Clinics in Rural Malawi’, *Health Policy and Planning*, 26 (2010), pp.307–315; N. Angotti ‘Working Outside of the Box: How HIV Counselors in Sub-Saharan Africa Adapt Western HIV Testing Norms’, *Social Science and Medicine*, 71 (2010), 5, pp.986-993; A. Kaler and S. Watkins, ‘Asking God About the Date You Will Die: HIV Testing As a Zone of Uncertainty in Rural Malawi’, *Demographic Research*’ 23(2010), pp.905-932.

¹² S. Watkins, ‘Navigating the AIDS Epidemic in Rural Malawi’. *Population and Development Review*, 30,4 (2004) p.682.

spouse was refusing to sleep with him” .. Adultery is wrong, but in some cases, doing wrong is almost inevitable.

There is much less consensus on other behaviors, such as going for HIV testing. While this may be considered the “right” thing to do in some respects, because it enables individuals to know their HIV status and plan their future accordingly, it may also be considered wrong because the shock of a positive test result might lead individuals to despair or suicide. One young man who evidently assumes he is HIV positive captures this ambivalence about testing in his reaction to public health messages that call for everyone to test:

Don't you know that it is dangerous to get tested in your life? Like myself, I cannot go for testing, I cannot do that because I know that I can [might] commit suicide ... If I don't know I have HIV I will be just living and if I begin suffering from AIDS I will still not know that this is AIDS. But if my relatives take me to the hospital and tell me that I have AIDS, I will ask them to buy [pesticide] for me to drink and die¹³.

In these discussions on specific behaviors, it is possible to discern several distinct crosscutting moral logics. The clearest contrast is between the “local” moral logic of AIDS and the “global” moral logic discourse. The former is articulated by villagers and linked to older and deeper worldviews based in Malawian culture and history, while the latter emanates from actors outside Malawi, such as the Global Fund or international NGOs, and is transmitted to the villages through programmes to prevent infection or to mitigate its consequences.

¹³We refer to excerpts from the journals using the convention of the journalist's name and the date of the notebook in which the excerpt is found. “Alice_080725”, in Kaler Watkins, “Asking God About the Date You Will Die”, p.909.

Global discourse on HIV testing stresses voluntary and confidential testing and treatment¹⁴ (Angotti, Dionne and Gaydosh 2011, Angotti 2012). However, local testing practices and talk about testing de-emphasizes the voluntary and confidential in favour of an ethic of care that encourages health workers to act out of concern for potential “victims” of infected individuals, such as spouses or children, and to advocate strongly for testing in ways which might seem coercive or deceptive¹⁵ (ibid.). This local moral logic is based not on a universalist discourse of treating everyone exactly the same but on a situational ethic: a particularist discourse of treating individuals in the context of what is known about that particular person and his/her social network. In one paper, a journal-keeper who is also a village HIV counselor recounts the discussions amongst his peers about the ethics of confidentiality: he compares the formal value of keeping a positive client’s status private to the dangers of exposing unknowing and “innocent” spouses to the risk of infection:

Peter told a story of his friend who married a woman who already on ART (antiretroviral therapy).

The man had gone for [testing] before he got married and he met the woman who had told him that she had also got [testing] done already. The man believed the woman and they got married.

Currently the woman is still receiving ART but the man doesn’t know. Then Tonya asked what is the use of confidentiality when it will promote the spread of the virus and later have people die?

Jeremiah then said that as [HIV] counsellors we need to gang up and organize a march to enlighten the policy makers that another barrier in the fight against HIV and AIDS is the issue of

confidentiality. Other counsellors said we second the motions, let it pass ... One lady counsellor said that as for me, if it happens that my brother or sister’s partner has been found with HIV I will risk my

¹⁴ Angotti et al, ‘An Offer You Can’t Refuse; Angotti, “Working Outside the Box”.

¹⁵ Ibid.

job by telling her that her partner has HIV. If I lose my job and they recall my certificate, I can find another career.¹⁶

The logic of care for people whom one knows—the spouses or children of those who have been infected by HIV—clashes with the abstract principled logic of confidential testing regardless of who the person being tested is or who else may be affected by the outcome of the test.

2. Global chains and flows

How do knowledge, resources and people travel from one context to another? What transformations and breakdowns occur along the way?

The example of confidentiality norms around HIV testing brings us to the second major theme in the journals: the flows of ideas, money and practices from one locality to another, and the transformations they undergo through this journey. Tawfik and Watkins' title—"Sex in Geneva, Sex in Lilongwe, Sex in Balaka" -- suggests the flows of ideas and practices from distant origins to Malawian villages and (although much more rarely) back again¹⁷. These ideas and practices do not transfer smoothly from one setting to another. The tensions between global and local practices (or more properly, between one geographically bound "locality" in southern Malawi and the conceptually bounded "locality" of the global AIDS community) are evident in many conversations in the journals, as villagers discuss and debate the HIV prevention and mitigation strategies that have filtered out from the centres of knowledge production about AIDS to the peripheries.

These tensions are examples of the difficulties of "doing good" at long distance. As Santow, Bracher and Watkins 2008 point out, international donors to AIDS prevention are uninformed or misinformed about

¹⁶" Basil_080601" in Angotti, 'Working Outside the Box', p.990.

¹⁷ L. Tawfik and S.. Watkins, 'Sex in Geneva, Sex in Lilongwe, Sex in Balaka' *Social Science and Medicine*, 64, 5 (2007), pp.1090-1101.

what rural Malawians know and do¹⁸. Global discourse on AIDS presumes a citizenry which is uninformed, fatalistic, and prone to stigmatizing and excluding people with AIDS, yet the journals themselves show that Malawians have long understood—and even exaggerated—their risk and that they are strategic actors who are as likely to react to AIDS with compassion as with stigma and exclusion. This is not simply a question of “outsider” perspectives versus “Malawian” ones. Both Malawian and global elites inhabit a discursive “echo chamber” in which information and behavioral injunctions circulate: although the echoes reach the villagers, their interpretation can be very different¹⁹). Indeed, the journals present a catalog of challenges to the “received wisdom” of the international AIDS community.

For example, contrary to the truism in global AIDS prevention circles that AIDS is a taboo subject shrouded by silence, the journals reveal lively discussions in which participants collectively weighed possible protective strategies²⁰ (Watkins 2004, Kaler and Watkins 2010). Similarly, global discourse on AIDS holds that those who are sick are abandoned by others because of the stigma of the disease, while the evidence from Malawi indicates that care and concern from friends and relatives are common: when care is constrained, it is because of the poverty of these friends and relatives²¹ (Chimwaza and Watkins 2004). Accounts of small kindnesses for people with the disease are more prominent than condemnations, even in the rough-and-tumble atmosphere of all-male beer halls²² (Angotti et al. 2013).

¹⁸ G. Santow, M. Bracher and S. Watkins, ‘Epistemology and Epidemiology: Diagnosing AIDS in Rural Malawi’, IUSSP Seminar on Potential and Actual Contributions of Behavioral Change to Curbing the Spread of HIV, Entebbe, Uganda, 2008.

¹⁹ Tawfik and Watkins, ‘Sex in Geneva, Sex in Lilongwe, Sex in Balaka’; Watkins, ‘Navigating the AIDS Epidemic in Rural Malawi’; N. Angotti, M. Poulin, A. Kaler, M. Frye, S. Yeatman and S. Watkins, ‘Popular Moralities and Institutional Rationalities in Malawi’s Struggle Against AIDS’, forthcoming in *Population and Development Review*.

²⁰ Watkins, ‘Navigating the AIDS Epidemic in Rural Malawi’; Kaler and Watkins, ‘Asking God About the Date You Will Die’.

²¹ A. Chimwaza and S. Watkins, ‘Giving Care to People with Symptoms of HIV/AIDS in Rural Sub-Saharan Africa’ *AIDS Care*, 16, 7(2004), pp.795-807.

²² Angotti et al., ‘Popular Moralities’.

In the later years of the journals, such condemnation takes the form of chastising someone for a self-inflicted death²³ (Ashforth and Watkins submitted). He, or she, is said to “choose death” by not carefully selecting a partner or by having sex with “too many” partners. As one man said, “the world nowadays has changed....if he keeps on falling in love with women unknowingly [i.e. without paying heed to what he knows about the risks] he can commit suicide by getting infected with the diseases which are spread by sex.” (Alice 040508)

Similarly, while the global AIDS community has called for universal testing on the assumption that HIV testing is universally a good thing, the journals indicate the limits of this assumption. Kevin de Cock, director of WHO’s Department of HIV/AIDS, proclaimed that “universal voluntary knowledge of HIV serostatus ... is central to responding effectively to the epidemic in Africa²⁴”. Yet nearly two-thirds of all references to HIV testing in the journals between 1999 and 2009 carried negative connotations. As one person put it succinctly:

Going for HIV tests is the same as asking God about the date you will die, because once you have got that infection you just know yourself that you are going to die anytime, which is not good. I see that it is better to just live without knowing anything about that. (Diston_040319)²⁵

One particularly interesting disjuncture is the issue of transactional sex. Exchanging sex (by women) for money (from men) has been identified by the international AIDS prevention community as a manifestation of women’s poverty—“survival sex”—and their powerlessness, as well as a major contributor to the spread of the virus. The journals, however, reveal a more nuanced and sophisticated understanding of transactional sex. These transactions are embedded within historically durable patterns of patron-client relations, in which the powerful and wealthy (either men or women) are

²³ A. Ashforth and S. Watkins, ‘Narratives of Death in the Time of AIDS’, Philadelphia, University of Pennsylvania Working Paper Series, 2013.

²⁴ Kaler and Watkins, “Asking God”, p.10.

²⁵ Ibid.

expected to circulate their resources through exchanges with those who are not as fortunate. .In this light, having multiple partners appears as a strategy for women who live with pervasive economic uncertainty to minimize their risks, not merely a manifestation of absolute subordination²⁶. Women can, and do, choose to leave men who are not able to participate in reciprocal exchange of sex for material benefits. One of the journalists says of a friend:

He gave a case of himself that a certain girl ended the affair with him because she kept on telling him that she stayed for three days without taking *nsima* [the staple maize porridge], and he should give her money to buy maize flour ... for her to cook *nsima*. But he was also starving together with his parents. ... And he said that he received the letter [from her] telling him that he doesn't love her and he doesn't consider [show consideration for] her, and he said that she ended the affair there, despite him meeting with her and pleaded to reconsider, rather to still be in love²⁷.

Women also can, and do, choose to remain in sexual relationships that do not conform to the transactional sex model. An ethnographic study in rural Malawi found that women become or remained in sexual relationships with men who did not provide any direct material gain, and that “women who earned an independent income yet became or stayed involved in sexual relationships with promiscuous or unfamiliar men—while well aware of the HIV risks at stake.”²⁸

Are there men and women who value the ideal of a mutually monogamous relationship? Yes—and they react with disappointment and anger when this desire is not matched by their partners. The journals provide stories of multi-partnered sexual activities provoked by revenge against a cheating spouse,

²⁶ A. Swidler and S. Watkins, 'Ties of Dependence: AIDS and Transactional Sex in Rural Malawi', *Studies in Family Planning*, 38, 3(2007), pp.147-162.

²⁷ Simon_040529, cited in A.Swidler and S. Watkins, "Ties of Dependence", p.155

²⁸ J. Verheijen, 'Complexities of the 'Transactional Sex' Model: Non-providing Men, Self-Providing Women, and HIV Risk in Rural Malawi', *Annals of Anthropological Practice*, 35 (2011), pp. 116-131).

boredom, and simple sexual desire, motivations that are absent when transactional sex is condensed to the simple consequence of gendered asymmetries of power. While the journals do not dismiss the economic asymmetries between poor women and men with money to spend on sex, they add nuance and complexity to what might otherwise be an overdetermined and unidimensional account of oppression with no resistance or negotiation.

Just as the taken-for-granted assumptions about AIDS and social life at the global level fail to resonate with life in the villages, the prescriptions and injunctions about proper behavior often fail to meet their mark²⁹. The standard AIDS prevention algorithm “ABC” (Abstain, Be faithful, or use Condoms) was interpreted by Malawian men as an imperative to be more selective about extramarital partners by first asking around about their sexual history, rather than eschewing them altogether (Kaler 2004). Similarly, the international ethical protocols for voluntary counselling and HIV testing (VCT) are modified by a local ethic of care in which confidentiality plays a lesser role, as discussed above (Angotti 2010 and 2012).

Foundational information about the nature of AIDS also undergoes transformations as it moves from the centres of biomedical knowledge in the Global North to communities in the South, often, we fear, with negative consequences. Biomedical information about AIDS is sometimes accurately represented and sometimes embellished or distorted. More importantly, there is a widespread misconception about the transmission probabilities of HIV, biased in the direction of unrealistically high likelihoods of transmission from a single sexual act. .

²⁹ C. Bledsoe, F. Banja and A. Hill, 'Reproductive Mishaps and Western Contraception: An African Challenge to Fertility Theory', *Population and Development Review*, . 24:1(1998), pp.15-57; U. Hannerz, *Cultural Complexity: Studies in the Social Organization of Meaning*, (New York, 1992, Columbia University Press).

The dissemination from North to South of injunctions about behavior was accompanied by the dissemination of critical information on HIV (“transmitted sexually by a virus”), on AIDS (“you can’t tell by looking”), and on ART (“it is not a cure”) that could not have been discovered on their own: the contribution of scientists was crucial.

The journals show that some of the information disseminated from North to South is revised in practice: although MDICP survey respondents strongly agree that one cannot tell an infected person by looking, in practice, it is hard for people to dismiss the evidence of their own eyes: the selection of a new partner is justified to one’s friends by pointing out that she looks perfectly healthy so she cannot be HIV positive, a veritable observation particularly before ART became more widely available and rural Malawians saw the evident benefits it brought to restored health. Other information that cannot be ruled out is treated sceptically, such as concerns that condoms cause cancer.

But the most pernicious misconception that appears in the journals is the belief that the HIV virus is easy to transmit. This misconception is not based on revision or skepticism, but on the absence of accurate information about the transmission probabilities of the virus in a single act of unprotected intercourse with an infected person. In MDICP surveys as in conversations in the journals, this probability is greatly exaggerated, to the point that infection with HIV is seen as an almost inevitable consequence of unprotected sex with someone who may be infected³⁰ (Anglewicz and Kohler 2009 for surveys; Kaler 2003, Santow Bracher and Watkins 2008; Kaler and Watkins 2010 for journals). Over and over, the journals show that Malawians estimate their subjective risk of HIV based on their individual experiences with “high-risk” behavior, such as finding that one has gonorrhoea shortly after sex with a commercial sex

³⁰ P. Anglewicz and H-P. ‘Overestimating HIV Infection: The Construction and Accuracy of Subjective Probabilities of HIV Infection in Rural Malawi’, *Demographic Research*, 20, 6(2009), pp., 65-96; A. Kaler ‘My Girlfriends Could Fill A Yanu-Yanu Bus’: Rural Malawian Men’s Claims About Their Own Serostatus. *Demographic Research*, 1, 11(2003), pp.349-372; A. Kaler and S. Watkins, ‘Asking God’.

worker. Speakers captured in the journals also reject the possibility of serodiscordance in marriage — if one spouse is infected, the other must be as well. Medical estimates of the likelihood of infection from one exposure ranges from one in a thousand to one in a hundred, based on the Rakai studies in Uganda, but the estimates proffered in the journals are closer to 100%.

Nedi said as of now everyone thinks that it's 99% (he said 99% in English) chances of contracting the disease while 1% not. This is because some people protect themselves while they have already got it, therefore wasting time for nothing because it's [only] wise to protect oneself when you know you haven't got the disease We chatted and chatted and everyone went on saying that we shouldn't be cheated, everyone has AIDS and more especially we married people because we just marry anyhow without having a blood test.' We chatted and chatted until we were all drunk and changed the subject.

The same journalist recounts the autobiographical diagnosis in which his friend engages, arriving at the conclusion that he must certainly be HIV-positive:

As of me, I do think I am already infected because I have slept with several women and there is nothing I can do other than just proceeding with the affairs, because I have already lost hope about my HIV status ... I have been catching STIs, and I had a sexual partner who was a bargirl at Lunzu, all these made me lose hope about my HIV status³¹.

The speaker is indeed right that he was exposed to the risk of HIV, but wrong in expecting that his fate was determined.

A friend of Simon's takes this understanding of transmission probabilities one step further, stating that because he believed he was already infected, the injunctions about behavior change, such as using condoms or reducing numbers of partners, were not relevant to him:

³¹ Diston_020506, cited in A. Kaler, "My Girlfriends Could Fill A Yanu-Yanu Bus", p.362, 369.

I have never even tried to use condoms, I have slept with many girls and if it is the cause of AIDS, I have already got it because the girls with which I had been having sex, gathering them all could fill a Yanu-Yanu bus³².

Although we cannot tell from the journals whether this belief that infection with HIV is almost inevitable following exposure actually influences behavior, it does appear that the lack of accurate information about the epidemiology of HIV has consequences for individuals' expressed willingness to modify their behavior.

3. Collective deliberation and authoritative knowledge

How do people make choices about what is right for them to do? What forms of knowledge are considered authoritative?

The journals document "clouds of commentary" on AIDS over the course of the epidemic, with themes rising and falling in prominence in conversations³³. Over the course of the epidemic, local talk has changed. The most comprehensive attempt to create a taxonomy of these conversations shows concerns about the biomedical management of AIDS coming gradually to the forefront of everyday discussion³⁴.

Despite the availability of biomedical knowledge about AIDS, however, the knowledge which is most authoritative and influential in the journals is that which is drawn from experiences of people similar to oneself, in the form of gossip, rumour, and "friend-of-a-friend" stories, rather than the didactic information about AIDS received through official channels³⁵. Official information becomes "authorized"

³² Simon_060701, in A. Kaler, 'My Girlfriends Could Fill a Yanu-Yanu Bus', p.362.

³³ E. Hammel, "'A Theory of Culture for Demography', *Population and Development Review*, 16(1990), pp.455-486.

³⁴ N. Angotti, et al., 'Popular Moralities'.

³⁵ S. Watkins, 'Navigating the AIDS Epidemic in Rural Malawi', *Population and Development Review*,

only if it is, or comes to be, aligned with the experiences of relatives, friends and acquaintances encountered through social networks³⁶. The efficacy of treatment, for instance, becomes “real”, concrete and believable only when people are clearly seen to be getting better from it³⁷.

Biomedical knowledge about AIDS enters rural Malawi through radio and other media, talks from health workers, and second-hand stories brought back from other places. This new information about AIDS filters into a social landscape permeated with collective memories of earlier encounters with medicine and external authorities: past events create a “lens” through which new information is viewed³⁸ (. Historical events become sedimented in collective memory and used to interpret new knowledge, including information about AIDS.

Collective memories of neo-Malthusian population control programmes in Malawi and elsewhere in southern Africa persist, kept alive through stories of conspiracies to reduce African numbers. These stories become part of the conceptual tool kit used to make sense of new practices. In the journals, there is much deliberation over whether to use condoms. The talk is coloured by concerns that once again, reductions in the African population are the true goals of imported health campaigns. People speculate about whether condoms actually prevent AIDS, or whether they are Trojan horses, lulling people into a false sense of security while AIDS does the work of population control:

30, 4(2004), pp. 673-705.

³⁶ A. Conroy, S. Yeatman, and K. Dovel, ‘The Social Construction of AIDS’.

³⁷ A. Swidler and S. Watkins, ‘Practices of Deliberation in Rural Malawi’. Presented at World Bank Conference on Deliberation, November 2011.

³⁸ A. Kaler, ‘The Moral Lens of Population Control: Condoms and Controversies in Southern Malawi’, *Studies in Family Planning*, 35, 2(2004), pp. 105-115.

The government has the intention of eliminating the population by [promoting condoms]. But the people don't understand this. These condoms are not effective in preventing disease; they are porous and not to be trusted³⁹.

These suspicions are by no means monolithic and are contested within conversational networks. But by drawing on memories of earlier population control programmes, these rumors attest to persistent cynicism about "official" sources and "official" knowledge.

Statements from formal sources such as the radio and the staff at the health facilities are characterized by certainty and clarity, rather than ambiguity and ambivalence. In the journals, however, talk about the epidemic contains shifting "zones of ambivalence" – areas of discussion which are characterized by indecision and uncertainty rather than taken-for-grantedness⁴⁰.

Initially, the prevention of AIDS was such a "zone", as Malawians discussed whether it was even possible to prevent AIDS, or whether the disease was unavoidable⁴¹. However, the journals document that over time, indecision about whether AIDS can be prevented through behavior change was resolved in favour of the presumption that AIDS is preventable, and indeed prevention of transmission become understood as a moral obligation⁴². In the earliest journals, the belief that AIDS has come for everyone is prominent –one journalist's seat-mate on a bus journey in 2001 informed her that "AIDS has come for everyone, and there is nobody who will not taste AIDS"⁴³. Other passengers chimed in with their own views on the inexorability of AIDS and the likelihood that the world would be completely depopulated.

³⁹ Simon_170602, cited in A. Kaler, 'The Moral Lens of Population Control' p.107.

⁴⁰ A. Kaler and S. Watkins, "Asking God About the Date You Will Die".

⁴¹ A. Kaler, 'My Girlfriends Could Fill A Yanu-Yanu Bus'.

⁴² A. Ashforth and S. Watkins, 'Narratives of Death'.

⁴³ Alice_040601, cited in A. Kaler "My Girlfriends Could Fill A Yanu-Yanu Bus", p.366.

Within five years, however, opinion had resolved in favor of a strong collective belief that AIDS can be prevented. One journalist, working in the fields with his friends, recalled them saying that

[getting] AIDS nowadays is by choice. ... [T]here are lots of messages concerning AIDS and people who follow them are the ones who stay longer in life without dying of it. [Getting] AIDS nowadays is the choice of the man, for there are many condoms that are distributed free of charge and if you want to buy them, it's cheap⁴⁴.

Other friends added their agreement, including one man who said that while he had been having unprotected sex with partners in the past,

nowadays he is looking after his life properly, and has a healthy life ... He did not want to say he is not going to be having sex, but he said he will be using "brake pads"⁴⁵ [condoms].

Once the questions of prevention had been more or less resolved, other facets of the epidemic came to the fore as areas of ambivalence in the journals, such as testing, as described earlier in this paper. If a consensus emerges around the "goodness of testing", as happened with the question of prevention, an emerging zone of ambivalence may be the efficacy of treatment, especially as more and more people embark on lifelong courses of antiretrovirals. Some are seen to thrive, offering hope to their neighbors; others, however, are known to suffer from side effects, or to die despite the medicine, perhaps because adherence was erratic. There is also debate on the health-restoring consequences of ART. It is seen to be good for individuals, but to raise a public health issue for the community: if a person who is HIV positive looks healthy, one might be tempted to propose a sexual relationship.

4. Epistemology, instability and meaning

⁴⁴ Simon_060106, in A. Kaler and S. Watkins, 'Asking God About the Date You Will Die' p.907.

⁴⁵ Ibid.

How do we know what people think? What should researchers consider “authoritative knowledge” about populations?

For social scientists, questions of evidence, proof and validity are eternal. The best, albeit imperfect, evidence for what people think is what they say to each other. The journals provide this. By offering narratives and details of the stories people share with one another, the journals demonstrate the breadth and depth of thinking on a given topic, rather than on “discrete pieces of information” as found in more conventional modes of inquiry. The journals open up ambiguity, instability and process in meaning-making as compared to the standardized results of surveys, in-depth interviews and focus groups, the main tools of social science research on AIDS. Much scholarship in public health, especially research meant to inform policy or provide rapid results, tends to assume that people’s attitudes, desires and behaviors reflect fixed preferences, which are accessible through direct encounters with researchers⁴⁶. The journals call into question this assumption.

First, the journals permit researchers to investigate the process of collaborative meaning-making, as well as its content. Two contexts for meaning-making are prominent in the journals: social networks and collective deliberation, both formal and informal. The journals provide access to relatively homophilous networks of individuals: people tend to talk with those of their own age, location (social and geographical) and gender. We, along with other researchers in sub-Saharan Africa, have observed that conversational networks are highly gendered⁴⁷. Researchers using the journals have examined how the gendering of these networks shapes the meanings that are created and shared. Kaler’s (2003, 2004)

⁴⁶ For a critique of this methodological approach, see N. Angotti and A. Kaler, ‘The More You Learn the Less You Know? Interpretive Ambiguity Across Three Modes of Qualitative Data Collection’, *Demographic Research*, 28 (2013), pp.951-980.

⁴⁷ E. Schatz, ‘Take Your Mat and Go! Rural Malawian Women’s Strategies in the HIV/AIDS Era’, *Culture, Health and Sexuality*, 7, 5(2005), pp. 479-472; C. Sennott, N. Angotti, and N. Naseri, ‘He Said, She Said: Gender and Blame in a Generalized AIDS Epidemic’, unpublished manuscript; S. Watkins, ‘Navigating the AIDS Epidemic in Rural Malawi’.

analyses of “men’s talk” about HIV shows how masculinity is established through social interactions, as men brag about their sexual prowess by making (likely unverified) claims about their HIV serostatus⁴⁸. The result is that differing, and often highly gendered, interpretations of the AIDS epidemic coexist in different times and place, and no single interpretation of the epidemic holds true for an entire population.

With respect to collective deliberation, the journals describe informal deliberations, ranging from the very public, such as village meetings⁴⁹; to the semi-public, such as barroom bragging⁵⁰; to the more private, such as sexual negotiations⁵¹. In particular, the journals have focused analytical attention on the study of rumor and gossip, setting it alongside with, and often in distinction to, more formal sources. In an extensive comparison of rumors and official discourse, rumors and stories from the journals were compared to official information about AIDS found in Malawian media in the 2000s⁵². They found that while official discourse tended to emphasize biomedical aspects of AIDS such as HIV testing and treatment, rumor and gossip in the village tended to remain focused on immediate behavioral concerns – who was sleeping with who, who was likely to have been infected, and who was to blame for someone else’s infection. Village-level talk focused on “news you can use” – information drawn from daily life, which conveys information about AIDS by letting people know about the character of the people around them and about ruptures or movements in their own social networks.

Conclusion

You remember my diaries, most of the diaries go forward and backwards. It’s like people will mix whenever we are talking. Maybe we can not specify on the same topic and it ends like that. Of

⁴⁸ A. Kaler, 'My Girlfriends Could Fill A Yanu-Yanu Bus'; Kaler, 'AIDS-talk in Everyday Life: HIV/AIDS in Men's Informal Conversation in Southern Malawi, 1999-2001', *Social Science & Medicine*, 59, 2(2004), pp. 285-297.

⁴⁹ Swidler and Watkins, 'Processes of Deliberation'.

⁵⁰ Kaler, 'AIDS-talk in Everyday Life'.

⁵¹ I Tavory and A. Swidler, 'Condom Semiotics'; A. Swidler and S. Watkins, 'Ties of Dependence'.

⁵² Angotti et al. "Popular Moralities and Institutional Rationalities'.

course, there are some diaries which can start and end like that ... not talking about the past but only current things. But there are some diaries that will talk about now, they will talk about in the future, what will happen in the future after what will happen if this AIDS goes on, or they could talk about in the past. So, it was moving, like, rotating to and fro. (Journalist interviewed by Adam Ashforth, June 26 2007)

The journals are an especially valuable source of knowledge about cultural change because unlike most sources of data, they offer real-time accounts of how the AIDS epidemic has been understood, from the days when AIDS was a death sentence, through the advent of behavior change campaigns and HIV testing, and then through the emergence of the era of treatment era when news of antiretroviral medications, and then the medications themselves, reached rural Malawi. They also contribute to our understanding of broader patterns of life, love and death in rural Africa by challenging conventional wisdom about how people respond to the threat of AIDS.

In this paper we have detailed what nearly two decades of the “blooming and buzzing” of everyday conversations taught us about local understandings of AIDS in Malawi and contributed to the study of societies more broadly. These “blooming and buzzing” conversations, systematically collected over fifteen years, have demonstrated the value of this methodological innovation. Without the journals, we would be less skeptical of conventional wisdom of the international AIDS community and the Malawian urban elites; with them, we can understand much more about how those living in the midst of an epidemic understand sex, death and AIDS. As their understandings change from confusion to clarity, and then to confusion again, so do ours.