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Silence and the Spoken Word:  
Unpacking HIV/AIDS Health Narratives among  
Maroon Women in Suriname, South America

A dissertation submitted in partial satisfaction of the  
requirements for the degree Doctor of Philosophy in  
Culture and Performance

by

JoAnn Lisa Staten

2014

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## ABSTRACT OF THE DISSERTATION

Silence and the Spoken Word:  
Unpacking HIV/AIDS Health Narratives among  
Maroon Women in Suriname, South America.

by

JoAnn Lisa Staten  
Doctor of Philosophy in Culture and Performance  
University of California, Los Angeles, 2014  
Professor Allen F. Roberts, Chair

The HIV/AIDS pandemic has required a coordinated, global, public health response to study the disease and develop effective interventions to reduce its spread. In Suriname, South America, socioeconomic and health related disparities shaping Maroon women's lives for generations challenge intervention development due to gendered power dynamics and cultural expectations. In 2002, Fidelia Graand-Galon, an Ndjuka Maroon woman from Suriname, visited the UCLA Fowler Museums' "*Break the Silence*": *Art and HIV/AIDS in South Africa* exhibition highlighting the beaded sculptures and colored wireworks of Zulu women in KwaZulu-Natal, South Africa. The artwork had been created as part of an art-based HIV/AIDS-awareness intervention designed to provide women safe spaces to discuss personal issues while making art capable of generating income. She decided to initiate a similar art-based initiative through her organization, the Maroon Women's Network, using the Siyazama approach developed by Kate Wells in South Africa. The Pangi Exhibition Project included HIV-awareness sessions and

encouraged Maroon women to create pangi (wrap skirts) with embroidered or appliquéd HIV/AIDS-awareness messages that could be worn in urban and rainforest communities.

In 2004, their awareness initiative entered the national discourse through the “*Break the Silence*”: *Art and HIV/AIDS Akoti Kuutu Pangi Exhibition* by highlighting their artistry, cultural history, and determination to preserve their vaginal washing practice, which had been identified by public health officials as increasing potential levels of HIV-risk. Through art and performance Maroon women were able to rally community support and challenge public health perspectives. This dissertation uses an ethnographic approach to examine these early Maroon-initiated awareness events and a later series of awareness events developed and presented from 2007 to 2009 by Renatha Ajoni, the first HIV-positive Maroon born and raised in Suriname to go public about her status, to see how Maroon women respond to risk-reduction strategies in Suriname.

Their narratives revealed that communal pressures often silence Maroon women as they choose between adopting behaviors that conform to expectations, but increase risk or revealing their HIV-positive status before being emotionally prepared to do so. I contend that intervention designs, like aggressive condom usage programs, allow Maroon men to maintain their gendered cultural identities while Maroon women have limited intervention options capable of doing so. As a result, particularly in rainforest villages, public health professionals remain challenged by mother-to-child and heterosexual transmission.

The dissertation of JoAnn Lisa Staten is approved.

Donald Cosentino

Michael Owen Jones

Vickie M. Mays

Allen Fraleigh Roberts, Committee Chair

University of California, Los Angeles

2014

To all of the women in my family through time  
who have brought me to this moment.

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## VITA

### EDUCATION

- 2000 B.A., *summa cum laude*, English,  
University of California, Los Angeles
- 2003 M.A., Culture & Performance/Folklore,  
University of California, Los Angeles

### PROFESSIONAL EXPERIENCE

- 2005-2006 Lecturer, Otis College of Art and Design,  
Los Angeles, California
- 2009-2012 Instructor, We Can Foundation,  
Los Angeles, California
- 2012-2013 Research Assistant, UCLA BRITE Center,  
Los Angeles, California
- 2012-2014 Associate Liaison, Graduate Workshops,  
APADS, Los Angeles, California
- 2014 Lecturer, Otis College of Art and Design,  
Los Angeles, California

### FELLOWSHIPS

- 2002, 2003 UCLA Graduate Division, Summer  
Research Mentorship Award
- 2003 Evelyn and Mo Ostin Performing Arts Award
- 2003-2005 Ford Predoctoral Fellowship
- 2004 Make Art/ Stop AIDS International Project  
James D. Kline Fund for International Studies
- 2006 Dissertation Research & Writing Fellowship, Summer  
Department of World Arts and Cultures  
University of California, Los Angeles
- 2006 Graduate Student Researcher Stipend, Winter

- 2006-2007 University of California, Los Angeles  
Ford Predoctoral Fellowship
- 2011 Nelle Becker-Slaton Scholarship,  
Association of Pan African Doctoral Scholars

### HONORS

- 2000 Phi Beta Kappa, National Honor Society  
Sigma Tau Delta, International English Honor Society  
Golden Key, National Honor Society

### SYMPOSIA AND PRESENTATIONS

- Staten, JoAnn. "Silence and the Spoken Word: Unpacking HIV/AIDS Health Narratives among Maroon Women in Suriname, South America." Colloquium, Association of Pan-African Doctoral Scholars, Los Angeles, CA. May 2012. Presentation.
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## **Prelude**

In some ways an attempt to write about silence and the spoken word is filled with the presumption that one can actually capture a true understanding of what the silence contains, of its significance in a person's life and of its implications in a larger field of social and societal relationships. Although, at the beginning of this journey I might well have told you that I thought I could grasp in some meaningful way the complexity of the way people use silence and speech when dealing with health awareness interventions about HIV/AIDS, on April 1, 2009 that all changed.

I received an email that Renatha Ajoni was dead. Renatha was a 35 year old HIV-positive Maroon woman living in Suriname, South America and she was my friend. Our friendship solidified in one conversation at my kitchen table in Wintiwai, a relatively poor neighborhood in Paramaribo, the capital of Suriname. On October 18, 2007 she told me she was HIV-positive and we decided that we wanted to work together to educate the Maroon community about HIV/AIDS awareness and prevention. She wanted to open a Non Governmental Organization (NGO) and I wanted to assist and observe. For me this required no real risk, just a willingness to provide organizational support, a small amount of funding and a good bit of time. For Renatha it meant going public with her HIV-positive status in a country where only two other people had done so, and both of them had lived in Holland and returned to Suriname after becoming HIV-positive with the mission of opening the conversation in that country. That day, Renatha had made a decision to become a home grown activist.

The next week I left Suriname for six weeks. When I returned I discovered Renatha had given an interview to *De Ware Tijd*, the country's top newspaper and had appeared on *Luku*

*Dosu*, a popular television show produced by and for Maroons. She had gone public. I was amazed by how quickly she had crossed over that line into the world that most HIV-positive persons in Suriname consider so frightening that they may never go public or at best take years to go public within their own families.

And so it began.... Everything from that moment on became one long vigil to chip away at the silences surrounding HIV/AIDS within the Maroon community in Suriname. As you can see by her date of death it was a highly concentrated, overwhelmingly inspiring, but far too short a journey.

## **Introduction**

### **Memory, Metaphor and the Experience of Space in Suriname, South America**

“When the guests had broken the surface of the earth, I sat and watched what the living would do” – Aroni, the Lame One.

Wole Soyinka  
*A Dance of the Forests*

## **Overview**

Power dynamics, ethnicity, and gender have shaped cultural exchanges throughout history. Recognizing the significance of their social construction initiated theoretical developments in a variety of fields that focused on deconstructing the seemingly invisible forces moving social interactions. The appearance of HIV illuminated some aspects of these previously indiscernible pathways and placed a spotlight on the role societal constructs play in the sexual transmission of disease and maintenance of health and well-being within societies. Since the discovery of HIV/AIDS in 1981, many theories and protocols have focused on reducing the spread of the disease through awareness and risk-reduction campaigns, as well as through the creation of drug therapies and treatment protocols. Even with amazing breakthroughs in both risk-reduction and treatment options, problems arise in the implementation of these protocols due to influences associated with gender dynamics and established cultural practices. While perspectives and practices, often called traditions, affect all cultures, understanding these cultural roadblocks can improve the development and acceptance of awareness information and risk-reduction practices within specific communities.

Tradition is a contentious concept. For indigenous and minority communities it signifies history, identity, and an opportunity for political unity and power. From a postmodern

perspective, tradition is not immutable and therefore the term does not capture a clearly definable cultural truth. Even folklorists who focus on archiving cultural practices agree that traditions are continually reinvented and as a result are fluid rather than static. Thinking about the role tradition plays in diverse cultural interactions highlights the sociopolitical complexities of position and purpose that shape a particular group's perception of events. However, despite the term's contentiousness, it cannot be ignored. In many cultures a sense of tradition can stifle change, but at times it can also provide the spark for the adoption of new practices and perspectives.

For Maroons, the descendants of enslaved persons who began escaping into the Surinamese rainforest over three hundred fifty years ago, tradition serves as an organizing principle that shapes cultural memories and reinforces a sense of collective identity.<sup>1</sup> Traditional concepts provide the starting point for theoretical discussions about how the community should respond to a particular problem. Since beginning their communities in the midst of slavery, enduring socioeconomic disparities enacted by the post-independence government, and suffering attempted annihilation waged by Dési Bouterse after taking control of the Surinamese government in a military coup, Maroons have relied on building a sense of community to challenge power. Discussions occurring in the evening on an elder's city front porch or outdoor village living space may appear casual to outsiders, but often significant sociopolitical tactics are

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<sup>1</sup> Throughout plantation societies, rebellions and successful escapes challenged colonial authority systematically enough that Maroon identities became part of Western consciousness beginning in the 1500s when escaped Amerindian and African individuals in Panama and Hispanola were able to establish settlements in uninhabited areas of the country. The Spanish term *cimarrón*, which refers to a wild sheep that lives on mountain tops, was used as a reference to their encampments and to European beliefs in their savagery (Price 1996: xi-xii; OED 2013; Price 1976:3). José Juan Arrom challenged this meaning of *cimarrón* in two ways. First, he attributed Taino Amerindian roots to the term and second connected its meaning to wild cows in Hispanola (Arrom 1983: 55-57). Later the term was shortened to Maroon, but associations with wildness remained important. In 1666 Charles de Rochefort wrote in *The History of Barbados, St. Christophers ... and the rest of the Caribby-islands*, "they will run away and get into the Mountains and Forests, where they live like so many Beasts; then they are call'd Marons, that is to say Savages (Rochefort 1666:202). The European assumption that most African societies were not as evolved as those in Europe reinforced perceptions of enslaved and escaped persons as wild. For more information on the construction of slave identities as wild, see Lalla *Defining Jamaican Fiction Marronage*.

being considered by key community leaders to determine a suggested course of action to be brought before the community. The AIDS pandemic has challenged these social processes as Maroons work to develop an effective risk-reduction response for the community. Part of that test includes dealing with public health assertions that *wasi fesi*, Maroon women's vaginal washing practice, increases HIV risk. Although HIV was first reported in Suriname in 1986, finding solutions individual Maroon women will adopt despite cultural expectations, socioeconomic pressures, and fears of stigma and discrimination remains difficult in 2014. Therefore, understanding Surinamese Maroon women's response to the threat of HIV/AIDS requires an exploration of traditions used to define their history, identity, and the challenges associated with their daily lived experiences.

Many of these traditions maintain the foundational memories that helped enslaved persons from what are now more than twenty-two African countries begin to identify themselves first as Rebels, later as Bush Negroes (*Busi Nengee*), and more recently as Maroons.<sup>2</sup> Their traditions, established within six Maroon nations illustrate constructions of time, space, and identity that, although distinct, have allowed Surinamese Maroons to become the largest enclave

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<sup>2</sup> Bush Negro or *Boschneger* (Dutch) versus *weglooper* (Dutch) designated the difference in the way the individual had attained their freedom. A *weglooper* or *marron* had escaped, while a *Boschneger* was a member of a Rebel group that had signed a peace treaty with the colonial government (Price 1976). The treaty with the Ndjuka was signed in 1760, the Saamaka signed in 1762, and the Matawai signed in 1767 (Thoden van Velzen and van Wetering 2004:10). According to the conditions of each peace treaty, the free Rebels were required to capture and return to the authorities any newly escaped slaves (Groot 1977: 11-14). This agreement and the repercussions that followed have added to generational tensions between the descendants of those who remained enslaved and those who escaped to freedom. When Maroons had the power during colonialism, they did not help Creoles (See note 18) and subsequently, for decades after independence, Creoles did not include Maroons in their political alliances thereby limiting Maroon's political power and slowing their socioeconomic advancement. Some of the energy surrounding the use of *Boschneger* versus Maroon is charged by this history. During conversations I had while in Suriname, some members of the Maroon community preferred the Bush Negro (*Businengee*) name over Maroon explaining that the bush was their ancestral home. Fidelia Graand-Galon among others held the opposing viewpoint that the name implies that Maroons are created/born by the bush (pers.comm. 2002). Used by locals, the term implies that Bush Negroes lack sophistication, intelligence, and cleanliness and therefore it is derogatory.

of Maroon groups in the world.<sup>3</sup> Challenges created by HIV/AIDS have illuminated spaces where communal expectations and individual needs and desires become problematic for Maroon women in all six communities. While this dissertation primarily focuses on Ndjuka Maroons, events used to explore silent spaces where Maroon women struggle to maintain order in their lives, care for their children, and negotiate gendered power dynamics were attended by members of all six communities. When the Maroon group to which a woman belongs is known, it will be identified; however, Maroon women are organizing across groups. While locals know to which group an individual belongs, this outsider could not consistently make those determinations with certainty.

The project began with a feeling that developed at the end of my first full night in Suriname as I sat on the front porch of a divorced, Pentecostal Ndjuka Maroon woman's home. We were in Ramgoelam, a lower class neighborhood in the capital city of Paramaribo and after talking to her family, I remained outside enjoying the warm evening while battling mosquitoes and listening to the distant drums of a *winti prey*, an African Diaspora religious ceremony.<sup>4</sup> Although my hosts were Christians who do not agree with traditional religious practices, they explained the drums' historic significance, connection to religion, and importance as survival tools used to communicate across great distances. They told the story of the *apinti*, the talking drum, which announces important village meetings, calls the ancestors, and honors the gods.

---

<sup>3</sup> Of the six Maroon nations, the two largest are the *Ndjuka*, also known as the *Djuka*, *Aucaners*, or *Okanisi* and the *Saamaka/Saramaka*. The remaining groups are the *Paamaka/Paramaka*, *Matawai*, *Aluku/Boni* and *Kwinti* (Price 1980:15). The alternate spellings of *Saamaka/Saramaka* and *Paamaka/Paramaka* represent the differences in language between Maroons and Creoles. Maroon orthography does not include the letter "r," but Sranan Tongo, the national vernacular language developed among Creoles includes the letter "r" in writing and enunciation. Sranan Tongo is spoken across all cultural groups and tends to be adopted quickly by visitors in order to communicate while learning Dutch, the official national language.

<sup>4</sup> Since we were in the city, the drums were more than likely part of a *winti prey*, the practice sustained by the descendants of enslaved persons who remained on the plantations. If we were in a Maroon village the event would be called a *pee*. However, there are many similarities between a *prey* and *pee*.

That night I felt that I was beginning to become aware of the depth of respect Maroons have for their ancestors' legacy and the importance they place in upholding and honoring the ancestors in their daily lives and in the continuity of the community. While respect for their cultural legacy helps to sustain a sense of identity, those reinforcing practices are also capable of complicating women's individual decision making processes as they attempt to determine a viable HIV/AIDS risk-reduction course of action. My fieldwork focuses on trying to understand whether the intervention options presented to Maroon women provide a viable means of both conforming to societal expectations and adopting an effective risk-reduction plan. As a result, cultural identity, gendered power dynamics, the connection between religious practice and personal identity, and perceptions about health options drive my dissertation research.

Learning about Maroons' cultural history and their responses to unforeseen consequences of the HIV/AIDS pandemic heightened my interest in the translation of cultural expectations into culturally relevant adaptations of risk-reduction strategies. Understanding the various processes of negotiation required, particularly for Maroon women, might illuminate the impact of local issues on their responses to HIV/AIDS awareness interventions. The model for this approach began in 1999 as part of the cultural outreach program developed in support of the 13<sup>th</sup> International AIDS Conference held in Durban, South Africa from July 9<sup>th</sup> to the 14<sup>th</sup> in 2000. Interdisciplinary collaborations among art professionals, museum curators, and HIV/AIDS activists focused on creating art-based, culturally-sensitive awareness workshops for local communities (Roberts 2001). One of those efforts, spearheaded by Kate Wells, a Lecturer in Design Studies at M.L. Sultan Technikon of Durban, used rural crafts to allow women to express

their fears and tell their stories as part of an awareness workshop.<sup>5</sup> The *Siyazama* Project (We Are Trying) provided safe spaces where women could reinterpret “traditional” artistic mediums to convey their personal stories about dealing with HIV/AIDS (Roberts 2001:38).



I.I. Pangi with Maroon Women’s Network acronym and logo. Photograph by JoAnn Staten (JS), Langatabiki, 2006.

In 2002, Allen F. Roberts, then Director of the UCLA James S. Coleman African Studies Center, curated a traveling exhibition of the crafts developed through the *Siyazama* process. When the “*Break the Silence*”: *Art and HIV/AIDS in South Africa* exhibition opened at the UCLA Fowler Museum of Cultural History, *drs.* Fidelia Graand-Galon,<sup>6</sup> a Ndjuka Maroon woman and cultural activist from Suriname, had an opportunity to view the show. Graand-Galon was visiting the Fowler’s archives to review Maroon artifacts collected by Richard and Sally Price for their 1980 exhibition, named *Afro-*

*American Arts of the Suriname Rain Forest*. After viewing the “*Break the Silence*” exhibition, Graand-Galon was interested in developing an awareness intervention based on the use of traditional arts as a means of educating Maroon women about HIV/AIDS. Her desire to learn about the *Siyazama* program was sparked by concerns that her community’s stability would be

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<sup>5</sup> The M.L. Sultan Technikon of Durban, created in 1927, provided training for the descendants of the East Indian population originally brought to South Africa in the 1860s as sugar plantation laborers. After two mergers, the university was renamed the Durban University of Technology, (D.U.T.) in 2007.

[http://www.sarua.org/?q=uni\\_Durban%20University%20of%20Technology](http://www.sarua.org/?q=uni_Durban%20University%20of%20Technology)

<sup>6</sup> “*drs.*” is the abbreviation for the Dutch academic degree *doctorandus*, approximately equivalent to a Master of Science degree and literally means, “one who is qualified to proceed for the title of doctor.” The abbreviated term should appear in lower case before the individual’s name (Nuffic Nov 20, 2013).

<http://www.nuffic.nl/en/expertise/nuffic-glossary/doctorandus-drs/view>





**I.2** Ndjuka women's group members in Baku, a village in the Sarakreek jurisdiction of the Brokopondo district, wear pangi with appliqué designs similar to those sold in the pangi exhibition in Paramaribo. Photograph by Dara Lipton, 2007.

weakened as a consequence of high seroprevalence rates. When Graand-Galon returned to Suriname, her NGO, the Maroon Women's Network (MVN),<sup>7</sup> began developing an HIV/AIDS awareness project based on an adapted version of the Siyazama approach. They decided to use *pangi*,<sup>8</sup> traditional wrap skirts embroidered with images and messages and worn by Maroon women, as their artistic medium. Not only do pangi have a long history of being used to convey messages, but they also provide endless opportunities to create varieties of moving canvasses capable of being displayed in any region of the city or the interior. Designs can be developed as

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<sup>7</sup> MVN is the abbreviation for their Dutch name *Marron Vrouwen Netwerk*.

<sup>8</sup> "Nouns [in Maroon languages] are invariable; and therefore, do not change based on gender or number. They are often preceded by an article that signifies whether the noun is singular or plural. When necessary, gender is not marked by the article but through the placement of 'man' (man, male) or 'uman' (woman, female) that is placed directly in front of the noun it modifies" (Goury & Migge, 2003: 64-66).



**I.3** Deer design embroidered pangi (skirt) worn by young teen girl when she came over to hang out with kids playing football (soccer) in my yard. Suriname has three species of deer, well known for their delicious meat. Photograph by JS, Wintiwai, 2007.

appliqué (figs. I.1 & I.2), intricate embroideries (fig. I.3), or by combining various techniques. Later, the Maroon Women's Network would reach out to urban and rainforest women's groups to deliver information throughout the country. By disseminating a new message through familiar and established mediums, Maroon women participating in the MVN focus groups began to feel comfortable asking questions and sharing their opinions about issues related to gender dynamics, economics, and health.

The importance of utilizing this intersection of past and present became more apparent as we walked together through Paramaribo in 2002 and Graand-Galon told stories about specific injustices experienced during slavery and the Maroons' fight for freedom. As I listened, I was struck again by the feeling I had experienced on my first night in Suriname, a feeling that history was very present in Maroon consciousness and that from their perspective, the ancestors were always watching and waiting to see if the living would honor their tremendous achievement by continuing to fight for the stability and longevity of Maroon culture. This sense of obligation to their ancestors, captured in narratives about HIV/AIDS causing the end of Maroons, highlights

the importance of maintaining cultural practices connecting a sense of sustainability to the social spaces in which those narratives developed over time.

Frames provided by colonialism, diaspora, archive, and repertoire are useful for thinking about social constructions connecting cultural narratives, movements within communities, and expressions of personal identity to lived experiences. In each case, the spaces in which these histories occur illuminate tactics adopted by citizens to overcome adversity and contest governmental power while sustaining cultural identity. Michel de Certeau posits that spatial logics influence identity, “that history begins at ground level, with footsteps,” and that tactics for survival grow out of spatial experiences associated with both structured and undefined public areas (1985:129). This process of moving through locales, of seeing and experiencing and commenting about events, builds narratives that, through time, define the environments people inhabit and the cultural identities they associate with living in those settings. Some cities resonate with their citizens’ heightened awareness of history’s role in the identity-building process. The style in which the city was developed – its streets and buildings and public spaces – reminds inhabitants of the colonial past, of members of multiple diasporas arriving because of a need for labor, and of the complexities created as a result of those multiple ethnicities struggling to survive and maintain their identities despite the constraints imposed by colonial governments (Tjon Sie Fat 2009; World Heritage (WH) 2011:42). Suriname is one such locality; found on the northern coast of South America, between Guyana to its west and French Guiana to its east. There, forwarding generational representations of cultural identity serves as a tactic for negotiating intra-ethnic sociopolitical power dynamics.<sup>9</sup>

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<sup>9</sup> The Food and Agriculture Organization provides the following description: Suriname, located on the northeastern coast of South America, lies between latitudes 2° and 6° N and between longitudes 54° and 58° W. It is bordered by the Atlantic Ocean to the north, Guyana to the west, French Guiana to the east and Brazil to the south. [However

When HIV/AIDS emerged as an international pandemic, local Surinamese Maroon communities utilized this relationship between spatial experience and cultural identity as a means of “talking back” to what they perceived as potentially stigmatizing narratives associated with their cultural practices and the spread of HIV (Hooks 1989: 5). Visual and performative arts, created in part as a result of their adapted Siyazama approach workshops, were used to develop their response. Work was presented in an historic plantation owner’s home converted into an exhibition space that celebrated Maroon culture and historical perspectives. This act of recasting a colonial space to educate the community and address national narratives about the relationship between Maroon culture and HIV/AIDS opened a new area of public discourse focused on the nature of the delivery of health services and the stigmatization of particular ethnic communities.

This dissertation examines culturally sensitive responses to the HIV/AIDS crisis developed for the community by three Maroon activists: Fidelia Graand-Galon, Founder and President of the Maroon Women’s Network; Renatha Ajoni, Founder and President of Stichting Broko Doro; and Harvey Eiflaar, Counselor and Coordinator for Stichting Mamio Namen.<sup>10</sup> The activists counter the threatened longevity of Maroon communities by incorporating historical and cultural narratives into their responses addressing the sociopolitical power dynamics shaping community reactions to HIV/AIDS. Graand-Galon emphasizes the role “tradition” and gendered identity play in the sustainability of Maroon communities. Renatha Ajoni highlights the

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based on the South American coastline, the capital of Guyana is to the north of Paramaribo and the capital of French Guiana is to its south.] [http://www.fao.org/nr/water/aquastat/countries\\_regions/SUR/index.stm](http://www.fao.org/nr/water/aquastat/countries_regions/SUR/index.stm)

<sup>10</sup> A *stichting* or foundation, abbreviated *stg.*, is the designation non-governmental organizations (NGOs) receive in Suriname once they are officially registered. According to Renatha Ajoni, Stichting Broko Doro *or* Foundation for Breaking the Door “fu broko a tabu fu HIV/AIDS (is for breaking the taboos associated with HIV/AIDS).” She envisioned that process as breaking open the doors or barriers creating and sustaining silences surrounding educational awareness and issues associated with stigma and discrimination (pers. comm. 2008; Stichting Broko Doro brochure 2008). Stichting Mamio Namen or the Foundation for the Names Quilt began in 1989 to educate the Surinamese about HIV/AIDS by initiating a national conversation through the creation of an AIDS Quilt. [http://www.aidsmemorial.info/memorial/id=66/surinamese\\_aids\\_memorial\\_quilt.html](http://www.aidsmemorial.info/memorial/id=66/surinamese_aids_memorial_quilt.html)

importance of using faith to develop an attitude of non-judgment and communal support for HIV positive persons. Harvey Eiflaar underscores education as a key tool for addressing cultural biases and reducing the incidence of negative outcomes for those challenged by the disease. Each activist's intervention efforts uncover some of the barriers to Maroon women's adoption of risk-reduction strategies which can threaten not only the delivery of effective healthcare services, but also the possibility of expanding successful paths of empowerment. By considering how representations of Maroon cultures have been constructed both within their communities and through fieldwork and historical research, societal dynamics shaping spaces where long-standing cultural practices limit women's abilities to voice their health care concerns become clearer. Lila Abu-Lughod, professor of Anthropology and Women's and Gender Studies at Columbia University, explains that "'culture' operates in anthropological discourse to enforce separations that inevitably carry a sense of hierarchy" (1991:466). These entrenched hierarchies strongly influence Maroon women's on-the-ground experiences with HIV risk-reduction decision making processes, as well as the manner in which interventions focused on behavior change are situated.

As the development of international HIV/AIDS awareness interventions has progressed, significant emphasis continues to be placed on the need to formulate gender-sensitive, culturally-informed interventions capable of addressing localized socioeconomic issues confronting particular populations of women (UNAIDS 2012). The goal of this focused approach is to increase women's sense of empowerment rather than identifying women as powerless victims (Hammonds 2001). In Caribbean cultures Eudine Barriteau, Professor of Gender and Public Policy Studies at the University of the West Indies, explains "Caribbean women are not victims but often experience very adverse conditions. The challenge becomes how to plan for women as agents rather than passive recipients of development policy while recognizing that

women experience unequal social relations of gender” (Barriteau 2001: 174). To achieve this goal, some researchers focus on developing interventions that create specific, targeted solutions for structural barriers limiting women’s access to their own sense of personal power (Connell 1987; Wingood and DiClemente 2000). Utilizing identity narratives and storytelling practices aids in psychological processes associated with women’s empowerment, which when partnered with structured supports can reduce the effects gendered and economic disparities have on women’s ability to adopt risk-reduction solutions (Williams et al. 2003; Wells 2006). This dissertation reviews discussions that arise in awareness settings to learn about the issues and structural barriers influencing Maroon women’s HIV/AIDS risk-reduction decision-making processes and considers the role artistic interventions play in facilitating conversations capable of increasing awareness and encouraging empowering behavior changes.

## **Background**

During conversations, Maroon women often situate their explanations about cultural practices and daily experiences within a gendered historical context that highlights performative aspects of their lives. Their emphasis on performed identity indicates the importance of feminist theories that connect the body to a sense of space and place. A useful concept is that of Setha Low’s “embodied spaces,” defined as an experience of “material/conceptual intersectionality” which underscores “the importance of the body as a physical and biological entity, [as a] lived experience, and a center of agency, [as well as] a location for speaking and acting on the world” (2003:10). From this perspective, intersections including the body, performed identity, and social spaces which help to define the way in which bodies are culturally situated add significant layers of meaning to individual and communal experiences. For Maroons, the intersection of the

material and the conceptual incorporates the connotation of particular terrain into generational identity narratives. This “geography of freedom” is measured in memories of ancestors’ footsteps marking the journey, both physical and psychological, to their foreign and initially hostile new home.<sup>11</sup>

Throughout the colonial period, captives would have begun this journey by travelling down the Suriname River to the harbor in Paramaribo. John Gabriel Steadman, a soldier in the regiment created by the Prince of Orange, head of the royal family of the Netherlands, described the river as:

...one mile broad, and containing sometimes above one hundred vessels of burden....

Indeed, there are seldom less than fourscore, which load coffee, sugar, cacao, cotton, and indigo for Holland, including the Guineamen [ships] that bring slaves from Africa, and the brigs, schooners, &c., that import from North America and the Leeward Islands flour, candles, beef, pork, and horses, and for which they export molasses to distill their rum.<sup>12</sup>

The landing adds to the liveliness of the city, because “no sooner is a Guineaman arrived than all of the slaves are led upon deck, where they are refreshed with pure air, plantains, bananas, oranges, &c., and being properly cleaned and washed ....one part of them is sent ashore for sale” (Stedman 1796: 95). The city is the first place they encounter and their arrival feeds the survival of the colony, not only through their labor, but also by symbolizing the continuity of a lifestyle

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<sup>11</sup> The term “Geography of Freedom” was used in the title of the biography of geographer and anarchist Élisée Reclus who forwarded an early form of social geography in his work titled *La Nouvelle Géographie Universelle, la terre et les hommes* which connected the quality of life to the topography and climate of a region which he believed helped to determine its societal structure (1875-1894).

<sup>12</sup>Stedman 1796:127. For this research project, the abridged version of Steadman’s original text, edited by Richard and Sally Price under the title *Stedman’s Surinam: Life in an Eighteenth –Century Slave Society* will be used. Quotes that come from the introduction written by Richard and Sally Price will be cited as Price and Price 1992 and quotes from the abridged version of Steadman’s narrative will be cited as Steadman 1796. His original title is *Narrative of a five years expedition against the Revolted Negroes of Suriname in Guiana on the Wild Coast of South-America: From the year 1772 to the year 1777.*

that by 1775 had provided great material wealth. Steadman explained, “But nothing so much displays the luxury of the inhabitants of Suriname as the quantity of slaves that constantly attend them, sometimes in one family to the number of twenty and greatly upwards” (Stedman 1796: 127,130; Waller 1820: 60-62). Thus, the colonial system and the transatlantic slave trade transformed Suriname’s coastal swamps and inland savannahs into a tropical version of social spaces designed for an upper class European lifestyle.

Despite the eventual success of the Dutch, initial development efforts were challenging. Suriname is part of the “Wild Coast,” an extended swamp on the northern coast of South America, where efforts at colonization were undertaken by England, France, and the Netherlands during the 15<sup>th</sup> to 17<sup>th</sup> centuries.<sup>13</sup> Two Dutch settlers established a trading post in 1613 that is considered to mark the beginning of the settlement that would become the capital city of Paramaribo. Additional settlers arrived, expanded the settlement, and built a wooden palisade, but Amerindian attacks drove them out after 1615 (WH 2011:16). The French arrived in 1640 and were unsuccessful in establishing a sustainable settlement (ibid.). The English, led by Sir Francis Willoughby Lord of Parham, launched the next attempt to establish a colony in 1651 with “300 planters from Barbados,” and by 1660, Paramaribo began to develop more rapidly.<sup>14</sup> A city plan developed in 1764 illustrates the growing formalization of city spaces with clearly delineated streets and a depiction of plantations that surrounded the city center due to accelerated expansion that began in 1668 and by 1715 boasted a diverse population of about 2000 colonists and 22,000 enslaved persons.<sup>15</sup> The expanded network of plantations, which numbered anywhere from 591 to 700 distinct sites, extended beyond the coastal plains and into

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<sup>13</sup> See Appendix A, Map 1.

<sup>14</sup> Ibid. See Appendix A, Map 2.

<sup>15</sup> Price 1976:7. See Appendix A, Map 3.



the the *Zanderij* (Savannah) or rural area.<sup>16</sup> J.D. Herlein provided an image of Paramaribo in his 1718 narrative:



**I.4.** The wooden city of Paramaribo and the brick and stone Fort Zeelandia in 1718 situated on the Suriname river at one of the locations where enslaved persons would have disembarked before sale. The beginning of the forest can be seen at the horizon line. Engraving by J.D. Herlein, 1718. John Carter Brown Library,

During the colonial period, this relationship between urban and rural space shifted as enslaved persons escaped and challenged colonists' sense of security. Raids which began in the 1600s caused the capital to be moved from Thorarica to Paramaribo and later in the 1800s many plantation owners began building large, luxurious homes in the city and turning over plantation management to administrators due to the threat imposed by "Rebel Negroes" (Goslinga 1979:100; WH 2011:16-18; Stedman 1796:50). From this perspective, rural areas are divided into two types of space, one as agricultural space, the other uncharted and open rainforest. For the purposes of this dissertation, "rural space" refers to agriculturally developed space, primarily located in the savannah, and "rainforest" or "interior" refers to the remaining open spaces that contain Maroon and Amerindian villages and the surrounding "slash and burn" agricultural plots.

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<sup>16</sup> FAO 2000; World Heritage 2011:17; Hoogbergen 1990:1. See Appendix A, Map 4. According to the Food and Agriculture Organization, "the country has an area of 163 270 km<sup>2</sup>, of which 80% is covered with tropical rain forests. Only 1.5 million ha (hectare) are considered suitable for agriculture. In 1997, the total cultivated area was estimated at 67 000 ha, of which 57 000 ha were annual crops, with rice being dominant, and 10 000 ha permanent crops, with bananas, plantains, coconut, citrus and palm oil trees being the major crops" (FAO 2000).

This distinction acknowledges the importance of liminal spaces in enslaved persons' decision making processes about escape. According to Wim S.M. Hoogbergen, "The plantations were nearly always bordered by the jungle and usually they backed directly onto secondary forest, the so-called *kapuweri* ... [which had] been formed by the slaves' old gardens growing over" (1990: 9). The *kapuweri* provided the opportunity for "step-by-step Marronage" which began with contesting the master's authority by moving away from daily plantation activities, but remaining close enough to have occasional access to food, family and friends while deciding whether or not to risk returning to the plantation or the uncertainty of being accepted or killed when attempting to join a Maroon community.<sup>17</sup>

Whether immediate or step-by-step, the predominantly male enslaved population rebelled against the brutality of enslavement through continuous uprisings that helped to create a strong Marronage movement within the colony (Segal 1995:96). Not only did Maroons continuously raid plantations, at times they formed temporary alliances with local Amerindians, which helped ensure their success in an unfamiliar setting (ibid.). Thus, the current Afro-Surinamese community is divided into two social groups, Creoles, the descendants of enslaved persons who remained on the plantation, and Maroons, the descendants of enslaved persons who escaped into the rainforest. Another definition of these identities is that Creoles were born on the plantations and many Maroons were "salt-water Negroes" or born in Africa.<sup>18</sup> Although these differences in

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<sup>17</sup> Ibid. Marronage is defined based on two concepts, petit Marronage, which tended to be more common, "more often involved individuals or, rarely, small groups of slaves who hid themselves in the work place, in relatives' homes, or in neighboring slave barracks. Such activity might be termed "retribution escapes" as opposed to the relation-breaking nature of grand Marronage (permanent escapes)" (Florentino and Amantino 2011:710, 737).

<sup>18</sup> Hoogbergen 1990: 8. Creoles tend to express their identity within an urban and colonial context, while Maroons often reference escape and survival as significant experiences in their cultural history (Fey 2004). However, mixed ethnicity also contributes to the identity:

The term 'Creole' in Suriname is linked to class. The middle classes of colonial Caribbean societies existed in a fairly straightforward chromotocracy; a limited white expat colonial elite dominated a class of local-born whites (the original meaning of 'Creole'), mixed African-Europeans (the secondary meaning of 'Creole') and the majority of black African heritage. In colonial Suriname, 'Creole' implied a fairer skin in

lineage caused distrust between the two groups, both groups consider the present-day West African country of Ghana, or more specifically the Ashanti Kingdom of the Akan, as their original home (Sankeralli 1995:110; Sutlive 1990: 65; Russel-Henar 2008:26). This shared sense of identity is due to the large number of enslaved persons transported from Kormantin that became a popular entrepôt with Dutch West India Company (WIC) traders. As a result, there was a growing *Kromanti* or *Kumanti* presence in Suriname, which among the Rebels supported their belief in *Gaan Tata* as a powerful warrior spirit, inspired their reputation as warriors and the continued destruction of plantations and theft of goods which forced the colonists to sue for peace in order to ensure the viability of the colony.<sup>19</sup>

Suriname, like other Caribbean colonial societies, was faced with an additional economic dilemma as the anti-slavery movement gained influence and the practice was ultimately outlawed in the Netherlands in 1863. In order to transition to a non-slave labor based society, the colonial government of the Netherlands instituted a ten-year transition prior to fully granting enslaved individuals their freedom in 1873 (Russel-Henar 2008:32/99). Even with this slow conversion, colonists recognized the need to establish an economic policy that would allow expansion of the workforce. The British Empire had already begun to plan for this labor shortage since its slave trade was abolished in 1807 and the Emancipation Act, which ended slavery, passed in 1833

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an urban context, and was contrasted with ‘Negro.’ The politically correct ‘Afro-Surinamese’ is not popularly used as an ethnic label in Suriname. (Tjon Sie Fat 2009: 12)

<sup>19</sup> Postma 1990:123-125; Thoden van Velzen and van Wetering 2004:24; Stedman 1796:26-33. In present day Suriname, Maroons’ ability to leverage their ethnic identity for increased NGO funding, international visibility, and local economic advancement has altered some of the disdain for African identity and encouraged Creoles to highlight their origins for increased opportunities as well. While both Creole and Maroon Afro-Surinamese claim Akan heritage, Kenneth Bilby asserts that like Jamaican Maroons, who also claim Akan heritage, the existence of a “deep language” called *Kromanti* imbued with spiritual power in both regions suggests that this cultural connection to spiritual power brought from Africa can be interpreted as a shared symbolic identity because it is unlikely that all Maroons have actual genetic Akan heritage. Instead it is more likely that some of these words come from Central Africa and Sierra Leone and that the enslaved persons who traveled with English plantation owners from Suriname to Jamaica between 1671-1679 transported and spread the language (Bilby 1983: 40,59 ). It is important to note that among both Jamaican and Surinamese enslaved persons, an idealized Akan identity has been revered and preserved through time.

(Look Lai 1993:3). After slavery was abolished in Guyana, indentured servitude was promoted to East Indians, Javanese, and Chinese as an opportunity to achieve greater financial security and upward mobility. The first indentured servants brought to the “wild coast” were called Gladstone “coolies” after Guyanese plantation owner John Gladstone, who arranged for 396 workers to be brought from Calcutta in 1838.<sup>20</sup> Suriname benefitted from this new system of acquiring labor, though often its terms and conditions were not better than slavery. The first Javanese indentured servants arrived in Suriname in 1853 and marked the beginning of the colony’s transformation from a slave-based society to one fueled by indentured labor (Tjon Sie Fat 2009:67). Between 1854 and 1880, approximately 1,869 Chinese arrived and the Lala Rookh sailed into the harbor with the first East Indian laborers in 1873 (Look Lai 1993:73; Tjon Sie Fat 2009:253).

Colonial, post-slavery needs for a low cost workforce created the intertwined histories the Surinamese government credits with promoting the “the essence of togetherness” that upholds the “spirit of the Caribbean” in nationalized identity discourses. While the present research focuses on Maroon belief systems and cultural practices, ethnic diasporas informing the national character also influence narratives associated with HIV/AIDS. Today Suriname is a country of approximately 500,000 inhabitants who gained their independence from the Netherlands in 1975, but the state’s cosmopolitan atmosphere began in the 1700s during the slave trade, when the colony’s managers broke with common anti-Semitic sentiments in Europe and the Americas by allowing Jewish immigrants to settle in the country with the same rights to own property and slaves as other European settlers (Chyet and Marcus 1974: ix). Some small-scale Dutch and Christian Lebanese farmers also arrived later. Currently the local population includes

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<sup>20</sup> Look Lai 1993:19. “Coolie” began as a term that referred to East Indian laborers, specifically “Tamil menial laborers from Madras,” but after 1850 in Guyana, it was used to refer to unskilled Chinese labor or unskilled labor in general (Meagher 2008:25).

Amerindians, East Indians, Chinese, Javanese, Creoles, Maroons, Dutch, descendants of Sephardic and Central and Eastern European Ashkenazi Jews, Middle Eastern Christian Lebanese and immigrants primarily from Guyana, Brazil, and Haiti (Census 2005; WH 2011:20). Suriname's geographic location in Latin America, Caribbean political and cultural identity, and diverse population adds to its complexity as the hub where multiple diasporas interact. The government proudly highlighted this explosion of multiple histories in its CARICOM, Carifesta VIII slogan as "Many Cultures, the Essence of Togetherness, the Spirit of the Caribbean" (Carifesta VIII: 2003).

This promotion of multicultural togetherness as the essence of Suriname's national identity has important political implications. Edward M. Dew III, professor of politics at Fairfield University, defined Suriname's political system as one of *apanjaht* consociationalism which relies on "ethnically based political parties playing upon prejudice, fear, or communal interest to gain support" and wield political power (Dew 1990: 192). According to Theo Damsteegt, "*Apanjaht* (or *apan ját* in Sarnámi orthography) is a phrase in Caribbean Hindustani (the largest dialect of which is Sarnámi, spoken in Suriname) meaning 'one's own ethnic group', from *apan* ('my own') and *ját* ('sub-caste / caste; ethnic group; race; lineage; tribe; community; nation)."<sup>21</sup> Consociationalism is a system of "cross-community executive power sharing, autonomy, proportionality, and veto-rights" (McGarry and O'Leary 2009:350). Paul Tjon Sie Fat, graduate ethnic studies researcher, explained that the value of ethnic identity in Suriname is expressed through a "'toolkit' of symbols, stories, rituals, and world views that people use to direct action and solve problems" (2009:6). This governmental system operationalizes clearly defined racial categories in order to develop power sharing strategies based on identity politics

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<sup>21</sup> Definition developed by Theo Damsteegt, formerly of Instituut Kern, Leiden University (Tjon Sie Fat 2009:9).

and through which “Surinamese are Surinamese precisely because they imagine themselves as culturally varied, but unified, within a territorially defined state, almost a ‘multicultural imagined community.’”<sup>22</sup> This system “requires people in Suriname to identify themselves in ethnic terms in order to gain access to political and economic resources” (ibid, 1). These tactical activations of ethnic identity are also marked by the racialized social hierarchies that evolved as a result of slavery throughout the colonial world (WH 2011:22; Tjon Sie Fat 2009:7; Jaffe 2008:22).

In this sense, issues surrounding race and ethnicity in Suriname still carry the imprint of colonial agendas reinforcing social status and access to resources based on skin color. For example, when the North American Alcoa Company formed Suralco, its Surinamese bauxite operation in 1920, executives established a company town in Moengo, the site of an old Maroon village, and fashioned a societal structure based on a form of unofficial apartheid: “Moengo was initially set up in different neighborhoods for different racial groups: a spaciouly laid-out American Quarter and smaller quarters for Surinamese [Creole] and Javanese laborers” (Koning 2011: 219, 223; Oudschans Dentz 1921:487). According to Graand-Galon, who grew up in a nearby village, Maroons were not allowed to walk freely through the town and as children were often accused of bad behavior, but Javanese were hired as housekeepers and were allowed free movement (pers. comm. 2002). Since Suralco offered higher wages than other companies, Moengo provides an example of the interrelationship between economic opportunity and the legacy of racialized colonial hierarchies, because increased social mobility, fueled by economic opportunity, often translates into political influence (Koning 2011:218).

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<sup>22</sup> Tjon Sie Fat 2009:24. For a more thorough discussion of apanjaht consociationalism, see Dew, “Apanjaht and Revolution,” and *The Difficult Flowering of Suriname*. For an analysis of consociationalism see McGarry and O’Leary, “Consociational Theory, Northern Ireland’s Conflict and its Agreement: Part 1.”

After independence, consociational political structures helped situate economic advancement and power consolidation within racial groups that had found ways to settle their competing interests in vital resources by forming strategic apanjaht inspired coalitions with certain ethnic groups and against others. This strategic, governmental “cross-community executive power sharing” delineates the process through which colonial, spatially-determined ethnic identities are incorporated into contemporary national narratives. The *Boschneger* (Bush Negro) identity exemplifies an important aspect of these social constructions. Frits Eduard Mangal Mitrasing, a Surinamese lawyer, professor and politician, describes “Bush Negro” ethnic identity in the late 70s and early 80s; “Nationally, it is a pitiable situation that such a large number of Bush Negroes (maroons, runaways) or Bush-creoles of about 40,000 do not participate in the national civilization, education and production process and thus make no contribution of any relevance to the national development and even less to spontaneous nation building” (67). His description does not recognize socioeconomic structures challenging possibilities for contribution and advancement while further illustrating the manner in which twentieth-century Maroon identities were cast.

This type of narrative describing their assumed national insignificance and implied lack of sophistication demonstrate what Michael Taussig identifies as “the way that history and memory interact in the constituting of [certain] knowledge(s)” (1984:87). This link between historicized imagery and explanations in the national rhetoric validating relationships of power and knowledge create ongoing conversations among social groups in a society. Taussig believes imagery associated with social knowledge is activated to express societal tensions and offers opportunities for improving cultural literacy through the interpretation of national discourse (ibid.). This same interpretive approach should be applied to understanding the images and

identity narratives associated with the Maroon community's response to HIV/AIDS awareness information. In terms of the public health threat posed by HIV/AIDS, the history and imagery associated with "memory frames" of escape and survival, faith and devotion and tradition and gender provide insight into the power dynamics defining the contours of the debate over risk-reduction options among Maroon women in Suriname. An important initial step in this process is the use of the "toolkit of symbols, stories, rituals, and world views" that can rally members of ethnic groups and begin to carve out public narratives competing groups address by elevating the value of a particular ethnic identity and its contribution to the success of the country (Tjon Sie Fat 2009:6).

The Maroon Women's Network adopted this tactic to contest what they perceived to be attacks by Surinamese public health officials who suggested their vaginal washing practice, known by many names but often referred to as "steam-baths," contributed to the spread of HIV/AIDS. When officials realized they had discussed the topic with reporters present they attempted to decrease the damage, but it was too late (pers. comm.2008). At the first series of MVN focus groups Maroon women explained that after the information was released, strangers would ask why they wanted to continue something as hazardous as steam baths. Although there is extensive literature connecting douching and aspects of washing practices to increased HIV risk, the women seemed to be more concerned about the negative representation of their culture.

By utilizing their customized Siyazama approach as both an awareness tool and an organizing mechanism, the MVN leveraged Maroon feminine identity to provide an alternate narrative to the anti-steam-bath arguments circulating in the general public as a result of the public health message. Their tactic provides an example of the power Setha Low's concept of "material/conceptual intersectionality" has to define both identities and the spaces in which they



are performed. Although steam baths are often adopted by other ethnicities in Suriname, Maroon women collect the leaves and sell them in the marketplace. Because of the strong visual and experiential association of Maroon femininity with steam baths, the public health message, which was released prematurely and in error, marked Maroon women and created a type of virtual imagined identity that conflated Maroon identity with the spread of infection and disease.

Maroon women used their beauty pageants, music, dance, and cultural arts to highlight performative aspects of their ethnic identity and raise their visibility in an attempt to gain national political power capable of challenging this narrative. Undercurrents fueling this process can be traced back to *apanjaht* ideology which requires tactics that maintain the appearance of unity while providing a mechanism for challenging other ethnic groups' social positions and power. Although Suriname is diverse, these sociopolitical maneuverings primarily define the narratives of the ethnic groups established during colonialism. In 1915, the key ethnic groups were the Creoles, Javanese, Hindustanis (East Indians), Chinese, and the Dutch (Tjon Sie Fat 2009:23). During this time period, Maroons and Amerindians, or rainforest communities, were not included in *apanjaht* nationalist messaging and images (*ibid.*). According to Graand-Galon, by asserting their cultural identity, first in the 1970s when college students began speaking their language in public rather than being ashamed, Maroons used culture to insert their political agenda into the national narrative. Performance of their culture helped to build a publically recognized ethnic identity that could challenge established political power. Stephen Stern suggests that ethnic communities adopt folkloric performance strategies "as an ongoing expression of individual identities, roles and communicative networks" which uphold established social matrices actively influencing social relations within and between groups (Stern 1991; Verkuyten 2005).

When a new narrative like that of HIV/AIDS is introduced into this matrix, new fears mix with past experiences in ways that reveal the spatial logics associated with “history [that] begins at ground level, with footsteps” and the influence through time of those power dynamics and social hierarchies. Michael Taussig describes this type of influence as “implicit social knowledge” working through public imagery and memory to shape different experiences of the national identity and socioeconomic realities occurring in particular social spaces (1984: 87). In his work in southwest Colombia, Taussig considers the way shamans connect the imagery of the dead with the agency of the living to negotiate social relations and political limitations (ibid.). His emphasis on shamanism highlights the interplay of “the domain of human agency” and the sway of “impersonal agents” on the experiences and relationships that influence public perceptions of issues (Taussig 1984:91). Taussig’s approach provides two particular areas of focus that are useful in understanding the role narrative and memory play in Suriname in relation to HIV/AIDS interventions and women’s risk-reduction choices. First Taussig incorporates the geographical experience of the local terrain into his understanding of the imagery shaping established narratives. Second, he recognizes the relationship between spirituality and explanations of misfortune as one of the means through which locals navigate daily life. His integration of geographical experience with spirituality and embodied memories provides an example of the multidimensional complexity of the narratives shaping both national and cultural identities.

Embodied experiences, particularly surrounding HIV/AIDS, have the power to enter the public discourse as highly charged stories that actively circulate through the national imagination. For example, in 2008 *De Ware Tijd*, the leading newspaper in Suriname, ran a story entitled “More Than 100 Men Intentionally Infected with HIV” which told of a beautiful and

vindictive woman who had been seducing powerful and good-looking men for almost eleven years because her partner, who had died of AIDS, had infected her (Dundas 2008). The story caused an uproar and was the topic of discussion throughout the city. In Suriname, stories of illness circulate in the national consciousness and bump against established ethnic identity narratives and gender roles, adding a layer of tension to the development of public health protocols. These narratives function as a mode of performance that often, almost imperceptibly, move ideas and beliefs through the society by feeding racial, ethnic, and gendered stereotypes. Socioeconomic disparities also add layers of complexity to the reception of these stories about the spread of HIV that encourage high levels of fear resulting in heightened experiences of stigma and discrimination for HIV positive persons. They confront these experiences in their social circles, workplaces and during the receipt of healthcare services (Roseval 2007). Ethnic groups in Suriname understand the socioeconomic and political stakes for associations of national narratives with particular ethnic groups. Thus the Maroon Women's Network response to the public health warning about steam baths is understandable not only in terms of protecting the value of their ethnic identity, but in terms of wanting to remain viable within the *apanjaht* ideology that undergirds political power in Suriname.

## **Dissertation Structure**

Maroon women's fight to defend their vaginal washing practice raises many questions about the influence of ethnicity, class, gender, and culture on Maroon responses to HIV/AIDS public health initiatives. Within Suriname, these interventions must negotiate the complexities of multiethnic cultural experiences and perspectives as well as the structure of an *apanjaht* ideology that both inflames and tempers political discourse. This dissertation attempts to illuminate and

deconstruct some of the societal and community-based forces that inhibit Maroon women's adoption of HIV/AIDS risk-reduction strategies. Understanding the on-the-ground experiences of Maroon women can contribute to ending the perpetuation of silences that mask the true nature of the thought processes they use, and so determine best strategies for reducing HIV/AIDS risks.

The chapters in this dissertation are developed to illuminate and deconstruct these societal and cultural forces. Chapter One provides an overview of the entire project, which then is broken down into particular areas of focus described in Chapters Two through Four. Chapter Two explores the historical and cultural context in which Maroon women situate their experience of and response to public health suggestions that their vaginal steam bath, called *wasi fesi* among other names, is involved in the spread of HIV/AIDS. The key concept that emerges from this exploration is the use of collectivism as a strategy for success that determines social organization and informs individual and familial identity. Chapter Three explores examples of how this collectivist tactic is operationalized in contemporary Maroon life. Also examined are areas of experience in which communal expectations conflict with individual needs creating tensions that challenge risk-reduction choices. These areas delineate spaces in which Maroon women may find it difficult to comply with public health interventions. While Chapter Three explores these experiences from a gendered perspective, Chapter Four looks at the role African Diaspora and Pentecostal religious practices play in the interpretation of health awareness messages and the implementation of intervention protocols. The Conclusion ties all of these cultural practices into an exploration of the challenges women face in determining a plan for adopting HIV/AIDS risk-reduction options. Gender roles, stigma and discrimination, and economic challenges complicate their choices. Finally, since studies continue to show that Maroon women will not eliminate the

use of steam baths as part of their personal hygiene, potential intervention approaches and opportunities for further research will be recommended.

## Chapter One

### **Lost in Translation: Gender Dynamics, Cultural Literacy, and the Development of HIV/AIDS Awareness Interventions**

The girls look beautiful when they go to the gold bushes, but sometimes they are infected. The wives are at home and don't know nothing. I know one case... the man and his 'byside' [girlfriend] are using AIDS stoppers, but his wife doesn't know. And the infected man uses [has sex with] his wife without a condom. The wife got sick and died and people said that it was '*wisi*' (bad spirit), but it was AIDS.

Renatha Ajoni, 2008

#### **Introduction**

The story of AIDS awareness education in Suriname, like in many other countries, is one that is challenged by misinformation, stigma, and fear as it weaves its way through historical perspectives, cultural practices, gender roles, societal structures, faith-based viewpoints, and ideas about the genesis of good health. Renatha Ajoni's desire to publically contest *wisi*'s role in the spread of AIDS highlights the need for awareness education that promotes a significant shift in Maroons' historical worldview of the origins of disease. Activists Fidelia Graand-Galon and Harvey Eiflaar also take on this challenge in their outreach work. As Maroon advocates educate the community, they also have to consider the social context in which awareness programs take place since complex social relations shape socioeconomic power dynamics and attitudes toward health issues within and between local ethnic communities. These nuanced relations affect both the collection and interpretation of data.

According to indigenous research methods specialist Linda Tuhiwai Smith, the cultural hierarchies established during the colonial period, and used to justify a belief in European

superiority remain embedded in the research processes and analytical reasoning still in use today (1999). Even in independent post-colonial societies, the legacy of racialized hierarchies influences how information about public health interventions is received, interpreted, and implemented. Graand-Galon, Ajoni, and Eiflaar recognize the significance of packaging information within a clearly defined cultural context and also of informing researchers about the implications of various Maroon perspectives on sickness, gender roles and faith. An important tool in each of their outreach programs is the use of narrative to connect new ideas about health to cultural practices.

Narrative plays an important role in that process by delineating both social and psychological space within and between groups. Low's (2003) concept of "embodied spaces" and Taussig's (1987) definition of "implicit social knowledge" suggest that the performance of cultural beliefs, whether conscious or unaware, operate on multiple levels of significance and perform multiple functions within the community and the society at large. One of those functions, explored by Mary Louise Pratt (1991), is the relationship between cultural literacy and the role narratives play in promoting a form of autoethnography that valorizes ethnic identity beyond the boundaries of a particular community by allowing its members to assert narrative authority over their representation in the public domain. Pratt formulated this perspective during her analysis of a 1613 work entitled *The First New Chronicle and Good Government (El primer nueva corónica y buen gobierno)* by Felipe Guaman Poma de Ayala, an Andean working for the Spanish government after the fall of the Incan empire. She discovered that Guaman Poma deconstructed moral authority in spatial/psychological terms by using both textural and imageric depictions of two operational planes of existence – the moral and immoral (1991: 35). His depiction recasts Christian moral authority in Incan terms to illustrate that the colonial authority

of the Spanish was not equal to the Inca's authority ordained by the spiritual world.

Pratt's research examined how Guaman Poma's chronicle worked to construct and convey meaning by forwarding a counternarrative in order to contest systemic racialized beliefs supporting European conquest and superiority. She identified this form of writing as:

an *autoethnographic* text, by which I mean a text in which people undertake to describe themselves in ways that engage with representations others have made of them. Thus if ethnographic texts are those in which European metropolitan subjects represent to themselves their others (usually their conquered others), autoethnographic texts are representations that the so-defined others construct *in response to* or in dialogue with those texts. (34)

An important aspect of asserting autoethnographic authority is its reception. Guaman Poma's *New Chronicle* was lost in translation for 350 years due to politics, power dynamics and cultural literacy deficits impeding the creation of common ground between politically unequal groups where an Inca's perspective would be valued (Pratt 1991:1).

The definition of autoethnographic<sup>23</sup> text provided by Pratt can be expanded to autoethnographic performances of cultural memories within historically oral societies. Mary Nooter Roberts and Allen Roberts studied the relationship between memory and performance among the Luba in Zaire where "objects and performances generate memory for historical documentation, political negotiation, and everyday problem-solving" (1996:24). Among Maroons, oral narratives, cultural arts, and a range of performance settings provide similar opportunities to both maintain and construct their ethnic identity. These cultural practices that begin within ethnic communities, and then through holidays, special events, news broadcasts and

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<sup>23</sup> The definition and usage of the term autoethnography by Heewon Chang will be discussed later in the chapter.



interethnic socializing become part of the national identity contribute to the “implicit social knowledge” shaping public discourse (Taussig 1987). In this sense, autoethnographic performances highlight the diaspora to which each ethnic community in Suriname belongs and implicitly reintroduces colonial narratives into the national discourse. Within this context, Maroon cultural identity provides a means of staking out conceptual territory capable of increasing status through the promotion of cultural narratives that can aid in forming political alliances through the system of *apanjaht* consociationalism influencing power and wealth creation in Suriname (Tjon Sie Fat 2009).

The goal of this project is to consider how the narratives forwarded by Maroon communities and the silent spaces unaddressed within those communities function as a form of autoethnographic performance that both pushes back against overarching Western paradigms and opens up secret spaces of cultural production significant to interpreting Maroon women’s response to HIV/AIDS awareness information. The “embodied spaces” and “implicit social knowledge” articulated through these stories and images tap into communal and individual unconscious motivations fueling power dynamics and social expectations. The three activists interviewed for this dissertation, Fidelia Graand-Galon, Renatha Ajoni, and Harvey Eiflaar, push against the established boundaries of cultural research by utilizing autoethnography and autobiography to challenge accepted patterns of perception about ethnicity, gender, culture, and faith. Their efforts influence Maroons’ self-perception and interactions with the public health system in Suriname, a system based on Western perceptions of health and healing.

## **Public Health and the AIDS Pandemic**

The perceptual shift in the United States that transformed AIDS from being understood as a “gay man’s disease” to one that also affected heterosexuals revealed the gendered nature of women’s vulnerability due to cultural and socioeconomic factors that inhibit women’s decision-making processes regarding HIV/AIDS risk-reduction (Treichler 1999:48). According to UNAIDS/UNFPA/UNIFEM (2004) estimates, the feminization of AIDS, which began in the early nineties and accelerated appreciably by the end of the decade, underscores the significance localized intervention research can play in understanding how women interpret risk (Amaro and Raj 2000; Brown et al. 2003; Treichler 1999). As HIV/AIDS research evolved, the importance of developing gender-sensitive, culturally specific, locally focused interventions became more apparent (Pepfar 2013; Higgins et al. 2010). While particular populations may be identified as high-risk, specific social practices affecting risk levels may not have been adequately studied from a gendered perspective (Wingood et al. 2000). This discrepancy means that interventions intended to enhance HIV awareness may overlook the gendered, class-based, and faith-influenced complexities of heterosexual relationships (Higgins et al. 2010).

Although sensitivity to gender dynamics began entering intervention development in the early 1990s, research processes continue to be adapted based on fieldwork experiences and data analysis. This study contributes to ongoing women’s public health goals by bringing attention to a localized, small-population experience of intervention development and application. From this perspective, three areas of focus emerged. First, the study of localized cultural practices uncovers specific social barriers to change. Second, locally focused research exposes overlooked areas of difficulty that may be relevant to women from different cultures. Third, tensions that arise due to conflicts associated with individual needs versus communal expectations reveal social factors

capable of influencing whether women speak up on their own behalf or remain silent. By examining cultural perceptions and practices concerning health according to these three areas of focus, gaps in the relationship between Maroon women's anxieties and HIV/AIDS awareness messages can be identified and intervention outcomes improved.

Progress in interpreting localized experiences and perceptions has generational implications as fluctuating prevalence levels among teens and young adults demonstrates the relevance of gendered interventions (Franco et al. 2013; Higgins et al. 2010). While UNAIDS continues to promote empowerment as an effective strategy for women globally, researchers have found that local socioeconomic and cultural barriers must be addressed specifically in order to end women's silence and provide a pathway to empowerment (Lennon et al. 2012; Collins and Walmsley 2008; Wingood et al. 2000; Connell 1987). Efforts to implement empowerment programs among Maroon women need to incorporate socioeconomic, cultural, and even geographic considerations into intervention development, as well as an understanding of the complexity with which heterosexual relationships are intertwined in a historically polygamous society.

Developing awareness interventions capable of adequately serving heterosexual women's needs has been a long process. Not long after the identification of HIV/AIDS in 1981, US-based artists and activists joined forces to raise awareness and political support for significant medical interventions. The effectiveness of combining art and personal narrative to urge government officials to acknowledge the human cost of HIV/AIDS could be seen in the public's reception of the AIDS Memorial Quilt in 1985 and the rise in personal narrative performances and videos that conveyed the suffering experienced by those dying of the illness (Gere 2004; Crimp 1993; Act Up 2009; Wolfe 1997; Treichler 1999; Jones 2001). Even with increasing awareness, the

perception of AIDS as a “gay man’s disease” persisted, which meant that risk-reduction interventions were not specifically designed to accommodate monogamous heterosexual women’s life choices.

As late as 1985, the U.S. Public Health Service “identified the lack of scientific data on women's health as a barrier to understanding women's physical, mental, and social health care needs” (Auerbach and Figert 1995:117). According to Auerbach and Figert, the Public Health Service’s Task Force report provided documentation emphasizing the need for women’s health research, to which the US National Institute of Health (NIH) responded by creating the Office of Research on Women’s Health (ORWH) to carry out gender based research that would affect health policy, research protocols, and intervention outcomes (1995). As researchers worked to identify, isolate, and develop a cure for this new disease, these new health policy and intervention developments had not been incorporated into medical professionals’ thinking causing women’s safety to be compromised because of assumptions that the “vagina was too rugged” to be affected by HIV (Treichler 1999:17; Farmer 1999; Casselman 2005; Fee and Fox 1988). As a result, early interventions focused on creating barriers to transmission, like condom usage and a reduction of sexual partners (Treichler 1999; MMWR 1983, 1989). These interventions would most directly reduce risk within homosexual relationships and among other high risk social groups, like sex workers and intravenous drug users.

Although initial reports had suggested that women were not at risk, as early as 1980 women began to be identified with symptoms, but the disease was still viewed as a “gay man’s disease.” In 1984 when *Morbidity and Mortality Weekly Reports* (MMWR) identified women, they were listed as prostitutes and drug addicts, which meant that they were not viewed as “normal heterosexual women” in monogamous relationships (Treichler 1999:49-53; Casselman

2005; Fee et al. 1988). According to Paula Treichler, “Not until 1992 would selected gynecological conditions be added to the suspected clinical profile of HIV and AIDS” and research be adapted to look for potential risk practices among women in the U.S. and internationally (53). Jonathan Mann and Daniel Tarantola looked at the global implications for that same year and noted that “an estimated 71 percent of all cumulative HIV infections had been acquired heterosexually. The pandemic had also increasingly burdened developing countries, women, and the poor” (57). Since heterosexual sex and women’s issues had not adequately been considered in the evolution of risk research or the development of prevention information, major shifts in protocols, analysis, and development had to be implemented (Amaro et al. 2000).

Results proved that monogamy was not a part of safer sex for women, since most women worldwide were being infected by their husbands, particularly those with jobs involving extended absences from home, like truck drivers, military personnel, or long-distance labor migrants, like miners (Amaro et al. 2000; Treichler 1999; Farmer 1999). While married women across continents are put at risk due to their husband’s need to travel in order to find work, interventions promoting empowerment as a means of reducing HIV risk must work for each community dealing with diverse socioeconomic, cultural, and geographic issues. While increasing a woman’s personal sense of power seems to be an effective strategy for reducing risk, gendered power dynamics make the implementation of empowerment initiatives complex. Who determines the definition of empowerment practices within different cultural settings? How can interventions encourage women to assert their independence while respecting social mores and providing pathways for overcoming economic limitations that make it difficult to do so? The desire to effectively answer these questions spurred UNAIDS to develop the Global Coalition on Women and AIDS (GCWA).

The Global Coalition on Women and AIDS concentrates on gender inequality and empowerment as their primary strategy for dealing with the feminized HIV/AIDS crisis. Although empowerment initiatives are important for women, researchers have made assumptions about how women calculate their sense of empowerment and their levels of sexual risk. The AIDS-awareness message of the International Community of Women Living with HIV/AIDS (ICW) introduced in 2004 continues to be relevant:

too often, HIV interventions are not adapted to positive women's realities, leaving them at a disadvantage when it comes to coping with HIV and AIDS. For the epidemic to be tackled effectively, the valuable skills, insights, and accumulated experiences of women and girls living with HIV and AIDS must be taken seriously by policy-makers. Their expertise can be a central force in tackling the epidemic, provided that others are prepared to listen and act on this knowledge. (Esplen 2007:5)

This emphasis on women's lived experiences attempts to reduce the incidence of solutions that are more effective for men being promoted as risk-reduction options for women.

Karen Griffin and Katherine Lowndes suggest that empowerment strategies can blur many of the social relations, experiences, and thought processes women employ to make decisions about their sexual practices. They propose that solutions require more than an empowerment strategy to be effective for women. Interventions must "take into account the significance of these [different types of heterosexual] relationships and the sexual values which women are expressing. Research which ignores or devalues these views will contribute to their invisibility, and to reproduction of the sexual *status quo* in which male-oriented conceptions of sexuality prevail" (1999:285). David Hufford studies the intersection of medical practice and culture and has found that historically various ethnic groups, and women in particular, have had

their health related concerns ignored because of a lack of cultural literacy (1977:117). As medical professionals' awareness increases, women's health related requests, policy makers' goals, and researchers' analysis must provide a set of protocols that break harmful perceptions and practices about women's sexual health in particular.

Through these types of comparisons, the social structures responsible for the delivery of healthcare can adopt a level of flexibility that responds effectively to women's needs, whether or not they have already have been identified as high risk. Methods that recognize the importance of identifying specific social practices and beliefs that may be affecting risk levels can directly address structural issues making it difficult for a woman to protect herself. Gina Wingood and Ralph DiClemente applied Robert Connell's Theory of Gender and Power to this problem as they analyzed the effectiveness of HIV/AIDS interventions for women. By using the social formations Connell identified as "the sexual division of labor," "the sexual division of power," and "the structure of cathexis," Wingood and DiClemente were able to isolate specific localized barriers challenging the success of HIV awareness interventions (2000).

By evaluating those interventions in terms of these three power dynamics, Wingood and DiClemente illustrate the importance of acknowledging the power of silence on the shape and direction of research. Deconstructing the circumstances that test individuals' ability to speak is difficult, particularly because getting participants to move from silence to speech means that they must feel safe enough to do so. Thus, interventions that support safe communication are key to successfully incorporating women's lived experiences into the development of public health protocols and policies (Auerbach et al. 1995; Treichler 1999; Albertyn 2003; Mays 1988). This focus on developing safe spaces for women to speak and gain a sense of empowerment played an

important role in the development of outreach efforts associated with the 13<sup>th</sup> International AIDS Conference held in Durban, South Africa, in 2000.

### *Breaking the Silence in KwaZulu-Natal, South Africa*

In anticipation of the International AIDS Conference, several local art-focused groups applied their creative expertise to the mission outlined by the conference to “break the silence” surrounding the AIDS epidemic in their country (Roberts 2001:38). A memorial quilt was put on display and a commemorative ribbon, made by groups throughout the city, was wrapped around City Hall to honor the lives of citizens from all socioeconomic levels. The Durban Art Gallery (DAG) AIDS 2000 ribbon served as a visual symbol that brought attention to the reality of the disease by telling people’s personal stories. Its placement around City Hall, which houses DAG, was also symbolic:

We convinced them that one of the main reasons for choosing the historic City Hall was to ‘decolonise’ the building which still retained an air of its colonial past and was forbidding to many people. The idea of encircling this building with a ribbon created by a representative and large section of the population was to give the citizens of Durban a sense of ownership of the building while drawing attention to the plight of Aids in our area. (Brown 2000)

The ribbon’s placement around City Hall also provided an alternate narrative to then President Thabo Mbeki’s assertion that AIDS was caused by poverty rather than being a sexually transmitted disease (Boseley 2008).

During her visit to speak at the UCLA Fowler Museum in 2002, Carol Brown, then director of the Durban Art Gallery, remembered the early days of the AIDS pandemic; “There



were so many funerals that it got to a point where we [coworkers] had to pick and choose who would attend which funerals. It was not possible to go to every funeral and get all of your work done” (pers. comm. 2002). The high death rate inspired South African artists to apply their talents to spreading information about the disease, discouraging stigma and discrimination, and encouraging discussion among people suffering with HIV/AIDS directly or as caretakers of someone who was ill or their offspring (Wells et al. 2004). The workshops and cultural events designed to raise awareness in anticipation of the XIII International AIDS Conference provided a body of artistic work documenting a range of experiences and perspectives that offered intervention models capable of being exported to other communities.

A variety of textiles, bead and wire sculptures, pins, jewelry, and ceramic beer pots that bore the AIDS ribbon logo became part of an exhibition entitled “Break the Silence: Art and HIV/AIDS in South Africa” that was co-curated by Carol Brown and UCLA professor Allen F. Roberts for the UCLA Fowler Museum in 2002 (Roberts 2001; Hood 2002). The exhibition focused on personal stories that illustrated how “contemporary Zulu beadwork and weaving techniques are used to intervene in urgent social crises and concerns” (Fowler Museum 2002). A significant feature of the exhibition was a slide lecture by DAG Director Carol Brown in which she discussed the role art played in pulling various community groups together to heighten awareness through artistic production. That vision brought together a variety of HIV/AIDS-focused groups to quell fears moving through the city by connecting people’s ability to survive to the need to “break the silences” that were limiting the society’s chances of overcoming the disease (Roberts 2001:37,38). The need to articulate this determination and to do so through artistic expression conveyed a powerful message to the Fowler exhibition attendees.

## *Spreading the “Break the Silence” Model*

Fidelia Graand-Galon, founder and President of the Maroon Women’s Network in Suriname, South America, was one of those deeply moved by the Fowler’s “Break the Silence” programming. Though visiting UCLA for different reasons, she decided to apply the exhibition’s messages and techniques to raising awareness in her own community that was becoming increasingly challenged by a growing HIV prevalence rate. As Graand-Galon viewed the pieces and read the personal stories of the Zulu women who had contributed to the exhibition, she recognized a commonality of experience for women in both the Zulu and Maroon communities. By introducing artistic expression workshops that use rural arts to convey personal narratives, Maroon women could begin to take ownership over their personal sexual lives.

Kate Wells, the originator of the Siyazama approach, recognized the importance of “manipulating metaphors” as a means of enhancing communication among groups of women and in terms of the self-talk individuals use to work through their identity positions in relationship to difficult circumstances:

The overall aim of the study is to interpret the effect and effectiveness of beadwork craft as a visual metaphoric mode of expression, and to define the way the project sought to circumvent particular cultural taboos on the discussion of sexuality and other matters of personal intimacy. (2006: 9)

An additional benefit of the process was the sense of organic empowerment some women developed as they became comfortable challenging taboos by telling their own stories (109-110; Wells et al. 2004: 87). Their personal narratives document stories of rape, increasing numbers of orphans, mothers testing for virginity to ensure their girls are safe, and the sense of protection a woman can find in the company of other women who understand her story (ibid. 82-86). Through

the incorporation of rural arts, the Siyazama project broke women's silences and learned about the real-life experiences in which they felt threatened by HIV.

In 2002, Graand-Galon began visiting Maroon villages and city neighborhoods to promote the Siyazama approach through the creation of HIV/AIDS awareness pangi—that is, colorful textiles worn around women's hips that are embroidered with metaphorical images and written messages to convey narratives to partners, family, and community. In 2002 and 2003, I participated in some of the awareness focus groups presented by the Maroon Women's Network. The MVN AIDS-awareness pangi were presented in an exhibition that echoed the goals of the Fowler Museum "Break the Silence" programming that had inspired the work. In 2004, the Maroon Women's Network curated the *"Break the Silence": Art and HIV/AIDS Akoti Kuutu Pangi Exhibition* with the goal of creating a space where Maroon cultural practices could be expressed through artistry, performance, and educational skits. The cultural practices and Maroon perspective on their history as it relates to the exhibition will be discussed in Chapter Two. However, my participant-observation experiences in the MVN focus groups and the Pangi Exhibition left me with the following questions concerning the role of art and culture in the development of HIV/AIDS awareness interventions:

1. How effective is creative expression in addressing the multidimensional challenges Maroon women face as they assess HIV/AIDS risk-reduction choices?
2. How do Maroon views on gender, religion, and established cultural practices influence the acceptance of HIV/AIDS-awareness interventions within Maroon communities?
3. Do the topics addressed through creative expression in HIV/AIDS awareness campaigns encourage discussion about some of the sensitive issues, like specific gendered practices, influencing women's risk-reduction choices?

The Siyazama approach used cultural metaphor as a tool to investigate these types of categorical inquires by addressing practices like *"hlonipha* [a Zulu tradition understood], to be a form of

communication with your partner about everything” (Wells 2006:119).<sup>24</sup> Similarly, the MVN incorporated cultural practice and gendered metaphor into their focus groups by spotlighting the importance of *wasi fesi*, their vaginal washing practice, as a central component of Maroon feminine identity.

### *Addressing Cultural Metaphor in Suriname*

Through the focus group process, Maroon women discussed the importance of preserving their practice of *wasi fesi* despite public health officials’ suggestion that *wasi fesi* could contribute to increased levels of HIV transmission. The term *wasi fesi* (wash your face) was introduced to me by Graand-Galon; however, during my travels around Suriname, “*go na baka pasi*” (go by the back path), “*baka pasi*” (back path), or “*baka osu*” (area behind the house) were more commonly used terms for daily morning and evening vaginal washing with heated water containing specialized herbs collected in the rainforest and boiled to release their medicinal qualities. This practice connects Maroon cultural history, religious beliefs, and medicinal practices in intimate and communally public ways. Its centrality to Maroon femininity meant that public health suggestions that the practice be abandoned have been met with continued resistance.

Although women expressed real fear about the risk of HIV/AIDS, they did not openly display any tendency to believe public health warnings about *wasi fesi*. Since issues associated

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<sup>24</sup> According to Stephanie Rudwick:

Literally translated *hlonipha* means ‘respect’ in isiZulu. Social *hlonipha* actions are fundamental to traditional Zulu life and what is considered ‘proper’ behaviour within the community. Among traditional Zulu people *ukuhlonipha* [to respect] as a social custom, reinforces a complex value system which is based on the social variables age, status and gender. *Hlonipha* actions entail conventions regulating and controlling posture, gesture, dress code and other behavioural patterns, but also align with status based on privileges of material nature. (2008: 155)

with washing in the *baka pasi* are emotionally charged, an intervention that provided space for women to speak freely about the practice provided an excellent entry point into discussions about women's lives and sexuality. However, as I observed, I began to wonder if women were secretly harboring fears about wasi fesi and if so, could they openly express those doubts in a group setting? Would art-focused interventions provide the space needed to address the specific types of gendered constraints that can cause silences among women facing difficult personal choices? If so, are such activities successful in clarifying options for Maroon women?

The MVN focus groups transformed Maroon women's sense of access to HIV/AIDS awareness information. Each focus group followed Maroon protocols for gaining permission from the village chief before proceeding, addressing elders with respect, and introducing new topics and individuals to a village *kuutu* (meeting). Like South African awareness projects, the MVN tied traditional Maroon textile work to the promotion of AIDS awareness by offering opportunities for economic advancement through the sale of AIDS-awareness *pangi*. After the women attended the sessions, they returned home to begin working on their HIV/AIDS awareness *pangi* in anticipation of being able to sell them at the *Pangi Exhibition*. Another important result of the Maroon Women's Network focus groups was the inspiration they provided other Maroon women to become involved in activist work within the community.

## **The Gendered Global Health Perspective**

UNAIDS research reveals that gender dynamics constrain women's risk-reduction choices across the spectrum of their lives from private relationships to the public barriers created by national and community-based socioeconomic structures. Negotiations ranging from condom

usage to satisfying community expectations concerning fertility and breastfeeding can place women in an almost perpetual state of anxiety (UNAIDS 2005/ 2008; Wingood et al. 2000; Greenhalgh 1995; Amaro et al. 2000). The South African Siyazama Project provides a valuable example of the process through which researchers can adapt locally tailored, art-focused interventions to effectively capture women's anxieties concerning HIV related issues. The project initially titled, "Fusing Partnerships in Rural Women's Development" was created by Kate Wells, professor of Design Studies at the Durban University of Technology (Wells 2002b). The Siyazama initiative integrated awareness information into "three four-month workshops," each with a particular art focus that also addressed underlying gender dynamics influencing Zulu women's lives (Roberts 2001: 38). The workshops incorporated awareness messages from health officials, artists, and performers with craft-making to promote opportunities for Zulu women to share HIV-related personal experiences in a non-threatening setting. One workshop utilized beadwork, a popular craft among rural Zulu women that created opportunities for women to discuss the challenges that HIV-positive status creates (ibid., 38, 39).

The KwaZulu-Natal series of art-focused projects revealed the value of connecting artistic practices and symbolism with HIV/AIDS-awareness messages. According to Kate Wells, the artistic focus of the project reinforced women's power to blend artistic practices with new health awareness messages and personal experiences in order to concentrate on pressing social issues (2007:7). This approach directly addressed gender dynamics within the Zulu community by creating psychological space for workshop participants that was not previously available. More established methods for gathering research data include the use of surveys, focus groups, in-depth interviews, and statistical analyses to gather information. While art-based interventions may also incorporate these qualitative and quantitative techniques into their process, their artistic

approach provides participants with an opportunity to add their personal intellectual, creative, and emotional thought processes to the body of collected data in ways that questionnaires and other research tools may not be able to elicit. Thus Siyazama and other art-based awareness projects carried out in South Africa illustrate the value artistic practices can have for women in enhancing a sense of personal identity, navigating gender dynamics, and improving receptivity to HIV/AIDS awareness information (Wells et al. 2004:87).

As a contribution to this area of inquiry, I spent two years living among Maroons in Suriname, studying the manner in which Maroons express their identities, emotions, and historic beliefs through narratives linking areas of “deep motivation” that influence how community members hear and respond to health messages on both a personal and communal level (Obeyesekere 1981:13). In any health intervention, language is often the medium through which biomedical practice and local systems of belief first meet. The present research examines processes of cultural exchange through conversations with artists, general members of Maroon communities, and HIV-positive persons who have revealed their status in Suriname. The research, carried out in 2007 and 2008, revealed that like women globally, gender-based power dynamics challenge Maroon women’s abilities to demand safe-sex practices in their relationships. Cultural mores and reduced opportunities for educational and economic advancement also alter their risk-reduction choices. Each of these influences shapes the individual’s intervention experience and therefore needs additional study. The challenge is to determine how cultural perspectives influence women’s risk-reduction choices and whether art-focused interventions can effectively address these issues.

## *Narratives in Suriname*

Since the original charter of the South African Siyazama project was to provide a safe space where HIV-positive women or those caring for HIV-positive family members could tell their stories, the MVN adaptation of that effort also needed to focus on providing support while women explored the relationship between gender roles and the implementation of risk-reduction options. Historically, the six Maroon communities in Suriname are organized based on matrilineal descent and are historically polygamous, with clearly defined gender roles and a deep respect for fertility. Cultural constructions of feminized identity and the localized feminization of HIV were the determining factors in my using qualitative research methods and feminist perspectives to explore some of the social pressures influencing women's risk-reduction choices. Based on my experiences with Maroon women in Suriname, I found that HIV/AIDS interventions function as a medium of intra-ethnic communication in which narratives of gender, power, economics, and religion create filters that determine the degree to which community members accept awareness messages. These categories of identity are as significant to individuals as they are to the community as a whole. As a result, in order for an intervention to be successful, a narrative must be created that resonates communally as well as at the most intimate level of expression—that of personal identity.

According to Linda Tuhiwai Smith, cultural exchange is a key factor in carrying out research among peoples. She asserts that in order to effectively deconstruct power dynamics between indigenous and Western societies—or in this case, between Maroons and the non-Maroon Surinamese public health system—analysis must consider the cultural exchanges that began during the colonial period and were used to justify beliefs in European superiority (1999: 98-100). Forwarding narratives that resonate within particular populations often requires



sensitivity to the post-colonial issues that continue to affect daily life. For the Surinamese Aboriginal Peoples and Maroon communities, the need to protect their rainforest lifestyles has fostered the development of a political alliance that can address both their healthcare needs and their land rights issues. Tuhiwai Smith views these present-day battles as examples of colonial power structures that continue to maintain their force in a “post-colonial” world (97-105). In Suriname, the efforts of Aboriginal and Maroon communities are influenced by the country’s colonial history.

### *Initial Public Health Research among the Ndjuka and Saamaka Maroons*

Public health HIV/AIDS research among Maroons highlights the influence of history on health professionals’ research processes in Suriname where Western approaches to medicine need to be adapted in particular ways to accommodate Maroon views on health and treatment. To this end, the Medical Mission, responsible for the health of all rainforest inhabitants, commissioned sociologist Julia Terborg to conduct the first in-depth study of Maroon sexuality and cultural beliefs. Her report, “Sexual Behavior and Sexually Transmitted Diseases among Saramaka and Ndjuka Maroons in the Hinterland of Suriname,” released in 1999, provided information to the Medical Mission, Ministry of Health, and other health and HIV/AIDS-focused organizations. Terborg’s analysis of Maroon sexual practices and philosophy were culturally sensitive and in alignment with international approaches concerning the research and the development of HIV awareness interventions.

However, her report opened a fissure—what Tuhiwai Smith would call “Research as a significant site of struggle between the interests and ways of knowing of the West and the

interests and ways of resisting of the Other” (1999: 2). The conflict revolved around one concept, vaginal dryness, attached to another, sex. Normally dryness would not be considered controversial but, when paired with sex and HIV in Suriname, it influences how interventions should be structured and awareness information presented. Terborg’s report asserts, like other international researchers’ findings, that dry-sex practices like steam baths (*wasi fesi*) increase the possibility of micro-abrasions which facilitates transmission of HIV. Maroon women discount this analysis as inaccurate because steam baths have a long history of promoting sexual arousal in Maroon men since the herbs infused into the hot water tighten the vagina. As a result, while public health initiatives have increased condom usage and testing, it has not been possible to find an influential Maroon woman willing to publically discourage dry-sex practices.

Psychologists Hortensia Amaro and Anita Raj address this type of gap in the acceptance of risk-reduction solutions in their review of intervention development by categorizing systemic factors associated with interpersonal relationships and social organization. They assert that research should focus on understanding “how gender shapes HIV risk for both women and men. To avoid doing so is to contribute to the silencing of women’s experience and to the denial of the central role of gender, which is one of the most well-documented and powerful social stratification categories” (Amaro et al. 2000:740). Ultimately, my research among Maroon women follows Amaro and Raj’s premise by observing the relationship between gender roles, social stratification, and the silencing of women’s experiences as they relate to the development of effective HIV/AIDS health interventions.

Differences in Western opinions concerning dry-sex practices and Maroons’ representation of those practices in Suriname’s general public highlight the complexity associated with understanding localized personal experiences. Although non-Maroon public

health officials had accidentally leaked their opinion that wasi fesi was increasing the spread of HIV, Maroon women contested that finding unanimously. They felt their culture was being threatened and women rallied to defend the practice. Fear in the general public raised tensions because some could not understand why the practice continued. Fear also fueled Maroon protests because public health officials offered no alternative to practicing wasi fesi that would have preserved an essential practice associated with Maroon womanhood. As a result, Maroon women were trapped between defending their culture by preserving the practice of wasi fesi and their status as attractive and desirable women or deciding to view wasi fesi as a dangerous practice that would increase their levels of HIV risk.

For many this seemed an unresolvable problem, particularly for village women, since discontinuing wasi fesi would be like denouncing their feminine identity. During a presentation about wasi fesi, Dr. Cynthia Allende, one of the first female Maroon doctors, contextualized the practice in terms of health, cleanliness and societal mores:

The vaginal baths are part of the good care but this is an important part. In the interior..., as Ifna mentioned earlier, people treat you ill if you refuse to share in this tradition [*go na baka pasi-go to the back road*]. They think you are nasty. In the research people mentioned that they were not really happy with it, but they couldn't refuse. So it's part of the care of the Maroon woman. (CCS Pangi Show, 2008)

Thus for Maroon women, their culture was continuing to uphold a particular definition of femininity and womanhood, while public health messages were suggesting that something within that construction was wrong, even dangerous. In response to this characterization of wasi fesi caused by public health officials mistakenly discussing the issue while press was present at a meeting, Maroon women decided to enter the national conversation by using creative expression

to promote the value of their ethnic identity and cultural practices (pers. comm. A. Accord 2008).

## **Methods and Techniques**

Multiple academic fields have contributed to my approach to this research project by identifying various circumstances in which subjective experiences of difference need to be taken into account in terms of their influence on the research process and the interpretation of fieldwork. However, feminist theory, public health protocols, and indigenous research methods have most significantly shaped how I contextualized my fieldwork methods and interpreted transcriptions of events. According to qualitative research authorities, Norman Denzin and Yvonna Lincoln, lived experience, reflexivity and descriptions of race, class and gender-based events, as well as historical perspectives, provide valuable information capable of being collected through personal communication, interviews, and focus groups among other qualitative methods (1998). Since this research project draws heavily on the Siyazama approach, which relies on cultural metaphors to enhance health-related communication, participant-observation opportunities were designed to witness women's responses to HIV/AIDS awareness information with minimal interference in that experience.

Following this approach, I planned to use the ethnographic research techniques of participant-observation, oral survey, and in-depth interviews to capture information about how women negotiate cultural dynamics as they make health decisions for themselves. Once I arrived in Suriname, a series of events made me realize that the survey method would not work. First, I had an opportunity to work on a Birth Registration Project with the Maroon Women's Network which allowed me to witness a local NGO use storytelling to convey important information

within the community. I worked as the videographer and editor capturing the MVN youth group's multi-scene skit created to explain the importance of registering the birth of one's children. Once completed, this project was shown on television and copied onto DVDs that could be transported into the rainforest. Many villages have generators that make it possible to show local videos or international movies at night. This approach meant that both urban and rural Maroons could get important information in the same format. Additionally, by using performance to convey information, the group was able to serve unschooled as well as schooled Maroons.

By incorporating this approach into my research process, I was able to use ethnographic participant/observation methods to collect information in a variety of settings using passive participation to observe and video record events and active participation to conduct interviews. Since I was observing rather than leading the focus groups, I usually was not able to influence the conversation topics. As a result, I relied on video and field notes to capture information and identify themes offered by participants. When a theme was identified, it was not possible to ask a series of follow-up questions. Instead, themes in different transcripts were identified and reviewed to discover if women openly expressed any anxiety about the subject. The topics that seemed to cause anxiety were considered in terms of their relationship to cultural history, gender roles, faith-based practices, and interactions with the healthcare system.

Although this is an ethnographic study, grounded theory provided a useful way of thinking about how to effectively use the transcripts in order to better understand what was going on in the field. According to Kathy Charmaz, applying grounded theory techniques to ethnographic studies prioritizes the “studied phenomenon or process – rather than the setting

itself” (2006:22).<sup>25</sup> The phenomenon in this study is women’s silence as it relates to health decision challenges associated with HIV/AIDS. The questions that arose as a result of my experiences in the field suggested that the communal quality of village life in particular heightened women’s anxieties when they had to make decisions about adopting intervention protocols. These anxieties seemed to revolve around concerns over individual needs being in conflict with communal expectations, and tended to silence women, even within women’s groups.

The first area that caused me to wonder about the nature of women’s silences emerged during discussions about wasi fesi. Why were Maroon women so unanimous in their support for wasi fesi despite the threat of HIV/AIDS? During all of the Maroon Women’s Network focus groups, no translated argument was made against publically supporting wasi fesi. There may have been women who quietly expressed concern about the safety of the practice in light of the risks associated with HIV, but if so, each focus group maintained a public sense of unity about the value of the practice. Their unity made me wonder whether it would be feasible for a woman to choose to discontinue the practice.

Learning about wasi fesi and its role in reinforcing established ideas about Maroon femininity meant that an exploration of the connections between cultural history, gender roles, and faith-based practices was required. *Wasi fesi* (wash your face) [*go na baka pasi* (go by the back path), *baka pasi* (back path), or *baka osu* (area behind the house)] is a practice that reinforces gender roles and societal mores.<sup>26</sup> Even the names capture the public/private nature of

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<sup>25</sup> For more information on Grounded Theory, see Glaser and Strauss, “Discovery of Grounded Theory;” Bryant and Charmaz, “Grounded Theory in Historical Perspective;” Babchuck, “Grounded Theory 101;” Bryant, “Re-grounding Grounded Theory;” Clark, “Situational Analysis.”

<sup>26</sup> According to the Summer Linguistics Institute *wasi* is derived from the English verb “to wash” and “fesi” from the English noun “face” (Shanks 1994). However, the term may also reference the French word “fesse,” the “buttock” or “bottom” (*Harper Collins Robert French Unabridged Dictionary*, 6<sup>th</sup> ed. s.v. “fesse”). Initially, the

the practice since women go by the back path or to the area behind the house to perform wasi fesi. This form of habitual, meaning-infused washing is connected to both spiritual and gynecological practices that have been preserved within the community for hundreds of years. Wasi fesi's connection to women's physical, emotional, public and private lives means that its significance is woven into almost every aspect of a village Maroon woman's life. Urban Maroon women may experience more flexibility in their decision making about wasi fesi, but since this cleansing process is also connected to pleasing a man sexually, even urban women may feel pressure to uphold the practice.<sup>27</sup>

Conforming to these social expectations, even when voluntary, may create significant challenges for women. Are there social spaces where women can express anxieties they may feel about continuing wasi fesi, if those anxieties do exist? Do Maroon women have tactics for adopting risk-reduction options in a way that avoids conflicts within the community? Are there areas of experience that tend to elicit silences from women rather than discussions about solutions to problems, particularly in terms of women's experiences as they relate to considering risk-reduction options? These questions explore the tensions created between individual needs and communal expectations, given that a sense of collectivism is interwoven into the community's historical perception of its cultural identity and traditions.

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French invasion of Suriname in 1640 may have introduced some French words into the Maroon lexicon. However, more likely the incorporation of French terminology into the Ndjuka language would have occurred as a result of the war Dési Bouterse waged on the Maroons in the Marowijne District in 1986, which caused a massive migration to French Guiana in order to escape the bombing and attacks. Many Surinamese Ndjuka families have relatives and friends that remained in French Guiana after the hostilities subsided. As a result, a lot of exchange takes place between the two countries, including the spread of HIV since rates were higher in French Guiana than in Suriname. According to local Ndjuka Maroons, there was a very active sexual tourism trade in Albina, the town directly across the river from French Guiana.

<sup>27</sup> A more in depth discussion about wasi fesi is included in Chapter Three.

According to folklorist Michael Owen Jones, “Traditions are symbolic constructions of the past in the present for the future” that provide an opportunity for individuals to “adopt and adapt tradition as an element in their discourse about who they are or want to be” (2000:16, 134). Discussions during Maroon Women’s Network focus groups suggested that this process was being engaged by participants as they learned about the risks of HIV. Similarly, Allen F. Roberts discovered that Zulu women incorporated dreaming into their personal process of self-discovery as they faced the factual realities of HIV and considered the implications of ignoring cultural traditions that make it difficult to adopt risk-reduction options (2006). Some participants in the Siyazama workshops were empowered by this process, enabling them to break traditions associated with speech taboos, while others were more challenged by the prospect of publically breaking a cultural taboo (2004:87). Their responses reflect the types of concerns intervention developers must address in programs designed primarily for women.

Stephen B. Thomas, Director of the University of Maryland Center for Health Equity, applies this perspective to a consideration of the language of public health interventions. He explains, “To understand cultural identity in the context of public health it is important to focus on the worldviews of the communities and people in need of health services. The meaning of words used to describe disease and adaptive behaviors needed to maintain good health must be examined in the light of a diverse cultural environment” (2002:301-302). Maroon women situate their health-based language choices within inter and intra-communal discussions. In each case, power dynamics affect outcomes. Within the community, tradition and gender frame discussions; while nationally, the community’s socioeconomic status near the bottom of a multiethnic society provides a subtext to inter-ethnic social exchanges.



As Kate Wells outlined in the Siyazama approach, combining cultural metaphors with informational workshops and opportunities to create income-producing rural arts can become a form of communication allowing individuals to comment on difficult topics or introduce their personal narratives to their community and the general public:

It [the Siyazama approach] demonstrates how the beadwork and craft of the women in the Siyazama Project act as reliable and authoritative modes of communication to circumvent the Zulu cultural taboo on the discussion of matters of personal intimacy (*hlonipha*), and the women's lack of English and scribal writing, all of which threaten to render them powerless, silent and invisible in the war against AIDS. (2004:73)

Although this approach was effective among Zulu women in South Africa when using their traditional arts, can rural arts provide an additional form of communication for Maroon women capable of replacing their silence with an enhanced sense of empowerment that allows them to renegotiate both intimate and community-based expectations?

### *Fieldwork Overview*

The conjuncture of gender roles, social stratification, and the silencing of women's experiences needs to be understood in terms of how it affects women's communication about challenging issues. While HIV/AIDS interventions may provide settings where sensitive topics can be introduced and discussed, can the information be adapted by women to work effectively in their daily lives? Observing how Maroon women developed their own interventions over time revealed some of the strategies they use to share information about difficult topics. Within these settings, whether new narratives were introduced or established perspectives reinforced, the

women were focused on enhancing their sense of empowerment, understanding effective risk-reduction strategies, and improving their economic opportunities.

These goals were identified by observing and participating in multiple outreach efforts over time. I consider my qualitative research process to have three phases which will be described sequentially in this section. During each of these phases, my fieldwork techniques included keeping areas of exploration as open and flexible as possible, because creative expression and cultural preservation were coalescing around a tenacious health issue. I also had to find a nonthreatening way to explore the narratives associated with HIV/AIDS without risking the confidentiality of anyone who was not ready to be publically associated with the illness. As a result of this concern, the only people mentioned by their names are those who were publically involved in activism or awareness education, were health care providers, or government officials. All others will be referred to by pseudonym or if our interaction was brief, like speakers at kuutu or workshops, they will be identified as “Speaker 1, etc.” to avoid any risk of stigmatization. Aliases are normally used to address this issue; however, I do not feel confident enough about choosing Maroon or Surinamese names that I could guarantee they would not be associated with an individual participant, nor does it seem appropriate to use Western names.

Privacy was a particular concern in villages where close proximity meant that people might make assumptions about the nature of a private in-depth interview. This concern, though relevant, was less pronounced during the MVN focus groups, because they followed a structured format. However, because I was traveling with Renatha Ajoni, who was HIV positive, during the Stichting Broko Doro kuutu, proximity was a concern. During Broko Doro kuutu, HIV positive persons would covertly connect with Renatha to get her contact information and arrange for

future meetings and support. Otherwise, she tended to talk to people in well-attended town meetings or small social groups, which avoided any risk of stigmatization.

### *Research Locations*

The following is a sequential overview of outreach events I attended during my fieldwork.

#### **Phase I: MVN Focus Groups and the Akoti Kuutu Pangi Exhibition**

Ethnographic observation, participant interviews, and focus groups were used to capture information during this initial phase of research which occurred during three visits to Suriname. The first two in 2002 and 2003 took place during summer breaks in my Master's Program. The third in 2004 occurred after the first year of my doctoral program. Each trip lasted approximately 30 days, during which time I was primarily involved with Maroon Women's Network projects. I lived with an Ndjuka Maroon family in Ramgoelam, a poor ethnically mixed neighborhood in Paramaribo, the capital city of Suriname. During my time with the family, I was able to begin learning about wasi fesi by participating in this practice like a Maroon woman. I also experienced an urban version of menstrual seclusion. In each case, I observed aspects of daily life associated with both practices, which provided insight into the public nature of these private practices. While no one observes personal washing, the tools required, the pot and kettle, are visible and family members are aware of their usage. This communal awareness of a woman's private bodily functions was a new experience for me, which made me wonder about the emotions that emanate from the intersection of public and private practices for Maroon women. This question remained in my mind as I participated in the MVN focus groups.

A detailed description of a focus group session appears in Chapter Three, but the MVN concept grounding the project was to introduce HIV awareness information to Maroon women in a format that would make them comfortable by using traditional meeting protocols as the framework for presenting the information. By using this approach, the village women felt they were in charge of the experience, because they held the power that determined whether or not the event would take place and how it would proceed. While all of the focus groups began with a very formal permission granting process, as the event proceeded women became more comfortable and began sharing their stories and requesting information. The MVN focus groups introduced me to gendered Maroon culture, the practice of wasi fesi, and the irritation Maroon women felt about their practice being maligned.

Stories about sex and fertility were the first health narratives I collected and they changed my entire understanding of the nature of the fieldwork. Once I had narrowed my focus to these types of narratives and had experienced the fieldwork setting, I had to change my original plan to use surveys to gather information, because many village women are largely unschooled. Even if oral surveys were possible, pulling a woman aside in a village to conduct a private oral survey would put her at risk of being stigmatized. Generally, the focus groups ranged from as few as 6 women to as many as 40 or 50 women and it would have been necessary to survey each woman to prove that no one was being singled out.

At the end of each presentation, Fidelia Graand-Galon or another MVN member would explain the Pangi Project and encourage the women to begin making pangi to sell at the exhibition. She would discuss the importance of telling this story within the community and that the women would be carrying out a project similar to one that women in Africa participated in. This announcement would introduce new topics into the conversation. Often women would

return to their homes, gather completed pangi, and bring them for review. Because of the pangi project, not only was the MVN able to build awareness, but it also built participation in the organization.

## **Phase II: MVN Birth Registration Project**

I returned to Suriname in 2006 with the plan to live there for one year to observe whether awareness pangi were still being made by Maroon women and how they were being used. However when I first arrived, I participated in the Maroon Women's Network *Geboorte Registratie* (Birth Registration) Project conceptualized in conjunction with the Central Bureau of Civil Affairs (CBB), the Medical Mission (MZ) and the Ministry of Regional Development (RO). The goal of the project's steering committee was to create a mass media campaign that would be effective for both urban and rainforest communities. I worked as the videographer and initial editor, prepared footage for a final editor, and worked with him to create the master DVD. Two versions of the DVD were produced. The Maroon version used the two dominant Maroon languages of the Saamaca and the Ndyuka. The version for the Aboriginal Peoples of Suriname utilized the Amerindian languages of the Trio and Wayana. Working on this mass media campaign was useful because I gained insight into how effective DVDs could be as a tool to convey messages in urban and rainforest communities. The campaign also used the information to create public service announcements on radio and television.

Working on the Birth Registration project for six months initiated my language training since I needed to understand the storyline and dialog in order to edit the film. Most people in Suriname are multilingual, which meant that I had to develop a working knowledge of three languages to participate somewhat effectively in various settings. The official national language

is Dutch; their vernacular language is Sranan Tongo. There are two major Maroon languages: Ndjuka and Saramakanse. I developed a basic fluency in Ndjuka which is similar to Sranan Tongo and a very basic understanding of Dutch. I could participate in HIV/AIDS events presented in Dutch, but I could not follow sophisticated conversations on other topics. I gained the most facility with Ndjuka to the degree that while someone else transcribed my tapes, I was able to understand the conversations being transcribed and insert some omitted words when shortcuts had been taken.

After 6 months of participating in the Birth Registration Project, working on language proficiency, and acclimatizing myself to the living conditions, food, and local activities in Suriname, I began to be known in my neighborhood as the American who had decided to live in Wintiwai, instead of a more upscale neighborhood. Choosing this location became more important as my fieldwork progressed because most of the people who participated in the urban kuutu or had relatives who participated in the village kuutu lived in that area. More than once participants commented on the fact that they were glad I lived on the south side of town because it would have been expensive for them to have to travel by bus to the north side for events.

As previously mentioned, the Birth Registration Project provided a template for carrying out urban and rural research among Maroons with a level of continuity despite geographic differences. However, two issues needed to be addressed in order to adapt this approach to my fieldwork. Fidelia Graand-Galon had emphasized repeatedly that Maroons would not tell me the truth if I asked them questions. She explained that this was due to their distrust of researchers coming into the community and disrespecting locals' requests that sacred shrines not be photographed or that they receive permission before publishing an individual's photographs. Thoden van Velzen and W.van Wetering commented on their experience of this issue of Maroon

distrust and how it affected their fieldwork experience in their study of Ndjuka Maroon religion (2004:263-264). Reading about their experiences and heeding Grand-Galon's warning, I began thinking about how I would manage this issue during my fieldwork process.

My solution to this problem tied in with my second fieldwork issue. I felt that I needed to work with a variety of groups in order to get a more diverse experience of HIV/AIDS work in Suriname. The solution was to offer my services to a variety of organizations in order to get an idea of what was being discussed and to observe how the information was being received. My hope was that I would be able to develop relationships that would provide me access to new groups of people with varying ideas about dealing creatively and culturally with HIV/AIDS awareness. By offering myself as a videographer, I could gain access to events, but blend in with local organization members rather than standing out as the Westerner conducting research "on" Maroons. Like Thoden van Velzen and Wilhelmina van Wetering, I also found that with time resistance became minimal and I gained access in ways that were unexpected like my audience with the oracle at Santigrón, arranged without my official request.

### *Preparing for Phase III: Exploratory Ethnographic Observation*

The exploratory research for this study employed ethnographic observation of public events organized and operated by various Maroon groups to gain insight into the ways they reinforce their cultural practices within their communities. Since the Ndjuka and Saamaka Maroon communities are the largest, most urban events tend to be influenced most directly by those two cultures. However, it is difficult to describe an event as singularly Ndjuka or Saamaka because larger urban events tend to draw members from multiple Maroon groups. Also, in terms

of the concept of “apanjaht consociationalism” discussed in the Introduction, Maroon communities can present themselves as unified to gain greater national power, while experiencing intra-group conflicts over whose peace treaty date will be honored as the Maroon national holiday.

An example of this dichotomy occurred during the preparations for the “*Break the Silence*”: *Art and HIV/AIDS Akoti Kuutu Pangi Exhibition* which took place in Paramaribo. Before the event, a Saamaka women’s group was trying to undermine the exhibition’s success by encouraging participants for the MVN event to pack up their displays and leave. The opposing group’s representative was motivated by the fact that her group had decided to put on a pangi exhibition when they heard about the MVN plans. Conversely, I also observed two cultural beauty pageants organized by Maroons that emphasized their history as a means of maintaining communal cohesion, reinforcing gender roles, and dealing with contemporary challenges. One beauty pageant took place in Moengo, a town approximately 56 miles outside of the capital city, created in 1922 by the Alcoa Aluminum Company to manage the mining of bauxite and located in the Ndjuka Marowijne District. The other beauty pageant took place in Paramaribo and was heavily attended by all Maroon groups.

Peace treaty memorials, emancipation celebrations, beauty pageants, cultural skits, selling herbs for wasi fesi, and producing pangi and wood carvings are examples of cultural events and practices that comprise the “‘toolkit’ of symbols, stories, rituals, and world views” Maroons use to promote their ethnic identity and enhance their stature nationally (Tjon Sie Fat 2009:6). Although wasi fesi may have come under fire publically for its ability to enhance risk, I was also told in various personal conversations with non-Maroon women that they also like to use the herbs for occasional steam baths, particularly if they know they have a “hot date” (2002,



2007). Thus, by promoting a type of generalized and unified Maroon identity to the non-Maroon public, the communities can participate in direct action by inserting a narrative they have originated and control into the national discourse as a means of solving problems.

The following is a listing of the types of events and participant populations that were observed:

## **Categorical Event Descriptions**

### I. Traditional Cultural Events

Traditional cultural events included daily village life, religious ceremonies, and special cultural events like beauty pageants and historical holidays. These traditional events were produced and performed by Maroons.

### II. Maroon-focused HIV/AIDS Awareness Events

These events focused on key themes identified as important to add to HIV/AIDS awareness messages produced by Maroons, including interviews with HIV positive Maroons, Renatha Ajoni and Harvey Eiflaar. Two NGOs founded by Maroons contributed significantly to this phase of research, The Maroon Women's Network, founded by Fidelia Graand-Galon and Stichting Broko Doro, founded by Renatha Ajoni.

The Maroon Women's Network organized the "*Break the Silence*": *Art and HIV/AIDS Akoti Kuutu Pangi Exhibition* in 2004, sponsored an HIV/AIDS awareness gospel CD and the *Geboorte Registratie* (Birth Registration) Project in 2006, and held a public forum about wasi fesi in 2008. The pangi exhibition and wasi fesi forum were open to the public. Stichting Broko Doro organized a series of 3 "HIV/AIDS House Kuutu" in Wintiwai, 1 awareness event in an evangelical Pentecostal church, and 10 kuutu in Saamaka and Ndujka villages in the interior

while I was in the country. The “HIV/AIDS Village Kuutu” continued in partnership with the Peace Corp after I departed.

### III. Non-Maroon-focused HIV/AIDS Awareness Events

This category focuses on the themes promoted by non-Maroons for HIV/AIDS awareness messages within the Maroon community. These messages may be produced with or without Maroon input. This designation includes the Stichting Mamio Namen Project’s presentation of director Ethel Pengel’s personal narrative and the “SOA/HIV/AIDS Voorlichting<sup>28</sup> at Brokopondo, a primarily intra-ethnic Maroon community comprised of both Ndjuka and Saamaka Maroon villages that were relocated to accommodate the Afobaka Dam. This category also includes the SORTS/Global Fund HIV/AIDS video awareness project that interviewed a Maroon healer who claimed to have an herbal cure for HIV. The Peace Corps also played a significant role by funding the final portion of the Broko Doro Project in the interior and by encouraging their volunteers to create awareness projects in their villages.

### IV. National and International Public Health Messages were presented by:

The National AIDS Program (NAP)  
De Medische Zending (MZ) – The Medical Mission  
Pan-American Health Organization/ World Health Organization (PAHO/ WHO)  
UNAIDS

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<sup>28</sup> Sexueel Overdraagbare Aandoeningen/Infektie (SOA/SOI) (Sexually Transmitted Diseases/Infections)  
SOA/HIV/AIDS Voorlichting (STD/HIV/AIDS Education)

Three types of populations participated in the events in each of the categories mentioned above:

## **Participant Population**

### Mixed Audience Public Events, (i.e. Pangi Exhibition)

No limitations were placed on entrance to the event. The ages ranged from infants to grandparents and included males and females, Maroons and non-Maroons, although the audiences usually consisted predominantly of Maroons from multiple Maroon groups.

### Maroon Audience:

*Village Awareness Events, Broko Doro:* Although the target populations for village HIV/AIDS awareness events hosted by Stichting Broko Doro were sexually active adults over the age of 18, ages of attendees ranged from infants to the elderly because of the nature of village life. No one wanted to miss the chance to hear a presentation by an HIV positive Maroon.

*Broko Doro Urban Awareness Events* were designed to create a safe space for Maroon adults between the ages of 18 and 25, but a few participants ranged in age from 26-49. Usually, the older participants came because they had a younger family member who wanted to participate.

*Church Service: Gemeente Handeling* is a Maroon Pentecostal church of approximately 300 members located in Wintiwai, Paramaribo. While Surinamese churches tend to be ethnically segregated, some Pentecostal churches serve mixed congregations or have sister churches in different ethnic communities. The *Gemeente Handeling* service that hosted the awareness event for Broko Doro was predominantly attended by Maroons from multiple groups.

### **Phase III: Village and Urban Kuutu**

I was more directly involved in the development of this series of awareness events which served as pilots testing the effectiveness of the Tupperware® Party model<sup>29</sup> to create a sense of intimacy for an event dealing with a challenging subject and to offer a quality HIV awareness opportunity for participants. *Broko Doro's* original description and goals for the project submitted to the National AIDS Program were:

Stichting Broko Doro has developed an awareness campaign utilizing awareness videos, speakers and group discussion to educate small groups of urban Maroons in a private household setting. This program has two goals; first, to create a safe and private setting where Maroons can receive information and ask questions about HIV/AIDS and second, to provide PLWHA safe access to Renatha Ajoni and Harvey Eiflaar, both HIV positive members of our support network for HIV positive persons. (2008)

This final series of awareness events reinforced the value of combining both passive and active participant observation techniques to witness what was actually happening within a community dealing with a sensitive issue. Because most of the Maroon communities had already reached a level of readiness to address HIV/AIDS, it was important to observe if participants were ready to initiate conversations about highly personal concerns.

The first kuutu was for women, but one man attended. The second was for men and the third had a mixed audience. In each case, participants broached sensitive topics important to both women and men. Their frankness may have been due to the urban setting where there is less

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<sup>29</sup> The Tupperware® Party model was developed in 1951 as a direct selling model that relied on the sellers' personal connections to help build trust for the product. The company offered a quality product and used the party hosts to explain the product's value through demonstrations. Consumers, who didn't understand the product's value, discovered how their lives could be improved by using Tupperware instead of their commonly used food storage method. [http://www.tupperwarecollection.com/v2/tw\\_index.php?page=home\\_parties\\_history](http://www.tupperwarecollection.com/v2/tw_index.php?page=home_parties_history)

scrutiny and to their youth. During the question and answer period, discussions arose about the challenges of adhering to safe sex practices as a result of limited finances and travel inconveniences associated with picking up free condoms from specified locations. No condom resistance was expressed and participants gladly accepted free condoms, which contributed to the success of these events. Peace Corps volunteers both participated in and witnessed the format's success which was the catalyst for many volunteers adopting this program as the AIDS awareness project for their village. Since 2004, the Peace Corps has strongly encouraged volunteers to organize HIV/AIDS awareness events in their villages. The kuutu provided a valuable opportunity to observe community members requesting the opportunity to expand the frequency and depth of the discussions. Since Stichting Broko Doro designed and tested their own intervention, its success suggests that, at least among urban Maroon youth, culturally relevant opportunities for discussion can foster honest communication.

## **Conclusion and Chapter Summaries**

The variety of social constructs through which meaning is conveyed make cultural literacy a central component of an effective health intervention. Without a protocol mandating researchers to consider health implications for a specific group within a society, many of the barriers to a healthy national population would be missed. This was the argument the Public Health Services Task Force report made to forward policies that would improve funding for women's health research and introduce healthcare delivery system protocols capable of improving health outcomes for women. Folklorists like Bonnie O'Connor and David Hufford (2001) and Michael Owen Jones (2001) have worked extensively with public health

professionals to research the alternative medicine practices of varied cultures. In their research, problems arise when health professionals misunderstand how patients integrate their participation in the healthcare system with the alternative medicine practices they have relied on in the past.

The mistakes that arise as a result illustrate how important information can get lost in translation due to a lack of cultural literacy. This was the lesson of Guaman Poma's lost message and colonial attitudes that were not interested in receiving the information. My perception of Maroon women's responses to public health warnings about HIV and wasi fesi is that like Guaman Poma they are trying to send a message that is more complex than straightforward belief in the value of wasi fesi. Their goal is actually multifaceted; it attempts to establish connections and expand access and power both within the greater, diverse Maroon nation and beyond to the national Surinamese general public.

In addition to this political agenda, Maroon women also have to calculate how they will deal with the risks of HIV in their personal lives. This calculation requires them to consider how to balance their personal needs with cultural expectations. This is the area the Siyazama project addressed so effectively by respecting the authority the Zulu give to their religious practices, gender roles, and cultural expectations, yet managing to carve out psychological space for women to explore the possibility of alternative life choices. In other words, the women have an opportunity to construct an alternate personal narrative while their bead and wire crafts and sculptures become the autoethnographic expression of their experiences and worldview.

Heewon Chang defines autoethnography as "ethnographical in its methodological orientation, cultural in its interpretive orientation, and autobiographical in its content orientation" (2007: 3-4). The idea fueling the increased use of the research practice is one that identifies the

researcher as an auto-ethnographer rather than an ethnographer and incorporates reflexive self-writing into the research product. For this project, the power of autoethnography is situated with the community rather than the researcher. This distinction is important because as Linda Tuhiwai-Smith explains, “The ways of knowing of the Indigenous often clash with the ways of knowing of the western researcher” (1999: 42). Indigenous autoethnography retains the power and informational authority within the local community, which then can collaborate with health professionals to find an intervention design and implementation procedure women can adopt.

Two decades ago, Margaret Mills (1993), Joan N. Radner (1993), and Susan Lanser (1993) suggested that women have been trying to tell their stories, to adopt in a sense autoethnography as a means of communication, but structural disparities have made it almost impossible for those in power to recognize that women were speaking and to listen to what they were saying (Mills 1993:173-174). Radner and Lanser suggest that part of the reason authorities overlook women’s messages is that they often are in code in order to avoid conflict with male partners (1993: 2-3). Thus, the tactics women adopt to make their personal lives work, particularly when other women recognize and adopt similar tactics, construct an interactive field of experiences and communication techniques that can provide support while creating a social space where women can discuss the issues and contexts that are the most challenging. Researchers, therefore, need to address these issues and recognize women’s support networks as they develop interventions and health policies (1993:23, 24). Feminist art activism in the West provides an example of the effectiveness of moving women’s stories from the shadows into the light.<sup>30</sup>

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<sup>30</sup> Amelia Jones charts the trajectory of feminism and the visual arts as follows:  
The intersection of feminism and visual culture, two modes of thinking, making, doing, or strategizing which have their own historical trajectories and political reasons for being, is a volatile and immensely rich

Feminist visual artists and writers began changing the national discourse by mapping women's experiential terrain in ways that were initially perceived to be controversial by the general public (Jones 2003). The following chapters attempt the same project in terms of Maroon women's perspectives and experiences. Chapter Two provides an overview of the six Maroon nations' shared and emotionally charged experience of escape, which influenced the development of their kinship system that directly ties fertility and matrilineal heritage to cultural identity and respect for the ancestors (Köbben 1996; Price 1996; Terborg 1999). For village women, more so than urban educated women, fertility compliance, and by that I mean a willingness to conceive, significantly pressures safe sex options.

Chapter Three examines the on-the-ground experiences women negotiate as they reckon with these cultural expectations. Not only are they challenged by childbearing expectations, but also the socioeconomic pressure to conform to a culturally acceptable performance of Maroon feminine identity capable of attracting and keeping a husband or partner. Although this challenge is similar to experiences women face globally, each Maroon community's history of polygamy intensifies competition in culturally specific ways. Chapters Two and Three work together to create a type of conceptual *Womanhouse* understanding of Maroon women's experiences.<sup>31</sup>

Chapter Four begins by charting the varied spiritual territory influencing Maroon women's understanding of the relationship between faith and healing. Three religious practices

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one. Feminism, in most of its forms, proposed or demands a political and/or ethical stance towards cultural experience; academic versions of feminism theorize the ways in which all forms of culture condition, and are conditioned by gender or "sexual difference." In its most recent forms, reflecting the shift towards increasingly globalized cultural, political, economic, and social relations in the past fifteen years, feminism insists on broadening models of analyzing the role of gender in cultural experiences to accommodate the coextensivity of gender and other modes of subjectivity – including aspects of sexual orientation, racial, ethnic, and faith-based identifications, nationality, class, and so on. (2003:1)

<sup>31</sup> Judy Chicago and Miriam Schapiro conceptualized and co-founded the *Womanhouse* exhibition installed in a speedily renovated home scheduled for demolition in Hollywood, California. The exhibition ran from January 30<sup>th</sup> to February 28<sup>th</sup> in 1972. Rooms within the home were constructed as mini-exhibitions of women's lived experiences in particular domestic spaces (Sider 2010).



are considered. The African Diaspora practices are the Ndjuka Maroon community's Gaan Tata and the Creoles' Winti. Christianity's influence is based on the popularity and influence of Pentecostalism. While there are multiple intersections between these faith-based practices and gendered experiences, this project considers the influence of religious practice in terms of an individual's desire for healing and good health. In Suriname, the complexities of this intersection are apparent in people dealing with illnesses from high blood pressure and diabetes to HIV/AIDS.

While this is an ethnographic project, recognition of the nature of its constructed perspective is important. As Kathy Charmaz, developer of Constructivist Grounded Theory (CGT) explains, all aspects of the fieldwork experience are part of a constructed world. Therefore, "Constructivist inquiry starts with the experience and asks how members construct it. To the best of their ability, constructivists enter the phenomenon, gain multiple views of it, and locate it in its web of connections and constraints. Constructivists acknowledge that their interpretation of the phenomenon is itself a construction" (2006:187). It is from this perspective that I offer my ethnographic explanation of my fieldwork process, description of community events, and understanding of, what I perceive to be, Maroon women's autoethnographic and autobiographical representation of their lives, their narratives, and their desires.

## Chapter Two

### **Our History Sustains Us: Colonial Narratives and the Paradox of Cultural Remembering**

Cross-cultural examination demonstrates the extent to which memory is a particular invention of every society and every era, reflecting local cosmologies and inexorably changing cultural values. Memory is active, always in the present; it is construction, transaction, and negotiation, as opposed to a reproduction.

Mary Nooter Roberts & Allen F. Roberts  
*Memory: Luba Art and the Making of History*

#### **Introduction**

The act of remembering, of consciously recreating the historic past through the lens of each subsequent generation has been and continues to be an active experience in the daily lives of urban and rural Surinamese Maroons in each of the six communities. Creatively re-expressing Maroon identity, generally in national discourse and particularly within each community, acts as a sustaining mechanism that generates memories through communally reinforced narratives and practices. Polly N. Roberts and Allen F. Roberts provide an example of this interactive process in their study of Luba art which focuses on the mechanics of active remembering as an integral aspect of cultural production in which “objects and performances generate memory for historical documentation, political negotiation, and everyday problem-solving” (1996: 24). Similarly, Surinamese Maroon communities actively incorporate imagery, daily practices, and established wisdom in their remembrances of the past and their interpretations of present-day issues.

An important aspect of the Roberts’ Luba art study is its acknowledgement of the interplay of historically and culturally significant artistic production within the process of negotiating contemporary political issues and social identities (26). Maroon communities adopted this same tactic for developing their political voice and inserting their cultural identity

into the national Surinamese discourse. According to Fidelia Graand-Galon and Paul Abena, Director of the Maroon radio station Koyeba in Paramaribo, “we were ashamed in the 1970s to speak our language in town. You didn’t hear *Okanisi* in the streets. Women didn’t wear pangi in the city. University students started changing that, started speaking the language...pangi are working the same way now. It is our culture.” (pers.comm. 2002). They viewed this reemergence of Maroon cultural identity as initiating a political movement with similar implications as those of the Civil Rights Movement among African Americans in the United States.

The student action illustrates how representations of ethnic identity become part of the toolkit Paul Tjon Sie Fat describes as being useful “to direct action and solve problems” within the unofficial political value system of “apanjaht consociationalism” active in the country (2009:6). After Suriname gained its independence from the Netherlands on November 25, 1975, these operational racialized identities proved useful in developing political alliances capable of forwarding particular socioeconomic policies and ideologies (West-Duran 2003:175; Tjon Sie Fat 2009:15-16). For Maroons, these policies have often been discriminatory because no matter to which Maroon group an individual belonged, policies affected them all equally on the national political stage.<sup>32</sup> According to Graand-Galon, educational policy in Suriname has not guaranteed children in the rainforest a comprehensive primary and secondary education. She explained that when she was growing up, Maroons (and Amerindians) were considered fully educated after

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<sup>32</sup> The United Nations Report of the Committee on the Elimination of Racial Discrimination (CERD) warned the Surinamese government that it was guilty of multiple infractions breaking treaty agreements by instituting racially and geographically discriminatory practices:

The Committee, recalling its decisions 3 (66) of March 2005 and 1 (67) of August 2005 on Suriname, reiterates its deep concern about information alleging that the State party has authorized additional resource exploitation and associated infrastructure projects that pose substantial threats of irreparable harm to indigenous and tribal peoples, without any formal notification to the affected communities and without seeking their prior agreement or informed consent. (10)

sixth grade, while Creoles, East Indians, and Javanese living in Paramaribo were guaranteed access to a complete primary and secondary education (pers. comm. 2006). According to Human Rights & Educational Consultant, Ellen Rose Kambel, “it is well documented that the education of Indigenous and Maroon children in Suriname is characterized by serious quantitative and qualitative disparities compared to the education offered to children living in urban and rural areas (2006:19). The resulting educational disparities experienced by members of all Maroon groups influenced Maroons’ socioeconomic status and limited their ability to advance, which had significant consequences during the post-independence development of the country.

During slavery, Maroons leveraged the threat of raids and loss of plantation income to build political power capable of persuading government officials and plantation owners to sue for peace (Stedman 1796: 28). After slavery, Creoles continued to be incorporated into city life and to augment their sense of etiquette with European mores which increased their social advantages and led to their eventual control of Paramaribo.<sup>33</sup> Thus, the social maneuvering that began among urban ethnic groups while the Dutch were in charge intensified after they departed. Maroons were not part of these early negotiations that led to power sharing and consolidation among the Creoles, East Indians, and Javanese (Mügge 2011:126). The biases toward Maroons, which began after emancipation and continued during the post-independence phase of nationalization, inform the subtext of inter-ethnic debates concerning whether *wasi fesi* is one of the factors responsible for the spread of HIV/AIDS. Tjon Sie Fat describes the underlying social

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<sup>33</sup> Although Paramaribo officials upheld the strict division of ethnic groups immediately after slavery, Creoles, Javanese and East Indians began to experience more mobility as time passed. However, their degree of mobility and access was directly tied to skin color and “every skin color tone had a name” which meant that this system of differentiation was highly developed and imbedded into the growing national consciousness. According to the World Heritage Committee, “Paramaribo had become a ‘Creole’ city around 1920, with this group making up 81% of the population” (WH 2011:22, 23). This urban Creole population was divided into two groups, light skinned and dark skinned Creoles with access to power being based in lighter skin (WH 2011:22, 23: Tjon Sie Fat 2009:12).

mechanism that makes these narratives so important among the originally recognized ethnic groups:

Apanjaht does not account for all possible ethnic variety in Suriname, but it does provide a framework for instrumental ethnic identity. It is power sharing framed in terms of ethnicity, not based on ethnic groups; it creates ethnic groups, by invoking them. New ethnic elites – i.e. the elites of different ethnic groups – are not automatically accommodated as they risk unbalancing the power-sharing system. (2009: 17)

Within this stable but unequal system, Maroons have been located at the bottom of the ethnic hierarchy and have continually encountered the stigma that often accompanies socioeconomic disparities (Kambel 2006:12). These biases were allowed to fester during the years when Maroons rarely came into town and are part of the implicit social knowledge that informs the national discourse and casts Maroons as unsophisticated due to their lack of Western education among other negatives. Unfortunately, these biases remain common among some present day Surinamese and were shared with me while I was in the country.

By mobilizing around cultural identity narratives, Maroons have been able to “invoke their instrumental ethnic identity” and along with Amerindians insert rainforest communities’ concerns into the national discourse and policy negotiations.<sup>34</sup> The emphasis on history and the performance of “traditional” identity promoted during events like the *“Break the Silence”: Art and HIV/AIDS Akoti Kuutu Pangi Exhibition*, need to be viewed through the lens of apanjaht as a form of communication and negotiation operating on three levels. First, the process of

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<sup>34</sup> According to Ellen Rose Kimbel, “Surinamese law does not recognize and protect the traditional land tenure systems of indigenous and tribal peoples, or their special relationship with the forest. All land and all natural resources are considered to be owned by the State” (2006: 13). This lack of sovereignty over their lands has meant that the government can sell contracts to companies interested in mining natural resources with limited options for leveraged negotiations by rainforest communities. Ultimately, if community leaders cannot reach an agreement with company officials, the state finalizes any compensation options (14).

developing the event reinforces intra-ethnic pride among Maroon groups that can be activated to convey a national message about their communities. Second, publically presenting a politically unified front demonstrates the ability to galvanize a political coalition capable of influencing national narratives and politics. Third, when women's groups rally to influence the national discourse, they illuminate a gendered experience of social spaces and national issues that can strengthen their political power and access to economic opportunities. As a result, the historical information and events discussed in this chapter describe memories, practices, and culturally-based messages the Maroon Women's Network emphasized in order to both rally the community and insert their perspective about HIV/AIDS awareness and risk into the national discourse.

### *“Active Remembering” and the Process of Creative Re-expression*

Popular histories circulating in the Maroon community and the general Surinamese public provide insight into the attitudes influencing national and community-based perceptions of HIV/AIDS. These stories reveal popular themes, and their retelling illustrates the memory-generating processes taking place in daily activities. This chapter begins by connecting popular historical narratives with the *“Break the Silence”: Art and HIV/AIDS Akoti Kuutu Pangi Exhibition*, created by Maroon women to discuss HIV/AIDS within their cultural context. The event exposed three key “memory-frames”<sup>35</sup> actively represented across the shared memories of the six communities – “Escape and Survival,” “Faith and Devotion,” and “Tradition and

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<sup>35</sup> Edward s. Casey explains:

although we can single out the specific content of what we remember for description and discussion, on closer examination we find it to be embedded in a “memory-frame,” that is “the setting within which specific content is presented to us. Such a setting is not of uniform appearance but varies from one experience of remembering to another....The primary function of the memory-frame is therefore evident: it serves as a setting by which the specific content of a memory may be situated and, as situated in a certain way, identified as mnemonic in character. (2000:68)

Gender.” A “memory-frame” provides a flexible way of conceptualizing a mnemonic process, which allows for the particularized experiences and perspectives of each Maroon group, yet allows them to connect and mobilize around certain general historical and cultural experiences.

Based on my observations, each of these “memory-frames” is often activated in contemporary conversations about the future of the communities, particularly in terms of their sustainability. The unifying concept of “Escape and Survival” reinforces the power of each Maroon community to overcome insurmountable odds to gain their freedom despite colonial oppression and to maintain their identities when faced with new challenges. “Faith and Devotion” connect the success of their quest for freedom to the spiritual world through action. “Tradition and Gender” tie escape, survival, faith, and devotion to the daily lived experiences of each community’s members. These narratives describe experiences, locations, or significant events, and in doing so they create a series of psychological mnemonic devices that reinforce the varied, but politically unifying, connections to their history and ancestors that all six communities share.

The “*Break the Silence*”: *Art and HIV/AIDS Akoti Kuutu Pangi Exhibition* should be considered as a visual, oral, and performed feminist re-expression of a shared identity narrative, developed through an autoethnographic process and constructed as an autobiographical living text. The MVNs theoretical premise, woven throughout the displays, performances, and presentations, demonstrated that Maroon women were not going to accept biased representations of their historical place in Surinamese society. Instead, they were going to provide a new context within which to consider events and perspectives. The descriptions that follow provide an understanding of the event and the histories contributing to women’s artistry, depiction of

gendered experiences, and cultural identity narratives in ways that influence their HIV/AIDS risk-reduction choices.

South African interventionists provided a useful model of the value this relationship between “tradition” and identity narratives can add to HIV awareness education. The Siyazama approach built channels of communication through a similar use of “memory-frames” that were associated with rural craft making and spiritual beliefs. Art making was used to create an environment where it was safe for women to talk about their experiences dealing with the brutal social and physical hardships brought on as family members became ill or they battled their own diagnoses. As women focused their attention on threading telephone wire<sup>36</sup> into tightly woven bowls, or on creating human figures and other art pieces, their lowered eyes provided a sense of privacy as they chatted about the intimate aspects of their lives.

Incorporating Zulu arts into the awareness process tapped into women’s respect for their traditional practices and modes of communication. Within that context the women were able to blend meanings expressed through color choice, spatial orientation, and the use of established motifs with their HIV/AIDS awareness messages (Roberts 2001: 47). This blending added layers of significance to their statements. Additionally, women invited their ancestors to participate in the creative process by dreaming before they began developing their designs (Roberts 2001: 46). According to Zolani Ngwane, professor of Anthropology at the University of Chicago, the *amadlozi* (ancestors) are involved in family members’ daily lives and assist in their success:

When a person dies, their spirit wanders about for a while, waiting to become an ancestor. Shortly after the funeral, the family performs a ceremony called *ukubuyisa*,

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<sup>36</sup> According to Allen F. Roberts, the wire used to create these rural crafts was a popular commodity in the early nineteenth-century that Europeans liked to trade for ivory. In South Africa, as access to quantities of wire increased, the colonists began installing telegraph lines which locals began to appropriate for their arts. The African National Congress (ANC) cut wire in rural areas as a subverted form of resistance (2001:39-40).



which means to bring back. During the ceremony, the spirit of the dead person is called back to the homestead as an ancestor. If *ukubuyisa* is not performed, the spirit of the dead person becomes restless and turns into a ghost that haunts people.

After *ukubuyisa*, *amadlozi*, the ancestors, participate in the everyday life of the household and influence each person's life. In the view of many Zulu people, an individual does not achieve success alone, but with the help of the ancestors. Ancestors are the protectors of their living relatives; they look out for them and sometimes warn them of coming dangers through dreams. (1997:25)

As the community dealt with the shock of high HIV/AIDS death rates, the ability to incorporate this form of communication with the dead into the awareness process designed to protect the living, must have opened an experiential space where participants could wrestle with their fears in culturally comforting ways. By creating this space, the workshops gave participants time to adjust and therefore to hear awareness information that addressed their intellect, imagination, and cultural identity, rather than imposing Western perceptions about how awareness information should be conveyed.

The Maroon Women's Network wanted to create this same type of culturally-sensitive intervention experience for women in all six Maroon communities. Like the Siyazama project, the MVN focus groups were designed to build channels of communication through a similar use of "memory-frames" that could be associated with rural craft making and traditional practices, but differed in their approach to spiritual observances. The MVN orientation toward emphasizing *wasi fesi* and away from African-based spiritual practices was due to the large number of Christians participating in the group. Instead, the *pangi* focus groups began the process of developing materials for an awareness exhibition that would encourage a form of intra-ethnic

communication capable of connecting cultural pride and perspectives with the presentation of HIV/AIDS awareness information.

The subsequent exhibition was the manifestation of a three year intra-ethnic dialog, constructed to include colonial memories with which large segments of the Surinamese population could connect. Since most citizens are the descendants of enslaved persons, Maroons, Amerindians or indentured servants, the country's national consciousness includes multiple stories of colonial oppression expressed as particular diasporic ethnic histories, as well as certain narratives that are familiar to the entire population. The legacy of Maria Susanna du Plessis and her cruelty as a plantation mistress is an example of a powerful colonial narrative reinserted into the national consciousness each July 1<sup>st</sup> as part of the celebration of the 1863 emancipation known as *Keti Koti* (Broken Chains) (Smith 2007). The Miss Alida contest, held on the eve of July 1<sup>st</sup>, commemorates the story of an enslaved girl, Alida, and her cruel plantation mistress, Maria Susanna du Plessis, whose story often is told to tourists on their first visit to Independence Square (Proctor 2003). Below is a summary of the many versions of the story:

### **The Alida Story**

Perhaps it had rained early that afternoon like it often does in Suriname and the household had become quiet as everyone settled into a nap. At some point in that normal day, Maria Susanna du Plessis, commonly called Susanna, made a decision that would cause her to live forever in the minds of the Surinamese. How long had she known? When did she make her decision? Had she been watching her husband slip away to the beautiful slave girl Alida's quarters for months or did something happen that day that made her decide she'd had enough? It wasn't until they were seated at their formal dinner

table and the silver dome was lifted from its platter that her decision was known. Her husband stared in horror at one of Alida's breasts. Susanna said, "I know that you love this."<sup>37</sup>

The marriage was over, but Susanna's reputation became legend even though there were some reports that the stories were the result of smear tactics forwarded by her father's political adversaries or as part of the property battle in her divorce from Frederick Stolkert (de Haas 2012).

Despite these possibilities, her cruelty was also reinforced by stories that she drowned an enslaved woman's "baby for crying and then gave the mother 300-400 lashes for trying to retrieve its body from the river" and regularly required enslaved women to lie in the often muddy streets so that she could avoid getting dirty by walking on them (de Haas 2012; Hoogbergen 2008:2-4; Stedman, 1796:148). Through these stories, the du Plessis legacy exemplifies the cruelty for which Surinamese slavery was and is known (Price 1976:25). Joy Smith, doctoral candidate studying Dutch-Caribbean literature and colonial memory, views "the importance of the Alida folktale, as not necessarily on the level of narrative, but on the symbolic, that of sentiment, as an invocation of a painful history of terror, that addresses particular readers in acts of cultural memory and communal bonding" (Smith 2007:213). One of the textile artists incorporated the Alida Story into work she displayed at the exhibition, highlighting the relevance of this narrative as part of the colonial "memory-frame" associated with the historic section of the city.

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<sup>37</sup> (Proctor 2003; Stedman 1796:148; Haas 2012; Hoogbergen 2008: 4). Stories of the unnamed enslaved girl, later given the name Alida, are varied. Some accounts say du Plessis cut off both breasts (Haas 2012). Alida's life after the event remains a mystery. Some believe she bled to death and others say she managed to escape into the rainforest to heal and eventually had two children. Still other accounts say she became the *misi* or house mistress of du Plessis' husband (Margo S. Burgos-Kramp, Miss Alida contestant advisor).



2.1. Johanna Huur. *Miss Alida* Embroidered Hammock, 2004. Photograph by Monika Hanks (MH), 2013.

More internationally known than stories of Susanna du Plessis' cruelty are two William Blake engravings. One is of an enslaved person, hands bound behind his back, hanging by a hook through his ribs from the gallows; the other, an enslaved person chained to the ground, arms and legs drawn in preparation for being quartered.<sup>38</sup> It was in contrast to this memory of colonial brutality that the Maroon Women's Network planned to stage the first national "*Break the Silence*": *Art and HIV/AIDS Akoti Kuutu Pangi Exhibition*, based on the UCLA Fowler Museum's "*Break the Silence*": *Art and HIV/AIDS in KwaZulu-Natal, South Africa* exhibition held in 2002. Before curating the event, Fidelia Graand-Galon was invited to participate in the *Make Art/ Stop AIDS* workshop held in Kolkata and New Delhi India in 2004.<sup>39</sup> The event was conceptualized by UCLA Professor David Gere who works to encourage the exchange of

<sup>38</sup> Stedman, 1796. See Appendix A, Engravings 6 & 7.

<sup>39</sup> I was one of four UCLA World Arts and Cultures (WAC) graduate students who traveled to India to participate in the *Make Art/Stop AIDS* workshop where a variety of community groups presented their AIDS awareness art and discussed the development of art-based intervention projects. As a result of the success of the workshop, Dr. Gere founded the Art & Global Health Center within WAC/Dance in 2006.

information among HIV/AIDS activists, artists and persons living with HIV/AIDS. The Kolkata workshops emphasized the effectiveness of using art as an entry point for awareness events and culturally focused discussions about the daily challenges associated with the HIV risk-reduction process. Ultimately, Professor Gere's aim was to connect HIV/AIDS art activists with funders who could support their initiatives (Gere 2004). Fidelia Graand-Galon discovered that Maroon women's cotton wrap skirts called pangi adapted to contain embroidered HIV/AIDS messages not only were desired by workshop participants to whom she showed them, but also provided an effective entry point for cross-cultural discussions about women's experiences associated with HIV/AIDS.

The *Make/Art Stop AIDS* workshop experience encouraged the MVN to move forward on their Pangi Exhibition plans by scheduling the event for August 13-15, 2004 and creating a theme with a strong emphasis on culture and history, as well as awareness information. As a result, the "*Break the Silence*": *Art and HIV/AIDS Akoti Kuutu Pangi Exhibition* was designed with reverence for the past and recognition of the significance of the battle to overcome the risks of HIV/AIDS. Through spatial orientation, the style in which content was presented, and the framing of the awareness message, the exhibition revealed how significantly the prominent themes of escape and survival, faith and devotion, and tradition and gender blend the past and present in Maroon consciousness. Although the Pangi Exhibition was presented as an HIV/AIDS awareness event, symbolic resistance to colonial authority and identity narratives were woven throughout the experience.

Cultural narratives layered the event with meaning expressed through messages incorporated into the textile arts, performances relaying awareness information, topics of speakers' presentations, and the location and design of the event. The cultural education needed

to understand the multidimensional quality of this experience began as a conceptual reframing of historical perspective as colorful pangi hung by the descendants of these rebel warriors transformed the exhibition space and pulled commuters inside as they glimpsed moments of intense color through huge windows as their cars rounded *Henck Arronstraat* (Hank Aaron Street), the busy street that runs along the north side of the du Plessis city home. This burst of color invited visitors to enter a Maroon woman's perspective on culture and history where the aesthetic used to design the space was based on the domestic organization of Maroon homes. The traditional Maroon home is an A-frame with a small front porch and a central door often carved decoratively as a love gift from husband to wife (figs. 2.2 & 2.3).



2.2. Maroon home, carved mantel over door, Santigron, Suriname. Photograph by JS, 2008.



2.3. Maroon home, painted entrance, Apatou, French Guiana. Photograph by JS, 2008

Inside, the home is split in two. The main or front room spans the entire width of the house and contains kitchen storage and the living room, while the back room is used for sleeping quarters. Kitchen storage highlights the wife's domesticity through prominent racks or pegs she uses to hang her perfectly polished stainless steel pots, organized by size, for everyone to see. Heavier items or a working counter may take up the bottom 2 to 3 feet of the space with the shiny pots hanging above pulling the visitor's eye ever upward in admiration for their unblemished perfection.<sup>40</sup> Carved love gifts may also be visible in the front room. Wooden gifts are carved by men and calabashes by women. Both types of gifts have practical uses and the carvings often relate to pangi designs.

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<sup>40</sup> Maroon architecture and decorative elements are unlike African or Amerindian homes in design. While there are similarities in size and layout across the six Maroon groups, decorative elements do distinguish cultural differences. For more information about Maroon architecture and construction see Price and Price 1980:27-34.

## Wooden Love Gifts Carved by Men



2.4. Winnowing tray.



2.5. Boat paddle.



2.2. Woman's bench.

## Calabash Love Gifts Carved by Women



2.7. Calabash serving bowls, above and top right.

2.8. Top right dark calabash spoon, bottom left of image.

2.9. Bottom right, small cups or scoops. All images of calabash, except for the decorative calabash with the pointed cut out were either purchased in villages or bought from women in the marketplace. Photographs by MH, 2014.







**2.10.** Susanna du Plessis home where the Pangi Exhibition was held.  
Photograph by H. Hermelijn, Paramaribo 2011.

In contrast to such humble but aesthetically appointed dwellings, the Susanna du Plessis residence where the Pangi Exhibition was on view exemplified the spaciousness of a wealthy plantation owner's city home with a large front porch, spanning the width of the house, extending more than twenty feet on each side of the double front doors. The two immensely large doors opened from the center and swung back towards the wall on each side so that a wide and welcoming entrance provided an immediate view of the entire exhibition. Visitors were greeted as they entered the space and faced a single pangi displayed on an easel that told the story of an original Maroon journey into the rainforest and connected that escape to the contemporary need to escape the dangers of HIV/AIDS. To the left, in the distance was a multi-colored pangi display that began above a built-in shelf about 3 feet from the floor and drew the visitor's eye up more than 10 feet as the tiered display echoed that of shiny pots in a Maroon home.



2.11. Appliqué pangi above and appliqué carryall with embroidered notebook cover below. Photographs by MH, 2013.

For non-Maroons, the design choice signaled that a different cultural aesthetic was shaping the exhibition space. Pangi were hung everywhere rather than being contained in neat museum-like moments of artistic appreciation clearly bounded by white space. To the right of the entrance doors, and

filling the entire right half of the room, were Maroon women's craft displays that appeared not only as pangi designs, but as hammocks, tablecloths, jewelry, carved calabashes, scarves, and handbags. The work was done in embroidery and appliqué so that color was experienced in layers. Visitors meandered through individualized stalls created by faded brown dividers, configured like cubicles in Western offices which the women had transformed into colorful wall displays they could reference as they pointed out the meanings of the various images they had created. Many of the pangi offered commentary on gendered relationships or the colonial Maroon experience. Their colors competed for attention and the repetition and variation of images created stop-gap experiences of history.



This transformed space and cultural aesthetic illustrated the conjuncture of Clifford (1997), Pratt (1991), and Tuhiwai Smith's (1999) theoretical interpretation of identity narratives

operating to compress space, time, and memory into powerful and palpable experiences of social exchange that necessitate acquiring cultural literacy to be successfully interpreted. For Maroons, that experience of history was understood; for outsiders the experience had to be explained. As a result, agency was often reversed as Surinamese society's most marginalized persons enjoyed brief performative moments as they stood in front of pangi explaining the significance of their imagery to non-Maroons. These interactive experiences, as well as the larger narratives created by the overall event, were extended acts of autobiography that illustrated the vibrancy of active remembering and creative re-expression through which memory and identity are maintained.

Several displayed pangi images highlighted the mystery and danger of the journey<sup>41</sup> into the rainforest – a history of multiple escapes retold and transformed into one overarching narrative of escape told over and over and over again. Romelda Leidsman, a Saamakan Maroon textile artist, incorporated this theme into the design of her *Lobi Makandi* pangi displayed at the entrance. Two parrots face each other as though in conversation at the top, center of the design, over the portrait of a woman. Connected as though they were sitting on a branch, the space between their beaks is filled with the AIDS ribbon, but also references the “*akoti kuutu*” symbol. According to Fidelia Graand-Galon, the “*akoti kuutu*” symbol looks like the AIDS ribbon, but has additional meaning within Maroon communities of being a dire warning to pay attention because a potentially mortal threat is at hand, one as serious as the threats of torture and death experienced during attempts to be free of enslavement. When asked about her design, Leidsman specifically tells the story of parrots as the guides who led Maroons to safety. Fidelia Graand-Galon, the exhibition host explains:

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<sup>41</sup> The mystery and danger of the journey into the rainforest is described in more detail in the following section, “Geography and History.”

The parrots told us where to go. When we were escaping from the plantations and were lost in the forest, the parrots helped us. They are talking parrots you know. They gave us important information and we listened and found the place to make our village... They landed in this tree, this big one near the river. Now the tree is sacred because it's part of the beginning. (2004)

This narrative and the imagery of the parrots pulls viewers into the rainforest, through the dangers of the unknown, into the sense of safety and relief provided by finding sanctuary, even



2.12. Romelda Leidsman, *Lobi Makandi* (Love Together) pangi, 2004. Photograph by MH, 2013.

when that sanctuary is at the base of a large old tree. Yet the AIDS ribbon subverts so halcyon a representation of history because the space between the life-saving parrots is compromised. Against this challenge, Leidsman adds a layer of hope by referencing the spiritual power the parrots' intervention expresses. The gods are watching. Maroon communities can triumph once again, if their warning is heeded. At this symbolic moment, the awareness offered by the AIDS ribbon is culturally reinforced as the warning trumpeted by the "*akoti kuutu*" symbol – "Don't let

me have to tell you twice!” The warning calls Maroons from all communities to adopt their ancestors’ tenacity and unrelenting adherence to societal mores that ensure their survival.

This journey, from uncertainty to relative safety is the first identity marker that subtly pressures women, particularly village women, as they consider HIV risk. Despite the dangers of the unknown and because of their ancestors’ determination to be free this “memory-frame” connects escape to the fight for freedom supported by the gods that ultimately ensured the settlement of their ancestral villages. Maroons’ connections to their ancestral villages, whether they live in Paramaribo, the Netherlands, or the United States, are strongly representative of their relationships with their ancestors and the histories they created by establishing interior communities blessed by spiritual protection. Oral traditions keep these identities alive in the minds of each generation of Maroons, not only through stories, but through naming practices, traditional healing, and emotional connections to particular areas of the rainforest. Thus, both in the performance of identity practices and the activation of “memory-frames” through visual and oral narratives, Maroons have been able to strengthen their sense of sovereign identity and reinforce their ancestors’ legacy. However, for village women, the same sense of cultural pride associated with “tradition” and cultural expectations like heeding the ancestors can limit their ability to make choices that do not conform to expectations.

When Kate Wells began working with Zulu women in the Siyazama workshops, traditions associated with privacy, respect, and social hierarchy significantly influenced their acceptance of intervention information. They were bound by the social convention of *hlonipha* requiring proper behavior and the avoidance of taboo topics of discussion. The implications of using narrative to develop a sense of cultural cohesion and by extension a sense of personal and political power is evident in the stories represented in their work. In each case, the theoretical

perspectives, social organization, and cultural context experienced by the women in relationship to issues associated with HIV/AIDS was represented in their artistry.

“Memory-frames” circulating within Maroon communities also enhance social cohesion and inform women’s artistic practices. Imbedded in stories of escape and survival are suggestions that an individual’s longevity depends on conforming to group expectations. This doctrine was actively represented through the *sweli* or blood oath required to prove loyalty to the safety and survival of the group with whom one escaped. Through time, narratives have reinforced elements of early escape tales creating a sense of shared identity community members can reinforce through their daily practices and worldview. The discipline of folklore grew out of this same type of cultural production in Germany during the eighteenth century and illustrated the value of collecting and documenting performative events to create an archive focused on preserving the “people’s theories” by analyzing the values expressed in performed narratives (Wilson 1973: 819; Lord 1960; Bauman 1975). Similarly, this experience of developing, preserving, and expanding a cultural legacy through narrative has provided Maroons with a supporting vocabulary of dialectical imagery that can be activated to respond to issues that arise in a diverse country grappling with the power dynamics of post-colonialism as well as interethnic jockeying for the power that results from access to and control over resources (Price 2001).

Through this narrative tradition, creative elements in the Leidsman “Lobi Makandi” pangi referencing escape and survival were also found in other textile artists’ work. Since participants were developing their own images to raise awareness, the symbols they used had to draw on a visual vocabulary that would be understood by other Maroons. The figures they chose, and the stories they represented, delineated social experiences relevant to Maroon women and their ability to incorporate awareness messages and risk-reduction options into their lives. For the

Zulu, *hlonipha* challenged women’s ability to control their sexual lives and *ubuntu* bound them to a sense of responsibility for their communities. For Maroon women cultural expectations that grew out of the process of escape and the establishment of villages connected a sense of community and faith to the development of social mores determining the nature of the traditions that would help to define sanctioned expressions of Maroon feminine identity. In each case, the tension between individual needs and community expectations weighs heavily on women.

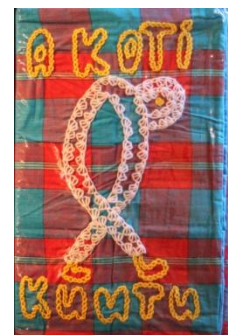
## Pangi Exhibition Examples

### *Parrots*



2.13. Swirling designs above echo wooden carvings. Below, the “akoti kuutu” symbol references generational wisdom. Photograph by MH, 2013.

According to Fidelia Graand-Galon, the “akoti kuutu” symbol is similar to the AIDS ribbon, but was personified for the exhibition. The term literally means “a” (he/she) “koti” (cut their connection to) the “kuutu” (meeting where important issues, signifying various Maroon communities’ insights are handled). Thus, like during the process of escape and survival,



adhering to collective and generational wisdom during extreme danger saves both the individual and the longevity of the community. Therefore, “Don’t let me have to tell you twice!”



2.14. Swirling design with macaws. Photograph by MH, 2013.



2.15. The parrot says, “I found the path,” meaning the path to safety for the new community. Photo by MH, 2013.



*AIDS Ribbon and implied “Akoti Kuutu” Symbol*



2.16. The tree of life and the AIDS ribbon. Photograph by MH, 2013.

*Divine Intervention and Faith*



2.17. God's Grace, also the name of a Pentecostal Maroon church. Photograph by MH, 2013.

## Geography and History

Imbedded in the images at the “*Break the Silence*”: *Art and HIV/AIDS Akoti Kuutu Pangi Exhibition* is an experience of space that illustrates De Certeau’s description of history as one that “begins at ground level, with footsteps” (1985:129). Narratives conveyed in the artwork provide a historical context highlighting the need to survive and situate success within a connection to community. The sense of cultural legacy pulling historical narratives into the meaning-making process informs Maroon women’s perception of cultural definitions of feminine identity and their support for wasi fesi as both an aphrodisiac and a gynecological treatment and practice. While considering “apanjaht consociationalism” in terms of the tactics Maroon communities and women in particular have used to address socioeconomic and political disparities is useful, a representation of the emotions associated with their historic journeys into the interior is also necessary to capture a significant aspect of the wasi fesi and HIV/AIDS awareness issue (Tjon Sie Fat 2009:6).

My interest in offering a historical narrative of the type of journey each enslaved person endured once they arrived in Suriname is to provide details capable of conveying the lived nature of the choices slavery provided that illuminate aspects of implicit national and communal narratives influencing the design of the Exhibition. These narratives illustrate Michael Taussig’s assertion that “history and memory interact in the constituting of [certain] knowledge(s),” and therefore AIDS-awareness interventions must intercede not only in present-day experiences, but also in interpretations of the past (1984:87). Responding to these choices influenced the social structure and gender roles within Maroon communities and therefore continues to influence the way both rainforest and urban women view their life choices. An important aspect of the manner in which Maroons situate their past and current identities is in opposition to structures of power.

Therefore, if there is a strong historical context for women's loyalty to the practice of wasi fesi, then might past constructions of their identity act as significant social constraints? In order for an intervention to attempt to address these types of issues, Maroon communities' narrative histories must be known.

The colonial narrative of exploration, "discovery," and conquest provided the foil against which the budding Maroon communities battled both psychologically and physically. Colonial Surinamese history began when Amerigo Vespucci saw the South American coast during several voyages between 1497 and 1504.<sup>42</sup> Later British, Dutch, and French explorers christened South America's northern edge the "wild coast," and eventually divided it into the three colonies – British Guyana, Dutch Guiana, and French Guiana (Sutlive 1990: 7). The English were the first to found a colony in Dutch Guiana in 1651 which later was traded to the Dutch for Manhattan in what is surely one of the most remarkable of early colonial transactions; however, ignored it may be by most New Yorkers today (Price and Price 1992: xi-xii). As settlers arrived and began developing plantations, an attempt was made to enslave the local Carib and Arawak Indians, but such unsuccessful efforts ended in conflict (Thoden van Velzen and van Wetering 2004: 8). As a result, slave populations were brought to the Guianas from West Africa, often with intermediate stops in the Caribbean. In these earliest days, the colony consisted of planters, the merchant class, poor farmers, and a relatively large Jewish population that fled possible persecution in Eastern Europe to establish a thriving community in Suriname.<sup>43</sup>

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<sup>42</sup> While many details of Amerigo Vespucci's trips have been disputed by historians, cartographer Martin Waldseemüller credited Vespucci with the discovery of the Americas in his 1507 world map which was widely distributed because it showed the location of the "New World" and helped popularize the name (Waldseemüller 1507; Hébert 2003; Thomas 1997: 90).

<sup>43</sup> According to Johannes Postma, Sephardic Jews that had left Spain and Portugal due to the Inquisition and had settled in the Dutch cities of Amsterdam and Rotterdam were instrumental in developing the sugar trade in Suriname, Brazil, and the West Indies (1990:8-9). The British established a colony in Suriname from 1651 to 1667 that was managed by Sir Francis Willoughby Lord of Parham who permitted Jews to establish plantations without

The geographical boundaries marked by urban and agricultural development clearly demarcated the realm of colonial government control. In order for enslaved persons to be free, they had to enter the liminal space between order and the unknown, the *kapuweri* or secondary forest where slaves had once gardened, but was no longer cultivated. Beyond the *kapuweri* was freedom and the unknown. Thus an experiential contrast between the dark-skinned Rebels and the lighter mulattoes and town Negroes was intertwined with the spatial experience of bondage and freedom (Thoden van Velzen and van Wetering 2004). According to Thoden van Velzen, Marronage was relatively rare in Suriname. He explains:

But the fact is that even in Suriname, most slaves stayed in their plantation. Some feared the jungle, some feared being caught, some stayed behind to assist the Runaways secretly, some had other reasons. Then too, social conditions were not as black-and-white as the foregoing may have implied: manumission was a realistic possibility for black soldiers and for some others, and there have always been free blacks in Suriname – even free black slave owners, just as in the United States. By 1791, there were 1,760 free mulattoes and Negroes in the colony, three times as many as there had been in 1787. By 1812, there were 3,075; by 1830, 5,051. In 1862, the year before emancipation, there were 16,479. (Thoden van Velzen and van Wetering 2004:10; Lier 1971: 97; Stipriaan 1993:314)

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ethnically based social controls (World Heritage 2011:16). Jacob Marcus states, “The history of Surinamese Jewry is the story of one of the greatest Jewish communities in the New World of the 1700s. Paramaribo, by the middle of the eighteenth century, sheltered about 1,000 Jewish souls. North America would support no community as large and as well developed until the second quarter of the nineteenth century.” One of the most overt symbols of seeming religious freedom and harmony was the Jewish Temple (Dutch Israeli Ashkenazim) Synagogue, 1837, and the Portuguese Israeli Sephardim Synagogue or Tzedek ve-Shalom Synagogue, 1736, which is on long-term loan to the Israel Museum (Marcus 1974: ix; JSF 2013).

The rarity of Marronage, whether initiated shortly after an enslaved person arrived in Suriname or undertaken after an extended experience of plantation life, marks the psychological and experiential space that prompted enslaved persons to escape.

One of the most insightful accounts of the experiences that defined both plantation life and the escape into the interior was *Narrative of a Five Years Expedition against the Revolted Negroes of Surinam*, by John Gabriel Stedman, the preeminent text of life in Dutch Guiana during the 18<sup>th</sup> century.<sup>44</sup> Stedman left Holland on December 24, 1772, arrived down-river from Paramaribo, Suriname on February 2, 1773, and was shocked by his first encounter with an enslaved person:

When stepping on land, the first object I met was a most miserable young woman in chains, simply covered with a rag round her loins, which was, like her skin, cut and carved by the lash of the whip in a most shocking manner. Her crime was in not having fulfilled her task, to which she was apparently unable. Her punishment: to receive 200 lashes and for months to drag a chain several yards in length, one end of which was locked to her ankle and at the other end of which was a weight of three score pounds or upwards. (Stedman 1796: 15)

Throughout his narrative, he asserted that plantation owners' cruelty accounted for the numerous rebellions experienced all over the colony (Stedman 1796; Price 1996; Thoden van Velzen and van Wetering 2004; Kahn 1931). Although enslaved persons more than likely did not know about Stedman's critique of Dutch cruelty, his narrative, as well as Afra Behn's *Oroonoko*, Voltaire's *Candide*, and poet and artist William Blake's engravings, fed the lasting critique of

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<sup>44</sup> For this research project, the abridged version of Stedman's original text, edited by Richard and Sally Price and entitled *Stedman's Surinam: Life in an Eighteenth-Century Slave Society* will be used. Quotes that come from the introduction written by Richard and Sally Price will be cited as Price and Price 1992, and quotes from the abridged version of Stedman's narrative will be cited as Stedman 1796.

colonial brutality in Suriname.<sup>45</sup> These narratives and engravings, as well as descriptions of physical abuse during auctions of captured individuals, circulated in the Western world and added to the Dutch reputation for cruelty (Thomas 1997:436). In fact, at least until the end of 2008, no modern day, post-independence president has lived in the Presidential Palace because it is believed that too many atrocities took place there during Dutch colonial rule.

However, the mansion is used for official functions and nearby Fort Zeelandia has been converted into a museum, which does not erase the memory of its housing of the fifteen prominent citizens who were tortured and executed for criticizing Suriname's military dictatorship installed by a coup d'état lead by current president Dési Bouterse, a Creole who was a Lieutenant Colonel in the Dutch- Surinamese Army in 1980.<sup>46</sup> Nor has the reuse of its dungeons to house Maroons who fought against Bouterse after the Maroon massacre in 1982 been corrected through ample representation of Maroon culture within its walls (Mügge 2011:136; Adiante 1988). The Presidential Palace and Fort Zeelandia are located in the World Historic Preservation site and symbolize complex experiences of social spaces through time.

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<sup>45</sup> Voltaire used Suriname's already established reputation "for its heights of planter opulence and depths of slave misery" as a foil for his satire on the slave trade (Price & Price 1992: xi). Afra Behn situated her critique of slavery in the noble savage genre in *Oroonoko The Royal Slave* and set the narrative in Suriname as a result of visiting the country, although accounts of her stay are not completely confirmed (Summers 1915: xix). The abolitionist movement may already have begun to influence William Blake, but his interactions with John Gabriel Stedman, with whom he was collaborating to recreate Stedman's fieldwork sketches as engravings for the narrative, had a significant effect on Blake's opinions of slavery (Price & Price 1992: xxxviii).

<sup>46</sup> (Mügge 2011:128; UN 1985). See also United Nations complaint filed by a victim's wife because no in-country cases had been filed due to fear of retaliation by the Bouterse government. An excerpt 13.1 from the complaint describes the massacre:

In the early hours of 8 December 1982, 15 prominent persons in Paramaribo, Suriname, including journalists, lawyers, professors and businessmen, were arrested in their respective homes by Surinamese military police and subjected to violence. The bodies of these 15 persons, among them eight persons whose close relatives are the authors of the present communications, were delivered to the mortuary of the Academic Hospital, following an announcement by Surinamese authorities that a coup attempt had been foiled and that a number of arrested persons had been killed while trying to escape. The bodies were seen by family members and other persons who have testified that they showed numerous wounds. Neither autopsies nor official investigations of the killings have taken place. (U.N. Doc. Supp. No. 40 (A/40/40) at 187:1985) <http://www1.umn.edu/humanrts/undocs/session40/146-1983.htm>

This compression of space, time, and memory marked for the Surinamese through the symbolism of the Presidential Palace and the associated power that was wielded in that building illustrates the process of active remembering that consciously and generationally reconstitutes the national identity. Significantly, the Maria Susanna du Plessis home that housed the Pangi Exhibition is located across from Fort Zeelandia near the North West corner of the *Onafhankelijksplein* (Independence Square) and diagonally across the square from the Presidential Palace.

When the Maroon Women's Network situated the Pangi Exhibition at the symbolic crux of colonial governmental power, the implication of the juxtaposition was not lost on local visitors. The women were interrupting a colonial narrative by creating a visual break in the architectural representation of European power. They also were contrasting their worldview and legacy against that of the colonial state, as well as the post-colonial Creole power base. The MVN were the descendants of the outsiders, the people named as though they emerged spontaneously from the wild bush and had no place in town, and yet despite all of their challenges they had survived.

### *The Geography of Freedom*

The Leidsman *Lobi Makandi* (Love Together) pangi showcased at the entrance of the "*Break the Silence*": *Art and HIV/AIDS Akoti Kuutu Pangi Exhibition* provides a visual entrance into the historic depiction of the spatial/experiential expression of identity described by Seta Low as "a physical and biological entity, [a] lived experience, and a center of agency, [as well as] a location for speaking and acting on the world" (10). Stories of the original journey into the rainforest encapsulate all of the journeys into one symbolic journey spatially and visually represented in the Leidsman pangi as a symbolic passage between two spiritually powerful

parrots. The image captures the romantic notion of the journey, but also the resourcefulness and sense of spiritual support that kept communities alive. Descriptions provided throughout the remainder of this chapter connect historical facts to the tactics Maroons adopted for survival that were incorporated into their autobiographical representations of their identities at the exhibition (1985:129).

The exhibition highlighted the connection between the spatial experience of freedom and the policies and power structures that determine an individual's autonomy. For Maroons in colonial Suriname, the geography of freedom was both regionally and psychologically determined; it required making a series of choices to enter the unknown in order to have a chance of escape. The lasting Maroon victory over the Dutch colonial government minimizes the significance of the initial psychological terror experienced by newly transplanted enslaved persons as they were forcibly removed from what they considered to be the known world and were transplanted via the Middle Passage into the unknown where their fate was yet to be experienced. According to Morton Kahn, some individuals assumed they would be killed and eaten when they were brought on shore in Suriname or perhaps would be sacrificed in a religious ritual (Kahn 1931: 8-9). What they did not know was that they were part of the Transatlantic Slave Trade which, in combination with the Old World Atlantic Slave Trade, created a system of commerce that significantly reduced the spaces in the world where Africans could be assured of safety and freedom. By 1730, the success of the Dutch East India Company meant that due to its deep harbor, Paramaribo "had become the most important slave market in South America" and, while numbers vary, may have received between 202,000 to 650,000 enslaved persons (Thoden van Velzen and van Wetering 2004:7; Postma 1990; Price 1976:9; Curtin 1972:85).



Despite the fact that many vast agricultural estates with large numbers of the enslaved were bordered by the rainforest, most captives remained on plantations or in town due to fear of the jungle and the possibility of torture, mutilation, and execution upon recapture. Some became part of the *Corps Vrije Mulatten en Neegers* (Ranger Corps) to earn their freedom by joining a special military unit developed to catch escapees.<sup>47</sup> Other paths to freedom included common-law wives and children being purchased by their European fathers, masters granting freedom for loyal service and enslaved individuals purchasing their own freedom (van Lier 1971: 100). In each of these cases attempts to gain their freedom required accepting the status quo for a significant time period.

Conversely, many Rebels, particularly men, escaped not long after arriving on a plantation (Price and Price 1980:14). Although the exact number of Rebels is not known, Manolo Florentino and Márcia Amantino discovered that in several colonies, the numbers of runaways reported on tax statements by plantation owners to reduce their liability was a far smaller percentage of the overall population of enslaved persons than accounts would suggest (2011:709). The low percentages illustrate how terrifying it must have been to enter a strange land and decide to leave the structured world for the untamed chaos of the rainforest. Present day Maroons express particular pride in their ancestors' ability to choose such a dangerous path. This is the heightened danger referenced on multiple pangi as images of escape with the spiritual world, expressed as parrots, fully understanding that the danger was so intense they had to provide protection (Thoden van Velzen and van Wetering 2004:24).<sup>48</sup>

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<sup>47</sup> Price and Price 1992: Lxx. In 1772 Governor Nepveu bought 300 enslaved men to form the Korps Zwarte Jagers (Corps of Black Rangers), also called the Redi Musu (Red Berets), who were earning their freedom by fighting for the colonists against the Rebels (Hoeft 1996 :107 ).

<sup>48</sup> References to the spiritual nature of the journey to safety will appear later in the chapter.

## **Slave Revolts: Embodying Politically Powerful Ethical Distinctions**

Escape into the wilderness and the determination to survive the unknown created an important psychological marker at the birth of Maroon society capable of challenging colonial authority and asserting a sense of moral superiority that unified the Rebels. Despite the challenges their cultural diversity caused, they were able to resist the regiment sent by “His Serene Highness the Prince of Orange” (Stedman 1796:13-17). An important aspect of that resistance was the psychological fortitude they displayed in the face of capture and extreme torture. Captain Stedman described the superhuman stoicism with which eleven captured Rebels endured being killed by slow torture because plantation owners hoped to “terrify, if possible, their companions, and thus to make them return to their duty. One man was hanged alive upon a gibbet with an iron hook struck through his ribs, and two others, being chained to stakes, were burnt to death by slow fire. Six women were broken alive upon the rack, and two girls were decapitated, through which tortures they went without uttering a sigh” (Stedman 1796: 26; Kahn 1931: 12-13). This story of torture and brutal death circulated in both the Maroon and plantation communities and made the captured Rebels’ stoicism legend (Stedman 1796).

The fearlessness, or at least performance of fearlessness, with which the Rebels faced death gave them a psychological advantage over the colonists. Robert Farris Thompson describes this stoicism as a West African form of “coolness” defined by the Gola in Liberia as the “ability to be nonchalant at the right moment... to reveal no emotion in situations where excitement and sentimentality are acceptable—in other words, to act as though one's mind were in another world. An indifferent attitude is particularly admirable when demonstrated while executing difficult tasks with an air of ease and silent disdain” (Thompson 1973: 41). The colonial motivation for torture was to activate a social mechanism so horrific that the status quo could be maintained.

However, while colonial conquest is traditionally perceived as European conquest into non-European lands, in Suriname conquest and the appropriation of goods became the currency of the Rebels. Colonists' fear of attack and loss of property at the hands of warriors who calmly accepted brutal torture transformed the prospect of death from a fate meted out by colonists into a dynamic power play for freedom (Stedman 1796; Kahn 1931; Price 1996). Michael Taussig explains that the "space of death is of necessity a zone of colonization and also a colonizing zone" because "the meaning of the key tropes and figures in the new space of death is, from conquest onwards, a meaning which takes into account and contests or enforces the political passions unleashed by the conquest process" (Taussig 1987:94). Maroon warriors altered the power dynamics shaping life in Suriname so that the fear of death no longer moved strictly from the colonizer to the colonized.

This appropriation of the fear of death as a tool of resistance against colonial authority also influences how Maroon communities contextualize and narrate their family's "original" story of escape that ties them to the first generation of freemen. The family relationships that formed during escapes, as a result of loyalty to the sanctity of the blood oath to protect each other to the death, also weights the significance of imagery and narratives associated with escape. Johannes King, a Matawai Maroon who taught himself how to read and write, described the colonial violence that inspired the unifying psychological force among the Rebels:

As soon as those soldiers got into one of our ancestors' camps and saw some young child, they would take that child, put him in a mortar and beat him with pestles, just as people mash bananas. That child would be completely crushed.... [Then] they set fire to everything they found that they didn't want to carry off with them. Well, that enraged our early ancestors against the whites. And they swore a blood oath, vowing to take proper

revenge against those whites for the blood of the slaves that the whites had spilled on their plantations, at the time when there were still no Bush Negroes. (King 1885 cited in Price 1996:298-299)

The *sweli* or oath unified Maroon rebel communities and is something that contemporary Maroons still mention as a unifying principle since, according to the stories they recount, each of their ancestors took this oath and through that unity connected a sense of individual and communal human effort with the spiritual power provided through the support of *Gaan Tata* (Great Father) who “was so indignant about the injustice done to the Ndyuka that he led them out of slavery, fighting alongside his people, much like Yahweh among the Jews” (Thoden van Velzen and van Wetering 2004: 24).

An important component of achieving this success was creating a sense of community and unified purpose among a diverse band of Rebels so that when their comrades were tortured, the Saamakan Rebels became “enraged ...and fortified their determination to such a degree that they became dreadful to the colonists” (Stedman 1796: 26). In this sense the Rebels controlled death not only as a tool of intimidation and actual death, but also as Stedman witnessed, as an aid to their inability to be co-opted, since they chastised any enslaved person they witnessed crying during punishment (Stedman 1796: 51). As a result, colonial Surinamese plantation owners experienced revolts from 1715-1763 at a great monetary and physical cost (Price and Price1992; Price 1996: 293-297; Stedman 1796). After many years of fighting, the colonists, exhausted, fearful and worried about spending more money on the war, decided to sue the Rebel Maroons for peace (Stedman 1796; Kahn 1931; Price 1996).

The colony’s governor reached an agreement with the Matawai first, but the meeting was sabotaged by an independent group of Rebels before the agreement was fully enacted. As a

result, the Ndjuka were the first Maroons to agree to a lasting peace in 1760, with the Saamaka treaty being ratified in 1762, and the Matawai finally agreeing to terms in 1767 (Thoden van Velzen and van Wetering 2004:10). Despite being observed by a government-appointed, and easily outmaneuvered *posthouder* (post holder), Maroons recognized the success of their achievements (de Groot, 1977). This tradition of facing hardship with silent tenacity has translated into the contemporary idea, as Fidelia Graand-Galon explained, that “Maroon tears do not touch the ground” (pers. comm. 2002).

### *Escape and Survival: Remembering and the Public Construction of Identity*

Historical accounts of the rebellions are pertinent to the development of HIV/AIDS interventions in two ways. First, they illustrate that one of the organizing principles within the Maroon community is to value and trust in their own cultural perspectives despite their marginal status or the intensity of outside pressures. Second, the accounts demonstrate that leveraging the concept of collectivity as a bargaining position, even during torture and death provides greater opportunities for political and social success. Rebels began forming communities as a result of the realities of escape, capture, torture, and battle and the narratives that grew out of this process began shaping generational perspectives that would highlight collective effort as a tactic against a foe. When the Maroon Women’s Network initiated the pangi project, they were rallying against a perceived foe, public health messaging against wasi fesi.

According to Edward Said, there are two conceptually opposed positions for the interlocutor to inhabit in a colonial context. The first is as an “*interlocuteur valuable*,” like Andean Felipe Guaman Poma de Ayala, who provides a bridge that allows the colonizer to function successfully in his endeavor to assert authority and gain social and psychological

control in the colonized region. In order to fulfill this role, the interlocutor is “compliant.” The alternative is someone who “simply refuses to talk, deciding that only a radically antagonistic, perhaps violent riposte is the only interlocation that is possible with colonial power” (1989:209-210). Rebels adopted each of these positions, making their interlocation fluid rather than static. They refused to accept colonial authority, established their own free nations, but did engage in discussions with the colonial government when they agreed to a series of peace treaties and after those treaties were enacted, often upheld colonial authority by returning newly escaped individuals to their owners (King, 1885 cited in Price, 1996:301). These negotiations with the Surinamese government reinforced their collective identity and sovereignty and began Maroon nation building before the concepts of nationality and nationalism were influencing Western thought and politics in the 18<sup>th</sup> Century.

The processes through which intra-ethnic Maroon communities imagined themselves as sovereign, yet over time adapted to allow lasting politically advantageous and socially acceptable connections to develop, required both narrative strategies and political tactics to be successful. According to Benedict Anderson, a nation is “limited,” “sovereign,” and “imagined as a community [with] ...a deep, horizontal comradeship” (Anderson 1983:7). Within this context, nationality grows out of an affinity with an imagined identity developed through a connection to a geographic location, cultural practices, and shared intellectual ideas. In the West, the printing press created a system for mass producing and disseminating ideas that encouraged individuals to develop strong intellectual and political connections to people in a large geographic area (Anderson, 1983). I juxtapose the imagery of escape and sanctuary with this concept of nationalism to emphasize the significance of the journey into the interior, as well as the meaning tied to naming a particular tree in the village as “sacred because it’s part of the beginning.” These

stories and sayings comprise an important part of Maroon oral traditions and were as significant to their nation building as was the printing press to the West.

### **“Don’t Let Me Have to Tell You Twice”**

The main theme of the “*Break the Silence*”: *Art and HIV/AIDS Akoti Kuutu Pangi Exhibition* was “*Akoti Kuutu*” (Don’t Let Me Have to Tell You Twice). According to Fidelia Graand-Galon, the saying warned of personal peril and the need to avoid bringing danger to the community through carelessness. Although the original threat was the colonial military and the *redi musu*,<sup>49</sup> the danger of reduced social cohesion and sustainability as a result of the AIDS pandemic is a serious menace. The late Gaaman Gazon Matodja, Paramount Chief of the Ndjuka Maroons, explained from his headquarters in the village of Diitabiki on the Tapanahoni River:

The Maroons and Indigenous people on the rivers above and below us and inland and in all villages must know that the message brought today [about HIV/AIDS] is not a joke. Wise people have studied it again and again and if this continues in this way it will mean the end of our people. Did you see the *sula* [cascading water] in the river down there? We call it ‘the end of our descendants.’ That’s how I look at this disease, as the end of our children....If you are sleeping around be wise, otherwise this disease will meet you halfway, it will hit you hard and bring you down. That’s why we have to let our men and women know that there is a disease that will kill us all in the end. (pers. comm. 2008)

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<sup>49</sup> The *Redi Musu* (Negro Hunters) or Coromantyn Rangers were enslaved men who were earning their freedom by tracking and fighting Maroons. The Freeman’s Ground (*Frimangron*) section of Paramaribo was designated in 1781 as an area where they could own property after their service was complete. The area was also open to non-military freed slaves (World Heritage 2011:18; Price and Price 1980:90).

The Gaaman's perspective illustrates Maroons' love for homeland as part of the filter through which descriptive imagery is generated to communicate important cultural concepts. The imagery associated with mentioning Maroons and the Indigenous, known as Suriname's First People, on the rivers brings the success of their battle against colonial authority and their subsequent generational sustainability into present day conversations about HIV/AIDS.

Moving through these talks encouraged community members to initiate discussions about the role gender dynamics, economics, education, and faith play within their community. The way in which the Pangi Exhibition was presented to the general non-Maroon Surinamese public, as well as to the Maroon community, highlights the benefits of allowing communities grappling with change to incorporate autoethnography into their community readiness process. During the exhibition, the interactive quality of translating the meanings of pangi images and stitches for non-Maroons created ongoing opportunities to alter national narratives and subtexts by "talking back" to address participants preconceived ideas and misperceptions.

Thus, textile arts create moving canvasses where ethnic history, like that of the Miss Alida motif embroidered into a hammock, can be used to convey both overt and covert messages. According to Richard and Sally Price, accounts that particular patterns have particular meanings are erroneous (Price and Price 1980:188); however, several Maroon women, including Fidelia Graand-Galon explained that certain pangi stitches do have meanings assigned to them, some of which have historical significance. According to Romelda Leidsman, many of the special connotations have been lost to the younger generations, but some older people are still alive who remember the stitches' meanings (pers. comm. 2004). Whether or not the meanings remain in use, Maroon women continue to uphold a long tradition of embroidering proverbs, short sayings and images onto pangi (Price, S., 2003 & 1993). Women sew their designs while



relaxing between chores or socializing, sewing bee style, with other women while commenting on each other's designs. Their works, when not on display, become moving canvasses carrying their messages through town to the subtle rhythm of swaying hips.

## **Community and Culture**

One of the arguments the Prices make against the continuity of Maroon iconography in woodcarving is the influence of tourism on design choices (188). Since women often make pangi for themselves or others in their community, I would suggest that they base their design choices on Maroon aesthetics and the motifs they employ communicate to locals. While traveling with Maroon women, I was struck by the level of care and meaning given to daily chores. Pangis used to wrap food needed to be folded a particular way to convey respect and the proper performance of Maroon femininity. Walking, singing, greeting a man, cooking and serving food, wrapping and tying the knot on your pangi to signify availability or marriage, among other acts, were so carefully determined and interpreted that it stands to reason that the same communicative concern would be included in pangi designs. While these designs may have been influenced by colonists or Amerindians, as Fidelia Graand-Galon explained, "The bush didn't birth us.... We came from Africa," so something in the Maroon aesthetic must be a continuity from their homeland (pers. comm.).

Sidney Mintz and Richard Price assert that Maroons created new societal institutions and organizational structures in order to establish an African culture in the Americas. They suggest that the fifty different cultural groups comprising the multiethnic composition of the more than 200,000 enslaved persons brought to Suriname signifies that their cultural traditions could not have been sustained in their original forms (Price and Price 1980: 195). Using artistic production

as an example, they suggest that “the wood carving of the Maroons, like their naming, cicatrization, and other aesthetic systems, then appears to be highly creative and to be ‘African’ more in terms of deep-level cultural rules or principles than in terms of formal continuities: in short, a highly adaptive subsystem, responsive to the changing social environments of the artists and critics who continue to carry it forward” (Mintz and Price 1992: 53). While it is not the purpose of this project to argue whether or not Maroon culture is a new African-American culture, Mintz and Price’s differentiation of the forces associated with “deep-level cultural rules or principles” versus those influenced by “formal continuities” perhaps can explain why their conclusions do not reconcile with the Maroon perspective.<sup>50</sup>

It is possible to consider this argument from dual positions and recognize that the goals of Mintz and Price diverge from those of the Maroon community and hence affect the outcome of their arguments. For example, according to Mintz and Price, family bonds were often formed with shipmates during the Middle Passage or on Surinamese plantations where enslaved peoples often called each other brother or sister, assigned incest taboos to those relationships, and “belonged” to the plantation generationally (Mintz and Price 1992:43). Mintz and Price may be focusing on the fact that enslaved persons lost permanent contact with their biological families, and therefore their constructed families became new creations. However, these familial constructions should be considered in terms of how they functioned for the people that created them. It seems reasonable to suggest that while the form of matrilineal decent was not an exact continuation of forms practiced in Africa, their adapted version infused a sense of agency and organization into new communities that was culturally familiar (Schneider and Gough 1961). According to A. J. F. Köbben’s research in the Ndjuka community, great generational

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<sup>50</sup> See Thompson, “The Sign of the Four Moments of the Sun,” 101-160.

significance was placed on the familial bonds that developed as a result of escape (1996: 322-323). These relationships more than likely constructed a familiar sense of family even if the familial structures were not perfect recreations of a particular African family system. Perhaps, for Western researchers, continuity is determined through structures and for Maroons it is dependent on the relationship between social systems and the intangible attributes those systems add to a sense of agency and identity.

This dissertation research addresses the role narrative plays in the continual regeneration of Maroon identities; therefore, its lens focuses on how Maroons define their heritage and how that cultural construction is activated in their contemporary lives. I would suggest that Maroons situate the authenticity of their African identity in the similarities of their cultural sensibilities – the feel of life in their villages – as compared to those in Africa. Experiences that reinforce those perspectives become narratives that contribute to what Benedict Anderson describes as the style in which a community is imagined. For example, in November 1970, Ndjuka, Saamaka, Matawai, and Paamaka Gaamans visited Ghana. Upon arrival Gaaman Gazon Matodja of the Ndjuka emotionally proclaimed, “We stand on African soil” and later Ghanaian dignitaries added through interpreters, “Had I not been told that they had come from Surinam as much as I have seen them now, I would have identified them as coming from Ghana. So tell them that they have come home and that here at home we regard them as our chiefs (Groot 1996:391-392).

Additionally, stories describing the similarities in daily life and artistic production in African and Maroon villages were brought home and continually retold. When Ghanaians visited Maroon villages and reinforced those narratives by finding the feel of their villages to be similar and these stories were enhanced as other Maroons visited Ghana and strengthened the narratives, their sense of direct cultural connection with Ghana moved from a vague historicized memory to

one that was experientially supported. In both cases, not only were their cultural similarities recognized, but also similar forms of cultural production. These processes of cultural exchange illustrate the permeability of the construction and reinforcement of traditional concepts. The customs, like storytelling and culturally defined performative acts, are flexible enough to incorporate certain types of new ideas into the repertoire of identity practices. The new ideas and conventions that are absorbed into communities' consciousnesses reflect "cultural memory [which] is among other things, a practice, an act of imagination and interconnection" (Taylor 2003:82). Therefore, considering this argument from dual positions requires recognizing that the cultural operations analyzed from Mintz and Price's etic perspective may be interpreted differently from the Maroons' emic perspective.

While Mintz and Price assert that practices surviving Middle Passage became dislocated from their original meanings within African society and therefore when reactivated established a new culture, Melville Herskovits, who carried out extensive research in Suriname among Maroons, emphasized instead the quality of African cultural retentions through a "scale of intensity" later judged to be misconceived by Herskovits (1934, 1936). According to Andrew Apter, both "consciously retained Africanisms" and cultural practices Mellville Herskovits categorized as retentions "carried below the level of consciousness" can be found in the daily practices of African Diaspora communities and, particularly in the case of religious practices, should be reimagined as systems through which agency is activated (Apter 1991: 241). The history of religious practice in the Afro-Surinamese community conforms with Apter's assessment and has been extensively studied among the Ndjuka in particular by Thoden van Velzen and Wilhelmina van Wetering. The memory-frame of "Faith and Devotion" plays such an important role in HIV/AIDS interventions in Suriname that the subject is too extensive to be

covered comprehensively in this chapter. Instead, an overview of the basic aspects of African Diaspora Gaan Tata and Winti religions will be provided with a consideration of the sense of agency they create through faith and devotional practices. The conjuncture of African Diaspora Gaan Tata religion, Christian Pentecostalism, and HIV/AIDS interventions will be discussed in terms of health practices and healing in chapter four.

### *Faith and Devotion: Negotiating Known and Unknown Worlds*

From the moment colonial order had been contested until the post- peace treaty establishment of safe Maroon communities, Rebels occupied the liminal space of being psychologically free, legally owned and geographically unsettled which heightened the importance of the relationship between the physical and spiritual worlds. Since the process of escape meant navigating both worlds successfully, devotional practices as the means through which individuals and communities connect to ancestor deities was heightened in importance. According to Donald Cosentino, African religions are interactive because faith is not enough – “you are what you do” (Cosentino 2003b). As a result, social relationships with fellow worshipers and most importantly with the deities advance spiritual outcomes through the “principle of participation” in which participants witness and/or experience relationships with the deities (Deren 1953:197). This communal experience means that “rites not only educate from the outside, as it were, but, even more importantly, function in a manner of which the participant may not be aware and which certainly is imperceptible to the detached observer” (Deren 1953:197). From this perspective, devotional behavior heals both the individual and the community through the reinforcing mechanism of practice which facilitates being chosen for

divine intervention (Thoden van Velzen and van Wetering 2004; Sankeralli 1995; Deren 1953). This intersection of faith, devotional practice and daily life, reinforced generationally, impacts the reception of HIV/AIDS interventions and therefore requires a brief review.

The physical danger and psychological pressures associated with escape into the unknown connected Maroon spirituality and experiences of escape in significant ways. According to Thoden van Velzen, Maroons perceive the navigation of the profane and spiritual worlds to be difficult for humans because they do not possess the necessary knowledge to evaluate events correctly; therefore, the insight of the deities is needed. Apter describes “Yoruba cosmology [or] deep knowledge (imo jinlè)” as a means through which priests, political figures and organizational movements influence the community and activate social causes (Apter, 1991: 249). In Suriname, like in Haiti and Jamaica, deep knowledge reinforced respect for the deities and maintained the psychological space of resistance that was key in inciting sustained and successful rebellions (Thoden van Velzen and van Wetering 2004).

During early resistance efforts, the process through which enslaved persons, many of whom had escaped into the interior almost immediately, coalesced into the practice of Gaan Tata is not clear, but during slavery or what they call the *katibo ten* (captivity time) Maroons began their belief in the omniscient *Masaa Gadu* who, like the Christian conceptualization of God, operates impersonally and helps all of humanity equally. Maroons believe *Masaa Gadu* has intermediaries who directly intercede in life’s daily experiences. *Gaan Tata* who fought with the Rebels because he was so upset about their treatment at the hands of plantation owners inhabits this level of power just below *Masaa Gadu* and is an example of a positively intervening deity:

The gods know all. The ancestors know all. This is our land, and our earth spirits will protect us, and they will kill our enemies. This is our river. Our river gods will protect us,

and kill our enemies. This is our bush. The gods of the bush are strong. The gods of the bush know their bush children. They know their children's enemies.... We have the gods of Africa. They are more than all gods. The gods of Africa know all. They will watch over us. We have the *obia* spirits, the African *obia* spirits.... Have no fear. (Herskovitz 1971: 26; Thoden van Velzen and van Wetering 2004)

Devotional behavior connected Rebels to the deities which enabled them to establish their ties to the land and signified the possibility of immediate and generational survival. This authority over geographic space as a result of the intervention of the African ancestors and new opportunities for connections with Ingii deities<sup>51</sup> illustrated that the geography of freedom was both physical and spiritual.

Deities popular in the management of daily life include Agedeonsu (Ndyuka Gadu) protector of the Ndyuka who oversees their homes, harvests and hunting, while the *yeye* is a restorative spirit sent by Massa Gadu, and the *ogii*, or danger rules the forest and can be an extremely destructive entity (Thoden van Velzen and van Wetering 2004). The most famous deities in the third tier are Papagadu, the snake, and Kumanti, the warrior spirit of the African Cromantyn or Kormantin warriors of the Gold Coast, known to be fierce Rebels in all slave colonies (Thoden van Velzen and van Wetering 2004; Rodriguez 1997:195).<sup>52</sup> These intermediaries reinforce the Ndyuka "enduring belief in the omnipresence of an Almighty Evil" by clearly organizing the world in terms of good and evil which heightens the role treacherous human intervention plays in events (van der Elst 2004:3). For this reason, they do not believe that accidents are neutral events, or that good intentions only produce positive results. Instead

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<sup>51</sup> "Ingii" is the term used for the deities of the First Nations. In both Winti prey and Gaan Tata *pee* ceremonies, the Ingii spirit enters the ritual space first because they are the original inhabitants of the land. For Maroons, they also contributed to their survival in the rainforest.

<sup>52</sup> For more information on Cromantyn or Kormantin warriors of the Gold Coast, see Essah, "Coromantee;"

they believe human beings can unintentionally or purposefully cause evil outcomes that appear as natural “illnesses, bad luck or even ‘acts of God’” (Thoden van Velzen and van Wetering 2004:3).

During the summer of 2002, a group of primarily Maroon and a few Creole women gathered in Paramaribo, Suriname to discuss the development of culturally sensitive HIV/AIDS interventions. I was fortunate to be a part of that group which allowed me to observe how established belief systems become intertwined in contemporary health narratives. Throughout the evening, these urban women continually expressed frustration over various ways in which attitudes surrounding “witchcraft” and “luck” inhibit the Maroon population’s acceptance of HIV/AIDS risk-reduction methods. The strength of the cultural currency with which the concept of “*wisi*,” continues to operate in the Afro-Surinamese consciousness through Gaan Tata and Winti religious beliefs systems creates space for “luck” as a statement of a type of agency, to be incorporated into health narratives. Although Surinamese translate “*wisi*” as witchcraft, their association of the two terms reflects the type of colonially influenced interpretations of local practices that Linda Tuhiwai Smith warned of as the legacy of “imperial research” processes (Tuhiwai Smith 1999:56).

In the 1770s, John Gabriel Stedman defines the concept of “*wissy men*,” which he believes was possibly “derived from wise-, or knowing-men, [who] by their subtle genius sometimes carry their destruction to a most dreadful length before they are detected” (Stedman, 1796, p. 266). He incorporated this definition of *wissy men* into his analysis of the “African Negro character” in terms of a tendency to seek retribution through “revenging an injury” which can be carried out through covert poisoning and other destructive means (Stedman 1796:265-266). Morton Kahn described the term as an animating force; “it is apparent that Winti is under a



measure of control; it can be sent into the body of an enemy to do him harm, then it is called wissi” (Kahn, 1931:139). Herskovits defined the term in *Rebel Destiny* as, “black magic, poison” (1934:352). In Dahomey the expression “to poison a man” means as often to use black magic against him as actually to kill him by the use of poison, and this is also true of Suriname” (Herskovits 1934: 354). Herskovits explained the concept in *Suriname Folklore* through multiple examples of its use in the Creole or urban Afro-Surinamese community. He added that “*wisi* works through ghosts and in manifestations of black magic it is not so much the ingredients which go into the making of black magic as the deadly carrying agent which kills” (Herskovits 1936:103). He went on to explain that “*wisimen*” gain this power to create effects by harnessing and imprisoning people’s souls (Herskovits 1936:104).

While *wisi* represents a dark sense of agency, that harms or even kills, *obiya* captures the psychological space of positive spiritual action (Herskovits 1936:308). Humans must negotiate these powerful positive and negative forces in order to achieve success. According to Donald Cosentino, the sensitivity of these negotiations is grounded in the nature of the unknowable monotheistic African supreme spirit, that can only be reached through an individual’s ‘relationship with middle level deities that can intervene on an individual’s behalf, but are not creators themselves” (Cosentino 2003a). When the plantation owners’ cruelty invoked Gaan Tata’s rage, the Rebels depended on deep knowledge and devotional behavior to negotiate the invisible forces shaping their journey into the unknown. Not only did each victory reinforce their connection to the deities, but also to the animating positive spiritual power of *obiya*:

...when the great gods wanted to help mankind, it was through *obia* that they healed and purified, it was to *obia* that men were instructed to turn....*Obia* was not a god, it was a spirit. It gave people knowledge of herbs that cured, and herbs which prevented sickness.

*Obia* warned of danger, and made known those properties of earth and water and air which healed and calmed. *Obia* taught the use of the band of metal on the arm or the string about the waist which forewarned of evil, and made man wary and alert.

(Herskovits 1934:308)

The concept of magic as a protective force against the effect of evil on an individual or the community remains an important concept in contemporary Suriname.

The African religious cosmos functions through the interplay of two energies, like Yin and Yang, identified as Rada, the pure, cool, slow moving energy, and Petwo, the hot, quick, violent energy (Cosentino 2003e). In Suriname, *kunu* and *obiya* are the closest equivalents to the expression of those opposing energies animating the universe, but the conceptualizations are not identical (Thoden van Velzen and van Wetering 2004; Herskovits 1934; Kahn 1931). This interplay between the positive and the negative, the physical and the spiritual, not only influence the Maroon worldview, but also the parameters through which individuals define their personal sense of agency in relationship to larger spiritual forces. According to the Obiya Basiya at Akata Kondre, a Winti spiritual center in Suriname, “the spiritual world is the powerful world and individuals are oriented toward practices in the physical world that influence their relationship with the spiritual world” (pers. comm. 2007). This connection brings the power of the sacred to bear in the human realm in a manner that defends the individual from aggressive negative magic and provides opportunities for agency in difficult circumstances. However, the negotiation is a delicate one, requiring the appropriate balance of devotional practices and deep knowledge capable of interpreting the deities’ intentions and desires. If handled correctly, individuals garner success in the earthly human realm.

## **Wasi en Paati: Splitting off Evil from Obiyaman to Jesus Christ**

These negotiations, in both the Gaan Tata and Winti religious practices, create space in the Afro-Surinamese consciousness for “luck” to operate as a type of agency that accounts for the emotional space between the challenging circumstances or possibility of challenging circumstances experienced by the individual and the desired outcome. This space is negotiated through a successful relationship with the ancestor spirits which is maintained by the proper performance of devotional behavior. Richard and Sally Price describe the process in the following manner:

Harmonious relations with the spirit world constitute one of the most fundamental requirements for personal and communal well-being, and efforts are continually being made to allow clear communication with these beings and to comply with their expressed wishes. One of the ways the ancestors are satisfied is through maintenance, in ritual settings, of details of Maroon culture as they had known it during their own lifetimes. Thus, they may be honored with singing, dancing, and drumming in obsolete styles; they are often offered libations of water from the area of the river where their villages once existed; and they are given food from dishes they once owned. (Price and Price, 1980:165)

According to the Obiya Basiya at Akata Kondre, the styles of performance offered to honor the ancestors are preserved through participation in religious events, called a *prey* (play). I was not able to tell the difference, but participants told me that certain people knew the old dances. By serving the deities and ancestor spirits, devotional performance reinforces faithfulness and compliance with social mores which creates space for luck to become an operationalized force in Afro-Surinamese experiences. Historically the concept is more clearly delineated in Winti

cosmology, but works subtly in the Gaan Tata faith as well. For example, if *wisi*, *kunu* and *obiya* are defined as “activating intentions” or forces that move events in particular directions and affect people’s lives in particular ways, then the relationship between that intention and the realized outcome represents a particular type of social experience that requires a comprehensible definition.

Positive outcomes easily reinforce the effectiveness of devotional behavior, but negative outcomes like worsening HIV symptoms increase levels of anxiety within the community and leave the individual searching for a solution.<sup>53</sup> For example, a negative outcome calls into question whether the devotional act was executed correctly or derailed because someone sent a *wisi* to thwart the positive outcome activated by the devotional practice. The energized and receptive space, created through the effective execution of devotional behavior, is filled with the hope of success and must rely on some sort of mechanism to reconcile an unsuccessful outcome with the original promise of devotional behavior. Within this space, the power dynamics of daily life, the messiness of human interactions that constantly challenge the authority of social mores, actively fight for power.

Faith narratives and associated rituals appear in four contexts in contemporary conversations: 1) in terms of connecting the power of Rebel Slaves historic success during the process of escape and establishment of Maroon communities to a present day need for strength, 2) in terms of dealing with illness and healing, 3) during explanations of male gender roles and spiritual power and 4) in terms of upholding taboos associated with menstrual seclusion and women’s cleansing rituals in relationship to male spiritual power. The devotional practices associated with these traditional beliefs provide the conduit through which the community

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<sup>53</sup> See Roberts, Polly Nooter and Roberts, Allen F. 2000. *Insight and Artistry*.

reinforces its social mores. Although *kunu*, *ogii* and *obiya* function as animated essences within the *Gaan Tata* worldview, these concepts also remain active in contemporary Christian Maroon culture. Historically, research has emphasized the syncretic relationship between African Diaspora religions and Catholicism, due to their similar devotional structures, but in Suriname some concepts and devotional processes associated with *Gaan Tata* provide a subtext for localized expressions of Pentecostalism.

Professor Donald Cosentino describes syncretism as “the recreation of a surface over a structure that remains as an intact whole” which is “best described according to the linguistic model of the relationship between lexicon and syntax.” (Cosentino 2003b). This model has been applied to the relationship between Catholicism and *Vodou* in Haiti, a country where the intertwining of official and unofficial religious practice established the model for understanding how African religiosity has been maintained in the West through the direct relationship between Catholic saints and the *Iwa*. The relationship between *Gaan Tata* and Pentecostalism does not fit this established model; however, the belief in a world clearly determined by good versus evil illustrates the effectiveness of “focus[ing] on the inner logic of syncretic practices as strategies of appropriation and empowerment” which provide practitioners with methods for negotiating challenges (Apter 1991:251).

Christian Maroons and Creoles completely disavow<sup>54</sup> *Gaan Tata* and *Winti*; however, concern over evil and the ritual performance of devotional acts do provide similar conduits for support as individuals and communities deal with life’s challenges. I often heard Pentecostal Maroons reference the *ogii*, suggest that someone may have put a *wisi* on them or used the concept of *kunu* to explain a social situation, explanations of illness or family problems. When I

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<sup>54</sup> See Meyer, Birgit. 1999. *Translating the Devil: Religion and Modernity Among the Ewe in Ghana*. Africa word Press.

pointed out that the *ogii* is not part of Christianity, in a conversation with a devout Pentecostal Maroon, he looked surprised. This subtle connection between Christianity and *Gaan Tata* complicates any consideration of spirituality within the Maroon community and is an area of research this project cannot adequately address. However, some general observations about religious practices and beliefs do add to an understanding of Maroon women's risk-reduction choices. For example, although Pentecostal churches attract both men and women, in the services I observed, women tended to comprise approximately two-thirds of the congregation. One reason Maroon women cited for their interest in Christianity was Christian men's professed commitment to monogamy. From this perspective, religious practice is a risk-reduction choice.

### *Tradition and Gender: Blending Fertility with History, Geography, and Religion*

Traditional perspectives create a relationship between the roles femininity and fertility play in a community's worldview and women's daily lived experiences in relationship to risk-reduction choices. Fertility and matrilineal descent preserve the lineage, but a history of polygamy challenges power dynamics in intimate relationships. During the MVN focus groups, many middle-aged and younger women expressed annoyance concerning the economic challenges created as a result of men spreading their resources among multiple women. Several women explained that their partners provided "a bag of rice and a can of oil each month" for them to take care of their children, but that "they needed more economic support" (pers. comm. 2003). The following review explores the historic influence of fertility and anxieties over male spiritual pollution on women's thought processes during considerations of risk-reduction options.

Through escape, the taking of the *sweli* or blood oath and the act of surviving in a new environment, Maroons connected the symbolism of fertility to the most challenging aspects of establishing their new communities. According to Köbben, “almost all relations within the village – legal, political, economic, and religious ones – are expressed in terms of kinship” (321). Each lineage has a historically significant name and its organization is based on the original enslaved woman who survived escape into the rainforest and through her fertility ensured the perpetuation of her lineage. Romelda Leidsman, designer of the featured exhibition *pangi* illustrating a story of escape, explained that each Maroon family has a narrative that explains their family history, but hers was the only family story I was able to collect.

The Leidsman story illustrates one of the intimate mechanisms through which narrative reinforces Maroon historical perspectives. This particular family account highlights the role spiritual interventions play in insuring successful outcomes in the profane realm. The *Ingii* is an Amerindian spirit that provides protection and is the first to enter during the African Diaspora religious ceremonies associated with *Winti* and *Gaan Tata*, practiced in Suriname. For the Leidsmans, generational existence is attributed to the intervention of a deity and the generosity of the Amerindian mother and daughter who obeyed that deity’s divine instructions. Harmonious relations through the belief that safety in the human world emanates from the assistance of ancestors have determined their survival, so the Leidsman family calls the *Ingii* spirit for help. Romelda Leidsman tells the story to describe how her family began and why she calls out to her Amerindian ancestor deity when she needs help:

We call out to our ancestors when we are about to fall. In my family we say “Hey *Ingii*” when we are about to fall because long ago when my great, great, great grandfather was escaping from the plantation with a few other men they came upon an Indian girl fetching

water at the river. They stole her and went away. Her mother had told her to go to the river and she would be there in a minute. When she arrived she found the large gourd of water, but saw that her daughter was gone. She went back to the village and put a *piai* in her hair that was magic and told her what to do. She went into the forest and found where the men had taken her daughter and where they were living, but the *piai* told her that she must not take her daughter from them because they would die. A village of men cannot survive. So she left her daughter with them and she had many children and made the village. So that's why I say, "Hey *Ingii* when I'm about to fall." (pers. comm. 2004)

This reference illustrates that Maroons had some awareness of Carib Amerindian culture because a "*piai*" (alternate spellings, *pia*, *piai'ima*) has been reported as a creator god, the twin son of the sun, and as a category of shaman healer (Roth 1915; Redish 2013). By either definition, it seems unlikely that the mother would put a *piai* in her hair, but the magical wisdom and creation energy of the story fits both definitions (Roth 2011; Redish 2013). Whether in actual fact only one Maroon man "chose" an Amerindian woman or multiple Carib women joined or were taken to found Maroon villages, the story functions as a creation myth marking a moment when the formation of sustainable Maroon communities became possible through the fertility of Amerindian women (Price 1996: 16, 19).

During the early formation of Maroon communities, shortages of women, due to the predominantly male slave population, created an internal threat to the cohesiveness of Maroon societies (Price 1996:18; Postma 1992: 349; Thoden van Velzen and van Wetering 2004: 10). Some escaped males "took" Amerindian women to be their wives while they were escaping. The Leidsman story illustrates how the community remembers this aspect of their escape and



contextualizes the psychological relationship between the Maroon and Amerindian communities. Survival was not possible without the preexistence of the Amerindian culture and further depended upon the generosity of some Amerindian individuals like the girl's mother in the Leidsman family legend. For this reason, in all Gaan Tata ceremonies the *Ingii* deity enters first.

Morton Kahn's 1920s study of Maroon culture addresses concepts represented in the Leidsman family story through an in-depth study of their clan names and matrilineal organization. He explains the historic connections shaping family identities, geography and gender:

Every tribe is divided into several clans, or *lo*, and these *lo* are subdivided into groups of families, called *m'beh*, relationship being counted through the female line. These groupings are direct survivals of the slave days, descendants of groups of fugitives who fled into the bush together. Among the Saramaccaners there is the *Abaisa lo* of which our friend Abaisa is the chief. Another *lo* is called the *Inge Peecee lo*, meaning "piece of Indian clan," referring to the marriage of a lone Indian squaw with a rebel slave, back in the old days. There is the *Companyi Nengre lo*, or "Company Negro clan" of blacks descended from the slaves who escaped from the Dutch West India Company. The *Dahomey lo* is a group of families especially skilled in the art of healing broken bones. Then there is a priesthood clan, the *Domini lo*, descended from the slaves of a plantation owner named Levy.<sup>55</sup>

The Leidsman family story and its direct connection to stories collected by Kahn in the 1920s illustrates the continuity with which Maroons have maintained their lineages and the stories of

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<sup>55</sup> Kahn continues "Among the other *lo* are: *Matchow* (meaning axe), *Vondrake* (from a Dutch family names Van Drachte), *Baison Nengre*, *Luwangu*, *Nassi*, *Betu*, *Cumu*, *Quama*, *Papoto*, and the *Awahna lo* at Gansee" Levy was the name of a Jewish planter from the Jodensavanne area of Suriname (Kahn 1931:93).

escape that connected their survival to an original woman as the mother of each lineage (Köbben 1967).

Ndjuka *lo* names connect colonial history and geography with the formation of Maroon families and also to specific ethnic groups, plantations and individuals. The *Dju-lo* names the individuals who escaped from Portuguese Jews and the *Pinasi-lo* those who escaped from a plantation owner named l'Espinasse among others (Köbben 1967:323). While in Suriname, I witnessed Maroons asking about the *bé* (*m'beh*) and *lo* of a new acquaintance to calculate the proximity of their relationship as potential family members, or as historically cooperative or rival clan members. Köbben explains that “history, to these people, serves to account for and justify the present, and as such it interests them – or at least some of them – greatly” (Köbben 1967: 326).

According to Sally Price, “A matrilineal [descent] ideology pervades Saramaka understandings about the world and its influence is felt in every aspect of life, from residence and fosterage to marriage and inheritance. When people pray to the ancestors for offspring, they lay explicit emphasis on girl children since they are the ones who will - make the lineage - for future generations” (Price 1993: 11). This philosophy comprises the organizing principle of the Leidsman family story; the Amerindian girl saves the village because “a village of men cannot survive,” just as a family lineage cannot survive without daughters. Finally, by settling the problem according to the wisdom she received by placing a *piai* or creator god in her hair, the Amerindian mother, as well as the daughter and the budding Maroon community learn that they cannot survive without the spiritual intervention of the deities.

## Conclusion: Embodied Narratives, Symbolism, and Fertility

In Kongo-influenced African Diaspora Religions, the symbol of the equidistant cross marks the four moments in life – birth, death, youth, and old age with the Kalunga



2.18. Shrine for the ancestors and *pemba* marking the entrance for the *winti* before the ceremony begins at Akata Kondre. Photograph by JS, 2008.

line, or horizontal axis marking the divide between the sacred and the profane.<sup>56</sup> This symbolic representation of the forces connecting past, present and future can be seen created on the ground with *pemba* (white sacred clay) at the center of Gaan Tata/ Winti ceremonies with the Ancestor Shrine rising out of the crossroad at the center. Since the third level of Gann Tata deities directly and uniquely represents matrilineages, the psychological and spiritual association of fertility with religion and history is reinforced in both the sacred and profane worlds. Köbben

explains that “the matrilineage does act as a unit. This unity is manifested in religion. The lineage has a deity of its own as well as its own ancestors (*gán-jóka*) and, in addition, one or more avenging *kunu*” (1967:327). Particularly for a Maroon woman living in a non-

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<sup>56</sup> For an in-depth explanation of the relationship between the sacred and profane worlds delineated by the Kalunga line, see Thompson, Robert Farris.1984. *Flash of the Spirit: African & Afro-American Art & Philosophy*: 103 -116. Cosentino, Donald. Lecture, UCLA 2003.



**2.19.** Shrine for the ancestors after the *winti prey* at Akata Kondre. The red bandana was worn by the Obiya Basiya's Kumanti *winti* that was placed on him in the interior by a Maroon family along with several other spirits that are very old and highly respected. According to one of the Obiya Basiya's assistants, he may have as many as 20 *winti*, one of which wore the hat in the photo. Photograph by JS, 2008.

Christian village, this conjuncture of fertility, spirituality, and societal power dynamics influences every aspect of her daily life through a host of taboos and social mores, but most intimately through the performance of vaginal cleansing practices and pollution taboos associated with religious observance and gender dynamics that directly influence her risk-reduction choices. This aspect of a Maroon woman's daily life will be considered in Chapter Three in terms of the tensions that arise as her individual needs must be reconciled with community expectations in order to make HIV/AIDS risk-reduction decisions.

## Chapter Three

### Capturing Silence: Fieldwork, Femininity and the Collective Consciousness

#### Introduction

The first documented case of HIV in Suriname occurred in 1986 after the 1980 military coup waged by Dési Bouterse and counterstrike launched by Ndjuka Maroon Ronnie Brunswijk, Bouterse's former sergeant and personal bodyguard (Franszoon 1988). During the prolonged conflict, brutal massacres, and bombings ordered by Bouterse, many Maroons in the Marowijne District fled to French Guiana for safety.<sup>57</sup> The upheaval caused by the ongoing attacks meant that public health officials were unable to collect accurate HIV prevalence data (Roseval 2007; National Assessment Report 2004; Laptiste & McLean 2006). In 1999, the Mediche Zending (Medical Mission), founded by the Moravian Church in 1740 to provide healthcare services to rainforest populations, conducted research to learn about the sexual lives of Maroons and Amerindians and the impact of HIV on both communities. At that time, the Medical Mission reported that 68.8 percent of Maroon men used some form of protection against HIV infection, while 9.6 percent of Maroon women did so (Terborg 1999: 68). One possible reason for this

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<sup>57</sup> See firsthand accounts of Bouterse's attacks collected by Adiante Franszoon, a Saamakan woodcarver who emigrated to the United States in the 1970s and while visiting Suriname in 1988 collected information about the devastation the civil war caused the Ndjuka Maroon community of *Mungo-tapu* and later other villages in the Marowijne District of Suriname. Bouterse's determination to exert political control through violence like the Fort Zeelandia and Marowijn District massacres described below cost Suriname its international support and caused Bouterse to start funding the government through an extensive drug trafficking operation with Colombian and Brazilian dealers:

Many felt that if Bouterse was merely looking for Brunswijk, as he claimed, then his scorched-earth policy against communities that up until then had little or no connection with the guerrilla leader was needless and excessive. Bouterse even hired Amerindians to hunt Maroons for him, as the colonial troops used to do in the eighteenth century. While the army was attacking Maroon villages, it was also arresting and murdering Maroons in Paramaribo, the capital. Soldiers would visit Maroon houses at night and drag the occupants out at gunpoint; many were never seen again. (See Chapter Two, Note 13 for a partial description of the Fort Zeelandia massacre.) <http://www.culturalsurvival.org/ourpublications/csq/article/the-suriname-maroon-crisis#sthash.WFhbi2rs.dpuf>

awareness disparity could be the lack of barrier options available to women, since the female condom had not been widely distributed in Suriname at that time. The 2002 AIDS Epidemic Update “estimated 1.9 million adults and children” were HIV positive in Latin America and the Caribbean, with 12 countries having an estimated prevalence rate among pregnant women of 1 percent (19). Suriname was one of those countries with a prevalence rate among pregnant women of 1.4 percent between 1990-1999 (Laptiste 2004:14). In the general Surinamese population, prevalence increased between 2002 and 2005 from 1 percent to approximately 1.7 percent for adults between 25 and 44 (UNAIDS 2005).

While public health officials worked aggressively to conduct research and implement prevention programs, limited resources caused reporting to be uneven as late as 2006. Some experts explained privately that the 2005-2006 field measurements were set up incorrectly, which skewed disparity results, and while attempts to correct at least some of the statistics were underway, reporting for that time period would never be complete (pers. comm./anonymous public health professionals 2008; Keppel et al. 2005). For example, according to the 2004 report “Estimating the Economic Impact of AIDS in Suriname” the seropositive rate for Creoles was 41 percent and among Maroons, 17 percent (Laptiste 2004). However, these figures were based on a 1997 Dermatological Service analysis of the population seeking treatment at their facility that catered to a lower income, higher risk population. While 41 percent and 17 percent of the facility’s Creole and Maroon clients were HIV positive, these percentages should not be applied to the general Creole and Maroon populations. Additional statements suggested these rates were underreported, but discrepancies in the census made it difficult to verify percentages. The Millennium Development Goals Baseline Report for Suriname stated:

In the period 1984-1996, the NAP [National AIDS Program] registered 963 HIV-positives. In 1997, 2,128 persons were tested for HIV, of which 182 were positive (9 percent); in 1998, 2,405 were tested, of which 184 were positive (8 percent), and in the first quarter of 1999, 565 were tested, of which 48 were positive (8%). These figures are only indicative as not all cases were reported. (28)

The 1980 census, reported total population as either 354,860 or 355,240 due to discrepancies, and the breakdown by ethnicity was based on the 1972 census figures of 119,009 Creoles and 35,838 Maroons. Even if all of the registered cases of HIV, listed under the two categories of 1984-1996 and 1997 were attributed to Creoles, the total cases would be 1,145, a prevalence rate of 0.0096 or almost one one thousandth (1/1000) of a percent.

These figures were important because they provided a picture of the “on-the-ground” experience of the disease in the late ‘90s and early 2000s which informed the community’s response to awareness interventions. If the 41 percent rate is extrapolated to represent the general Creole population or the 17 percent could be applied to the general Maroon population, then anxiety within those populations and the general public would be much higher than I observed in 2002 when I first visited the country. However, these percentages provided a snapshot of the most at-risk sub-groups within at-risk Surinamese communities which incited the public health expansion of HIV/AIDS awareness and intervention programs in accordance with the “UN Millennium Declaration” and *UNAIDS Report on the HIV/AIDS Epidemic Goals* (UN 2000; UNAIDS 2000). These figures, stories about the possible “sudden” AIDS deaths of prominent people, and the slow increase of HIV/AIDS awareness articles in *De Ware Tijd* probably contributed to a growing sense of fear throughout the country and a perception that infection

rates were higher than the 1 percent to 1.7 percent reported by UNAIDS between 1990 and 2005 (Laptiste 2004:14; UNAIDS 2005).

A Medical Mission/Prohealth study conducted by sociologist Julia Terborg was the first step in the research phase of an expanded response to rises in seroprevalence rates. Her report, “Sexual Behavior and Sexually Transmitted Diseases among Saramaka and Njduka Maroons in the Hinterland of Suriname,” was released in 1999 and played a central role in the Medical Mission, Ministry of Health, National AIDS Program, and other health and HIV/AIDS-focused organizations’ understanding of the cultural factors contributing to the spread of HIV in the Maroon community. Prevention programs that began in the early 1990s, before the Prohealth study, identified cultural factors believed to contribute to the spread of HIV among Maroons as “polygamy, promiscuity, poverty, hierarchical gender relations, no tradition of condom use, low use of contraceptives, low education levels and traditional cultural notions on sexuality” (Terborg 1999:1; Hermans 1993). This list of contributing factors seems as though it could be applied to large segments of the general population. Although most Surinamese would not identify as consciously practicing polygamy, many do maintain first and second wife relationships, in addition to girlfriends, and casual sexual partners as well. However, in terms of the inter-ethnic, apanjaht-based power negotiations shaping the sociopolitical value system influencing the country, applying these designations to the Maroon community reinforces established stereotypes.

While the Terborg research prompted the National AIDS Program and the Medical Mission to incorporate strategies for addressing cultural perspectives and hierarchical gender relations into their awareness programs, research has shown that ethnic minorities within national populations often experience educational awareness messages differently than majority



populations (Eriksen 1993 & 2010; Stern 1978; Barth 1969). Fidelia Graand-Galon explained that, as the findings suggested, Maroons frequently feel uncomfortable participating in many of the awareness events designed for the general population. She cited challenges with the Dutch language and discomfort with locations in which events tended to be held as key deterrents. Based on Graand-Galon's observations, the Maroon Women's Network (MVN) pangi focus groups interrupted the public health approach to awareness events in Maroon villages by providing opportunities for women to attend meetings designed to conform to established protocols for allowing outsiders to present information to Maroon women's groups.

From the familiarity of their own villages, women felt comfortable expressing their concerns about the public condemnation of their vaginal washing practice, also called steam baths in some literature. The national focus on wasi fesi as a custom that increases HIV risk undermined Maroon women's responses to awareness campaigns by making them feel their culture was under attack by public health officials and the general public who became wary as a result of the AIDS awareness warning. Whether wasi fesi does or does not contribute to the spread of HIV, attacking the practice encourages Maroon women to focus on fighting public narratives rather than adopting public health recommendations. When the MVN decided to sponsor an HIV/AIDS awareness campaign and art project, their goal was to open an honest and informative conversation that would respect Maroon traditions while educating, protecting, and empowering their community through the use of awareness-message pangis, skits, gospel songs, and arts and crafts. By 2004, this Maroon-centered, art-based approach echoed national efforts to increase awareness programs and educational workshops that utilize theatrical productions, artistic events, videos, and public service announcements (Kelly and Bain 2003; Emerencia 2005; UNESCO 2007 & 2008).

A narrative approach was adopted to examine the possible ramifications that occur when significant cultural practices must be questioned in order to develop effective HIV/AIDS health interventions that address, as Amaro and Raj assert, the role gendered power dynamics play in silencing issues affecting women's HIV/AIDS risk-reduction choices (2000). Several questions arose as a result of my ethnographic participant observation of this process. First, while this project does not focus on which view is correct concerning the realities of HIV risk, either the public health warning or the Maroon women's denial, it is interesting that among Maroon women, I only heard one female Maroon medical doctor suggest that the public health messages could be correct. Why are Maroon women so unified in their support of wasi fesi despite the potential risks associated with HIV/AIDS? Why are public health officials unsuccessful in their efforts to reduce the use of steam baths, not achieving even the levels of success they have had in condom usage behavior change among Maroon men? What role does narrative play in the negotiation of these cultural positions? Based on my observations, Maroon women appear to be receiving awareness information as a form of apanjaht influenced communication that conforms to nationalized ethnic biases and which makes acceptance of public health messages difficult.

The fieldwork, data collection, and analysis for this project forwards the idea that Maroon women's decision to unanimously defend the practice of wasi fesi upholds aspects of a cultural system not readily apparent to non-Maroon Surinamese. The review offered in Chapter Two provides the historical perspective needed to understand how collectivism and matrilineal descent became such important concepts within this cultural system. In this chapter, Maroon women explain wasi fesi's connection to fertility, sexuality, and economic security. According to Clifford Geertz, culture is "an historically transmitted pattern of meanings embodied in symbols, [and] a system of inherited conceptions expressed in symbolic forms by means of which men

communicate, perpetuate, and develop their knowledge about and attitudes toward life” (1973: 89). The intricacies of the cultural knowledge shaping individual, community-based, and national conceptualizations of social interactions tend to include implicit responses to events that are more difficult to unravel. With this caveat in mind, this chapter provides an explanation of the construction of gendered identities within Maroon communities and the challenges women face as they try to negotiate individual needs and community expectations in order to reduce their levels of HIV risk.

### **Phase I – Preliminary Research: MVN Focus Groups**

The MVN needed to inform rural women about the Pangi Exhibition and awareness project, so they initiated a plan to work with women’s groups to arrange small meetings in a variety of villages. This approach followed the intent of the *“Break the Silence”: Art and HIV/AIDS in KwaZulu-Natal, South Africa* model that Graand-Galon had experienced at UCLA in terms of creating a space where women could discuss, in relative anonymity, issues associated with HIV/AIDS while working on crafts. The MVN model did not include actively creating pangi during the semi-structured group sessions; instead, they focused on initiating conversations about wasi fesi and HIV/AIDS among women in a variety of villages. Anonymity was not possible; therefore, personal issues were not addressed. During those conversations, women mentioned their irritation with comments made by public health officials and strangers in the general public claiming that their cleansing practice increased the risk of HIV. They decided to fight back by agreeing to be involved in the Pangi Exhibition Project and wearing their awareness pangi as they walked through the capital city, Paramaribo.

The process of generating these HIV/AIDS awareness-message pangi began with visits to several Maroon villages in the Marowijne region which is primarily inhabited by Ndjuka Maroons. In each village, the same topics and discussion format designed by the MVN were followed. The goals of each session were to gather information about wasi fesi, introduce the HIV/AIDS awareness pangi project, provide HIV awareness information, and encourage discussion among Maroon women. The following description of focus group activities comes from my field notes:

The Maroon Women's Network arranged focus groups in a variety of Ndjuka villages that had to be approved by the village chief before the Maroon Women's Network could begin the session. If the chief feigned disinterest in focus group proceedings, women were more likely to respond, because of a reduced fear of reprisals. However, even when the chief displayed a lack of interest, he more than likely discussed group proceedings with one or more trusted women in private at a later time. Graand-Galon explained that the need to clear a HIV awareness event with the chief was necessary so that men would not claim that the MVN was trying to cause trouble between men and women. Most of the focus groups took place in villages during time periods when few men were available to "listen in" and influence women's responses.

The target population was Maroon women over 18 in rural and urban Suriname. No age cap was placed on participation, because according to several women who participated in the focus group sessions, Maroons believe women should always be ready for sex, no matter their age. [While I realize this is a sweeping statement that cannot be verified, I do believe Maroon women have the right to make the statement about their own perceptions of cultural expectations and sense of gendered identity. This claim is

actually more about performing the willingness to uphold established gender roles than strict reality requiring women's unending sexual availability.]

Sessions began with a village member or relative of a village member introducing the Maroon Women's Network representative who explained the purpose of the MVN and introduced me as a student from UCLA who was interested in Maroon culture. Sessions were conducted in *Ndjuka Tongo* or *Sranan Tongo* and were explained to me through an interpreter. Discussions were designed to develop a relationship between the MVN and women in the community. HIV/AIDS awareness was introduced as a topic of concern, but the women were not obligated to include it in discussions. This was done to gauge their level of knowledge and curiosity about the subject and to respect the anxiety this information may cause them personally or stir up within the community.

After introductions and the presentation of the overview of the project, I would ask to be taught how to practice *wasi fesi* correctly which resulted in the description provided after these field notes. Although participants were present from four of the six Maroon groups, there were no significant variations in the way the practice or the purpose was described. The only significant variation seemed to be in the different names given to plants used for *wasi fesi*. Maroon women's explanations of the practice included proclamations of its ability to preserve the health and youth of their vaginas and its use as an effective method for flattening a new mother's stomach after childbirth. They also explained that different leaves have different properties. Some were for healing infections; others were for healing general physical ailments like a flu or bad cold. In addition to their medicinal qualities types of plants were known for the intensity of the tightening reaction they caused on the vagina or the taste or fragrance they imparted.

While in Santigron, a village famous for the quality of their medicinal leaves, women spontaneously began a “clinic” at the end of the session by gathering a variety of plants and explaining their quite varied uses. It was amazing to see them access their pharmacy by disappearing into the foliage and reappearing with a cornucopia of medicines. Once the meeting was over, I was taken into the rainforest to see for myself the density and variety of plants growing at the edge of the cleared village.

Semi-structured focus group sessions were chosen because they allowed the group’s meeting procedures to be followed, the village’s cultural mores to be explained, and the meeting’s plan of action to be modified and agreed upon by the group. Younger women deferred to older, respected women that had leadership roles with the women’s group, so that it appeared that social hierarchies influenced how conversations were allowed to develop and on which topics. This was most apparent when some older women silenced younger women’s responses mid-sentence. More assertive individuals with appropriate standing could interject their opinions into the general discourse without protest. Others began conversations by building side discussions until enough people were listening that they could interject the issue into the main conversation.

Each focus group included a facilitator, chosen by Fidelia Graand-Galon in advance, to assist with encouraging group participation despite the fact that outsiders were initiating the experience. The facilitator also kept discussions going by introducing additional topics, particularly at the beginning of the session when people appeared to be shy. Those chosen as leaders were viewed by their neighbors as knowledgeable and successful at negotiating the difficulties of Maroon womanhood, which allowed them to offer advice to younger women and participate in protocols of respect for older women

who proved to be significant participants as well. Although they were not identified as facilitators by the research group, women from the community turned to them for input once discussions opened up. A moment arose in each discussion group when their disapproval or approval was sought to determine if the process should continue or if the style in which the information had been provided by the MVN was up to their standards.

Totals for all areas equaled 92 active participants and approximately 30 passive participants. Passive participants were identified as those who listened quietly or added one or two side comments while sitting or standing at the edges of the meeting space without ever being brought into the primary discussion. (Summer 2002, 2003)

The wasi fesi focus group discussions generated extended conversations on a variety of topics central to Maroon women's daily lives which are highlighted in the following sections. Each subheading includes a review of the Maroon practice and the broader cultural, socioeconomic, or health related issues affecting Maroon women within that context.

Additionally, the conversations, terminology, and descriptive phrases used in the following section may foreword uncomfortable language used by Maroon women to define their feminine identity and attitudes toward gendered activities. However, these focus group discussions represent the beginning of the autoethnographic and autobiographical processes through which Maroon women began defining their own lives for the pangi project. Both the autoethnography and autobiography represented in their descriptions are defined according to Mary Louise Pratt's conceptualization that autoethnography creates a narrative that valorizes ethnic identity in order to allow community members to assert narrative authority over their own representation in the public domain (1991:34). My presence, as the American listening to Maroon women's self-perceptions, set up an autoethnographic exchange where the women determined what they identified as

important in their daily lives and shared it with me in order to set the narrative. Since this project is interested in how Maroon women construct their interpretations of their own lives, I feel it is important to include phrasing that may be awkward from a western perspective. Rather than removing theoretically challenging word choices from the information presented, a consideration of the work that particular activated representations of feminine identity accomplish within the community will be offered throughout the descriptions of women's activities and issues that follow.

The autoethnographic and autobiographic processes operationalize constructions of ethnicity in identity narratives in a similar manner as they work politically in "apanjaht consociationalism." According to Paul Tjon Sie Fat, graduate ethnic studies researcher, the apanjaht political structure "requires people in Suriname to identify themselves in ethnic terms in order to gain access to political and economic resources" (1). The performed representation of feminine identity operates in a similar manner, particularly for Maroon women living in the rainforest where educational and economic opportunities are limited. In each case, the goal is to increase influence and in so doing garner more choice over quality of life issues, both socioeconomic and psychological.

In chapter two, I noted that identity was organized within the community in terms of belonging to a Maroon group like the Ndjuka or Saamaka, a clan or *lo*, like the *Ingii Peecee lo* (piece of Indian clan), and a family or *m'beh* (Köbben 1967:323). Each Maroon nation is organized according to these subgroups all of which are organized according to matrilineal descent. As a result, communities conflate Maroon femininity and fertility with their sustainability, success, and generational relationship to the family's particular spirits (1967:327). Women make decisions about how to survive and prosper within this social construction where, until relatively recently due to state-sanctioned educational disparities, they have not had the option to pursue an advanced degree in order to improve their professional opportunities. The general demographics of the women who



participated in the MVN focus groups are eighteen or older, relatively unschooled, and still living in a village or strongly connected to village life for survival.

## *Cultural Constructions of Maroon Femininity*

### **The Daily Ritual**

The appropriate performance of wasi fesi for daily health involves vaginal washing in the morning before cooking breakfast for a husband and at night, before going to bed. According to focus group discussions, participants explained that most Maroon women practice wasi fesi. Whether conducted in the rain forest or in the city, the steps involved are essentially the same.



**3.1.** Leaves are placed in a *kette* or kettle, which is then filled with water and placed on the stove to boil. It is only necessary to rapidly boil the leaves the first time they are being used.



**3.2.** Once boiled, the “tea” is poured into the *po* or pot the woman sits on for washing and/or steaming the vaginal area.

After cooling a bit, the liquid is used for both internal and external cleansing. Once finished, the water is discarded, the *po* rinsed with clean water, and the *po* and *kette* placed by the bed until

their next use. The leaves and water remain in the *kette* soaking and gaining strength for the next washing. The act of placing a *kette* on the stove or fire twice a day signals to a husband that his wife is practicing *wasi fesi* and therefore is adhering to behavioral norms and will not weaken his spiritual powers by being unclean.

Explanations of the connection between vaginal fluids and spiritual powers varied based on the four men I interviewed about the subject. Lloyd suggested that it was less about spiritual cleanliness and more about morality:

**Lloyd:** You cannot cook for a man if you don't "*wasi you fesi*" or *go na bakka pasie*. It is the same thing.

*JS: That I understand but I don't understand the connection between the spirits and the practice?*

**Lloyd:** But it does not has [sic.] anything to do with the spirits. It is more from a moral stand point.

*JS: Well someone told me that a man can get spiritually sick if his woman doesn't do wasi fesi, so if it's from a moral standpoint how is that that a man can get sick if he eats her food?*

**Lloyd:** In order for you to go in the kitchen and cook for your man you have to do that. Hahaha. Ok I get you now. That is when you get your period. Then you cannot cook for men, not just your husband.

*JS: Oh so you mean it's two different things, the wasi fesi is moral and the spiritual sickness is during menstruation.*

**Lloyd:** *Wasi fesi* is like cleaning up yourself. The sickness does not happen to every man. I know a man that eats that food even if he knows that the woman has her period. It goes with the grade of your spirituality. (2009)

The other three men said that vaginal fluids and menstrual blood inhibited the flow of spiritual powers by contaminating the spiritual pathway between the man and his protective spirit. Further questions led me to believe the contamination is actually about breaking a personal taboo, the adherence to which demonstrates the individual's faithful observance of and respect for the

spiritual world. This understanding supports Lloyd's explanation that the individual's sensitivity to breaking a taboo expressed by sickness demonstrates the intensity of the person's spirituality. Michael explained that when he received his "bui" (protective arm band) he was informed that there are certain foods he cannot eat. Breaking his food taboo, particularly by eating food cooked by a menstruating woman, would cause him to become ill because the connection to the spiritual world would be contaminated (pers. comm. 2008). According to Sally Price, pollution taboos limit women's access to influential positions in village spiritual life because the village cannot risk allowing a woman to assume leadership positions and then have the spirits get angry as a result (21). In non-Christian villages, these taboos limit women's ability to amass equal power with men.

### **Gender Dynamics**

During focus group conversations, women explained that a husband and his male friends will not eat food a village woman has cooked if she does not practice wasi fesi. Other men in the village will wonder why a husband does not have enough control over his wife to ensure that she maintains the practice. Therefore, domestic harmony is preserved by observing the purification taboos.<sup>58</sup> In practical terms, wasi fesi not only signals that a woman is sexually available for her husband, but also, by warming and tightening<sup>59</sup> her vagina before coming to bed, that his sexual pleasure is important to her. During group discussions some women made jokes by imitating their husbands' enthusiasm and anticipated excitement about wasi fesi preparations which got

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<sup>58</sup> Dr. Cynthia Allende, one of the first female Maroon doctors, explained that her brother is married to a Dutch woman who practices wasi fesi and strictly observes the pollution taboos, which she found to be excessive. Her response illustrates that educated women feel less pressure about observing wasi fesi, and may practice it more sporadically or for gynecological reasons more so than sexual ones.

<sup>59</sup> See note 60 for an explanation of the properties of the leaves.

everyone laughing in familiar recognition of these foreplay conversations about warm vaginas and sex:

**Facilitator:** A village joke says that Maroon men keep the rivers busy at night as they travel from woman to woman. They go waka waka...(fornicating).  
(Shanks 1994:209).

*JS: How do you [women in earshot] feel about that?*

**Older woman 1:** It's not a problem. I'm comfortable being a co-wife.

**Older woman 2:** I'm used to it.

**Older woman 1:** Me too.

**Younger women:** I do not like it. I don't like it when they live away from the village.  
(incl. facilitator)

**Younger Woman 2:** Like for gold mining.

**Younger Woman 3:** I don't like to share.

The joking was spontaneous. On a subsequent trip to Santigron, Helen, well respected in the village, explained that Maroons love to joke about sex and sexual banter can often be heard throughout the village. Many of the Peace Corps volunteers I talked to said that sex figures strongly in daily village conversations (pers. comm.2008).

During the Stichting Mamio Namen Peer Counselor HIV/AIDS Awareness Workshop, Marjorie, the nurse presenter, began teaching peer counselors techniques for encouraging village residents to change their behavior. Her goal was to teach a silence-breaking technique of encouraging individuals and couples to talk about the state of their relationship rather than deciding to take another partner. One of the peer counselors in training said that "men tend to have a lot of women and that's a problem," but another woman said "yes, but what about the women. They know when the man comes to them that he has a wife and maybe a girlfriend, but they say yes to him anyway" (2008). Communities' historical organization as polygamous societies and economic pressures women encounter when trying to care for their children complicate Maroon women's response to HIV/AIDS interventions because their social system

reinforces the practice of men having multiple partners and women accommodating those expectations as wives, lovers, and co-wives who compete for attention.

Particularly among the Saamaka, the importance of properly executed, culturally defined, and highly competitive performances of feminine identity shape co-wives' experiences as they compete for their husband's attention.<sup>60</sup> For example, Saamaka women explained that the history of co-wife competitions makes the presentation of food and other pleasures for the husband take on great significance. Meals need to be offered with precision and decorum to increase the possibility of gifts and conversely, "quarrels involve accusations that one woman is trying to maneuver herself into a privileged position" through opportunities to present these types of small personalized favors (Price S. 1983:54). These competitions situate Maroon women's success in the performance of an idealized Maroon womanhood and have real economic implications. Similarly, choosing the wasi fesi leaves a husband enjoys may also be grounds for competition. Tinde van Andel's ethnopharmacological survey of wasi fesi plants sold by Maroon women in the market place found that Maroon men "were all positive about the genital baths. Their only concern was that some women used not only tightening herbs in the baths but also 'dangerous' plants in order to acquire magic power over them."<sup>61</sup> Men's preference for certain leaves is based on the scent, taste, and effect the leaf has on the vagina (See John's upcoming explanation).

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<sup>60</sup> Historically men observed the housing requirements associated with polygamous marriages more stringently, because a husband is supposed to build a house of equal value for each of his wives. According to Kahn, during his visit among the Ndjuka, there was little conflict among co-wives (1931: 119-124). Sally Price had different experience among the Saamaka because they view co-wife relationship as unfriendly. Price explains, "a standard synonym for the verb 'to fight' (*féti*) is 'to make [act like a] co-wife (*mbéi kambósa*)'" (53). Women's separate houses often are in different villages, but when talking to some young Saamakan women, they explained that each wife is still very aware of her husband's whereabouts, particularly when he is traveling to visit a wife in another village. Wives will notice how many nights he spends with the other wife and the value and number of the presents offered to each wife (55). Women find out about the gifts "through the grapevine" since they usually have friends or relative in the other wife's village. In some cases, a favorite wife may brag knowing that the story will get back to her competitors (pers. comm. 2002).

<sup>61</sup> See Van Andel 2008:86 and access the article at <http://www.sciencedirect.com/science/article/pii/S0378874107005934> to see a list of Latin and vernacular plant names. A discussion of the implications of the term "magic" appears in chapter four.

Some leaves may make the vagina too tight so that penetration is almost impossible or they may cause the man or woman to have an allergic reaction, “like itching, burning, or excessive discharge” (van Andel et al. 2008: 86).

The subtext of women’s jokes about their husband’s desires reflects the historical importance of these sexual negotiations. The women could not tell me when the leaf names were created, but they laughed as they told stories about the special names for particular leaves. *Andike oe mi bai dai* or “what can I buy you?,” identified as *Hirtella paniculata* Sw. (Chrysobalanaceae)<sup>62</sup> in the ethnobotany study, highlights sex as a form of currency between husband and wife capable of garnering favor and ensuring economic support (van Andel et al. 2008:85). Similarly, “*famir man*” or “family man” suggests that a woman can cultivate her husband’s loyalty sexually and “*a boko pipi*” or “broken penis,” refers to sexual play between husband and wife that although it sounds painful for the man, highlights his greater physical strength by making entrance into his wife or partner’s vagina more difficult. His success demonstrates his sexual power over his wife. In the first study of Maroon sexuality conducted by Julia Terborg in 1999, women described this physical barrier as a playful form of sexual resistance that could make them more popular with their husbands:

**Woman 1:** ‘It must be difficult for the man to penetrate. *A san no musu deso dati ‘even even’ a man e p’sa. No!* (It should not be easy for a man to penetrate. No!) The man must try, perhaps two times, and cannot go in. Perhaps only the third time he really penetrates.

**Moderator:** ‘But in this way, the woman will be hurt?’

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<sup>62</sup> Plants belonging to the Chrysobalanaceae family have anti-inflammatory properties and were first identified in 1816 in the Congo region. There are seventeen genera, of which *Hirtella* is one and *paniculata* is an example of one of its approximately 525 species that tend to be found in the subtropical areas of the Americas and can be identified in three forms, trees, shrubs, and woody plants (Evanilson et al. 2012:1181). Some of the species are also in popular use in Africa. On both continents, the Chrysobalanaceae family is used to treat a host of diseases from diabetes to dysentery (1182). According to Alves Feitosa Evanilson, no studies have been conducted to identify the phyto-constituents of the *Hirtella* genus of the Chrysobalanaceae family, nor of the *Hirtella paniculata* Sw. in particular (1182).

**Women in the group:** Hard Laughter.

**Woman 2:** There is no other way. All bushnegro women do this.'

**Another woman** explained that often it does not really hurt, but 'feeling pain' is part of the sex act. Even if it does not hurt, the woman has to act as such. It is all part of the sex game:

'You pretend that it hurts, but it does not hurt that much. If you don't act as if it hurts, the man will tease you. In the morning he will boast and say: *'ay, mi gi yu problem esde neti'* (ay, last night I made it difficult for you). Then you will say: *'ay, maar misrefi gi yu probleem tu toch'* (Ay, but I also made it difficult for you to penetrate (JT)). Then he will think: I'm stronger than her, while I will think; let him talk, I know that I'm stronger than him' (1999: 40).

This conversation illustrates that wasi fesi is an integral part of intimate relationships, which makes it harder for Maroon women to imagine ending the practice.

A more contemporary aspect of this negotiation process between boyfriend and girlfriend was explained by John in the following manner: "When we're in bed I might say well, you haven't been doing wasi fesi so I don't know [if I'm going to have sex with you]" (John 2003). Although this example suggests that wasi fesi is as important to this young man as an older generation Maroon man, he contradicted himself during the discussion by saying that "he couldn't imagine being with a woman who didn't practice wasi fesi and later saying that he's had girlfriends who don't practice wasi fesi, but he loved them so he accepted it" (John 2003). This example is important because it demonstrates that the practice is malleable, generationally and intimately, suggesting that there is space to introduce narratives that respect the culture and open up possibilities to introduce safer sex options that include the continued, but perhaps adapted, practice of wasi fesi. At issue is finding the spaces in the established narratives and cultural norms capable of being expanded to accommodate risk-reduction alternatives.

One example of these potential spaces is in the technical versus vernacular definition of dry sex. The 1999 Terborg study reported the definition of "a dry and tight vagina" according to Maroon village women as "the vagina must be dry, that's how the men like it. It must not be

'*watra-watra*,' then it will be like walking in mud...*toko toko* (sound of walking in mud)" (1999: 39). One potential shift in this definition of dry sex is through a generational shift in sexual practices. The reason for my inquiry was to try to understand how Maroons defined the meaning of dry sex, particularly because some researchers have suggested that the practice could be modified so that it can be maintained. For example, John explained that oral sex can influence the leaf choice preference. He described a conversation with his girlfriend: "I might comment that she tastes different and what did she do? If she's using a different leaf I'll say I don't like the taste, don't use that one" (pers. comm. 2003). At this point I was confused because descriptions of dry sex in the Terborg study portrayed the process as though almost no lubrication was involved. I asked how the village definition of dry sex reconciled with the physiological changes that take place during oral sex. John looked at me and said, "Come on, it's not a magic leaf." In other words, the vernacular definition of dry sex allows for adaptation as is expected in any culturally determined practice. John believes in and upholds the tradition, but his actions illustrate that public health representations of the practice may not provide an adequately flexible description of the process.

## **Menstruation**

At the edge of each village is a *mun osu* or menstrual hut where woman can discreetly travel from the house to the river for washing without polluting the village's or men's spiritual protections. According to Sally Price, "a belief in the polluting force of childbirth and menstruation stands behind an extensive range of ritual prohibitions" (Price 1993:21). Through these prohibitions, women's daily and monthly hygienic practices can be partially seen by husbands, other village women, and to some extent, by the general community. Menstrual



seclusion and *wasi fesi* affect how women move through the village each day and therefore serve as visual representations of the power dynamics shaping village life. According to Mary Douglas, ideas about pollution identify “a particular class of danger [and] to see where it belongs in the universe of dangers we need an inventory of all the possible sources of power” (1966:99). I am not able to identify all of the sources of danger or power, but the strong correlation between women’s bodily fluids “contaminating” men’s access to spiritual power suggests that the danger is seen as anything that up ends the social order in which men are dominant.

Another social issue involving contamination centers on the deleterious effect of self interested intentions, which can be influenced by spiritual forces. Closing down the influence of negative forces on the individual, the family or the village is paramount to a successful life. In the Pentecostal city home in which I lived, these concerns over contamination remained relevant. The family, headed by a sixty-two year old Maroon woman named Mary, who had grown up and lived most of her life in the interior, carried out menstrual seclusion by providing alternative seating for the menstruating woman. An empty five or ten gallon bucket, turned upside down, was reserved for this purpose. Sitting on any other couches or chairs, inside or out, was prohibited.

As someone who experienced this form of menstrual seclusion, the public notice given to a private bodily function highlights its connection to social order. For example, when male relatives would enter the house and see me sitting on the bucket, they would say “Oh, Ok” and continue whatever they were doing. Their recognition of the meaning sitting on the bucket entailed made me think that these prohibitions allowed men to feel a sense of control because they could identify a menstruating woman. Without the behavior change they would be unable to do so. HIV/AIDS disrupts social order in a similar way because it is impossible to identify

someone suffering from the disease until the advanced stages. This invisibility also disrupts the social balance because established cleaning practices cannot undo its effect, nor reduce its influence on mother-to-child (vertical) transmission rates, which deeply affects social order and the manner in which fertility is negotiated.

### **Postpartum Cleansing**

During one of the focus group sessions, a village midwife explained that wasi fesi also plays an important role in helping women regain their health after childbirth. After the birth and the delivery of the placenta, she prepares very hot wasi fesi liquid, massages the woman's stomach, helps her sit on the steam bath to cleanse her vagina and binds her stomach tightly to encourage her uterus to return to normal. The midwife explained that immediately after childbirth air can get inside of the womb and cause the woman's "belly to get cold" so this is the one instance in which the water must be very hot to help the new mother avoid getting sick after childbirth. For the next three months, she will continue with daily steam baths, at the normal wasi fesi temperature, and keep her stomach bound which will help her abdomen become flat again.

According to Tinde van Andel, who conducted ethnopharmacological research on wasi fesi plants, "genital steam baths are frequently used to facilitate the removal of placental remains after birth, miscarriage or abortion" (2008:87). Many Maroon villages do not have an onsite clinic so midwives need the wasi fesi herbs to protect their clients from infection. Since the Chrysobalanaceae family of herbs have anti-inflammatory properties, they are more than likely included in midwives' treatment choices. Van Andel suggests further pharmacological research needs to determine which of the 177 collected plant species are beneficial or dangerous and that

information should be incorporated into educational programs (87). However, it is important to note that as of 2008, no specific, localized medical research measuring the effect steam baths have on women's bodies had been attempted to determine the accuracy of public health warnings.

### **Medicinal Applications**

Discussing the mechanics of wasi fesi as well as its purpose allowed focus group conversations to move easily from practice to sexual significance to postpartum healthcare, which connects women's daily practices to the continuum of fertility and spiritual cleanliness. During one of the sessions women explained that there were approximately 130 varieties of leaves, twigs and seed pods used for both wasi fesi and gynecological remedies. However, according to a study conducted by the National Herbarium of the Netherlands and Suriname, the University of Amsterdam Academic Medical Center and the Laboratory of Tropical and Subtropical Agriculture and Ethnobotany at Ghent University, 177 different plants species used for daily wasi fesi and postpartum cleansing were collected (Van Andel et al. 2008:85). Their study suggests that "cold in the belly" may be a sign of womb infection or puerperal fever, which signifies that the practice of wasi fesi may have begun as a health remedy and become a cultural requirement due to orally documented healing properties passed down generationally through women's social networks. Peace Corps volunteers also relayed stories of benefitting from these social networks when village women suggested they use wasi fesi to combat vaginal infections brought on by living in a rainforest climate.

Women explained the medicinal value of wasi fesi in two ways. One was the more technical description of the process and its benefits, explained previously; the other was more

personal and tended to demonstrate the uniformity of the style in which women conveyed the value of wasi fesi. Their stories were unusual in that the same words and phrases were used in the same way at similar moments in the narrative by many different people. The benefits of the process were emphasized in one way by older women and another way by younger women. Older women explained for example, “I have had nine children and I am seventy-two years old and I went to the gynecologist and he couldn’t believe how young my parts look.” He said, ‘Have you really had 9 children? I can’t believe it. You look so young; your vagina is very tight. Whatever you are doing you should keep doing it’” (multiple interviews and pers. comm. 2002 & 2003). Younger women emphasized how well the postpartum use of wasi fesi and binding their stomachs after childbirth worked to get them back into shape with flat stomachs quickly (Glenda & Margaret 2003).

### *The Performance of Being a Maroon Woman is Difficult*<sup>63</sup>

Conversations that took place during these focus groups created the contexts through which I learned about the role wasi fesi plays in the continuum of performed Maroon femininity as expressed through beauty pageants. Historically, “the performance of being a Maroon woman” required living within a polygamous system as a co-wife (Graand-Galon pers. comm. 2004). According to Sally Price, gendered perspectives have shaped and in some ways continue to shape a Maroon woman’s life. Beginning in childhood, she learns the skills and behavior required to be a “proper” Maroon woman. She prepares for adult responsibilities of bearing children, maintaining a home and an agricultural plot, taking care of a husband, and more than

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<sup>63</sup> Pers. comm. Fidelia Graand- Galon 2004.

likely spends her old age without a partner because she is no longer fertile.<sup>64</sup> The behavior required to move through this timeline as a “proper” marriageable women includes being recognized as a young woman, which in the past meant becoming an apron girl at puberty by receiving a pangi.<sup>65</sup> According to Marvin, who invited me to his girlfriend’s sister’s *Pangi Pangi Sani*, a celebration recognizing a girl’s entrance into young womanhood which as Price explains means adhering to cleansing practices, menstrual taboos, and social protocols (pers. comm. 2007; Price 1993:20).

## **Fertility**

Historically, fertility as a force that shapes married life, the future of the family, and the longevity of the culture has been translated into Maroon notions of the feminine. Indeed, fertility is one of the driving forces in a Maroon woman’s life. Margaret, a 62-year-old grandmother helping her daughter in Paramaribo with her first newborn, explained that practicing wasi fesi and being sexually available for a man makes you a Maroon woman. “Sex is central to the definition of a Maroon woman,” Fidelia Graand-Galon also explained (pers. comm. 2003). According to village women, emphasis on fertility has meant that historically a Maroon woman is expected to bear as many children as possible for as long as she is able. It also has meant that her husband has the right to divorce her if she is not willing to have more children. Mary’s story presented at the end of this review provides an example of the way village women understand the pressure to conceive.

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<sup>64</sup> (Price 1993). See Mary’s personal story for an explanation of this issue.

<sup>65</sup> Price 1993:15-18. An apron girl is a prepubescent girl whose “nipples ...have begun to protrude slightly [signaling] that she is ready to be socially recognized by receiving an unsewn piece of cloth that she will sew into an adolescent apron” (15).

In Terborg's study, high rates of fertility bring to light several social issues complicating women's responses to risk-reduction strategies. Villagers relayed their belief that the number of children one has is predetermined by God and therefore part of one's destiny, "When asked how many children they want, the majority of men made remarks such as 'as many children as my wife has in her womb' and 'the number of children one receives is up to God'"(1999:61).

As a result, fertility is responsible for familial and communal destiny, which makes older Maroons view any decision to have fewer children as an unnatural disruption of that destiny. Having children was named as extremely important on a personal and communal level because, at the time of the study, "the more children a man has the more social status he gains....The only valued commodity you can give a woman is a child. If you don't make a child with her, what does she have when you leave her, and how will people know that you ever had a relationship with her?" (Terborg 1999:59, 61). The central role fertility plays in daily life through familial relationships, social organization, oral tradition, health narratives and the contemporary decision-making process draws attention to the multiple arenas in which, either overtly or covertly, fertility influences a performed gendered identity replete with nuanced social tensions. Even today, especially for uneducated women, having a large family provides a pathway for economic stability later in life, because their children are their social security, especially since husbands often replace older wives with younger ones.

## **Socioeconomics**

### **Gold Mines**

Suriname's early history of gold mining began in the 1700s. Sustainable small-scale gold mining in Maroon communities began in the 1950s as a means of earning cash with very little

competition (de Theije & Heemskerk 2009). Later Ronnie Brunswijk and his militia, the Jungle Commandos who fought against Dési Bouterse, may have invited the first *garimpeiros* (Brazilian gold miners) to the region as a strategy to finance their resistance operations, but gold mining as a major industry began in the 1990s when IAMGOLD and Cambior set up operations (Heemskerk, 2000). In the twenty-first century:

Most of the gold is produced by small-scale operations and a large percentage of small-scale miners are Maroon. A significant number of Brazilian *garimpeiros* are also active in the gold mining sector. While it is difficult to assess exactly how many people are involved in small-scale mining operations, and how much gold is produced on an annual basis by them, it has been estimated that between 10,000 and 20,000 extract some 20 to 30 tons of gold. (Molenaar 2007:13)

The growth of this industry has had a profound socioeconomic impact on the Maroon community. Although mining has increased wealth for some Maroon families, the feminization of villages and urban neighborhoods caused by men leaving to work in the Rosebel and IAMGOLD Mines in and around Brokopondo has stressed village family life. Even though the mines are located in the area of Maroon villages, most men are not able to come home every day after work. Instead because of travel limitations, they spend months away from the family which increase the risk of HIV due to sex worker relationships (Rooy et al. 2003).

The influence of gold mines can be felt in both urban and rural Maroon neighborhoods which comprise three primary types of community. The first group consists of Maroons who live relatively agrarian lifestyles in the rainforest. The second tends to inhabit a variety of lower and middle class neighborhoods in Paramaribo and regularly visit their families in the Interior. The third community has been transformed due to an influx of Maroon and Brazilian gold miners or

has become feminized due to an exodus of men leaving to work in the mines. Many of the men work in the gold mines in French Guiana where HIV infection rates are considerably higher than those in Suriname (Vrede 2001). The gold mines add a significant narrative to discussions about HIV/AIDS for two reasons, economics and sex workers. Limited economic opportunities push Maroon men in villages and urban neighborhoods to work in the gold mines, even though the environment can be very dangerous due to high crime rates. The distance and expense associated with traveling to the mines means that they only return home every two to three months.

When they arrive at the mines, they discover Maroon women working to provide services like cooking and washing clothes, and perhaps secretly sexual services normally provided by Brazilian sex workers. One person described life at the gold mines as the Wild West because of the harsh lifestyle and frequently occurring violence. According to locals, Brazilian sex workers prefer the Maroon miners to the *garimpeiros* because they treat them like second wives, bring them gifts, and develop relationships with them while they're at the camps. According to Juanita Altenberg, Executive Director of Stichting Maxi Linder Association in 2008, an NGO that specializes in providing services and risk-reduction training for sex workers, these relationships are problematic because studies have shown that this level of familiarity eventually initiates unprotected sex practices (Interview 2008). As Rachel explained to me:

You know what will happen. You know the gold mines, with the Brazilian white women. If your man is in the gold mines and bring you gold but maybe he has slept with those women and get infected. You know I have a man. I also went to the gold bush to sell but I stayed a week. You have hustle women who have 3 men. You know which women are there to hustle. Some come to play bingo. They have music and fun (laughing). I saw them.



*JS: Don't the village women have trouble with the hustle women?*

No, they say, my God, come and look how they dance nice. They dance with posts. And we are enjoying and say next week we will be back to see you. They are beautiful. They buy drinks for them. They buy thing from us (mango, cassava, coconut). The women buy the coconut water to prevent them from getting malaria. They save it. I sold 10 lately for 1 SRD a piece. They drink it. And it's like God water for malaria. You drink coconut water if you have malaria and it hurts, ice water, syrup. So the trade is done.

According to Marieke Heemskerk, tropical conservation and development specialist in Suriname, “cultural expectations of proper gender roles are so deeply ingrained that many Ndjuka women do not even consider independent travel and participation in money generating activities. Women expressed the fear that they would be stigmatized when they break with expected gender roles. ‘If you go as a woman by yourself [to the mining area],’ a woman asserted [to] me, “the people will say you go ‘whoring’ (perform sex-work)” (Heemskerk 2000). The stigma associated with working in the mines means that Maroon women consciously risk the social stigma associated with working in the mines for economic benefits (ibid. 129,130).

### *Intersection of Economics and Fertility*

The mines intersect the daily lives and social organization of both urban and rural Maroon homes and communities and reveal gender dynamics on multiple levels. First, the high crime levels put miners at risk, if they are harmed it drastically reduces their wives household income. Second, the wealth of successful gold miners elevates their status in their home villages, which may increase the frequency of their casual sexual relationships when they return home. Finally, while the mines provide a source of wealth, they also introduce a higher level of HIV

and STD risk to villagers' lives. Husbands tend to maintain their marriages and even relationships with second wives and girlfriends, but while at the mines, may develop a relationship with one particular sex worker. Stichting Maxi Linder, the NGO specializing in HIV awareness among sex workers, reports that men are developing intimate relationships with particular sex workers and over time beginning to have unprotected sex. According to director Juanita Altenberg, one of the reasons, at least among Maroon men, is the tendency to develop second wife types of relationships with a particular sex worker. For that reason they have begun to believe that the sex worker uses a condom with all of her other customers (pers. comm. 2008).

### *Messaging Awareness*

The Maroon Women's Network spent three years developing the Pangi Exhibition by listening to Maroon women's perspectives like those previously explored in this chapter. The primary reason these pangi messages were viewed as a comfortable introduction to the discussion of HIV awareness among Maroon women was the manner in which they were developed. Maroon women usually work on pangi while relaxing at home or visiting friends and family, but these pangi were also being worked on among groups of women operating in a manner similar to sewing bees in the West. The camaraderie expressed in these types of small group settings meant that the views expressed would more than likely be culturally relevant, socially agreed-upon views. The messages and sayings used on the pangi tend to emphasize the importance of avoiding HIV/AIDS, adopting safe behavior and reminding people of God's help and protection.

Although I did not have access to all of the HIV awareness pangi messages that were created, the messages presented here are representative of the types of messages that were common for the project:

**Table I: Embroidered Pangi Messages**

#	Saying	Translation	Faith-based	Behavioral Warning	General Greeting	HIV Awareness Message-
1.	Odi- odi baa	Greetings, greetings (politely)			✓	
2.	Ala sama un yee	Everyone Listen		✓		
3.	Den sama ula ben yee	Those people should listen/hear		✓		
4.	Sida siki nu-a deesi	AIDS makes you sick, you need medicine				✓
5.	Sida de a lulu	If AIDS is there you will crumble				✓
6.	Jesus su yepi den baa	Jesus will help them (politely)	✓			
7.	De na opoi	If it is there you will not get up		✓		
8.	Efu sida de anga yu	If AIDS is with you				✓
9.	Fa wi e waka ya	How will you walk here		✓		
10.	Sida siki a karma wentje	You should have the knowledge that AIDS will make you sick				✓
11.	Langa libi a de yaa so	Long life is there if you do so go so [live right]		✓		
12.	Libi nanga koni	Live smart		✓		
	<b>Totals</b>		<b>1</b>	<b>6</b>	<b>1</b>	<b>4</b>

These initial messages represent the first warnings Maroon women felt were important.

According to Fidelia Graand-Galon, historically Maroon women were evaluated based on their families' reputations and the positive or negative behavior of sisters, so there was great social pressure to conform to village expectations (pers. comm. 2002). While the pangi messages primarily address behavior change, they focus on general awareness rather than specific preventative steps. Their responses support the findings of the Terborg study that found that Maroon women had significantly less knowledge about specific risk-reduction options than their male counterparts (Terborg 1999). The women's emphasis on behavior and knowledge, even

without specifics, suggests that they wanted to be educated to reduce their HIV risk. While the pangi messages and unified support for wasi fesi represented a willingness on the part of Maroon women to contest the boundaries of public health doctrines and protocols, their actions also illuminated multiple spaces for gendered silences to persist.

These silent spaces are not pockets of stillness where no cultural production takes place. Rather, they are interior spaces delineated by social protocol and challenged by personal anxieties. They are comprised of both collective and individual repertoires unconsciously mapped by implicit social knowledge and experienced as the interiority of personal identity (Taylor 2005; Hirsch & Smith 2002). The challenge in accessing these types of spaces is one of offering topics that recognize the particular contexts in which women's anxieties occur. The remainder of this chapter explores that process through a series of awareness interventions that used personal experience to intensify discussions about HIV/AIDS within the Maroon community.

### **Bridging Akoti, House and Village Kuutu Projects**

This summary of my initial ethnographic research is provided to trace the types of situations that sparked the awareness messages circulating in the Maroon community. The initial phase of participant observation was undertaken with the goal of learning about cultural practices and gendered themes important to woman within the Maroon community. At the end of focus group sessions, wasi fesi and agriculture-based economies emerged as the areas Maroon women felt contributed most to their sense of identity and security. They also indirectly suggested that gender relations and community power dynamics strongly influenced their life choices. The preparatory activities for the “*Akoti Kuutu*” Pangi Exhibition and the exhibition itself provided a

portion of the background information used to develop an understanding of the implicit social knowledge and community expectations that may be influencing Maroon women's responses to HIV/AIDS risk-reduction choices.

The 2004 *“Break the Silence”: Art and HIV/AIDS Akoti Kuutu Pangi Exhibition* introduced Maroon perspectives to the Surinamese general public and government officials. The First Lady, the Minister of Cultural Affairs, Public Health Officials and other high ranking members of government and important organizations attended and talked to urban and rainforest Maroon women about their arts and crafts and the associated meanings of their embroidered messages. Based on the lengthy preparation for the event and the positive response it received, it seemed as though HIV/AIDS awareness pangi were going to become a popular form of artistic production and an opportunity for economic advancement among Maroon women.

However, in 2006 HIV/AIDS message pangi were not readily available, nor were they actively being made in large enough quantities to be considered a sustainable artistic trend and commercial product. In contrast, wearing pangi in general had experienced a resurgence in popularity, with families ordering sets of matching pangi for special family events and increased tourist interest in purchasing pangi at the Central market and in shops. The medium had gained enough popularity that some Creoles began making pangi as a means of generating income, but the HIV awareness messages had not gained an equal level of popularity. To be clear, it was not possible to view every pangi that was made in or outside of the capital city. I am not suggesting that no HIV awareness pangi were made; I am saying that they were not clearly and easily visible as a popular commodity.

I wondered why the awareness messages hadn't become more common since my last visit. I think the primary reason for a reduction in awareness messaging was economic. Maroon

women want to sell as many pangi as possible. It may have been difficult to maintain the general public's interest without Fidelia Graand-Galon's presence in the country. As a result of her work in the MVN, Graand-Galon was appointed to be Suriname's ambassador to Trinidad and Tobago in 2006 and was installed in country in 2007. As a result, to accommodate this limitation in the field, the focus of this research shifted away from collecting HIV message pangi to studying the performances, stories and personal narratives Maroon artists felt were important. When Maroon AIDS activist Renatha Ajoni expressed an interest in going public, personal narrative became the medium of focus and a Global Fund project awarded to SORTS (Stichting Ontwikkeling Radio en Televisie/Foundation for Educational Radio and Television in Suriname) provided an opportunity for collaboration utilizing video as the method for capturing and conveying stories and HIV awareness messages within the Maroon community.

The second limiting factor, according to Fidelia Graand-Galon, was that Maroons would intentionally falsify information given to researchers, particularly foreign researchers. This perspective was reinforced in reporting by Thoden van Velzen, who admits that "nothing had prepared us for the determined type of opposition we met when we asked what we considered simple questions or when we raised subjects that we, at that time, considered fairly innocuous" (Thoden van Velzen and van Wetering 2004: 263). The problem was how to conduct research in a nonthreatening manner that would allow for an open and honest exchange. The solution required adjusting how my participant observer role was presented. As mentioned in Chapter One, working as a videographer on the Birth Registration Project, gave me an opportunity to observe events as a member of a local team, which meant that I was not leading the information gathering process. The SORTS project allowed me to apply this approach to understanding the barriers and successes in using narrative to relay HIV/AIDS awareness information within the

Maroon community. By immersing myself in local organizations working on HIV/AIDS awareness, I became a nonthreatening observer rather than the primary researcher. As a result, I witnessed the free and open discussion of fears about HIV/AIDS and was able to collaborate with local groups in developing some of the focus group formats and discussion topics.

## **Phase II – Ethnography and Emergent Theory**

After working with the Maroon Women’s Network, two things were clear. Maroon women were unified in their support of wasi fesi and their need for awareness education. The MVN had adopted the “Break the Silence” intervention approach and the method of using artistic intervention had generally been forwarded by the National AIDS Program so that both the Maroon community and the general Surinamese population were receiving some of their information through art-based interventions. As in the South African experience, the workshops illuminated the value of connecting the expression of health-related anxieties to the process of cultural production. In South Africa, the relatively commonplace objects called *imbenge* were “beer-pot covers and shallow bowls made of woven grass,” but over twenty years ago the term began being used for “baskets and bowls... made of plastic-covered copper wire found in telephone cable, [that] have been re-produced for local use and for sale to tourists and art patrons” (Roberts 2001:37). The *imbenge* created by workshop participants highlighted the intimate nature of workshop discussions as women connected powerful religious symbolism with the process of being healed or suffering and dying (Roberts 2001). This relationship between key religious and cultural symbols and the HIV/AIDS awareness process also immersed in Suriname. Kate Wells explains the value of incorporating cultural knowledge into the awareness

process: “the Siyazama Project seeks to promote the pivotal role of design to affirm indigenous knowledges and skills as a means to disseminate vital information about HIV/Aids amongst the most marginalised and vulnerable of people in South Africa, rural women, the majority of whom practice ancestral worship” (Wells 2002b:1). Wells explains that while this approach was useful in initiating conversations, participating in the workshops caused some women to feel a level of anxiety while contemplating their HIV/AIDS awareness designs (Roberts 2001).

One of the ways they dealt with that anxiety was to explain that they would dream before creating their awareness design, which is a cultural practice that can connect the sacred and profane worlds, for “‘dreaming’ may be just that, or it may refer to contact with ancestral spirits through trance” (Roberts 2001:46). The space in which the anxiety and the need to dream occurs is the space of silence where women privately calculate the implications of their lives based on the information they have received during an awareness intervention. For some that calculation may be a clear-cut acceptance of and resignation to the risk factors in their own lives. For others, this space is fraught with fear and uncertainty. In KwaZulu Natal, where the ravages of HIV/AIDS are felt much more extensively than in Suriname, the artistic production of AIDS-awareness *imbenge* provided the space to tell a personal story. What is unclear is whether telling these stories provides a pathway for women to reduce their levels of risk.

One key difference in the messages created during the initial pangi project and those created through the “Siyazama Project – Rural Crafts and HIV/Aids Awareness” was the level of intimacy expressed in the messages. In Table I: “Embroidered Pangi Messages,” the warnings are more generic. They adhere to the social protocol of propriety previously described by village women as a key conforming mechanism in their daily lives. Participation in the Siyazama Project required a four-month commitment which suggests that women had time to move from the need



to be silent and invoking dreams to being able to retell their intimate life experiences through Zulu arts. I do not know if this process is possible in Suriname due to the fear of stigma and discrimination, but it is worth consideration and will be discussed more thoroughly in Chapter Five. However, despite these limitations, the community's role in the Pangi Exhibition and the limited availability of awareness pangi in 2006 added another layer of inquiry to my original research question. My original research questions were:

1. How effective is creative expression in addressing the multidimensional challenges Maroon women face as they assess HIV/AIDS risk-reduction choices?
2. How do Maroon views on gender, religion, and established cultural practices influence the acceptance of HIV/AIDS-awareness interventions within Maroon communities?
3. Do the topics addressed through creative expression in HIV/AIDS awareness campaigns encourage discussion about some of the sensitive issues, like specific gendered practices, influencing women's risk-reduction choices?

After witnessing the unified response in support of wasi fesi and the level of propriety associated with awareness messages in a variety of creative mediums, I began to wonder about sub-question 1b): Do the topics addressed through creative expression in HIV/AIDS awareness campaigns encourage discussion about some of the sensitive issues influencing women's risk-reduction choices?

Based on my preliminary fieldwork carried out with the Maroon Women's Network, two forces appeared to be shaping Maroon women's experience of HIV/AIDS awareness messages. First, Surinamese public health officials' ill-conceived leak of their opinion that wasi fesi increases HIV infection rates within the Maroon community was the initiating event that sparked Maroon women's public defense of wasi fesi. Second, within Maroon women's collective response to this event, there seemed to be a force limiting the possibility of opening up discussions about the possibility that wasi fesi could contribute to an increased risk of HIV

among Maroons or that there was a commonality of anxiety producing areas of gendered personal experience requiring women's strategic response. As a result, strategic collectivism strengthened the group opinion and simultaneously and subtly challenged the validity of individualized opinions.

At the end of the first phase of fieldwork, the initial question that emerged, "Was this unanimity organic or did it grow out of a collaboration among the women in order to reinforce their position?" could not be answered through direct interviews, because of my outsider status. However, Afra Accord, a reporter for *De Ware Tijd*, told me in 2008 that no Maroon woman had publically spoken out about the potential dangers of wasi fesi. She also pointed out that this silence was not only due to the opinions of uneducated Maroon women, but also the most highly educated Maroon women as well. Van Andel also reported that "given the popularity of dry sex, its important role in Afro-Surinamese culture, and the limited understanding of infective mechanisms in Maroon society, a general prohibition of genital steam baths in Suriname is no option" (van Andel 2008:87). As previously stated, this project is not focused on making a determination about the value or dangers of wasi fesi. It also is not focused on determining the accuracy of the public health perspective. As previously stated, by the time I left Suriname in 2008 and Tinde van Andel had published the results of the ethnopharmacological study of local medicinal herbs, no specific, localized medical research had been conducted to determine the medical implications of Suriname's steam baths.

Afra Accord provided this information at the end of the data collection period, but it reinforced the validity of my observation that collectivism served a strategic function among Maroon women. This conforming pressure appeared to have influenced the uniformly positive explanations presented about wasi fesi. Therefore, observing which topics were discussed,

avoided, or caused misunderstandings, was important. As I began working with various local NGOs on their creative HIV/AIDS awareness projects, my question expanded to include comparing what was and what was not said concerning issues associated with wasi fesi, fertility, gender roles, and faith and religious practice. Information collected in Phase Two addressed these areas of inquiry by utilizing ethnographic participant observation as the data collection method as well, but coding techniques were applied to analyze the narratives. By coding the narratives, it was possible to evaluate both generalized and more in-depth responses to discussion topics.

The second phase of ethnographic research provides a means of gathering in-depth information that more specifically illuminates the evolution of the research from one that asks about the nature of societal narratives generated within the Maroon community to the exploration of those narratives from the perspective of their effect on the individual experience of daily life that may be influencing perceptions of awareness interventions. The following section examines the spaces in which more personal narratives emerge, like those generated by the Siyazama Project. I shall examine relationships among gender roles, societal mores, and the silencing of Maroon women's experiences as they relate to the development of effective HIV/AIDS awareness interventions.

When the Maroon Women's Network began the Pangi Project to promote awareness among women, Terborg had already reported dangerously low levels of awareness among rural Maroon women. The MVN, like other AIDS focused NGOs created events designed to address this disparity within the Maroon community. The events I witnessed were open to both sexes; however, the Cultureel Centrum Suriname (CCS) Pangi Show had a primarily female audience. Each of the events used personal narrative to encourage interest and convey information. This

approach represented a shift in focus away from messaged textile arts and toward more performative arts as a means of conveying information and encouraging discussion. Although Maroons can receive health information through *poli* clinics and NGOs Maxi Linder, Mamio Namen, and Lobi, all of which specialize in providing services for dealing with issues associated with HIV/AIDS, none of these locations cater exclusively to Maroons. Through observation and informal questioning, the founders of both the MVN and Stichting Broko Doro emphasized, as previously stated, that often Maroons do not feel comfortable asking questions in these settings. They also explained that Maroons feel more comfortable knowing that information has been evaluated by village leaders. Each of the events presented in this section addresses these needs within the community. An examination of these efforts provides an opportunity to consider whether some of the anxiety-producing concerns influencing Maroon women's understanding of risk and risk-reduction options were included in the discussions.

### **Uncovering Silent Spaces**

The shift toward performative arts such as skits, songs and videos that convey familiar life situations through the representation of private problems that can be heard while riding on the bus and in cars or can be viewed alone on television and provides a window into life experiences that is both compelling and capable of sparking on-going conversations. These performances shared among friends create a familiar bridge between traditions like the annual *Sa Malwena* and *Sa N'Djuka Uma* beauty contests and, at least through 2008 fed the growing video production industry local singers used to advance their careers and CD promotions. Both the more traditional media and video depend on compelling personal narratives to arouse interest and maintain popularity. As a result, personal narrative provides an entry point to further

investigation of the role creative expression plays in Maroon women's understanding and experience of HIV/AIDS risk-reduction awareness interventions.

This process began on October 18, 2007, when Renatha Ajoni sat in my kitchen and told me she was HIV positive and wanted to go public. She wanted to start a foundation called Stichting Broko Doro that would be capable of providing opportunities for people to talk to an HIV positive person. Each of the events hosted by Stichting Broko Doro began with the presentation of the personal narrative of Harvey Eiflaar, if the group was predominantly male, or more commonly, that of Renatha Ajoni, which is below:

**Renatha** (laughing): I have a cap in my hand but it's because I feel shy. It is hard for me to stand here, but I have to do it, because I'm a child from the Interior. I am 35 years old. My grandparents are from a village (Sa Be Do Mi). But in the end we lived at Pete Ondro [District Marowijne], at the Cottica river. If there is somewhere for me to go then it would be Cottica, my roots. Maybe you heard the lady (JS) last night on Radio Paakati. We were at the Gaaman to talk about HIV/AIDS. I'm here to talk about this disease. It is not an easy one. I am thankful to the Lord that he called me and saved me and washed me clean with the blood. God said: Renatha, it is you that I want to go out for me. I said: God I can't do it with my own strength but with your strength. It is not easy for me to stand here and talk about the disease. But with God's strength I have to talk about it, because so many people are dying because of it. But God gave me life and I don't want other people to suffer.

Now I established a foundation. The name is *Stg. Broko Doro*. It means to break the door open hiding this illness and ending the silence by talking about this disease, because this is a disease which will kill you if you stay silent. But if you reach the stage

where you can break the silence and accept that it is true, also based on the Bible, then that is the way to win and overcome. God helped me when I was in the hospital to come alive again because I was almost dead. But God helped me and give me the chance and the strength to talk about the disease. I walk with this American lady. We work together. There is another one [Creole Surinamese], but she is not here. She is looking for a boat to go to another village. A while ago we went to the Gaaman and made a film. We have to give respect to the elderly so the Gaaman had to see the film first. He saw it and we will show you the film. A lot of people are talking in the film, doctors and so on. And that's why we are here. And if you ever doubted if the disease is real, I can tell you that it is real. Some people say it is a lie, but let me tell you it is true. God gave me the strength to talk to you. It doesn't mean that if you are not living the right way you will get the disease, but it can be the other way that you are living "right" and you are at home and still the illness is coming to you. This illness has no "*gwent*" [habit, custom].<sup>66</sup> Nobody wants this disease or death on purpose.

I was working at a shop at the Saramaccastraat in Paramaribo, they call it Jeruzalem Bazaar. I was married then. One day we both went to get a test to see if we are ill. But unfortunately he is dead now and some people say that it was my fault. If you have a bad name you have to die first to get it pured [purified]. It is not me who killed him but the disease. I don't say, it is true or it's not true. I leave everything in the hands of the Lord. He will know whose fault it is. But I am glad that God saved him till we meet again, not as husband and wife but as brother and sister in the spirit. When the

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<sup>66</sup> Using *gwent* to explain HIV/AIDS characteristics emphasizes that anyone can contract the disease. In biblical terms, the disease is "no respecter of persons" (Romans 2:11 and Acts 10:34). Renatha Ajoni was a deeply religious person so this concept emphasizes that like God, the disease shows no partiality, probably resonated with her sensibilities and the fact that she was HIV positive.

disease came into my life I went to the doctor again and again. At first I didn't know what it was. The doctor said after a while: You know what. The diarrhea doesn't stop. Let's do the AIDS test. Then they tested me. They say there is a window period of 3 months and after that. And now the doctors are smart and can give you the result in 5 minutes or so. There are test sites where you can be tested to know if you have it or not. I had to wait 3 months. And my husband and I were still a couple. I was ill but my husband not yet. They called me to say that I have to contact the doctors. So I went with my husband and he said: Mrs. Ajoni, we found the disease in you. I had no hope then. I saw dead in the eyes. The doctor asked me if I want to inform my husband and I said, "Of course, I have to tell him." The doctors leave it up to you to tell your partner or others. But I was married to him so I had to tell him. Sometime the person who is infected doesn't have to get ill yet and that makes that it seems otherwise, like the person who is ill first got infected first and that's not true. That's why I was quiet then. But when you are judging and pointing a finger to someone 4 fingers are showing to you. You think today it's my faith now, but if a man and woman are living together it is good, but one awful moment can change things you cannot always point a finger. It changes your lives for the bad. People can think, "see how the wife is quiet at home, the man takes another partner." It isn't written on one's face that you are infected. And maybe you were the one who was pointing at me and now you also have it. And a woman also can do adultery. And get infected. The only thing to protect you is to stay with one partner. And if you don't trust your man, use a condom, because this will protect you. You can never know; it's the moment. The only thing is to protect yourself. Now you can look at me and think. She has the courage to talk, but God called me and kept me alive. If you look at me, I

could have chosen to sleep with men. It isn't that you have to guard your men with a *koko lampu* (oil lamp), but try to keep with one partner. Then this evil won't come to you.

What I want to say is if you are a man, let God keep you safe, but this is not something you can or want to buy for yourself. We have condoms with us for both men and women. We do this only to help and protect you. It is out of respect, not about sexual things, but to protect you all and your kids. I have 2 children of 15 and 17 years old. They are in Holland. But I love them. My family didn't leave me. They gave me love and protected me. They will fight for me and love me. If there is someone who needs help and love, give the person this love. Don't press him down. Why do you think people hide the truth? Because others will gossip about them. But you know in my case I know that God loves me, even if people do not love me. Even if my parents or sisters and brothers would have rejected me I know that God is here and loves me. And that's why he has chosen me to talk with other people. If someone is ill help him, because if it were you, you will want the same for you. You don't want people to ignore you. I was in the hospital. It is not true that if an infected person is sweating you will get infected if you touch. You can eat and drink together. The only thing is that your blood must not meet. If you have a wound, the illness is open and the virus can come over to you. Another thing is the pre-liquid, please excuse me for the older ones, that they call "*krasi watra*" [pre-ejaculatory fluid], that is the most dangerous. But you can kiss with the tongue, but except if there is a cut in the mouth, a wound, then there is blood/liquid, but otherwise you can do it. I myself chose not to have a partner after my husband died. I said to God take him. I don't want a man. It's my own choice. If God wants me to have a man I will know. I know that I'm beautiful and men are flirting with me on the streets, but everywhere I go I tell people



that I'm infected. I want to be an example for others, if God can help me to hold myself together. I have feelings too, blood is running through my veins and not water but I keep myself from sex with the help of God because he gave me a new chance to live. Life is precious as the old people say. You have to behave the right way. Stay with one partner.

And when you go to the doctor and he says that you are infected then you mustn't give your baby child breastfeed. It doesn't mean that if you don't give your child the breast that you have AIDS, because there are other reasons and sicknesses. For example you have high blood pressure, or maybe some have a rash and don't think that it is AIDS, there are other diseases and not when someone gets thin then is it always AIDS. Some people are getting thin because of sorrow and maybe then they don't give their child the breast. But there are others who are ill-hearted and they start gossiping about not giving the breast. Don't just give people a bad name; let that person tell you what's happening. Then it comes from the person's mouth. I opened my mouth to tell you because God told me to do so. Before you and your partner have sex, go to test yourselves, look how many test sites there are. One awkward moment and you are sick forever. You have satisfied yourself in one moment and now you're ill. So behave the right way, love your children, love your husband. If your husband is behaving a certain way, take care of him. If you do that you will see the beauty of each other and not of other women. It is not that I want to go in your private business but these are things that happened to me that I don't want to happen to you. That's why I'm here to talk to you. If you have a question, don't hesitate to ask me.

The effect of having an HIV positive person speak so intimately in a relatively small setting was profound. The Question and Answer (Q & A) sessions operated on three levels. First, general

questions addressed the topics listed in the “HIV/AIDS Village Kuutu” chart below as members of the entire audience participated in the process by asking questions, listening to answers, making side comments based on commentary and, for some, sitting quietly and observing all of the activity. The opportunity to discuss HIV/AIDS with someone who was HIV positive and had already presented her story to the Gaaman gave great credibility to the event.

The second level of exchange was a secretive one in which HIV positive persons secretly reached out to Renatha for help and support. She provided her telephone number so that they could speak with her privately without the fear of gossip about their health. No record was kept of these interactions. The third level took place outside of the meeting, in various spaces and activities during our stay in the village. Essentially, the subtle performance of discriminatory behavior that is so often only visible to the individual being derided occurred in situations of which I was completely unaware until Renatha explained the nature of the cultural protocol that had been overlooked. Only once was the sentiment overtly stated during a discussion about how villages should handle discovering that a resident was HIV positive. A man in his late twenties or early thirties suggested that an HIV positive individual should be banned from living in the village. This sentiment was repeated in different villages and we heard stories of one or two HIV positive individuals being put out of their villages, at least for a short period of time. It was not possible to determine whether this behavior took place solely because of fear of the disease or because of the perception that HIV/AIDS is a spiritual sickness.<sup>67</sup> The personal narratives of Renatha, Harvey, and Ethel, the topics from the Q & A sessions and portions of the transcript of Stichting Mamio Namen’s peer counseling sessions from their three day workshop were coded to

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<sup>67</sup> See Chapter Four for a discussion of the relationship between HIV/AIDS and spiritual sicknesses.

look for popular themes to see if there was a difference in the topics addressed compared to those introduced by women making awareness pangi.

**Table II. Village Kuutu – Rainforest Focus Groups**

#	Region/Village	Education	Traditional Medicine	Western Medicine	Wasi Fesi	Gender Roles		Religion (Christ.)	Religion (GT)	Stigma
						M	F			
	<b>Tapanahoney</b>									
1.	Diitabiki	✓		✓		✓				✓
2.	Pikin Pesci	✓								
3.	Sambe Do Mi	✓				✓				
4.	Kissia	✓								
5.	Stoelmansiland	✓		✓		✓	✓	✓	✓	✓
	<b>Brokopondo</b>									
6.	Centrum	✓		✓	✓	✓	✓			✓
7.	Nieuw Lombee		✓						✓	
8.	Baku	✓				✓	✓	✓	✓	✓
9.	Lebidoti	✓				✓	✓	✓	✓	✓
10.	Sara Kreek	✓				✓	✓	✓	✓	✓
	<b>Totals</b>	<b>9</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>6</b> <b>5</b>	<b>4</b>	<b>5</b>	<b>5</b>	

Male Gender Role (M) = multiple partners

Female Gender Role (F) = fertility

Christ. = Christianity/Pentecostalism

GT= Gaan Tata/African Diaspora Religion

As in the Maroon Women’s Network focus groups, the events were held in each village’s general meeting place; therefore, it was impossible to control attendance. Mothers brought their small children and men stood around the edges of the meeting space. Attendees also included teens, pre-teens and the elderly.

These rural focus groups had an additional impact in the villages because inhabitants were anticipating Renatha’s visit due to an interview on Radio Pakaati after her meeting with the

Gaaman. Everyone wanted to see her in person and her commentary had more influence in the community because she followed all of the social protocols Maroons expect during public speaking. Some awareness meetings were held at night using generators to provide electricity to screen *Suma Na Yu*. This allowed villagers to witness Renatha telling her story to the Gaaman, and to hear Maroon doctors, nurses, government officials, and community organizers provide information about HIV/AIDS.

The Village Kuutu (meeting) format was introduced to Maroons living in Wintiwai and its surrounding neighborhoods to bring the same opportunity for open discussion to young adults in urban neighborhoods. Peace Corps volunteers assisted at these events in preparation for a new series of village events to be funded by the Peace Corps and commence after the HIV/AIDS House Kuutu were completed. The chart below provides an overview of the topics that were addressed in the House Kuutu events.

**Table III. House Kuutu – Urban Focus Groups**

#	Date	Education	Traditional Medicine	Western Medicine	Wasi Fesi	Gender Roles		Religion (Christ.)	Religion (GT)	Stigma
						M	F			
11.	11/08//08 Women	✓		✓	✓			✓		✓
12.	11/21//08 Men	✓		✓		✓				✓
13.	12/05//08 W & M	✓		✓		✓	✓		✓	✓
	<b>Totals</b>	<b>3</b>	<b>0</b>	<b>3</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>3</b>

Male Gender Role (M) = multiple partners

Female Gender Role (F) = fertility

Christ. = Christianity/Pentecostalism

GT= Gaan Tata/African Diaspora Religion

Urban house kuutu began with a brief introduction, a screening of the *Suma Na Yu* video, the personal narrative of Renatha Ajoni or Havey Eiflaar, a question and answer session, a demonstration of both male and female condoms, and, finally, an opportunity to have private

discussions as condoms were distributed. Participants raised questions throughout the event, which created a more interactive experience. While all of the events had at least one question about a particular sex act ranging from kissing to oral or anal sex, participants in the urban kuutu, which had younger audiences, consistently asked more questions about the levels of risk associated with particular sexual practices. This format was so popular that participants requested an opportunity to view *Suma Na Yu* again and bring friends. They also wanted to see the awareness animations *Anansi Tori* and *John and Sara*. *Anansi Tori* uses the trickster figure Anansi the Spider to explain the dangers of HIV/AIDS, and emphasizes condom usage for risk-reduction. *John and Sara* uses animated teen characters to warn of the dangers of having unprotected sex.

Since they were test events, only three house kuutu were held. The first event was for women only, the second was all male and the final mixed audience event was added at the request of the women attending the first event. Each session used essentially the same format, but the December 5th viewing was supposed to be an event for couples, but the women could not get their partners to attend. Both the village and urban kuutu participants viewed education as important, but gender roles, religion and stigma were mentioned more frequently during the village kuutu. While it was clear that participants in the house kuutu were concerned about stigma and discrimination based on the body language and side conversations taking place, their questions focused on understanding how to practically and effectively negotiate sexual desire within the realities of HIV/AIDS risk.

## **Silent Spaces**

The remainder of this chapter will explore some of the anxieties women experience as a result of gender role expectations. Chapter Four will consider the role the Gaan Tata and Pentecostal religions play in negotiating HIV/AIDS as a health issue within the Maroon community. Chapter Five will address some of the challenges Maroon women face due to stigma and discrimination. These three areas were addressed because kuutu Q & A sessions focused on these areas and were also emphasized by Renatha, Ethel and Harvey during interviews and personal communication about their experiences of working with HIV positive individuals, their families, and healthcare professionals.

The silent spaces challenging women's risk-reduction options occur in gendered aspects of life that test women's sense of agency due to cultural expectations, structural prohibitions and economic limitations to their options. For example, upholding cultural respect for fertility requires women to support practices that reinforce gender roles, feed attitudes toward marital infidelity and challenge economic security. In considering each of these life spaces through the lens of Maroon women's conversations beginning with the MVN focus group sessions, degrees of silence were demonstrated. The one area of conversation not initiated by participants in the focus groups was that of vertical transmission. One of the reasons for this silence may have been due to a lack of personal experience with an HIV positive close friend or relative who was pregnant or a new mother. Issues associated with vertical transmission will be considered in Chapter Five.

## **Wasi Fesi, Sexuality and Fertility: Connecting Marriage and Divorce**

During the focus group sessions, women opened up about their feelings concerning male infidelity. The community's history of practicing polygamy and the cultural socialization that implies multiple partners illustrate a man's virility make this area complicated. Changes in behavior more than likely will not be due to pressures initiated by women. An example of the timeline Sally Price described as shaping a woman's life experiences around fertility and relationships can be seen in the family story of Mary who was born and raised in the interior, is unschooled and has nine children, seven of whom are living. Like Sally Price explained in her timeline of a Maroon woman's life, Mary found herself without a partner later in life. Her husband divorced her because she was no longer able to have children. Her story illustrates how cultural concepts associated with fertility not only alter relationships, but also economic opportunities for Maroon women. For example, if a Maroon man living in the city decides to divorce his wife from the Interior, he must help her move back to her village so that she has a chance to survive by working her agricultural plot for food and income. If there are any minor children, they have to leave their urban schools and return to the village as well, unless another relative is willing to take them. Educational opportunities are limited in the rainforest, so this change in lifestyle has lasting implications for children.

In this case, Mary returned to the city when her eldest living son bought a house for her so that he would not have to continue to make the three day trip to her Interior village to make sure the family had adequate supplies and food. Her two oldest sons and oldest daughter received an education because they were living in the city. Her two middle daughters lost the opportunity for an education because they had to live in the rainforest. Today, they both work as domestics. Her youngest daughter and son were able to live with their elder brother and his wife in order to

complete their education. Her youngest daughter is a single parent and nursing assistant who is studying to become a nurse and her youngest son passed the standards exam that allows him to pursue the advanced educational track in high school. He hopes to become a doctor. The two uneducated daughters need husbands to improve their social status. One is married to a religious man she met in the Pentecostal church; the other is a widow. Her husband was murdered while working in the gold mines, a fate that occurs frequently in the wild-west atmosphere of the mines (Heemskerk 2000:143).

The stories of the women in this family illustrate the effect the heightened emphasis on fertility has on the socioeconomic opportunities for Maroon women during various periods in their lives. Established gender roles reinforcing the value of fertility and children mean that once a Maroon woman passes childbearing years, she continues to practice *wasi fesi* despite limited opportunities to remarry. She also moves into a different social status that allows her more freedom to speak her mind since she is no longer as desirable (Price, 1983). If she no longer has a husband, her children will, to the best of their ability, provide for her, which directly connects fertility to a woman's security in old age. Successful children can provide a comfortable retirement, which means that multiple births increase a woman's potential level of security in old age.

### **Strategic Condom Usage**

The silences associated with condom usage include women's need to deal with their husbands' multiple partners and perhaps their own affairs as well. There also is a generational aspect associated with risk-reduction awareness, since birth control in general and condoms in particular were not part of earlier cultural practices. Older men taking younger wives may not



fully understand the potential risk of sex without condoms. Ms. Awana, peer counselor for Stichting Mamio Namen explained, “Many elderly people don’t know the condom” (Brokopondo Workshop, 2008). During the taping of *Suma Na Yu* the Gaaman said that he had never seen a condom and did not know how to use them. Older Maroons view condoms as unnatural and respect for fertility would discourage culturally conservative women from using any form of birth control. However, women would like for their men to use condoms with girlfriends and during casual sex. The question is whether or not they are able to have these types of conversations with their partners. Like women internationally, this negotiation is at the heart of risk-reduction options for Maroon women:

**Female Speaker A in 20s:** Of course, you don’t want to get infected and you are careful, but your partner has to behave in a responsible way...

**Female Speaker B in 20s:** Yes, your partner has to be responsible...

**Female Speaker A in 20s:** ...because if the wife does that [remain faithful] and the man doesn’t then...

**Female Speaker B in 20s:** ...that is wrong and we have to be truthful towards each other.

At times, established social protocols also make it difficult for Maroon women to accept the idea of using condoms during their relationships.

Maroon men also included having a steady partner as a safe choice, which meant that, from their perspective, they could control their levels of risk through strategic monogamy. I define strategic monogamy as men categorizing their levels of risk with varying partners and adopting a strategy for sexual behavior with each category of sexual relationship. For example, by choosing to be more selective in the behavior they use with girlfriends and during casual sex, they believe they are minimizing their risk and more than likely do not use a condom with their wives.

### Multiple partners

**Woman in late 30s:** “Men tend to have a lot of women and that’s a problem.”

**Woman in 40s:** “Yes, but what about the women. They know when a man comes to them that he has a wife and maybe a girlfriend, but they say yes to him anyway.”

### Transactional sex

*The women here, will they ask their men to wear a condom?*

**Rachel:** Yes it is good. Some of the children here don’t believe in it. Some of them have more men. They look for money to buy in. Stay with one man. Even then you have to test.

*The women with more men, do the men wear condoms?*

**Rachel:** I don’t think so. Money is important for them. But if I had 4 men I shall have them wear it. I believe some Maroon men will wear a condom.

Although men have the reputation for keeping the river busy at night as they visit lovers, Maroon women have to be involved as well because the men in the villages are not usually seeking non-Maroon women. According to initial Medical Mission research, these casual relationships add to the incidence of STDs among 40.6 percent of men and 18.5 percent of women. However, 78.3 percent reported becoming infected by their steady partner (Terborg 1999: 68, 69). By 2002, Maroon men considered AIDS to be their primary health risk, but women did not, although statistics suggested that HIV/AIDS was a primary health risk for Maroon women (ibid.). This gap can be attributed to educational disparity with men reporting high levels of knowledge at 93.2 percent concerning the nature of the disease and the best methods of prevention, while 55 percent of women had never heard of the disease, and in some interior communities, an even higher percentage were unaware of the danger. Terborg explains:

...but even when women said that they heard about HIV, the majority could not give a proper explanation. When asked what HIV is they said they don’t know. Women comprised 91.5% of the group of respondents that did not know if a healthy looking

person could spread the virus. When we look at women's knowledge with respect to means of HIV protection, condom use was mentioned by 36.3% of the females while another 13.7% knew that you could prevent HIV by having sex only with one steady partner. Striking is the finding that nearly half of the women, 47.6% responded with "don't know" when they were asked how to prevent HIV infection. (67)

While awareness has improved since these early research statistics, are Maroon women able to make safe choices? Do the topics addressed through Maroon-centered awareness interventions encourage discussion about some of the sensitive issues influencing women's risk-reduction choices?

## **Conclusion**

When Kate Wells developed the Siyazama Project, she delineated the space of agency to be at the intersection of cultural traditions and personal expression. Artistry was used to identify that space by "promot[ing] the pivotal role of design to affirm indigenous knowledges and skills as a means to disseminate vital information about HIV/AIDS amongst the most marginalised and vulnerable of people in South Africa, rural women...." (Wells 2002b). As a result of that intersection, women infused creative objects with their personal narratives and witnessed experiences of the devastation HIV/AIDS often caused in their communities. This mechanism created a conduit for some of these intimate experiences to be elevated by being featured during the XIII International AIDS Conference and in national and international publications. More importantly, it provided an opening for women to tell their stories of sexual mistreatment and to

give voice to their anxieties about HIV/AIDS. Wells described how the art based intervention created this opening:

The women used the medium of beadwork communication passed down to them by their mothers and grandmothers to express their new understanding of sexual and sex-AIDS interface insights, and their work became untraditionally sexually explicit. It is suggested that the shift in beadwork design occurred spontaneously as a consequence of changing worldviews occasioned by the information provided by the HIV/AIDS workers. In turn, the designs resulting from the knowledge of HIV/ AIDS then changed the women's worldview, setting up a cycle of learning that transformed both their worldview and their designs (2004:77, 78).

Wells explains that as a result of this approach, the women have improved their financial status by selling their artwork and have gained confidence about defying cultural taboos that prohibit discussing sexuality and have increased their HIV/AIDS risk-reduction awareness (Wells et al. 2004).

The artistic process created the conduit for attitude changes among women, but a few years after the introduction of the project men remained resistant to cultural change. One way of tracking community attitudes toward addressing a challenging issue is through the Community Readiness Risk Reduction Model (CRRRM) which is being used by the Canadian Aboriginal AIDS Network (CAAN) to address a series of health issues from HIV/AIDS to Hepatitis C and other Sexually Transmitted and Blood Borne Infections. The original CRRRM created by the Tri-Ethnic Center for Prevention Research at Colorado State University provides a systematic six-step approach for assessing a community's readiness to deal with specific problems as well as providing a diagnostic tool for determining the level of intervention needed in a particular

community. Not only can this model be used to open lines of communication, but to assist in gathering information useful in developing culturally sensitive workshops and educational materials.

The Siyazama Project illustrates the value of creating an opening for women to develop a sense of agency by directly addressing a taboo sexual health topic. The Community Readiness Model delineates the steps women and community health workers have to utilize to move the community toward open conversations and a willingness to change cultural practices. The six-step process beginning with 1) identifying the issues, 2) defining the community, 3) participating in the interview process, 4) scoring the results to determine the stage of readiness, 5) developing strategies and conducting workshops, and finally, 6) measuring community change. These stages are repeated as many times as is necessary to move a community along from an unwillingness to recognize community problems to developing and participating in effective interventions. The final stage of readiness involves the professionalization of the intervention so that not only does the community maintain the project independently, but also devises means to expand the project.

The Maroon Women's Network and Stichting Broko Doro's Akoti, House, and Village Kuutu projects achieve the first three steps of this process. They have not attempted to score results, but they have created strategies and workshops that address many of the community's concerns. While both the Siyazama and CAAN approaches create spaces for agency and empowerment, the difference between the two approaches is important. The CRRRM addresses challenges by attempting to change public conversation about an issue and in so doing expand options for individuals within the community. The Siyazama Project begins by expanding a sense of possibility in an individual's private thoughts and interior experience of their own

identity within an established community. Both approaches are necessary for the advancement of women's empowerment and risk-reduction and it is in finding a means of bridging these two approaches that Maroon women have been challenged.

The Akoti, House, and Village Kuutu encourage community discussion, but individual, internal anxieties, usually due to fear of stigma, must be addressed more privately at this time. Based on observations during meetings and personal conversations, even with a greater awareness of HIV/AIDS risk, Maroon women still face challenges negotiating risk-reduction options. One of the key challenges is the loss of a reliable system of economic support which can alter a women's handling of problems that arise due to fidelity issues. Even educational advancement may not be enough to ensure safety. No matter what sexual strategy a Maroon woman adopts during her childbearing years, HIV infection rates illuminate the strengths and weaknesses of the strategy she has chosen.

Developing a sense of agency and empowerment has been adopted by international programs like those sponsored by the Global Coalition on Women and AIDS (GCWA) as an effective response to risk issues, but gender makes the implementation of empowerment initiatives complex. How does a woman assert her independence when social mores and economic limitations make it difficult to do so? Researchers have made assumptions about how women calculate their sense of empowerment and their levels of sexual risk. In 2006 the Global Coalition on Women and AIDS (GCWA) made empowerment a key plank in their platform to promote solutions for women and girls. One of the six principles guiding GCWA efforts explains that "too often interventions are not adapted to their [women's] realities leaving them at greater risk of HIV infection and at a disadvantage when it comes to coping with AIDS" (GCWA 2004).

The history of intervention development focuses on behavior modification as the best option for reducing risk. However, researchers have realized that gender, class and cultural identity significantly alter the equation, therefore making it necessary to reevaluate interventions for women. Today, interventions have shifted to promoting empowerment as key to improving women's ability to protect themselves from HIV. Karen Griffin and Katherine Lowndes (1999) have suggested that viewing empowerment as a key strategy in reducing women's HIV infection rates blurs many of the social relations, experiences, and thought processes women employ to make decisions about their sexual practices. They propose that an important aspect to consider is the difference between practicing unprotected sex because of a lack of education or sexual power versus deciding to ignore risk based on a discernible list of factors. Understanding how women process emotional and social factors provides a clearer idea of what women perceive to be at stake for them during sexual experiences. Women's perspectives should then be compared to researchers' and policy makers' beliefs about women's sexual realities (Hufford 1977). The Siyazama Project identified dreaming as one of the ways Zulu women dealt with the anxieties associated with facing the challenges of HIV risk. This insight is important because it emphasizes the interiority of the risk-reduction decision-making process which will be the subject of Chapter Four. Faith is one of the systems through which individuals adjust to and make sense of personal suffering by gaining strength through communal experiences of faith.

## Chapter Four

### Religion and Cultural Identity: Translating the Collective into the Personal

#### Introduction

The religious landscape in Suriname, centered in its capital Paramaribo, extends into neighborhoods in surrounding districts through ethnically specific religious events, iconography, and places of worship. While an observer may not understand the meaning behind various religious symbols and practices, witnessing these expressions of faith reinforces perceptions that Suriname's national identity is one steeped in, at least the appearance of, high levels of religious tolerance. The intermixture of sacred and profane spaces throughout the city began in the 1630s after the government granted Portuguese Jews permission to settle with all of the rights and freedoms assigned to other citizens (Chyet and Marcus 1974). Instead of settlers, the Moravian Church sent missionaries in 1735 anxious to convert enslaved individuals and Amerindians (Moravian 2010). Roman Catholics established Suriname as the archdiocese of the Port of Spain in 1817 and built the wooden St. Peter and Paul Cathedral in 1885. The Muslim community began in 1929 and their Mosque Keizerstraat was first built in 1932 next to the Neveh Shalom Synagogue. Javanese and East Indian Hindu temples as well as a variety of Christian churches, such as Maarten Luther Church, Hervormde Centrumkerk, *Mama Kerki* (Mother Church) can be found throughout communities as well (Fey 2004). The city's history of religious tolerance and its citizens' contemporary faith-based practices actively reinforce spirituality as a part of daily life through continuous and diverse demonstrations of faith.

While established religious diversity and tolerance seem to permeate social interactions in Paramaribo, overt references to African Diaspora religions are less apparent, but their



influence is deeply intertwined with collective and individual identity narratives in communities throughout the city. These religious identities form the means through which some HIV positive individuals interpret their diagnoses, negotiate the challenges of maintaining their health, and strive to build a new life (Siegel and Schrimshaw 2009; Parsons et al. 2006). Maroons in urban neighborhoods and interior villages that participated in the various kuutu primarily practiced Gaan Tata or Pentecostalism. Each practice is built on an organizing principle with significant implications for the advancement of HIV risk-reduction programs in the Maroon community. The territory this chapter examines is the conjuncture of faith practices, cultural identity, personal negotiations of health risk-reduction decision making processes, and personal expressions of agency in efforts toward healing.

The two faiths I witnessed as being most influential in the Maroon community are Gaan Tata, part of the diaspora of African based religions in the Americas as a result of slavery, and Pentecostalism, a form of Christianity that places salvation in Jesus as God and in individuals' acceptance of the indwelling of the Holy Spirit (Meyer 2010). In both faiths a request for healing and sense of divine intervention is experienced through practices sanctioned for bringing spiritual power to the aid of an individual. Birgit Meyer defines these practices as:

Sensational forms [which] are authorized modes for invoking and organizing access to the transcendental that shape both religious content (beliefs, doctrines, sets of symbols) and norms. Involving religious practitioners in particular practices of worship and patterns of feeling, these forms play a central role in modulating practitioners as religious subjects. Thus, sensational forms are part of a specific religious aesthetics, which governs a sensory engagement of humans with the divine and each other and generates particular sensibilities. (2010:751)

My observations of expressions of faith in Suriname suggest that these sensational forms often assist those who are seriously ill in developing narratives of hope that allow them to adapt to difficult illnesses, but can almost simultaneously affirm the possibility of miraculous healing defined according to their religious definition of the operational quality and appearance of spiritual healing.

The operational aspect of a request for healing occurs at the intersection of the sacred and profane which is a regenerative space of agency credited with infusing divine power in individuals and communities (Hernández and Jones 2004). In many enslaved communities in the Caribbean and the Americas, agency derived from the deities' interventions altered many colonial histories. The Haitian revolution, which ended French colonial rule and created a free nation of former slaves in 1804, is perhaps the most famous example of this power (Cosentino 1995). However in Suriname, the Ndjuka Maroons called on Gaan Tata's intervention against the colonial government which helped to power their success in terrorizing colonists until they were willing to sue for peace (Thoden van Velzen and van Wetering 2004:24). The power this sacred space represented was expressed as African Diaspora communities' sense of agency capable of initiating sociopolitical shifts throughout the colonial world (Apter 1991). The rites and rituals associated with accessing this power continue to influence communities as they negotiate the contemporary world (Cosentino 1995). This non-linear, emotionally charged space is the space of dreams and identity blended with African religious traditions, and, therefore, is a space that must be addressed by HIV/AIDS awareness interventions to bridge the gap between the collective good and the intimate expression of personal agency.

The Siyazama Project harnessed this space when women acknowledged the need to dream before choosing their HIV awareness messages. In Suriname this same intersection marks

the religious sites people access to gain the sense of agency and power needed to deal with an illness. Whether followers of the Gaan Tata or Pentecostal faiths, each system provides a conduit through which individuals attempt to connect with a power greater than their own. This quest for spiritual support marks one of the pathways individuals use to break the silences of isolation, despair, and fear that accompany a positive diagnosis. While religious practice has long been used for this purpose, the valuable role religious faith plays in providing a sense of hope also challenges the effectiveness of public health interventions when individuals decide that healing by faith supersedes medical solutions. This chapter examines the relationship between faith and healing by studying how individuals use Gaan Tata and Pentecostalism to accept their new HIV positive identity and negotiate the social expectations of their communities. My observations of religious practices attempted to understand the benefits and challenges religious practice creates in the implementation of HIV/AIDS risk-reduction interventions within Maroon communities and more specifically among Maroon women.

One of the ways implicit social messages become part of the religious “habitus” is through the rites and rituals reinforcing the particular social system (Bourdieu 1977). These practices identify certain spaces as permanently sacred or have the ability to transform a mundane space into one that is episodically sacralized by differing religious groups. This flexibility weaves sacred and mundane experience together through a spatial referent situated in daily lived experience. Within these permanent and transformed spaces, individuals are supported by their faith community and develop an inner sense of their personal relationship with the divine (Meyer 2010:751). Their inner sense of connection with the divine adds a dimension to Setha Low’s definition of “embodied spaces” as demonstrating the importance of understanding that lived experiences of “material/conceptual intersectionality” become “centers

of agency” through which individuals and communities “speak and act on the world” (2003:10). From this perspective, religious social spaces provide experiential conjunctions of the sacred and divine through which individuals and communities can negotiate challenges and make meaning out of their experiences.

Researchers studying effects religious or spiritual practices have on health outcomes for HIV positive persons focused on categories of emotional experience like “providing comfort,” “easing emotional burdens,” “providing a sense of strength and empowerment,” “creating emotional support through community,” “providing spiritual support through connection with God/spiritual power,” “reliving fear of death,” “reducing self-condemnation,” “aiding in the acceptance of illness,” and facilitating improved health as a result of better coping tactics as a result of some or all of the above categories (Siegel and Schrimshaw 2002:94-99). Negative effects include “stigmatization due to religious intolerance,” “adopting narratives of sinfulness and punishment as personal judgments,” and “potentially experiencing emotional challenges associated with spiritual ideas about healing” (Parsons et al. 2006:100; Siegel and Schrimshaw 2002:101). Siegal and Schrimshaw add to these considerations by addressing long-term complexities associated with understanding how HIV-positive persons incorporate faith practices into their healing processes as they deal with emotional pressures associated with illness:

Certainly, it could be argued that several of the "benefits" noted might be maladaptive in the long term. For example, relinquishing control over the illness to God—while psychologically beneficial perhaps—could lead to nonadherence with treatment regimens if one believes that the course of one's illness is solely in God's hands. Similarly, the long-term psychological benefits of believing that God will provide a cure or prevent health decline may also be questionable. Such a belief might be regarded as a kind of

positive illusion (Taylor and Brown 1988) that, although helping to sustain a sense of control in the short run, some might argue, could result in significant emotional distress when the illness progresses (Levy 1984). Thus, future research is needed to address whether these "benefits" of religious/spiritual coping are indeed associated with greater psychological adjustment over time. (101)

They note duration of the illness, agency associated with adherence to treatment regimens, and how the concept of illness is constructed in relationship to God's power as important areas for consideration (ibid.). The following series of descriptions of Gaan Tata and Pentecostalism identify ways in which these two faiths delineate spaces and powers through which individuals and the divine connect.

## Spiritual Worlds

In Gaan Tata, positive spiritual action moves through three tiers of deities. It is expressed in its physical form as *obiya*<sup>68</sup> and in its most pure form as *yeye* which is "a possessing spirit that is pure, undiluted, and flowing directly from the highest supernatural source of the universe" that is third tier, the omnipresent *Massa Gadu* (Thoden van Velzen and van Wetering 2004:26; van der Elst 2004). Like in Vodou, the ancestors appear to work on behalf of the living, but the representation of the ancestors is not individuated (Cosentino 1995, Deren 1953; Thoden van Velzen and van Wetering 2004). Instead, the *faaka tiki* [flag stick] or "flagpole marking the place where the spirits of ancestors are appeased" and *kee osu* [cry house] or mortuary reinforce the importance of maintaining relationships between the living and the dead (Shanks 1994:58, 91,

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<sup>68</sup> According to H.U.E. Thoden van Velzen and Wilhelmina (Ineke) van Wetering, *obiya* is "A supernatural medicine that has assumed a definite shape and can be distinguished from other such supernatural forces available to humans" (286).

196; Thoden van Velzen and van Wetering 2004: 20). The *obiya basiya* (healer) at *Akata Kondre* explained that when a person's ancestors are strong they can work on their behalf to fight against negative spiritual forces working to affect an individual's life (pers. comm. 2008).

In Pentecostalism, positive spiritual action works through the acceptance of Jesus Christ, rather than the Trinity of "Father, Son and Holy Ghost," as God (Lawless 1988). With this acceptance comes the opportunity to receive the Holy Spirit as a transformative and indwelling presence; "[A] and suddenly there came a sound from heaven as of a rushing mighty wind, and it filled the entire house where they were sitting. And there appeared unto them cloven tongues like as of fire, and it sat upon each of them. And they were all filled with the Holy Ghost, and began to speak with other tongues, as the Spirit gave them utterance" (Acts 2:2-2:4). The acceptance of Jesus Christ as God and the power of the Holy Ghost, through God's grace, provides a gateway for salvation from negative aspects of the human condition (Baumert 2004; Stephenson 2013). *Wisi* or an activated evil and a *yeye* or "restorer spirit" alter the forces of good and evil in the Maroon experience. According to Thoden van Velzen and van Wetering, a *yeye* has two definitions; "(1) a restorer spirit that resembles the angel of Christian Theology; it is sent to the earth for one specific task only; (2) the divine spark all human beings received but can be lost by evil deeds and thoughts and by unwise behavior" (2004: 287). The Aukan or Okanisi dictionary defines *yeye* as spirit, but has opposing examples of its use. *Bun Yeye* translates as "Holy Spirit" and *takuu yeye* as "possessing evil spirits" (Shanks 1994: 220).

Among the Ndjuka, *wisi* or the activated expression of evil intentions, which in addition to *kunu*, the collective curse, provides the Gaan Tata explanation for the consequences of negative human emotions and actions that mirrors, to a degree, the Christian worldview of good and evil (Thoden van Velzen and van Wetering 2004). The seeming difference between these

two representations of evil, and one which requires more study in terms of new interpretations of syncretic practices, is the means through which the evil operates. It appears that while *wisi* alters lived experiences, it does not harm individuals once they are dead and although *kunu* can be both a collective and generational curse, it also seems to only harm the living:

"Kunu," he went on, "attacks the family of the offender, but almost never the person who has done the evil thing himself. That would be too easy. If I wanted very much to do something I should not do, then I might be willing to take death in the end. But to punish my whole family until it is ended—that is too much." "But what is kunu." we asked.

"Kunu is a spirit. We dance to it and serve it with offerings. It is not the same in every village.... (Herskovits 1934:79)

Conversely, the Christian interpretation of evil, personified in the devil, not only interferes in humanity's daily existence, but also in the quality of their life after death. Both systems place an emphasis on social control, but the consequences of deviant behavior are collective in Gaan Tata and individual in Christianity.

These two concepts, activated expressions of evil and redemptive healing interventions, create a type of cyclical narrative that operates in the Maroon community, particularly for Pentecostals since they may have grown up in the Gaan Tata faith, but converted to Pentecostalism. This syncretic relationship differs from the form of syncretism normally associated with African Diaspora religions in that its structure is not based on a monotheistic religion with intermediary spirits like saints in the Catholic Church or their counterparts the *winti* and third tier deities of Gaan Tata, the two African Diaspora religions practiced in Suriname. Instead, their world views are mutually reinforcing which creates opportunities for agency and defined action across a spectrum of experiences in the illness/ healing paradigm.

Operating within these two paradigms, particularly when ill and searching for a cure, requires a level of faith that naturalizes some form of devotional behavior as part of the process of healing. According to the Oxford English Dictionary belief is the “mental action, condition, or habit, of trusting to or confiding in a person or thing; trust, dependence, reliance, confidence, faith....” (OED). This definition references the relationship between performance and belief as processual in “mental action” and “faith”, and conditioned through “habit,” “dependence” and “duty” which can be applied to both the secular and the sacred. Durkheim invokes this connection between obligation and action to define rites as the “rules of conduct that prescribe how man must conduct himself with sacred things (Durkheim 1995:38). Rules of conduct mark the sanctioned performance of religious belief, a performance which alters the shared consciousness of the community and can generate the individualized expression of that consciousness.

Both faiths employ devotional behavior as one of the means of demonstrating adherence to a religiously defined worldview and, through that adherence, gaining the power to move out of the sphere of influence of evil into that of the good. In Suriname, performance becomes the medium through which the syncretic relationship between African Diasporas religions and Christianity is expressed and reinforced. Cultural practices from the Gaan Tata *pee* and the Winti *prey* to the *Sa Malwena* and *Sa N'Dujka Uma* contests are examples of categories of activities in which participants perform aspects of the Maroon cultural system. Schechner identified seven categories of these types of performances as “rites and ceremonies; shamanism; eruption and resolution of crisis; performance in everyday life, sports, entertainments; play; art-making process; and ritualization” (Schechner 1988: xvi). These categories highlight the performative mechanisms cultures use to reinforce their worldview.



It is in this process of framing and reinforcing a worldview through these types of performed experiences that Apter reevaluates the operational aspects of the syncretic process by reframing Herskovits' original conceptualization of syncretism in order to shift the emphasis from one focused on identifying structural relationships between practices to one that highlights hybrid structures as markers revealing where expressions of agency had been implemented (Apter 1991). For example, "It was the religion of the masters, revised, transformed, and appropriated by slaves to harness its power within their universes of discourse. In this way the slaves took possession of Catholicism and thereby repossessed themselves as active spiritual subjects" (ibid 1991: 254).

Although Suriname has a large Catholic population and a system of Catholic schools and service programs which provide a vehicle for experiencing Catholic thought, Gaan Tata and Winti do not reflect the syncretic relationship between the *loa* and the saints that defines Haitian Vodou (van Wetering 2001). Charles J. Wooding, a Winti expert defines the practice as "an Afro-American religion which centers round the belief in personified supernatural beings, who take possession of a human being, eliminate his consciousness, after which they unfold the past, the present and the future, and are able to cause and cure illnesses of a supernatural origin" (van Wetering 2001:188). This power to both cause and cure supernatural illnesses has the most impact on the acceptance of specific aspects of HIV/AIDS interventions within the community. The narratives associated with these types of spiritual illnesses, which can be experienced as a physiological illness, creates confusion about the accuracy of public health narratives in comparison to the traditional narratives.

The challenges facing the Catholic Church in terms of its shortage of priests have entered the world of African Diaspora religions in Brazil as practitioners turn to Pentecostalism when

interventions are unsuccessful. Their ability to shift to an evangelical religious practice illustrates that practitioners of African Diaspora religions are performing their sense of agency by adopting rites and rituals capable of effectively interacting with the divine in order to experience positive results in the human world. In Brazil, “Protestant denominations, which now have replaced the Candomblés as the fastest growing religion, are the Pentecostal groups in which the Holy Ghost is viewed as offering (through Jesus) solutions to problems and help in satisfying this-worldly material needs and wants” (Greenfield 2001:63, 64). Thus, if the essence of syncretism is performative, implicit and incorporated in and expressed through bodily knowledge, then the performance of an effective type of agency is the space that connects Gaan Tata, Winti and Pentecostalism (Rey and Richman 2010; Apter 1991; Greenfield 2001; Wooding 1979; van Wetering 2001).

These types of interventions begin by shifting participants’ anxieties about life’s problems to their anticipation of their interaction with the sacred, whether in a Gaan Tata *pee*, a Winti *prey* or a Pentecostal church service. These religious services implicitly and overtly reinforce transformative power through the physical alteration of the site, psychological preparation for the service and to a degree, the suspension of the experience of time through heightened involvement in the spiritual aspects of the event. The following description of Gaan Tata, Winti and Pentecostal expressions of faith is based on attending five Pentecostal services, one Winti *prey* and three Gaan Tata *pee*.

## Gaan Tata and Winti: African Diaspora Religions

### *The Community*

Gaan Tata and Winti represent the interior and urban expressions of African Diaspora religious practices in Suriname. The boundaries between the two are porous with exchange happening in terms of *obiya*, *obiya basiya*, *winti* [spirits], performers, drummers, the ethnicity of practitioners and more than likely other nuanced aspects of which I am unaware. The Winti event I attended in town seemed to be a type of *Gaan Sama Sani* which I learned was a Maroon cleansing and protective ritual. At the end of the year, the *Gaan Sama Sani* creates a space for the entire community to be cleansed and protected. The event incorporates aspects of Winti and Gaan Tata, honors *Sweli Gadu*<sup>69</sup> and *Agedeonsu* and other *winti* at the end of the year to wash away all “sins,” bad spirits and problems from the village and the people. Generationally, those who have not converted to Christianity tell their Christian children that they ‘should still participate in the event to protect themselves until the Christian God [has time] to get to their problems and protect them’ (pers. comm. 2004).

The one Winti event I attended in the city, which I heard about “through the grapevine” and decided to attempt to enter although I had no invitation, may well have been a version of a *Gaan Sama Sani*. Fortunately, the space between the official start time and the commencement of activities was a long one, because while I was given permission to participate, I could not do so without obtaining the proper clothing which consisted of a white skirt and top with blue decorative stitching at the end of the short sleeves and the hem of the skirt. I also had to wear a white head scarf made out of the same material and a protective type of Chastity cloth to prevent

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<sup>69</sup> *Sweli Gadu* is the “oracle god resident at Diitabiki,” the village of the Gaaman (Shanks 1994: 187).

sexual penetration by an evil spirit. Since this was a city event, I assumed it would only be attended by Creoles, but Maroon groups were invited to perform and there were several Maroons in attendance as well. This special event created community by transforming an empty lot into a sacred space where the community reinforced its collective consciousness by giving thanks for the bounty of the earth and asking for the continued protection of the *winti*.

At the three Gaan Tata *pee* I attended in the Interior, I could not clearly grasp the organizing principle of the event, except possibly to reinforce community and individual relationships with their deities. According to Price and Price, the performative “structure supports the balance between the complimentary values of communal participation and individual virtuosity such that “special attention to ‘performance’ marks social interaction of all kinds, and Maroons exhibit a keen appreciation of nuances of speech, gesture, and posture” which suggests that much of what I did not understand was both subtly and clearly communicated among locals as they recognized the traits and attitudes of particular deities (Price and Price 1980:67,168). In these events many of the familiar spirits were in attendance. The *Ingii* spirit entered first as always. According to Deren:

The Africans and the Indians have in common the very basis of religious belief – belief in a deity as first source, ancestor worship, and other elements – and it is inevitable that, starting from the same premise, there would be similarities which developed simultaneously in both continents. Thus while it would be difficult to distinguish, in every case, the origin of those beliefs, ritual practices and magical works, yet there are many elements in Voudoun today which are either not traceable to Africa or hold a position in Haiti much more dominant than in Africa. When these elements are found in the Indian culture, the latter can at least be considered as a possible source. Most

elements which point to such a linkage are elements of magical manipulation. (1953: 273, 274)

The Arawak and the Carib Indians that influenced Haitian Vodou were the same Amerindians credited with periodically forming strategic alliances with Maroons that allowed them to survive and with providing the women the Rebel Slaves needed to establish villages when there was a shortage of women. Thus honoring the *Ingii* spirit at a *pee* connects participants to the beginning of their new, free life in the forest. *Papagadu* the snake and *Kumanti* the warrior deities were honored as well as other deities I could not recognize. If the *prey* and the *pee* provide a means for clearing evil away from the community and thereby reinforcing the collective good, then ritual baths provide the same protective, healing and unifying qualities for families and individuals, which also ultimately strengthens community cohesion.

## **Healing Processes on Display: Performance Spaces Where the Divine and the Mundane Meet**

### *Dealing with Sickness: Wasi en Paati, Splitting Off Evil*

I observed and partially participated in a two day healing session offered by an *obiya basiya* for several clients. The first was a family cleansing, followed by two individual cleansings that were performed together.

### **Ritual Cleansing**

#### The Family

The conceptual unity of the matrilineage or *bee* (belly) discussed in Chapter Two also organizes members' relationship with the deities or *winti* and through this connection

are spiritually accountable to each other. Thus, one member's antisocial behavior can curse the others with the torment of a *kunu* in the present and generationally. *Kunu* represents the need every community has for consequences that deter antisocial behavior by exacting retribution for earthly crimes. During conversations with various Maroons, *kunu* was always associated with murder, because 'the victim's spirit will become a *kunu* and possess the entire family of the perpetrator. The individual who committed the murder will experience everything the victim experienced. Ultimately, the *kunu* will harm the entire clan and can even institute a collective, generational curse' (pers. comm. 2004). Thus, family members are highly responsible for each other's quality of life based on their behavior.

There were eight women from young mother to grandmother, one pre-or-early teen, two little girls, one about one and a half, the other about three or four, and a boy about twelve or thirteen. They had completed their meeting with the *obiya basiya* and were seated in the ceremonial area with black bands around their heads, leaves in their hair and each holding an egg. There was a lot of call and response singing and clapping done by people standing around the family, some of whom were assistants to the *obiya basiya*. I thought everyone understood what they were singing, but I found out at the next step of the cleansing that they were performing in a special *Kumanti* language that only some have the knowledge to understand.

After about four different songs were sung multiple times and the *obiya basiya* had added to the cleansing through his speech, they were instructed to break their eggs by squeezing them in their hands. Some broke theirs easily, while others struggled to break them. The yolk sprays quite far when the egg is squeezed, so almost everyone got some egg yolk on them. At this point in the ceremony, the egg contains all of the evil the person is trying to remove and cracking the

egg destroys the evil, after which there is washing with sweet smelling, caramel-brown color water that has leaves in it. Large vats at the edge of the cleansing area hold the prepared water which contains cut oranges among other sweet smelling ingredients.

The next step includes more singing and a special liquid that burns is placed in the ears, eyes, mouth, face and body. For some it was also placed in areas where they were having a specific problem, like the feet or legs or stomach. The family was instructed to remove the black bands around their heads and the assistant to the *obiya basiya* pulled three long strips of cloth out of a liquid, one blue (earth and forest), one red (water), one white (everything having to do with the dead) and ripped them one at a time, starting with the blue ribbon and ending with the white, over each family member's head while the assistant and the *obiya basiya* were saying prayers, singing and spraying them with rum. There was more washing and singing. When each name was called, they were instructed to rise without looking back, get in line and walk out of the ceremonial area leaving the evil problems behind.

The next stage involved receiving blessings from the community. First just a few washed them with liquid from special bottles holding red, white and bluish/brownish liquid. Then everyone washed them in the sweet smelling caramel liquid using a calabash bowl to ladle it out of the big vat. Then *pembe* was sprinkled on them and after a few more words and songs this phase was finished. Almost everyone has an opportunity to relax for a while, except the *obiya basiya's* newest assistant who cuts food to feed the *winti* that will come for the next cleansing session. Everyone else eats, rests and chats. This is a multiethnic center in that the *obiya basiya* is a Creole who went into the Interior and had very old *winti* placed on him from a Maroon family. His clientele is both Maroon and Creole and one of his assistants, Informant 16, explains

that he is more modern, because he shares his deep knowledge and creates more community participation in cleansing sessions.

### The Individual

The *obiya basiya* has a meeting with a woman who has a swollen leg and foot and will receive her treatment when the *winti* come. It is her third and she will need three more. A young family, husband, wife and child have their meeting, but the cleansing is for the husband. A different *winti* will be called for his cleansing, so the young husband has to hold a white chicken by the wings and feet and wash himself with it by using the feathers as sweet water was being poured on him. There is singing, clapping and words spoken as the stinging liquid is placed in the eyes, mouth and other body parts like before and in multiple other washings as well. Then he had to hold the hen by the neck skin under the beak and open its mouth to spit in it, pour a little rum down its throat, let it just hang in the air for a minute or two, then apply wash water and lay the bird on his lap while the cloth was ripped over his head, a strip of white cloth was tied around his arm and the assistant killed the chicken by placing it on the ground, crushing the pelvic bone and ripping it open at the pelvis to look at the egg sacks. If both are white then the cleansing is successful. If one is black then only half of the cleansing is complete.

The young husband also had to stand without looking back and walk out of the ceremonial area, but this time, since it was only one person, he had to walk through a spiritual doorway made of a young palm trees growing out of the ground that had their leaves tied closed with white, red and blue cloth strips. The strips were removed and the fronds pulled apart by a person on each side so that he could squeeze through. Then the washing and blessing began like the earlier washing. We washed him twice; first with bluish/brownish liquid from a bottle and



wished him good things while doing it. Next we washed him with the sweet water and wished him well again. Later, Informant 16 explained that portion of the ceremony was the offering of a blessing, which is why the *obiya basiya* likes to involve people at all levels of the ceremony because it brings more power to the process.

At the final stage of the cleansing, the *obiya basiya* invites the *winti* to appear. Informant 16 explained that he has about 20 *winti*, but she has seen and knows four of them. She has probably seen so few because she is a new assistant. After the *winti* entered he said, “I have come as a guest and no one has offered me anything to drink.” Amends were made and a drink provided. He invited people to start asking questions which continued for about 60 minutes. During this session we were in a special wooden house that had a lot of objects in it, some of which were important for this particular *winti*, others were for the other spirits.

This series of ritual cleansings seemed to be working to reinstate the balance in each individual’s life by addressing a specific concern and by healing that issue, recalibrating the influence of spiritual forces in their life. This series of ritual baths illustrates the various avenues through which a sense of agency is lost and regained individually, within the family and communally. Although I do not know the personal details of all of the ritual bath clients, certain aspects of healing can be inferred.

## An Audience with the Oracle

Another method of gaining the spiritual insight and power needed is through an audience with one of the oracles, which is a different type of embodiment of a deity. Thoden van Velzen and Wilhelmina van Wetering have done extensive work on the role the oracle plays in sociopolitical movements throughout Ndjuka history (2004). Like *Akata Kondre* the space for

spiritual practice is set up like a center with different structures that seem to be used for the various spiritual preparations and specific needs of the deity that lives there. However, instead of presenting a sense of openness and access, the area is protected by tall bushes that create a secret space within the interior space of the village that hides the secret and specialized nature of the oracle's work. As I prepared to step into the space, my feet were cleansed for entrance by tapping them with a small leafy branch that had been dipped in a calabash containing a specially prepared mixture of water, herbs and perhaps fruit. The oracle was placed on a special pole or board of some sort and was covered with a cloth so that it was not possible to see its actual shape and detailed features. The man at each end of the pole had a cloth pad made of a pangi rolled into a circle placed on his head in order to soften the weight of the oracle.

I observed a series of individual requests for guidance, the responses to which represented levels of interpretation of the desires of the oracle. The men carrying the oracle had to be open in order to feel which way the oracle wanted them to go. There were two main men overseeing the needs of the individuals in the sacred area of the courtyard, one of which was the *obiya basiya* who verbalized the wisdom of the *sweli* which came in the form of movements that had to be interpreted by someone with the knowledge to do so. Melville and Frances Herskovits explain that in Winti, "Divination then is an essential factor in the system of belief of the Paramaribo town Negroes, for it is through the work of the diviner that all the elements of this system [Winti] are drawn together" (Herskovits and Herskovits 1936: 61). An audience with the oracle in an Interior village is another system of divination through which the generational influence of Gaan Tata has been able to affect sociopolitical movements within the Maroon community (Thoden van Velzen and van Wetering 2004).

## Where Ritual Cleansing and Public Health Meet

One of the most important reasons for a ritual cleansing and audience with an *obiya basiya*, oracle and deity, is to reinforce personal spiritual power, which then can be used to achieve success in a variety of human endeavors from healing an illness, to removing *bakuu* (evil spirits), to ensuring success in a business deal. The descriptions of *Akata Kondre* and the oracle at Santigron have been included to provide a brief description of the kinds of spaces and experiences Maroons encounter in their religious practice. For this study, these practices are important because the ideas they represent insert themselves into the community's interpretation of public health narratives and interventions. For example, while *wisi* and *kunu* are spiritual concepts, Maroons experience the concepts they represent in their everyday lives and therefore in their experience of HIV/AIDS interventions as well. Since the Ndjuka in particular believe in "the omnipresence of an Almighty Evil" the proof of that evil must be experienced in the human realm (Thoden van Velzen and van Wetering 2004). *Wisi* and *kunu* provide the explanation for that experience which is directly related to the interpretation of HIV/AIDS within the community.

This description illustrates how *wisi* and *kunu* can influence the effect each one has on an individual's negative experience:

"That's how *kunu* works. A man travels on the river all his life. He goes over small rapids and large rapids. He carries loads and returns to his own village. But then something happens. His boat is good. He walks *koni* – carefully – but he loses his food, or his entire load, or his boat, or even his life. Something is working against him. It might be *wisi* – bad magic; it might be *kunu*. If you have *kunu*, then your enemies can make their bad magic work against you. So it is." (Herskovitz 1934: 66).

Renatha mentioned *wisi* in a similar manner during her personal narratives presented in the house and village kuutu:

**Renatha:** Well, I went to work as usual, but suddenly I start vomiting and I didn't want to eat. But I didn't know what it was. I thought a girl there had put an ill spirit on me. Yes this disease makes you call people a *wisi* person. I went back [after getting the test results] and I asked her for pardon. She said, "Renatha, I forgive you and pray for you."

Receiving a positive diagnosis easily fits into the narrative of having an evil spirit placed on you as a curse and dying of AIDS fits concepts about the creation of a *kunu* as a generational curse due to murder:

**Renatha:** We had a case where a man and his mistresses are using AIDS stoppers but his married wife didn't know and died of AIDS. Her uncle was telling that someone brought an evil spirit to kill her. In this way you bring '*kunu*' (bad spirit) on yourself. It's *kunu* upon *kunu*.

*Kunu* or an avenging spirit has broader ramifications because it occurs when any type of social control has been broken. A deceased relative's spirit can become a *kunu*, so in the case of a deceased spouse, the community has a vested interest in ensuring that the surviving wife is not possessed by her husband's spirit. In order to avoid this she must have sex with her husband's brother after a seven month period of abstinence and mourning. Sleeping with her brother-in-law marks the end of this period:

**Nurse:** There was a man who had two wives, and he had to take another woman, a widow out of the traditional mourning by sleeping with her to clean her spiritually. I don't know if he knew that her deceased husband died of AIDS. The women of this man were in trouble because through others they heard that the deceased man had AIDS.

The Gaaman of the Saamaka ordered the end of this practice during a radio broadcast in 1999, but many people continued the practice, due to anxiety because no alternative narrative had been introduced to explain what would happen to a the dead husband's ghost (pers.comm.2004).

The narratives associated with *wisi* and *kunu* are also important because they reflect the Maroon cultural habitus which determines how awareness messages are received:

**Gary:** Well it's an awkward matter and we ask assistance in this. I myself use condoms, but... there are both men and women who don't use a condom because they think that it is meant for something else. Condoms were there before this HIV so they think it has no special protection for HIV/AIDS because the condom was already there. Some men still think that the condom is meant to protect against gonorrhoea and "*yorka kandu*" [spiritual sickness]. How can they tell us now that it protects against AIDS? That's why we ask the authorities to explain this some more to us.

Although the Terborg study opened discussions about the differences between *yorka kandu* and HIV/AIDS in 1999, the community continues to struggle with the implications of ending the practice. The study found that in both Suriname and French Guiana "the general idea is that AIDS is not a new disease. The 'bakra's (people from the city or 'white people') called it AIDS, but it was already known in Maroon society as *Yorka Kanduu*" (Terborg 1999: 43). The term "*yorka kandu*" is actually the Sranan Tongo version of the *Okanisitongo* term *yooka kandu* in which *yooka* means "spirit of the dead or ghost" and *kandu* means "a charm to guard against theft" (Shanks 1994: 220, 88). The significance of *kandu* as a protection against theft illustrates that the fear associated with ignoring cultural practices is in losing one's soul. Thus spiritual cleansing remains an important part of an individual's healthcare protocol:

**Nurse:** Many Maroons have the traditional way of completing the mourning ceremony. If for instance, my husband dies and I didn't complete my mourning in the correct way and I sleep with somebody, then the ghost of my deceased husband, who still lives in me, will affect his genitals and he will get a venereal disease. People think that AIDS has the same symptoms as the *yorka* sickness. It's also a sexually transmitted disease. That's why they call AIDS *yorka kandu*.

The implication is that the venereal disease is the physical manifestation of a spiritual imbalance and therefore needs traditional medicine in order to be healed.

Traditional healers cure *yorka kandu* with prepared herbal medicines and a treatment protocol that is familiar to patients since it is a spiritual rather than physical disease. Since the community conflates *yorka kandu* and HIV, they are following their normal healthcare protocol when they visit a healer rather than the *policlinic* or a testing center. One healer explains how he treats HIV:

**Healer:** This medicine is against HIV and AIDS. It consists of plants, tree bark and herbs which we plant ourselves to put in the bottle. If someone is infected, HIV-positive or has AIDS, then the herbs are cooked first before drinking the extract. Then I prepare the bottle for the patient and he or she has to drink the contents.



4.1. Herbal medicine and wood pieces with healing properties. Photograph by Monika Hanks, 2013

If I want to know if you're HIV- positive, I will test you first. Then I prepare something else for you to drink. If after you drink it something stings in your stomach, then you are infected. You will tell me what you feel, but if you are



**4.2. Water is allowed to sit in these wooden medicine cups in order to leach the healing properties out of the wood and into the water before it is consumed. Photograph by Monika Hanks, 2013.**

not HIV positive, you won't feel anything. After 2 or 3 courses of treatment, I test the patient again to know if there's any progress. Just today someone came to me to help his sister who lives in the city. Almost three quarters of the village people come to me for this medicine against HIV and AIDS.

Although some village elders supported discouraging the continuation of *yorka kandu*, the community held the general opinion that HIV/AIDS was a spiritual sickness community healers already knew how to handle. This outlook has been difficult to overcome.

According Loes Trustful, Academic Hospital Public Relations staff for the Interior, "Maroons deny that HIV and AIDS is a disease because it looks like it was imported from Paramaribo and imposed on the Maroon culture. The appearance is that we as "city people" are imposing the idea that it can't be healed. [Therefore] HIV as a disease is not recognized as such" (Trustful 2008). *Yorka Kandu* is a disease of impropriety in the sense that its presence signals that a cultural tradition was not adhered to or was not carried out correctly. One of the potential

causes for the continuation of the practice is the lack of a clear alternative capable of minimizing cultural anxiety, maintaining community health and removing the dangers of unsettled ghosts.

### *Cultural Expressions of a Religious Worldview*

Each of these cleansing rituals accesses the embodied repertoire of knowledge that maintains the equilibrium of the Maroon community. Robert Georges codified the concept of repertoire used in folkloristics as an “inventory” comprised of a “genre” “varying in size, usage, levels of activity/inactivity and individual/ communal popularity” that is “emergent,” “dynamic” and “reliably representative of communal values” despite the tendency of folklorists to limit the conceptualization of repertoire to a quantitative measurement (Georges 1994). Taylor views the emergent and dynamic qualities of repertoire to be preserved as performed cultural memories shaped by ethnicity and gender (Taylor 2005). These performed cultural memories contain the community’s wealth and illustrate the importance of the collective as an organizational principle for the community (Deren 1953).

### **The Collective and the Individual**

When communities struggle to accept new definitions for established practices and interpretations of events, they are struggling to regain the sense of social cohesion that oriented their worldview. If the collective is the organizing principle of the community, then their religious practice is one of the ways they reinforce that sense of connection. Through this collective identity, groups determine the nature and scope of appropriate action, the manner in which those actions will be carried out and the mechanisms through which they will be reinforced. Narrative is one of those mechanisms. When Malinowski emphasized the



significance of collecting and analyzing myths in order to gain a better understanding of a culture, he suggested that myth illustrated the social charter on which a society is based. For Malinowski, that society was a primitive one, but all cultures have their myths and therefore a creatively expressed and imagined social contract with which its people can identify. While this project does not focus on myth, the smaller narratives circulating within a society reinforce and support the overarching myths that, as Malinowski defined, are the “sociological charters for belief” (Malinowski 1984:194).

A charter transforms through the words it uses to bestow power by “granting privileges to, or recognizing rights of, the people, or of certain classes or individuals” (OED 2013). According to Durkheim, the relationship between the governmental systems that regulate societies through a system of laws and societies which accomplish the same goals through a system of religious rites and rituals is one of achieving the same organizational social structure (Durkheim 1995). Anderson defined a sense of nationality as a by-product of the imaginative process which evolves through horizontal social connections based on geography, culture and ideas (Anderson 1991). The intangible, implicit personalization of nationality and the social habitus that supports it echoes the process of developing a religious identity. Although Anderson examines the collective aspects of political identity and Deren the religious, they both study social structures through which individuals transform an external socialized identity into an often intensely personal one. In each case a collective sensibility is developed that varies individually in terms of degree. The mechanisms used to reinforce this sense of collectivity include geographic, performative and conceptual opportunities to connect with the group identity.

During the period of escape and survival, collective effort was essential and was formalized through the *sweli* or blood oath, which was the performed recognition of the power of

a spiritual world that was directly intervening in the human realm. At this intersection of the divine and mundane, an expanded sense of perception was birthed in all who were willing to enter the psychological space of the oath. Victor Turner described this experience as *communitas* or an experience in which community spirit can be attributed to a heightened sense of equality, unity and even one of liminality (Turner 1975). The journey out of slavery into the rainforest provided this confluence of experiences through which identification with the sacred provided a multidimensional experience of time. The taking of the oath broke the expected outcome of events by psychologically shifting the Rebels out of colonial time and into the potential of a post-slavery future. Thus, the spoken word of the oath and the reinforcing action of mingling blood to prove a sense of commitment to the cause birthed a community, reinforced a connection to the homeland, and brought the sacred into the mundane.

This sensibility continues to be upheld through the religious practices that define Gaan Tata and Winti. Deren explains the significance of this process from the perspective of the African Diaspora religion, Vodou:

In such a community it becomes imperative that the individual be imbued with the *principle* of collective action and that these serve not only to restrain him from anti/social actions, but also to induce him toward positive contribution. Since the very life of the tribe stands or falls according to the degree to which this principle pervades the individuals, the collective rituals – whose function is to reaffirm this principle constantly and to integrate the morality – play a dominant rôle. (1953:191)

The community reinforcing practices create the surface which rests on the conceptual structure of the collective, not only through myths, but also through the narratives and practices that mirror those myths. The adapted *Tortoise and the Hare* fable in Chapter Three provides an

example of a Maroon narrative that teaches, entertains, reinforces values, promotes social conformity and contributes to the overarching social purpose of maintaining social functioning and cohesion (Bascom 1954; Georges and Jones 1995). The action and outcome in this *Tortoise and the Hare* story exemplify the essence of social cohesion; the group works together against an unbeatable foe and succeeds by sharing their talents and resources. The narrative emphasis on collective effort as a strategy for success, especially in insurmountable circumstances, reinforces the “*principle of collective action*” as a naturalized example of Maroon thought.

According to Donald Cosentino, African oral tradition preserves the most valuable wisdom through the storytelling process in order to “convey the world known and understood locally [and to illustrate] how all reality is funneled into a particular story told at a particular time” (Lecture 1999). An important analytic method in the study of African narrative requires finding meaning through a consideration of “the tension between the surface and the structure of the tale” (Lecture 1999). The *Tortoise and the Hare* illustrates this tension on a variety of levels by transforming a well-known fable into one that highlights Maroon cultural values.<sup>70</sup> First, the adaptation itself suggests that Maroons value their ability to negotiate the Western world by adapting a fable to more accurately reflect their culture. In the past this ability to adapt, particularly for Maroon men, reaffirmed their worldliness and intelligence through the successful negotiation of business relationships with Westerners. Thus, part of the success of the collective is the ability to adapt as a group, but present an individual interlocutor to outsiders. Second, the plot is based on the underdog overcoming a superior physical adversary through cunning and greater intelligence, a sentiment expressed generationally among Maroons (Stedman 1796; Price

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<sup>70</sup> See Appendix C for the Ndjuka Maroon version of the text.

1996; Kahn 1931). Finally, the tale reinforces the importance of maintaining social cohesion through cooperation in order for the community to succeed.

During the taping of the *Suma Na Yu* meeting with the Gaaman, the importance of storytelling as an educational medium for Maroons was discussed by Loes Trustfull. She explained, ‘Maroon culture has trained them [Maroons] to listen carefully to stories. Maroons expect the story to teach them something and they eagerly await the lesson’ (2008). She went on to point out how the participating *basiya* leaned forward in anticipation at the beginning of the story and upheld the Maroon cultural tradition of making affirming comments throughout the telling of the story as a matter of respect for the storyteller and the content of the story.

When Bascom delineated the four functions of folklore, he was tying together the practices that promote social cohesion through a disposition within a society to uphold a particular worldview, reinforce certain acts and even resist change. These practices and the viewpoints they represent are expressed through words and acts, which is why stories effectively convey the known and understood world of the community that generated the tale and why the cultural dynamics expressed in the stories reinforce the social organization that influenced these perspectives over time. An important aspect of maintaining social cohesion is creating a mechanism that explains the occurrence and meaning of antisocial behavior. Among Maroons, witchcraft is used to explain these behaviors. Although Western stereotypes applied to the term witchcraft in Afro-Caribbean cultures grew out of the missionary movement, the effects have been internationally reinforced through a variety of mediums resulting in a long and misguided interpretation of the form of social agency the terms represents (Geschiere 1995). Peter Geschiere confronted this issue in his study carried out among the Maka in Cameroon.

Challenged by the local translation of “*djambe* as witchcraft,” Geschiere concluded that despite its imprecision, he would continue to use the translation in order to participate in local studies and representations of *djambe* rather than retreat to a politically correct, but isolated, position (Geschiere 2000:12-15). One of the ways the term witchcraft flattens the understanding of social interactions is by grafting Christian morality onto all interpretations of actions defined under the rubric (Geschiere 2000, van Wetering 1979). For example, both Geschiere and van Wetering examine witchcraft as a social mechanism which “seems to encourage accumulation of power in some types and its leveling in others (Geschiere 2000:16). Many of the secular and religious ideologies shaping the interpretation of witchcraft are present in Suriname and the Maroon community. The missionary movement began in Suriname in 1735 and had a strong influence in Ndjuka villages, particularly due to the influence of Johannes King, the first Maroon convert. Even with the continued missionary presence throughout the country, established cultural perceptions of *wisi* and *kunu* remain. From the Ndjuka perspective “Witches are never helpless victims of an infectious evil, but people willingly seduced into harming relatives and neighbors. They learn to be witches on a ladder of increasingly graver offences against others— but with opportunity at every step to turn back, to resist further temptation. Precisely what makes witches so evil is that they *know* what they are doing” (Thoden van Velzen and van Wetering 2004:132). Essentially, the conceptualization of witchcraft encompasses antisocial, ill-intentioned behavior motivated by emotions like envy, hatred, resentment, greed and the desire for power (Thoden van Velzen and van Wetering 2004). As Geschiere posits, Christian doctrine undermines a nuanced understanding of the cultural interpretations of social exchanges defined as witchcraft; however, locals do use that translation for the term *wisi* (Geschiere 1995). In order to avoid the stereotyping associated with witchcraft, the term *wisi* rather than witchcraft will be

used whenever possible and in translations of local comments, the term will remain in the language used by the Ndjuka Maroons.

### *African Diaspora Narratives*

During the summer of 2002, a group of primarily Maroon and Creole women gathered in Paramaribo to discuss the development of culturally sensitive HIV/AIDS interventions. I was fortunate to be a part of that group which allowed me to gain a more intimate understanding of the relationship between social systems and the development of effective medical interventions. Throughout the evening, these urban women continually expressed frustration over various ways in which attitudes surrounding “*wisi*” and “luck” inhibit the Maroon population’s acceptance of HIV/AIDS prevention methods. The women explained that men on the Upper Suriname River reserve a private container of weed killer for themselves as a remedy for a positive diagnosis. The weed killer works quickly and they die mysteriously without revealing their diagnosis to their wives and girlfriends. It is said that the men adopt this approach because they believe that if they get infected they just weren’t “lucky.” While healthy, the men visit the *obiyaman* to receive their “*bui*,” a personalized amulet being promoted by some *obiyamen* as a protection against AIDS, which signals that the community views the disease as a form of spiritual sickness. At the *Akata Kondre pee* I witnessed that *bui* were worn by men under the protection of the *Kumanti* warrior spirits. At that event they explained that women rarely wear the *bui*, but that there are a few strong enough to handle the power.

When I first heard this story, I did not understand that wearing the *bui* as protection signaled that the community was viewing AIDS as a strictly spiritual sickness. I interpreted their

actions as a sign they were applying their religious system to the process of dealing with HIV as a pathologically defined illness ultimately requiring Western medication. The second area of concern focused on issues related to the gender dynamics associated with sexuality and risk-reduction for women. If the stories were true that men were becoming aware of their status, but were committing suicide rather than revealing their diagnosis, then these narratives were circulating within the Maroon community and raising anxiety levels without providing a culturally acceptable solution to the problem. At that time, women were faced with being at risk because men believed their *bui* provided sufficient protection and women were unable to request that they use condoms because of social protocols.

Although condom usage among men has risen significantly since 2002 during casual sex and with girlfriends, my understanding from discussions during the village *kuutu* is that married or established couples do not tend to use condoms. A similar sentiment was expressed during one of the village *kuutu* on the *Tapanahoni* river:

**Female Speaker A in 20s:** Of course, you don't want to get infected and you are careful, but your partner has to behave in a responsible way...

**Female Speaker B in 20s:** Yes, your partner has to be responsible...

**Female Speaker A in 20s:** ...because if the wife does that [remain faithful] and the man doesn't then...

Although these statements are brief, they encapsulate the risk-reduction challenges facing Maroon women living in the Interior. There is limited access to a balanced diet or economic and advanced educational opportunity; as a result, these women are economically dependent on their husbands which limits their ability to make demands. The original 2002 meeting was established to consider these types of issues and begin developing solutions to the specific gender dynamics challenges being experienced by Maroon women throughout Suriname. The *kuutu* on the

*Tapannahoni* river illustrated the significant impact geographic location has on the implementation of culturally sensitive risk-reduction interventions.

The second concept discussed in the 2002 meeting was the relationship between *wisi* and luck and the attitudes those two positions represented. If *wisi* provides the explanation for the forces motivating the actions and outcomes of ill-intentioned individuals, then luck provides and explanation for a form of protection against those evil forces. In Winti, the concept of luck is associated with the creation of *tapu* which is a protective amulet like a *bui*. Both protective devices act defensively on behalf of their wearer and also are capable of mounting a defense so strong that they actively destroy the aggressor. The process of creating an effective *tapu* establishes a relationship of obligation or *sweri* (Sranan Tongo version of *sweli/compact*) connecting the individual wearing the amulet, the creator of the *tapu*, and the *tapu* itself. Established through a ritualized process by the *bonu* (priest), this spiritual connection lasts until an encounter with powerful black magic occurs capable of breaking the protective bond (Herskovits and Herskovits 1934 & 1936). From this perspective luck takes place in the physical world and its nature, good or bad, is determined by the nature and manipulation of dynamic powers in the spiritual realm.

Therefore, luck is not a random experience, nor is it strictly determined by the actions of the individual. Herskovits reports, “when it [*akra*] is well disposed toward him [it] guards him against the sinister forces that are set in motion by human enemies, or unfriendly gods. It comes to a man at birth, and dies with him when he dies; and except for its wanderings during a man’s sleep, it is with him always, and is faithfully on guard for him, if its dictates are obeyed” (Herskovits 1936: 44). A contemporary explanation of *akra* is as follows: “*Anana* is the first principle, the monotheistic god out of which *Akra* flows. This flow of energy is responsible for



man's material body and when he dies his *akra* returns to *Anana*. A man can strengthen or weaken his *kra* (*akra*) based on his actions, but if his actions are too extreme, his *kra* may refuse to be involved with him" (Sankeralli 1995:110,111). Thus, in Winti *akra* determines its level of protection based on the nature of the individual, and in Gaan Tata, *kunu* responds to individual acts but exacts punishment on the community. Each energy flow is not neutral. As a result, efforts to preserve good luck, avoid bad luck, increase the chance of lucky outcomes and to interpret events in terms of the implications associated with luck operate in both the Creole and Maroon communities.

At the 2002 meeting of Maroon and Creole women, references to luck were intertwined with concerns about the success of HIV interventions. These references to luck as an operational aspect of the risk-reduction decision-making process are included to illuminate one aspect of the implicit social knowledge influencing the Maroon community. This perspective may also be relevant in the Creole community since their reported infection rates are higher than those in the Maroon community and the Afro-Surinamese population in general has the highest seropositive rates in the country. If the religious habitus in the Afro-Surinamese population in general and among Maroons in particular is factoring in implicit notions about luck as a causative agent capable of influencing risk based on placating spiritual forces, then solutions for risk-reduction become experiences grounded in external factors rather than an internal risk assessment and subsequent decision making process. This connection between the power of personal choice versus the retribution of spiritual forces may be feeding the sense of confusion Informant 4 previously mentioned concerning *yorka kandu*, the symptoms of HIV and the protections against HIV.

## *Christian Narratives*

It would be an over simplification to suggest there is a conventionally syncretic relationship between Gann Tata and Pentecostalism. Instead the relationship is one in which the narrative of devotional behavior is relatable and the vernacular practice flexible enough that it can be accepted by Maroons. There are also key aspects of American Pentecostalism that have not been accepted in Suriname, namely speaking in tongues. American Pentecostals view glossolalia as proof they have received the Holy Ghost: “and there appeared unto them cloven tongues like as of fire, and it sat upon each of them. And they were all filled with the Holy Ghost, and began to speak with other tongues, as the Spirit gave them utterance” (Acts 2:3-2:4). According to Fidelia Graand –Galon, Surinamese Pentecostals view speaking in tongues as possession by an evil spirit or perhaps even the devil (personal communication). This is a fundamental difference between the two religious systems and practices yet each group believes they are upholding the faith.

According to Gutzke and Ward, a Holy Spirit powered church is recognizable through its evangelism:

The evidence is obvious, they have the power to:

- (1) Evangelize; they share their faith with the lost and souls are saved. Evangelism is the only way to make full proof of your ministry (2 Timothy 4:5). When a church is not involved in winning souls it grieves the Holy Spirit and is devoid of power.
- (2) Reproduce; souls are born into the family of God by the “incorruptible seed” which is the word of God (1 Peter 1:23). The Spirit filled believer sows the seed, this is evangelism, the Holy Spirit hovers over the seed, convicting, converting and leading the lost to repentance. This is the spiritual birth.
- (3) Change people; (Acts 2:37-41) places, (Acts 5:28) and things (Matthew 17:20, 21).
- (4) Turn the world upside down (Acts 17:6).

This is the power that filled the Upper Room congregation on the day of Pentecost. That power is with the believer today in the person of the Holy Spirit. He is the power of the church. (Gutzke and Ward 1975:1017)

The transformative process and the power it provides through devotional acts that are reproducible and regenerative can create results capable of evolutionary change, capable of “turning the world upside down” or in other words, capable of harnessing the most commanding spiritual power available in the mundane world. If the syncretism associated with the practice of African Diaspora religions like Vodou, in relationship to the dominant culture’s practice of Catholicism, is one of adapting lexicon to grammar in order to access transformative power, then the relationship between Gaan Tata and Pentecostalism is like that of romance languages to each other. Each has developed distinctly over time within a particular culture, but the system out of which they have grown is one that focuses on transformation as power. The process of transformation may be different, but the desired outcome is the same—connection with a greater spiritual power capable of affecting change within the individual and the community.

## **Spiritual Protection and the Principle of Participation**

*Gemeente Handeling* is a large church holding about three hundred people and the service has attracted a huge crowd with additional people standing around the edges in the back of the church.

**Pastor:** God said the Word talks about the righteousness of the World. We read that in Matthew 5<sup>71</sup>— the salt of the world. Salt has a quality, it prevents rotting, decaying. That’s

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<sup>71</sup> Mathew 5:13”Ye are the salt of the earth: but if the salt have lost his savor, wherewith shall it be salted? It is thenceforth good for nothing, but to be cast out, and to be trodden under foot of men.”

how it us with us. The Word teaches us that we are the salt of the World. In the world there are all kinds of things. God left us in the World for a reason to do his work. We as a religious community we have work to do with the great needs/distresses that are in the world. We are talking about AIDS. AIDS is a bad disease. It opens the door to other illnesses. That is what AIDS is. But AIDS is not the only bad disease. Another one is cancer, tuberculosis, sugar, etc. But there is always hope if you put your trust in God. And after this life we have another life. But your deeds have to be according to the Word of God. I hear that some people close the door when they hear that someone has AIDS. A human being is a costly property. We have to be responsible for that other person. There are also other infectious diseases like tuberculosis and leprosy. Still you have people who look after them. Still you have religious people who don't bother about these people. If God said that we are the righteousness of the World that means that we have to be careful with our self and others. I know that we get infected because we are not behaving responsibly. That means the reason you get AIDS is irresponsible sex. Amen. Sex is important, because of the reproduction of man. And that's why you have to do it in a responsible way, as God has showed us.

Not only do individuals prove their faith through their evangelism, but churches also prove they are a "Holy Spirit powered church" through their acts. This text comes from a special service that provided a parishioner, Renatha from Stg. Broko Doro, a chance to tell her story to her congregation and encourage people to avoid acts that stigmatize or discriminate against HIV positive persons. The entire service is used not only to explain the power of the Word, but also to describe appropriate devotional behavior for individuals and communities through Biblical example. One of the most powerful "speech acts" (Austen 1962), recognized by millions of

Christians internationally, is the moment when the Word comes into being and its power is released on the world: “in the beginning was the Word, and the Word was with God, and the Word was God” (John1:1). The pastor begins with the creation of the world, connects its sustainability to the righteousness of the acts of those who have received the Word and reminds the congregation that they are responsible to the behavioral requirements promoted through the Word.

The Word is transformative, healing, comforting and disciplines believers through the guidance it contains. Culture determines how these particular religious processes are interpreted and performed locally despite overarching parameter for Christian behavior (Blonsky 1985; Williams 1976; Bennett 1998).

**Pastor:** Even if you have AIDS, you don't have to die. And AIDS or not, we will all die. I will read Mark 1, verse 56.<sup>72</sup> There was a man who was ill. There are a lot of people who live for many years. The man was named Bartholomew (recites the bible). When the man heard that Jesus was here and he said: ‘Jesus have mercy on me.’ Bartholomew’s was a beggar and he sought help. He didn’t reject himself. He sought help. He also went to the right person. When you want help go to the right person. Bartholomew yelled. Many of them punished him and rejected him. He called: ‘son of David, have mercy on me.’ The Lord stopped. The first thing you have to do is to be honest with your preacher. In that way I can coach you. We can help you and pray for and with you. Even if the disease seems incurable, all is possible with God. Heaven is always there. I’m glad with this church because we don’t reject people. We have pastoral care.

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<sup>72</sup> Mark 1 ends at 45. The pastor seems to be paraphrasing Mark 1:40-42, but the Bartholomew reference appears to be a mistake.

The sermon directly connects devotional behavior to the service of the community and implicitly reinforces the concept of the reproduction of faith through the power of the Word and the Word as the force that produced and continually reproduces the church itself. This Word is differentiated from other speech acts by its power, “but I will come to you shortly, if the Lord will, and will know, not the speech of them which are puffed up, but the power. For the kingdom of God is not in word, but in power” (1 Corinthians 4:19, 20), which is clearly performed as the Pastor told the story to the church:

And there came a leper to him, “beseeching him, and kneeling down to him, and saying unto him, If thou wilt, thou canst make me clean. And Jesus, moved with compassion, put forth *his* hand, and touched him, and saith unto him, I will; be thou clean. And as soon as he had spoken, immediately the leprosy departed from him, and he was cleansed (Mark1:40-42).

This message resonates powerfully in a service about HIV/AIDS. In each kuutu Stg. Broko Doro promoted, HIV positive persons secretly revealed their status to Renatha, which suggests that there were also secretly HIV positive persons in the congregation. The structure, performative segments and content of Pentecostal services help to reinforce the power of the Word and to create a collective invitation to the individual to connect with this spiritual power and allow it to work in their life by joining the church.

Based on the structure and content of the service, collective and participatory action reinforces the message and enhances the effectiveness of local Pentecostal services. In both the Maroon and Creole services I attended, the service opened with an extended singing and praise session. At the AIDS-awareness service, church members other than the Pastor lead the events:

*Church Singing*

**Woman 1:** I want to dedicate this service to the Lord. I want to invite you all who stand outside to come inside.

**Woman 2:** God is good (*Music playing and woman praises God. Women singing religious songs – “I’m winning, I’m losing. I’m winning forever”*)  
*[Another religious song – “He Lives My Savior, Jesus”]*

**Praise Leader, woman:** “Jesus is the winner” starts another song. “He is the winner; we will sing one more song.” (They sing and praise for 55 minutes)

Some people dance in the aisles, wave scarves or play the tambourine. While some congregants are rejoicing, others show little or no emotion or participatory movement during the praise session. The praising becomes more and more intense and the band helps to heighten the intensity, until finally things settle down and the Pastor begins with the message about the Word.

The praising, which includes singing and prayer, pulls people into the collective experience which continues through the Pastor’s message and then shifts to individual opportunities for testimony. Testimony or witnessing provides an important opportunity to demonstrate the power of God; “the Spirit filled believer sows the seed, this is evangelism, the Holy Spirit hovers over the seed, convicting, converting and leading the lost to repentance” (Gutzke and Ward 1975:1017). This session is focused on HIV/AIDS:

**Renatha:** I am here because of the blessing of God. I stand here, but it is hard for me. I want to ask forgiveness to the church community and its leaders. You know, the way people are talking about this church. They say that only infected people are in this church because of the way you helped me and loved me. And people start gossiping, because of the shame I brought to this church. That’s why I want to ask your forgiveness, from young to old and the leaders of the church. Do you still love me?

**Church:** Amen yes!

**Renatha:** And also I stand here before my spiritual father, pastor Johannes Pinas. And today I want to ask him, because God gave me the task to go and preach the Word. And today I want to ask him in front of all the leaders of the church, if they are willing to send me out and then I want their blessing.

Several exchanges occur with the congregation cheering for Renatha and encouraging her. One man preaches a mini sermon:

Praise God—he begs (prays) for them. All people who have Jesus in their heart God will give strength and power. God loves us. The blood protects us. Jesus helps us. I want to pray with you. I will assure you God will reveal himself to you. Repeat my words. Dear Lord I heard your word and I know that I'm a sinner. I will ask forgiveness. Wash me with your blood. I will follow you all the days of my life in the name of Jesus. Amen. Church let us pray together. God leaves nobody behind. God we want to thank you for this afternoon. Break the cultural bonds, we smash them and we beg for life in their skin, in Jesus name. Protect them; break the bones of the devil. The blood of Jesus will protect them. (Starts praying rapidly)

Some follow by testifying about HIV/AIDS harming a family member or a friend and combine their talk with biblical messages or sing songs that honor God. Others talk about different challenges and the way God helped them through the difficulty. During this process, congregants have recreated their collective religious identity and through evangelism have made “full proof of [the] ministry (2 Timothy 4:5).



## **Conclusion: Identity Discourses**

Identity has been studied from a variety of perspectives in a multiple disciplines, but its importance in terms of HIV/AIDS interventions in Suriname centers around the performance of religious and gendered cultural identity. Religious identity narratives and ethnic identity discourses work together to influence how groups maneuver within particular societies and in particular situations. According to Bennetta Jules-Rosette, “identity discourses are ways of speaking about one’s perceived and desired location in the social world. They are complex and deceptive because they appear to be statements of fact and exhortations to act..., when they are in fact expressions of virtual states” (1998). She abbreviates this process as “wanting-to-be” or “wanting-not-to-be” (1998). While Jules-Rosette focused on definitions of *négritude* as an identity that was both individually and communally expressed, as well as central to expressions of ethnicity in modern consciousness, her work added a nuanced dimension to the ethnic differences in the experience of interiority first captured by W.E.B du Bois as “double consciousness” (Du Bois, 1903). Jules-Rosette’s view of identity discourses as ‘virtual assertions of unfulfilled wishes’ can be applied to prayer narratives, particularly in Pentecostal Churches where prayer operates at both the personal and social levels (1998). It is useful to explore the ways Maroon women incorporate these symbolic and virtual identities into their interpretation and analysis of HIV/AIDS interventions as they try to find a balance between various risk-reduction options and adherence to cultural expectations.

Obeyesekere reasons that culture and unconscious motivation merge under particular circumstances to allow a specialized type of socialized individualism. This expression of self can be understood as a merging of Max Weber’s view of culture as developing through the human need to make meaning out of all things and Sigmund Freud’s focus on unconscious motivation

(1981). While his study of primarily ascetic women in Sri Lanka focuses on the activation of personal subjectivities in the contexts of religious ecstasy, trance, and dream visions, his consideration of the relationship between desire, symbolism and performed expressions of desire has relevance in understanding Maroon women's choice to connect their cultural identity to the practice of wasi fesi and use that symbolism to advance their sociopolitical agenda.

Obeyesekere focused on the role the "interdigitation of deep motivation and religious culture play in the process of developing an effective medium for the advancement of personal agency."

This process of integrating spiritual practice provides both a sense of community and in certain cases a clear path for developing an identity that can be activated and utilized to increase the individual's ability to live successfully. The pastor at *Gemeente Handeling* has suggested a plan of action, but the individual needs to incorporate their personal sense of faith and style of devotional practice into the process:

We need God. Talk with God so he can help you. Maybe the doctors told you that you have 3 more months to live, but God has his own plan. Jesus asks the man: 'what do you want me to do.' He said: 'I want to get healed.' And God said: 'Go home, you are healed and he was healed immediately.'

In the Gaan Tata, Winti and Pentecostal religious practices, religious devotional behavior encourages a clear set of behaviors that may conflict with HIV/AIDS interventions. In Gaan Tata people feel more comfortable with familiar healing practices that treat HIV/AIDS as a spiritual sickness. Pentecostals adopt fervent prayer as a means of accessing the spiritual healing presence of the Holy Ghost. The solution to this problem is to study the devotional narratives and ritual behaviors in these practices and to make sure that intervention language specifically addresses

and provides solutions for the anxiety produced when new public health solutions are forwarded as more necessary than established religious practices.

## **Chapter Five**

### **Blending Narratives: Bringing Cultural Identity into Public Health Approaches**

#### **Introduction**

The evolution of HIV/AIDS activism and awareness campaigns has depended on the introduction of a story that is both culturally relevant and an identifier of difference between a particular community and the general population. ACT UP events, the commemorative AIDS Quilt and video documentations of people dying of AIDS were all used to fight legislative inertia and biased moral judgments impeding the search for a cure. These actions were successful because they forwarded narratives the public could understand, while simultaneously acknowledging that a segment of the population was having a different experience than moralizing religious narratives suggested. Roth and Nelson examined that application of narrative in the process of diagnosis and treatment of HIV positive patients as a means of addressing the psychological trauma accompanying the diagnosis. They found the need to create a pathway for patients to be more proactive rather than passive and for the development of more diverse HIV positive support communities so that the patient's identity could be reflected in the group (1997). Particularly in the 1990s, the diagnosis itself constituted a traumatic event requiring some form of supported recovery. Trauma and psychological nursing practices have found the use of narrative helpful in connecting with patients issues and helping them to transition to more positive emotional outcomes (Hall 2011). Community readiness approaches and narrative nursing techniques illustrate the importance of accessing prevalent community health and illness narratives.

## **Bringing Culturally Sensitive Narratives to Public Health Services**

Introducing an art-based awareness intervention and implementing a culturally sensitive program contains significant nuanced, gendered and socioeconomically determined challenges. Although rates have declined since the 2007 feminization of HIV/AIDS when women represented 60 percent of the adults living with HIV, 2012 percentages estimate a 52 percent rate; therefore, the need to develop effective gendered interventions continues. Since the Public Health Service Task Force on Women's Health Issues began building the case for gendered health research in the mid-1980s, researchers have continued to evaluate the degree to which health interventions adequately address gendered aspects of health risk (Public Health Rep. 1985). HIV/AIDS researchers realized that issues shaping “interpersonal relationships,” more so than strict definitions of monogamy, were key to understanding risk-reduction for women. These complexities mean that introducing access to microbial barriers and the female condom do not guarantee women’s independence from risk (Amaro and Raj 2000).

Maroon women, in interior villages in particular, provide a clear example of these challenges since in addition to geographical limitations, the factors shaping their lives include gendered power dynamics, which makes condom negotiation difficult; prejudice against condom usage because condoms reduce fertility; educational disparities which heighten economic dependence on a partner; domestic violence; and poverty (MICS4 2010). In the late 1990s, art-based interventions began playing a greater role in conveying HIV/AIDS awareness information in similar types of rural communities in Africa. These communities tended to be based in oral tradition, have uneven gender dynamics, and in some cases, a male population dependent on work far away from home, or have women’s economics altered by an influx of migrant workers that create a market for transactional sex (Panford et al. 2001; Galavotti et al. 2001). Awareness

interventions utilized rural crafts and folk media to increase the possibility that the community would not only connect with risk-reduction messages, but effectively integrate the recommended practices into their daily lives. While rural craft and folk media interventions continue to be used internationally, few focus specifically on uncovering the silences that contain women's anxieties and using those issues to create personal HIV/AIDS activism. The Siyazama project created by Kate Wells and launched during the "Break the Silence" movement in South Africa specifically addressed women's anxieties and was the rural craft project that inspired the Maroon Women's Network to open the Pangi Exhibition Project with a focus on eliminating women's silences concerning HIV/AIDS issues. The Maroon Women's Network and Stg. Broko Doro Projects provide an opportunity to investigate the process of bringing women's silent anxieties into the public domain. If art interventions do specifically address culturally sensitive gendered topics, are they successful in providing safe, communicative spaces and actionable options for Maroon women?

While creating opportunities for empowerment is important, researchers have made assumptions about how women calculate their sense of empowerment and their levels of sexual risk. Uncovering these thought processes requires ongoing experimentation with intervention research. The "Break the Silence" model exemplified in the Siyazama project is one such approach focused on both privacy and the creative process of sharing personal narratives. An example of its success resonates in the "Women Crucified to AIDS" narrative and beaded sacrificial sculptures of women on the cross. According to one of the artists, Lobolile Ximba, "The woman on the cross is worried about HIV, so she is praying to Jesus that the doctors will find the cure for AIDS. She is passing messages to the church as well. They must pray to Jesus to ask that the cure be given to the doctors so that they can heal the people" (Wells 2006: 276, 277).

The artwork becomes the sign for the dream space, the desired identity, the healing. Through this technique the Siyazama project successfully navigated the silent space of a woman's anxiety about HIV/AIDS and provided a forum through which her fears could be expressed.

Empowering women requires the creation of an actionable second step which allows each woman to transform her emotional insecurity into a new and expanded sense of identity (Obeyesekere 1981). For example, as a result of her growing sense of personal identity, one of the Siyazama project participants described her newfound ability to discuss taboo sexual subjects in front of men:

At a recent public workshop focused on the beadwork messages of the Siyazama project, when asked what she considered her role to be, Fokisile Ngema (65 years old) responded to the Zulu male interviewer boldly and confidently. She explained her role as a sex educator using explicit sexual terms in Zulu, terms that she would not have dreamed of speaking out loud to another woman, let alone a man, as little as a year ago in deference to *hlonipha*, and which many of her Zulu sisters still would not do. (Wells et al. 2004:87)

The Siyazama project identified *hlonipha*<sup>73</sup> as a silencing mechanism in Zulu culture and structured their intervention to provide both personal and public space for participants. Crafting was used to establish personal space by creating a visual focus while women listened to each other talk about personal fears and experiences (Wells 2004). The psychological space the program provided through the crafting and storytelling process delineates the framework for developing a pathway to empowerment for women.

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<sup>73</sup> “*Hlonipha* is a series of politeness conventions that dictate the proper behavior, topics, and modes of discussion for women” (Wells 2004).

## Translating the Arts into Effective HIV/AIDS Awareness Interventions

Findings in a variety of disciplines have emphasized the importance of developing effective empowerment narratives highlighting realistic pathways to education, economic advancement, and proactive social action (Williams et al. 2003). As seropositive rates among women worldwide remain high, ongoing research attempts to improve their empowerment options. While the Siyazama Project uses art to structure a pathway for emotional empowerment in women, researchers have begun to focus on alternate methods of structuring empowerment opportunities. As a result, international efforts that highlight reducing gender inequality through improved access to education, treatment, legal support and economic independence are being reevaluated through a local lens to see how these goals can be carried out effectively (Wingood and DiClemente 2000; Williams et al. 2003). In particular, researchers are asking questions about the quality of information women receive and how they apply that information to actionable solutions. Since levels of disparity were measured among Maroons in 1999, there has been progress, but the Suriname 2010 Multiple Cluster Surveys (MICS) reported that comprehensive awareness of the factors contributing to HIV prevention nationwide was at 43 percent for women 15-49 with lower awareness occurring in geographical pockets of knowledge disparity in rural and Interior versus urban areas (MICS 2010: 153). These numbers suggest that Maroon NGOs need to continue providing awareness information in villages. The Akoti, village and house kuutu projects have attempted to incorporate historical and religious narratives into Maroon women's process of increasing empowerment options by personalizing awareness messages.

However, Stichting Broko Doro also began collaborating with SORTS (Stichting Ontwikkeling Radio en Televisie/Foundation for Educational Radio and Television in Suriname) to include a folktale in the educational DVDs available for awareness events. The adapted



Anansi story, which was circulated throughout the interior and shown on television in the city, provided an alternative learning opportunity:

### **An Anansi Story**

In a certain land many people were dying of a plague. Tiger King was desperate and offered a great money prize to the one who would be able to find the cause of this big problem that leads to the death of so many. Well, they knew that there was a spirit that had a man-form as well as a woman-form and this thing attracted men and women to it. You could not resist it. No way! If it has the woman-form men can't resist and if it has the man-form, women can't resist. As soon as you meet "it" you want to have sex with it. But the ones who come in contact with it are sure to get sick and die after a while.

The well-known medicine man Djopuma said, "I'm not afraid, nothing will happen to me if I sleep with her." He did as he said and had sex with this spirit. But after the sex, she threw him out of the window. Shortly afterwards he got sick and died. The people got more desperate. This disease even killed the great Djopuma. What should we do now?

Anansi heard it all and knew it was a great spirit because of what it had done till now. He talked it over with his wife, Makuba, and asked her to make friends with this thing just to know the secret and the strength of it and in this way defeat it. It's strong and even killed Djopuma. Makuba agreed and went on her way to the spirit.

The spirit told Makuba, "When I have sex I produce a liquid that penetrates the human body. I also send the germs in blood. But people can't resist me and they don't protect themselves. And then they return to their partners at home who know nothing and

the germs pass on to them. And so whole families and societies are destroyed and the devastation gets bigger. People die. Children lose their parents, or are born sick.”

Anansi heard the story and thought it over for days. He didn't say anything to his wife, but slept with the thing. After that he went away and was laughing, because he was sure that he would not get sick or die afterwards. He told everyone and they asked him how he managed to do that and not get sick. He said “I protected myself and wore a condom.” The King gave him the reward and asked Anansi to spread the message about the condom.

Makuba was angry when she heard about it and accused him of being unfaithful. He said, “You are right, but at least I protected myself and in this way I protected you.” “Ok,” Makuba said. “I forgive you, but you must stay with one partner, with me. I am your wife.” Anyway, protect yourself with a condom or stay with one partner and get tested also. Go to a medical center to get tested to find out if you have the disease.”

So Anansi spread the message of protecting yourself with a condom. Anansi is smart!! (Fonkie 2008)

Anansi's popularity in Suriname was documented by Melville and Frances Herskovits in *Suriname Folk-Lore* in 1936 and his stories highlight his cleverness, adaptability and determination to overcome adversity. By using this character to convey HIV/AIDS awareness information, the community was reminded through a different symbolic representation, that they must be willing to change in order to survive. Another reason for adopting a folk character as a messaging mascot was to decrease educational disparities that can occur if individuals misunderstand more formal messaging.

One of the goals of the Maroon Women's Network and Stichting Broko Doro interventions was to provide women with actionable risk-reduction information that would reduce the disparity between male and female HIV/AIDS awareness rates. This educational disparity affects the degree to which women attempt to gain access to and utilize quality care. Carter-Pokras and Baquet define a health disparity as "a chain of events signified by a difference in: (1) environment, (2) access to, utilization of, and quality of care, (3) health status, or (4) a particular health outcome that deserves scrutiny. Such a difference should be evaluated in terms of both inequality and inequity, since what is unequal is not necessarily inequitable" (427). Women's general lack of education concerning disease and prevention methods highlights key aspects of the gendered health disparity associated with HIV/AIDS in Suriname. While both interventions created culturally focused and culturally sensitive programs, intervention success for the MVN focused on discussing fears associated with giving up cultural traditions, while Stg. Broko Doro focused on testing, vertical transmission and negotiating safer sex. Although factual information adds to a sense of empowerment, narrative research suggests that culturally relevant stories that articulate both cultural markers and aspects of cultural difference can enhance the empowerment process (Williams et al. 2003).

### **Brokopondo Workshop**

I'm standing here as someone from the Maroon community who wants to give a message to the local authorities: the Kapitens, Basiyas, the Graman and the communities... that 10 years ago we were afraid to talk about HIV and AIDS, which we call SIDA, but that has changed now. We see that young and old die because of AIDS. That's why we have to know about it, but as we talk about it we have to be serious. Don't joke. It is blood

serious. And true! SIDA will kill you! Especially young people from the Interior are victims – yes we die in larger numbers of AIDS. (2008)

The health narratives shaping the Maroon community's response to HIV/AIDS awareness have continued to evolve in their specificity as Maroons become more involved in the development of targeted awareness messages. Opening lines of communication in order to “know about it” and be “blood serious” in efforts to educate the community requires a multipronged approach that depends heavily on Maroon group's involvement. The Maroon Women's Network was one of the first Maroon groups to take on this challenge and they did so by successfully localizing the “Break the Silence” model for HIV/AIDS awareness. Their determination to address potential stigma and discrimination caused by the public health warning against wasi fesi has halted any public health campaigns aimed at reducing participation in the practice. As more and more opportunities emerge for Maroon focused NGOs to become involved in the development of educational initiatives, public health officials have embraced the opportunity to develop partnerships that can assist in spreading awareness messages within the community (Global Fund 2005). Stichting Broko Doro was one of the organizations that grew out of the movement begun by the Maroon Women's Network. Since it was headed by Renatha Ajoni, who was HIV positive, the group focused on encouraging HIV positive persons to come out of the shadows and share their stories, with the goal of reducing stigma and discrimination by personalizing the experience of being HIV positive.

What does being “blood serious” about the HIV/AIDS threat signify to the Maroon community? Based on the historic rally against the Surinamese colonial government, being “blood serious” means being collective, stoically determined and culturally confirming – a response that is active, regenerative and identity enhancing. Both Taussig and Pratt emphasize

the value of interpreting the relationship between cultural imagery and identity narratives as a means of understanding the power dynamics influencing a community's response to particular social movements and events. For example, the Siyazama project used discussions about the effect of the concept of *hlonipha* on the development of personal awareness narratives to provide Zulu women with a means of thinking about a personal sense of empowerment (Wells 2006). Thus, the images and identity narratives associated with blood seriousness, with the *sweli* – the historic promise to be loyal to the community, adds a critical, culturally informed narrative to risk-reduction efforts.

When Pratt conducted her textural analysis of the 1613 work, *El primer nueva corónica y buen gobierno* (*The First New Chronicle and Good Government*) by Felipe Guaman Poma de Ayala, an Andean working for the Spanish government after the fall of the Incan empire, she examined how meaning was constructed and conveyed and discovered that in the face of the trauma of colonialism, the Inca community needed to regain psychological equilibrium by reinterpreting the experience in terms of spiritual versus physical moral authority. This emphasis provided a form of autoethnography that recast the power of the Incan identity in the face of potential extinction (Pratt 1991; Boast 2011). The process of the Maroon community confronting HIV/AIDS within the context of a multiethnic “post-colonial” society has created a contact zone type of experience outside of the confines of a museum structure, which emphasizes the interactions between cultural positions and challenges the authoritative positioning of Western culture. Thus, cultural representation, traditionally the work of the museum, is pulled into this traumatic experience through the Maroon Women's Network challenge to public health warnings against wasi fesi. Their reappropriation of exhibition space expresses a type of communally determined agency that contests the conceptual space of the “museum, as a site of

accumulation, as a gatekeeper of authority and expert accounts, as the ultimate caretaker of the object, as the ultimate arbiter of the identity of the object, as its documenter and even as the educator” which wields psychological authority (Boast 2011: 67). This authority reinforced through colonial and neocolonial habits of thought and practice provide part of the context motivating the MVN narrative emphasis on *wasi fesi*. The ability to determine the value of cultural practices and the manner in which they are contextualized is the most powerful form of agency the community can activate (Tuhiwai Smith 1999).

Like Guaman Poma, Maroon women’s response to HIV/AIDS risk-reduction interventions has been sending a message that has been lost in translation. However, like Taussig explains, part of that message is hidden even to the women responding to the issue because their responses are not entirely based on clearly defined determinations of risk. Instead, while they want to reduce HIV risk, their response to the on-the-ground process of risk-reduction is animated by the subtle ethics of implicit social knowledge. Channeling that energy into effective public health programs is indispensable to the community’s survival.

In tandem, the Maroon Women’s Network and Stg. Broko Doro programs addressed the range of issues Maroon women identified as important, which were anxieties surrounding the abandonment of traditional cultural practices due to HIV, gender dynamics and the dangers of vertical transmission. Heightened anxieties over the abandonment of traditional practices referred to forms of spiritual cleansing necessary for a healthy physical body. Both *wasi fesi* and *yorka kandu* connect the physical and the spiritual worlds in particular ways. The second area of concern was generational sustainability which is directly influenced by fertility and breastfeeding. While the Maroon Women’s Network focus was on general awareness and risk-reduction education, Stichting Broko Doro added to those two goals by including specific public

health services information in their message. Thus, the two programs worked together to expand awareness and prepare the community for change. The MVN encouraged women to open conversations about HIV/AIDS by using rural crafts and folk media to spread the message. At the *“Break the Silence”: Art and HIV/AIDS “Akoti Kuutu” Pangi Exhibition*, textiles, awareness skits and a gospel choir singing awareness songs were used to give Maroon women an interactive experience of awareness activism.

Stichting Broko Doro utilized personal narrative and video presentations to build on the years of awareness messaging sponsored by the MVN and to provide information about the spectrum of available public health services from free condom distribution to hospitalization. The two public health areas they emphasized were safe sex through the proper use of male and female condoms and the promotion of protocols to reduce vertical transmission. Both of these areas are important because while women may not be able to negotiate safer sex through the male use of condoms due to gender dynamics and socioeconomic factors, they can reduce vertical transmission rates through the use of female condoms, testing and when necessary compliance with safeguards against vertical transmission, if the cultural support is available, particularly from other women.

During the village kuutu, men expressed no resistance to female condoms and actually supported their use. Their comments suggested that female condoms would not limit their pleasure and would free them from safer sex responsibility by placing it on the woman. However, female condoms are difficult to obtain on a regular basis for women in the Interior. During village kuutu conversations, women implied they would use female condoms to protect themselves since they know their husbands have multiple partners. The *Gaaman* encouraged condom use in the *Suma Na Yu* video screened in villages and urban neighborhoods: “If you are

involved in relationships, use your brain know how to act. Sexual relations and more than one partner are from way back and have always been that way. Will this stop? I don't think so, but use your brain" (Suma Na Yu 2008). The call to "use your brain" challenges women in complicated ways that increase anxiety by being difficult to resolve.

### **Narratives Inhibiting Community Participation in Public Health Services**

Internationally, structural preventions against vertical transmission are uneven, but the Caribbean has a 90% coverage rate, which obscures pockets of inadequate coverage (UNAIDS Global Report, 2013). For example, in the Stg. Broko Doro kuutu the only option discussed to prevent vertical transmission was to avoid breastfeeding. This admonition presumed that the mother had taken antiretroviral drugs during pregnancy. The limits associated with having one option in the face of seemingly oppressive social pressure yields less than optimal results:

**Nurse:** Last year a young woman who was pregnant with her first child was tested positive and when I gave her the result, she was very quiet. We advised her to see a doctor. She didn't go. After a few weeks, when I heard nothing from her, I sent for her, but she didn't come. She just walked about like nothing was going on. That's the first time I experienced that it seems as if she didn't care about the baby. She never came to the policlinic again. She delivered her child, didn't bring the child to a doctor or reported herself anywhere. She did not contact us in any way. We just let her go and let her cope with this in her own way (Suma Na Yu, 2008).

The illumination of the cultural structures molding a Maroon women's sexual life highlights the complexity of providing actionable and effective empowerment strategies. In the Interior,



fertility, pregnancy and childbirth connect her to her past, her cultural identity and the quality of her future old age. Therefore, for a Maroon woman empowerment means finding an effective strategy for dealing with this cultural reality.

Finding a cultural solution to the problem requires a community-based action plan. However, the structural solution for breaking this silence is delineated in the 2013 UNAIDS report:

Breastfeeding women living with HIV are advised to use antiretroviral medicines when breastfeeding their newborns. In 2012, antiretroviral coverage was substantially lower during the breastfeeding period (49%) than during pregnancy and delivery (62%). It is now estimated that half of all new episodes of HIV transmission to children occur during the breastfeeding period when the majority of lactating women are not receiving the prophylaxis necessary to prevent HIV transmission (UNAIDS 2013).

The treatment gap addressed by UNAIDS translates into an on-the-ground experience that challenges individual women and the Maroon community in general (MICS4 2010). In the Stichting Mamio Namen Brokopondo Peer Counseling Workshop, Health & Hygiene Session a participant stated, “Everyone in the interior knows that an infected mother can’t give the baby the breast milk, so it’s difficult to hide your status if you have a baby” (BP Workshop 2008).

This silencing occurs due to a woman’s anxiety about choosing between revealing her HIV positive status or choosing to conform to social norms by breastfeeding publically. Anxiety about suffering stigma and discrimination has real implications for her and her baby’s health as well as their experience of daily life in the village. By calibrating awareness narratives to specifically address this issue, Maroon women’s groups can introduce educational stories into village discussions about HIV/AIDS. Ethel Pengel told the story of a woman’s grandmother who

kept questioning, “‘Why aren’t you giving the baby your milk?’ Finally, she grabbed the woman’s breast like preparing to breastfeed and said, ‘Give your baby milk.’ The woman was afraid to tell her status and she gave the baby her milk” (BP Workshop 2008). The combination of cultural pressure, geographic isolation, insufficient antiretroviral funding and access make choices around breastfeeding a highly charged topic.

This is an example of a gendered silence in which the application of some of the Siyazama Project techniques could make a significant difference. Wingood and DiClemente used the Theory of Gender and Power to evaluate types of risk exposure and to illustrate how specific culturally determined obstructions call for the implementation of specifically structured interventions (Wingood and DiClemente 2000). The Theory of Gender and Power identifies three types of societal structures influencing women’s risk-reduction options. The “sexual division of labor” influences women’s wage earning endeavors. The “sexual division of power” addresses disparities in the ability to influence family, friends and associates. Finally, the area describing the influences on pregnant and nursing mothers would be the “structure of cathexis” which is the “structure of affective attachments and social norms” which “constrains the expectations that society has about women with regard to their sexuality and, as a consequence, shapes our perceptions of ourselves and others and limits our experience of reality” (544). The effects of these types of influences are difficult to overcome because the beliefs and behaviors motivating choices made by the mothers and the community evolve out of the belief system that has maintained their social cohesion.

When the community lacks a more supportive narrative that can instruct against condemning behaviors, the burden of the disease falls squarely on the shoulders of the least powerful people in the village, pregnant and nursing mothers. Stg. Broko Doro was working to

change this dynamic. Renatha introduced the subject at every village and house kuutu; “There are others who are ill hearted and they start gossiping about not giving the breast. Don’t just give people a bad name; let that person tell you what’s happening (House Kuutu 1). Providing an effective narrative to support pregnant and nursing mothers could help to reduce infection rates due to vertical transmission through breastfeeding. UNICEF estimates that each year in Suriname as many as 200 children could be born HIV positive or become so during nursing, which highlights the continued need for effective, culturally sensitive and community based interventions (UNICEF 2011).

Wingood and DiClemente studied the characteristics of the most successful interventions for women and found “that the most efficacious HIV prevention programs for women (1) are guided by social psychological theories; (2) include only women; (3) emphasize gender-related influences, such as gender-based power imbalances, and sexual assertiveness; (4) are peer led; and (5) require multiple session programs” (545). Their study emphasized the need to focus on “the environmental conditions impeding women’s ability to protect themselves against HIV” (545). The researchers evaluated intervention effectiveness based on the structures forwarded by the R.W. Connell’s Theory of Gender and Power. A key structure was the sexual division of labor which directly effects women’s economic security. Although Maroon cultural practices include women creating small scale agricultural, craft export and food services businesses, particularly in the Interior, their income often is not sufficient for complete financial independence. According to Wingood and DiClemente, “the inequalities resulting from social mechanisms that occur within the sexual division of labor are manifested in the public health field as economic exposures and in the psychosocial domain as socioeconomic risk factors”

(Wingood and DiClemente 2000:542). To be effective an intervention needs to reduce the disparities created by this social structure.

An intervention in Africa that effectively circumvents these social structures provides a useful example. The intervention was designed to disrupt established socioeconomic structures that place women at risk. The design specifically addressed the fact that, “women fishmongers were being sexually exploited by ‘male buyers’ because they had no other outlet to sell their fish and earn an income. To redress the economic pressures to engage in unwanted sex with male buyers, a women’s cooperative was initiated that allowed women to bypass male buyers” (Wingood and DiClemente 2000:548). Wingood and DiClemente also reported on other programs that provided blanket services for STD awareness, testing and treatment, which increased women’s access to risk-reduction options.

The Surinamese Public Health System and in particular, the Medical Mission have made an effort to provide comprehensive STD awareness, testing and treatment services nationwide. However, in the interior, vertical transmission rates remain high. The Theory of Gender and Power’s structure of cathexis, which Wingood and DiClemente refer to as “the structure of affective attachments and social norms” deconstructs how these pressures may cause women to make unsafe choices. They define the influence of this structure in the following manner: “this structure constrains the expectations that society has about women with regard to their sexuality and, as a consequence, shapes our perceptions of ourselves and others and limits our experiences of reality. The structure also describes how women’s sexuality is attached to other social concerns such as those related to impurity and immorality (Wingood and DiClemente 2000:544). For example, the HIV positive pregnant woman, described by the Medical Mission nurse, was emotionally unable to make proactive decisions about her status or that of her unborn child.

She was completely constrained by social expectations and fear of stigma and discrimination despite the risk of death, which illustrates how powerfully social expectations can control personal choice and determine health outcomes.

While Maroon groups do not have the resources to provide medical solutions for new mothers, they can at least offer opportunities for the community to support HIV positive women by addressing the psychological structures that limit their lives. The Siyazama rural craft approach adhered to these guidelines for most of their sessions, but did allow men to participate in one workshop. Using Wingood and DiClemente's guidelines, coupled with the Siyazama approach to address vertical transmission within the Maroon community, might provide the framework for the type of targeted, community-based NGO project capable of creating an effective mechanism for shifting attitudes about gender roles and perceptions of agency among Maroon women and the community at-large.

### *Stigma and Discrimination: Local Health Narratives*

In 2004, the Working Group on the Reduction of Stigma Discrimination carried out the first study on the delivery of HIV/AIDS related healthcare services in Suriname to address anxieties causing healthcare workers to treat patients inappropriately. A second study conducted in 2005/2006 found that patients were at risk of having their status revealed by a healthcare worker (Roseval 2007). While the traditional healing practices described in Chapter Four highlight the inappropriate application of herbal medicines to treatment protocols for HIV positive persons, the key value of the healer's narrative is his description of the delivery of services. The logic for going to the healer is determined by the cultural belief in spiritual

sickness, but the preference may also be based in a fear of experiencing stigma and discrimination during the delivery of healthcare services.

In 2007 *De Ware Tijd*, the most influential newspaper in Suriname, presented a four part series citing that stigma and discrimination, due to HIV/AIDS, is as devastating to the society as the disease itself. Harvey Eiflaar focuses on minimizing the effect of stigma and discrimination in his work as a Counselor and Coordinator at *Stg. Mamio Namen*:

When someone finds out they have HIV and contacts us, then we teach them how to behave so that the HIV doesn't get worse. It's not only psychical, but mental. All the worries... Sometime you lie. Sometimes the medicines have to go in the *ijskast* (refrigerator), but they don't do so. They don't want to tell their family. They hide the medicines. Sometimes these people [family members] bring the medicines to the doctor to ask them what it is. Also men and women, when one partner hasn't told the other and they have unprotected sex [because of fear]. All of the worries make your social life get upside down. But it doesn't have to be that way. Get over it and come to us. That is the barrier. Come to us for help. That's why thanks to the ones that come they have a better life and understand what life means and sometimes find a new partner. Life has to be lived. What you are doing with the lessons? You have to learn them. If you don't want to listen you go to the hospital to die. It doesn't have to come that far. I don't worry. I don't have headaches. You out there are not better than me. Why do you have to discriminate? I know that I carry myself the right way.

Even with this encouragement, if the healthcare services system is viewed as discriminatory, then even if the community is able to broaden awareness, they will tend to choose alternative methods, until they are too sick to resist western medicine and hospital care. The series also

highlighted research conducted by the National AIDS Program in 2004 which stated, “It has been made clear that especially with health workers, stigma and discrimination of HIV/AIDS patients has been a point of concern. Because of this result, a campaign was organized aimed at people with HIV/AIDS and health workers. They were trained how to deal with patients with that type of virus. Some nurses even did a training workshop with this group of patients” (Accord 2007).

### *Culture Care Approach*

Stigma continues to interfere with the effective delivery of services in a variety of settings and countries (Mehajan et al. 2008). At each point in the spectrum of services offered by public health systems, the quality of the interaction between the patient and the healthcare professional influence their acceptance of treatment. Madeline Leininger developed transcultural nursing to respond to the need to train nurses for cross cultural sensitivity. The scope of transcultural nursing includes diverse “local cultures, regional provincial cultures, national societal cultures, transnational cultures, and ultimately the global human culture” (Leininger and McFarland 2002:20). In Suriname, the diversity of local cultures has a bearing on the delivery of health services. The conflict over representations of wasi fesi, recognition of the significance of traditional medicine as the preferred treatment regimen, and the cultural challenges that arise due to the ethnic affiliation of nurses in Interior villages are the key issues that could benefit from being viewed through the lens of transcultural nursing. Leininger’s Sunrise Model depicts a

structural analysis for the delivery of culturally sensitive care that provides a way of thinking about some of the challenges facing healthcare professionals in Suriname.<sup>74</sup>

The goal of Culture Care Theory is to uncover the culturally motivated factors influencing the delivery of healthcare services within various cultures. According to Leininger, the theory focuses explicitly “on the close interrelationships of culture and care on well-being, health, illness and death” (Leininger 2002: 190). This interrelationship between cultural perceptions and the delivery of healthcare services addresses the integration of traditional medicinal practices into healthcare protocols, the gendered delivery of healthcare services to reduce health disparities and the recognition of cultural belief systems on the acceptance of healthcare services. The overarching construct for interpreting the way the community views the delivery of healthcare services is through their “Cultural & Social Structure Dimensions” which reflects the community’s worldview. Monotheism and the practice of Gaan Tata shape this perspective. The next level of interpretation breaks down those social dimensions into sub-categories identified as the “Environmental Context, Language & Ethnohistory.” Chapter Two described the historical emphasis on collectivism, generational sustainability, and gendered identity. These two categorical levels influence “Care Expressions, Patterns & Practices” like traditional healing methods that affect “Individuals, Families, Groups, Communities or Institutions in Diverse Health Contexts” which the healer described as part of the delivery of services. Through this methodology, nursing and “traditional medicine” practices are recognized as significant to the patient. This type of sensitivity may help patients in the Interior reconcile a positive diagnosis and the necessary treatment with the break in traditional healing practices and the threat of stigma and discrimination.

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<sup>74</sup> See Leininger, “Culture Care Theory” for a version of the “Sunrise Model” depicting the relationship between cultural literacy and effective nursing practices (191).



## *Personal Narrative*

A nurse working in a Medical Mission polyclinic described one of the narrative challenges she faced; “The first male I informed about the test result was already dying and when I told him, ‘Sir, we have to tell you that you are infected and have AIDS. We found it in your blood.’ He said, ‘Well Nurse, then you have already killed me.’ In his opinion, it was not the virus that killed him, but I did that with my test result” (*Suma Na Yu*, 2008). Although it was too late for this patient, his exchange with the nurse illustrated how valuable identity narratives can be in navigating the psychological space between a diagnosis and an attempt to rebuild one’s life.

Harvey Eiflaar described the emotional process during a Stg. Broko Doro kuutu:

I’m Harvey Eiflaar. I’m living with HIV. When I learned I was infected my world collapsed. I thought I had to live for maybe 1 or 2 years max. I stopped with everything I did in my life and gave away everything...waiting for death. But then I thought one day this is not what I want. I want to start my life over again is what my heart wants and to live again. I am now 3 years in Suriname after living for 20 years in Holland. When I came in Suriname I saw that the people of Suriname are not talking about HIV and sexuality. When I got the opportunity to work at Mamio I got the chance to talk about my situation and from then on I felt a relief from my heart. What is my purpose in Suriname to come together? It isn’t that when you’re infected that your life is finished. No, there is still life. In former times people died because there were no medicines or they were expensive. Now we are at this point that medicines are free. When you have to drink your medicines, they are free. You don’t have to pay to no one. The Ministry of Health sees to it that you get these medicines. One important thing is that when you start these medicines you have to go on, as long as there are no medicines yet, to kill the AIDS.

That's why you have to keep drinking these medicines. If you drink them 8 pm, you have to keep this rhythm, otherwise if you skip, you can get resistant. And resistant means that in the long end they [the medicine] will not help. There are a lot of combinations (cocktails), but in Suriname they are limited. Everybody young and old, walk the right way. Listen to your counselor. Try to have a good contact with your doctor. Talk about everything that's on your heart. But one thing is also important. Don't stay alone. It's heavy. You have to have people around, family... but people you can trust. There is a chance these people are shocked and talk about you with others. But try to, to understand this. But talk about this and your heart will be lightened. I don't care if people know. I only think of the Lord and what he wants...that I help people... and that we can reach a *mijlpaal* (milestone) and live a long and fulfilling life.

Eiflaar successfully transformed his trauma experience to one that gives his life meaning and provides guidelines for purposeful action. In this sense, his emotional journey from health to "waiting for death" to rediscovering life illustrates the power of virtual identities as mechanisms for change (Jules-Rosette 1998).

Similarly, Renatha Ajoni activated what Obeyesekere calls "the interdigitation of deep motivation and public culture" through which she performed her HIV/AIDS awareness activism and her deep sense of faith. She explained her perspective at a village *kuutu*:

I am thankful to the Lord that he called me and saved me and washed me clean with the blood. God said, 'Renatha, it is you that I want to go out for me.' I said, 'God I can't do it with my own strength, but with your strength.' It's not easy for me to stand here and talk about the disease. But with God's strength I have to talk about it, because so many people are dying because of it. But God gave me life and I don't want other people to

suffer. Now I established a *stitching* (foundation). The name is *Stg. Broko Doro*. It means to break the door open to talk about this illness and end the silence about this disease... because this is a disease that will kill you if you stay silent. But if you reach the stage where you can break [the silence] and accept that it is true [also based on the Bible] then that is the way to win and overcome. God helped me when I was in the hospital to come alive again, because I was almost dead. But God helped me and gave me the chance and the strength to talk about the disease.

Obeyesekere studied the way personal and cultural symbols mesh to reinforce a sense of personal identity. Both Harvey and Renatha gained strength through the performance of an identity that incorporated their cultural and personal realities.

In an interview, Harvey described walking the streets, counseling approximately 1000 HIV persons and creating a new life. “If I see people on the street they ask me: ‘‘How are you?’ and I say, ‘Fine.’ And then they ask me, ‘Are you from Mamio?’ and I say, ‘Yes. How are you? Did you get tested I ask.’ I want to confront them. But if you hide, rumors come. I control the conversation. That’s why everyone who has the infection can go to several organizations for help. But it doesn’t have to come to that, if you are living the right way. Life is rolling around. I myself am walking the streets everyday [to check on people]. I go to the hospital to meet those street guys... Sometimes I see the guys walking in the street....” Harvey has become ‘who he wishes to be’ and as a result has learned to accept living with the disease. All of his work focuses on getting other HIV positive persons to take this same journey. His concept is acceptance and whether he is counseling someone at *Stg. Mamio Namen*, or at someone’s hospital bedside, or at an awareness kuutu, encouraging acceptance is his mission:

**Harvey:** To accept the disease is the greatest challenge. They say I'm young how further. What about my friends. They don't want them to know, they hide it from everybody then they get in trouble. When he starts getting ill, then he isolates himself. They avoid their friends especially if they get a rash and so, to avoid questions from their friends. 'What do you have, is it Aids? And the shock isolates him. And he gets sick. But women get [have] their parents who stimulate the girls to seek help. In our culture we worry more about the girls anyway. We take care of the young girls, but we have to do the same with boys and ask them to protect themselves too when sleeping with a girl. But the new born baby then. The girls are being warned not to get pregnant and so but what about the young boy? For the new born baby a life of misery begins which it has not chosen for itself. What future does it have? Not. Don't kid yourself, what counts for a woman, counts for a man also.

Through his message and his work, he gains authority over his life's narrative and uses that authority to express his sense of agency.

Whether this sense of agency occurs as part of an intense religious experience or more subtly through the repetitive use of words, images and actions, this sense of identity and desire to educate reflects some of the most intimate aspirations an individual can promote, acceptance of a difficult diagnosis, a sense of purpose, and a determination to survive. By providing an opportunity to create a new personal narrative artistic processes can be effective in helping individuals and communities to change. Gaaman Gazon captured this distinction in his recommendation for the Ndjuka community:

We have heard about a disease, but we don't know what to do about it. The information about HIV will spread. Those who want to listen will listen ... and those who don't want

to listen we have no solution. But the condom [the sock] you all talk about, you will have to distribute amongst the young one. Who wants to use it shall do so, but give it to those who don't want to use it anyway.

Those who can imagine a new way forward will do so and through them community will survive. The question is whether or not Maroon women will experience enough freedom and have enough choice to imagine a new way that will allow them to survive as well.

## APPENDIX A: HISTORICAL MAPS, GRAPHS, AND ENGRAVINGS

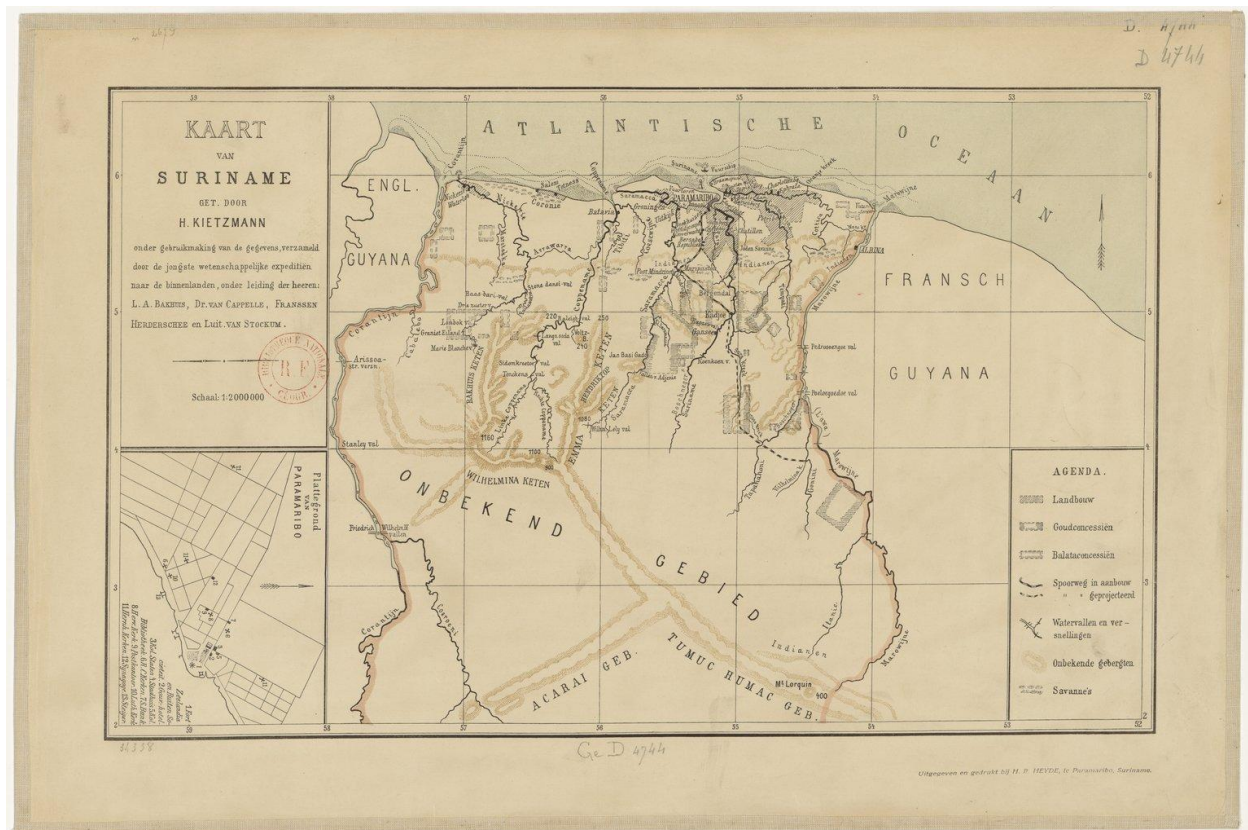
### Source clearances for Figures 1 & 3:

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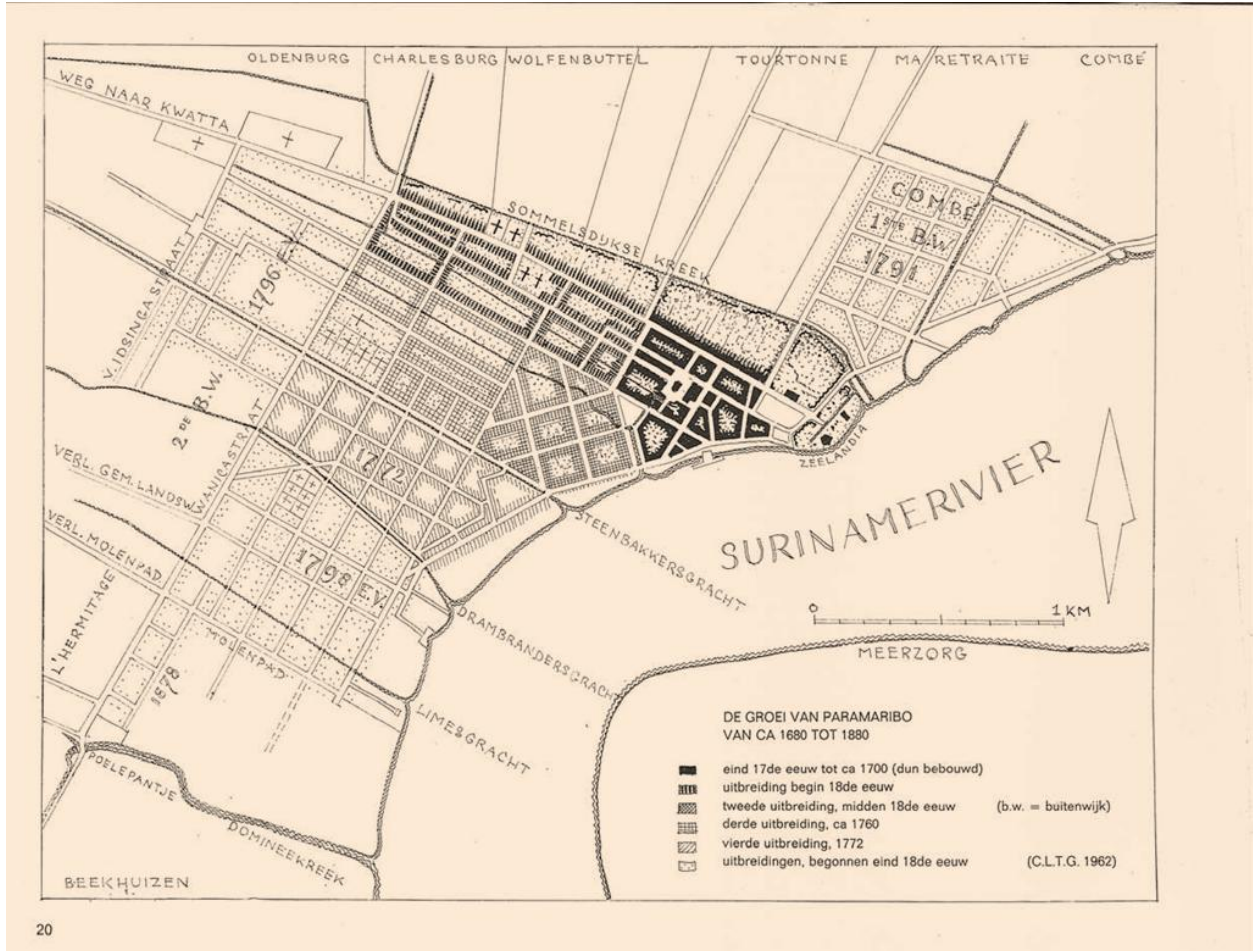
Map 1



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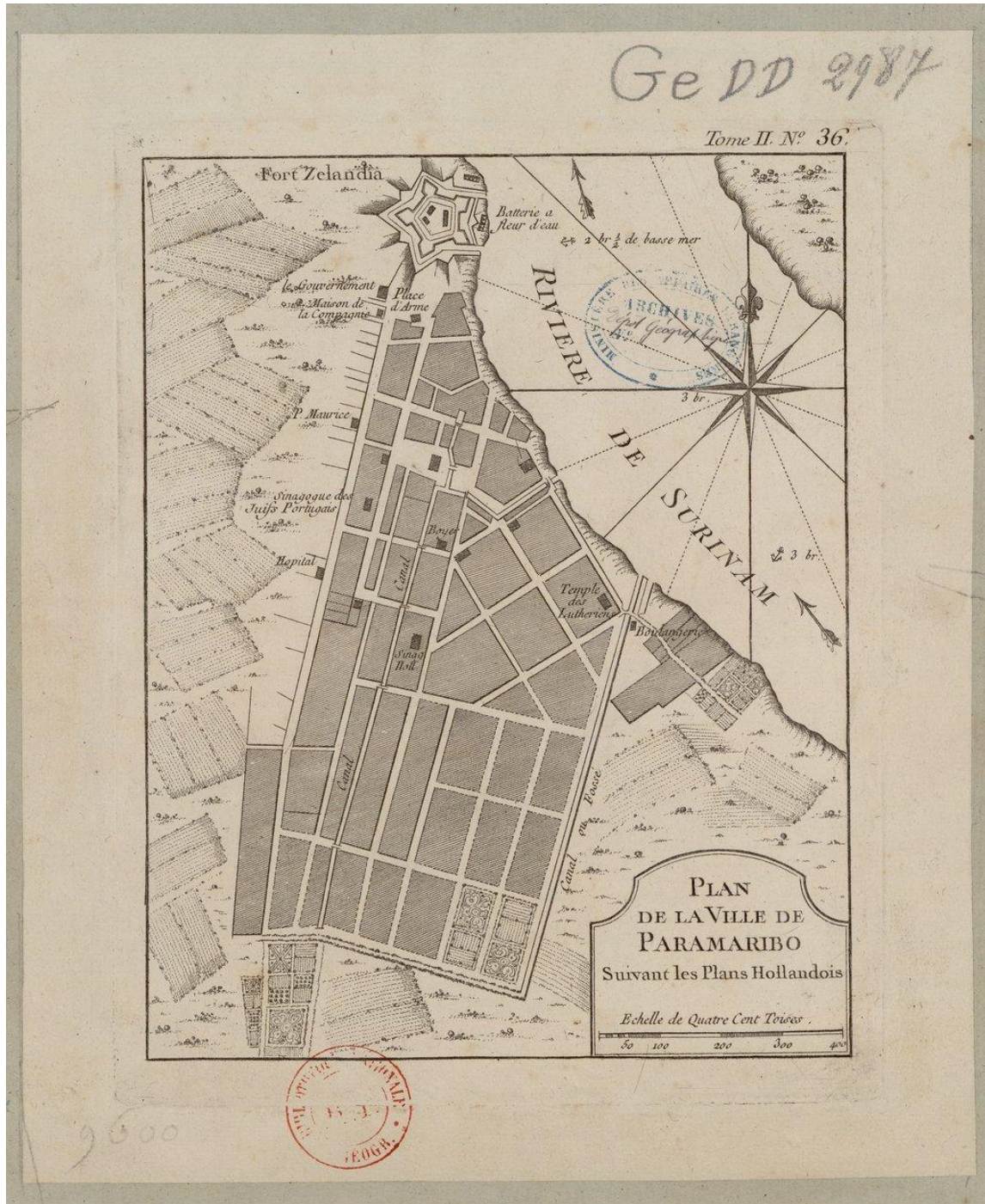
Kietzmann, H. (190.). *Kaart van Suriname*. Colonisation Hollandaise, Guyane Hollandaise: 1667-1975. Paramaribo, Suriname. Heyde H. B. (Suriname): Éditeur commercial. Cartographe. Bibliothèque Nationale de France; Gallica online date: 7/25/2011. <http://gallica.bnf.fr/ark:/12148/btv1b84437772/f1.item>

## Map 2



Groll, Temminck. (1962). *Growth of Paramaribo from 1660 – 1960* [map] in “Consultation Draft: Paramaribo World Heritage Site Management Plan 2011 – 2015”. May 2011.  
[https://www.google.com/#q=http%3A%2F%2Fsges.heritagesuriname.org%2Findex2.php%3Foption%3Dcom\\_docman%26task%3Ddoc\\_view%26gid%3D10%26Itemid%3D36](https://www.google.com/#q=http%3A%2F%2Fsges.heritagesuriname.org%2Findex2.php%3Foption%3Dcom_docman%26task%3Ddoc_view%26gid%3D10%26Itemid%3D36)

Map 3



Source gallica.bnf.fr / Bibliothèque nationale de France

Bellin, Jacques-Nicolas. (1764). *Plan de la ville de Paramaribo suivant les plans hollandais* / Cartographe. Bibliothèque Nationale de France; Gallica online date: 08/01/2013. <http://gallica.bnf.fr/ark:/12148/btv1b8596800d/f1.item>



## Map 4

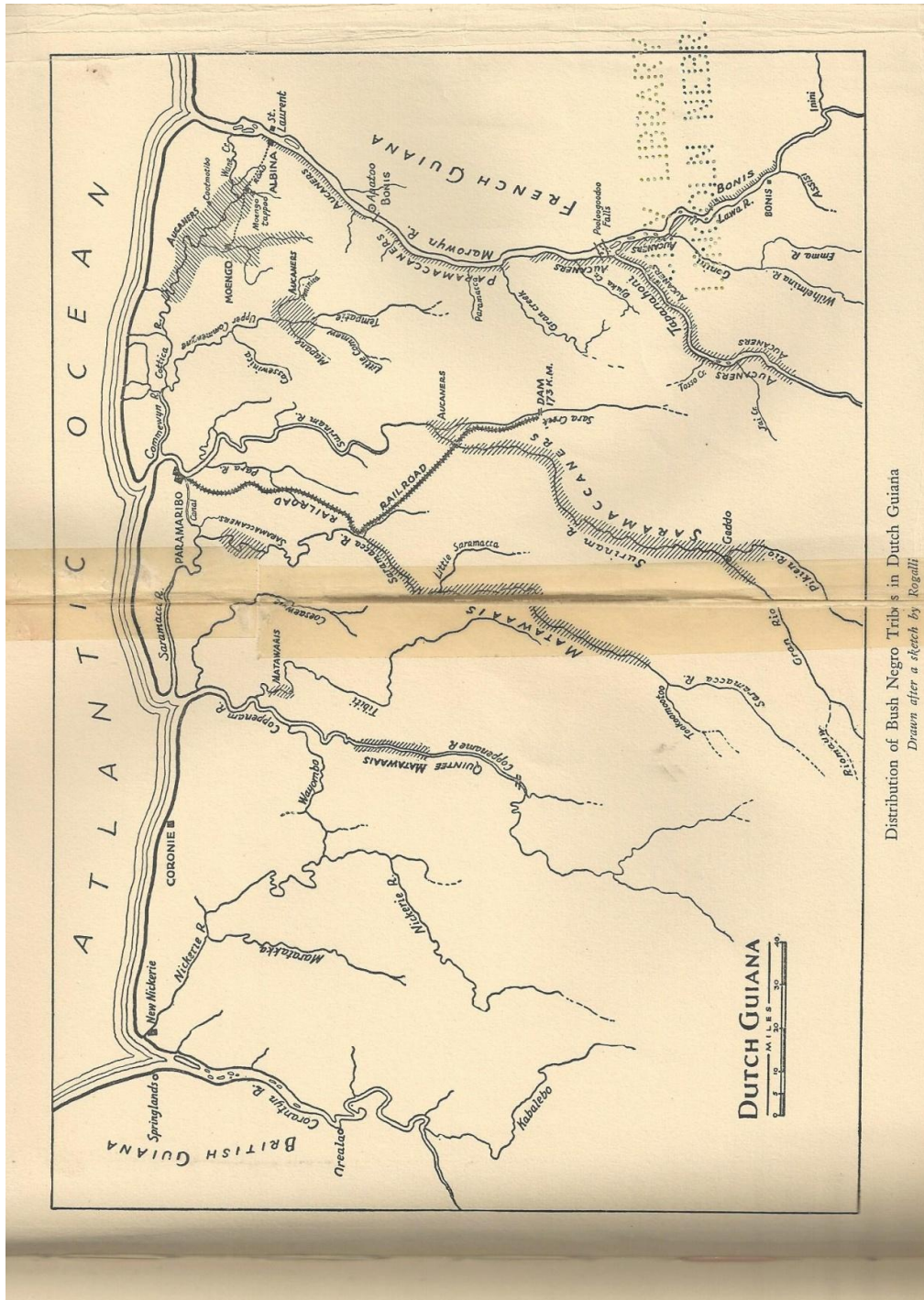


Nationaal Archief. (1801). *Kaart van de kolonie Suriname met de tot cultuur gebracht zijnde landen en plantages*. Colony of Suriname map, listing cultural locations and plantations.

ID #: NL-HaNA\_4.VEL\_1679A. Online Date: 23 March 2009, 13:32:58.

<http://beeldbank.nationaalarchief.nl/na:col1:dat515853>

Map 5



Kahn, Morton C. (1931). "Distribution of Bush Negro Tribes in Dutch Guiana" in *Djuka: The Bush Negroes of Dutch Guiana*. New York: Viking Press. (100a-b). This work is in the public domain in the United States, and those countries with a copyright term of life of the author plus 100 years or less.

## Engraving 1



Blake, William. (1796). "A Negro Hung Alive by the Ribs to a Gallows" illustration for Captain John Stedman. This is a faithful photographic reproduction of a two-dimensional, public domain work of art. This work is in the public domain in the United States, and those countries with a copyright term of life of the author plus 100 years or less.

<http://upload.wikimedia.org/wikipedia/commons/archive/1/10/20080920191420!Stedman-hanging.jpg>

## Engraving 2



(1796) "The Execution of Breaking on the Rack," in *Narrative of a five years expedition against the revolted Negroes of Suriname*. Transcribed 1790 manuscript: John Gabriel Stedman. Ed. Richard and Sally Price. Baltimore: Johns Hopkins UP.  
[https://artsy.net/artwork /william-blake-after-john-gabriel-stedman-the-execution-of-breaking-on-the-rack](https://artsy.net/artwork/william-blake-after-john-gabriel-stedman-the-execution-of-breaking-on-the-rack)

## APPENDIX B: GLOSSARY

**Apanjaht** , “one’s own ethnic group” is a Sarnámi, Caribbean Hindustani term identified by Theo Damsteegt as a key organizational concept on Surinamese political strategy (Tjon Sie Fat, 2009:9).

**Apanjaht consociationalism** is “the practice of ethnically based political parties playing upon prejudice, fear, or communal interest to gain support” (Dew 1988).

**Apinti** is the name of the talking or signaling drum in Maroon cultures.

**Bush Negro** [*Businengee* (Ndjuka) or *Boschneger* (Dutch)] is a member of a rebel group like the Ndjuka or the Saamaka who earned their freedom as the result of a peace treaty and who lived in the rainforest. (See Note 2.)

**Consociationalism** is a form of government that relies on power sharing between “divided territories, be they regions or states, with historically antagonistic ethnically, religiously or linguistically divided peoples, [that] are effectively, prudently, and sometimes optimally, governed according to consociational principles. Consociations can be both democratic and authoritarian (McGarry and O’Leary 2006).

**Dry sex** is achieved by practicing wasi fesi, a vaginal cleansing practice that uses heated water infused with herbs with astringent properties that reduce vaginal secretions and tighten vaginal muscles. Maroon women adhering to the practice wash in the morning and the evening before bed which tightens their vaginal walls and significantly reduces secretions during sex.

**Gaaman** is the title given to the leader or “paramount chief” of a particular Maroon group. Gaaman Gazon, recently deceased, was the highly respected leader of the Ndjuka Maroons living in the village of Diitabiki, the political seat of power within the community.

**Kumanti** or **Koomanti** (Kromanti in Sranan Tongo) is a warrior spirit identity that many Maroon men seem to claim as their winti/spirit. During a Gaan Tata pee those carrying a Kumanti winti could be recognized by an iron arm band that provides spiritual protection. Based on my conversations, the Kumanti spirits mark the psychological space of the warriors, newly arrived from Africa who fought and won the original peace for the community.

**Kunu** is an “avenging curse on a matrilineage” as the result of improper behavior by a family member; a family curse (Shanks 1994:104).

**Kuutu** is a “meeting in which disputes are arbitrated; court of justice” (Shanks 1994:105).

**Maroon** is an individual or a community of individuals who escaped into the undeveloped areas of the country in which they were held captive. (See Notes 1,2,3, and 17.)

**Marronage** is defined in two ways, *petite Marronage* which involves hiding close to family and friends while *grand Marronage* signifies the complete separation from familiar society. See Note 17.)

**Mun osu** means “monthly hut;” **go a mun osu** literally means “go to the monthly hut” or “menstruate” (Shanks 1994 135). The purpose of menstrual seclusion is to avoid contaminating men’s spiritual powers and upholding the spiritual well-being of the community. Similarly, **dê a baáka** means “to be in menstrual seclusion” and “to be in mourning” (ibid.)

**Pangi** is a cotton cloth wrap skirt that can be unadorned or embellished with embroidery or appliqué designs.

**Obiya Basiya** or **obiyaman** is the term used in Gaan Tata and Winti to identify a healer. According to my experiences in Suriname, the Obiya Basia heals by working with the winti or spirits to cleanse the ill individual or family. In traditional Maroon culture, illness is caused by a spiritual imbalance and therefore must be cleansed spiritually.

**Pangi Pangi Sani** is a ceremony among Ndjuka Maroons celebrating a girl’s entrance into puberty. Sally Price explained the “simple, brief ceremony” among the Saamaka is called *koyó muyêé miú* (Price, 1993, 15). The *Pangi Pangi Sani* I participated in was a ceremony, performed by an *obiyaman* with a party afterward of about 35 to 50 family members and friends, which included food and dancing.

**Pee**, literally “play” is the Ndjuka Maroon term for a religious event or a **prey** in Sranan Tongo. A “**gadu pee** is a ritual dance” (Shanks 1994:156).

**Sweli Gadu** is the “oracle god resident at Diitabiki,” the village of the Gaaman for the Ndjuka (Shanks 1994: 187).

**Wasi fesi**, more commonly known as **baka pasi** (back path), **baka osu** (area behind the house) or **go na baka pasi** (go by the back path) are some of the names used for the vaginal washing practice that utilizes heated herbs and warm water for cleansing and a variety of gynecological treatments. The practices also demonstrate women’s compliance with purifying rituals essential to maintaining male spiritual strength and the community’s spiritual protections.

**Weglooper** (Dutch) is an enslaved person who escaped into the rainforest as a result of *petit* or *grand Marronage*.

**Winti**, literally translated as “air, wind; possession, spirit” are the spirits of the dead and the deities that travel on the wind. A **winti prey** is the religious ceremony in which the living call upon ancestors and the deities to visit in order to be honored and for the winti to give counsel to the living through the interpretive skills of a religious leader.

## APPENDIX C: THE TURTLE AND THE HARE

This story was told to me by Fidelia Graand-Galon to illustrate how Ndjuka Maroons incorporate a sense of collectivism into their sense of identity, which while effective for communal advancement can cause challenges for HIV-positive Maroon women living in a village or among family members in a family home in the city.

### **The Turtle and the Hare**

On day after the Turtle and the Hare were talking they decided to see who was the fastest. The Hare thought that the Turtle was silly to think that he could beat the Hare because everyone knew that the Hare was one of the fastest animals in the forest. But the Turtle was sure he could beat the Hare so he didn't worry when the Hare laughed at him.

So they began their race and the Hare zoomed out in front of the Turtle. He ran easily and very quickly and when he looked back the Turtle was nowhere to be found. He was so far ahead of the Turtle that he decided to take a little nap because he knew it would take the Turtle a long time to get as far along in the race as he was. So the Hare went to sleep.

Now the Turtle had also begun the race and was walking slowly along the path. He watched the Hare speed out in front of him, but he continued to walk at the same pace. He did not worry. As he walked he began to call out to his cousins, sisters, brothers and everyone in the family of turtles to help him because he was in a race with the Hare.

He said to them, "The Hare has challenged me to a race, because he is sure that he can beat me. I know how I can beat the Hare. If turtles living along the way run part of the race we can reach the end before the Hare. To him we all look the same, so he will not know that we have worked together to win the race.

So the turtles shared the race and when the Turtle came upon the Hare, he continued walking. The Hare awoke and spied the back of the Turtle walking down the road in front of him. He jumped up and asked, "How could the Turtle get in front of me. I must have been sleeping longer than I thought." He raced past the Turtle and made a joke as he passed.

Once again the Hare was far in front of the Turtle. He happened to see [an animal friend] and decided to stop and talk. He told him he was racing Turtle, they laughed and spent a long time together. Finally the Hare said that perhaps he should go and finish the race just to get it over with and then he would return.

He ran casually down the path, because he was sure the Turtle could not have gotten that far. He ran and ran and he began to wonder why he had not yet passed the Turtle. On and on he went farther and farther. As he traveled down the road he began to worry, so he sped up. As he came around the bend he saw the finish line in the distance and decided to go really fast. As he came close to the end and was about to laugh at his success he stopped short as he saw the Turtle lifting his foot to cross the finish line.

He ran up to the Turtle and yelled, “This is impossible. You cannot beat me. You are not faster than me.” The Turtle just laughed.

“When we help each other we can win. That is networking and it is something that we have always known.” –Fidelia Graand-Galon.



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