

# “The Post-Election Violence Has Brought Shame on This Place”: Narratives, Place, and Moral Violence in Western Kenya

Elizabeth Pfeiffer

**Abstract:** This article explores the intersections of violence, morality, and place to theorize the notion of moral violence. Using narratives collected during ethnographic research in a highway town in Kenya, it suggests that when people offer moralizing sentiments about this locality they are pointing to (and sometimes reproducing) the effects of and anxieties about the decades of violence and inequalities that have engulfed the lives of the residents. Particular attention is paid to the way in which narratives about political/ethnic violence and HIV/AIDS have blended to create and sustain moral violence as a chronic and particular, historically embedded variant of structural violence.

**Résumé:** Cet article explore les confluences de la violence et de la moralité ainsi que le lieu où il est possible de théoriser la notion de violence morale. En utilisant des récits recueillis lors d'une recherche ethnographique dans une ville du Kenya, cet article suggère que lorsque les gens expriment des sentiments moralisateurs à propos de cette localité, ils signalent (et parfois reproduisent) les effets et les angoisses de décennies de violence et d'inégalités qui ont submergées la vie des résidents. Une attention particulière est accordée à la manière dont les récits sur la violence politique / ethnique et le VIH / SIDA se sont mélangés pour créer et maintenir la violence morale en tant que variante chronique et particulière, historiquement intégrée à la violence structurelle.

**Keywords:** Narrative; Kenya; HIV/AIDS; stigma; gender relations

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Seated on a couch in a wooden, two-room house that doubled as a *chang'aa* den, I was joined by Mwangi, an interlocutor during my ethnographic fieldwork in Mahali, a highway trading center in western Kenya.<sup>1</sup> While I frequented this place for research purposes, for Mwangi it was his preferred place to “break the lock” (take a shot of hard alcohol to reduce a hangover) on his way to work in the informal transportation sector. Alcohol, Mwangi insisted, was necessary to help him endure the violence of this casual yet fiercely competitive labor. During our early morning conversation, he inquired how my research—studying the social and structural roots sustaining HIV/AIDS-related stigma—was coming along and listened patiently before offering poignant remarks:

It is too late for everyone in [Mahali]. We have all heard that gospel [messages about HIV/AIDS], but everyone is already infected or affected. There is no saving anyone here—the people of this town are all evil. The only ones left who are not infected are those who have not tested themselves, and they are just pretending to be those good people. This is a very small town, but with a lot of evilness. So we bury the young, old. We have a lot of knowledge of that disease.

Mwangi was not alone in his (de)moralized rendering of his birthplace, where he imagined “all” of the inhabitants were “evil,” evidenced by their vulnerability to HIV infections. Mahali had hosted a Comprehensive Care Clinic (CCC) offering free treatment for HIV/AIDS since 2003, yet many people felt the town was so plagued by ethical failures that it was impossible to talk about “saving” anyone from the devastating consequences of this disease. As Mwangi indicated, HIV/AIDS wasn’t always imagined as the root of the moral shortcomings per se, but rather the logical, embodied, and warranted outcome of living amidst “evilness.”

While some researchers might dismiss such moralizing discourses about a place, I have critically engaged them as important commentaries to foreground the experiences and perceptions of the people living in Mahali. In so doing, I follow the lead of Paul Farmer (1992:235), who extends a “hermeneutic of generosity” that requires “proceed[ing] as if our informants were themselves experts in a moral reading of the ills that afflict them.” This article situates moralizing discourses about Mahali—the place and those living in it—within a violence paradigm for the purpose of theorizing the notion of moral violence, and for critically examining the impact of political and ethnic violence on the perceived morality of the place and on the lived, moral experiences of its residents. Drawing on empirical evidence collected during ethnographic research, I suggest that when the residents of Mahali offered moralizing sentiments, they were pointing to (and sometimes reproducing) the effects of and anxieties about decades of the myriad forms of violence—operating along a continuum—and inequalities that encompassed their lives and experiences. This article grapples with analytical questions about the causes and impact of such moralizing

discourses, as well as the questions of why and how such moral discourses emerged to become violent. Secondly, it asks for whom, under what conditions, and to what effect have these manifestations of moral violence materialized.

### **Conceptualizing Moral Violence: Anthropological Approaches to Violence and Morality**

Mbembe (2001) has noted that the very power and success of colonial rule in countries south of the Sahara Desert rested squarely on the creation and use of varying forms of violence. However, the violent and inequitable conditions of the colonial past and what transpired during decolonization (Fanon 1963) have hardly subsided in postcolonial Africa. They actually have intensified across the continent and continue to characterize everyday experience under the influence of structural adjustment programs, neoliberal reforms, and an increasingly globalized world (Ashforth 2005; Fassin 2007; Kamat 2013; Lockhart 2008; J. Smith 2008). In their efforts to make sense of contemporary violence in postcolonial spaces, Comaroff and Comaroff (2006:vii) write, “Yes, postcolonies are especially, excessively, distinctively violent and disorderly. Yes, they are sinking ever further into a mire of conflict, coercion, and chaos. Yes, this does seem to be a chronic, not a temporary, state of being.” Perhaps the persistence and escalation of violent conditions is explainable by observations that violence often begets more and new forms of violence which wreak further havoc on the lives of already marginalized individuals and groups (Scheper-Hughes & Bourgois 2004).

Anthropologists have contributed significant insights into the many forms that violence may take, including the idea that extreme suffering is not always a result of direct, physical assaults. It is also produced through more insidious and covert processes that can inflict unrelenting harm—manifested physically or through attacks on dignity and self-respect—among the most vulnerable (Bourgois & Schonberg 2009; Holmes 2013). For example, the theory of everyday violence, which was developed by Scheper-Hughes (1992), focuses attention on the effects of social and structural inequalities on daily practices and indifference toward expressions of violence at the interpersonal level. Bourgois (2004:426) has adapted this concept to focus more attention toward the subjective, individual lived experience that “normalizes petty brutalities and terror at the community level and creates a common sense or ethos of violence.” Farmer (1999, 2004) has been especially important in popularizing debates within anthropology about how power and social inequality work subtly to produce and reproduce violent conditions and forces, often with brutal consequences. This anthropologist-physician revived the concept of structural violence to explain how political and economic arrangements embedded in societies produce inequalities that work silently and are severely injurious and “ethnographically visible.” He uses this term to focus his gaze on and account for the inequitable distribution of diseases, social suffering, and

oppression that results from severe poverty. Farmer (2004:315) explains this concept:

Structural violence is structured and *structuring*. It constricts the agency of its victims. It tightens a physical noose around their necks, and this garroting determines the way in which resources—food, medicine, even affection—are allocated and experienced. Socialization for scarcity is informed by a complex web of events and processes stretching far back in time and across continents. Structural violence is much more likely to wither bodies slowly, very often through infectious diseases.

Farmer has since inspired other anthropologists to ethnographically uncover the “social machinery of oppression”—the complex ways through which historical trajectories and societal arrangements inflict harm on particular members of society. Such processes are maintained, often without being questioned, so that no individual, group, or institution is implicated or held accountable. Other social scientists have since critiqued, built upon, and worked to refine Farmer’s analytical insights. For example, Schepher-Hughes and Bourgois (2004) express concern that violence risks being a “black box” and is in need of fine-tuning, to which they contribute the observation that violence rarely happens in isolation, but instead operates along a continuum from the physical, to the symbolic, to the structurally embedded. In the context of east Africa, and building on the notions of everyday violence and the violence continuum, Lockhart (2008) focuses exclusively on the life and death of Juma, a street child in Tanzania, to powerfully demonstrate how the myriad forms of violence worked together to shape the entire life course of an individual, and to develop the argument that AIDS and the vulnerability to infection by HIV among many in postcolonial Africa must be understood through a lens of violence.

The analytical category of violence is a broad, “slippery” concept that requires careful, critical exploration by anthropologists in many different contexts (Schepher-Hughes & Bourgois 2004). We need to improve our understanding and to continue to disentangle the nuanced ways in which violence operates along this continuum and in the real lives of people and communities. One of the by-products of this pervasive violence is the obfuscation of local understandings of structural power relations (Bourgois 2003), especially in sub-Saharan Africa, where violence has been well documented. While anthropologists have demonstrated how the myriad forms of violence make people especially vulnerable to infectious diseases (Lockhart 2008; Simmons et al. 1996), an explicit focus on how violence can assault perceptions of a *place* to impact the lived and moral experiences of the people associated with it constitutes a less formally examined component of structural violence in sub-Saharan Africa. This article seeks to fill this gap by critically exploring the intersections of violence, morality, and place in one community and in the contexts of extreme inequalities, legacies of political violence and ethnic animosities, high rates of HIV, and rapid social change.

Everyday, ordinary life for all humans is imbued with moral content and implications (Hunt & Carnevale 2011), and the moral experiences of people are shaped by the moral experiences of others, including those within local communities and extending to networks beyond (Kleinman 1999). Building on the work of Yang and colleagues (2007), Hunt and Carnevale (2011:658) define moral experience as “encompassing a person’s sense that values that he or she deem important are being realized or thwarted in everyday life. This includes a person’s interpretations of a lived encounter, or a set of lived encounters, that fall on spectrums of right-wrong, good-bad, or just-unjust.” I draw on these ideas to theorize the concept of moral violence as a component of structural violence, defined by Farmer (2004:307) as “violence exerted systemically—that is, indirectly—by everyone who belongs to a certain social order.” Moral violence emerges and can become injurious as processes of political, structural, and symbolic violence work to assault “what is most at stake” among those sharing a “local social world” (Yang et al. 2007), and when populations are demoralized and prohibited from realizing their life goals and values, and from upholding their social and moral obligations and ethical principles.

This study unpacks the way narratives about political violence, ethnic conflict, and HIV/AIDS—perceived and experienced as catastrophes fueling local discontents—have blended together to create and sustain moral violence as a chronic and historically embedded variant of structural violence. It illuminates the relationships between wider historical processes, broader, macrostructural economic and political forces, and local, circulating moral discourses about the place and their combined effects on the lived experience of community members. It further demonstrates the way in which moral violence has operated to produce and sustain (de)moralizing discourses about the place, ethnic animosities, and the stigma associated with HIV/AIDS. This article contributes to anthropological discussions of violence, including how political and structural violence—through assaults on morality—become embodied and internalized not only in the individual, but in a locality. At the same time, this study is socially relevant and has practical implications. The United Nations, as outlined in the *2030 Agenda for Sustainable Development* (UN 2015), and the World Health Organization have prioritized the goals of significantly reducing “all forms of violence and related death rates everywhere” (UN 2015:16) and promoting peaceful societies (Lee et al. 2015). In order for these goals to be realized and effectively acted upon, it is essential to understand the myriad, subtle ways in which violence operates and is maintained along a continuum; the novel and important insights presented here will contribute to that understanding.

After explaining the methods used to gather data and orienting the reader to the broader ethnographic contexts of Mahali, I develop the argument that Mahali is an “imagined community” (Anderson 2006), chronically characterized by the media as a “bad” place, the indictment by both outsiders and insiders reinforced by chronic episodes of political

violence and ethnic conflict. This article further demonstrates how political violence has been translated into moral violence as a particular variant of structural violence to shape everyday life and moral experiences among the inhabitants. Next, I draw on anthropological scholarship suggesting that moral discourses about HIV reveal as much about the virus as they do about experiences with and anxieties about growing inequalities and rapid social change. I show how HIV sometimes serves as a marker for sexually immoral acts (e.g., rape, prostitution) committed by locals and for changing social and gender relations during and since the 2007–2008 postelection violence (PEV). In so doing, I explain how and why people living with HIV/AIDS have sometimes been held accountable and have served as scapegoats in local pursuits of justice for the economic, political, and social inequalities that have prohibited or limited many people from engaging in “ideal” gender and marital roles, sexual practices, ethical standards, and moral obligations since the PEV. This emphasis also seeks to explain why and how the stigma associated with HIV/AIDS has persisted, even during a period of increased access to services, which has worked to reproduce the violent conditions and inequalities being critiqued through communal moral discourses.

## Methods

The majority of the data presented here was collected as part of a larger ethnographic study of the social and structural dimensions of AIDS-related stigma during a period of increased HIV services (Pfeiffer 2014). With research permissions from the Institutional Review Boards at Indiana University and Moi University, I conducted fieldwork over a total of nine months in 2011–2012. Some of the data were also collected during three months of preliminary research in 2010 and a follow-up visit in 2014. The overall study incorporated a wide range of methods, including daily participant observation in diverse settings (e.g., clinics, bars) and at various events (e.g., burials, engagement parties) and semi-structured interviews with more than 150 individuals.<sup>2</sup> These interviews used protocols developed to elicit information from distinct populations: (1) general community members; (2) health care workers/professionals; (3) people living with HIV/AIDS; and (4) community leaders (e.g., school teachers, chiefs, police officers, clergy). I further collected and triangulated data derived from a series of life-history interviews with approximately sixty individuals, informal conversations with key consultants, and conversational journals authored by ten local residents for six months (Watkins et al. 2011).

I rotated between working independently or alongside one of four well-connected research assistants, each selected to reflect some of the social, linguistic, and ethnic variability found within Mahali. This study made use of a snowball sampling technique (Bernard 2006) that began with my own set of connections (developed during my 2010 preliminary research), and which then moved into the broader networks of the diverse research assistants, extending outward from there. My decision to employ local residents

from various backgrounds was an attempt to reduce the biases that are inherent within ethnographic data collection processes, especially when it comes to documenting and studying sensitive topics, such as HIV/AIDS and violence. It was also a strategy of ensuring, in a community of extreme inequalities and ethnic tensions, that I establish a research presence as a person who did not favor or focus my research on one ethnic group over another.

My research assistants helped with a variety of tasks, including interviews in English or Swahili, sometimes transcribing interview recordings and translating them into English. They also assisted with several other central components of this project, such as introducing and orienting me to residents and activities in the community, thereby helping me to gain entry and establish rapport with residents. As a group, we also worked to socially and linguistically revise our interview protocols. Their local expertise was also crucial for identifying and recruiting interlocutors across the social spectrum, as well as interpreting/translating during and after interviews and participant observation sessions.

As a team, we met monthly to discuss and analyze our data using an iterative thematic coding approach commonly used in ethnographic analysis (Ryan & Bernard 2003) to guide subsequent areas of investigation. Approximately midway through our primary research period, it became clear that sentiments regarding the place and the residents being immoral were a consistent theme. Consequently, we incorporated a line of open-ended questioning into our interview protocols—about perceptions of the place among insiders and outsiders—to be asked during subsequent interviews with health care workers, community leaders, and members of the general population, as well as during informal conversations with key interlocutors. The majority of the data presented in this article, therefore, is drawn from the latter half of the fieldwork, but it is also triangulated with our findings up to that point and through the other data-gathering techniques.

### **Physical, Historical, and Ethnographic Contexts and Background**

Mahali is situated in Uasin Gishu District, located in the midwestern part of the Rift Valley in western Kenya. In contrast to much of the Kenyan landscape, which is predominantly arid savannah, the western highlands have fertile land and a climate suitable for agriculture (Kamungi 2009). Much of the greater Mahali area consists of rolling, rural landscapes with an urban trading center strategically located along a Trans-African highway. With ample parking along the highway and a short strip of buildings—lodges, restaurants, bars, butcheries, and small kiosks—the goods and services available help accommodate the various needs and desires of residents and hundreds of truck drivers who pass through daily. Perhaps as a consequence, a dynamic sex work industry also flourishes in the trading center. Sometimes referred to as a “truck stop,” Mahali is extremely porous, making it difficult to determine an actual population count, but estimates for the

greater Mahali area suggest it has approximately 11,000 inhabitants (personal correspondence, 2014). While a mix of forty-two ethnic groups can be found in Mahali, most people identify themselves as either Kikuyu or Kalenjin.<sup>3</sup>

### *Legacies of Political Violence and Ethnic Conflict*

Mahali has been a place of migration, displacement, and consequently, chronic ethnic, social, economic, and political conflict at least since the colonial period (Ashforth 2009; Kamungi 2009). To accommodate white population growth and support new intensive agricultural patterns, early colonists pushed the original inhabitants, such as the Maasai, Nandi, and other Kalenjin groups, out of the area and onto less fertile land (Kamungi 2009). At the same time, early settlers relied on a “divide and rule” strategy of isolating Africans according to ethnic groupings and restricting their movements within and between particular geographic regions (Reid 2009:206). This approach polarized the Africans and sharpened the distinctions between cultural groups and ethnic identities (Ashforth 2009), creating a sense of “ethnic territoriality” (Lynch 2011).

Colonial practices and early development initiatives sparked social problems in Kenya, including contentions over land, ethnicity, and space (J. Smith 2008). In particular, land alienation is often cited as a major contributor to the Mau Mau Uprising and violence in 1951–1952 (Kamungi 2009:348), and ultimately to Kenyan independence in 1963 (Reid 2009:275). Prior to Kenyan independence and decolonization, the British developed land-purchasing schemes and either gave lands to acquaintances or sold their lands to buyers who could afford them. Consequently, the rich, fertile, and coveted land in the Rift Valley was purchased by individuals from many ethnic groups (Reid 2009:277), making the area considerably more cosmopolitan than it had previously been.

Kenya’s postcolonial government inherited these land problems, and politicians never resolved these issues. Instead, they drew upon them to incite violence across ethnic lines, mobilize political support, and maintain power and interests. After the Cold War (1980s and 1990s), aid flowing into sub-Saharan Africa became contingent on “good governance” and democratic reform (Haugerud 1995), eventually forcing the first multiparty democratic elections in 1992 (J. Smith 2008:33).

As the 1992 election approached, then-president Daniel arap Moi, a member of the Kalenjin community, drew on colonial legacies and historic animosities surrounding land and ethnic “tribalism” to thwart the success of the multiparty election (Lynch 2011:161). During political rallies, politicians and Moi himself vilified “outside ethnic Others,” and called for the removal of *madoadoa* (spots), *kwekwe* (blemishes), or *chui* (leopards) from historically Kalenjin territories (Lynch 2011:161). The result was an eruption of violence across the country in October 1991 to remove all “tribal outsiders.” Postelection reports revealed that government officials had supplied weapons to, trained, paid, and transported skilled attackers from



outside areas to cause chaos in places such as Mahali (Lynch 2011:160). Moi won the election, and this scheme of violence was repeated in 1997 to preserve his presidency.

In 2002, Kenya experienced peace for the first time during an election, as citizens unified around the notion of ending Moi's 24 years of patrimonial ethnic politics (Ashforth 2009; Kamungi 2009). However, soon after being sworn in, the new president Mwai Kibaki and his associates began advantaging Kikuyus and isolating non-Kikuyus from positions of power, thus fracturing the nation again. Mirroring the previous two elections, the 2007 pre-election campaigns were marked by hate speeches, exacerbating tensions between ethnic groups, and resurrecting historic animosities over land (Kamungi 2009). When the election results were perceived to have been rigged and President Kibaki was suspiciously and suddenly declared the winner, violence and lawlessness erupted for several months, with the bulk of the destruction and violence again occurring in the Rift Valley (Ashforth 2009; Kamungi 2009; Lynch 2011). Between January and February 2008, over 1,300 people were killed, houses, businesses, and farms were burned and/or looted, more than 600,000 people were displaced, and 12,000 individuals were left as refugees in neighboring countries (Ashforth 2009; Kamungi 2009). According to Ashforth (2009), Kalenjins engaging in the ethnic cleansing of Kikuyus contributed to the majority of deaths and displacements. It is not surprising that Mahali—with high percentages of individuals from both groups—was at the epicenter of the violence and destruction.

### *HIV/AIDS in Kenya*

Meanwhile, Kenyans had been experiencing a harsh AIDS epidemic since the 1980s. The complex interplay of a myriad of factors—an overburdened healthcare system, a shrinking healthcare budget, mounting foreign debt, a decapacitated government, inflation, corruption, rising numbers of non-governmental organizations, growing poverty rates, to name a few—caused the national HIV prevalence rate to grow steadily (Raviola et al. 2002:82). While the government maintained relative silence on the issue, international efforts to control the spread of the virus focused on changing the behaviors of at-risk groups, especially prostitutes, who were described by Canadian medical researchers as “the ultimate reservoirs of infection” in Kenya (Booth 2004; D’Costa et al. 1985). This reasoning built on already existing beliefs in Kenya that economically independent women were “wicked,” and “diseased” for being autonomous, mobile, and “unattended” (Hodgson & McCurdy 2001; Robertson 1996; White 1990).

At the time of this study, an estimated 1.6 million adults in Kenya were infected with HIV (KAIS 2009), and women had an infection rate nearly twice that of men at 8 percent and 4.3 percent, respectively (NACC 2010). Despite a recent decline in the national HIV infection rate to 5.6 percent, the number of new HIV infections has remained high (NASCOP & NACC 2014).

In Kenya, the disease is predominantly acquired through heterosexual sex, with 44 percent of those infections occurring within the marital union/primary partner context (NAS COP 2012). Efforts in Mahali, however, targeted commercial sex workers and truck drivers. Clinical evidence suggests that those living with HIV under good viremic control do not transmit the virus (Das et al. 2010). This has prompted HIV/AIDS testing and treatment to be top priorities for global health programs (PEPFAR SAB 2012). In 2010, a rigorous home counseling and testing (HCT) campaign was launched in Kenya (CSIS 2009). The goal of the HCT campaign was to offer free and confidential HIV rapid tests to individuals, couples, and families living in selected areas. People who tested positive were immediately referred to the CCC. Throughout my research, HCT teams were making their way through the area. People were thus actively discussing and negotiating decisions about HIV/AIDS.

### *Ethnographic Uncertainty*

Artifacts of the most recent outbreak of violence—charred remains of cinder-block buildings and shells of brick homes—offered permanent reminders of the interethnic, intercommunity violence that had occurred, with the unspoken subtext that it might reoccur in the future. I was twice told that that ruins were strategically kept “to remind us that we used to be modern.” Other objects, such as new houses erected by Red Cross, suggested to locals that they had experienced a reversal of time, and that development had not ceased, but had moved backward. Furthermore, with another election on the horizon, relationships—national, international, and interpersonal—were described as precarious and threatened, and overall sentiments of suspicion, distrust, and “radical uncertainty” (Mbembe & Nuttall 2004) characterized the ethnographic period of research.

The lines between friend and foe, and victim and perpetrator, were blurred and shifting, as politicians from various ethnic groups were solidifying and dissolving political alliances in distant places like Nairobi. Farther afield, a handful of Kenyan leaders and potential presidential candidates were under investigation at the International Criminal Court in The Hague, facing charges of crimes against humanity during the PEV. When U.S. Secretary of State Hillary Clinton visited Kenya in August 2012, she warned leaders and citizens not to repeat the deadly violence of previous elections, and hinted that if either of the two presidential candidates were elected while still facing charges, the USA would consider imposing economic, diplomatic, and military sanctions against the country. After her visit, I was repeatedly asked if such sanctions would disrupt the distribution of free antiretroviral therapies through the U.S. President’s Emergency Plan for AIDS Relief. People were nervous (and talked) about who would become their allies and enemies if violence erupted again and/or as decisions were made by others. Historically, former friends, spouses, colleagues, and neighbors had instantly become enemies. A man living with HIV described

how the PEV temporarily interrupted the distribution of antiretroviral therapies:

The PEV was bad for HIV. Those who were on medication, their drugs were burned, their documents were burned and they ran away. Those whose medications were not burned were grouped in tents [camps for internally displaced people]. So they were not taking their drugs [as a strategy of keeping their HIV infection private while living in tight quarters]. A lot of people [living with HIV] died [or] got very sick.

While medications for this disease were freely available in Mahali, the political instability of the area instilled fear that if chaos were to strike again, HIV/AIDS-related infrastructures and treatments might be suspended. It is amidst this broad backdrop—anxieties over political and ethnic violence and the increased focus on HIV testing—that Mwangi linked his moralizing statements about Mahali and HIV/AIDS.

### **An Imagined Community: Political Violence and Moral Discourses**

A Kalenjin healthcare worker who had just moved to the area described Mahali in the following way:

[Mahali] is known to be one of the most chaotic areas in Kenya. Even where I come from, we have heard of [Mahali]: It is a bad place. I think it is just perception. Even some time back, there were [interethnic] clashes [in 1992 and 1997]. It was unfortunate that [Mahali] was the worst hit area by the recent [2007–2008] clashes. This was just the one area you would hear about the most. So it made people think even more negatively about [Mahali] [laughs]! It is too much in the media.

As this man suggests, Mahali represented an imagined community (Anderson 2006), characterized by ethnic and political conflict and unrelenting chaos. Mahali—the place—had experienced very public “discourses of vilification” (Wacquant 2007:67). During the period of my data collection, a national news story corroborated the narrative that Mahali had been in the news for all the wrong reasons for many years. While my contact added that “it is just perception,” he circled back to the notion that the PEV substantiated what outsiders thought they already knew—that Mahali was a “chaotic” and “bad” place—and thus served as a self-fulfilling prophesy.

The collective moral experiences of residents have been shaped partly by such negative representations, but also through their own subjective, lived encounters during the political and ethnic violence that erupted episodically in the area. A long-term Kikuyu resident concisely summed up his view: “Every five years—there must be fire.” A Kalenjin man born and raised in the area elaborated on this idea:

People fear [Mahali] because of tribal clashes. That is all. Anything else, they don't see [here]. When you say the word [*Mahali*], people say, "Hey, that is [where] fire can arise at any time!" Now, as we are moving towards election year, we worry. What might happen? Will it be like the other times?

For outsiders, Mahali conjured images of fire and destructive clashes. The notion that the place was violent and dangerous was not limited to the imaginations of those who did not live there. The insecurity of the place worried locals as well. Central to everyday moral life for residents, especially with another election looming, was the expectation that anything was possible, but that some manifestation of conflict and violence was more likely probable.

Another working-class Kikuyu man also described the community in terms of chaos and conflict, but added details regarding the negative impact that political violence had imprinted upon the image of the place and, by extension, its residents:

The people here don't have income-generating activities. There is absolutely nothing. The people here are farmers. But we don't have any entrepreneur. Because of the history of this area, no one will put a business here. They will put it somewhere else because they don't know what will happen in the next election. You see the fear now? Outsiders fear this place. [Mahali] is not stable. People are not united. And because this place has no income-generating activities, outsiders think that all the people are infected with HIV because the women here depend on the truck drivers [for financial support]; prostitution is very high.

Because of the history of the area, the name of Mahali has been tainted and its people divided and devalued—their dignity assaulted—in ways that seemed natural among those interviewed. The PEV had pushed people into poverty and toward practices of prostitution and pathogen exposure that made outsiders, as well as insiders, conclude that everyone is infected with HIV. This sentiment was echoed by locals in their narratives, such as one Kalenjin teacher who said the place was a "dumping ground" of HIV "because the parents at our school are all prostitutes. You will find that the people in Mahali are not morally upright." The place (and those occupying it) was struck with Goffman's (1963) so-called "courtesy" stigma, or the notion that stigma can become attached to people simply because of their association with a stigmatized group, such as sex workers. The decades of political and ethnic violence and conflict in Mahali were demoralizing to local residents, and their narratives revealed disappointment, suspicion, anger, frustration, anxiety, and resentment, resulting in the moral discourses that "all the people are infected with HIV" and "not morally upright."

These perceptions also fueled local interpretations of the placement of the CCC and its impact. During an impromptu group conversation with six Kikuyu women, everyone agreed with a sentiment put forth by one respondent: "Other Kenyans think of us as people who are useless, very sick;

HIV is plenty. There is already an AIDS hospital!” If ethnic conflict was thought to keep entrepreneurs away, then the potent combination of location on a highway and the presence of the AIDS clinic was framed as disproportionately attractive to suspicious types of people—strangers, truck drivers, sex workers. These Others were construed as dangerous since their backgrounds, extended kin networks, and intentions were unknown and unknowable. Many residents presumed they were deliberately spreading HIV. A Kikuyu woman living with HIV emphasized these sentiments:

Many people transfer when they don't want to be known [as having HIV]. S/he just goes somewhere else and starts a new life. And those people are very dangerous because when s/he comes here, s/he starts transmitting the disease before people understand his/her [HIV] status and lifestyle. And such people [have] come here since they started the [AIDS clinic] so they can access free medications and services. But I won't fear. I was born in [Mahali]. So I tell people, “Where do I belong? I belong in [Mahali]. Where do I belong? I belong to [the AIDS clinic]. Where else could I go?”

Mahali had also gained a national reputation as a place for quality HIV/AIDS-related care and benefits, which was construed as both an asset and a liability. Comments mirrored already-existing insider/outsider tensions around place and belonging that had been circulating for decades and were at the heart of the ethnic and political conflict.

### **The Continuum of Violence and Social and Economic Inequalities**

Narratives about Mahali, like conversations about the PEV, often morphed into moral discourses about HIV/AIDS. Scholars have documented that HIV/AIDS is often a marker for chaos (Dilger 2008), so it is not surprising that Mahali and the AIDS epidemic evoked each other in a reinforcing spiral to (re)produce moralizing discourses about both in ways that were difficult to untangle. Despite the fact that Mahali boasted an ideal climate and a lush and fertile landscape with great potential for growth and agricultural productivity, the violent aftermath of the 2007 elections caused locals to believe that few stakeholders wanted to (re)invest in the area. Ethnic and political violence was consistently the lens through which they made sense of economic shortcomings and growing inequalities.

Interviewees offered stories of inequalities that suggested these more subtle forms of structural violence played a role in shaping everyday lives and further contributed to anxieties about local, moral decay. This provided a framework through which people made sense of failed development by blaming it on the (im)morality of others and of Mahali itself. For example, conversations about the PEV frequently became discussions about why so many people turned to illicit activities, such as prostitution and local brews, which were often construed not as immoral but as rational, if not essential, economic choices (see Luise White 1990 on colonial Nairobi).

This became especially obvious in the patterns I observed working alongside one of my research assistants. Specifically, almost every time we interviewed a woman engaged in sex work or the brewing/distribution of *chang'aa*, my assistant always followed up by carefully noting how clean her house was, how politely she spoke, or how thoughtfully she dressed, adding comments like, “sex workers aren’t people without morals.” I felt she was attempting to point out the other criteria through which the (im)morality of women might be assessed locally. Despite these observations, however, people did speak of the perceived undesirable, long-term moral consequences of these illicit income-generating tactics: an epidemic of alcoholism and elevated rates of HIV. For example, interviewees generally described the biggest challenge facing community members as the growing number of “lazy” and “useless” consumers/brewers of illegal alcohol. In turn, HIV infections among the “useless” were described as inevitable, as one woman demonstrated: “It is easy for a person to get HIV when s/he become[s] useless. S/he start[s] playing unprotected sex, stops caring about life. A useless person must get HIV.” A Kalenjjin man offered a moral evaluation of the place based on the chronic ethnic and political conflict, making an observation that an increasing number of people were abusing alcohol:

Because of tribalism, the community is just becoming poorer. People are not taking their children to school. Even cultivating—they can’t! Poverty comes because of laziness. When someone is rich, [s/he] worked hard, and if the work is good, one can develop. People have seen development go back[ward] in [Mahali] and even now they don’t talk about development. People were very developed, but now not. Instead, there is a lot of drinking in every house! There is no development because of the way in which people are [drinking] alcohol. So it is like people have seen that farming is too hard, so now they have turned to making brew. They see it is the best way to make money.

This man’s thoughts are similar to what Ferguson (2006:71) observed: “Economic realities are routinely apprehended in fundamentally moral terms.” He defines development as good, and thus concludes that since development had gone backward in Mahali, the place was not good. He seems to hold locals responsible for the poverty of the area, rather than blaming the violent structural forces that have limited people from participating in development efforts.

Mwangi claimed that veterans, as he referred to residents, drank so they could fight (sometimes physically, I observed) for limited resources, including informal employment opportunities. Explaining that jobs were scarce due to incessant ethnic conflict, Mwangi characterized life in the place as survival of the fittest that demanded participation in relentless violent and corrupt practices. During a life-history interview, he shared personal stories about police harassment, jail, and the toll on his health:

People like me can't spend a month without entering a [jail] cell for violence or drinking. You are fined 3,000 [Kenyan shillings]. And you don't have it, so you have to serve the term. You live in that congested [cell, and] that is where you contract cholera or TB. One time, I had chronic TB when I was released. It is very dangerous. You just find a way to pay that police bribe.

Mwangi noted that while his informal employment as a transportation worker made him susceptible to frequent police provocation, so too did his choice of alcohol. Consuming illegal brews like *chang'aa* is a more realistic alternative for those desiring a potent, yet affordable drink. Mwangi is criminalized, and his health constantly compromised, not only because of his limited employment options, but also for being unable to purchase expensive (heavily taxed), legal alcohol. A continuum of political, structural, and everyday violence characterized life among many "veterans."

Mwangi was not the only one who spoke of regular payment of police bribes or of spending time in a cell. Women said they could provide sexual favors in order to avoid such fines or incarceration. While such practices are far from unique in Kenya, people believed they were magnified in Mahali, given the heavy presence of police, military, and other security officials brought into the area after the PEV. A Kikuyu man expressed such suspicions:

The skirmishes had a very big impact on this community. A lot of *askaris* [police guards] were brought around. Even today [they are] still around. The work of the *askaris* right now is just to look around, [have sex] with people's wives. They have nothing else to do. We are not at war, but they have not been taken back. So what are they doing? Harassing locals. [Nobody] can hold them accountable.

Many people shared suspicions that police officers were harassing locals, and in ways that were imagined to be spreading HIV. As one Kalenjin man explained,

Security forces are often introduced here. Most of them form relationships with our young girls, and these girls are given some small presents, maybe sweets, to create room for later [sexual] relationships. We [locals] don't know their [HIV] status. So, they contribute to the spread of HIV to our young children.

The excessive post-PEV presence of police was sometimes perceived by residents as unjust, and in ways that were disruptive to social dynamics and detrimental to health.

### **Inequalities, Social Transformations, Immorality, and AIDS-Related Stigma**

Anthropologists working across sub-Saharan Africa have documented that in public discourses, HIV/AIDS is equated with immorality (Dilger 2008;

Geissler & Prince 2010; Spronk 2012). D. Smith (2014) has argued that moralizing discourses about this disease reveal as much about the virus as they do about local anxieties, inequalities, and social transformations in Nigeria. Using data collected from over twenty years of fieldwork, Smith demonstrates how local perceptions of AIDS provide a potent lens through which to better understand the complexities and contradictions of individual lives, interpersonal and gender relations, structural inequalities, and processes of HIV/AIDS-related stigma. Similarly, moralizing discourses about HIV/AIDS in Mahali can be used to explore the lived consequences—including experiences and anxieties—of living in the context of moral violence and the continuum of violence that fuels extreme inequalities, insecurity, and rapid social changes. For example, throughout the narratives in this study, HIV/AIDS elicited strong sentiments of sexual immorality and rapid social change, including shifting gender roles since the PEV. These narratives exposed the contentious nature of power relations across gender and sexuality, as well as challenges to those relations and the fierce negotiations over the meaning of such changes (see also Pfeiffer & Maithya 2018).

Men spoke of shame because they could not find work and were therefore unable to perform their male responsibilities. One man described himself as powerless since the PEV: “One of the challenges is that I am the provider and my wife depends on me. But I don’t have a stable job. A woman wants to make her hair pretty and buy clothes. I want to make her happy, but am powerless.” Others made fleeting comments about local wives being married to national and international aid organizations that were better equipped to support them and provide their families with food. One woman stated that during “that time in the camp [for internally displaced people], husbands became useless because the one who was feeding everybody was the Red Cross. So women could say, ‘My husband is Red Cross, not you—we are being fed by Red Cross.’” This reliance on external entities was described as upsetting to local norms and roles, and was perceived as fracturing gender relations and as destructive to the moral, social order, a situation that has parallels with the HIV/AIDS epidemic. Perhaps this demoralization of men provides a means of making sense of those occasional moments when women and health workers at the CCC reported accounts and suspicions of their (or of their clients’) having been intentionally infected by their husbands. In these cases, the men feared that the wife “might leave if she feels superior because she is not infected,” as a social worker recalled a client saying at the CCC. As Scheper-Hughes and Bourgois (2004:1) observed, “structural violence—the violence of poverty, hunger, social exclusion and humiliation—inevitably translates into intimate and domestic violence.”

Though it is difficult to determine the actual rate of infection for any community, health officials working in the Mahali area approximated that it hovered around 10 percent (personal correspondence, 2014). While this was considerably higher than the national average, it still meant that most people did not have HIV/AIDS.<sup>4</sup> In contrast, locals regularly estimated that infection rates were around 50 percent of the population, or even as high



as 80 percent. This reveals two things. First, although the rates were exaggerated, people didn't really believe that everyone was infected. Furthermore, in every instance, people relied on their personal knowledge and very vivid memories of the PEV, as well as their observations of the rapid social changes since that time, to justify their estimations. I suggest that such drastic inflations pointed to the larger anxieties and insecurities about the violence and uncertainties that colored local perceptions. For example, a Kalenjin man offered his own high estimation of the rates of infection, while also linking them to the disruptive effects of the PEV on social relations:

Clashes after elections in 2007 increased the spread of HIV because the family structures were broken down, all families were separated, and people came to a common village where there were no proper rules, moralities, or families. So people who had HIV found themselves in a situation whereby they could access immorality and all manner of vices, which infected others who did not have HIV. So they had the opportunity to spread [it]. PEV increased the rate to around 70 percent of the people [living in the area]. Those who came with it spread it around freely. That is our big problem in [Mahali].

For this man, the lamented loss of proper family and community values and morals evident during and since the PEV gave contour to his inflated estimate of HIV prevalence rates. He blamed individuals who were infected with HIV for having carelessly "spread it around freely," thus indicating that people living with HIV sometimes became scapegoats for the ongoing chaos and perceived threats to the social order brought on by much broader forces (Pfeiffer & Maithya 2018). Yang et al. (2007) theorize that processes of stigmatization are essentially moral issues that reveal what is "most at stake" and threatened among both those who are stigmatized and those who are doing the stigmatizing, because both carry out their daily lives in the same social spaces, or in Yang's "local social worlds." For this man, and many others, what was most at stake for the locals were their relationships, family values, and their ethical principles, which were all perceived and experienced as rapidly and unjustly shifting and eroding.

A handful of people described the PEV as producing a deeply internalized sense of shame on the entire community. Reverberations of symbolic violence, defined by Bourdieu (1997) as internalized humiliations that legitimize inequalities, are "exercised through cognition and misrecognition, knowledge and sentiment, with the unwitting consent of the dominated." The shame, several Mahalians explained, resulted in the place being cursed. From these perspectives, the high rate of HIV/AIDS in the area wasn't the direct cause of the shame or curse, but was rather the logical consequences of the chronic fighting, violence, and the inability of locals to uphold their social and ethical responsibilities. By evoking the notion of a curse, people

drew on religious worldviews to employ previous violations of social and moral norms as explanation for the present circumstances. One woman made the following remarks:

The postelection violence affected this place so much. So many women were raped and many more became associated with sex work. Some people in [Mahali] even say that there isn't HIV—it is only that the place is cursed—and that is why so many live and die with HIV/AIDS here. The PEV has brought shame on this place.

These comments suggest that locals internalized the blame from decades of political, structural, and moral violence. With the continuum of violence constituting the moral framework through which people evaluated the place, themselves, and others, many narratives proposed the idea that locals deserved the physical, social, and emotional suffering associated with the AIDS epidemic.

### **Moral Ambiguity, “Agreements,” and Respectful Living after Political Violence**

Scholars suggest that narratives, broadly conceived (Ochs & Capps 1996), are used as the primary means through which people make sense of their lives, experiences, and community as well as the lives and experiences of others around them (Bauman & Briggs 1990; Gee 1985:11; Mattingly 1998:275). Zigon (2012) has developed the argument that studying narratives is essential to the anthropological study of moralities. He makes it clear that narratives are necessary to facilitate a local “agreement” on how people will live together, thereby illuminating the struggle between individuals to live through what he calls “moral breakdowns” and ensure the community continues. Although Zigon developed these ideas in a vastly different context, this argument is relevant here in two ways. First, it helps to make sense of the dialogues between people I have documented to illustrate moments when narratives converged in everyday conversations, beyond the interview setting. It is also a useful framework for understanding how such discourses contributed to the development of local moral experience, influencing community formation and reproducing moral violence at a local level.

On one occasion, I was with a small group of interlocutors when the conversation turned to the PEV. Everyone present agreed that HIV rates were inflated in Mahali not only because men raped women, but because women had used their HIV-infected bodies as “weapons” to infect men of the opposing ethnic groups. The PEV blurred the boundaries between victim and perpetrator to create what Levi (1986) referred to as a “gray zone,” or a place of moral ambiguity. One Kikuyu woman described this situation, citing discussions among women living in the camps for internally displaced people after the PEV:

The Kalenjin men raped Kikuyu women in such a way that the Kikuyu women decided to use rape as a weapon. I don't know why the Kalenjin boys thought they were not getting HIV, or maybe it was the insecurity that everyone was just doing anything, as if we were all going to die the next day. The boys raped the old grandmothers, the mothers, the daughters, and the granddaughters, and they were not choosy. So the women started going to them to be raped. [HIV] was like a revenge.

In the moments of conflict, chaos, and insecurity that surrounded PEV in Mahali, people explained that “everyone” had engaged in activities that they would never have done during times of peace, behaving as though “we were all going to die the next day.” Word choices—“everyone” and “we”—implicated no one in particular and everybody at the same time. Men raped women in attempts to exercise their control and exhibit domination. Women, refusing to be victims, allowed themselves to be raped, and in violent acts of revenge used a virus to inflict physical and moral harm on their attackers. As Kleinman (2006:18–19) wrote, “Danger arises when our most deeply held values and emotions are threatened or lost. And people, themselves become even more dangerous when they feel that these things are at serious risk. They are frequently prepared to do anything and everything to protect and defend what really matters.”

Perhaps to the surprise of many, however, people did not all die the next day. Instead, they had to abruptly return to life as normal. The moral breakdown was over, but how would people resuscitate their lives and negotiate difficult moments when victims and perpetrators encountered one another? How might the community live sanely, and keep going in a place previously characterized by chaos, violence, and ethnic animosity? Zigon (2012:217) proposes that this is only possible through a radical “attitude of charity” so that “one can live with others despite any uncertainty that such sharedness exists.” In Mahali, people accomplished this through a tacit agreement not to speak directly about what had happened. This does not mean that people did not speak about it; the topic was discussed openly but ambiguously, in a way that obscured or “wrapped” the message (Hendry & Watson 2001:2). The use of humor, language avoidance, gossip, and indirect communication as a form of respect when discussing issues of conflict, death, and HIV/AIDS has also been ethnographically documented elsewhere in the continent (Hernann 2016; Wood & Lambert 2008). During a conversation with a small group of Kikuyu men and women, several people told stories that linked activities committed during the PEV to specific individuals. For example, Wanja shared details about the awkward first time she had run into her Kalenjin friend Mary after peace had been restored. What made the meeting especially memorable to her was that Mary was wearing her (Wanja's) clothes, confirming the chaos and looting during the PEV. It seemed that others related to the story as the room erupted in laughter. People were also very forthcoming on the topic during interviews, but even in this context, interlocutors refrained from speaking

directly (e.g., “Mary was raped”). Instead, they spoke generally (*fulani*, or so and so “was raped”) or collectively (“everyone was doing anything”). Similarly, Mwangi’s demoralizing sentiments about everyone in Mahali being “evil” and “diseased” might be his way of performing the agreement, while still respecting the community dynamics.

### **Violating the Agreement, Circulating Stories, and the Reproduction of Moral Violence**

As an imagined community, Mahali was defined by chaos, conflict, and violence. According to West (1992:262), conflict can facilitate a sense of community and constitute a way for people to know and interact with each other. West further notes that when a community is characterized by conflict, this, in turn, unifies and motivates members in the pursuit of justice (see also Stoeltje 2009). These ideas were evidenced in Mahali as locals sometimes were united in the pursuit of justice and around the task of working to identify who had been infected with HIV, how it had happened, and who was responsible. Ethnic violence and social inequalities served as frameworks that people drew on to answer these types of questions. For example, I was with a small group of Kalenjin women who were discussing a particular Kikuyu man who allegedly was infected with HIV. What the women found especially intriguing was that he was also Christian. He had purportedly been seducing and infecting Kalenjin women because (1) his wealth enabled him to do so (the presumption here is that men with access to wealth are able to have sex with any woman) and (2) his numerous properties had been destroyed during the PEV, and his bitterness supplied him with sufficient motivation.

True or not, this story demonstrates how people quietly used gossip as a strategy for maintaining community dynamics within the parameters of the agreement. Additionally, it illustrates how moralizing discourses of blame about the spread of HIV/AIDS were sometimes a logical consequence of existing political and ethnic animosities and inequalities. Such gossip was evidence that people continued to harbor feelings of distrust and suspicion toward one another, despite the fact that the more overt forms of hostility had receded. Similarly, this gossip provided an outlet through which people expressed concerns and offered commentaries about the abuse of power, most notably the idea that wealthy individuals were able to wreak havoc on those with limited resources. This type of gossip about HIV/AIDS was less about the actual virus, I believe, and more about providing a cautionary tale about the particular dangers of living amidst the violent conditions of Mahali. This local variant of knowledge about HIV/AIDS was perceived as necessary for people to protect themselves from harm and infection. At the same time, however, and similar to Taussig’s (1987) suggestion that narrations about torture can create and sustain a “culture of terror,” this gossip served as one mechanism through which the continuum of violence was reproduced. It ultimately fueled

ethnic animosities, as well as moralizing discourses about the HIV/AIDS epidemic and the stigmatizing sentiment that people living with the virus were dangerous and intentionally spreading the disease.

People for the most part adhered to the agreement—not to speak directly about the atrocities committed during the PEV—but this did not mean that it was not violated periodically. Sometimes people told stories that blended specific details about the PEV and HIV/AIDS and in so doing reproduced moral violence and inequalities. I offer as illustration one instance when the agreement was blatantly disrupted following the tragic death of one woman. Although I do not know the “official” details behind this particular woman’s death, I listened carefully and documented how locals processed the information out loud. I further noted how their circulating narratives ultimately came to represent the truth and fueled the belief that the woman was “guilty” of having HIV. Some people explained her death as deriving from a consuming sense of shame and implied suicide: “She died of shame—that stigma! The family members, especially the husband could not be associated with her after the doctors revealed her [HIV+] status, so she refused to eat” (author’s field notes 2011). At first glance, her death appeared to be shocking because the woman—characterized as respectable, wealthy, Christian, and married to a local church leader, thus making her HIV infection difficult to explain—had successfully hidden her seropositive status and duped everyone into thinking she was a moral person. This was certainly part of the motive for circulating her story, and exposing these details seemed to offer not only a temporary sense of justice in the face of rapid social change and extreme inequalities, but revealed what was most at stake: proper social roles, morals, reputations, and relations.

Stories featuring this woman (and several others who soon followed her in death) further worked to uncover injustices from the violent aftermath of the PEV, and provided an exceptional moment in which people collectively violated the agreement. Specifically, this woman’s death triggered and became incorporated into the spread of more nefarious gossip that “a list of 200 women has now been confirmed true because the first name on the list just died and the church has refused to bury her” (conversational journal entry, October 2011).<sup>5</sup> This supposed list included the names of women who had supposedly been intentionally infected with HIV, and was formally written and left behind by a man who had allegedly died of complications associated with AIDS. Initially dismissed as hearsay, the list was deemed real when clergymen snubbed this woman’s funeral.

The author of the list was described most notoriously as a man who had corrupted his position with a humanitarian organization after the PEV. His job had been to create a list of people who had suffered substantial damages during the PEV and were eligible for relief money. It was explained that receiving compensation for losses was not necessarily contingent on damages, but rather on having sexual relations with him. People consistently interpreted the rumored list as ruthless, as one healthcare worker

demonstrated: “That list has taken effect. Imagine a list of names has already killed three women. This man did not want to die alone with his AIDS. The women here are being consumed by stress and embarrassment.”

Although no one had actually seen the physical list, stories of it were powerful, and, in one extraordinary instance, it was construed as more reliable than the results of an HIV test. While I worked alongside a health worker who provided HIV testing in the community, a woman was tested and the results revealed that she was HIV negative. Rather than feeling relieved, she insisted on being tested again, claiming that she knew she was positive because she was on the list. As this unusual case demonstrates, the tale of the list had very real effects, not the least of which was terrorizing people. The stories circulating about it were convincing and appeared to have summarized the public opinions and anxieties within a very particular, very local, social context (Gluckman 1963; White 2000). These narrations opened a momentary outlet for people to speak directly about the PEV, as well as to express their anxieties about inequalities, social changes, and interethnic, intercommunity violence, and political insecurity that had occurred, and might (re)occur in the future. While there are literally dozens of ways the list could be interpreted, my point here is to emphasize the powerful influence of narratives in (re)producing moral violence. Stories of the list were ultimately shocking because names of people were directly spoken out loud and linked to explicit actions following the PEV, in direct contradiction of the unspoken agreement, while also damaging the lives and reputations of named individuals, women in particular. Likewise, circulating stories blended to construct a reading of the scene, thereby recalibrating community dynamics, anxieties, and inequalities.

### **Conclusion: Narratives, Morality, and Violence**

People frequently referenced a nearby trading center along the highway that had been completely destroyed during the 2007–2008 PEV. I once visited the spot with my research assistants and found it difficult to believe what locals kept telling me—that it had previously been bigger than all of Mahali. It looked like a massive uncultivated *shamba* (farm). I was told the place had strategically not been rebuilt, but when I responded remorsefully, those present disputed my reaction. Instead, they construed the destruction as a real blessing, because the place had been evil, cursed, and the people immoral. This sounded like a strikingly familiar characterization, and echoed of Bakhtin (1984, 1986)—a chain of constructed utterances that provided a social and moral commentary about life in this part of the world.

Sometimes particular individuals living with HIV/AIDS were imagined to be blocking justice. This assessment exposed what was most at stake—“proper” gender relationships, dignity, economic independence, reputations, moral and ethical principles, and a secure sense of belonging in the place. In response, people used a myriad of narratives—humor, gossip,

moralizing discourses—about the disease to teach about and help temper such threats. Such narratives exposed collective anxieties about inequalities and social changes, which pointed directly to the continuum of political, structural, symbolic, everyday, and interpersonal violence. This continuum shaped and sometimes resulted in moral violence, which assaulted moral experiences, perceptions of the place, the interactions between people, and the ways people thought about and experienced the AIDS epidemic. Sometimes, the only thing people could do to achieve a temporary, yet creative, sense of justice in the context of such violent conditions was to leave behind (or circulate and gossip about) stories such as the list of names of the women imagined to have been infected with HIV/AIDS—and in so doing, perpetuate the very violent, social, and structural forces and dynamics they were critiquing through their moralizing discourses.

The narratives described in this article illuminate local, moral concerns about the inequitable and violent conditions that characterized everyday life—documented by scholars working across sub-Saharan Africa (Comaroff & Comaroff 2006; Lockhart 2008)—and shed light on community dynamics, moral experience, reproduction of inequalities, and effects of structural forces in propelling rapid social change on local relations in western Kenya. They further contribute to an anthropological understanding of structural violence, using the notion of moral violence to illuminate how the continuum of violence can work to produce and reproduce assaults on a locality and impact the experiences of the people who inhabit it. If the UN and WHO are sincere in their desire to reduce “all forms of violence and related death rates everywhere” (UN 2015:16), I suggest they too extend a “hermeneutics of generosity” (Farmer 1992) and pay attention to local, particular moralizing discourses that circulate among the populations they seek to assist. Such narratives reveal the social and structural forces at work to produce and sustain the myriad types of violence that continue to wreak havoc on many people living in postcolonial settings and that must be addressed to ameliorate the suffering and deaths in places like Mahali. The *2030 Agenda for Sustainable Development* (UN 2015) also expresses the goal of ending the epidemics of AIDS, tuberculosis, malaria, hepatitis, and neglected tropical diseases. To do so, and as other scholars have already suggested (e.g., Lockhart 2008), the AIDS epidemic and vulnerabilities to HIV infections must be understood through a violence paradigm. Building on these ideas, and as the data presented in this article suggest, it is also imperative that global health programs, policies, and practitioners conceptualize the stigma associated with HIV/AIDS through the lens of moral violence. Accordingly, they must further consider and address the particular histories and existing social and structural insecurities and tensions being drawn upon to think and talk about and interact with the epidemic, those infected and/or associated with it, and those imagined to be spreading it. Otherwise, attempts to alleviate the suffering from this epidemic and the stigma attached to it will remain superficial, at best.

## References

- Anderson, Benedict. 2006. *Imagined Communities*. London: Verso.
- Ashforth, Adam. 2005. *Witchcraft, Violence, and Democracy in South Africa*. Chicago: University of Chicago Press.
- . 2009. "Ethnic Violence and the Prospects for Democracy in the Aftermath of the 2007 Kenyan Elections." *Public Culture* 21 (1): 9–19.
- Bakhtin, Mikhail M. 1984 [1965]. *Rabelais and His World*. Translated by Helene Iswolsky. Bloomington: Indiana University Press.
- . 1986. *Speech Genres and Other Late Essays*. Translated by Vern McGee. Austin: University of Texas Press.
- Bauman, Richard, and Charles L. Briggs. 1990. "Poetics and Performance as Critical Perspectives on Language and Social Life." *Annual Review of Anthropology* 19: 59–88.
- Bernard, H. Russell. 2006. *Research Methods in Anthropology: Qualitative and Quantitative Approaches*, 4th edition. Lanham, Md.: AltaMira Press.
- Booth, Karen M. 2004. *Local Women, Global Science*. Bloomington: Indiana University Press.
- Bourdieu, Pierre. 1997. *Pascalian Meditations*. Stanford, Calif.: Stanford University Press.
- Bourgois, Philippe. 2003. *In Search of Respect: Selling Crack in El Barrio*, 2d edition. Cambridge, U.K.: Cambridge University Press.
- . 2004. "The Power of Violence in War and Peace." *Ethnography* 2 (1): 5–34.
- Bourgois, Philippe, and Jeffrey Schonberg. 2009. *Righteous Dopefiend*. Berkeley: University of California Press.
- Comaroff, Jean, and John Comaroff, eds. 2006. *Law and Disorder in the Postcolony*. Chicago: The University of Chicago Press.
- CSIS (Center for Strategic and International Studies). 2009. *AMPATH: An Integrated Model of Healthcare in Rift Valley Province, Kenya*. <http://smartglobalhealth.org>.
- Das, Moupali, et al. 2010. "Decreases in Community Viral Load Are Accompanied by Reductions in New HIV Infections in San Francisco." *PLOS Medicine* 5 (6): e11068. [www.plosone.org](http://www.plosone.org).
- D'Costa, Lourdes J., et al. 1985. "Prostitutes Are a Major Reservoir of Sexually Transmitted Diseases in Nairobi, Kenya." *Sexually Transmitted Diseases* 12 (2): 64–67.
- Dilger, Hans-Jörg. 2008. "We Are All Going to Die." *Anthropological Quarterly* 81 (1): 207–32.
- Fanon, Frantz. 1963. *The Wretched of the Earth*. Translated by Richard Philcox. New York: Grove Press.
- Farmer, Paul. 1992. *AIDS and Accusation: Haiti and the Geography of Blame*. Berkeley: University of California Press.
- . 1999. *Infections and Inequalities*. Berkeley: University of California Press.
- . 2004. "An Anthropology of Structural Violence." *Current Anthropology* 45 (3): 305–25.
- Fassin, Didier. 2007. *When Bodies Remember: Experiences and Politics of AIDS in South Africa*. Berkeley: University of California Press.
- Ferguson, James. 2006. *Global Shadows*. Durham, N.C.: Duke University Press.
- Gee, James P. 1985. "The Narrativization of Experience in the Oral Style." *Journal of Education* 167: 9–35.



- Geissler, Paul, and Ruth Prince. 2010. *The Land Is Dying*. Oxford: Berghahn.
- Gluckman, Max. 1963. "Gossip and Scandal." *Current Anthropology* 4 (3): 307–16.
- Goffman, Erving. 1963. *Stigma*. New York: Simon and Schuster.
- Haugerud, Angelique. 1995. *The Culture of Politics in Modern Kenya*. Cambridge, U.K.: Cambridge University Press.
- Hendry, Joy, and C. W. Watson. 2001. *An Anthropology of Indirect Communication*. London: Routledge.
- Hermann, Andrew. 2016. "Joking through Hardship." *African Studies Review* 59 (01): 57–76.
- Hodgson, Dorothy, and Sheryl A. McCurdy. 2001. "Wicked" Women and the Reconfiguration of Gender in Africa. Portsmouth, N.H.: Heinemann.
- Holmes, Seth. 2013. *Fresh Fruit, Broken Bodies: Migrant Farmworkers in the United States*. Berkeley: University of California Press.
- Hunt, Matthew R., and Franco A. Carnevale. 2011. "Moral Experience." *Journal of Medical Ethics* 37 (11): 658–62.
- KAIS (Kenya AIDS Indicator Survey). 2009. *Kenya AIDS Indicator Survey 2007*. Kenya Government Ministries, U.S. Centers for Disease Control and Prevention, U.S. Agency for International Development, World Health Organization, United Nations Joint Programme on HIV/AIDS (collaborating agencies). [http://www.nacc.or.ke/nacc%20downloads/official\\_kais\\_report\\_2009.pdf](http://www.nacc.or.ke/nacc%20downloads/official_kais_report_2009.pdf).
- Kaler, Amy, and Susan Watkins. 2010. "Asking God about the Date You Will Die." *Demographic Research* 23 (32): 905–32.
- Kamat, Vinay R. 2013. *Silent Violence*. Tucson: The University of Arizona Press.
- Kamungi, Prisca. M. 2009. "The Politics of Displacement in Multiparty Kenya." *Journal of Contemporary African Studies* 27 (3): 345–64.
- Kleinman, Arthur. 1999. "Moral Experience and Ethical Reflection." *Daedalus* 128: 69–97.
- . 2006. *What Really Matters*. New York: Oxford University Press.
- Lee, Brandy V., James F. Leckan, and Kaveh Khoschnood. 2015. "Violence, Health, and South–North Collaboration: Interdisciplinary Research in Light of the 2030 Agenda." *Social Science & Medicine* 146: 236–42.
- Levi, Primo. 1986. *The Drowned and the Saved*. New York: Summit Books.
- Lockhart, Chris. 2008. "The Life and Death of a Street Boy in East Africa." *Medical Anthropology Quarterly* 22 (1): 94–115.
- Lynch, Gabrielle. 2011. *I Say to You, Ethnic Politics and the Kalenjin in Kenya*. Chicago: The University of Chicago Press.
- Mattingly, Cheryl. 1998. "In Search of the Good." *Medical Anthropology Quarterly* 12: 272–97.
- Mbembe, Achille. 2001. *On the Postcolony*. Berkeley: University of California Press.
- Mbembe, Achille, and Sarah Nuttall. 2004. "Writing the World from an African Metropolis." *Public Culture* 16 (3): 347–72.
- NACC (National AIDS Control Council). 2010. *UNGASS 2010*. Nairobi, Kenya: NACC. [http://data.unaids.org/pub/Report/2010/kenya\\_2010\\_country\\_progress\\_report\\_en.pdf](http://data.unaids.org/pub/Report/2010/kenya_2010_country_progress_report_en.pdf).
- NASCOP (National AIDS & STI Control Programme). 2012. *Kenya AIDS Indicator Survey 2012*. Nairobi: Ministry of Health. [nacc.or.ke/wp-content/uploads/2015/10/KAIS-2012.pdf](http://www.nacc.or.ke/wp-content/uploads/2015/10/KAIS-2012.pdf)
- NASCOP and NACC. 2014. *Kenya HIV Prevention Road Map*. Nairobi, Kenya: Ministry of Health. [www.gbvhivonline.com](http://www.gbvhivonline.com).

- Ochs, Elinor, and Lisa Capps. 1996. "Narrating the Self." *Annual Review of Anthropology* 25: 19–43.
- Patton, Cindy. 2002. *Globalizing AIDS*. Minneapolis: University of Minnesota Press.
- PEPFAR SAB (The United States President's Emergency Plan for AIDS Relief Scientific Advisory Board). 2012. *PEPFAR Scientific Advisory Board 3rd Meeting*. [www.pepfar.gov/documents/organization/200669.pdf](http://www.pepfar.gov/documents/organization/200669.pdf).
- Pfeiffer, Elizabeth J. 2014. *Viral Stories: HIV/AIDS, Stigma, and Globalization in Kenya* (doctoral dissertation). Indiana University, Bloomington, Indiana, United States of America.
- Pfeiffer, Elizabeth J., and Harrison M.K. Maithya. 2018. "Bewitching Sex Workers, Blaming Wives: HIV/AIDS, Stigma, and the Gender Politics of Panic in Western Kenya." *Global Public Health* 13 (2): 234–248.
- Raviola, Guiseppe, Machoki M'Imunya, Esther Mwaikambo, and Mary Jo Del Vecchio Good. 2002. "HIV, Disease Plague, Demoralization, and 'Burnout.'" *Culture, Medicine and Psychiatry* 26: 55–86.
- Reid, Richard J. 2009. *A History of Modern Africa*. Malden, Mass.: Wiley-Blackwell.
- Robertson, Claire. 1996. "Transitions to Kenyan Patriarchy." In *Courtyards, Markets, City Streets*, edited by Kathleen Sheldon, 47–72. Boulder, Colo.: Westview Press.
- Ryan, Gery W., and H. Russell Bernard. 2003. "Techniques to Identify Themes." *Field Methods* 15: 85–109.
- Scheper-Hughes, Nancy. 1992. *Death without Weeping*. Berkeley: The University of California Press.
- Scheper-Hughes, Nancy, and Philippe Bourgois. 2004. *Violence in War and Peace*. Malden, Mass.: Wiley-Blackwell.
- Simmons, Janie, Paul Farmer, and Brooke Schoepf. 1996. "A Global Perspective." In *Women, Poverty and Aids: Sex, Drugs and Structural Violence*, edited by Paul Farmer, Margaret Connors, and Janie Simmons, 39–90. Monroe, Maine: Common Courage Press.
- Spronk, Rachel. 2012. *Ambiguous Pleasures*. New York: Berghahn.
- Smith, Daniel J. 2014. *AIDS Doesn't Show Its Face*. Chicago: The University of Chicago Press.
- Smith, James H. 2008. *Bewitching Development, Witchcraft and the Reinvention of Development in Neoliberal Kenya*. Chicago: The University of Chicago Press.
- Stoeltje, Beverly. 2009. "Asante Traditions and Female Self-Assertion." *Research in African Literatures* 40 (1): 27–41.
- Taussig, Michael. 1987. *Shamanism, Colonialism, and the Wild Man*. Chicago: The University of Chicago Press.
- United Nations. 2015. *Transforming Our World: The 2030 Agenda for Sustainable Development*. New York: United Nations.
- Wacquant, Loïc. 2007. *Urban Outcasts*. Malden, Mass.: Wiley.
- Watkins, Susan C., Ann Swidler, and Crystal Biruk. 2011. "Hearsay Ethnography." In *The Handbook of the Sociology of Health, Illness, and Healing*, edited by Bernice A. Pescosolido, et al., 431–45. New York: Springer.
- West, Robin. 1992. *Narrative, Authority, and Law*. Ann Arbor: University of Michigan Press.
- White, Luise. 2000. *Speaking with Vampires*. Studies on the History of Society and Culture Series, No. 37, edited by Victoria E. Bonnell and Lynn Hunt. Berkeley: University of California Press.
- . 1990. *The Comforts of Home: Prostitution in Colonial Nairobi*. Chicago: University of Chicago Press.

- Wood, Kate, and Helen Lambert. 2008. "Coded Talk, Scripted Omissions." *Medical Anthropology Quarterly* 22 (3): 213–33.
- Yang, Lawrence H., et al. 2007. "Culture and Stigma." *Social Science and Medicine* 64: 1524–35.
- Zigon, Jarret. 2012. "Narratives." In *A Companion to Moral Anthropology*, edited by Didier Fassin, 204–20. Malden, Mass.: Wiley-Blackwell.

## Notes

1. A chang'aa den is a place to drink cheap, potent, illegally brewed/distributed alcohol, including a type known as chang'aa. Names of people and places in this article are pseudonyms. *Mahali*, pseudonym for the community where I conducted research, means "a place" in Kiswahili.
2. Given the large number of individuals interviewed, it is impossible for me to quote each person. I therefore selected quotations from interviewees who were particularly articulate and insightful and represented the views or perspectives and sentiments of others. Also, I do not provide pseudonyms for all people quoted. I felt that introducing too many people by name would be confusing and opted to describe them for the majority of quotations (e.g., working-class Kikuyu man). When I did use a pseudonym, it was done so only for clarity and to reduce the number of pronouns that were otherwise confusing to read.
3. Kikuyu is the largest ethnic group in Kenya, but not the majority in Uasin Gishu District. Kalenjin is a linguistic, sometimes political, social category that incorporates several different ethnic groups (see Lynch 2011).
4. See Kaler and Watkins (2010:912). Based on qualitative data from rural Malawi, they discuss how the fear generated from the increased focus on HIV testing gets linked to overestimated rates of infection.
5. The number of names in the list cited by locals varied widely, ranging from 100 to 600.