



# Singing for Life

HIV/AIDS and Music in Uganda

Gregory Barz

Foreword by Jim Wooten, *Nightline*, ABC News Senior Correspondent

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In music there is talking, but somehow in a different way. In music there is also drama.  
So, you may sing about something and at the same time you are acting.  
People can hear what you are saying and also see a picture, you see?  
So they may think about what you are telling them when they actually see an example of it.  
So people can catch stories and pick messages better than merely telling it to them.

—Walya Sulaiman, PADA  
People Against AIDS Development Association  
Iganga, Uganda

For Vincent, Godfrey, Noelina, and Patrick:  
They say that some people walk along the paths in order to begin a journey.  
Others create the paths and enjoy the journey home.

For Mona, Simon, and Lucy:  
They say that some people journey in order to find themselves.  
Others revel in the people they meet along the way.

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*Lyii woowe*, we are invaded, *yaaye*, we struggle  
 We wail, we do not know where to turn  
 Hey, you there, listen to this lamentation sounding the warning  
 Many are asleep and others are on beds  
 They are not guilty of anything, but are victims of the disaster, the mass murder  
 This word has a dangerous origin, all diseases are hidden within it  
 This contagion destroyed the man with whom I struggled  
 If it is a spell you could look for a “doctor”  
 But, see here, your friend has become death and you cannot trust each other  
 We no longer trust our God and there is nothing to do  
 The one gone out to work cannot trust the one at home  
 The keeper of the home just sits waiting for the disease to come home  
 The hearts of children are afraid to be left alone as orphans  
 If the disease begins in your womb, then you will bury them continuously  
 When it begins in a family, it is like an ambush  
 You cannot know who will be the one to get it today  
 It begins slowly, gnawing away and shows up after three years  
 It does not wait to grow but begins right away to grip you, alluding and hiding  
 You cannot know those who are infected after a day, a week, or a month  
 When it takes your lover your heart melts, you expect to leave life  
 Many diseases come, and worry is the first  
 Everywhere you go you picture yourself leaving your family  
 Poverty is number two, you need to feed well, but body weaknesses  
 come one by one  
 Then you begin slimming immediately  
 It shames us, my friends, to look at ourselves and wonder when we will die  
 The one lying on the bed considers himself lucky and wonders why  
 it still spares him  
 But, we are all invaded by *mukenenya*, such a deadly disease  
 There is no solution for us all, let us weep  
 Nobody will be spared from the crying  
 See the doctors, it causes them to decay helplessly  
 The professors, ha! It does not even trust them  
 Oh, this is terrible, why does it take the babies?  
 For sure we are at a loss while it eats us to the last person  
 We have come out today with medicine in our songs  
 Listen, it means abstinence is the first medicine  
 Listen, youth, never give away your life  
 You who are still children, know that life is more important  
 Be patient as you look for a trustworthy marriage partner  
 Before you decide, go for the test  
 If you are both healthy then be faithful to each other  
 You will preserve your life for long  
 People will wonder if that is the provision for your journey  
 To survive *Slim*, stop lovemaking, do not try at all  
 If you decide to have the pleasure, condoms are available so use them  
 Use them like shoes

—Bright Women Actresses  
 Bwaise, Uganda

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## FOREWORD

IN THESE PAGES there is a gathering of such rare and poetic wisdom that those unfamiliar with Africa, with its traditions, with its music or with its problems—specifically the overwhelming problem of HIV/AIDS—will take from their reading not merely new information (although there is a wealth of that) but the priceless gift of inspiration as well.

As the president of Uganda, Yoweri Museveni, has urgently explained, the threat of the deadly virus to the people of his country and to the continent is so grave and so immediate that warnings must not simply be given, not simply announced, they must be shouted—and in this scholarly but noble collection and compilation of poetry, songs, and drama, ethnomusicologist Gregory Barz records many of the Ugandan voices now being raised across that nation. They are the voices of young women such as Aida Namulinda of the Bright Women Actresses, of Florence Kumunhyu of Maboni Nabanji (a traditional healer or witch doctor), of Noelina Namukisa, and of scores of others, all of which amount to a collective shout being heard in their villages, in their towns, in their cities, in their schools, and in their churches. Together these voices form a choir which, in a way previously unexplored, is not only *singing for life* but *saving lives* as well by educating thousands who would otherwise be unaware of the elementary facts of HIV/AIDS, of how it is transmitted, of its effects on the body, and of how it is prevented.

My own experiences with Africans who live with HIV or are dying with AIDS have persuaded me that, until a vaccine is developed or until antiretroviral drugs are available in large quantities to patients there, the focus of the continent's political, medical, and religious leadership ought to be on prevention, and the key to prevention is education—and education takes many forms. As Faustus Baziri, an AIDS activist, put it to Barz:

There are a lot of informations. But one of them is health education. We educate the community. We pass on the message. Music is an organized sound, eh? So, through this sound we send messages to people, and it is quite attractive. As they come to listen they learn.

And it is not only Ugandans who are listening. There will surely now be many others who *listen*, so to speak, to the lessons captured within these pages.

Jim Wooten  
*Nightline*, ABC News  
Author, *We Are All the Same: A Story of a Boy's  
Courage and a Mother's Love*

## ACKNOWLEDGMENTS

*SINGING FOR LIFE* IS A SONG OF PRAISE for the efforts of so many people who work tirelessly in the field of HIV/AIDS health-care education, care, and counseling in Uganda. Two individuals in particular—Noelina Namukisa, executive director of Meeting Point Kampala (MPKLA) and Vincent Wandera, director of Good Shepherd Support Action Centre Kampala (GOSSACE)—confirmed for me on countless occasions that “living positively” with HIV was not merely a goal, but rather a necessity in Uganda for survival and for moving forward. The compassion, love, and energy with which Noelina and Vincent engage the humanity of AIDS-related issues in rural and urban Ugandan communities among HIV-positive children and adults continue to move me deeply. Thus, it is to the tireless, ongoing work of providing care for People Living with HIV/AIDS (PLWHAs) by Noelina and Vincent that I dedicate this study.

There are many others who assisted and guided the field research in Uganda that supports the data and ethnographic materials represented in this study. Centurio Balikoowa has been my colleague since I first stepped off the plane at the Entebbe Airport in the 1990s. Today he is a teacher, a friend, and a colleague. Stephen Bwoye was a student in the Department of Music, Dance, and Drama at Makerere University in Kampala when we first began working together. Bwoye was extremely helpful by providing translations from Luganda, Lusoga, and other languages of eastern Uganda. Composer and educator Justinian Tamusuza has been my host on several occasions in Uganda. His guidance has led me to many wonderful people without whom I would not have had the rich experiences I took in. Sylvia Tamusuza continues to inspire me with her work and her passion for Ugandan traditional expressive culture. Kitogo George Ndugwa, an impressive young musician, assisted me, leading me in many

new and unexpected directions. Chris Ssebunya Senyonjo Mubende, an education major at Makerere University, also provided cultural translations of many popular songs. Dr. Peter Mudiope and Dr. Alex Muganzi Muganga facilitated many of the interviews in rural villages, providing valuable medical information to villagers and me.

I am indebted to the support and assistance of John Turner, John Dick, Paul Epp, Lee Ann O'Neal, Jonathan Rodgers, Jack Rutledge, Jeff Sheehan, and Nathan Hoeft, all undergraduates at Vanderbilt University who assisted me with documentation and recording at various times in Uganda and in the United States. Patrick Anguzu and Noelina Namukisa of Meeting Point Kampala have become a part of my family, fostering and facilitating my efforts and championing this project from the beginning. Vincent Wandera and Godfrey Mukasa, also of GOSSACE, have moved beyond mere colleagues in their friendship and guidance of my efforts.

The field research that supports this study began in 1999 and continues to this day. The Uganda National Council for Science and Technology Research granted clearance for the ongoing project (UNCST File No. SS1368), as did the President's Office of the Republic of Uganda. Funding for the research was provided by two grants from the Vanderbilt University Research Council, from Mark Wait, dean of the Blair School of Music at Vanderbilt University, and as a Senior Fulbright Research Fellow as part of the AIDS and AIDS-Related Research of the African Regional Research Program. Vanderbilt University also provided additional grants for two extensive research trips to Uganda. I am grateful for their continuing support of this project. Many of the ideas, especially those pertaining to memory, presented in this study draw on my experiences as a fellow in the Robert Penn Warren Center for the Humanities at Vanderbilt University. I am grateful to my fellow "fellows," who encouraged, supported, and informed my work. While in Uganda I was an affiliate of the Makerere University Institute of Social Research (MISR), and I thank Patrick Mulindwa of MISR for facilitating many aspects of this productive affiliation. Dean Wait has been tireless in his enthusiasm for this project. He was one of the first people to "get" the importance and value of this project. His encouragement and support have allowed me to take this work in so many nuanced directions.

My ethnomusicology and musicology colleagues at Vanderbilt have encouraged me since I arrived at the Blair School in 1998. Joy Calico, Dale Cockrell, Cynthia Cyrus, Stan Link, James Lovensheimer, Melanie Lowe, Michael Rose, and Helena Simonett have each contributed their support of my ongoing research efforts and have covered for me in so many ways. Dennis Clark, music librarian *par excellence* at the Anne Potter Wilson Music Library at the Blair School of Music and codirector of the Global

Music Archive, has been patient and indefatigable in his efforts to support this publication. Other members of the Wilson Music Library—Rodger Coleman, Robert Rich, Catherine Gick, and Michael Jones have contributed tirelessly to the seemingly endless research demands, materials collection, and InterLibrary Loan requests this project demanded. I am grateful for their contributions and count myself blessed to have access to such a highly competent and motivated staff.

All photographs included in this text (unless otherwise noted) are by Jonathan Rodgers, a student of mine at Vanderbilt who traveled with me one summer to Uganda as a research assistant. I continue to be moved by Jonathan's artistry. He very quietly worked in the background, approaching his own understanding of the very desperate situations we encountered. His images are profound and they tell their own stories. I am honored to have them in this book and hope they help to communicate something of the beauty of everyday life in Uganda to the reader.

Jim Roberts engineered and mastered the compact disc accompanying this book at Kalimba Studio in Nashville. Jim's sense of humor—in addition to his engagement of the sound materials and his unending patience—made the recording production experience meaningful.

Mona Christenson Barz has provided an endless reserve of support for (and patience with) this project—support in the form of her ongoing encouragement for me to engage these issues to whatever extreme I felt necessary, and patience when losing touch with me for weeks on end during trips to Africa. Her participation in the field research during one of my extended periods in Uganda was truly a blessing, as was the presence of my children—Simon and Lucy. The time we spent together in Uganda presented many opportunities and opened communities to me in unexpected ways while providing a much-needed perspective on the complexities of everyday life in the field.

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## ACRONYMS USED IN THE TEXT

ACHAP	African Comprehensive HIV/AIDS Partnerships (Botswana)
AIC	AIDS Information Center
AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal Clinic Attenders
ARVs	Antiretroviral drugs
AWOFS	AIDS Widow Orphans Family Support, Nsambya Hospital, Kampala
BAPET	Bwakeddempulira AIDS Patients Educational Team
BUDEA	Buwolomera Development Association
CBO	Community-Based Organization
CDC	Centers for Disease Control
FGM	Female Genital Mutilation
FSW	Female Sex Worker
GOSSACE	Good Shepherd Support Action Centre
GPA	Global Programme on AIDS
HIV	Human Immunodeficiency Virus
IDAAC	Integrated Development Activities and AIDS Concern, Iganga
IMAU	Islamic Medical Association of Uganda
IGA	Income-Generating Activity
LC	Local Counsel
MPK	Meeting Point Kampala
MTCT	Mother-to-Child Transmission
MUDINET	Mukono District Network of People Living with HIV/AIDS
NACWOLA	National Community of Women Living with HIV/AIDS

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NGO	Non-Governmental Organization
NRM	National Resistance Movement
PADA	People with AIDS Development Association, Iganga
PHA	
(or PHAs)	People Living with HIV/AIDS
PLI	Philly Lutaaya Initiative
PLWHA	
(PLWHAs)	People Living with HIV/AIDS
PMTC	Parent of Mother to Child Transmission
PTC	Post Test Club
PWA	Person with AIDS (older term than PLWHA)
SIDA	<i>Syndrome immuno-déficitaire acquis</i> (French translation for “AIDS”)
TASGA	Tokamalirawo AIDS Support Group Awareness
TASO	The AIDS Support Organization
TB	Tuberculosis
TFD	Theatre for Development
THETA	Traditional and Modern Health Practitioners Together Against AIDS and Other Diseases
UNAIDS	Joint United Nations Program on HIV/AIDS
UNASO	Uganda Network of AIDS Service Organisations
UNICEF	United Nations Children’s Fund
VCT	Volunteer Counseling and Testing
VOLSET	Voluntary Service Trust Team
WHO	World Health Organization

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## ORTHOGRAPHY

LUGANDA (oluGanda, sometimes spelled LuGanda) is a Bantu language native to the Buganda people and belongs to the Nyoro-Ganda linguistic Bantu family, according to Malcolm Guthrie's linguistic classification scheme (1967–71). It is generally spoken and understood north of Lake Victoria's northwestern shore in Uganda's Buganda Province. Luganda, while not an official language of state, is spoken widely in many outlying areas of Uganda.

The Luganda alphabet is composed of twenty-four letters:

seventeen consonants: b, p, v, f, m, d, t, l, r, n, z, s, j, c, g, k, **ŋ**

five vowels: a, e, i, o, u

two semi-vowels: w, y

Since **ŋ** consonant does not appear on standard computer keyboards, it is frequently replaced by the letter combination ng'. (The apostrophe is frequently left off in contemporary orthography, leading to confusion with the distinct and different sound arising from the letter combination ng.) The letter combination ny is also treated as a unique consonant.

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## PRELUDE

*“Those Who Do Not Listen to Our Songs and Change  
Their Behavior Will Land in Problems”*

MZEE MATA IS A SEVENTY-YEAR-OLD *akadongo* (lamellophone, “thumb piano”) player, blind since birth, who lives in Iganga, one of the principal towns located along the Jinja Road in the eastern Busoga region of Uganda. Mzee Mata—whose singing and playing style is recognizable throughout the country—is perhaps best known for having composed and recorded a song widely played on the radio extolling the merits of the nation’s newly ratified constitution in 1962. People remember Mzee Mata and the educational outreach of his political song. I first met and recorded Mata in the 1990s when he performed songs for me that seemed strange at the time—these songs told stories of strange fruits enveloping entire communities, strange insects eating farm animals, and even stranger references to brooms that were sweeping their way through villages. What follows is a transcription of a more recent conversation with Mzee Mata in which he reflects on the position of music, dance, and drama in local medical outreach efforts pertaining to HIV/AIDS education and prevention in his area of the country.

The following is an English translation of a conversation with Mzee Mata in the Lusoga language held in Kasokoso in Iganga town in the eastern region of Uganda on June 12, 2004.

*My names are Mzee Nasani Byansi Mata. I am the leader of the local Busoga National Actors Mata Group which I started in Iganga way back in 1952. The group’s original goal was merely to entertain people, to make people happy by entertaining them, but later our goals became more commercial and also more educational. Our*

*principal aim has always been to achieve some good income for ourselves, but unfortunately what I get is really very little. So, you can say that we have not yet achieved our aims.*

*Music has really helped in controlling and preventing AIDS not only in this area, but also throughout the country. People who listen to us, well they normally change and adapt their behavior. Those who do not listen do not learn. Music has played a very big role in my own community. There are songs sometimes that tell people how to protect themselves, and for those who are already sick there are songs about how to live happy and live positively. For those who have not yet got AIDS there are songs about how to be careful as they move around. Music has helped people throughout the region, preventing them from catching the virus. We even use songs to advise people how to use condoms, especially in those areas where things are not so good in terms of information about health care. We tell them that they should use condoms in order to prevent catching AIDS.*

*Some traditional healers just give out herbs, just as you go to get tablets from clinics or hospitals. But others use music to call the ancestors to come and solve the problems. They often use music in such settings. Very many people at the grassroots have now formed groups that mirror my own group's efforts to educate, and in response to my songs people now go out and compose, also using music to change and prevent people from catching AIDS. Music controls AIDS. We have really struggled for this country, Uganda.*

*Unfortunately I have a feeling that AIDS has no cure, so those who do not listen to our songs and change their behavior will land in problems. Women and the youth must fight back against AIDS with their music. The youth normally listen to music and should therefore listen to we musicians who advise them to change their behavior. Those who do not listen often land in problems.*

I purposely open this text with the voice of Mzee Mata and the rather direct connection this performer makes between his personal efforts as a rural musician and the greater goal of behavioral change. Music, dance, and drama have been (and continue to be) deep cultural resources and instruments of survival in the confrontation with the ongoing HIV/AIDS crisis in Uganda. For culture bearers such as Mata, singing, dancing, and performing represent not only a means for maintaining traditional expressive culture, but perhaps more importantly, a function as medical intervention in communities that look to and depend on the strength and cultural solidarity of musicians, dancers, and actors.

*Singing for Life* is a book that responds to the pleas of Mzee Mata and others to listen to the musicians, to listen to the songs of hope and healing regarding HIV/AIDS ... to listen and change behavior.

# Introduction

## “MUSIC IS TAKEN AS A MEDICINE”

### *Singing for Life in a Time of AIDS*

ETHNOMUSICOLOGISTS, much like our not-so-distant cousins—journalists, *griots*, poets, folksingers, novelists—are singers of tales. We often travel far (to Africa in my case) in order to fulfill a deep-seeded curiosity about how others are in the world musically. We return home laden with equipment bags packed with stories, experiences, and memories. We compete to present our findings at academic conferences where each of us listens intently, learning from each other as if attempting to put together a challenging jigsaw puzzle of the world’s musical cultures and traditions. In our classrooms we teach and pass along these stories, writing articles and books about our experiences along the way, convinced that the world will be a better place for the sharing of our memories and of our cultural awareness. Many of us—myself included—feel that in our privilege to share in and make meaning out of the musical lives of people around the world, we are the most fortunate of all storytellers.

But as I return to the country of Uganda each year—sometimes for brief periods, other times for longer stays—I realize that it is not the music that motivates me; in fact it never has been. Rather it has been the stories of people with whom I am privileged to spend time that inspire me to write. As an ethnomusicologist I am drawn not only to musical performances, but to the stories of individual lives and the cultural dramas that develop out of those lives, especially in response to the contemporary global AIDS pandemic.

This book is an attempt to add my own story to those of many others—Aida, Vincent, Maboni, Noelina, Florence, Apofia, Godfrey, Ruth, Peter, Hajji, Alex, and Mata—as they recount and detail their relationships to HIV/AIDS in Africa. Each engages in battles within separate spheres of influence, advocating for individual rights, access to better medical care, and the empowerment of those who are HIV positive. Individually, these path breakers often work anonymously in their distinct spheres without anyone taking note of them. Collectively, however, they impress.

My presence in the story that follows is as complicated as it is simple. As a now middle-aged ethnomusicologist I have long given up on objectivity; I am strongly affected by what I have experienced in Uganda and thus my stories reveal a rather personal engagement concerning how I came to know what I know about HIV/AIDS in Africa. In the singing of this tale, therefore, I find it tiresome to feign unemotional detachment; those reactions to perceived authorial reflexivity, subjectivity, and perhaps even self-indulgence that will likely be raised by many readers are thus understandable. My stance, however, is not one without power, and I do not pretend to adopt a defensive posture. I am present in this story as I am in the lives of friends—colleagues, informants, collaborators—who continue to expect and demand my presence in their work and in their efforts to affect change. I am well aware of the potential harm the insertion of myself into this narrative can cause, but I trust that the risk far outweighs the prospect of damage.

I also realize that this book—an ethnography of experiences of music among those living positively with HIV in Uganda—is perhaps not the most judicious way of telling this story. Any attempt on my part to analyze, reflect on, illustrate, transcribe, or narrate the lives of those out front in the grassroots working tirelessly to affect change may very well accomplish the opposite by obfuscating the everyday nonmusical efforts of the individuals documented in this study. Yet, faced with the dilemma of representation, I choose to embrace the tool of my trade, ethnography, not only because I can write, but for my own sense of partnership and solidarity with the individuals detailed in this study, I have to write. I only hope that within the inherently flawed medium of academic ethnography that some truth of the lives of those actively engaged in the struggle with AIDS will come through the text.

*Singing for Life* presents a cultural analysis of hope and healing regarding HIV/AIDS in Africa. It is a series of stories about the infusion of medical interventions specific to HIV/AIDS within musical performances—songs, dramas, and dances—in Uganda, East Africa. The contemporary performances documented in this study reflect a social phenomenon in Uganda

in which music now often focuses on gender- and health-related issues specific to women and youths by drawing on song texts that warn against participation in risky sexual environments or engagement of unprotected sexual behavior. Such performances frequently assume didactic functions—educating a broad spectrum of society, outlining support networks available within local or regional communities, and providing information concerning the availability of condoms and VCT (Volunteer Counseling and Testing; see Vaderpuye and Amegatcher 2003).<sup>1</sup> Music, dance, and drama have become the principal tools of many local initiatives and media that disseminate information, mobilize resources, and raise societal consciousness regarding issues related to HIV/AIDS. Critical responses by women in particular to the AIDS pandemic in the form of musical performances are one of the most significant means of constructing localized knowledge concerning disease prevention and health-care education in this area of the world.<sup>2</sup>

The stories that follow underscore the immediate need for medical ethnomusicology to focus on disease, healing, as well as on the application of local herbs and traditional medicines by healers, herbalists, and health-care practitioners in sub-Saharan Africa. The ability of expressive culture in Uganda to contribute to health-care initiatives is deeply embedded within musical performance. Indigenous conceptualizations of music in Uganda often describe the ability of performances to both communicate information and affect social behavior. Song texts, for example, frequently suggest interventions that both encourage medical analysis—“singing about HIV helps people learn about the need to go for testing”—and take the form of medical treatment itself—“Music is taken as medicine. Even if one is in pain they will begin getting back some life if there is music. Even the bereaved or those in shrines, music is there. So, music is both medicine and education.”

In addition to providing a general readership opportunities to reflect on these issues, this study has the potential to persuade governmental and non-governmental organizations of the power and efficacy of musical performance as a forum for medical interventions by highlighting the efforts of women, men, and youths throughout Uganda to combat the HIV virus and AIDS disease in ways in which private multinational and multilateral NGOs have been either challenged or unsuccessful. The case studies presented in this book, for example, demonstrate the link between the recent decline in Uganda’s infection rate and the introduction of grassroots interventions of rural women’s groups in response to the largely unsuccessful, inaccessible, and expensive efforts based on Western medical models. Only when supported and encouraged by performances drawing on localized musical traditions have medical initiatives taken

root and flourished in local health-care systems leading many to a much needed and much deserved peace of the body.

I have engaged East African expressive culture—music, dance, and drama—since first assuming a position as lecturer in the Department of Art, Music, and Theatre at the University of Dar es Salaam, Tanzania, in 1992 while simultaneously completing my doctoral fieldwork. At that time my field research centered primarily on the contemporary post-colonial (and post-mission) processes of musical indigenization occurring within Lutheran churches along the Indian Ocean coast.<sup>3</sup> Since 1999 I have worked primarily in Uganda (with peripheral research efforts in western Kenya and northwest Tanzania) to support the work of the present study on HIV/AIDS. My field research in Uganda has ranged from intensive work in rural village areas to long-term field research based in Kampala—the nation's capital—allowing for frequent trips to visit consultants and drama groups in outlying areas of the country.

### GENERAL OVERVIEW OF THE BOOK

Today in Uganda, only 10 percent of the population has access to medical facilities; there is only one doctor for every twenty thousand people (as compared to the 1:400 ratio in the United States). While infection rates have fallen in Uganda, down from 30 percent to 5 percent in the past ten years, two million orphans and one million persons living with AIDS represent a need for care that cannot be met by currently available *medical* resources. Less than 2 percent of those who need antiretroviral drugs can afford them, and treatment costs, while much lower today than just a few years ago, still overwhelm the government's annual health allotment of \$10 per person. Given these conditions, music's contributions to intervention and palliative care are a humane and necessary option. Music often mitigates the socioeconomic effects of illness by directly supporting caregivers, controlling pain, and providing counseling.

HIV/AIDS in sub-Saharan Africa is a widespread phenomenon that is largely the result of deep cultural issues related to the politics of local and regional economies as well as to conflicts between local and foreign health-care systems. Efforts within the past decade to address the pandemic in Africa have dealt with HIV/AIDS principally as a medical concern—despite the fact that funding agencies continue to be confronted with the dense meanings supporting the indigenization of AIDS in local African contexts. HIV/AIDS is, sadly, more than a medical crisis in Africa. It continues to impact rural and urban development efforts significantly, causing massive socioeconomic challenges throughout the continent. Women are especially at risk in many parts of Africa due to general

poverty, lack of access to education, and subordinate positions within marital and sexual relationships. Only a small proportion of women are in a position to rely on the availability of condoms let alone embrace “safer sex” practices, and fewer still are able to approach the theme of the latest American-backed funding initiative, “abstinence” (see Grundfest Schoeft 1997, 329).

AIDS in many African countries is a societal concern that impacts the transmission of the very cultural issues that could normally intervene. Gone, for example, are the “aunties” in many villages, female family members who have historically contributed to the cultural education of young female family members on issues of sexuality and reproduction. Yet, when cultural institutions fail in their efforts to affect social change, artists step in. When technologies and organizational systems disappoint, musicians sing and dance, thereby creating meaning out of chaotic lives. If one person can make a difference in the ongoing struggle with AIDS in Uganda it will be a musician, a dancer, or an actor.<sup>4</sup> One such activist, Walya Sulaiman, is a Muslim living outside of Iganga town. Since diagnosed with HIV almost ten years ago, Sulaiman has dedicated what is left of his life to educating and counseling other Muslims through his group, PADA (People with AIDS Development Association). Although his community group receives no funding and no media attention, all strive to “live positively” rather than live as “HIV positive.” According to Sulaiman, drama is inherent in musical performance, so that within the act of singing the historical tradition of conveying information is reinforced. As such, music is a more affective medical intervention than the outreach efforts of doctors and health-care workers. Most Ugandans openly deny consulting spiritual and traditional health-care practitioners. Many urban residents and those affiliated with faith communities publicly denounce the efforts of tradition healers. Privately, however, people avail themselves of multiple healing systems, especially when HIV is involved. In a conversation with Maboni Nabanji, a respected traditional healer—or “witch doctor” as he prefers—I asked about treatment in his healing practice (see Figure 1.1). His response—“Singing is the main form of treatment we witch doctors employ. We play drums and other instruments during the process of diagnosis to discern whether a patient has AIDS, familial spirits, or other possession.”

In order to communicate effectively in villages the term *kayovu* is adopted in several of the songs performed Walya Sulaiman’s group, PADA, to refer to AIDS. *Kayovu*, a banana weevil, is an insect that eats fruit from the inside out. Similarly, in performance the witch doctor Maboni Nabanji frequently refers to HIV as *ffene*, or jackfruit to suggest how one can get stuck in the sticky fruit, unable to wash or scrape the virus off.



**Figure Introduction I.1** Spirit possession ceremony led by Maboni Nabanji (playing *nsasi* rattles, far left) along with other traditional healers.

Such linguistic localizations occur frequently in songs, enabling cultural meanings of HIV/AIDS to be understood at deep levels. In a country where there are so few trained medical doctors, traditional healers, witch doctors, and herbalists fill a very specific need regarding HIV/AIDS, and the fact that many of the interventions offered by healers such as Nabanji surface within musical performances surprises no one except those culturally distanced from traditional, rural practice.

The epidemiology of AIDS<sup>5</sup> in Uganda is enhanced when the deep cultural layers that contribute to diagnosis and care are acknowledged. These observations represent efforts to combat AIDS that governments and private organizations find inaccessible. External funds rarely trickle down to villages. Performances depicting jackfruit and banana weevils facilitate a deeper engagement with HIV/AIDS, and it is within such musical exchanges that medical interventions enter a community and stick.

*Singing for Life* is deliberately constructed to allow the reader multiple points of entry into the text, thus allowing for variance of interest and knowledge. The book presents a series of case studies framed within individual chapters that as a whole contribute to an understanding of the many ways Ugandan groups and individuals draw on musical and

dramatic performances in their everyday lives as they interact with, understand, fight, and reconcile the position of HIV/AIDS in their lives. These case studies are supported by the introduction of a theme that draws on song texts, interviews, testimonies, and published reflections in order to establish a direct connection between music and local medical interventions regarding HIV/AIDS.

With the end of this prodromus I take a much needed and anticipatory gulp of air before launching directly into the story of *Singing for Life* in which the lives of those who have affected me so deeply in the development of my own responses to HIV/AIDS in Africa are introduced.

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