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Anette Wickström

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Virginity testing as a local public health initiative: a ‘preventive ritual’ more than a ‘diagnostic measure’

Anette Wickström *Linköping University*

This article focuses on virginity testing in Nkolokotho in northeastern rural KwaZulu Natal. I argue that testing is a strategy that involves the deployment of collective pressure and symbolic means to increase both the individual's and the community's responsibility for sexual relations, and to strengthen girls' and women's positions at a time of chronic HIV/AIDS. In the absence of effective measures against AIDS, inhabitants try to find alternative ways to protect young people. An older tradition that emphasizes the status of virgin girls and the significance of the collective is used in a strategy that incorporates HIV blood tests. I show how virginity testing is a ‘preventive ritual’ more than a ‘diagnostic measure’, while emphasizing how both South African and Western projects aimed at improving the situation are grounded in perspectives that sometimes collide with how local people conceive of both relationships and sexuality.

In the simple stone school below the mountain slope, some women had pushed the school desks aside in one of the classrooms. At the very back of the hall the tester had seated herself on a mat on the floor, her legs wide apart. Between her legs was a cushion with a blanket spread over it. She was putting on plastic gloves when I entered. A woman by her side, wearing the traditional Zulu hat for married women, was tearing off pieces of toilet paper and folding

them. The woman who had asked me to come inside offered me a chair close to the tester where another woman was sitting on the floor. Then she returned to a table just inside the entrance where she and another woman were checking the lists that had been filled in by the girls outside the door. After a while, the same woman opened the door a little, and the first girl, who seemed to be about 17 years old and wore a short skirt and colourful t-shirt, ran inside. She quickly let her underpants drop to the floor and hurried over to the tester. She was a bit confused before she understood how to lie down, with her bottom between the tester's legs. The tester took two pieces of folded toilet paper and drew from the thighs downwards and out, to uncover the hymen. She gave the girl a rough but encouraging tap on her thigh and said "muhle", which means "beautiful". Then the tester asked me to come and see what a virgin looks like inside. I felt that looking would violate the integrity of the girl, but it seemed to be unproblematic for all the others in the room, including the girl herself. The girl then dressed, and one of the women by the table painted a white round mark on her forehead. Full of happiness, she hurried outside and was met by shouts of joy from her peers, who were waiting in the queue on the stairs outside the classroom, and by the characteristic ululation from some adult Zulu women who were present.

In KwaZulu Natal, groups of Zulu have carried out virginity testing campaigns since the mid-1990s, both in the form of large movements including celebrations for several days with the Zulu King at the centre, and in the form of smaller-scale

local initiatives, where girls are tested under simple and everyday circumstances. The initiator is often the headman for a community or a female *isangoma* (traditional healer) in different parts of KwaZulu Natal. Some women, towel-practised in examining girls' hymens, have been engaged as examiners, while local women and men have arranged the events.

The Commission on Gender Equality (CGE) and the Human Rights Commission (HRC) have condemned the activities. The testing is seen as encroaching on young women's private lives and as humiliating (Scorgie 2002). Anthropologist Suzanne Leclerc-Madlala (2001) has interpreted the movement as an effort to handle the AIDS epidemic by exerting greater control over women and their sexuality. Organizers and local people have hurried to take a stand in support of the practice. In August 2000, Zulu girls and some middle-aged women who perform the testing demonstrated on the streets of Pietermaritzburg, the administrative centre of KwaZulu Natal. Handwritten posters announced "We are not being forced!" and "Down with the Gender Commission!" (Scorgie 2002: 55). However, in June 2005, the South African Parliament banned virginity testing for girls under the age of 16 (Children's Act 2005). Two months later, the newspapers reported (cf. Mthethwa 2005) that nearly 20,000 young women had visited the Zulu King's palace in Nongoma for the reed dance, to be tested and celebrate virginity for three days.

In the present article, I wish to present virginity testing as the local people in Nkolokotho see it, as an urgent and vital necessity. In the face of a life-threatening epidemic, they are organizing something that is both a kind of local public health

initiative and a collective ritual. If we are to analyze why people find it appropriate to act in this particular way, we need to understand the specific meanings of sexuality, integrity and personhood found in the local community. However, people in Nkolokotho do not see virginity testing as a solution to the AIDS epidemic. They are sceptical about the benefit of testing, because it is done now and then without any planned follow-up. Still, they see virginity testing as the best possible way to try to change behaviour, in the context of possessing limited means through which to influence their circumstances. Forced to live with inadequate health facilities, no drainage, and a substandard water supply – sometimes without sufficient nutrition to be able to tolerate medications – and with the breakdown of family structures alongside exclusion from the advantages of ‘modern’ society, people are left with little recourse but to try to protect themselves. Virginity testing serves the purpose of addressing human distress and gathering the political body around what is perceived to be a collective moral effort.

The article draws on ethnographic data gathered in 2004 in a former homeland in north-eastern rural KwaZulu Natal, an area where the vast majority of households are poor and where the rates of unemployment and illness are high. I lived for six months among eight families in Nkolokotho doing fieldwork for my doctoral dissertation on relationships and health. I learned sufficient isiZulu to be able to join elementary conversation, but the daily working language was English and the interviews were carried out with the help of an interpreter. During my field stay, I was invited to observe virginity testing. Then, for my remaining time in the field, I tried to understand villagers’ views on the meaning of testing. The methods for

data collection were open-ended interviews, informal conversations and participant observation.

1. Girls and young women celebrating and confirming virginity at a testing in Nkolokotho.¹

Political context

The debate preceding the banning of virginity testing has revealed two different discourses: “return to culture” and “liberation from culture”. In South African political rhetoric, tradition has been referred to through Thabo Mbeki’s appeal for an African Renaissance (Mbeki 1998: 296-7) and the Moral Regeneration Movement, introduced by Jacob Zuma, then Vice President, in April 2002. Through these pro-tradition political ideologies, traditional practices are encouraged for the handling of African problems. When Mbeki spoke about handling HIV/AIDS in an African way, many saw this as a denial and as an excuse for South African leaders who were not taking the AIDS epidemic seriously and fleeing their responsibility for the poorest and hardest-hit citizens (e.g. Salo 2006). Others interpreted it as a resistance to the idea of African promiscuity and a focus on individual behaviour (e.g. Schneider & Fassin 2002). HIV/AIDS, they argued, has to be studied in the light of poverty, segregation, apartheid policy, social violence and disruption of households and communities (ibid.). However, reference to traditional practices in South Africa constitutes a political language, historically used by rulers striving for greater influence and by the marginalized in their great efforts to create space for action and identity.

The Bill of Rights in the Constitution, including the Children’s Bill, balances between these two discourses, return to vs. liberation from culture. It protects the rights of individuals and groups to practice their culture or religion, and at the same time it protects children from harmful practices. Corporal punishment within the home is allowed with reference to its cultural, religious and social roots, while virginity testing is prohibited with reference to the integrity and the human rights

of young girls (Mahery 2005). The state's view in this case shows a clear dissociation from a traditional practice (Vincent 2006: 26). In this discourse, "customary" procedures are seen as "anti-modern" (Karsholm 2005: 144).

Virginity testing, however, cannot be tied to any specific religious or political groups. It has been introduced by different associations to handle the epidemic (Kaarsholm 2006). Attitudes and arguments are constantly shifting. In this article I wish to move beyond these two discourses and study the practice from the perspective of the inhabitants of Nkolokotho, as a preventive public health strategy (cf. George 2008:1452), in order to understand both the specific meanings and the political and economic situation that constitute the circumstances under which people live.

AIDS protection

Female virginity inspection has been carried out in Natal and Zululand long before the contemporary campaigns. In the early twentieth century, and probably earlier, young girls in a specific area were tested by a local elderly woman (Scorgie 2002:16) or individually by their mothers or grandmothers in the homesteads (Krige 1950[1936], van der Vliet 1974). The hymenal inspection was a precaution against childbearing out of wedlock. It was considered a disgrace for an unmarried girl to have a child at her father's kraal, because a child should be born within the patriline.

Today, for the inhabitants of Nkolokotho, the starting point for taking the initiative to arrange virginity testing is the devastation created by HIV/AIDS in

their community. However, from a biomedical perspective, virginity judgements are difficult to make. First, the hymen is more like a wrinkle than a veil, which means that it does not automatically look like a covering (Christianson & Eriksson 2004). Second, the hymen heals rapidly, so that sexual intercourse does not necessarily affect it permanently. It has been observed that the majority of victims of sexual assault have no hymenal tears (e.g. Adams et al. 2001).² The certified Zulu testers, however, have long lay experience of studying hymens and assert that they can determine where in the menstrual cycle a girl is and also whether she has had intercourse only once or is involved in a continuous sexual relationship.

I do not intend to judge the validity of the testers' accounts or of the testing I observed. What I want to do instead is to shift the focus from a discussion of scientific validity to an understanding of why many people support the practice. I suggest that even if the individual girl is the focus of the testing, it is mainly about reinstating and reinforcing morality, not only in individual girls, but also in the community as a whole. By making virginity a matter of public concern, the thinking goes, people can help girls delay their sexual debut and encourage men to respect girls' sexual integrity.

On the day of the testing, about a hundred exhilarated girls assembled outside the school building. The examiner emphasized that the testing was aimed at confirming virginity; she asked everybody who had a boyfriend to go home. She also showed a certificate they could buy if they passed. The girls who flocked together around the woman were in high spirits and full of expectations. One of

the girls in the crowd told me that she was tested for the first time when she was 12 years old. Now she was 14 and in grade 11. She came because her mother wished it, and she really enjoyed it herself. Underneath her black quilted jacket she wore her traditional skirt for virgin girls that is mostly seen on ceremonious occasions. Other teenage girls I had got to know did not turn up. One of them told me that she did not want to be examined. She suggested a similar joyful event for young girls to me, a chance to celebrate virginity but without testing. Yet another told me that she had enjoyed being tested over the years, but she quit when she got a boyfriend. Virginity testing is more of a preventive than a diagnostic event, an effort to celebrate, defend and promote virginity, and thus, in the long run, to prevent young girls from contracting HIV.

By the end of the day, I had counted that 100 girls had been examined and that 89 had passed, but I seemed to be the only one interested in the numbers. Eleven girls went home disappointed. Two of them seemed shocked. They sat on a chair, not wanting to leave the classroom. One of them was very young and told the tester that she had not had sex, that perhaps she had destroyed the hymen herself. The tester asked her to speak to her mother and to go see a social worker. She told the other women that perhaps she had been assaulted by someone at home without telling anyone. The other girl had brought her mother, who was asked to come in. The mother was upset and the tester tried to determine whether the girl had a boyfriend without telling anyone or whether she had been raped. The tester later told me that when she suspected rape, she referred the girl to a social worker, medical doctor, or perhaps to the police, for further investigation.

Isitifiketi / Certificate

issued by the Bayethe Aids Awareness Programme

OFFICE OF HIS MAJESTY THE KING

OFFICE OF HIS MAJESTY THE KING

*"Ngoba Dngculazi
Ngobuntombi Nto"*

Lokhu kuqinisekisa ukuthi u / This is to certify that

Watholakala Eseyintombi Nto / Has been found to be a virgin

Wahlolwa Mhla Zingu / Tested on

*Dsayinwe Ngu / Signed by
Dzimbali Desizwe*

Umqeqeshi

Dgosa / Dnduna

Princess Thembi Ndlovu

2. Certificate for virgins

However, many parts of the rural area contain limited opportunities to carry out such activities. The police are never seen, and medical doctors are far away and too expensive for many of the families. Some people told me that they had been HIV tested by a travelling clinic, but they had never received their results because the permanent clinic was far away. However, at Hlabisa hospital, the nearest hospital and approximately 50 kilometres away, the staff sometimes see mothers and girls coming for HIV tests, medical examinations and counselling after they have undergone a local virginity test.

The organizers try to involve parents in protecting girls and encouraging them to accept the consequences of sexual activity, such as HIV testing and counselling. Claiming that one is HIV negative has become a common aspect of courtship. Some families follow prospective sons-in-law to the clinic for an HIV blood test. Living with daily personal experiences of the AIDS epidemic, it seems natural to people to work together towards a common cause as well as to intensify care for the individual body, in order to reduce the threat. Through joint efforts – not at all like a planned campaign, but more like a panic measure – girls are encouraged to postpone their sexual initiation and to not begin sexual relations without accountability or connection with their family. At the same time, the organizers hope that boys, fathers and uncles will be pressed to respect girls' integrity and protect them from sexual abuse. Virginity testing constitutes men's and women's joint effort to change behaviour and thus to protect their daughters from dying too early.

Strengthening women

My observations in Nkolokotho suggest that this local initiative is an attempt to strengthen women and protect them from unsafe sexual relationships. Painfully aware of the consequences of the AIDS epidemic, mothers and fathers encourage their daughters to be careful, patient and proud, to not allow themselves to be forced into sexual relationships, and to make sure that boys take responsibility for sexual relationships and any consequences that may arise.

Irene is a 57-year-old woman who mostly sat rather quietly when I visited her beautiful homestead by the hillside. However, when I came to ask about the virginity testing that her daughter, Lindiwe 20 years, had participated in, she became enlivened and engaged in a way I had not seen earlier. Her oldest daughter Nokuphiwe was severely ill at times, and I took it that she had HIV.³ That seemed to be the most painful thing in Irene's life. "She nearly died last week", she told me one day when we met on the road. Irene knew that there is no cure for AIDS and that everyone infected will ultimately die. On this occasion, Nokuphiwe was better and Irene was anxious to tell me about the meaning of the testing:

[Virginity testing] started because of this disease [HIV/AIDS]. Then it was said that the girls should be tested because this disease finishes people. [...] I think it is very important because girls die because of diseases and if they get tested they will be afraid of doing as they please. [...] Except for the girls testing, girls should be told that they are not allowed to sleep with any man before they get married. If they are in love already they should go for the blood test so that they can know their status. Men are irritating because they do not want to do

the blood test. So if he refuses the girl must tell him that it is over because you do not know the reason for him to refuse. The problem is that it takes time for the men to die whereas the women they just get sick fast.

Irene is aware of the difficulty of remaining a virgin if a young woman is in love already, but insists that the man, who is the object of attraction, must prove he is HIV negative. She also states that young women are dying very quickly, which has been painfully obvious to every family in Nkolokotho. Virginit testing is an effort to fight a problem that has beset the whole community in a tangible way.

However, when campaigns are aimed at strengthening women, they also put the responsibility on women. Perhaps that is an inevitable effect of empowerment. Women all over the world are often the targets of campaigns aimed at helping young people make good choices in relation to lifestyle. Moreover, in every society, sexual characteristics and biological processes are laden with cultural understandings and moral aspects (Grosz 1995). Sexual maturity, reproduction and parenthood are imbued with social significance, generally to a greater extent for women than for men (Hastrup 1993[1978]). When I saw advertising for sexual abstinence on the state television in Nkolokotho, I was struck by the fact that it sometimes only addressed women. “If you can abstain, he can too”, was one final slogan. The responsibility for sexual negotiation was placed on the woman. South African and internationally sponsored AIDS campaigns such as Love Life and Soul City have been criticized for targeting women more than men in their extensive work towards positive lifestyle changes (Juelson 2008). Targeting

women and making them responsible for sexual relationships seems to be a widespread tendency globally.

Still, people in Nkolokotho see the need for targeting women and they hope that it will have positive effects for the women themselves. Both individuals and the entire society are facing a catastrophe. Moreover, poverty, unemployment, and sickness have impacted on gender roles and responsibilities. Many men have lost their social value and self esteem and 'success' with multiple women has become a marker of manliness (Hunter 2004). The inhabitants are trying to initiate a debate about how people should behave towards each other. By instituting the physical examination of girls' hymens to determine whether they are virgins, people are trying to protect them from engaging in sexual activities too early, to increase individual responsibility via collective pressure and support. The testing entails an urgent call for women to assert themselves and for men to respect women.

Virginity in combination with sexual experience

Zulu concepts of virginity have historically been a challenge to Western thought. In contrast to the Victorian concept of chastity, virginity among Zulus has not previously been associated with abstinence. The important thing was to avoid penetrating sex, defloration and thus pregnancy. Thus, it was bad to destroy someone's virginity, but it was also bad not to "play at all" (Gaitskell 1982: 341). Courtship was, and still is, socially desirable. Thus, virginity is not connected to chastity; both virginity and sexual experience are of great importance.

Up to the 1970s, young girls were educated by older girls who already had boyfriends, but were still virgins. They looked after the younger ones and arranged meetings between boys and girls. To prevent penetration, they learned to practise “thigh sex”, which meant that the girl laid on her right side with her legs strongly crossed, and the boy who laid on his left side could break in between her thighs to the mons Veneris, but without reaching inside the labia (Krige 1968: 174). The boys, on their part, went to initiation schools where they learned not to penetrate a girl (Krige 1950[1936]: 93). When Axel-Ivar Berglund made his field study on Zulu symbolism in the 1970s, he could hear mothers telling their daughters to have thigh sex with different men so that they could compare the men’s skills. He also heard young girls discuss different boys and how they satisfied them.⁴ The time when a woman was a virgin was also the time when she gained experiences and prepared herself for choosing one of her suitors.

The practice of thigh sex has survived to some extent though it has been subjected to changes since colonial time. A society organized around age groups was foreign to the British in South Africa. During the 1920s, missionaries tried to shift the responsibility for young girls’ sexuality and courtship from older girls to mothers. Initiation rites and education on thigh sex were forbidden. Missionaries started health and socializing education to compensate girls for the loss of initiation and maturation rites and for the discipline and education these practices entailed (Gaitskell 1982). They presented a specific way to see the world and to be, a specific definition of personhood, body and health. The young girls were supposed to find new attitudes towards their sexuality and the family. Their mothers, on their part, were supposed to take responsibility for sexual education,

which they had never been in charge of before, and which seemed strange because a young Zulu girl was supposed to respect her mother and not speak about sex in front of her (Gaitskell 1982: 340). It seems like a paradox that measures that were intended to “civilize” people caused the breakdown of existing institutions and people’s ‘moral’ culture. At the same time, the individual was encouraged to control him/herself in order to gain more autonomy and more satisfaction (Comaroff & Comaroff 1992: 319). Thus, the changes entailed a dialogical process in which young girls used “the new Puritanism” to create the respectable, progressive Western identity they strove for (Gaitskell 1982: 345). Zulu people were forced to make changes, while at the same time they saw new possibilities that they developed in creative ways.

When I asked Mphile, a 45-year-old woman, about her adolescence, I got an exhaustive answer on the difference between individual and collective control:

People are more to Christianity now and this Christianity is the one that made people forget about their culture. You find that people are growing up without knowing who they are. The boy will talk to you and if you feel that you love him you will tell him that, before asking old people about it. You have to ask your sisters what to do if you are in love with a boy, because there are ways that things were done before.

I wondered what Mphile meant and asked what Christianity taught young people.

They didn’t teach them anything, it’s just that the Zulu wasn’t there anymore. We were just like white people and I don’t think they do

things like Zulu people. They were controlling themselves because Christianity came with the notion that people must control themselves.

Mphile asserts that blacks are not like whites, who control themselves. To Mphile and the other interviewees, the family and social relations are the basic elements of a person's personality, and thus it seems difficult to understand what the right thing is if you only control yourself. Life is fundamentally seen as a state of continuous collective dependence.

Sexuality has changed from something that was under social control between peer groups to something that is a private affair under pressure from different moral regimes and contradictory messages. In some Nazarite churches⁵, traditional rituals for virgin girls have been revived. Fertility and sexual experience, however, have been transformed into a sacrifice of the self and suppression of sexual desire (Muller 1999: 161). Young people have incorporated 'traditional' understanding, Christian thoughts, ideals of individual and sexual freedom, and knowledge from sexual education in schools and enlightenment campaigns. They take up different attitudes towards their sexuality and subsequent risks. However, the message about sexuality aimed at adolescents hides a double standard and creates ambivalence. On the one hand, young people are encouraged to feel personal freedom, develop their sexuality and not to become locked into moral decrees. On the other hand, they are asked to take responsibility and not "to contract any sexually transmitted diseases, which are seen as a sign of poor morals and an inability to take care of yourself.

Canadian biologist Helen Epstein (2007) argues that, in many parts of southern Africa, the fight against AIDS has been a mixture of different aims. Aid contributions have focused on fighting AIDS, but simultaneously they have marketed a liberal view of sexuality. The goal of the campaigns has been to attract young people with a flashy message, while at the same time teaching them about assuming responsibility for sexual relationships (Epstein 2007: 128). However, in these campaigns, people's sexual behaviour is presented as being the root of the HIV/AIDS problem, because campaigns are mostly directed at changing behaviour, even if their theoretical foundation states that structural hurdles are important parts of the problem (Juelson 2008). The agency of those most likely to become infected is exaggerated, and discussions of responsibility and risk responsiveness tend to blame the victim (Farmer 1999: 9).

Today, being a virgin is mostly connected with abstinence, as non-penetrative sex seems to be disappearing, according to my interviewees.⁶ Mphile explained what thigh sex meant and why it is difficult today:

They tried to protect themselves because condoms were not there before. Their condom was the way they had sex [thigh sex] until they got married. [...] [Condoms] are acceptable because they [young people] cannot go back to their culture. They don't know their culture so who will teach them? Even if we can talk about it as we are talking now, they won't understand because you'll have to show them exactly what to do [how to have thigh sex].

Thigh sex was a sort of contraceptive. The older girls' education and control were the means by which the sexual practice was kept up, at the same time preserving

virginity. Because peer education no longer exists, and because abstinence is hard to maintain, even people who promote virginity testing are sceptical about it. On the day of the testing, I met Thando, 24 years of age, by the water tap. While I spoke to her, Philani, 50 years old, passed by and they started to discuss the value of arranging testing. “They’re tested in October then they’re pregnant in December”, one of them said. Virginity without thigh sex means abstinence, which is difficult, especially if courtship and sexual experience are highly valued. Abstinence means you cannot train your body or put potential partners to the test. Some parents even seemed surprised when their daughter told them she had been to virginity testing. Still, mothers and fathers see abstinence as a last recourse to protect their children from HIV/AIDS and premature death.

Integrity as being in harmony with others

Small Zulu girls are often examined to see whether their bodies look and work as they should. They are sometimes asked to take a turn naked to see if they are satisfactory. One 24-year-old woman explained to me that it was like a game to her when she was small. Some women told me that a girl’s genitals are examined early, in some families from six months, in others from when they are three years old, and sometimes as often as once a month. It seemed to me that they inspected their girls’ genitals much as I, as a mother, have inspected rashes on my child’s body.

One day, some girls happened to enter the room I was sitting in and they showed up topless. Immediately they hurried to explain that it was natural for them to show their breasts because they did not go out with someone and were still

virgins. They thought that I, as a white woman, would feel offended and want them to dress. But for young girls, nakedness is accepted and even desired, a sign that one is not pregnant and a sign of respectability (cf. Berglund 1976: 71, Krige 1968: 180). Virgins are called “the flowers of the nation”. Historically, rituals for the welfare of the society, for health, rain, and fertility among humans and animals, were considered in terms of girls’ puberty ceremonies (Krige 1968). For the girls I met, nakedness implied pride and prestige, a special time in life and role in society. A married woman, on the contrary, is not supposed to show her body to anyone other than her husband. Young girls show moral uprightness through exposing themselves while a sexual experienced woman may bring misfortune if doing the same. In Shaka’s time women in the royal family could prevent the army from going to the wars through lifting their skirts in front of the soldiers (Krige 1968: 174). One day I told Mphile that my husband wanted me to look beautiful to others. She looked shocked, and I understood that I had put my husband in a bad light. How could he want others to see my beauty, Mphile wondered, and perhaps try to entice me closer to them? The body always has sexual meanings, and for many married Zulu woman, this entails covering it to protect oneself.

The woman who was the examiner when I visited the virginity testing was careful to ask girls who were not virgins to go home before the test started. She did not wish to examine someone who was not a virgin. A virgin is supposed to show up, but someone who has had her sexual debut is supposed to dress and not even show herself to a tester. As I said in the introduction, I was asked to come closer and look at hymens several times during the testing. The examiner described some

hymens as the veil, the covering or the shining eye, and they looked like the surface of a bubble-gum bubble to me. They were beautiful, she explained. She also told me that the hymen appears when a girl is about ten years old. When a girl is to have her menstrual period, the hymen becomes sharper then during other periods in the menstrual cycle. Other hymens she described as destroyed, and there I could not see anything like a veil. The examiner seemed to be embarrassed when she saw these, as if she was looking at something she was not supposed to see. In contrast to other sorts of hymenal inspection – such as that performed on prostitutes and the psychologically unstable in Europe in the nineteenth century and right up to 1918 (Svanström 2006) or in present-day suggestions for gynaecological control of immigrant girls in Sweden to see whether they have been subjected to circumcision – virginity testing is not about inspecting the deviant, but about finding and accentuating the desired and the beautiful.

How are we to understand this relationship to the human body? Of course there are girls who do not choose to show up. Still it seems uncomplicated to most of them. What does it mean in terms of integrity? Personal integrity is often interpreted as having unrestricted control over oneself physically, psychologically and ideologically (Sjögren 1993). In many cases, integrity is associated with individual freedom. That view is built on an understanding of the individual as mainly an independent unit. When I asked individual girls about their experiences of virginity testing their answers included showing respect for your parents, not causing them pain, and being proud of yourself. The girls see themselves as being in a continuous interplay with others and as part of a larger whole, not as opposite to independence but as a fundamental ground for being someone.

If we consider the definition of the Latin word *integritas*, we find a concept that means wholeness, interplay, connection and harmony. Annick Sjögren (1993) starts from that definition of integrity, but points out that integrity may mean something else if our view of human beings is different. Harmony and interplay may be achieved and experienced in different ways based on how people view the relationship between the individual, the group and the society. In a society where the kinship group is of great importance, integrity is not connected to independence in the same way as Western ideology implies. Sjögren explains that interplay, connection and harmony are felt not by demanding autonomy and setting up borders around one's own territory, but by being in harmony with others and earning their respect as a human being (1993: 68). In Zulu the word for integrity stems from *qotho* which means genuine or reliable, and from *phelela* which means entire or complete. The individual's body is part of a collective whole, though this does not entail violation of the integrity of the individual. It is more of an understanding of the ground for being a person.

For almost all Zulu people I spoke to, belonging is of such great importance that it influences how they view themselves. Every individual is part of a web of social relations (Wickström 2008). The concept of *umuntu*, *ngumuntu*, *ngabantu*, means a person is a person through persons. The idea that underlies this expression is that being a person means to be interconnected with others, a collectivist orientation (Lienhardt 1985) which stands in contrast to a kind of "sacredness of the human individual" (Carrithers 1985). Social relations are as important a determinant of people's wellbeing as individual behaviour and actions are. Even if

individual failures or infectious agents are recognized as the proximate cause of disease, the ultimate cause is almost always thought to be a breakdown of social relationships.

In a submission to the South African Parliament, the Commission for Gender Equality described virginity testing as “an invasion of bodily and physical integrity, and an invasion of privacy” (Grobler 2005). Instead, I assert that girls who voluntarily participate in virginity testing have a different understanding of the concept of integrity than that used by the Commission in their statement. To them, integrity means showing respect and living in harmonious relationships with those close to them, listening to one’s elders and not getting involved in relationships without security, which means without any agreement between families. My informants were eager to make me understand that this was not a question of restriction, but a sort of freedom, where every time in life had its possibilities and its limitations.

Sexuality as knowledge versus experience

There is a conflict between my interviewees’ attitudes towards sexual matters and the ideals they are confronted with in school and information campaigns. This concerns, among other things, attitudes towards knowledge: acquiring as much knowledge as possible and taking personal responsibility versus acquiring knowledge when the right time comes and being guided by others. Lindi describes how she felt forced to handle sexual matters and her children in a specific way, a way that was foreign to her:

When they [the children] were growing up I used to tell them that they mustn't stay anywhere because the boy will stop you and tell you that you must sit down with him and then you'll get the child. Then they laughed at me and said: 'But mom how can you get a child just by sitting down?' And we [the parents] avoided this word of 'sleeping with a boy', and 'the girl will fall pregnant'. At their school they said that we must teach them and tell them the truth, that when they sleep with a boy they will have the child. And we thought that it is very difficult to tell them the exact words.

Lindi thought it was difficult to speak about sexual matters with her children in the way teachers in school asked parents to. As in many societies in the world parents do not have knowledge about their children's sexuality (cf. Heald 1995: 496). Perhaps this seems strange, given what I have said about some Zulu parents checking their girls' genitals. But there is a clear line between knowing about a child's body and knowing about his or her sexual life. When young people told me about their sexual experiences, it was something that was outside the control of their parents.

The conflict Lindi experienced when she sent her children to school is the same conflict her forefathers experienced when they encountered missionaries and colonizers. They did not agree on how children should learn about sex. The missionaries thought that the Zulu people spoke too much about sex in their peer groups and wanted to transfer the responsibility for adolescent girls to their mothers. Today, state representatives wish to encourage parents to speak with their children about sexual matters. The same conflict is seen in relation to

information programmes, with their ideal of enlightenment and knowledge. The conflict is between speaking about sexuality to be enlightened, on the one hand, and keeping it a secret and not knowing before it is time to be initiated and get experience, on the other.

Using Michel Foucault's writings on sexuality may seem far-fetched in discussions on attitudes towards sexual matters in Nkolokotho. But in fact they may help us understand the gap between different views of sexuality in South Africa, both in the 20th century and today. Comparing Greek and Roman antiquity with the Enlightenment, Foucault (1990 [1976], 1986 [1984]) describes two different attitudes towards sexuality; *ars erotica* and *scientia sexualis*, which mean sexuality as experience versus sexuality as knowledge. He concludes that the scientific discourse on sexuality rests on the presumption that sexuality is repressed, while in fact such a discourse constantly brings sexuality out and speaks about it. He gives examples from the confessional, statistical mappings of sexual behaviour and classifications of sexual divergence, as well as attempts to achieve sexual emancipation. *Ars erotica*, in contrast, was developed in initiation rites and through experiences of sexuality. Foucault calls it a sexuality that did not have any sharp borders between what was forbidden and what was allowable. Instead it was a kind of knowledge that needed to be kept secret, because it could lose its power if it was diffused. Keeping sexual knowledge secret, however, had nothing to do with shame. It was more a question of hoarding.

Foucault's theories run parallel with what I understood from my interviewees. The peer groups were the place where one got initiated into the arts of sexuality.

Umemulo was the ritual that celebrated and promoted a woman's maturation. The ritual is still very important, though it is celebrated when a woman is an adult. In the 1950s, Eileen Krige (1968) tape-recorded the songs that were sung during the ritual. The words were thought to be significant for a person's maturation, but outside the context of the ritual they were not effective, or they were harmful. Thus, *ars erotica* needed discretion if it was to work in initiation rites.

Hence, people seldom use open communication when they take initiatives to, or reject, having sex, even if they are spouses; rather, they use indirect strategies. Lindi told me that she understood that her husband wanted to have sex when he tried to get hold of her in the garden. She was elated when she spoke about it and commented that my questions made her happy. The use of circumlocutions and indirect strategies for having sex is natural to Lindi. It does not mean a lack of communication skills, but another way to communicate. When thinking about all the world's metaphors for sexual intercourse, we may suppose that this way of communicating is a nearly universal strategy. But when it comes to many Zulu, there is yet another aspect that makes the circumlocutions indispensable. Words that describe sexuality are thought to contain power and need to be used in the proper context. If sexual knowledge is spread out in different ways, it runs the risk of doing more harm than good:

The world has died because everything has changed. The children will leave us here and go out to watch television and that's where they see all these naughty things that they show in those TVs. That's why they know so much. Even the ones that don't have boyfriends they do have

the knowledge that once I fall in love with a boy he is going to do something to me.

Lindi's wish for secretiveness or her inability to speak to her children about sexual matters has nothing to do with shame. Maturing and beginning courting are natural and desirable in her view. Lindi's difficulties lies in tackling what she hears from school about parents' responsibility for their children's understanding of sexual life. There is a great conflict between striving to speak about sexuality and thus gaining knowledge, being enlightened and emancipated, and the view that freedom lies in not speaking about it and not knowing until the right time comes.

Even boys lose their virginity

A young man's transition from virginity to manhood is not biologically striking, and thus it is not used as a social symbol to the same extent as female virginity is (cf. Hastrup 1993 [1978]). When the concept of virginity is used in relation to men, it may be a sort of construction derived from how the concept is used in relation to women (ibid. p 44). However, the AIDS epidemic and its devastating effect on the families I came to know have widened the concept of virginity. The expressions "to get one's virginity destroyed" or "being damaged" were often applied to boys and the interviewees were eager to start testing for boys too. Mphile, who had two sons, explained:

What makes boys to love this [testing] is this disease. They also need to learn to take good care of themselves, both the male and female. Because people are dying. And this disease that is not curable. They don't have the pills or injection to get rid of it. I think that is what

made them want this testing. Before boys didn't care because they knew that they didn't get destroyed. The only one who got destroyed was the woman. So now they know that they get destroyed both of them by getting this disease and also losing the virginity. They don't know where and who they both have been with before they met each other. That's why they are scared of this disease. [...] I will teach them [the sons] that they should wait until the right time comes and that they mustn't use girls because girls will use them also after a short time. Because girls cannot be trusted. You can tell yourself that the girl is fine without any diseases and later find that she is sick. Then that same girl will come here to infect my child with this disease.

The relationship between men and women in a sexual relation is asymmetric, because lost virginity and pregnancy are evident in a woman, and their virginity is connected to their social identity and status in a way that is never the case for a man. Under the threat of AIDS, however, this relationship has become more symmetric in some respects. AIDS affects both sexes similarly, even if there are asymmetries from many other perspectives (e.g. Piot 2001). Mphile asserts that boys also lose their virginity because of this disease. They too need to take care of themselves, and understand that they are being destroyed.

The community is planning to start testing for boys by reinventing an old initiation rite. A boy's frenulum, the wrinkle that runs from underneath the glans to the foreskin, is thought to bleed at the first coitus, and inspection of it is supposed to reveal if he has had sex or not. During the rite, an incision is made in

the boys' frenulum, where a piece of horsehair is tied. The pain is supposed to show that losing one's virginity is painful. Similar practices among the Bhaca, a group that lived in Natal in the beginning of the nineteenth century, are referred to as a hygienic measure (van der Vliet 1974). The aim of the rite is to teach boys "how you grow and become a man" and how to learn to be "patient" and "faithful", as the examiner for the girls explained. The testing is thought to promote preferred sexual behaviour. In 2004, seventy percent of the men in Nkolokotho voted for the proposal, but they hoped to reach consensus in 2005. The practice is controversial because now and then newspapers in South Africa report that a boy has died after getting infections caused by circumcision, common among Xhosa people for example. During the reed dance in Nongoma in 2005, the Zulu King Goodwill Zwelithini announced that he planned to start testing for boys and that examiners had been chosen (Mthethwa 2005). Local people are influenced through larger processes, for example through the Gender Committee's arguments for equality and through prevention campaigns that stress abstinence and faithfulness.

Testing boys is seen as important for the girls as well. Irene, whose oldest daughter was sick, spoke about the need to concentrate on the boys in the area: "I think it is better for the older men to call all the boys to test them because they are the ones who are doing the wrong things. [...] The only people that are left now are the boys so that they can stop following our children. We are tired now!" she said. When her oldest daughter Nokuphiwe got destroyed and gave birth to Irene's first grandchild, the order was restored through payment from the father's family. Everybody in the family was proud of having a new child in the house. Getting

destroyed by HIV/AIDS is much more difficult to handle. There are no payments or other strategies to put things in order again.

A modern public health effort

The control of girls' virginity is only partly about the status of individuals' hymens. The controls have a primarily social purpose. They are not only about the individual body of a girl, but about reinstating and reinforcing morality in society as a whole. I do not wish to claim that the individual girl was not in focus for the testing I observed. The personal joy, pride and despair that individuals expressed were not to be mistaken. But what was also very obvious was that people considered it necessary to act together and to do so in the context of a collective ritual. Virginity testing is a public health strategy in which joint societal pressure is put on the individual as well as the collective, as opposed to the pressure brought about by individual self-control.

Mary Douglas (2002 [1966]) has shown that rituals expressing anxiety about body orifices are connected to the protection of the political and cultural unity within a minority group. Ritual protection of the body becomes a symbol for social care. "The rituals work upon the body politic through the symbolic medium of the physical body (ibid. p 129)." The individual body is the most direct, the most nearby area where social truths and disputes take place, as well as the place for personal and social resistance, creativity and struggle. The ritual as such thus plays a role for the members' unity and self-understanding. The world disintegrates through sickness and death, but is recreated through healing and rituals (Scheper-Hughes & Lock 1987: 29). Virginity testing is not only about

every single individual's efforts to take care of her- or himself, but about the need for the collective body to be healed, an effort to recreate continuity and to mend the social fabric.

In combination with virginity testing, some parents insist that men take a blood test and prove that they are HIV negative before starting a sexual relationship with their daughter. The woman who was the examiner at the testing had two daughters in their twenties who were supposed to marry in 2005. Both the husbands-to-be had taken the HIV blood test. "The person that you are going to marry, you have to go with him and do the blood test so that you can be sure that you are both alive. After that you can allow him to go and see your parents, if he is alive", Sizakele explained. A certificate of virginity is a sign for the girl, the family and others, a proof that renders her respect. The certificate is also an economic document that may be used in negotiations on *ilobolo* or bridewealth. Organizers and parents incorporate phenomena such as HIV tests and documents into the testing. Virginity testing in Nkolokotho is not a question of resorting to tradition, but of retooling culturally familiar technologies as new means for new ends (Comaroff & Comaroff 1997). People try to rescue and reinvent something useful and down-to-earth from the olden days, to transform their specific understandings to meet today's needs and conditions.

3. Nkosingiphile Nene shows her certificate from the virginity testing.

Conclusion

The inhabitants of Nkolokotho are dependent on each other. Young people enter into sexual relations with each other, and families are united through the children that are born and through exchanges of gifts. AIDS is not only a disease, but also a dangerous obstacle to love and the family. Continuity is seen to be threatened when the fabric of human life is torn (Wickström 2008). In such a situation, it seems natural for people to act together, as well as to intensify care of the individual body, in an attempt to decrease this threat.

Just as in the twentieth century, however, collective healing and public rituals are sometimes incomprehensible to Western thinking (cf. Feierman 1999: 204). That may be one of the reasons why the liberal South African state has banned virginity testing. Healing may be seen as threatening when the individual is not its sole target. On the contrary, the initiative of virginity testing challenges AIDS prevention programmes' focus on the individual and their emphasis on human mastery over the self. The main characters of Western preventive and treatment programmes are human discipline and personal responsibility. This conception does not take into consideration people's insight that the collective and the family need to be involved in changing behaviours.

In contrast to virginity testing, male circumcision is not banned in the Children's Bill. Instead, it is stated that "every male child has the right to refuse circumcision" (Vincent 2006: 19), thus giving boys the agency and autonomy not granted to teenage girls who are forbidden by the state from undergoing virginity testing. Thus the question arises: Why do young women not have the right to

choose to participate or refrain from virginity testing? If she chooses to participate, she is seen as being in need of protection from both herself and her own people. This tendency to try to create a good society by protecting women is described by Gayatri Spivak (1988: 306). Spivak shows that the custom of *sati* in India was a symptom of the absurd position of widows created by the colonial law. Women who survived their husbands met a hard fate and their lives stagnated. The law created, in effect, women who wanted to die. Thus, the banning of *sati* turned women into criminals, although the practice was a symptom of how they were treated by the state. Spivak argues that our own cultural view prevents us from understanding a woman who chooses to exercise an indigenous practice. Our own conception of 'the Other' is impenetrable, and the woman's voice becomes distorted to fit into our conceptions of her thoughts and will (Spivak 1988: 120). According to Spivak, whatever the subaltern woman does, we distrust her and her moral culture. Virginity testing, in this perspective, is a symptom of political inaction and injustice.

Industrialization and the segregation laws of the twentieth century divided Zulu families. Men were induced to work in the mines close to the big cities, where women and children were not allowed. Then, after the end of apartheid, many men lost their jobs and moved back to the rural areas, where it has been difficult to make a living. Men and increasingly women have been drawn into migrant labour, dividing families between rural and urban areas and creating new types of support networks. When daily life is transformed, sexual relationships and gender roles are affected (see Mohanty 2003, Wickström 2008). People use different strategies to protect the continuity of their families. When they argue for a

collective waking up and for sincere intentions in love affairs, they are trying to improve moral relationships by increasing responsibility, and thereby saving lives.

Virginity testing in Nkolokotho constitutes marginalized people's reaction to their position in the new South Africa (cf. George 2008). It is not an organized resistance movement, but a form of resistance manifested in daily life, a sort of consciousness of the borderlands (Mohanty 2003). Many poor families are excluded from several of the advantages of economic growth that others in the new South Africa are experiencing. People are living in a borderland, in a complex and threatened existence, where they are trying to find meaning. The world's efforts to handle AIDS, to distribute medicine with anti-retroviral effects and vaccines, have been insufficient (Rosen et. al 2007, Hardon et. al 2007). People criticize the shortcomings and the disadvantages that characterize the world of today. However, people do not believe in turning back to an old moral order. Rather they are trying to take control over their situation by creating a new form of consciousness here and now. In other words, in the face of the AIDS epidemic and large-scale efforts of the state and the West to handle this issue in Africa, marginalized Zulu are fashioning their own response, grounded in and inspired by deep cultural convictions about the nature of persons and sociality.

Notes

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¹ After careful consideration and consultation with research colleagues at Africa Centre and at Department of Health and Society I have decided to use photos in this article (cf. van der Geest 2003). My aim is to convey a picture of the environment and the atmosphere, to try to create a recognition of our similarities as well as an understanding of these specific circumstances and specific ways of handling the situation. My informants have given their consent. In the text, however, informants are anonymous.

² Adams, Girardin and Faugno (2001) report from a study of 235 women who were examined within 24 hours after being raped. Sixty-one percent did not show any injury to the hymen.

³ In a pre-study to the microbicide study at Africa Centre (approx. 11,000 households), of which Irene's household is a part, 50 percent of the women close to their 30s were HIV positive (Gafos 2006).

⁴ Conversation with Axel-Ivar Berglund April 23, 2007.

⁵ Nazarite Churches are one branch of AIC, African Independent Churches, churches that have developed syncretism between Christian belief and African traditional religion. For a detailed discussion on these movements see Rune Flikke (2001).

⁶ Women from other parts of Hlabisa district mentioned that they have negotiated thigh sex with their partners as an HIV prevention option. They wondered how they would maintain that negotiation if there are other less effective options. This shows that the practice of thigh sex is still alive and transformed to today's needs, and that prevention campaigns are not only introducing new habits, but influencing old ones.

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Currently a lecturer in social anthropology at Linköping University, Anette Wickström received her Ph.D. in health and society in 2008. Her monograph on the Zulu is entitled *Love in the Time of the Virus*. Her new project is on bodily normalization in medical practice.

Department of Culture and Communication, Linköping University, 581 83

Linköping, Sweden, anette.wickstrom@liu.se