

Singing the Unsayable: Female Performers and Global Health in The Gambia

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Abstract

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Ethnomusicology

Female performers in the Muslim West African context of The Gambia have become an integral part of the public health landscape. The Ministry of Health and Social Welfare as well as numerous non-governmental organizations incorporate musical performances in health promotion campaigns in an attempt to disseminate information in ways that are

culturally appropriate, gender-sensitive, and ultimately more effective. Based on 17 months of ethnographic research and 19 months spent working in the areas of HIV/AIDS prevention and care in The Gambia, this medical ethnomusicological study examines women's performances as a form of "traditional communication" defined by adaptability and innovation. It focuses in particular on the performances of Gambian Mandinka *kanyeleng* groups (women's fertility societies) and the songs of Fatou Ceesay and the Allatentu Support Band, a popular music group associated with a Gambian HIV/AIDS support society. Employing methodological approaches of performance ethnography, this dissertation interrogates the ways in which female performers negotiate local ideas about gender roles and Islam as well as the political economy of international development. Gambian women's performances represent a crucial health intervention in a context of extremely limited government resources, rising wealth disparities and a growing chronic disease burden. At the same time, contemporary political and economic realities place additional strain on female performers as they take on new responsibilities while maintaining longstanding practices of health performance grounded in relations of reciprocity. This study finds that even as they communicate information about particular physical ailments, women use musical performance to address the social relationships that shape physical and psychological illness, health and healing. Drawing on Mandinka concepts of *baadinyaa* and *sanawuyaa* to position themselves within new arenas of health promotion, performers address sensitive health topics, foster participation, and promote memory as well as social and emotional engagement.

For Fatou Ceesay and Mama Wini

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TABLE OF CONTENTS

List of Figures.....	xi
List of Abbreviations.....	xiii
Orthography and Pronunciation.....	xv
Maps.....	xvii
1. INTRODUCTION.....	1
The Gambia.....	5
Ethnicity, hereditary professional groups, and women’s musical identities.....	11
Islam and music in The Gambia.....	18
Women’s groups and musical performance in The Gambia.....	21
Groups based on age, geography, and political affiliation.....	22
Kanyeleng groups.....	24
HIV/AIDS support groups.....	30
Performance practice and instruments associated with women.....	32
Outline of the dissertation.....	36
2. HEALTH AND MUSICAL PERFORMANCE IN THE GAMBIA:	
METHODOLOGY AND INSPIRATION.....	38
Health in The Gambia.....	41
Communication, “Evidence,” and Health Performance.....	48
Studying musical performance and health.....	54
Methodology.....	59

3. <i>MUSOOLU LA LOODULAA</i> (WOMEN’S RESPONSIBILITY): GENDER, ISLAM, AND HEALTH PERFORMANCE IN THE GAMBIA.....	79
Gender, <i>maloo</i> (shame), Islam, and musical performance.....	80
Gender, global health and development.....	94
Gender, social organizations, and politics.....	95
Female performers, gender, and development.....	97
Power, decision making, and male involvement.....	107
4. PERFORMING ‘PARTICIPATION’.....	116
Performance in Ebo Town, May 2013.....	116
Participatory approaches in global health.....	120
Musical participation.....	126
5. PERFORMING <i>BAADINYAA</i> : SOCIAL RELATIONSHIPS, MUSICAL PERFORMANCE, AND HEALTH.....	145
<i>Baadinyaa</i> (positive relationship).....	146
Joking relationships (<i>sanawuyaa</i>).....	158
Performance, social relationships, and health.....	163
6. <i>ALI NGA SOOJAAROO BAA NENG</i> : FEMALE PERFORMERS, SENSITIVE TOPICS, AND STIGMA.....	176
Playing with transgression and accommodation.....	179
Performance, identity and stigma.....	185
Kanyeleng.....	189
Fatou Ceesay and the Allatentu Support Band.....	195
Sensitive health topics.....	207

7. MUSICAL PERFORMANCE, “TRADITION,” AND COMMUNICATION.....	215
Kanyeleng and “tradition”	220
Involving local people.....	229
Dissemination.....	238
Memory and emotion.....	243
8. BEGINNINGS AND ENDINGS.....	249
Funding, sustainability, and control.....	252
Health performance, power, and transformation.....	253
GLOSSARY	258
APPENDIX.....	261
BIBLIOGRAPHY.....	265

LIST OF FIGURES

Figure 1: Map of The Gambia.....	xviii
Figure 2: Map of the primary research area in western Gambia.....	xviii
Figure 3: Dobong Kunda kanyeleng group	29
Figure 4: Calabash <i>jiikijo</i> played by a performer in Wassu.....	32
Figure 5: Missirah kanyeleng group preparing to play <i>kutiro</i> drums.....	33
Figure 6: Kejawo Juwara playing the bidong with the APGWA kanyeleng.....	35
Figure 7: The author performing with the Brikama Nyambai kanyeleng group.....	70
Figure 8: An onlooker uses her mobile phone to record a performance by the Brikama Nyambai kanyeleng group.....	74
Figure 9: Members of the <i>bolonkono kafoo</i> prepare for a performance near a mosque in Bakau.....	87
Figure 10: Binta Dada Bojang singing at the launching of the polio vaccine campaign.....	118
Figure 11: Kejawo Juwara performs on the bidong with other members of the APGWA kanyeleng group.....	133
Figure 12: Members of the Brikama Nyambai kanyeleng group dancing.....	137
Figure 13: Jainaba Saho sings with other members of the Brikama Nyambai kanyeleng group.....	155
Figure 14: Binta Dada Bojang, Kejawo Juwara and the author at the launching of the polio vaccine campaign.....	178
Figure 15: Original <i>Teriyaa</i> album cover.....	199

Figure 16: APGWA kanyeleng members Fatou Gassama, Nyali Damba, and Nanjang Dampha wearing calabash hats decorated with green beads.....	225
Figure 17: Nyima Cham performs a song about breastfeeding with other members of the Kembujeh women’s group, September 2013.....	232

LIST OF ABBREVIATIONS

- APGWA—Association for the Promotion of Girls’ and Women’s Advancement
- APRC—Alliance for Patriotic Reorientation and Construction
- ASK – Allatentu Support Kafoo
- DoSH—Department of State for Health
- FGC – female genital cutting
- FGM – female genital mutilation
- GAMCOTRAP—Gambian Committee on Traditional Practices Affecting the Health of
Women and Children
- GFPA—Gambia Family Planning Association
- HAART – Highly Active Antiretroviral Therapy
- IEC—information, education, communication
- KAP—knowledge, attitudes and practices
- MCH—maternal and child health
- MoH – Ministry of Health
- NAS—National AIDS Secretariat
- NCAC—National Council for Arts and Culture
- NGO—non-governmental organization
- NTMP – National Traditional Medicine Program of the Gambia
- PHC—Primary Health Care
- RCT – randomized controlled trial
- RCH – reproductive and child health
- RHEPO – Regional Health Education and Promotion Officer

TC—traditional communicator

UNAIDS – Joint United Nations Programme on HIV/AIDS

UNDP –United Nations Development Program

UNICEF – United Nations Children’s Fund

UNIFEM – United Nations Development Fund for Women

VCT – voluntary counseling and testing for HIV

VHW—village health worker

WHO—World Health Organization

WID—women in development

ORTHOGRAPHY AND PRONUNCIATION

The transcriptions of Mandinka language materials in this dissertation follow the conventions established in *A Practical Orthography of Gambian Mandinka* (WEC 1988), with the omission of tone markings for readability. For Mandinka terms used frequently in the text, I have adapted the spelling to aid pronunciation for English language readers. For example, I write *tulungo* rather than *tuluŋo* to refer to women's percussion and dance performances. Translations of frequently used Mandinka terms are provided in the Glossary.

For translations of Mandinka words, I draw primarily on the *Mandinka-English Dictionary* published by WEC International (1995 Revised Edition), as well as the knowledge of translators Daniel Demba, Famara Demba, Adama Njie, Sarjo Dumbuya, and Muhammadou Bah. I also draw on knowledge of the use of terms in musical contexts gained from interviews, lessons, observation, and participation in performances. Unless otherwise indicated, all translations are my own.

VOWELS:

a is pronounced as in “father”

e is pronounced as in “let”

i is pronounced as in *ea* in “eat”

o is pronounced as in “on”

u is pronounced as in “soup”

The length of vowel sounds is indicated through the use of a single letter (a, e, i, o, u) for short vowels and double letters (aa, ee, ii, oo, uu) for long vowels.

CONSONANTS:

c is pronounced “ch” as in “check”

ñ (or *ny*) is pronounced as in “onion”

ŋ (or *ng*) is pronounced as in “sing”

r is rolled

Figure 1 – Map of The Gambia¹

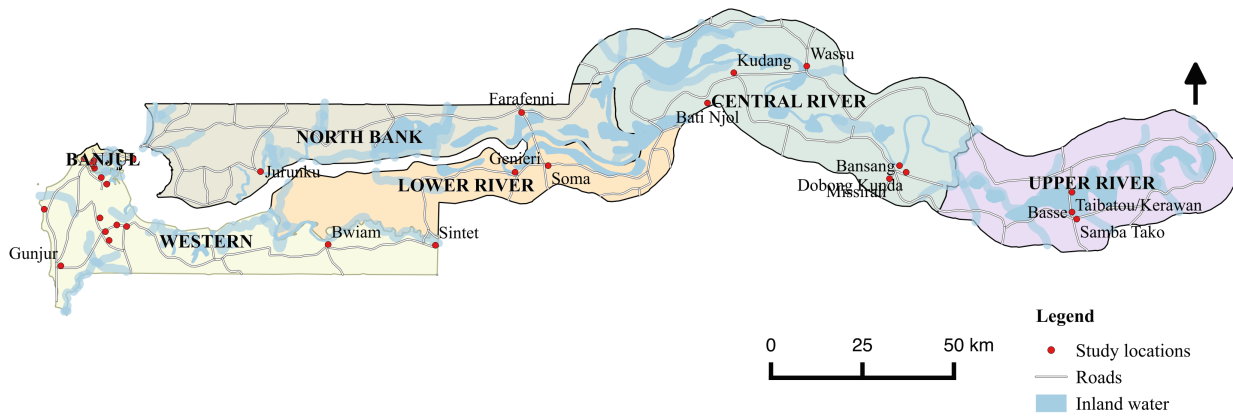
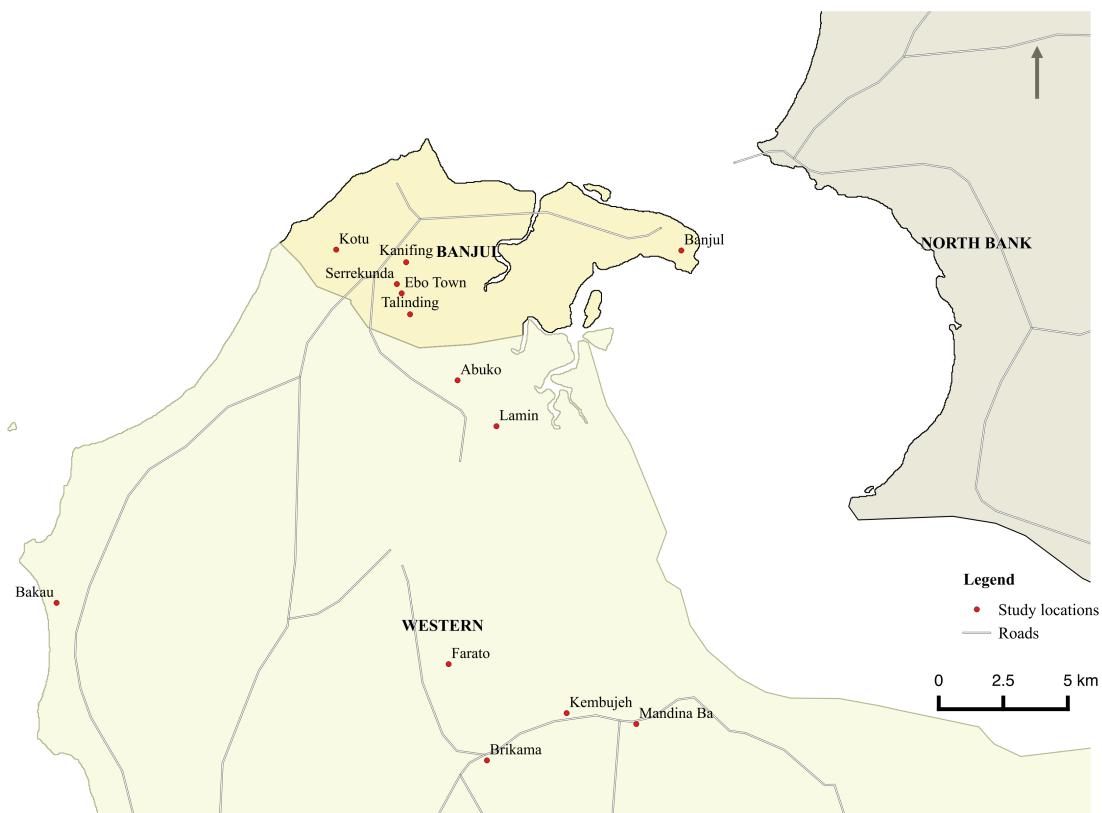


Figure 2 – Map of the primary research area in western Gambia



¹ Study locations include places where the author attended performances and/or conducted interviews in 2012-2013. Maps were created by Erin McConnell using data adapted from the GADM database of Global Administrative Areas and U.S. National Imagery and Mapping Agency's database of foreign geographic feature names.

CHAPTER 1

Introduction

In the village of Lamin in western Gambia, the sounds of music making fill the air on an almost daily basis. In the morning, in the rice paddies near the river, Balanta women sing, as they stand knee-deep in mud transplanting rice. In the afternoon, a *kanyeleng* group meets to initiate a young woman into their fertility society, singing, dancing and praying in the hopes that she will have a healthy child that lives. In the evening, a Mandinka women's group meets in a family compound for a *dingdongo*² ("child's dance") to dance and sing in recognition of a member's son who has undergone circumcision. Indeed, despite the prominence of male performers from the region in both scholarly research and the World Music industry, women represent the majority of participants in many of Lamin's musical events.

Meanwhile, up the road in the village of Farato, a women's group sings songs at the health center as part of a program to educate people about malaria prevention and treatment. Kanyeleng groups from across western Gambia travel to the Brikama Regional Health Directorate to receive training as "hygiene promoters" in the wake of rainy-season flooding that caused many latrines in the region to collapse. A women's group from Talinding performs in Kanifing at the launching of the new rotavirus vaccine program to prevent severe childhood diarrhea.

In The Gambia, where an immiserated health sector struggles to meet the needs of a growing population, musical performers, many of them women, have taken on prominent roles in health promotion. Using song, dance, and drama, performers

² See the Glossary for translations of frequently used Mandinka terms.

communicate information about health topics ranging from malaria, tuberculosis, diarrheal disease, and HIV/AIDS, to exclusive breastfeeding, childhood immunizations, and Ebola. The Ministry of Health and Social Welfare (MoH) as well as numerous non-governmental organizations (NGOs) incorporate musical performances in health promotion campaigns in an attempt to disseminate information in ways that are culturally appropriate, gender-sensitive, and ultimately more effective. These global health programs build on deeply rooted indigenous performance practices that connect to concepts of health in diverse ways. Even as they communicate information about particular physical ailments, for example, women use musical performance to address the social relationships that shape physical and psychological illness, health and healing. Women describe performances as an expression of health, noting the ways that performances can foster positive relationships, bring people together, manage negative emotions, treat infertility, and communicate information.

This dissertation, grounded in the theoretical framework of medical ethnomusicology, focuses on the intersection between discourses and lived experiences of music and health. By bringing the categories of music and health together, medical ethnomusicologists highlight linkages between disparate disciplinary approaches and disparate ways of knowing and being (Roseman 2008). Furthermore, the same challenges that exist in conducting research that straddles the disciplinary boundary between the health sciences and the humanities are embodied in the musical performances that form the focus of this dissertation. That is, through what I call “health performance,” women integrate disparate epistemologies and ontologies, drawing on biomedical knowledge as well as indigenous approaches to medicine and performance. I use the concept of health

performance in order to emphasize the relational, processual, and performative characteristics of music and health (see Ansdell 2010). Performativity requires that we consider the ways in which music contributes to creating reality rather than simply reflecting it (Wong 2004; Austin 1975). Performers use song, dance, and drama to embody and enact health in locally defined terms. More than just information dissemination, relationships between music and health emerge through embodied participation, social mobilization, and relationship building.

This study is based on 17 months of ethnographic research (2009; 2012-2013) and 19 months spent working in the areas of HIV/AIDS prevention and care in The Gambia (2006-2007). I employ methodological approaches of performance ethnography, inspired by the work of Deborah Wong (2004, 2008), Soyini Madison (2005, 2008), and Dwight Conquergood (2013), to explore relationships between women's musical performance and health promotion in The Gambia. I focus in particular on the health performances of Gambian kanyeleng groups (women's fertility societies) as well as the popular songs of Fatou Ceesay and the Allatentu Support Band, which were created in collaboration with an HIV/AIDS support society based in the town of Brikama. While the performers with whom I work come from diverse ethnic backgrounds, many of the performances I study feature Mandinka dances and Mandinka-language songs.

This study explores the ways in which female performers have taken on additional labor as communicators in the development sector even as they continue to perform for a variety of community events such as naming ceremonies, weddings, and circumcision-related occasions. Collaborations with health and development organizations have enabled female performers to earn additional income and to bring women's perspectives

to the public sphere in a patriarchal society. At the same time, as Pamela Kea (2013) points out, changes in women's labor "must be situated in a neoliberal economy – and in the broader gendered and generational 'politics of globalization' (Malkki and Martin 2003: 216) – where the vast majority of Gambians have had to generate more cash in order to cover the increasing costs of education, healthcare, food, agricultural inputs, and other items" (2013: 116). Contemporary political and economic realities place added strain on female performers as they seek to earn more income while maintaining longstanding practices of health performance grounded in relations of reciprocity (see Chapter 5).

I contend that female performers' involvement in health performance in contemporary Gambia draws on longstanding practices of "public healing" that go beyond physical illness to attend to broader social relations (Berger 2014; Feierman 1999). In her article on women's movements and public healing in Africa, Iris Berger writes,

In the course of the nineteenth century ... ideas of public healing came under assault from European doctors and missionaries who separated their own medical practice from that of local specialists and insisted that therapy be directed only at the physical body, isolated from the interpersonal relationships that can determine health and wellness. (Berger 2014: 9)

Despite the assault from European doctors and missionaries, however, women have sustained and transformed practices of public healing in order to address issues such as gender inequality as well as political and economic injustices that produce ill health. Berger argues that the notion of healing must be broadly defined in order to include women's efforts "to 'heal' the broader society" as well as specific "physical ailments" (2014: 12).

In this dissertation, I view women's health performances as multi-layered manifestations of public healing. Women use musical performance to heal broader social conditions even as they simultaneously address particular physical ailments. As Marina Roseman writes, "when healers heal, they bring together a multiplicity of life's intertwined strands. Those strands converge in the music, dance, drama, poetic texts, and other techniques of performing and visual arts they use to reach their therapeutic ends" (2008: 18). Drawing on medical ethnomusicological perspectives on integration, I contend that female performers' contribution to health promotion in The Gambia emerges through their ability to weave together different "strands," or different ways of knowing and being.

The Gambia

The smallest country on the African mainland, The Gambia has an area of just 11295 square km (almost twice the size of Delaware) and a population of 1.88 million (2013 estimate)(Gambia Bureau of Statistics 2013). Entirely surrounded by Senegal except for its Atlantic coast to the West, The Gambia's most important geographic feature is the Gambia River. The unusual shape of the country, which follows the contours of the river, is the result of colonial rivalry between Britain and France. The country has a tropical savannah climate with a short rainy season (June-October) and a long dry season (November-May). The climate in The Gambia and other parts of the Sahel is becoming increasingly arid, which, in combination with the lack of fertile soils in the region has impeded agricultural production (Wright 2010). The majority of Gambians are agriculturalists cultivating both subsistence crops such as rice, maize and millet as well as

cash crops including groundnuts (peanuts) and cotton (UNDP 2013). Tourism also plays an important role in the Gambian economy.

The Gambian population is approximately 36 percent Mandinka, 22 percent Fulbe (Tukulor, Fula, Peul), 14 percent Wolof, 11 percent Jola (Diola, Karoninka), and 8 percent Serahuli (Soninke), with smaller ethnic groups and foreigners making up the remaining 9 percent (Gambia Bureau of Statistics 2003). Concepts of ethnicity in the Senegambia region are fluid and intermarriage between individuals of different ethnic backgrounds is common. The Gambian population is over 90 percent Sunni Muslim, with a significant Christian minority (Gambia Bureau of Statistics 2003). Although less than 1 percent of the population identifies as practicing “traditional” religions, both Islam and Christianity have absorbed practices from indigenous religious practices (see Janson 2006). Like many parts of the Sahel region, The Gambia has long been an economic and cultural meeting point for diverse peoples and cultures. Historical and ongoing exchange between people with different languages and musics has contributed to the vibrant musical lives of present-day Gambians as well as a high degree of ethnic and religious integration and tolerance (Wright 2010).

The trans-Saharan trade has connected present-day Gambia with North Africa and the Mediterranean since before the fourth century A.D. (Wright 2010). Long before the arrival of Portuguese traders in the fifteenth century, the region surrounding the Gambia River attracted migrants from elsewhere in West and North Africa, with merchants traveling long distances to trade in salt, kola nuts, and gold, among other commodities. The arrival of Portuguese traders, however, opened up new avenues for trade and exchange across the Atlantic, including the development of the slave trade. The

Senegambia was the “first region of sub-Saharan Africa to become a major exporter of slaves into the Atlantic economy,” which resulted in growing social and political instability in the region, as well new opportunities for the accumulation of wealth (Wright 2010: 67). An estimated 3 million slaves were taken from present-day Gambia during the sixteenth through the nineteenth centuries (Shelley 2013). The curious shape of the nation of The Gambia, following the contours of the slave-trading route of the Gambia River, tells the story of this historical extraction of human beings for the purposes of enriching the European powers.

In the seventeenth and eighteenth centuries, England/Great Britain and France competed for economic and political power in the Senegambia and elsewhere in West Africa. Britain established a colonial presence on James Island (now Kunta Kinteh Island) and Bathurst (now the capital city of Banjul) in the early nineteenth century. By the late nineteenth century, Bathurst was declared a British colony, and the remainder of the Gambian territory was designated a British protectorate. Britain and France established the borders between the British-controlled Gambia and French-controlled Senegal in 1889 (Shelley 2013). The continued marked disparities in infrastructure and services between western Gambia and the rest of the country demonstrate the persistent effects of this colonial separation between the colony and the protectorate (Wright 2010).

The Gambia ended British colonial occupation in 1965 after nearly 150 years of struggle and resistance. As leader of the People’s Progressive Party (PPP), Dawda Jawara became the country’s first Prime Minister and later President, with wide support from the rural population. Jawara’s administration (1965-1994) has been praised, both within the Gambia and internationally, for its commitment to democracy and human rights (Saine

2008). Challenging economic conditions in the 1970s and 1980s, however, contributed to increasing political instability. In 1981 an attempted coup was prevented with the military support of neighboring Senegal. In the aftermath of the coup, The Gambia and Senegal agreed to establish the Senegambia Confederation, which involved merging many aspects of their economies, defense, and foreign policy. As a result of concern that The Gambia would lose its autonomy to the larger Senegal, however, the Confederation was dissolved in 1989 (Hughes and Perfect 2006).

By the mid-1980s, as a result of deteriorating economic conditions stemming from prolonged drought and falling world groundnut prices, The Gambia was unable to service its growing public debt. Foreign donors withdrew their support, recognizing that should the Gambian government fail, it would likely be taken over by Senegal, a stable pro-Western democracy (Radelet 1992). With the future of the nation uncertain, Jawara's administration was forced to allow the International Monetary Fund (IMF) to supervise a structural adjustment program, the Economic Recovery Program (ERP) (1985-1989). Under the ERP, 20 percent of civil servants lost their jobs (Radelet 1992) and expenditures on social services were cut by approximately 50 percent (Hughes and Perfect 2006). The World Bank considered the ERP a success story because it stabilized the economy, in combination with improved rainfall and increased foreign aid. At the same time, the social costs of structural adjustment, including inadequate funding for health care and education, led to increasing dissatisfaction with Jawara's administration.

In this context of economic austerity, in 1994 Dawda Jawara's regime was ousted in a coup led by The Gambia's current president Yahya Jammeh and three other junior officers. Since then, the 20-year administration of Yahya Jammeh has been characterized

by an increasingly poor human rights record and extremely limited freedom of speech. From 1994 to 1996 Jammeh ruled the country as the head of a military junta – the Armed Forces Provisional Ruling Council (AFPRC). In 1996, in response to pressures to democratize the country, Jammeh renamed his administration the Alliance for Patriotic Reorientation and Construction, conveniently retaining almost the same acronym (APRC). In that same year Jammeh was elected President in multiparty elections. He was reelected in 2001, 2006, and 2011, amidst strong criticism from the opposition about unfair elections and severe harassment and detention of opposition candidates and supporters (Saine 2009).

Rather than improving with the transition to “civilian” (i.e. semi-military) rule in 1996, the human rights situation has continued to worsen, particularly in the wake of thwarted coup attempts in 2006 and 2014. According to Abdoulaye Saine, the abuse of human rights under Jammeh “constitutes a deliberate policy tool that arose from the crisis of legitimacy and poor economic performance” (2009: 94). Jammeh has targeted any perceived threat to his legitimacy; opposition politicians and journalists in particular have experienced harassment, detention, torture and assassination (Saine 2009). This has undermined Gambian opposition newspapers, most of which now operate online with anonymous contributors (e.g. *Foroyaa*, *Freedom Newspaper*, and *The Gambia Journal*, among others).

The current political conditions in The Gambia under the autocratic leadership of President Yahya Jammeh are part of a broader trend of political instability in West Africa that is linked to the region’s marginal position in the global economy (McGowan 2005; Saine 2008). Patrick McGowan writes,

While West Africa's downward spiral is primarily caused by its peripheral political economies and the selfish behavior of many of its leaders—both civilian and military—the failure to reform global trade in agricultural commodities, primarily a failure by the world system's G-7 core powers, is the major *indirect* cause of the region's discontents because it condemns West Africa to a continued trajectory of poverty, peripherality and political instability. (McGowan 2006: 250)

McGowan shows that the behavior of leaders such as Yahya Jammeh is, to a certain extent, predictable because global political and economic conditions provide a strong incentive for leaders to prioritize short-term gain over long-term development and democracy. In this context, the economic immiseration produced by global capitalism is exacerbated by the self-serving behavior of individual autocratic, corrupt, and ineffective leaders.

In addition to human rights abuses and corruption, President Jammeh has also drawn the world's attention through his announcement in 2006 that he could cure HIV/AIDS, asthma, hypertension, and other diseases.³ Among other effects, the administration's skepticism of anti-retroviral treatment for HIV/AIDS has made international funding for HIV/AIDS programs in The Gambia precarious. People living with HIV/AIDS in the country fear for the future of life-saving treatment provision amidst the uncertain politics of international health programs and funding. During the past five years, delays in funding from the Global Fund, which supports most HIV treatment programs in the country, have resulted in shortages of medications and months of unpaid salaries at clinics and support groups serving people living with HIV/AIDS.

In addition to President Jammeh's influence on the health sector, the general political climate in The Gambia also shapes musical performance in important ways.

³ Due to the political sensitivity of the topic, I do not thoroughly address President Jammeh's treatment program in this dissertation. See Cassidy and Leach (2009b) and Nyanzi (2012) for further discussion of this topic.

Many of the same women's groups that are active in performing with health promotion programs are also involved in political performances. More than half of the groups with whom I worked were also involved in programs supporting the ruling APRC party. While some women perform for programs in support of the political opposition, to my knowledge none of the performers that I worked with were involved in such opposition events in 2012-2013. Some groups supported the political opposition in the past but changed to support the APRC in recent years. In addition to politics, however, women's varied roles in musical performance are shaped by ideas about ethnicity and hereditary professional groups, which I discuss in the following section.

Ethnicity, Hereditary Professional Groups, and Women's Musical Identities

The APGWA⁴ kanyeleng began performing as guests were arriving. The group performed Mandinka songs and dances with Kejawo Juwara playing the bidong (20-liter plastic jerry can). Fatou Gassama led a song about women and development and the remaining members of the group sang the response part. The group formed a semi-circle around Kejawo and played their bamboo clapping sticks in syncopated patterns as, one by one, they entered the circle to dance. In her song, Fatou praised the organizers of the event and they elegantly walked up to give monetary donations to the performers. The performers' style of dress, and the colorful beads slung over their shoulders, made it clear to onlookers that they were kanyeleng. The group sat in their own designated area separated by some distance from the rest of the visitors.

⁴ APGWA stands for the Association of Girls and Women's Advancement; as discussed below, this Talinding kanyeleng group has a longstanding close relationship with APGWA.

When the APGWA kanyeleng concluded their performance, Sambou Suso, a well-known jalimusoo (female Mandinka bard, pl. jalimusoolu), stood up from her seat among the guests and began to sing. Dressed in a dazzling black and pink sequined outfit and high heels, Sambou sang the praises of individual members of the Women's Federation one by one. With her arm outstretched in front of her, Sambou demonstrated her vocal and poetic agility with melismatic descending phrases elaborating on the virtue and generosity of one of the guests. After receiving a monetary donation, Sambou turned to sing the praises of another woman seated nearby.

* * *

I begin this section with the above description of a May 2013 performance to indicate the great diversity and flexibility of women's engagement with musical performance in The Gambia. Women perform at weddings, naming ceremonies, circumcision-related events, kanyeleng fertility rituals, and popular music concerts, among other events. Women's musical identities are similarly varied and diverse, shaped in part by ethnicity, hereditary professional group, region of origin, and association membership.

Music performed by women in West Africa has not received the same level of scholarly attention as music performed by men (Duran 1995; Hale 1994; Janson 2002, 2014; Panzacchi 1994). The absence of extensive study of many women's performance practices in the region is particularly striking considering the prominent role that women play in many performance contexts. This discrepancy may reflect the priorities of predominately male researchers as well as the dominance of male performers in certain forms of instrumental performance of particular interest to researchers (Duran 1995). In

recent years, however, a growing body of scholarship on music in West Africa has focused on female performers, highlighting the ways in which women performers assert power and agency through performance (e.g. DjeDje 2008; Duran 1995; Hale and Sidikou 2014; Hogan 2008; Janson 2002; Mack 2004; N'Daou 2005; Sidikou 2001).

The most in-depth study of female performers in The Gambia is Marloes Janson's (2002) work on *jalimusoolu* in eastern Gambia. Based on an extended apprenticeship with the Kuyateh family in Basse, Janson examines how women practice *jaliyaa* (the art of the *jali*) in everyday life, focusing in particular on the practices of *daaniroo* (praising/gift-exchange). The work of Roderic Knight (1973) and Eric Charry (2000) also addresses female performers to a limited extent as they focus primarily on the instrumental performance practices where male performers dominate. Non-griot performers such as kanyeleng, the primary focus of this dissertation, have not been the subjects of extensive study in The Gambia. While Carolyn Hough (2006, 2008) has examined kanyeleng fertility-related practices and involvement in development communication, she has not focused on musical performance.

This study concentrates primarily on Mandinka performances, which I define as performances that use Mandinka-language songs, as well as rhythms, melodies, and dances that participants identify as Mandinka. I also incorporate primarily Mandinka-language terms and concepts used by my research consultants. I choose to focus primarily on Mandinka performances because Mandinka represent the largest ethnic group in the country, and they are also the best represented in health promotion contexts. Furthermore, my knowledge of the language gives me better access and deeper understanding of Mandinka performance contexts. Though I did attend performances and conduct

interviews with ensembles that identified as Wolof, Jola, and Fulbe, the majority of my work is centered on Mandinka groups. The issues I discuss, however, cut across ethnic divisions, which in the Gambian context are often misleading.

Many of the performance groups I work with are multi-ethnic, including members from several of the country's many diverse ethnic groups. For example, though the APGWA kanyeleng group performs primarily Mandinka songs and dances, it includes members from a number of different ethnic groups, including Jola, Wolof, Fulbe and Serahule alongside Mandinka members. This is particularly characteristic of the Western Region of the country where urban migration has made multi-ethnic communities the norm rather than the exception. Nevertheless, The Gambia as a whole is characterized by a high degree of ethnic integration. In this section I focus on social categories primarily in relation to the Mandinka and related Mande groups, but because of historical and ongoing mutual influence between ethnic groups in the country, many of the themes that emerge have broader relevance.

Prior to the nineteenth century, ideas about ethnic identity in what would become The Gambia were extremely fluid; stricter notions of ethnicity began to be established during the colonial period (Wright 2010). Writing about the Niumi territory of what is now The Gambia's North Bank Region, Donald Wright states, "Niumi's early population was a conglomeration of people who had various individual and group identities and who lived together without many of the troubles that today we identify as 'ethnic conflict'" (2010: 53). While continued close relationships and acceptance exists between diverse groups in The Gambia, the rhetoric of the current president Yahya Jammeh, who is a member of the minority Jola ethnic group, has increasingly politicized notions of ethnic

identity, particularly in his framing of political dissent as a purely Mandinka project (Mwakikagile 2010).⁵

Complex, relational interpretations of identity are grounded in local ideas about kinship and histories of interaction between people with distinct languages and cultural practices. Important aspects of individuals' identity among many groups in the Sahel region are determined based on hereditary social group or "caste."⁶ For example, the Mandinka and other Mande groups have a tripartite system of specialization based on family heritage. Among the Mandinka these three categories include *foro* or *sulaa* ("freeborn"), *jongo* ("slave"), and *nyamaaloo* ("artisan") groups. The *nyamaaloo* group is further broken down into the categories of *jali* (bard), *numu* (blacksmith), *karanke* (leatherworker), and *fino* (religious praise specialists).⁷ These historically endogamous groups pass down specialized knowledge from generation to generation and depend upon patronage from "freeborn" people, as well as other groups with specialized skills (see Charry 2000: 48). *Jali* are often referred to as "griots"⁸ in English, which is a general term to describe West African hereditary specialists with expertise in praise singing, genealogy, conflict mediation, instrumental performance, and other skills that vary by region, ethnic group, and family.

The significance of hereditary social groups varies regionally in The Gambia. In the western part of the country people primarily recognize only the *sulaa* and *nyaamaloo* categories, and intermarriage between formerly endogamous groups is becoming

⁵ For further discussion of the politicization of ethnicity in The Gambia, see Hughes and Perfect (2006).

⁶ While scholars commonly refer to the social structure of Mande and related groups as a "caste" system, this represents a Western misconception of Mande society established during the colonial period (Conrad & Frank 1995).

⁷ Though occupational specializations exist among groups found throughout West Africa, specific *nyamaaloo* categories and specializations (referred to by different names) vary by region and ethnic group.

⁸ "Griot" is a French term of uncertain origin (see Hale 1997 and Charry 2000 for discussion).

increasingly common. In eastern Gambia the *jongo* (“slave”) category is acknowledged, and continues to define special relationships of reciprocity that exist between particular families.⁹ These social groupings also affect performance practice by shaping who participates and in what manner. For example, kanyeleng women in the villages of Taibatou and Kerewan in the Upper River Region explained that membership in their group was restricted to *jongo* and *nyamaaloo* (artisans, in this case specifically *karanke*, or leatherworkers). In contrast, in western Gambia kanyeleng membership was not restricted to any particular hereditary groups. Further research is needed to determine the extent to which kanyeleng membership is defined by social group in other regions of the country. Nonetheless, the association of kanyeleng performance with particular hereditary identities in parts of eastern Gambia shows that griot music is not the only performance practice defined to some extent by family lineage.

Much research on music in the Sahel region has focused on griots, providing insight into the position of musicians in social life as well as the rich and dynamic traditions of instrumental and vocal performance (e.g. Charry 2000; Conrad and Frank 1995; Duran 2013, 2007; Hale 1998; Knight 1973; Tang 2008). The scholarly preoccupation with griots, however, has also contributed to misconceptions regarding the range of musical practices in the region as well as the role of women in performance (see Appert 2012). Griot performance, though important, represents just one slice of the diverse musical practices in the region, many of which are performed primarily by people who do not belong to griot families.

⁹ Distinct from the English concept of “slave” as human property, in contemporary Gambia the term *jongo* defines particular obligations and hierarchical relationships of reciprocity between individuals or families. Though family identity as *jongo* is largely obsolete in western Gambia, individuals may refer to their responsibilities to certain family members as *jongoyaa* (“being a slave”). For example, a woman may serve as a *jongo* cooking and cleaning when her uncle hosts an event such as a naming ceremony or a wedding.

Though Wolof drum ensembles are typically comprised of griot performers (*gëwël*), most percussion traditions in the country, including the drum ensembles of Mandinka and Jola, do not usually involve griots. Following local practice, I use the term *tulungo* (Mandinka, “play”) to refer to these kinds of events, which usually involve song, dance and handclapping in addition to percussion performance. In contrast to the “aura of exclusivity that surrounds the jali’s music” (Knight 1974), these percussion and dance events are highly participatory and inclusive of people from different social groupings (see Chapter 4 for further discussion of the participatory characteristics of *tulungo*). The difference between griot performance and these percussion and dance events for Mandinka is illustrated by the difference in terminology used to refer to the events. Percussion and dance events are referred to as *tulungo* in Mandinka, while *jali* performances are referred to as *jaliyaa* (the art of the *jali*)(see Knight 1973; Charry 2000). These somewhat distinct spheres of musical activity are accompanied by different norms and expectations shaping who participates as well as how they participate.

The classification of certain performance genres as “griot” or “non-griot” is further complicated by the complexity and fluidity of notions of “griot” identity. In Mandinka, the word for griot (*jali/jalo*) is frequently used to refer to different kinds of performers. For example, a drummer is referred to as a *tantanjalo* (drum griot) or just *jalo*. Similarly, a person who regularly sings for *tulungo* events (usually not from a *jali* family) is referred to as a *daajalo* (mouth/singing griot). Furthermore, other artisan groups such as leatherworkers (*numu*) or metal workers (*karanke*) may also take on roles as performers and be referred to as *jalo*. For example, this is true for Kejawo Juwara, a professional bidong player who travels throughout the Gambia and surrounding countries

to perform. When I asked Kejawo why she plays the bidong, she explained that she is a *jalo*. Kejawo belongs to a leatherworker family from the Serahule ethnic group.¹⁰ She said that her father played the drum and it came naturally to her to play the bidong.¹¹ The characterization of drummers as “non-griot” performers among Mandinka and related groups does not adequately probe complex performance identities, heredity, and language usage.

Islam and Music in The Gambia

Women’s performance practice is shaped by religious discourse and practice in The Gambia where over 90 percent of the population identifies as Muslim. The Gambia is characterized by a high degree of religious tolerance. Many families have both Muslim and Christian members, and people with different religious beliefs frequently come together to celebrate each other’s holidays. Unlike Muslim practice in other parts of West Africa such as Northern Nigeria (Callaway and Creevey 1994), most Muslim women in The Gambia do not practice seclusion and participate actively in public life.

Muslim minorities have resided in the Senegambia region since the tenth century when North Africa Muslim clerics and merchants settled in major towns along trade routes (Janson 2013). These Muslim settlers were appreciated for their expertise as traders, scholars and healers (Wright 2010). More widespread conversion to Islam occurred in the nineteenth century with a series of conflicts between Muslims and non-Muslims referred to as the “Soninke-Marabout wars.” Muslim leaders inspired by a

¹⁰ As is not uncommon in parts of western Gambia, though Kejawo Juwara identifies as Serahule, she speaks primarily Mandinka and performs primarily Mandinka rhythms and Mandinka-language songs.

¹¹ Charry notes that *numu* (blacksmiths) have been associated with drumming among some Mande groups because traditionally they carve the instrument (2000: 195).

growing Islamic reform movement in West Africa, and rebelling against the corruption and discrimination of the ruling classes, sought to establish Islamic states along the Gambia River (Wright 2010). In 1861, the Muslim cleric Maba Diakhou led a successful uprising against the rulers of the state of Badibu on the north bank of the river, which inspired a series of other conflicts eventually resulting in Muslim control throughout much of the region (Hughes and Perfect 2006). These nineteenth century religious upheavals were also connected to the consolidation of British political and economic power along the river, and the subsequent weakening of the control of the ruling classes.

Histories of performers' relationship to Islam tell conflicting stories. Foreign historians, attempting to disentangle Islamic and pre-Islamic cultural elements, have emphasized the role of griots in supporting indigenous belief systems and resisting Islamization (Ebron 2002). In contemporary Gambia, however, *jali* "construct a history in which Islam and jaliya [*sic*] emerged together and have created a linked authority in which each requires the other" (Ebron 2002:102). *Jali* incorporate elements of Islamic literature into their oral histories with the Mande Emperor Sunjata's lineage being traced to the Muslim figures of Bilali and Surakata (see Conrad 1985; Hale 1994). Kanyeleng performers similarly emphasize their compatibility with Islam by referring to the historical development of *kanyelengyaa* (kanyeleng practice) in the time of the Prophet Muhammad. In this way, contemporary performers legitimize their position through reference to religious as well as traditional authority.

In the Senegambia region, there is a special relationship between music and Sufi Islam. For many Senegambians, conversion to Islam was motivated by Sufi religious leaders known as marabouts. The most important Sufi sects in the region are the

Tijaniyya, with origins in North Africa, and the Mourides, a uniquely Senegalese sect of Sufi Islam founded by Cheikh Amadou Bamba Mbacké (1850-1927). In addition, a disciple of Cheikh Amadou Bamba, Cheikh Ibra Fall founded a distinct sub-sect of Mouridism known as Baye Fall. Followers of Baye Fall substitute hard work for prayer and fasting. According to Fiona McLaughlin, they also incorporate elements of pre-Islamic Wolof religion in their practice, including “drumming and clubbing of their bodies in order to induce trances” (McLaughlin 1997: 564; see also Savishinsky 1994). Since trance is also prevalent in North Africa and the Middle East, however, the origin of such practices is not entirely clear. From the Baye Fall’s perspective their religious practice is in accordance with the divine tenets of Sufi Islam as established by Cheikh Ibra Fall (Savishinsky 1994).

Mouridism, including the practices of the Baye Fall, exerts a strong influence on Senegambian popular culture, despite the fact that Mourides are a minority of the population. The majority of Muslims in the Gambia do not identify with any particular Sufi order (Janson 2006), and even within the Sufi world, the Mourides are outnumbered by Tijanis (McLaughlin 1997). Fiona McLaughlin (1997) attributes the strong influence of Mouridism to the large percentage of Wolofs who adhere to Mouridism as opposed to Tijaniyya and links the dominance of Mouride references in popular culture to the dominance of Wolof culture more generally. Although Wolof comprise just 16 percent of the Gambian population, Wolof language and culture exert a strong influence in the country, particularly in the Western Region.

Ideas about gender and appropriate behavior for Muslim women shape the way women engage with musical performance in The Gambia. While for some women

religious piety and family expectations may limit involvement in performance, in other cases women have access to performance opportunities that are not available to men. In Chapter 3 I will discuss the ways in which women negotiate their musical performance practice in relation to complex ideas about gender roles, religion, and social responsibilities.

Women's Groups and Musical Performance in The Gambia

I first met the members of the women's group known as the Bolonkono Kafoo ("upcountry group") on a hot afternoon in August 2012 in the village of Lamin in western Gambia. Though I had lived in The Gambia for two years, I was new to the village and I was still getting to know my neighbors and the people who lived along the mile-long road that I walked every day to and from our compound. As I was walking home one afternoon, I noticed a large group of women sitting in front of a long mud brick house across from the large silk cotton tree. When I greeted them in Mandinka, the group's leader Lisa introduced herself and invited me to join them. She explained that the son of one of their members, Yama, had just been circumcised and they were going to perform a dingdongo ("child's dance") at Yama's compound. I accepted the invitation and joined the group as they walked the short distance along the sandy road to Yama's home.

When we arrived, Awa placed a yellow bidong (20-liter plastic jerry can) on the ground and began to play it with two sticks that she broke off the nearby mango tree. Another woman placed a mortar, typically used for grinding spices, next to the bidong and began to strike the top of the mortar with a saucepan lid in coordination with Awa's bidong playing. A circle formed with the instrumentalists on one side. Lisa led a song

with the words *baadinyaa la kanoo* (“the love of kinship/positive relationship”), and the rest of us sang the response part. We clapped vigorously as one by one dancers kicked off their shoes and entered the circle to dance. The headwraps of particularly energetic dancers fell to the ground as they bent at the waist and moved their arms above their heads and then to the side while stomping their feet. Propelled by nervous excitement, I kicked off my sandals and entered the circle to dance, emerging breathless and laughing as the next dancer jumped in.

Women’s groups such as the Bolonkono Kafoo play an important role in facilitating women’s involvement in musical performance in The Gambia. The Mandinka term *musukafoo* (pl. *musukafoolu*) refers to a women’s group or association (from *musoo*, “woman,” and *kafoo*, “group”). The terms *musukafoo* or *kafoo* can refer to many different kinds of groups, including associations based on age, neighborhood, political affiliation, HIV positive status, kanyeleng membership, and/or involvement in health promotion programs, among others. Some of these types of *musukafoolu* emerged over the past several decades, while others have a much longer history. As noted above, in this study I focus in particular on the health performance practiced by kanyeleng groups and HIV/AIDS support societies.

Groups based on age, geography, and political affiliation

Two of the most prevalent forms of *musukafoolu* in contemporary Gambia include age-group societies and neighborhood associations. Many women, even in more urbanized areas such as the village of Lamin, belong to an age-group society, or *fulankafoo* (pl. *fulankafoolu*). With membership usually starting in childhood or early

adolescence and comprised of members of the same age group, *fulankafoolu* are associated with circumcision and initiation events as well as practices of mutual aid and work (Wright 2010). In contemporary western Gambia, *fulankafoolu* remain important as a unit of social mobilization particularly in relation to life cycle events and mutual support. In some areas women also form groups based on their neighborhood of residence or, for recent migrants to urban areas, their region of origin. This is the case for the Bolonkono Kafoo described above, which was originally comprised primarily of members from eastern Gambia.¹² These groups often share similar goals to the *fulankafoolu*, with an emphasis on mutual support and life cycle events, but they may span generations rather than only including members who are close in age. Groups vary in their level of involvement in organizing performance events. While some groups meet frequently, others meet irregularly and only come together to celebrate events such as the naming of a new baby, the circumcision of a child, or the marriage of a group member or their relative. In many cases, group members will contribute a set amount toward the cost of such events. Some groups are active as performers whereas others do not emphasize music, singing or dancing. Similarly, while some groups include highly skilled female percussionists, others hire male drum ensembles to perform at group events.

In addition to *fulankafoolu* and neighborhood associations, women may also join a *yai compin*, which is a kind of women's group established during the colonial period for political mobilization (Hassoum Ceesay, personal communication, 21 November, 2012). Taken from Wolof, the term *yai compin* has been incorporated into Mandinka and other local languages to refer to politically oriented groups. The flexibility of the term is

¹² Though the Bolonkono Kafoo now includes members who are not from eastern Gambia, they still prefer to perform with male drummers who are familiar with rhythms from eastern Gambia.

demonstrated in the case of the Lamin Bolonkono Kafoo of which I was a member from 2012-2013. While some women referred to the group as a *yai compin*, and they were involved in some political programs, the group's activities mostly resembled those of a *fulankafoo* or a neighborhood *kafoo*.

Kanyeleng groups

The MoH and other health education organizations work with a variety of *musukafoolu*, including groups that were originally neighborhood associations, politically oriented group, or age-group societies. The most important kind of women's group in health promotion programs, however, is the kanyeleng group. Even those groups that were formed specifically for health promotion purposes such as theater groups or groups dedicated to a particular health issue such as exclusive breastfeeding (i.e. Suusundi Timmaring groups) often consist primarily of kanyeleng. Kanyeleng membership is defined primarily by shared experiences of infertility and/or child mortality, and kanyeleng groups are known for their distinctive entertaining and comical performance style. In order to address infertility and child mortality, kanyeleng women use a variety of strategies that center on the themes of prayer, trickery, and musical performance. Kanyeleng collaborators told me that *kanyelengyaa* (kanyeleng practice) is defined primarily as a form of *Allah daanoo*, or praying to God for a child (see Hough 2006).

In contemporary Gambia, women from any ethnic group may become kanyeleng, but the practice is particularly strong among Mandinka and Jola. While I heard that men occasionally became kanyeleng for the same reasons women did, I have yet to meet any male kanyeleng in person. Some of the groups I worked with did have male members,

however, who participated in performances and in some cases performed administrative roles such as record keeping. Other Mandinka terms for kanyeleng include *dimbajasa* and *tolewo*. Although the term *tolewo*, literally meaning “fool,” is sometimes used as a synonym for kanyeleng, in other cases it can refer specifically to the child of a kanyeleng (*kanyeleng dingo*). According to scholar Cheikh Omar Jallow, *tolewo* groups were a recent development inspired by the daughters of kanyeleng women in Banjul. Jallow explained that because group restrictions prevented mothers and daughters from both being kanyeleng, a group of young women decided to form a *tolewo* group instead. This group enabled them to perform and behave like kanyeleng without violating the restrictions on kanyeleng membership (Cheikh Omar Jallow, personal communication, November 28, 2012).

According to the kanyeleng women with whom I spoke, problems with infertility and child mortality frequently resulted from the presence of a *kuntofengo* or *kuntojinno*.¹³ *Kuntofengo* refers to a spirit or a spirit husband that becomes attached to a woman and interferes with her ability to have children that survive.¹⁴ Many of the practices associated with *kanyelengyaa* aim to rid a woman of her *kuntofengo* in order to allow her to achieve her reproductive goals.

Women may choose to become kanyeleng, or family members may facilitate their initiation. Kanyeleng initiation practices demonstrate features of ritual liminality as described by Victor Turner (1967). Kanyeleng undergo a thorough identity transformation and they are able to challenge authority and behave in ways that would normally be

¹³ These terms can be broken down to *kunto* (“on the head” or “on top of”), *fengo* (“thing”) and *jinno* (“spirit”).

¹⁴ See Hough (2006) for further discussion of kanyeleng fertility-related practices; see Chapman (2010) for a discussion of the concept of spirit husbands in Mozambique.

forbidden (see Chapter 6). Mandinka refer to kanyeleng initiation as *kuuroo*, meaning “washing” or “baptism.” During the process, the initiate receives a new name that, in combination with changes in dress and ethnicity, is intended to enable the woman to escape her *kuntofengo* by becoming unrecognizable.

In October 2013 I observed and participated in three women’s initiation into *kanyelengyaa*. Before the event, the kanyeleng women filled a bucket with water and leaves from orange and mango trees. They also prepared a large bowl of millet porridge (*monoo*), and a cup of uncooked rice. Nyali Damba explained that oranges, mangoes, millet and rice were all very fertile. One millet seed, when you plant it in the ground, grows to produce hundreds of new seeds. Similarly, one mango tree bears hundreds of mangoes that passersby can eat. The initiate sat in the center of the circle and removed her clothing except for her underskirt. Fatou Gassama told me that her clothing was now the property of the kanyeleng group.

The women sang songs that they identified later as part of a specific kanyeleng repertoire, even though they were performed with the more widely popular *lenjengo* and *musuba* rhythms. Sunkari played the bidong to accompany the singing and dancing. The following is the text to one of the songs they performed:

Big Well, that which you have done for [other] people, do it for me also.
Kolonbaa, i ye meŋ ke moolu le ye, kolonbaa, a ke n fanan ye.

Kemo Mas and Nyali Damba explained to me that the “big well” (*Kolonbaa*) referred to a traditional praying place. In the past people went to pray at the big well and had healthy children. Another song featured the following words:

Holding on to Allah, there is nothing like [Allah], may you hold on, let it be strong
Alla mutoo, ñon te, i si a muta a ye bamban

Kemo and Nyali explained that some women who are unable to conceive a child might be tempted to take outside lovers in order to try to conceive. In other cases, marriages may end because they have not produced a child. This song cautions women to hold on to their faith in Allah so that their marriage will last. These two songs are typical of kanyeleng repertoire in that they have relatively few words, and yet they convey a great deal of meaning.

During the event, the group members wore the funny clothing that is characteristic of kanyeleng. For example, some group members took off their dresses and put on large, misfitting trousers or oversized underwear over short pants. Their behavior was similarly outrageous. They joked, laughed, made sexually suggestive moves, and ridiculed the new initiate. Nyali was chosen as the primary “washer” of the new initiate because she had had many children. She, along with Binta Bojang and Fatou Gassama, washed the new initiate with the water soaked in mango and orange leaves. They washed her hair and put grains of rice in it. Finally, they wiped the millet porridge all over her body. The rest of us danced and sang around the initiate, stopping to scoop up some millet porridge as we passed by. It was a messy affair, with delicious but sticky millet porridge splashing over our faces and bodies. Finally, the group stopped singing and turned toward the east to pray, kanyeleng-style. Everybody prayed at once with emphatic speech and exaggerated gestures that marked this prayer as a kanyeleng activity. After the prayer was complete, the kanyeleng women chased the new initiate away, hitting her with small sticks and instructing her not to look back. She ran away down the street to her compound. Although she was covered in dried porridge, to maximize the effect of the intervention, the initiate was not supposed to bathe until the following day. She could

wipe herself off with a dry cloth, but she should not wash herself with water. Group members explained to me that by subjecting herself to this treatment, a woman evaded her *kuntofengo* and also demonstrated to God the lengths to which she was willing to go for a child.

In addition to initiation events, kanyeleng organize a variety of other events as part of their fertility-related practices. One of these is the kanyeleng “naming ceremony” where a new baby is given a kanyeleng name and a papaya is “slaughtered” in imitation of the killing of the ram at a Muslim naming ceremony. Another common kanyeleng practice, also intended to evade the *kuntofengo* or spirit husband, is the custom of leaving a young baby at a crossroads or a rubbish dump. The person who picks the child up will then usually take on the role of their namesake or guardian (Hough 2006). As well as such kanyeleng-organized events, kanyeleng groups frequently perform as entertainers at all kinds of other community events such as naming ceremonies, weddings, and circumcision-related occasions, as well as political events. Furthermore, while the kanyeleng organized the event described above specifically for the purpose of initiation, in some cases initiation or “baptism” may take place at other events such as weddings or naming ceremonies where kanyeleng are performing.

Alonso, a kanyeleng woman from western Gambia, explained to me that kanyeleng practice had changed from when she was a girl. She told me that in the past a kanyeleng woman would take on a new ethnicity and move to a different village for a period of some years. Along with her new identity, the woman would wear ragged clothing or men’s clothing (see Figure 3) in order to evade her *kuntofengo* and demonstrate her desperation in the hope that God would give her a child. She would wait

until she had born a healthy child who lived for several years before returning to her husband's village. In the past, some kanyeleng initiates were also required to carry puppies around on their backs as though they were babies. Initiates were expected to eat from the same dish as the puppy – a practice that would normally be taboo in Gambian society (see Hough 2006). Today, many women reject these practices that are seen as unhygienic or too inconvenient.



Figure 3 – Members of the Dobong Kunda kanyeleng group, Central River Region, July 2013, photograph by the author

Kanyelengyaa has also changed dramatically as groups have taken on roles in health and development communication. While in the past kanyeleng faced stigma for their childlessness and shameful behavior, in contemporary Gambia *kanyelengyaa* has begun to attract women who have not experienced reproductive challenges. Some women

choose to join kanyeleng groups because they want to have opportunities to perform and, in the case of more financially successful groups, they want to earn income. The breaking down of categories of kanyeleng and non-kanyeleng, which may not have been very firm to begin with, has also changed the meaning of the word “kanyeleng” in The Gambia. While most of my consultants connected kanyeleng membership to reproductive challenges, others defined kanyeleng simply as “traditional communicators” (“TCs”) and had little to no knowledge of other aspects of kanyeleng practice. In Chapter 6 I will elaborate on the way kanyeleng use their unique position and performance practices to address sensitive health topics and challenge stigmatized identities.

HIV/AIDS support groups

Support groups for people living with HIV/AIDS represent another form of women’s collective action that has emerged in the past several decades. Support groups such as the Allatentu Support Kafoo (ASK) have also been actively involved in sponsoring musical performance events and recording projects. While most of the HIV/AIDS support groups in the country are not restricted to female membership, the majority of the members are women. For example, women make up more than 85 percent of the members of ASK, the group with which I have been involved since 2006. The predominance of women in HIV/AIDS support groups like ASK is likely attributable to several factors. First, HIV/AIDS support groups bear some similarities to the pre-existing mutual support societies discussed above, which are often viewed as a female domain. Furthermore, as I will discuss in Chapter 3, crackdowns on male collective action during the colonial and post-colonial periods in The Gambia may have contributed to the

predominance of women in group membership. Perhaps even more significant, however, in explaining the female majority in HIV/AIDS support groups, is that many women learn their HIV positive status through prenatal testing for the purpose of preventing mother to child transmission of the virus. Despite efforts to better involve male partners, the gender imbalance in accessing HIV testing services remains entrenched. A final reason that women may dominate in support groups is that physiological, social, economic, and structural factors give women a higher risk of contracting the virus (Ramjee and Daniels 2013). HIV/AIDS support societies such as ASK have also incorporated music as an important part of their activities.

The impact of women's groups of all kinds on musical performance events in The Gambia is enormous. While some events, such as the Bolonkono Kafoo performance described above, are informal and relatively spontaneous, other events may be planned and publicized for months in advance. For example, one prominent Brikama women's group hired popular performer Jaliba Kuyateh every year for a New Year's Eve performance in Brikama's Box Bar. Admission fees help to offset the cost of organizing such events, and in some cases groups will organize concerts specifically for fundraising purposes. The emphasis on male performers in research on music in The Gambia, and the Sahel region more generally, has obscured not only the variety of music performed by women, but also the central role that women play in organizing musical events of all kinds.

Performance Practice and Instruments Associated with Women

While many forms of instrumental performance occupy a predominately male arena in The Gambia, a number of instruments are specifically associated with female performers. Mandinka *jalimusoolu* specialize in playing the *nee* (an iron bell) to accompany singing. Other than the *nee*, one of the most important women's instruments historically has been the calabash gourd. Women play the half-calabash using a wide variety of styles and techniques that vary by ethnic group. Mandinka instrumentalists typically overturn the calabash in a tub of water and play it using two sticks (see Figure 4). This instrument is called the *jiikijo* or the *jiidundun* (water drum) in Mandinka.



Figure 4 – Calabash *jiikijo* played by a performer in Wassu, Central River Region, April 2013, photograph by the author

Wolof women in Bati Njol play the calabash by placing it on a cushion on their lap and striking it with their hands. Rings on the players' fingers provide variation in

timbre and volume.¹⁵ Though in many regions of the country the drum is considered a man's instrument, women also play a variety of drums (see Figure 5). Female drummers are particularly common in eastern Gambia in the Central and Upper River Regions, but some women in western Gambia also play drums. Fulbe women are particularly well known for their skill as drummers.



Figure 5 – Members of the Missirah kanyeleng group (Central River Region) preparing to play *kutiro* drums, July 2013, photograph by the author

In addition to the calabash and drums, women convert a variety of other kitchen/household items into instruments. The most widespread of these is the bidong (see Figure 6). Coming from the French *bidon*, the word bidong has been incorporated into local languages to refer to a 20-liter plastic jerry can.¹⁶ Younger performers with

¹⁵ More research is needed in order to determine how widespread this calabash technique is in Wolof communities elsewhere in The Gambia.

¹⁶ The word “bidong” is also used more generally to refer to a variety of containers such as water bottles.

whom I spoke referred to the bidong as a “traditional” instrument (*coosaano*)¹⁷ and could not remember a time when bidongs were not played. Older consultants stated that the bidong had replaced the calabash *jiikijo* (“water drum”), which was the true “traditional” instrument for Mandinka women. They explained that Sahelian droughts had affected the supply of large calabash gourds in the late twentieth century, making the bidong a more attractive alternative instrument. The calabash *jiikijo* is still played, however, frequently in combination with the bidong. The bidong and *jiikijo* are frequently joined by a wooden mortar, which is played by striking a metal lid against its lip to create a sharp, percussive sound, as described above. Performance practice is highly flexible, with players choosing different combinations of instruments based on the availability of skilled performers and instruments. Bamboo clapping sticks associated with the Jola ethnic group have become popular among some Mandinka women’s groups in the western part of the country such as the APGWA kanyeleng. Many women’s groups also include one or more police whistles, which are also played by the lead drummer (usually male) in Mandinka *kutiro* drum ensembles. Wolof women in some areas play metal bowls and plastic wash tubs. The full regional and ethnic diversity of women’s performance practice, while beyond the scope of this study, deserves further attention in order to avoid inaccuracies in representation of women performers based on the practices of Mandinka women in western Gambia.

The practice of women converting household items into musical instruments is not specific to The Gambia (Modic 1996: 107). Susan Rasmussen notes that Tuareg women accompanied their singing by “striking the backs of washbasins as improvised

¹⁷ My consultants used the word “traditional” (*coosaano* in Mandinka) to refer to performances that draw on a repertoire of songs and rhythms that have been handed down for generations. Change and innovation within this repertoire is expected.

drums” (2014: 265). Similarly, Luciana Penna-Diaw writes that Wolof women in Senegal play the dry calabash as well as the water drum, the mortar, metal basins, and the *ngalandu*, which she describes as an “iron vessel that replaces or joins the *leket* or calabash” (2014: 127). The “water drum” has also been documented elsewhere in West Africa, including Mali and Nigeria, as well as in Haiti (Modic 1996).



Figure 6 – Kejawo Juwara playing the bidong with the APGWA kanyeleng, October 2013, photograph by the author

As discussed earlier in this chapter, scholarship on West African music has not adequately explored women’s musical performance practices and the variety of

instruments played by women, resulting in misconceptions about instrumental performance as solely a male domain. The neglect of women's instruments such as the bidong is striking considering the prominent role that the instrument plays in many performance contexts in The Gambia. In my view, the absence of discussion of the bidong in scholarship reflects music researchers' ideas about authenticity and value. That is, scholarly preconceptions about what music is worth studying have contributed to the gender bias in West African music research as well as the neglect of many of the most locally significant performance practices. This dissertation attempts to fill this gap by exploring the musical performances of kanyeleng groups, as well as the non-griot performer Fatou Ceesay and the Allatentu Support Band.

Outline of the Dissertation

This dissertation is divided into seven body chapters focusing on different aspects of women's musical performance practice and health promotion in The Gambia. In Chapter 2 I examine the public health landscape in The Gambia, the challenges faced in conducting research on music and health, and my methodological approach. Chapter 3 explores the gendered construction of musical performance and health promotion work. I analyze local conceptualizations of women's roles in performance and health as they are shaped by ideas about shame, religion, the international development industry, and colonial and postcolonial politics.

In Chapter 4 I interrogate the concept of participation as it has been used in discourses and practices of music and global health. I argue that ethnomusicological theories of musical participation bring a valuable perspective to interdisciplinary

discourse on musical performance as a culturally appropriate, participatory approach to global health and development. Chapter 5 builds on the theoretical discussion of participation developed in Chapter 4 by concentrating on local conceptualizations of music and social relationships. I focus in particular on the Mandinka concepts of *baadinyaa* (positive relationship) and *sanawuyaa* (joking relationship).

In Chapter 6 I explore performative license, analyzing the way women use performance to address sensitive topics and transform stigmatized identities. Finally, Chapter 7 examines women's performances as a form of "traditional communication" defined by adaptability and innovation. I focus in particular on the role of performance in involving local people, making biomedical information accessible, and promoting memory and emotional engagement.

CHAPTER 2

Health and Musical Performance in The Gambia: Methodology and Inspiration

The inspiration for this research came long before I started graduate studies and officially became a “researcher.” My commitment to exploring relationships between music and health developed during the time I spent working as a health educator with the US Peace Corps in Tanzania and The Gambia (2003-2007). My relationships with the two women to whom this dissertation is dedicated were particularly influential in shaping the direction of my academic and applied work.

I begin in Mkalala, a small village in the southern highlands of Tanzania where I lived from 2003-2005. My closest friend and confidant in the village was my neighbor Mama Wini. She wore a brilliant purple head wrap, had an infectious laugh and loved to dance. Mama Wini told me that most of the people in her church didn’t sing the song repertoire of the Hehe ethnic group anymore because they were not Christian songs. But she taught me all the songs she knew. We would sit in my living room and sing while beans and rice boiled on the charcoal stove. Mama Wini took the leading role and I would follow. Often other women and children would also attend. Sophia, my fourteen-year-old neighbor, would often join us in the evenings. Even though she was from the Hehe ethnic group, Mama Wini also knew some songs in Bena and Kinga. One of the Kinga songs had a fun dance with a two-step pattern that we would do while we sang.

Funerals were too frequent in Mkalala, located in an area of Tanzania particularly hard hit by HIV/AIDS. When there was a funeral, Mama Wini and I would go together to dance inside with the women until late at night when we would all fall asleep lying on

mats on the floor. This was one of the few occasions where traditional songs and dances still brought everybody in the community together.

Mama Wini lived alone with her seven-year-old daughter, Wini. Wini's father had died over a year earlier and his family had taken all his savings, leaving Mama Wini with very few resources. To support herself and Wini, Mama Wini worked six days a week from dawn until dusk picking tea for the multinational company Unilever. The work was hard and Mama Wini suffered from a series of health problems, including a cough that would not go away. One afternoon she came over and told me that she had just come from the health clinic at the tea plantation. The doctor had told her she was HIV positive.

In the United States and other wealthy countries, Highly Active Antiretroviral Therapy (HAART) became available in 1996, greatly extending the life expectancy for people living with HIV/AIDS. Eight years later, when Mama Wini found out she was HIV positive in 2004, she still did not have access to this life-saving treatment¹⁸ – a shocking illustration of global inequality and blatant disregard for the lives of Africans with HIV. Mama Wini died two years later (shortly after I left Mkalala), leaving Wini to live with her grandmother.

My friendship with Mama Wini and other people living with HIV/AIDS in Mkalala led me to continue HIV/AIDS related work, this time with an HIV/AIDS support group in The Gambia. In the Allatentu Support Group in The Gambia I met the charismatic Fatou Ceesay, a popular singer engaged in writing songs about her experience as an HIV positive woman. As I will discuss in Chapter 6, I worked with Fatou, her husband, and other members of the support group, to find funding and produce

¹⁸ The lack of access to HAART in Tanzania resulted from lack of funding, the delay in allowing generic drugs on the market, and difficulties implementing treatment programs in rural areas.

an album of songs that aimed to educate listeners about HIV/AIDS and challenge stigma and discrimination against people living with the disease. In addition to my work on the organizational aspects of the album, I played with the band as keyboardist and sang back-up vocals. The album received extensive airplay on national radio and television and it was embraced by people with HIV, support groups, and health service organizations. Working on this project opened my eyes to the complexities of global HIV/AIDS politics and funding and the importance of Fatou Ceesay's courageous musical response to HIV/AIDS. Fatou Ceesay died in 2007 after ceasing her antiretroviral medication in order to take part in a controversial HIV/AIDS treatment program (see Nyanzi 2012). In coming to terms with Fatou's death, I have been forced to think more deeply about the complex politics of health funding and knowledge production, and how the lives of people like Fatou Ceesay are caught in the middle of conflicts between different understandings of health and healing.

The stories of Mama Wini and Fatou Ceesay are the inspiration behind this research. I am committed to research that 1) interrogates the global power relations that perpetuate health disparities and undermine indigenous African cultural expression and ways of knowing, and 2) highlights the creativity and agency of local actors who draw on rich cultural resources of musical performance to address complex social and health problems. While attempts by foreigners to "help" Africa are often misguided, the notion that we can remain neutral and uninvolved in the lives of people like Mama Wini and Fatou Ceesay is false. The entangled global relationships that connect us require our responsible engagement. People around the world drink Lipton tea picked by Mama Wini and others in the Tanzanian highlands. The global financial system that keeps wealthy

countries rich also perpetuates dramatic health disparities between rich and poor countries (MacDonald 2005).

In conducting ethnomusicological research on music and global health, I aim to be a “vulnerable observer” (Behar 1996), deeply involved and responsible to the people who form the focus of my research. I am inspired by the work of Gregory Barz (2006), who demonstrates an emotionally engaged ethnomusicology of HIV/AIDS in Uganda, and Ruth Behar (1996) who argues that “anthropology that doesn’t break your heart isn’t worth doing anymore” (177). I seek to accomplish applied ethnomusicological work that, as Dan Sheehy defines it,

begins with a sense of purpose, a purpose larger than the advancement of knowledge about the music of the world's peoples; a purpose that answers the next question, To what end?; a purpose that shapes our action into concrete lines of strategy that are not preconceived or predetermined by an absolute idea of what these actions should be. (Sheehy 1992: 323)

This approach is fraught with difficulties and is fundamentally shaped by the identity of the researcher and the relationships she develops with real people in “the field.”

Health in The Gambia

In order to contextualize my methodological approach, I begin with an introduction to the public health landscape in The Gambia and the challenges of conducting research on music and health. Female performers’ involvement in health promotion work in The Gambia must be understood in relation to the challenging political and economic realities of health funding in the country, which contribute to extremely limited access to basic health services and information.

The Gambia is a medically pluralistic society in which people utilize a variety of therapeutic options, including biomedicine, indigenous herbal medicines, and spiritual or “metaphysical” treatments (traditional medical practitioner, personal communication, October 10, 2013). According to the Program Manager of the National Traditional Medicine Program, among the most widely recognized practitioners of traditional medicine in The Gambia include specialists in mental health, eye care, bone setting, and divining. Much traditional medical practice in The Gambia also incorporates Islamic beliefs, and many of the most sought-after practitioners are marabouts (*moroolu*, Mandinka), who are Islamic scholars and teachers. While marabouts vary in their areas of expertise, they are frequently called upon to prepare protective amulets that are worn on the body (*safoolu*, Mandinka) using Qur’anic verses. They may also prepare healing water for bathing (*nasoo*, Mandinka) by instilling it with the ink from Qur’anic verse. While kanyeleng practice represents an indigenous response to infertility and child mortality, most kanyeleng women do not consider themselves traditional medical practitioners. Even so, kanyeleng washing or “baptism” (as described in Chapter 1) is widely recognized as one of the options available to women (and occasionally men) who face reproductive challenges.

People make health care choices based on the options that are available to them as well as ideas about the causes of different illnesses and the effectiveness of different treatment options. For illnesses that are attributed to spiritual causes such as *jinn* (spirits) or *buwaalu* (witches), people are more likely to consult a marabout than a village health worker.¹⁹ For example, a *jali* friend whose performing career was interrupted by a

¹⁹ For a related discussion of the causes of illnesses and the role of marabouts in healing in Senegal, see Perrino (2002).

chronic hand injury attributed his problem to witchcraft and sought help from a number of marabouts. He believed that jealous rivals who did not wish to see him succeed had resorted to witchcraft as a way to destroy him. In contrast, for illnesses such as malaria, which is widely recognized as being caused by a parasite spread by mosquitoes, people are more likely to seek biomedical treatment.

The National Traditional Medicine Program of the Gambia (NTMP) is the government organization dedicated to promoting traditional medicine in the country and “complement[ing] the government’s efforts in health care delivery” (NTMP Program Manager, personal communication, October 10, 2013). In a meeting in his Banjul office in 2010, the Program Manager for the NTMP told me that there was a need for more support and recognition of traditional medicine in The Gambia. Despite the publicity and support generated by the President’s treatment program, traditional medicine is still frequently viewed as conflicting with biomedical treatment options. In its work, the NTMP emphasizes the complementarity of traditional medicine and biomedicine in The Gambia in order “to see that health care is affordable, accessible, and the quality not compromised” (personal communication, October 1, 2013).

The life expectancy in The Gambia is 61 years (WHO 2012). Leading causes of mortality in the country include malaria, acute respiratory tract infections, and diarrheal diseases. In addition to the ongoing importance of infectious diseases, The Gambia has a growing non-communicable diseases burden. Cancers, hypertension, and diabetes are now among the top 10 causes of mortality in country. With just 1.1 physicians and 8.7 nurses and midwives per 10,000 people, The Gambia has fewer health care workers per capita than the regional average (WHO 2012). The scarcity of skilled health professionals

results in long wait-times and short consultations at government health facilities, and makes it extremely difficult for patients to meet their health care needs.

Following the 1978 Alma-Ata declaration co-sponsored by the World Health Organization, the early 1980s saw increased attention to establishing affordable, community-based health care in The Gambia and other sub-Saharan African countries. By emphasizing the provision of primary health care services throughout the country, the Gambia MoH sought to overcome the colonial legacy which provided quality health care only to a select few located in the urban areas of western Gambia (Sundby 2014). As part of the primary health care initiative, the MoH established and trained Village Health Workers, Community Health Nurses, Public Health Officers, and Traditional Birth Attendants in rural areas in The Gambia. A longitudinal study conducted by the UK Medical Research Council based in The Gambia showed that the primary health care initiative significantly reduced infant and child mortality (Hill et al. 2000). Support for primary health care has waned since the 1990s, however, as a result of funding cuts and neoliberal economic policies grounded in “a deep belief in the power of the market to solve the world’s development problems” (Berthoud 2010: 74). As a consequence, in The Gambia today, many rural health posts lack access to even the most basic equipment and medicine, and low pay and poor conditions has also resulted in extremely high turnover rates among government health workers (Sundby 2014).

Using an individualized approach, “rather than investing in structural interventions to protect the health of its citizens, the state frames health as the individual’s moral responsibility to choose a lifestyle that avoids risk” (Bourgois and Schonberg: 109). This approach does not adequately consider the ways in which

individual choices are bound up with social, political, and economic relationships. In The Gambia, as is the case in sub-Saharan Africa more generally, “chronic under-funding of publicly financed health services” (Sama and Nguyen 2008) has contributed to a redefinition of the role of government in the provision of health care. In 2004, just 24.6 percent of health and social welfare spending in The Gambia came from the national budget, with the remainder coming from donors, NGOs and the private sector (MoH 2012). International aid and non-governmental organizations have increasingly taken on responsibilities for the provision of basic health services in the country. This has resulted in uneven and uncoordinated service provision, with some regions, particularly western Gambia, better served than other more remote areas. Contributing factors in the process of decentralization and the marginalization of the government in health service provision include the influence of international health funding and economic policies as well as the poor performance of the Gambian economy (see Wright 2010).

The decentralization of health service provision has gone hand-in-hand with a shift away from the primary health care model and an increasing emphasis on vertical, disease-specific programs. This shift is particularly evident in the response to HIV/AIDS in The Gambia. The Gambia has an estimated HIV prevalence rate of 1.3 percent (2012 estimate), which is relatively low for the West and Central Africa region where national HIV prevalence estimates range from 0.5 percent to 6.2 percent (UNAIDS 2008, 2012).²⁰ Nonetheless, in 2000 The Gambia was among the first countries to access large amounts of international funding (US\$15 million) for HIV/AIDS programming from the World Bank funded HIV/AIDS Rapid Response Project (HARRP). Four years later The Gambia

²⁰ Scholars have questioned the reliability of HIV/AIDS data in The Gambia because of the politicization of HIV/AIDS treatment in the country (Cassidy and Leach 2009a).

received an additional US\$14 million in funds through the Global Fund (Round Three) (Cassidy and Leach 2009a:17). These funds made possible the establishment of a new National AIDS Secretariat (NAS), nine antiretroviral treatment sites, 24 HIV testing sites, eight support groups for people living with HIV/AIDS, and services for the prevention of parent to child transmission (PPTCT).

The flood of funding for HIV/AIDS had a large impact in The Gambia, where in 2004 the Gambia Government's annual expenditure on health was just US\$13.8 million²¹ (DoSH 2007). The influx of international funds for HIV/AIDS created a new "political economy of resource allocation" with implications for Gambian livelihoods and concepts of health (Cassidy and Leach 2009a: 9). The Global Fund describes itself as a "funding instrument, not an implementing entity" that works with local partners to support uniquely local responses to HIV/AIDS (Global Fund 2001). In The Gambian context (as elsewhere), however, the Global Fund's existence in the country has spawned new politicized structures and processes (including neoliberal, business-oriented approaches) that have not always resulted in effective, locally relevant programming (Cassidy and Leach 2009a).

The response to HIV/AIDS in The Gambia demonstrates features that apply to health programs in the country more generally. Rather than allowing the MoH to address priorities that they identify based on their first-hand knowledge of the health problems facing the country, international funding organizations frequently determine how funds should be spent. In the case of HIV/AIDS funding in the early 2000s, The Gambia

²¹ This number is my estimate based on an exchange rate of 29.6 dalasi to one US dollar. The government expenditure on health in 2004 represented 24.6 percent of the total health expenditure; 66 percent came from donors, nine percent from individual out-of-pocket payments, and one percent from private employers (DoSH 2007).

struggled to spend the entire amount provided by the Global Fund specifically for HIV/AIDS related programs (Cassidy and Leach 2009a). Concurrently, underfunding in other areas prevented them from adequately addressing such problems as maternal mortality (Sundby 2014). Many organizations did important work with HIV/AIDS-specific funding to improve testing facilities and access, and to provide support and care for people living with HIV/AIDS. At the same time, health organizations have recognized that vertical funding for HIV/AIDS was not always the most efficient use of resources. This, in turn, has led to dramatic funding cuts for HIV/AIDS programs during the past five years which has undermined the sustainability of many of the most effective initiatives set up in the early 2000s such as HIV/AIDS support societies.

The underfunding and lack of sustainability that characterizes health programs in The Gambia also affects the work of the female performers that are the focus of this dissertation. As I will discuss in Chapter 3, many rural women's groups became involved in health education work in the early 1990s as part of the World Bank-funded Women in Development project. As is the case with many such programs, however, funding for performance groups since this initial project has been sporadic and uneven. While some groups have received frequent training and continue to work in close collaboration with health organizations, others have become less active. Health workers recognized that effective health promotion programs require ongoing funding and support. While short-term, disease-specific programs can have some impact, there is a need for long-term collaborations between health workers and performers that make it possible to build on prior knowledge and address emerging health problems such as Ebola.

Communication, “Evidence,” and Health Performance

My principle collaborators in the Ministry of Health and Social Welfare (MoH) in The Gambia work in the Health Communication Unit under the Directorate of Health Promotion. From a public health perspective, health communication refers to “the scientific development, strategic dissemination, and critical evaluation of relevant, accurate, accessible, and understandable health information communicated to and from intended audiences to advance the health of the public” (Bernhardt 2004: 2051). The broader category of health promotion encompasses a variety of social and environmental interventions that the MoH employs with the goal of improving health outcomes in The Gambia (see WHO 2014b). For example, a 2013 program to address poor sanitation in the wake of rainy season floods in densely populated areas provided funding for improved latrine construction alongside communication programs focusing on hygiene (e.g. handwashing and water purification).²²

In this dissertation, I examine female performers involvement in health communication as part of a broader process of “health performance.” Building on Brynjulf Stige’s notion of “health musicking,” I use the concept of health performance to describe Gambian performance events in which the health effects “are not given but created ... by the involved participants of a situation” (Stige 2012: 184). As noted in Chapter 1, I view health performance as a form of public healing that goes beyond physical illness to address broader social conditions and relationships that produce disease (Berger 2014; Feierman 1999). The concept of health performance also reference performativity (Wong 2004; Austin 1975). That is, I assume that musical performance

²² Funding for the Directorate of Health Promotion’s work on the sanitation project was provided by the European Union and managed by the National Disaster Management Program.

plays a role in creating reality (i.e. experiences of health and healing) rather than simply reflecting that reality.

In conducting research on health performance in The Gambia, I faced the challenge of negotiating different understandings of the meaning of research and “evidence.” My collaborators at the MoH expected that my research would contribute reliable evidence to inform their health communication programs. Lamin Barrow, the Deputy Program Officer for Health Communication at the MoH explained that there is a need for more evaluation of health communication programs, including those involving musical performance:

Performance plays a very vital role. Only that we have one problem. That is, we don’t evaluate it. Many a time, we will train traditional communicators. People learn a lot from them ... Many a time if you go out, if you ask people, they will tell you these messages, indicating that, yes, the message is relayed to them, but how much impact it has, actually, we don’t evaluate that. (Personal communication, February 26, 2013)

Lamin Barrow and others explained that the absence of thorough evaluation impedes health workers’ ability to justify their use of musical performance as a communication strategy.

Jim Jallow, the Program Manager for Health Communication in the Directorate of Health Promotion similarly emphasized the importance of evidence in informing their work in the Health Communication Unit. Jallow explained:

You know we are in a world, in a scientific world that evidence is very important. Any intervention you do must be based on evidence. And you coming here, doing your dissertation, looking at one of the key things that we do, one of the roles that we intervene, it’s very important. Because at the end of the day, any findings you get, will benefit this office. (Personal communication, January 31, 2013)

I am committed to sharing the results of my research with the MoH and other organizations with whom I worked, with the goal of contributing to their health

promotion efforts. I also recognize the challenge of presenting qualitative, ethnographic research as easily digestible “evidence” to guide health policy and practice.

Like other medical ethnomusicologists (e.g. Barz 2006), I have grappled with the challenge of writing for multiple audiences, both academic and applied. Marina Roseman writes,

Anthropologists and ethnomusicologists insist on the embeddedness of healing practices in individual, social, and historical contexts, but cognitive or biomedical experimentalists find delight in the extraction and isolation of independent variables. Can such different orientations toward the research subject of music and medicine be brought into productive communication? (Roseman 2008:19)

Biomedical research embraces “evidence-based practice,” with the most reliable evidence represented by the quantitative results of the randomized control trial (RCT). Not all aspects of health, healing, and disease are adequately measured through such approaches, however. Bubacarr Sillah from the Gambia National Traditional Medicine Program explained that particularly when it comes to traditional medicine in The Gambia, not all healing practices are adequately measured using the standards of biomedical research. There is a need to look holistically at the ways in which particular healing practices contribute to diverse aspects of human wellbeing, recognizing the connections between physical, psychological, spiritual, and social wellbeing (Roseman 2008). Music therapy scholars Gary Ansdell and Tia DeNora write,

We believe that the time has come to think critically about the ‘fit’ or appropriateness of assessment methods and their purported hierarchy since the ‘gold standard’ of these methods, the RCT [randomized controlled trial], was designed for testing physical matter (and physiological reactions) and not wellbeing, let alone ‘community health.’ Just how applicable, in other words, is the RCT for music therapy, a mode of activity that is, essentially, a form of human cultural interaction (more than physical reaction)? And if we use it, will we, like Procrustes, find ourselves either stretching or cutting off the truth of just how music works? (Ansdell and DeNora 2012:104)

Ansdell and DeNora propose that instead of simply trying to legitimize music therapy in terms of RCT trials and traditional biomedical “evidence,” music therapists should attempt to “broaden the terms of what counts as evidence” (2012:105; see also Ansdell 2014). Scholars working at the intersection of music and health are uniquely positioned to attend to the complexity of human experiences of performance, health, and wellbeing in sociocultural context.

The areas of health promotion and communication present particular challenges for evaluation and evidence collection. I discussed these challenges with Pa Ousman Manneh, a Communication for Development Officer at the United Nations Children Fund (UNICEF) in The Gambia. As part of his work, Manneh works closely with partners in the Health Communication Unit in the MoH. We met frequently in 2013 when I participated in regular meetings of the Communication Task Force in preparation for the polio immunization campaign (see Chapter 4). Manneh discussed the challenge of evaluating communication interventions such as the Open Field Day program that incorporated popular music in an effort to educate people about key household behaviors for health. He explained,

PM: For the KAP [Knowledge, Attitudes, and Practices survey], you know we did the KAP to inform what I am doing with these people now...key household behaviors, and of course... you know at times it’s difficult to see, “because of... this communication intervention, this has happened.” I mean that’s a very, very difficult area.

BM: Because you can’t control where people get information.

PM: Exactly, you cannot control that now. We have nearly 20 community radios now operating. Radio stations, FM radio stations operating in the country. And we have different NGOs doing different things. So at times the community you think you are controlling, that community has access to a lot of information elsewhere. So it’s a bit difficult. (Personal communication, July 9, 2013)

Along with projects that use live music and theater performances such as UNICEF's Open Field Day program, mass media communication (particularly radio) is widely used as part of health promotion campaigns. The wide array of organizations and communication channels providing information about health in The Gambia makes it difficult to assess the impact of a particular intervention.

Although evaluation of health promotion programs has been limited, data provided by the Demographic and Health Survey and the KAP surveys show that change is occurring in the six household behaviors that have been a primary focus of the MoH with support from UNICEF. According to Pa Ousman Manneh, based on the Demographic and Health Survey conducted in 2012 they have seen significant increases in areas such as exclusive breastfeeding, handwashing, and the use of oral rehydration solution to treat diarrhea. Manneh explained that even though "you can't directly say 'It's because of my intervention' ... you feel proud that at least things are improving. Maybe my interventions are somehow contributing to whatever is happening" (personal communication, July 9, 2013). A 2005 study on malaria prevention also provided some limited evidence of the effectiveness of songs as a health promotion strategy in The Gambia. Catherine Panter-Brick et al. documented an increase in bednet repair as a result of a campaign that used songs and posters to educate people about malaria prevention strategies.

Evaluating health communication programs requires close attention to the social and cultural contexts and relationships that shape ideas about health, healing, disease, and behavior (Obregon and Airhihenbuwa 2000). The biomedical approach to interventions and evaluation tends to focus primarily on individual behavior change and neglects the social context that fundamentally shapes how people receive information and act on it.

Furthermore, focusing on individuals' knowledge, attitudes, and practices may be ineffective when individuals do not necessarily possess the decision making power to effect change in particular areas, as I will discuss in Chapter 3. Rather than representing a linear progression from awareness to attitude change to action (Obregon and Airhihenbuwa 2000: 12), health communication is a social process of incorporating new information into existing ways of understanding the world.

Steven Feld's discussion of musical communication is useful for thinking about communication as part of a relational process of health performance. Feld explains that communication is:

[N]ot located in the content communicated or the information transferred. At the same time it is not just the form of the content nor the stream of its conveyance. It is interactive, residing in dialectic relations between form and content...communication is neither the idea nor the action but the process of intersection whereby objects and events are, through the work of social actors, rendered meaningful or not...communication is a socially interactive and intersubjective process of reality construction through message production and interpretation. (Feld 1994: 78-79)

Feld's notion of communication, though broadly applicable, also helps to illuminate the role of musical performance in health communication specifically. Not simply a linear transference of information to the minds of target individuals, health communication is a social process in which the meanings of verbal and non-verbal information are negotiated by all parties involved. Therefore, examining the role of musical performance in health communication requires consideration of cultural contexts, relationships, and non-verbal forms of communication that influence interpretations of health messages. Along with notions of positive relationship (*baadinyaa*) and joking relationship (*sanawuyaa*) discussed in Chapter 5, deeply rooted ideas about the role of musical performance in

social life shape the ways performers, health workers and others engage with health promotion activities.

Studying Musical Performance and Health

In exploring relationships between music and health in The Gambia, this study draws on and contributes to the emerging field of medical ethnomusicology. Medical ethnomusicology is “a new field of integrative research and applied practice that explores holistically the roles of music and sound phenomena and related praxes in any cultural and clinical context of health and healing” (Koen et al. 2008: 3). While ethnomusicological engagement with music and healing has a longer history, the field of medical ethnomusicology was defined in the early twenty-first century with the work of scholars such as Gregory Barz (2006) and Benjamin Koen (2005, 2006, 2008). Two major edited volumes, *The Oxford Handbook of Medical Ethnomusicology* (2008), and *The Culture of AIDS in Africa* (2011) illustrate the growth of this emergent discipline within the past seven years. Gregory Barz defines the medical ethnomusicological approach as “collaborative field-based research and reflection that potentially leads to both academic assessment and social action” (2008a: 173). According to the medical ethnomusicological view, understanding the relationships between music and health, and the ways in which they are culturally contextualized and defined, has the potential to contribute to health and healing (e.g. Koen et al. 2008; Bakan et al. 2008; Barz 2006).

Medical ethnomusicological research intersects in important ways with related disciplines such as music therapy and medical anthropology. According to Norma Daykin, scholarship on the intersection between music and health has focused primarily

on “supporting clinical care” and “enhancing healthcare environments,” with “relatively little research on the impacts of community arts” (Daykin 2012: 65). This study contributes to a growing body of medical ethnomusicological scholarship that brings increased attention to this neglected area, changing the focus from individual clinical interventions to community-based musicking. Furthermore, although much music therapy research has been concerned with clinical contexts, scholars such as Brynjulf Stige are interested in broadening the scope of the discipline to include diverse approaches to “the study and learning of relationships between music and health” (Stige 2012: 183). While music therapists build on a longer lineage of research focusing on music and health, ethnomusicological attention to the role of social and cultural factors in shaping experiences of music and health brings an important perspective to this interdisciplinary conversation. More exchange and collaboration between medical ethnomusicologists, music therapists, and scholars working in related disciplines, will enrich and inform interdisciplinary understanding of relationships between music and health in diverse social and cultural contexts.

Medical ethnomusicological scholarship draws on a longer history of scholarly engagement with musical healing practices in Africa. A number of scholars have focused in particular on the role of music in healing practices associated with spirit possession and trance practices across the African continent (e.g. Besmer 1983; Erlmann 1982; Friedson 2009, 1996; Janzen 1992; Matory 1994; Turner 1968). Of particular importance is John Janzen’s research on *ngoma* in central and southern Africa, and Steven Friedson’s work on Tumbuka healing in Malawi and Ewe Brekete shrines in Ghana. In his research, Janzen (1992) explores *ngoma* “cults of affliction” that exist, in varied forms, across a

broad region of central, eastern, and southern Africa, roughly corresponding to the areas where Bantu languages are spoken. *Ngoma*, according to Janzen, incorporates music, dance, drama, and healing practices that “are more than the sum of their parts” (2000: 64). That is, the therapeutic impact of *ngoma* emerges not through any single isolated feature, but through the total experience of the event and the associated social context. Janzen underscores the broad understanding of illness as encompassing ailments of various kinds that are not necessarily confined to the physical body, a topic that Friedson also takes up in his research in Malawi and Ghana (2009, 2000, 1996). Shifting the focus to music itself as the substance of therapeutic experience, rather than an “epiphenomenon,” Friedson explores “the musical construction of clinical reality” (1996). While not addressing the role of musical performance in health communication in contemporary health systems, the work of Janzen, Friedson and others provides an important foundation for medical ethnomusicologists interested in exploring relationships between music, health and wellbeing in African contexts.

One of the most significant areas of recent research in medical ethnomusicology and related fields has addressed music and HIV/AIDS in Africa (e.g. Barz 2006; Barz and Cohen 2011; Bourgault 2003; McNeill 2011; Van Buren 2006, 2010). The volume *The Culture of AIDS in Africa* (2011), edited by Gregory Barz and Judah Cohen is particularly important in drawing attention to musical responses to the HIV/AIDS epidemic in Africa. Emphasizing interdisciplinary collaboration and multiple perspectives, the volume is of interest to ethnomusicologists, but also to global health scholars and practitioners and others concerned with intersections between expressive practices and health in Africa. Among other contributions, the volume draws attention to issues of representation,

collaboration, international power relationships, and interactions between local understandings of music and health and global bioscientific discourse.

A seminal medical ethnomusicological text highlighting the role of female performers in addressing health issues in African contexts is Gregory Barz's book, *Singing for Life* (2006). The volume demonstrates that women have been instrumental in the movement to use musical performance to address HIV/AIDS in Uganda. Barz argues that this musical movement, spearheaded by women, contributed to Uganda's success in reducing its HIV prevalence from a high of 30 percent in the 1990s to just 5 percent in the mid-2000s.²³ The result of long-term involvement with musicians and health workers in Uganda, Barz's study demonstrates a medical ethnomusicological approach that foregrounds the perspectives of Ugandan musicians and people living with HIV/AIDS as they respond to a devastating epidemic.

Coming from the perspective of development practice, Kate Bingley's (2011) ethnographic study of music and women's health in rural Sierra Leone is particularly relevant for this study. Bingley examines the role of music in health promotion in rural Sierra Leone, focusing on the efforts of one female health worker who is also a musician. Consistent with my findings, Bingley emphasizes the impact of music in the areas of health communication, emotional regulation, and social solidarity. She finds that music attracts audiences and disseminates information further. Also consistent with my research, Bingley finds that performers integrate health-related messages into existing social frameworks and patronage systems. Other similarities include the use of pre-existing melodies, call-and-response style singing, and the particular health messages chosen for

²³ Though Uganda has long been lauded as "Africa's HIV/AIDS success story," recent increases in Uganda's HIV prevalence rate have raised concerns among health workers (UNAIDS 2013).

songs (e.g. exclusive breastfeeding). The similarities between Bingley's study and my own suggest that our findings might be more broadly applicable. Since we both worked with Mande people – Bingley in Sierra Leone and I in The Gambia – it remains unclear which characteristics may be shared among diverse ethnic groups in the region and which findings might apply more specifically to Mande groups. In the Gambian context, health workers note that, although women from diverse ethnic groups are involved in health-related performances, Mandinka are particularly well represented. While this is partly explained by the population demographics (the Mandinka are the largest ethnic group), the discrepancy applies even in regions where Mandinkas are not the majority.

Scholars have also documented connections between women's songs and health concerns elsewhere in West Africa. In her research on Bambara women's songs in Mali, Bah Diakite (2014) notes that women use songs to address issues of illness, death, and healing. Diakite suggests that songs provide a way of coping with challenging circumstances and misfortune. In Senegal, George Joseph (2014) has argued that the hypnotic qualities of women's songs allow them to function as an anesthetic and manage the pain of traditional tattooing. In her work on the Hausa female poet Hauwa Gwaram in Nigeria, Beverly Mack (2014) notes that, among her other work, Gwaram composed sung poems addressing health issues concerning women. During the time she spent working for the Kano state government, Gwaram developed songs to teach women about food preparation, water sterilization, personal hygiene, and health clinics, among other topics. Mack suggests that the practice of women teaching women is deeply rooted in Hausa culture. These diverse examples suggest that connections between women's songs and

health concerns are part of a broader pattern in West African contexts that deserves further scholarly attention.

Methodology

My methodological approach to these issues is inspired by the performance-based communication practices of kanyeleng performers. The performers I worked with consistently blurred the boundaries between the “serious” and the “playful,” using song, dance and drama to answer interview questions, and bringing performance identities with them in day-to-day interactions. Further informing my approach are theories of performance and ethnography, specifically the work of Deborah Wong (2008, 2004), Soyini Madison (2008, 2005), and Dwight Conquergood (2013, 2002, 1992, 1991).

In my view, research in the integrative field of medical ethnomusicology is particularly compatible with performance methodologies coming out of performance studies, a field that merges “advances in embodiment research, the move to integrate the mind and body in social research, and the move to cross or blur disciplinary boundaries in an attempt to access subjugated perspectives” (Leavy 2009: 138). Medical ethnomusicologists are similarly concerned with embodied experiences of music, health and healing that “bring together a multiplicity of life’s intertwined strands” (Roseman 2008: 18). Bringing together approaches from performance methodologies and medical ethnomusicology can inform research that bridges intellectual, emotional, and physical experiences of music and health.

Performance theory is also useful in thinking about sound as one component of a “constellation of the arts” (Stone 2000) that come together in women’s performances in

The Gambia. Following in the footsteps of generations of ethnomusicologists, I have grappled with terminology that does not adequately represent local conceptualizations of performance practices. Deborah Wong, in her 2014 article in *Ethnomusicology*, argues that the concept of “music” carries with it ethnocentric assumptions that fundamentally limit ethnomusicological research. While Wong takes on “sound studies” as a new grounding for post-“music” ethnomusicology, I have chosen to use the terms “music” and “performance,” though recognizing their limitations. When I discuss “music,” I am referring to the aural aspects of multi-sensory, social experience. Despite its baggage, I find the term “performance” useful in connecting my work to performance studies, a field that highlights the contested nature of “performance” and its application to qualitative research. Dwight Conquergood’s definition of performance as the “nexus between the playful and the political” (1992: 80) is particularly applicable to the musical performances I study. Because human experience is messy and unbounded, performance bleeds into other areas of experience. At the same time, performance is a kind of play (Huizinga 1950) that is not subject to the same rules as other kinds of social interaction. This gives performance certain kinds of transgressive power that enables “the re-creation of self and society” (Conquergood 2013: 130).

Following Conquergood (1991), Ebron (2002), and Wong (2004), among others, my research takes performance as both its subject and methodology. This presents both particular challenges and opportunities. Bringing together perspectives from performance studies and applied ethnomusicology, my research approach emphasizes social responsibility and views performance as a site of knowledge that is both politically implicated and embedded in social interaction. This perspective inspires shifts in thinking

about the standard ethnomusicological research methods of participant observation, interviewing and musical/performance analysis.

Dwight Conquergood has been a pivotal figure in applying performance theory to ethnographic research. Conquergood defines “performative ethnography” as an “ethnography of the ears and heart that reimagines participant-observation as copperformative witnessing” (Conquergood 2002: 149). Similarly, inspired by Conquergood, Soyini Madison (2005, 2008) embraces a “critical performance ethnography” that interrogates the relationships between “power, politics, and poetics” (Madison 2008: 392). Finally, coming from an ethnomusicological perspective, Deborah Wong’s performative ethnography is inspired by Madison’s scholarship as well as the ethnographic approach of ethnomusicologist Michelle Kisliuk (1998). Wong uses a performance methodology that, in her words, “evokes the choreographies and modalities of performance in order to break down the subject/object binary and to deliberately draw on the generative power of performance” (Wong 2008: 79). The work of Conquergood, Madison, and Wong demonstrates important characteristics of performance methodologies that inform this research, including a concern for processual, embodied experience, alternative ways of knowing, and the relationship between research and social justice.

Performance has been a central method in American ethnomusicological research since the mid-twentieth century when Mantle Hood promoted participation in musical performance as a means to gain “bi-musicality” (1960). In one of the few performance studies texts that engages extensively with ethnomusicological scholarship, Margaret Drewal argues that

Ethnomusicologists, perhaps more so than any other scholars, have involved themselves in performance by mastering techniques that enable them to participate in musical discourse, in contrast to merely ‘observing’ performance or ‘interviewing about’ it. (1991: 40)

Despite this early engagement with performance as a method, Deborah Wong argues that ethnomusicology has been characterized by a “methodological conservatism” (Wong 1998: 85) and that it has not “sufficiently theorized the relationship between participatory research and the specific kind of ethnography that we do, which is very similar to anthropology but in fact not quite the same” (2008: 77; see also Bigenho 2008).

In an introduction to their edited volume on ethnomusicological fieldwork, Gregory Barz and Timothy Cooley argue that by performing music alongside their research subjects, ethnomusicologists achieve a “truly participatory participant-observation” (Barz and Cooley 2008: 4). Further insight comes from James Kippen’s discussion of his experience learning from a master of Indian classical music.

The insider-outsider dichotomy lacks the subtlety to describe the complex dialogic relationships that develop between us and our teachers. In the master-disciple relationship, we encounter an asymmetrical power structure that turns the old colonial model completely on its head. (Kippen 2008: 133)

Kippen as well as Barz and Cooley perhaps overemphasize the ways in which ethnomusicological participant observation differs from that of other disciplines (Bigenho 2008); anthropologists have similarly engaged in apprenticeship as a research method in order to learn about specialized knowledge and practices through hands-on learning (e.g. Coy 1989). Nonetheless, participating in musical performance does fundamentally shape the research process by requiring a deep and sustained level of engagement both musically and socially.

Despite the discipline's "methodological conservatism" (Wong 1998: 85), ethnomusicological methodologies share important characteristics with the performance ethnography approaches developed by Conquergood and Madison, among others. Though ethnomusicological methodologies diverge, reflecting the interdisciplinary and diverse nature of the field, many ethnomusicologists emphasize the importance of actively participating in music making and developing close relationships with musicians in the field. Jeff Todd Titon writes,

I ground musical knowledge in the practice of music, not in the practice of science, or linguistics, or introspective analysis. In my paradigm case of musical being-in-the-world I am bound up socially with others making music. (2008: 32)

Titon argues that this experience of making music with other people offers a solution to the postructural challenge to fieldwork created by the denial of the existence of an essential self (2008: 37). Drawing on performance studies scholarship, ethnomusicologist Michelle Kisliuk (1998) describes her work as an "ethnography of performance" (12) and argues that "when we participate in performance ... self-other boundaries are undeniably blurred" (13). Similarly, performance studies scholar Dwight Conquergood emphasizes the transformation that occurs when the researcher becomes a "co-performer" rather than a detached observer.

The power dynamics of the research situation change when the ethnographer moves from the gaze of the distant and detached observer to the intimate involvement and engagement of "coactivity" or co-performance with historically situated, named, "unique individuals" (1991: 187-188).

While Conquergood's work shows similarities with ethnomusicological perspectives, it also demonstrates a political orientation and a concern for power relationships in research that is perhaps more characteristic of performance studies scholarship. Ethnomusicology as a discipline, likely because of its association with relatively conservative schools of

music, does not always live up to its “radical commitments” (Bigenho 2008: 36; see also Wong 1998).

Just as performance studies is characterized by its openness to diverse approaches, performance ethnography does not rely on a single set of pre-determined methods. Rather, scholars emphasize the need for varied approaches to suit the requirements of particular research projects (Madison 2005). That said, Dwight Conquergood (1991) argues that the established anthropological method of participant-observation offers an embodied, experiential approach to research that is particularly powerful for performance ethnography. Similarly, as noted above, participation in performance has long been a central component of ethnomusicological research (Barz and Cooley 2008). Importantly, participant-observers grounded in a performance approach do not view their task as simply the collection of data; rather, knowledge emerges through the social interactions and embodied experiences of the research participants.

My research explores the ways in which female performers in The Gambia use performance to address sensitive health topics in a context of extremely limited government resources and a growing chronic disease burden. Performance theory, recognizing the embodied, contingent, and relational nature of reality, problematizes simplistic constructions of the research “site.” In attempting to define her research site, Deborah Wong writes, “locale is shifting and multiple in much the same way that identity is” (2004: 10). While situated geographically in towns and villages in The Gambia, the health performances that form the subject of my inquiry are given meaning through individuals’ embodied in interaction with others; these experiences, in turn, are linked to global processes and relationships of power. Thus, I view my research site as the

performance event that, in weaving together bodily experience with broader macro-level processes, requires interpretation on multiple levels (see Pollock 2006). This interpretation of the research site is linked to the broader concern in performance theory for the personal and the political; the challenge lies in bridging the layers from embodied experience to global political economy. In other words, multiple perspectives are necessary to meaningfully interpret these health performance events.

Accomplishing ethnographic research attuned to the ways in which asymmetrical power relationships inform the research process requires that I interrogate my own positionality – that is, my own subjectivity in relationship to the research participants (Madison 2005). Madison argues that “positionality is vital because it forces us to acknowledge our own power, privilege, and biases just as we are denouncing the power structures that surround our subjects” (2005: 7). Researchers’ attention to positionality in ethnographic research has resulted in more reflexive research practice, in which “we are accountable for our own research paradigms, our own positions of authority, and our own moral responsibility relative to representation and interpretation” (Madison 2005: 7). Our identities as researchers, and statuses as insiders or outsiders in various contexts, carry distinct challenges and opportunities in ethnographic research (Aguilar 1981).

In my case, in conducting research on performance and health in The Gambia, my interactions with people in the field are shaped by my identity as an educated white American/Australian woman. Based on the color of my skin and my family background, I hold a position of privilege in my countries of citizenship (the United States and Australia) and in the African countries where I have lived as a student, health worker and researcher. In The Gambia, my relationships with people are also influenced by my status

as a married woman, and my connections with a particular Gambian host family. When I first moved to The Gambia as a Peace Corps Volunteer in 2006, I became a member of the Kah family in Kembujeh and received the name Anna Kah after the family's second eldest daughter. My relationships with people in The Gambia continue to be shaped by this family connection on a daily basis. The following is an example of a typical conversation that might take place after greeting a stranger for the first time:

Stranger: What is your name?
I too duŋ?

Me: It is Anna.
Anna le mu.

Stranger: You are my sister. My sister's name is also Anna. Surname?
Ite mu n kotomaa le ti. N kotomaa too mu Anna le ti. Kontogo?

Me: Kah.
Kah.

Stranger: You are Fula [Fulbe]. You are my relative. Do you understand Pulaar as well?
Fulo le mu. Ite mu n baadiŋo le ti. I ye fulakaŋo fanaŋ moyi le?

Me: No. I don't understand Pulaar.
Haani. Maŋ fulakaŋo moyi.

Stranger: You should understand [speak] it! You should learn that as well.
I ñanta a moyi le! I ñanta wo fanaŋ karaŋ ne.

Me: There are some Fulas who don't understand Pulaar.
Fula doolu ka soto meŋ maŋ fulakaŋo moyi.

Stranger: Yes. You have said the truth.
Haa. I ye toña le fo.

This interaction, variations of which occurred on a daily basis, demonstrates the way my identity as a foreigner was shaped by my association with a Gambian host family. My host family's identity as Fulas (Fulbe) who spoke primarily Mandinka was also passed on

to me, further illustrating the high level of integration between ethnic groups in The Gambia and the fluidity of ideas about kinship and ethnicity.

In addition to my association with my host family, my identity as a white female foreigner shaped the information that people shared with me explicitly and implicitly. Gambian research collaborators associated me with international development resources and biomedicine, often assuming (despite my lack of medical training) that I was a doctor. As a result of my outsider status, some people with HIV and other chronic diseases felt more comfortable discussing certain topics with me. For example, many HIV positive friends disclosed their status to me even though they had not disclosed it to close family members. At the same time, I recognize that in some cases people may have withheld information from me as they felt pressured to conform to the biomedical model of disease and prevention behavior in their interactions with me. People often viewed connection with me as a means to access resources associated with foreignness and whiteness. While this shaped all my relationships, particularly for groups and individuals with whom I had more short-term relationships, this may have made people reluctant to express views that they believed would undermine their access to the resources that I represented.

Participant observation

As noted above, the ethnographic method of participant observation provides a crucial tool for performance approaches that privilege non-verbal ways of knowing (Conquergood 1991). During the research period, I observed and participated in musical performances, health education events, health organization meetings, and HIV/AIDS support group activities.

In the area of musical performance, I studied the Mandinka *kutiro* drums intensively with professional drummer Haruna Baldeh, while also taking lessons on the bidong from professional performer Kejawo Juwara. This gave me a thorough grounding in the Mandinka rhythms and songs that were frequently used in health education events as well as other community performances.

I gained further insight into performance practice through membership in two women's groups, and participation in the activities of one HIV/AIDS support group. Shortly after my arrival in the village of Lamin in 2012, I joined the neighborhood women's group known as the Bolonkono Kafoo discussed in Chapter 1. The members of the Bolonkono Kafoo, who numbered more than 50, came together primarily for life-cycle events such as naming ceremonies (*kunliyo*), marriages (*manyobitoo* and *futusitoo*), and circumcision-related events (*nyakaboyo*, or *ngansinjanjango*). When a member of the group had an event group members were expected to attend and contribute money. Contributions were 25 dalasi (about US\$0.75 in 2013) to 100 dalasi (US\$3) depending on the individual's level of commitment. The group also came together for political programs supporting the ruling party the APRC and (less frequently) income-generating activities such as soap making or gardening.²⁴ While the Bolonkono Kafoo members occasionally performed with women's percussion instruments such as the bidong, they usually hired male drummers for their performances. Frequently the drummers were accompanied by one of several types of *kankurang*²⁵ masquerades. Alongside other group members, I participated by singing and dancing at group events.

²⁴ See Modic (1996) for discussion of a similar women's group in Bamako, Mali.

²⁵ Various types of *kankurang*, masked dancers wearing bark, leaves, and other materials, are associated with Mandinka events such as circumcision celebrations and recreational dancing.

The second women's performance group that I became a part of during the period of my research was the APGWA kanyeleng group located in Talinding. I was connected with the APGWA kanyeleng through Binta Jammeh Sidibeh, the Executive Director of the Association for the Promotion of Girls' and Women's Advancement (APGWA). APGWA was active in running a school for girls and advocating for girls' and women's political representation and educational opportunity, among other areas. The Talinding kanyeleng group pre-dated the formation of APGWA. According to Binta Jammeh Sidibeh, the group came to her around 1990 and requested that she serve as their surrogate mother. The kanyeleng group's request initiated a long-term partnership that has contributed to broad changes in the work and status of kanyeleng in The Gambia, as discussed in Chapter 6.

With the APGWA kanyeleng, I participated in performance events ranging from high profile health education campaigns and political events, to local life-cycle programs hosted by friends or relatives of group members. I also traveled with the group as far as Niumi in the North Bank Region. With the APGWA kanyeleng I participated alongside other group members by singing, dancing, and playing clapping sticks.

Participating in performance events as an active member of the Bolonkono Kafoo and the APGWA kanyeleng informed my understanding of performance practices and group dynamics more than would have been possible through observation alone. I learned first-hand about the importance of relationships of reciprocity and social support in these women's performance groups, even as I negotiated my position and identity as an outsider becoming insider in certain ways as a group member.



Figure 7 – The author performing with the Brikama Nyambai kanyeleng group, September 2013, photograph by Chris Honeycutt

In addition to the Bolonkono Kafoo and the APGWA kanyeleng, since 2006 I have collaborated with the Allatentu Support Kafoo (ASK) based in Brikama. Music plays an important role in ASK's activities. Support group meetings frequently feature song performances by group members, and the group also sponsored the production of the album of songs performed by member Fatou Ceesay, who passed away in 2007. Titled *Teriyaa* ("Friendship"), the album features six songs composed by Ceesay that address HIV prevention, support, and care for people living with the disease. A remix of the

album, produced in collaboration with popular performer Jaliba Kuyateh, was released in 2010. In this study I examine Fatou Ceesay's album in addition to kanyeleng performance because it provides insight into the role of popular music in health promotion, as well as issues relating to HIV stigma and the experiences of women living with HIV/AIDS. Performing with a primarily male ensemble (with the exception of myself and two other back-up singers), Fatou Ceesay's experience also offers insight into the position of female performers in popular music genres.

In addition to musical participation, in 2012-2013 I attended and participated in the activities of the MoH Directorate of Health Promotion, and the Gambian Committee on Traditional Practices Affecting the Health of Women and Children (GAMCOTRAP). The staff of the MoH Directorate of Health Promotion located in the coastal town of Kotu facilitated this research by providing insight and expertise and including me in Communication Task Force meetings and activities. They also connected me with Regional Health Education and Promotion Officers (RHEPO's), Community Health Nurses (CHNs), and Traditional Communicators (TCs) in every region of the country. I also worked with GAMCOTRAP on community outreach activities, planning meetings, and research. Contrasting with the government-run MoH, GAMCOTRAP provided a valuable model of an effective non-governmental organization that involved female performers as an integral component of their education and awareness activities. While GAMCOTRAP is committed to promoting gender equality and the health of women and

girls more broadly, most of their activities focused on issues related to female genital cutting.²⁶

Video, musical and performance analysis, and interviewing

Video is a particularly useful tool for decentering data collection and analysis and incorporating alternative perspectives in performance ethnography. In addition to the video recordings that I made throughout the research period, members of the women's groups I worked with also recorded video to document events. As part of the research project, I provided three women's groups with portable camcorders, along with basic training on their operation, in order to facilitate their participation in the research process through video documentation, or "field notes." The groups included the two groups discussed above (the APGWA kanyeleng and the Bolonkono Kafoo) as well as the Farato kanyeleng group. The goal for these video field notes was to inform this dissertation project by incorporating alternative perspectives, while also providing women with the ability to document their lives and performances on an ongoing basis. Video recordings of life-cycle events are highly valued by the women I collaborated with, but without access to video recording capabilities, they were dependent upon hiring expensive, primarily male videographers to record their events.

This collaborative video "field note" project presented challenges that I did not fully anticipate. While some women learned quickly and were able to use the camcorders effectively, others found the technology challenging and were disappointed with the quality of their video footage. I plan to continue this project in the future, providing

²⁶ See Hernlund and Shell-Duncan (2007) and Hernlund (2003) for discussion of the complex and controversial nature of debates surrounding female genital cutting in The Gambia, and the ways in which they are informed by international discourse and funding.

additional training and tripods to eliminate shaking and to produce better quality video footage.

Despite these challenges, I see this ongoing video “field note” project as a collection of miniature autoethnographies that, when brought together, illustrate the “the push and pull between and among analysis and evocation, personal experience and larger social, cultural, and political concerns” (Adams and Holman Jones 2008). Rather than serving as a textual authority on experience, I see these “field notes” as part of an interactive process of reflection and mediation between embodied experience and its representation (Barz 2008b). Instead of taking my single account of events as the authority, incorporating documentation from multiple perspectives highlights the convergences and divergences in our positions, experiences and interpretations of events.

I found that the mediation between divergent perspectives occurred on an ongoing basis at performance events. For example, group members frequently instructed me on what to record. If I spent too long focusing on the instrumentalists, I would often be directed to turn the camera toward the faces of the women dancing and giving money. Particularly at the beginning of the research period, I was self-conscious about pulling out the camcorder and thereby distancing myself from the performance and marking myself as an outsider through my use of the emblematic technology of the tourist. My fellow group members laughed at my reluctance, instructing me to take out the camcorder and leading me to a good vantage point for video recording. Often they would take the camcorder from me and document the event while dancing and singing (creating a dizzying effect upon playback). My collaborators and I were frequently not the only ones documenting events (see Figure 8).



Figure 8 – An onlooker uses her mobile phone to record a performance by the Brikama Nyambai kanyeleng group, September 2013, photograph by Chris Honeycutt

Mobile phones with video capabilities are becoming increasingly widespread in The Gambia. At some well-attended events it became impossible to view the performance from afar because of the crowd of videographers blocking the view.

In addition to decentering data collection in this way, I employed a collaborative approach to music and performance analysis through the use of video playback. Other scholars studying West African music have used the “playback interview” (Modic 1996) or “feedback interview” (Stone and Stone 1981) as a way to provide deeper insight into the meaning of musical events through group viewing and analysis of video recordings. Music and performance analysis presents distinct epistemological challenges. Music

researchers struggle with what Deborah Wong terms the “multiple translative shifts” that are involved in “reflecting on music in another medium besides music” (Wong 2008: 81). In order to attempt culturally relevant interpretation of music and performance events, I engaged multiple viewpoints. I coordinated individual and group viewing sessions with four to six people including performers, health workers, and people living with chronic disease. Participants viewed and discussed their own video recordings as well as videos of events at which they were not present. I found that group viewing of video highlighted aspects of the performances that I had not previously identified as important. For example, viewing video recordings of several different groups with professional bidong player Kejawo Juwara highlighted aspects of bidong playing, terminology and variations in technique that I had not identified. Through this collaborative approach to performance analysis as well as video “field notes,” I aimed to challenge the hierarchical division between “researcher” and “researched” and gain greater insight into lived experiences of performance and health.

Another essential method in my research was what I term “performance interviewing,” inspired both by Norman Denzin’s model of reflexive interviewing and kanyeleng practices of performative communication. Denzin defines reflexive interviewing as “simultaneously a site for conversation, a discursive method, and a communicative format that produces knowledge” (Denzin 2003: 85). I find Denzin’s approach useful because rather than reinforcing the notion of the interview as a hierarchical transfer of knowledge, it reflects the emergent and performative quality of the interview as social interaction. The reflexive interview also draws attention to ways in

which the positionalities of the interview participants and the relationship between them shape the conversation.

Using this performance interviewing approach, I conducted 32 individual interviews and 21 group interviews with a total of 130 participants. Participants included 97 performers, 21 health workers and gender activists, 11 people living with HIV/AIDS, two Islamic scholars, and two scholars of Gambian culture and history. My first group interview with a kanyeleng group took place on April 7, 2013 with Alanso Manga, Kanjoo Ganes and Bumba Jobarteh in Farato village. This interview changed my understanding of the meaning of “performance interviewing” in the context of my research. Here is an excerpt from my field notes on that day:

Alanso set up a sheet on the floor for us to sit on. She was wearing her malaria prevention t-shirt. Bumba and Kanjoo ... were wearing matching green outfits with kanyeleng beads. Kanjoo had on a wig (kanyeleng style). I explained to Bumba my purpose in being there and told her about my research, as I had told Alanso and Kanjoo on my previous visit. It seemed like they had a good understanding of what I was saying [though] I have become much more aware of how my words may be misinterpreted because their experiences and expectations are so different from mine. I had a long list of questions I wanted to ask them, but Alanso had her own idea of what I needed to hear. She and Bumba started doing an interactive demonstration/ lesson on malaria prevention, diarrhea, and some other things. I started filming them. When Kanjoo arrived I started to insert my questions/interests occasionally, but most of the discussion was directed by them. It was difficult for me to get a word in! It made me think that kanyeleng define (or redefine?) the idea of a “performative interview” or “performance interview”. They moved seamlessly into songs and seemed more comfortable demonstrating what they do through song and dance than in talking about it, although they were highly skilled at that also. It was really cool... I am interested to see how the interviews with other kanyeleng women go. It seemed like there was a good number because they could really get things going with handclapping (that might be hard to do with only two). It also struck me in the interview/performance, how the women were really drawing on multiple knowledge systems and ways of knowing and incorporating them/embodying them through performance. (April 7, 2013)

This interview with the Farato kanyeleng women crystalized for me the meaning of “performance interviewing.” Performance interviewing as demonstrated by the Farato kanyeleng is relational and emergent, blurring the lines separating musicality, performance, communication, and research. I learned to accept and facilitate more fluid movement between speaking, singing, explaining, dancing, acting, and exchanging, though each interview was unique with different social dynamics and levels of engagement and insight.

I used this interview approach in coordination with participation observation, and collaborative approaches to documentation and analysis, in order to explore relationships between music and health from multiple perspectives. Rather than focusing solely on the viewpoint of health workers, or of performers, working with both these diverse groups provided insight into sometimes very different conceptualizations of performance and health.

Conclusion

Conducting research on musical performance and health in The Gambia presents particular methodological challenges and opportunities. The research process is shaped by the social dynamics of musical performance contexts as well as the challenging realities of health service provision in the country. In this chapter I discussed the public health landscape in The Gambia as well as relevant scholarship in musical performance and health in order to provide a context for my methodological discussion. My aim was to foreground performance as a way of knowing, and to emphasize the relational, contingent nature of this research. Though this project was made possible through the

support and wisdom of the many performers and health workers with whom I worked over the course of seven years, ultimately this dissertation represents my own perspective. In other words, this is a partial and incomplete interpretation of experiences, observations, and conversations in which I was an active participant. In the next chapter, I will further examine the ways in which women's health performances are both enabled and constrained by historically and culturally situated ideas about gender roles.

CHAPTER 3

***Musoolu la loodulaa* (Women's Responsibility): Gender, Islam, and Health Performance in The Gambia**

Something like ... 56 percent of all voters for the last Presidential Election were women. Yeah! 56 percent. Yeah. It's interesting. Women in Gambia, really, they are very highly engaged. They are highly engaged. Even in religious activities. You see it's women in these *Gammos*, the night readings [of the Qur'an]. It's women who come, even give their money out, women who cook. Women. It's women. You see my brother here, it's me who has to organize the rest of the family for him. Women are really organized. So that's why their role, that is the problem, their role should be respected. Their role. They play very important functions within the society. At the political level, the social level, the economic level. At the markets, who are there? It's the women. (Binta Jammeh Sidibeh, personal communication, March 22, 2013)

Contrary to the stereotypical portrayal of Muslim women as marginal and confined to the private sphere (Lachenmann and Dannecker 2008), women dominate in many public performance contexts in The Gambia as well as in public health programs. In addition to their roles as performers, women are both the targets of health interventions and the people expected to volunteer to make programs successful. In this chapter I will discuss how women's roles in musical performance and health promotion are framed in terms of local concepts of shame (*maloo*), ideas about appropriate behavior for Muslim women, colonial and postcolonial politics, and development discourse. In addition to analyses of local gender ideologies, I incorporate historical perspectives on women's groups and their connection to philanthropic work and health promotion. Perspectives from performers and health workers suggest that although women's health-related performances have been a powerful force for empowering women and effecting positive change, inadequate male involvement in these areas may sometimes undermine efforts to

improve family health. The relational nature of gender roles means that women are not always able to take action in the absence of their male family members. By examining women's roles in performance and public health in context, this chapter provides the foundation necessary to understand the issues of participation, relationality, and license developed in subsequent chapters.

Gender, *Maloo* (Shame), Islam and Musical Performance

A central concept in explaining gendered musical performance practices for Mandinka and related groups is *maloo* (shame). In her work on Mandinka *jalimusoolu* in The Gambia, Marloes Janson defines *maloo* as “the fear of behaving in ways that can incur social disapproval” (2002: 161). In my research, performers and health workers used *maloo* most often to describe kanyeleng women's lack of shame, and their ability to address sensitive topics and make fun of authority figures, as I will discuss further in Chapter 6. In relation to hereditary professional groups, *foro* and *sulaa* (“freeborn”) people are, at least historically, believed to have a more highly developed sense of *maloo* than their *nyamaaloo* (artisan) and *jongo* (slave) counterparts. Even with changes in these social categories, including the decline of *foro* and *jongo* identities in much of The Gambia, as discussed in Chapter 1, ideas about *maloo* continue to shape participation in musical performance.

Elsewhere in the Mande area,²⁷ Maria Grosz-Ngate (1989) notes the relevance of the concept of shame (*maloya*, Bamana) in defining identity among Bamana women

²⁷ The Mande cultural area consists of the former Mali Empire of the thirteenth-fifteenth centuries, spanning the countries of Senegal, Gambia, Mali, Guinea, Guinea-Bissau, Ivory Coast and Burkina Faso (Diawara 1997).

performers in Mali. She refers to *maloya* as a “quality of demeanor (*horonya*) which has not lost its force in spite of the elimination of slavery” (170). According to Grosz-Ngate,

A highly developed sense of shame (*maloya*) is inseparable from noble-ness, which means that a noble must refrain from any conduct that would bring shame. This sense of shame guides action in all domains of social life from proper bodily position to speech, interpersonal relations, and productive activity. A noble is by definition a person who is discreet, generous, honest, does not laugh or talk loudly. (1989: 170)

In this context, because higher status persons have the most “highly developed sense of shame,” they also are less likely to perform (see also Arnoldi 1995; Irvine 1990). While these social categories are more fluid in contemporary Gambia, particularly in the western part of the country, the concept of *maloo* remains powerful in describing identities and performance practice.

In addition to defining differences between professional groups, *maloo* also describes gender and age differences in performance practice, with older age and male gender being associated with a more highly developed sense of shame. One of the most common contexts in which I heard the concept of *maloo* used in The Gambia was in chiding children for their shamelessness (*malubaliyaa*). The importance of age in shaping concepts of *maloo* was also evident in the way that some women chose to cease participating actively in performances as they got older, stating that it would be shameful for their children and grandchildren to see them dancing and singing. Nevertheless, women of all ages tended to participate significantly more than their male counterparts.

A senior male consultant argued that women form the majority of carriers of traditional media because they are taught from an early age to express their feelings through singing, talking, and crying, while boys develop a stronger sense of *maloo*, which does not encourage expressing emotions openly. In her discussion of related

gender concepts in Mali, Grosz-Ngate uses a Bamana proverb to demonstrate perceived differences between male and female experiences of shame:

If you find a woman in trouble, help her. But if you find her in a shameful situation, leave her because she will get over it. If you find a man in trouble, leave him because he can get out of it on his own. But if you find him in a shameful situation, get him out of it because otherwise he might die. (1989: 171)

In The Gambia, the gendered construction of the concept of *maloo* results in dramatically different expectations of men and women in performance contexts. Insight in this area comes from kanyeleng performer Fatou Ceesay who explained,

Men, if you see that there are not many men ... not all men are interested in *tulungo* [percussion and dance performance]... The way women are interested in *tulungo*, men don't have that kind of interest ... Male circumcision, the *ngansinbondoo*, men are many. But other than that, just this *tulungo* like this, men are not many.

Kewolu, niñ i ye a je i mañ siyaa jee, i ye a loñ kewo ... Kewolu bee mañ interest soto tuluno la. Musoolu ye interest soto tuluno la ñaameñ, kewolu mañ interest soto tuluno la wo le ñaama de...kee ñansijolu, ñansinbondoo, kewolu ka siyaa. Bari niñ a manke wo le ti, ko meng ñiñ tuluno doron tej tej tej tej, kewolu buka siya. (Personal communication, April 14, 2013)

While Fatou attributed the absence of male involvement to their lack of interest, others emphasized the role of societal expectations and “tradition.” Health worker Lamin Barrow clarified,

You see, like if you look at our society, even an old woman can go out and dance, but men at certain stage, ah, no ... your concept will not allow you to go out, because traditionally that may not be acceptable. An old woman can drum, sing and dance, but a man, at certain level, you cannot go out to the Jaliba,²⁸ you cannot go out to listen to hip hop, reggae, no. (Personal communication, February 26, 2013)

This gender difference is visible at many performance events such as *tulungo*, *mbalax*, and Afro-manding styles of popular music. While men form the majority of instrumentalists in popular music groups, the majority of audiences at many events are

²⁸ “Jaliba” refers to popular Mandinka performer Jaliba Kuyateh.

women. Some exceptions to this rule include reggae and hip hop performances where young men usually form the majority, as well as some *tulungo* events associated with male-circumcision.

Although particular concepts of shame may be specific to Mande cultures (Grosz-Ngate 1989), the construction of musical performance as a female activity is also evident among non-Mande groups in The Gambia as well as other parts of West Africa. In her work on Wolof music in Senegal, Luciana Penna-Diaw writes that “musical heritage...is almost entirely represented by women”(2014: 124). Though perhaps overstated, Penna-Diaw’s point highlights a broader trend in the association of music with femininity that makes the emphasis on male performers in scholarship on West African music all the more surprising (Janson 2014). Farther north in Mauritania, Aline Tauzin similarly emphasizes the central role of women and notions of femininity in Moorish music:

Song and music ... belong to and lead to femininity in both Moor and Islamic traditions ... Song is feminine because of gender definition: putting words together in order to make a poem is a man’s work, while singing them belongs to musicians, or to women in the private space of the encampment. Moreover, listening to or practicing too much music may lead a young boy to be transsexual, according to Moor theory. (Tauzin 2014: 113)

Tauzin’s distinction between textual composition and embodied performance may not apply in the same way in the Gambian context;²⁹ nor is women’s performance confined to private spaces. The feminization of musical performance that Tauzin describes is evident in The Gambia, however, as is a connection between religious belief and performance practices (discussed below).

Although ideas about gender and musical performance in West Africa likely draw on deeply rooted notions of masculinity and femininity, such ideas are neither static nor

²⁹ See Camara and Jansen (2014) for a related discussion of gender divisions in epic performances among the Mande and the distinction between song and speech.

uncontested. Writing about his observations in his natal home in Guinea, Manthia Diawara finds that women have taken on roles in Mandinka performance that were formerly played by men. He describes a male circumcision event as follows:

The other dancers were women masquerading in traditionally masculine roles.³⁰ The boys themselves seemed too young to perform serious dance steps. I assumed that the women were dancing for their children because there were no men to accomplish the ritual for them. The presence of the women, the general absence of men in the ceremony, and the early age at which boys were being circumcised were all signs of the weakening of tradition. I remembered my own initiation with Sidime Laye in Kankan. Mandinka men had performed all the masculine dances that were now being staged by women. (Diawara 1998: 35)

Diawara's perspective provides an important counter to the idea that women's roles in performance in the region are "traditional" and highlights the way social and economic changes can transform musical performance contexts and participation. Nonetheless, female performers in The Gambia do not view their prominent roles as a sign of "weakening of tradition," nor do they inherit their musical roles passively. Rather, they are active in articulating performative responses to contemporary realities in The Gambia that are shaped but not defined by local ideas about gender.

The contested nature of women's performance is particularly evident in ideas about gender, music, and Islam. According to Grosz-Ngate, the Mande concept of shame discussed above has also incorporated ideas about Muslim masculinity to further limit male participation in performance among the Bamana:

Conduct connected with the adoption of Islam has been integrated as a further dimension in the capacity for shame. For example, senior men who have become Muslims now no longer participate in village-level festivities that involve dancing or drama. (Grosz-Ngate 1989: 171)

³⁰ At Mandinka circumcision-related events in The Gambia, women frequently dress in men's clothing; they referred to this as a "traditional" practice (*coosaano*), however, rather than a sign of the "weakening of tradition" as Diawara suggests.

Grosz-Ngate's account points to a complex process of incorporation in which religious beliefs bolster or reframe pre-existing ideas about shame and gender differences for recent converts to Islam. In the Gambian context, Islam also influences involvement in musical performance, with some attributing their reluctance to participate actively in *tulungo* to their religious conviction. For many female performers, a tension exists between ideas about Muslim womanhood and the demands of being a performer (Janson 2002). A strong emphasis on women's domestic responsibilities and their roles as wives and mothers shapes their musical lives. Female performers work within an environment with particular gendered expectations and Islamic discourse that, to varying degrees, restricts their mobility and access to performance opportunities.

The relationship between women's musical performance and religious belief is a contested area in The Gambia. For some Muslims in The Gambia, the compatibility of certain performance practice with Islam is questionable. This is particularly evident in the case of kanyeleng practices that are believed to draw on pre-Islamic religious beliefs and practices. Islamic scholar and imam Banding Drammeh provides a useful explanation of his own beliefs:

Islam does not forbid all culture, but it does not accept all of it ... During the Prophet's time, songs were sung and it did not destroy anything. Songs were sung that made people happy...dancers also danced, because in the Prophet's own house, Isatou's father entered, he said, "Heh, stop, you stop that, in the Prophet's house!" The Prophet said, "No, leave them." The Prophet himself did not watch them, he directed his eyes away. He said "leave them there." If it was forbidden, the Prophet would not have agreed to that. Okay...Some dance exists that is not bad. Some dance exists that is bad...to throw the skirt, women's bodies all coming out...all those dances, women and men hold each other...Islam does not like that...If it is your husband, you can do it, but another's husband...

Islamo, a man culture bee bayi de. Bari a man a bee accept ... Kabirij Prophet la taimo, denkiloo ka laa le anij a man feŋ o feŋ tiŋaa. Denkiloo ka laa le, meŋ i ye a loŋ ko, a ka moolu sewondi ... Prophet jamano ... doŋna fanan ka doŋo ke, katun

Prophet faŋo la buŋo kono, luŋ doo, ala musoo i ka fo a ye, Isatou, a ye moolu samba, i be doŋo la buŋo kono. Isatou faamaa dunta, a ko, “heh, stop, ali ye a bula, kiilaa la buŋo kono!” Kiilaa ko, “no, leave them.” Kiilaa faŋo maŋ i juubee, a ye a ñaa tiliŋ teŋ mafano. A ko a ye a bula jee. Niŋ a ye a tara a haramta, kiilaa te soŋ na wo la. Iyoo. Meŋ i ye a loŋ ko a maŋ kuu samba, a manke haram kuwo, wo ka ke le. Moo la culture ... doŋo doo be jee, wo maŋ jawuyaa. Doŋo doo be jee, wo jawuyaata le. ..ka faanoo fayi, musoolu baloo bee ye funti banta ... wo doŋo bee, musoolu niŋ kee ka ñoo muta..Islam maŋ lafi wo laNiŋ i kee le mu, i si a ke, bari wandi kee ... (Personal communication, September 25, 2013)

Imam Drammeh’s explanation shows a concern not for the sounds and movements themselves, but for the danger represented by the exposure of women’s bodies and the potential for adulterous sexual liaisons. Based on my discussions with both men and women, many people concurred with Imam Drammeh’s position, asserting that performances do not conflict with Islam in themselves, but only if they go “too far” and cause people to forget to pray, consume alcohol, or commit adultery.

The hajj (the Muslim pilgrimage to Mecca) provides a useful demonstration of the ways women mediate their performance practices in relation to religious commitments. Because completing the hajj is widely believed to cleanse pilgrims of their sins, upon their return to The Gambia, women sometimes choose to cease performance practices that could potentially be sinful. Even for those who do not associate performance with sin, an active performance role may be considered dangerous for people who have completed the hajj. Not limited to The Gambia, returned pilgrims must negotiate the profoundly socially and psychologically transformative experience of the hajj in relation to their everyday lives (Hammoudi 2006). Some Gambian pilgrims take precautions in order to ensure that they will be able to continue performing when they return from Mecca.

Kanyeleng performer Nyali Damba explained,

You know a place is there [on the hajj], a place that, if you go there, you can sing a song there, you can dance there, you can clap your hands there. When you come,

if you went there, when you come, you can continue. But if you did not go there, you will not be able to. Even *jaloolu*, these *kumalaa* [sounding/vocalizing] *jaloolu*, when they go, they all go there, they *kuma* [sound/vocalize] there. Now, if they come here, they can *kuma* for people. But if they did not go there, they *kuma* there, they will not *kuma* here.

I ye a loŋ dulaa be jee, dulaa meŋ i ye a long ko, niŋ i taata jee, i si denkiloo laa jee, i si i doŋ jee, i si i buloo kosi jee. Niŋ i naata, niŋ i ye a tara i taata wo to, niŋ i naata, i si kontinee noo, bari niŋ i maŋ taa wo to, i te a ke noo la. Haani jaloolu, ñiŋ kumalaa jaloolu, niŋ i taata, i bee ka taa jee le, i ye kuma jee. Saayin, niŋ i naata jaŋ, i si kuma noo moolu ma. Bari niŋ i maŋ taa wo to, i ye kuma wo to, i te kuma la jaŋ. (Personal communication, July 17, 2013).

Many kanyeleng and *jali* consultants emphasized the necessity of singing and/or dancing while on the pilgrimage in order to continue a performance career in the Gambia. Nyima Cham, a *jalimusoo* from western Gambia, told me that some *jali* cease performing for a period of one year after their pilgrimage after which the restriction is lifted. She also emphasized the importance of stating an intention to continue performing while in Mecca in order to ensure that one is able to perform upon returning to The Gambia. Nyima noted that while most *jali* continue vocal and instrumental performance after returning from Mecca, many choose not to dance again after completing the hajj (personal communication, 30 September, 2013).

Challenging the notion that their music is incompatible with Islam, Muslim women performers assert an alternative discourse in which their music is interwoven with Islamic beliefs and practices. As noted in Chapter 1, Mandinka *jalimusoolu* assert that their profession originated with the Prophet and connect Mande oral histories to historical Islamic figures (Janson 2002; see also Conrad 1985).

Jaliyaa, we inherited it from the Prophet's time in the hands of our ancestors. *Jaliyaa* came from Surakata. That is the Prophet's *jalo*.

Jaliyaa, *ntolu ye a inherit kabirin kiilaa rasuulu tumoo nna ancestor le bulu. Jaliyaa bota Surakata le bulu. Wo le mu kiilaa rasuulu la jaloo ti.* (Sambou Suso, personal communication, July 25, 2013)

The figure of Surakata, frequently referenced as the *jali*'s ancestor, is inspired by Suraqa ibn Malik ibn Ju'shum who is a figure from Arabic literature (Conrad 1985). By claiming Surakata as their ancestor, female performers in The Gambia assert their legitimacy within Islam. Though Sambou Suso, quoted above, is a *jalimusoo*, *kanyeleng* women also align themselves with Surakata and other Muslim figures in order to challenge those who question the compatibility of *kanyelengyaa* with Islam. In addition, female performers attribute their musical skill and inspiration to God. For example, Kejawo Juwara asserted that her ability to make the bidong “speak” (in a musical sense) was something that came from God and could not be taught. Female performers also demonstrate their legitimacy within Islam through song texts and speeches that incorporate Qur’anic verse and references (Charry 2000; Janson 2002; Knight 1973).



Figure 9 – Members of the Bolonkono Kafoo prepare for a performance near a mosque in Bakau, Western Region, May 2013, photograph by the author

In many cases women have access to performance opportunities in The Gambia that men do not have. These opportunities come out of local ideas about gender roles, music and Muslim practice. As noted above, the construction of performance as a female activity, informed at least in part by concepts of shame, limits male participation in some performance contexts. Opportunities for women to perform may also be framed in religious terms. For example, particular villages, neighborhoods, or family compounds, may have restrictions on which instruments can be played, based on local beliefs and Muslim leaders' instruction on what is acceptable. These restrictions often apply specifically to instruments played by men and/or popular music recordings. Villages that performers and health workers identified as having such restrictions included Badibu Gunjur (North Bank Region), Bati Njol (Central River Region), Ballanghar (Central River Region), and Kiang Keneba (Lower River Region), among others.

Regional Health Education and Promotion Officer Basiru Bojang explained instrument restrictions in Balangharr by describing the community's commitment to "the Islamic path:"

I know also in Balangharr also there is one community also. They are very Islamic. They are on the Islamic path. They also don't accept these drums in their village. It's in the top of the hill. They call it Arafat. Yes... They will entertain those things [calabash and bidong], but the drums, no. (Personal communication, July 7, 2013)

In some cases instrument restrictions are attributed to the presence of Muslim *jinn*,³¹ or spirits. Kemo Mas from the APGWA kanyeleng explained the restrictions in her compound in Kiang (Lower River Region) as follows:

³¹ My consultants differentiated between Muslim *jinn* and other kinds of *jinn*, or spiritual entities. See Soares (2005) for related discussion of concepts of *jinn* and other spiritual entities in Mali.

In our compound, my father's group said drums would not be played there. The *kankurang*³² does not enter there ... they have a *jinn* who does not like that, a *kankurang* entering there, or playing drums there. They play the calabash there! They don't refuse that, but these Mandinka drums like this, or *kankurang*, sore eyes will bother you until your eyes split ... It will not be able to heal if you bring a *kankurang* there...I heard that from my elders, my father's group. And I also passed my childhood until I was grown up, I did not see it. If a *kankurang* came, it would stop at the entrance to the compound. It would not enter the home. I have heard it about villages also...I have heard that other villages also they say there drums are not played. Yes. The bidong is played there. The calabash is played there, but the drums are not played. They say there the *jinn* does not like it.

Ntolu la suwokono, n faamaa ñoolu ko tantajo buka kosi jee. Kankurajo fanan buka dun jee. Feñ o feñ ... niñ i ye kankurajo dundi jee ... jinno le be itolu bulu meñ i ye a loñ ko a man lafi wo la, kankurajo ye dun jee, wala i ye taa jee i ye tantajo kosi jee katun i ka mirajo kosi jee. I man balan wo le la, bari ko meñ ñiñ Mandinka tantajo tej, wamba kankurajo ye naa, ñaadimoo be i muta la fo i ñaa ye teyi ... A te kendeyaa noo la le niñ i ye kankurajo dundi jee ... N ka wo moyi nna alifaalu la, n faamaa ñoolu la, haa. Aduñ n fanan ña dindinyaa ke le, fo n kebaayaata, man wo je jee ... Niñ kankurajo naata, a be dayna koridaa daa la. A te dun na suwokono. ... Satedoolu fanan, i ko wolu fanan, tantajo buka kosi jee. Haa. Bidono ka kosi jee. Kiijo ka kosi, bari tantajo buka kosi. I ko jee jinno man lafi ala. (Personal communication, July 17, 2013)

Kemo's explanation highlights the complexity in how people negotiate musical performance practices in particular local contexts in relation to spiritual entities and religious beliefs. Rather than being a homogeneous entity, ideas about gender, Islam and performance are localized and experienced in distinct ways in different parts of The Gambia as well as within particular compounds and extended families.

Health worker Buba Darboe suggested that religious leaders might place restrictions specifically on male drum ensembles and popular music recordings because they are perceived to be more powerful and potentially more threatening:

Even in some compounds, there are some marabouts or religious leaders who will not allow such practices. Even drumming, no ... Sometimes they will not allow the drums, but they will allow the bidongs. Even in Sifoe [Western Region], I have seen it there, in my village. Some compounds ... like, you know, they will

³² The *kankurang* is a Mandinka masquerade of various types associated with circumcisions as well as recreational events.

say, *tantango buka kosi jang* (“drums are not played here”) ... Like when there is a naming ceremony or something, or *ali te seto kumandi la* (“you will not hire a PA system”) ... But you know, during the program, you will see these women, they are so excited, and they will use bidong, you know, “pim pim pim!” So I was telling one of my [friends], you know, “This is *tantango* now!” maybe they feel like *tantango* is more powerful or what.... than the bidong. The bidong will not make more sound or call so many people to come. You know, because if it is *tantango*, even if you are at the other part of the village, everyone will know, “Oh, there is *tantango*, let’s go there!” So maybe they’re doing it for that reason... Kanyelengs, we feel it’s like part of us. They are our own people, and then we have been with them for so long... I don’t know about Marakaz,³³ but most of the imams, I have seen a lot of the imams’ compounds where the kanyelengs have performed, no problem. But if you want to allow the musical set or drums to come, it’s going to be a problem, I believe. (Personal communication, June 24, 2013)

The idea that kanyeleng performances may be more acceptable to religious leaders than male drum ensembles or popular music is striking considering that some fertility-related practices of *kanyelengyaa* are specifically condemned by Muslim scholars. Buba’s perspective highlights differences in the way people think about male and female performance practices as well as their compatibility with Islam.

Further insight on the relationship between gender, Islam, and performance comes from health worker Saharu Kante who explained that women’s bidong performances are not considered “music” in the same sense as male drum ensembles or popular music:

They are not doing music per se, for us, as far as we’re concerned ... The gallons [bidongs] that they use, they don’t call that music, you know, for them. So that one is acceptable ... For them that’s ok. Even the most, I mean, religious conservative communities, that one is always allowed. They don’t consider it as a music. And then, for our ... so called Marakaz, for the Genieri group for instance, the one who supervises them, you know, the CHNs [community health nurses] are the direct, immediate supervisors, from our own level ... and he has been very very much involved with these people. You know, wherever the kanyeleng goes, what they should do, you know, he give them information, he give them instructions, so if actually that’s the sense, he would not have. (Personal communication, June 5, 2013)

³³ “Marakaz” (derived from the Arabic for “center”) is used locally to refer to adherents of the Tabligh Jama’at movement. With origins in mid-nineteenth century India, the Tabligh Jama’at has become an important Islamic missionary movement in The Gambia (see Janson 2013).

According to Saharu Kante, even for some reformist Muslims (Tablighi) who do not condone “music,” women’s bidong performances may be acceptable. Saharu’s explanation points to the difficulty in describing ideas about “music” in relation to Islam when “music” is not a unitary activity, but rather encompasses a spectrum of performance forms.

Even for different kinds of percussion and dance performances that are all referred to as *tulungo* in Mandinka, male and female performers and instruments are viewed quite differently. As discussed in Chapter 1, the word *tulungo* is flexible and can be used to refer to a variety of activities including children’s play as well as music and dance performances. Saharu’s explanation suggests that, at least for some people, women’s performances and instruments may be aligned more with child’s play than with the more “serious,” and potentially dangerous, male-dominated performances. This difference in the classification of men and women’s percussion performances deserves further attention as it may provide insight into deeper issues of how performance is experienced and valued. Even as restrictions on male performers in this context indicate their higher status, these same restrictions serve to empower female instrumentalists by providing them with performance opportunities, income, and communicative power that are not available to men.

While the previous section suggests that people may call upon female bidong and calabash players in lieu of male drummers, this does not imply that drums are the preferred instrument in the absence of restrictions. On the contrary, I found that many women preferred bidong and/or calabash performances and chose to participate in events featuring these instruments when given a choice. This challenged the assumptions I had

about performance preferences in The Gambia, as the following excerpt from my field notes demonstrates:

In the evening we went back to the house to rest and then went out again around 9:30. We started performing again in front of the Chief's house. The *kutiro* [drum] group was performing right next to us ... so I was unsure how our group would go over (it gets so noisy with all the groups side by side). But, just as the women had told me ... when the bidongo and *jiikijo* [calabash] started [playing], I saw a whole group of women leave the [drums] and join [our circle]. With the hand clappers, the bidong and the *jiikijo*, the group sounded really loud and really cool. I can see why they say that it draws a crowd more than the drums. It is louder for one thing and it seems to encourage more participation, particularly with handclapping. (December 22, 2012)

This was a pivotal moment for me, because up until that point, although I appreciated the bidong performance, I still assumed that the drum, performed by men, was the preferred instrument for most audiences. Like Buba Darboe (quoted above), I also assumed that drums were louder and likely to draw a larger crowd than women's percussion instruments. This event (a performance in Jurunku in the North Bank Region) challenged my assumptions about the bidong and made me think more about how my own internalized ideas about authenticity, and a preference for non-plastic instruments, were shaping my research. Many women said that they preferred the bidong to drums at a dance event. Fatou Gaye from the Gambia Red Cross explained,

I prefer the bidong to the drums because it's cheaper, you wouldn't pay anyone. And it's nicer for me, and the women enjoy it more. And they, then they are in control of what they are doing, but with the drums, they have to give money to the drummers, they have to pay them at the end of the program, and they are men in control of women's programs. (Personal communication, August 6, 2013)

As Fatou Gaye suggests, in addition to the preference for the sound of the bidong, many women prefer the bidong for financial reasons – it is cheaper than paying a drum ensemble. While some bidong players require payment (though typically less than a male drum ensemble), others may play for free. Just as importantly, having a female bidong

player allows women to retain control of their performances rather than following the lead of the male drummers.

Local musical preferences, ideas about gender roles, concepts of *maloo*, and religious beliefs contribute to place women in a dominant position in many musical performance contexts in The Gambia. Women negotiate their performance practice in relation to complex ideas about gender, music and religion that simultaneously restrict their activities and provide opportunities and forms of power that are not available to men. In the next section I shift the focus to explore the role that women play in the area of health promotion.

***Bankudookuwo* (“Country Work”): Gender, Global Health and Development**

Just as musical performance has been gendered as a female activity, so health promotion is similarly constructed as the responsibility of women. I begin this section with a historical perspective on women’s social mobilization and philanthropy. I then move to discuss the ways in which gender and development have been addressed globally and in relation to female performers’ participation in health promotion work in The Gambia. I argue that although public performance and health contexts represent empowering sites for women to have their perspectives and priorities heard in contemporary Gambia, inadequate attention to men may limit the impact of some health programs.

Gender, social organizations, and politics

As discussed in Chapter 1, in addition to facilitating musical performances, many contemporary women's groups have a strong focus on community service and economic development. Gambian historian Hassoum Ceesay traces women's involvement in groups with social agendas to (at least) the early twentieth century. He explained that during the colonial period from the 1920s to the 1960s there were at least 15 womens groups dedicated to philanthropic work in Banjul (then called Bathurst):

For a small community like Bathurst, with just about a population of 30,000, it's big ... many of them were what we could now call philanthropic ... For example, to intervene in the health area, raising funds to buy health materials for the RVTH [Royal Victoria Teaching Hospital], ... the women's clinic, to support girls in school by buying them uniforms, books, and stationary. Or during the Second World War you had these associations, women workers associations, which basically served as a first aid group for the wounded soldiers who were coming from the war front wounded. And they had their tents at the Independence Square, at the McCarthy Square here where they welcomed them, gave them first aid treatment. You know they helped soldiers to write letters, they helped soldiers' wives to write letters to their husbands in the front, and so on and so forth. (Personal communication, 21 November, 2012).

Ceesay's research shows that the involvement of women's group in philanthropic work, including health-related activities, can be traced back almost 100 years. Comprised primarily of educated and more affluent women, in some cases these colonial era women's groups were also active performers. Furthermore, Ceesay suggests that the kinds of associations that women formed during the colonial period likely drew on pre-existing models of female organization, including the age-group societies.

While the previous section suggests that local ideas about gender and shame facilitate women's groups' dominance in performance contexts, the strength of women's groups may also have political and historical roots. Again, I quote Hassoum Ceesay:

In the mid-1880s there was a proliferation of what was called “friendly societies” in Bathurst, in the colony. The Akus would have the Aku friendly society, the Wolofs would have a Jollof friendly society. The carpenters would have a carpenters’ friendly society. These were basically for men. They were really trades-based, like carpenters, seamen, water engineers, masons, and so on and so forth, you see. And so most of the time these friendly societies were male. And so the colonial society became suspicious that they might later metamorphose into political groupings. So they enacted a very strict legislation, which made registration of these societies very difficult ... That was about 1894. But I realized that when it came to these women’s associations, I saw that the colonial authorities were more lenient and more tolerating. They were not as suspicious of those societies as they were of the friendly societies, you know, which preceded them. (Personal communication, 21 November, 2012)

Ceesay’s findings suggest that rather than simply reflecting deeply rooted ideas about gender differences, the limited presence of men’s associations may have roots in the colonial period. The absence of restrictions on women’s groups may have made possible forms of female mobilization and public action that were not available to men.

In contemporary Gambia this dynamic continues to play out in the actions and speech of the President and the ruling APRC party. The President’s attitude toward women is illustrated by a prominent billboard overlooking one of the country’s busiest intersections in Westfield in the Greater Banjul Area. The billboard depicts the President in white flowing robes standing next to a crowd of smiling women who are reaching their arms out toward him. The caption reads, “Gambian women love President Jammeh and will rally behind him forever.” The President frequently invites women’s groups, including several of the groups featured in this dissertation, to work on his farm in his natal village of Kanilai. Similarly, women’s groups are frequently called upon to perform for the President in political programs, festivals and other events.

Contrasting with the President’s close relationship with women’s groups, the ruling APRC party appears to find groupings of men politically threatening. For example, during the time I was living in Lamin in 2012-2013, men congregating at night were the

targets of the destructive “Operation Bulldozer.” President Jammeh initiated Operation Bulldozer in May 2012 under the guise of cracking down on criminal elements in society, including “drug dealing, pedophiles, homosexuals, murderers, drug traffickers, [and] human traffickers” (Statehouse 2012). In practice, Operation Bulldozer meant that groups of (particularly young) men congregating at night could be subject to arrest and detention without charge. In a context of heightened political paranoia amidst rumors of political opposition groups forming in Senegal (BBC 2012), male collective activity of any sort represented a threat to the ruling party. This contrasts dramatically with the representations of women’s groups described above.

The colonial and postcolonial political agendas restricting men’s collective action have not applied the same limits to women’s groups. While limiting male engagement in certain group contexts, political authorities have bolstered female associations’ opportunities for involvement in public activities. As well as the local constructions of gender roles and religious beliefs discussed above, historical and contemporary political agendas may also contribute to the central role that women play in the areas of performance and health.

Female performers, gender, and development

In addition to colonial and postcolonial politics, the involvement of women’s performance groups in development communication must be understood with reference to global discourses and policies that enabled new kinds of engagement with women, gender and culture. In this section I outline the history of female performers’ involvement in “women in development” (WID) programs in The Gambia in relation to global

development theory and practice. As I will discuss below, the term “women in development” refers both to a widespread movement in international development practice beginning in the 1970s, as well as a specific project implemented in The Gambia in the 1990s.

In response to the strong focus on men during the first two decades of development practice, by the early 1970s scholars and practitioners called for more attention to the role of women in development. In particular, Ester Boserup’s volume *Women’s Role in Economic Development* (1970) spearheaded the “women in development” (WID) movement, which gained significant momentum during the UN Decade for Women from 1976-1985. According to Liam Swiss, “in 1970, only one western donor (Sweden) had a dedicated WID unit, but by 2007, nearly all major donors have adopted some form of a WID/GAD [gender and development] policy or have a dedicated unit within their organization to address WID/GAD concerns” (2012: 99). The global emphasis on women’s rights and women’s roles in development also led to the multiplication of government agencies dedicated to women’s issues as well as women’s international non-governmental organizations or “WINGOS” in places such as The Gambia.

Emerging from American liberal feminist thought, the WID movement has been criticized for its lack of attention to problems inherent in the modernization theory of development and its inability to improve the lives of many of the world’s women (Visvanathan, Duggan, and Wiegersma 2011). Furthermore, feminist critiques of WID’s focus “only on women in isolation, rather than the social, cultural and political relations of which they are a part” (Gardner and Lewis 1996: 122), inspired a shift away from WID and toward a Gender and Development (GAD) approach and “gender

mainstreaming.” A gender-focused approach has not been achieved in most contexts, however, as many development programs continue to equate “gender” with “women.” This is the case in The Gambia where health workers find the focus on women counterproductive in some contexts, even as they reiterate the differences in gender roles that often make it easier to involve women in public health programs and performances.

In 1980, in the middle of the UN Decade for Women, the Gambia Women's Bureau was founded. The newly formed Bureau attracted many of the country's most active advocates for women, including Isatou Njie Saidy (the current Vice President of The Gambia), Binta Jammeh Sidibeh, Isatou Touray, and Amie Bensouda, among others. These women have all continued to work toward breaking down barriers for women and girls through a variety of avenues including forming civil society organizations such as GAMCOTRAP and APGWA, featured in this study. Binta Jammeh Sidibeh explained the responsibility she felt, as one of the first women in the country to graduate from high school and university, to work toward improving the lives of women in her country:

I was one of those few people to be educated, women to be educated, being up at that high position. I assumed senior positions at a very young age. So I guess that got me determined and seeing the other women around, people I grow up with in the neighborhood ... seeing that, I just got involved naturally [in the women's movement]. People, all the people who were educated at that time, they formed an association of university women, you know we were very proud then ... And we have all excelled ... Having gone to that level in that age, in the 70s, that was something. And that's why I said it was a natural thing! It was. We were compelled to because all eyes were on us, and we just had to. It was a big challenge ... and then I was attached to the Women's Bureau, and then we were working with the current Vice President. She was working with us at the Bureau ... I was trying to push women to see how we can get more female candidates to be trained because I saw how few women are ... So I was, since then, really very much interested in women's empowerment, women's education. Because I know education is key to all sorts of development ... So that's, that gave me the passion and the commitment. (Personal communication, March 22, 2013)

Binta's testimony demonstrates the commitment and drive she felt as one of a small number of women to attain advanced education in the 1970s. While influenced by global feminist discourse, the impact of the WID movement in The Gambia was achieved only through the hard work and passion of a small number of passionate and educated women such as Binta Jammeh Sidibeh and her contemporaries.³⁴

In the Gambian context, the emphasis on involving women in health and development programs that took place globally also went hand in hand with a performance-based approach. Binta Jammeh Sidibeh asserts that her relationship with the Talinding kanyeleng group, now known as the APGWA kanyeleng, inspired the more widespread involvement of kanyeleng women as communicators in health and development programs. According to Binta, it all started when the kanyeleng women sought her out and requested that she serve as their surrogate mother (a common practice for groups in The Gambia). Once they started working together, Binta involved the kanyeleng in the development work in which she was involved. She explained,

The kanyeleng, really, they were not development oriented. It was APGWA. And we struggled a lot ... But I pushed forward, because I know what their values are, and I know what their responsibilities are, what they're capable of doing ... and now it has even been up to the government, and even all these development workers. Now when they have programs, they will bring kanyeleng women to sing for. Yes ... Everywhere now, kanyeleng women are coming. I am going to take that credit. APGWA. We really were the ones who brought ... Now people need the kanyeleng. Everywhere ... Now it's development oriented. (Personal communication, March 22, 2013)

Largely as a result of their collaboration with Binta Jammeh Sidibeh and the APGWA, the APGWA kanyeleng are among the most prominent kanyeleng groups in the country. They frequently perform for political events of various kinds and they have also traveled

³⁴ After many years away, in 2014 Binta Jammeh Sidibeh returned to the Women's Bureau to serve as Executive Director.

internationally. As Binta Jammeh Sidibeh explains, they have also inspired a broader shift in the social position of kanyeleng more generally as they have taken on new roles in global health and development work (see Chapter 6 for further discussion).

While Binta Jammeh Sidibeh and the APGWA kanyeleng have certainly been influential, Fatou Gaye asserts that the Ministry of Agriculture was also particularly important in involving women as “traditional communicators” in their education and outreach programs in the 1980s.

The issue of bringing up of the traditional communicators into the message dissemination has definitely, the pioneers have been Assan Sallah ... he was working for agriculture and he eventually became the Minister of Agriculture ... During the Women in Development project, we had been using traditional communicators a lot. Due to the successes they have, the Gambia Food and Nutrition Agency (GAFNA) also involved traditional communicators in the areas where they intervene for nutritional education to the mothers. And since then I have been involved with the traditional communicators, training, and message development, and wherever I go to as a staff, I definitely encourage the institution to utilize them as much as possible. (Personal communication, August 6, 2013)

Rather than being restricted to a particular government ministry or area of focus, it is clear that female performers’ role in development communication became widespread across sectors during the 1980s and 1990s. The most important boost to the “traditional communication” movement, however, came under the 1990s development initiative called the Women in Development (WID) Project.

Though it did not invent the idea, the WID Project, was particularly important in promoting the widespread involvement of female performers in health and development in The Gambia. WID was a US\$15.1 million project funded by the World Bank, the Gambia Government, the Kingdom of Norway, the African Development Bank (ADB), the United Nations Development Program (UNDP), the United Nations Development Fund for Women (UNIFEM), and the United Nations Fund for Population Activities

(UNFPA). The project was implemented by the Women's Bureau as well as several different government departments, including the Department of State for Health, and NGOs. While performers' role in communication has a much longer history, the contemporary collaborations between female performers such as kanyeleng and organizations working in the area of health gained significant momentum through the WID project.

Because the WID project was so influential in promoting the involvement of female performers in health and development work, I outline the goals and achievements of the project here. First, the objectives of the project included the following:

- i) Improve women's productivity and income-earning potential, ii) Improve women's welfare and status, iii) Strengthen government institutions to enable them to better integrate women's issues in their work, and iv) Contribute to bringing about a change in Gambian society's perception of the role of women. (World Bank 1998: i)

In order to accomplish these objectives, the project focused on the areas of agriculture; safe motherhood and family planning; information, education, and communication (IEC); and skills development. The IEC component included innovative approaches to communication such as the establishment of project-affiliated theater groups, women-run community radio stations, and video halls. The official evaluation report states that the IEC components of the project were particularly successful in meeting the goals of "creating awareness of women's needs and concerns" (World Bank 1998: 5).

The project completion report also emphasizes the value of combining different approaches to communication in order to make projects more participatory and improve the effectiveness of IEC interventions. The project integrated "modern media" (i.e. video, radio, and cassettes), with "more traditional methods of communication" such as

“popular theater” (Appendix A). Specific achievements included: 1) establishing 30 video halls and 10 radio listening groups; 2) developing 200 radio programs, 20 theater productions and 24 video productions; 3) training 90 women leaders, 60 IEC staff, and 160 extension workers in “communication skills”; 4) training 40 women in “theater production”; and 5) training 60 extension workers in the “use of radio as a development support tool” (World Bank 1998: Appendix A).

The effectiveness of the popular theater component of the project, which also incorporated music, is emphasized in the evaluation report. The authors write:

Popular theater and the local communicator strategy appear to be the most popular methods of communication. Rural women have stated that only through popular theater they have been able to speak their mind and address issues such as men's lack of support for women's heavy workload, their neglect of responsibilities toward the family, the effect of male migration to urban areas on women. (World Bank 1998: Appendix A)

The WID report underscores several of the features of performance that emerged as particularly important in my discussions with performers and health workers in 2012-2013. First, the authors highlight the integration of “traditional and modern communication methods” as a way to make programs more effective. Second, the report emphasizes the importance of active participation (facilitated by musical performance) as a way to engage local perspectives (see Chapter 4). Finally, the report notes the “spill-over” effect whereby the project’s impact is not limited to the target villages (see Chapter 7).

The involvement of female performers in development programs that gained momentum during the WID project has corresponded with a process of professionalization that has contributed to the appeal of performance for women across social categories. Even as women sought out performance roles as an income-generating

strategy, however, health and development workers often referred to female performers as “volunteers,” emphasizing that they did not receive salaries for their work: “These traditional communicators are voluntary organizations. They are not paid” (Jim Jallow, personal communication, January 31, 2013). Similarly, women’s groups positioned themselves as community service organizations that worked for the good of the country (*bankudookuwo*) and sought payment from God (*Allah le be n joo la*). This emphasis on volunteerism and community service may help limit male involvement in health performances because they may be seen as inconsistent with ideas about male roles as providers.³⁵

At the same time, although women do not typically receive a salary for their work as performers, they do receive monetary and other benefits, such as “per-diem” that are typically given to participants in health education programs. For example, for attending a three-day workshop in Niamina (Central River Region) in 2013, participants received 200 dalasi each day for a total of 600 dalasi (US\$20). This is a significant amount of money in The Gambia, where a typical monthly salary for an unskilled laborer is 1000 dalasi (US\$33) and teachers make just 3000 dalasi (US\$100). In other cases, women may receive a short-term “contract” with a lump-sum payment given along with instructions as to the health promotion activities to be completed. In one instance, upon completion of a training program on hygiene promotion in 2013, kanyeleng women each received a lump sum of 1,700 dalasi (US\$56) for their work in disseminating the information they learned in the program throughout their village and surrounding areas. While the income generated through their performances provides an incentive for women to participate, the

³⁵ See Deeb (2006) for a discussion of how community service and volunteer activities are constructed as feminine work consistent with a pious modern identity for Shia Muslim women in Lebanon.

absence of larger financial incentives and the framing of the performance activities as “voluntary” may also contribute to female dominance in this area. Though men do participate in some groups and are active in development programs, they are far outnumbered by their female counterparts, as is the case in the contexts of musical performance discussed above.

The involvement of (primarily) female performers as health educators in the WID project and later initiatives came along with an emphasis on women as the targets of health education programs. The focus on women is bolstered both by local ideas about gender roles and priorities of funding organizations. In discussing the dominance of women in health promotion work (as both performers and audiences), I frequently heard explanations similar to the following statement from Dodou Njie, the President of the Gambian Network of Traditional Communicators:

If you teach one woman, you have taught 100 men ... That woman, she will be able to teach her husband, she will be able to teach her child, she will be able to teach her grandchildren, and she will be able to teach her neighbors also so that they know ... If you come to look, health issues, in our culture, here in Africa, women have a big position there ... in the family. Women's have a lot of influence there. Because you will see that, if you come to the side of motherhood, men don't do anything there, it is not a lot. They go looking, they bring it. But the caregiver and the discipliner and the health issues, to clean them, women do that. Then you will see that, what a person is in charge of, if you do teaching, that knowledge is easier than that which you are not in charge of ... So you will see that, if you teach them, it is very important. If they have knowledge about how to manage the family, that will be fast, the people's taking of the knowledge will be faster than if you taught it to men.

Niñ i ye musu kiliñ karañ, i ye kee keme le karañ ... Ate musoo, a be a kee karandi noo la, a be a diño karandi noo la, a be a mamariñoolu karandi noo la, aduñ a be a siño fanañ karandi noo la pur i ye a loñ ... Niñ i naata juubee, jaatakendeyaa kuu dal, ntolu la aadoo kono, Afrika jañ, musoolu le ye bundaa baa le soto... family kono. Musoolu la yaamaroo siyaata jee baake. Because i be a jee la ko, niñ ña taara i naata dimbaa la karoo to, kewolu buka feñ ke jee, a mañ siyaa. I ka taa ñiniñ i ye a naafe. Bari topotoolaalu aniñ kuhuurlaalu aniñ jaatakendeyaa kuu ñaa bee topoto, ka i seneyandi, musoolu le ka wo ke. Woto i be a jiibe la ko, moo

marata mej ma, niñ i ye karandiroo ke, wo la londoo ka soneya than i man mara mej ma ... So i be a jiibe le ko, niñ i ye wolu karandi, a kumayaa baa ta le. Niñ wolu ye londoo soto dimbaa tamandoo, wo le be tariyaa la, moolu la karantaa le be tariyaa la than niñ i ye kewolu ñindi ala. (Dodou Njie, personal communication, February 26, 2013)

Dodou Njie's statement demonstrates the justification of women's roles in health-related work in terms of natural gender differences and division of responsibility. Under this line of thinking, in addition to their assumed position as mothers and homemakers, as less prone to *maloo*, women are inherently more communicative and therefore more suited to work in health education. Health worker Buba Darboe explained, "In The Gambia there is this tradition that seeking help for your children, or whatever, health programs, is the sole responsibility of women. This is what men feel like, it's like the responsibility of women" (personal communication, June 24, 2013; see also Bingley 2011).

Dodou Njie's claim that "if you teach one woman you have taught 100 men" also reflects the central role that networks of women play in social mobilization in The Gambia. Historian Hassoum Ceesay explained that health workers often chose to use female performers in their programs because "they know that if you get them, some of these women's groups, you can rest assured of getting on board almost everybody, because some of these groups are big. They go across villages, sometimes across districts, sometimes even across regions, like a group can have members from Western Region up to Soma. So they are, you know, the network is very very effective" (personal communication, November 21, 2012). The strength of women's social networks contributes to women's broader influence in musical performance contexts as well as health promotion.

In addition to local ideas about gender roles, the focus on women in health promotion is supported by the priorities of funding organizations. During the time I spent

working with HIV/AIDS service organizations in The Gambia, I assisted with proposals for funding from international organizations on a regular basis. Many invitations for funding proposals specifically requested projects that targeted women and girls. This emphasis is not unjustified in the wake of research showing African women's particular vulnerability to HIV infection (e.g. Karim, Sibeko, and Baxter 2010). Nonetheless, the focus on women and girls did not allow organizations to address the issues that they found most important. The president of an HIV/AIDS support group explained,

Sometimes when projects come they say, "women and girls." Fine. But it is important that men also get knowledge ... I think the important thing is to give knowledge to men also. I am always saying this. But people don't listen to me. Yes. They don't listen to me. They ignore me because of the projects that come they don't have money for that topic. (Personal communication, April 21, 2013)

Through antenatal testing as part of programs to prevent mother-to-child transmission of HIV, many women in The Gambia learn their HIV status. Unfortunately, for HIV positive women, disclosure to their male partners often results in blame and rejection, with women and their sexuality being widely viewed as the vectors of disease. This is part of a broader problem in which an exclusive focus on women in health programs leads to the assumption that women are responsible for those problems. Furthermore, in the case of sexually transmitted infections, providing treatment for a woman when her partner has not been treated will only result in reinfection (Chant and Gutmann 2005).

Although programs for women's health are essential and important, the focus on women in isolation also falsely assumes that individual women have complete control and decision-making power over their own bodies and those of their children (Chant and Gutmann 2005). Efforts to improve health must take into account the power relationships that affect individuals' ability to take action in particular areas and may explain apparent failures of health interventions to achieve behavior change (see Airhihenbuwa 2007: 105).

Amie Bojang from GAMCOTRAP emphasized the importance of understanding how uneven distribution of decision-making shaped the process of change in rural areas in The Gambia:

At different levels decision-making is taking place. There are those who are just powerful to say ‘this will not happen to my child.’ It will not happen. Full stop. There are others who cannot take that individual decision because the decision lies with somebody else even though it is their own child. You have to know those layers to be able to help them in the process of decision-making. (Personal communication, January 17, 2013)

Gender relationships within families and communities mean that even though family health is often viewed as women’s responsibility, individual women do not always have the power to make health decisions without the involvement of their male partners and family members.

Many health workers with whom I spoke recognized a need for more outreach to men, noting challenges and areas where they have seen change in the perception of health as a female responsibility. Lamin Barrow of the Communications Unit at the Ministry of Health explained,

I think there has always been this issue ... Male involvement in, specifically, reproductive health ... Most of our projects, I mean, target women. And men also have critical role ... Especially in our setting where even if a woman is pregnant, before she can go and register at the antenatal clinic, the man has to give her a go-ahead ... I think we need to re-visit the way we do our programming so that we will take on board men ... I think we will definitely see a big difference ... Even this last training, we have a lot of men ... We make sure that we have a combination of the two groups. Men and women together. I think that will definitely make a difference. (Lamin Barrow, personal communication, February 26, 2013)

Lamin Barrow’s perspective demonstrates the way health workers have recognized the need for more male involvement and attempted to make changes even as they are constrained by the priorities of donor organizations and local ideas about gender roles.

Reflecting global recognition of the problem in framing reproductive health as a women's issue, health organizations in The Gambia have also attempted to change terminology in order to better include men. In June 2013, I met with Regional Health Education and Promotion Officer Saharu Kante in the town of Soma in the Lower River Region. We discussed the gender imbalance in the level of involvement in child health care in particular. Drawing on his experience in the Lower River Region, Kante explained:

The perception of the men here is definitely an issue. That's why in those days we used to have what we call the maternal and child health care, but now ... we've changed all that. Now what we are trying to advocate for is Reproductive and Child Health Care, and then reproductive health issues concern both male and female. Then male usually they see health issues as the issue of female, you understand? Going to the clinic is for the ladies. (Saharu Kante, personal communication, June 5, 2013)

Recognizing that language choice can influence perceptions of gender roles and responsibility for family health, health workers have made changes in terminology in order to promote male inclusion.

While acknowledging an ongoing problem, health workers and performers also noted areas where they had seen improvement. For example, Jainaba Saho from the Brikama Nyambai kanyeleng group observed that in her area more men had begun to take their children to the monthly RCH clinic:

At that time, if you didn't have time, you will move your visit to the nurse ahead, you will move your child's shots ahead until the next month. When you went the nurse would say, "No, you were supposed to come in August and you have not come until September." "I didn't have time, my hands were full," or, "I was sick, I was not able to come, but I didn't have anyone who would take them." But now, men also say ... "Me, let me take the child, let's go weigh." That is why our songs, to take a role in health is very important. It is very important, because this group of ours stands for many, as I told you. Our role is in health, our role is in developing knowledge.

Wo tuumoo, niŋ i maŋ ñaa soto, i be noosi taa sawundi la, i diŋo la penko sawundi la, fo kaari naa la. niŋ i taata, noosoo ka fo “haani ko. August le i ñaanta ka penko ke, saayin i maŋ naa fo September.” “Maŋ ñaa soto, wo ye a tara m buloo deteeta,” waraŋ “n saasaatale, maŋ naa noo, bari maŋ moo soto meŋ be a samba la.” Bari saayin, kewoolu fanan ka ... I si a fo ... “nte faŋo ŋa dindiŋo samba, ŋa taa pesa.” Wo le ye a tinna ntolu la denkiloo, ka n daa dundi jaatakendeyaa a kumayaata baake. A kumayaata baake, katuŋ ntolu la ñiŋ kafoo be loo la jamaa la kuŋ na, ko ŋa fo i ye ñaameŋ. N daa be jaatakendeyaa, n daa be londoo la yiriwaa. (Jainaba Saho, personal communication, August 18, 2013)

Jainaba Saho asserts that the changes she has observed in male clinic attendance are partly due to her kanyeleng group’s performances educating men about their responsibilities in the area of reproductive and child health.

Perhaps not surprising considering the ideas about gender roles in musical performance discussed above, not all health workers agree that live musical performances are the most effective means to educate men about health issues. They suggested that in some cases incorporating musical performance only heightened the sense that the issues under discussion were the responsibility of women. Consultants from the Ministry of Health and the Allatentu Support Kafoo suggested that radio was often more effective than live performance in targeting men because “to call them together sometimes is ... a very big challenge” (Buba Darboe, personal communication, June 24 2013). In addition to live performances, radio is one of the main modes of dissemination used by the Ministry of Health in rural areas where access to health information and care is lowest. Health workers also identified a need to involve more men as performers in health-related programs.

According to Dembo Fatty, the Regional Health Education and Promotion Officer from the Upper River Region, although there was a need for more male performers in health programs, men’s sense of shame prevented them from participating in these contexts:

For men to come on board for kanyeleng, some areas, yes, but it's very few. You know, men, they feel so ashamed. They feel ashamed, and you know, like if you are a kanyeleng, how will people perceive you, your fellow men, how will they perceive you? They might say, "Look at him, he's a kanyeleng." You know, they will sometimes term you as a fool, as a fool in their midst, you know. (Personal communication, July 2, 2013)

In contrast to Dembo Fatty's emphasis on male shame, Lamin Barrow from the MoH Health Communication Unit argued that it was program design and lack of opportunities that prevented many men from participating actively as trainers and performers in health programs:

I am of the belief that, yes, men may be receptive, but I think many a time, the way it is designed, that's why men are left out. They are not many a time taken on board ... If you want in a particular village, 10 participants, you will say, "Let's have five men, five women." At the end of the day you would see the women would talk to the women folk, and the men would also talk to the men folk ... It's a matter of giving them the chance. The opportunity. The opportunity that is given to women as far as that area is concerned, if that same opportunity is given to [men], they will do it. (Personal communication, February 26, 2013)

Lamin Barrow argues it is program design rather than "traditional" ideas about gender that limits male participation. Barrow's point is supported by the fact that many men do perform in health-related programs, even though they are generally far outnumbered by their female counterparts.

Popular music is one area where men form the majority of performers, as noted above. UNICEF Goodwill Ambassador Jaliba Kuyateh, has been particularly active in singing educational songs about health issues. Along with his popular Kumareh Band, Jaliba Kuyateh has worked in collaboration with organizations such as the Ministry of Health and Social Welfare and the Allatentu Support Kafoo to address health problems such as HIV/AIDS and childhood immunization, among other topics. Jaliba Kuyateh is a high profile musician who travels frequently to perform throughout The Gambia as well as internationally.

According to Jaliba Kuyateh, his songs appeal to men more than kanyeleng performances, which tend to attract primarily women:

[Kanyeleng] will have a wide audience from women folk. The men, as I said, will not take them seriously ... unless when they do this during programs that will already include men sitting down. Maybe that's the time they will even listen to them. But when they have their own program, nobody will go around. (Personal communication, February 6, 2013)

Many health workers disagreed with Jaliba's perspective, claiming that both kanyeleng and popular music groups such as Jaliba Kuyateh's held wide appeal across age groups and genders. Fatou Gaye from the Gambia Red Cross explained that she used the Red Cross popular music groups such as the Humanity Band for mass media communication and large events, but the kanyeleng were preferable for small-scale community-based programs. More attention to the impact of different styles of music in health promotion programs would be useful in identifying the most appropriate approaches to health-related musical performances for people in different regions and for different ages, genders, and ethnicities (see also Bingley 2011).

The depiction of kanyeleng as solely the domain of women conceals the fact that some kanyeleng groups actually have male members as well as female. Occasionally male members may join for similar reasons as their female counterparts – to address infertility or child mortality, or (more recently) to work as communicators in health and other sectors. The Brikama Nyambai kanyeleng group, for example, has two male members who have played an important role in their activities and particularly in educating men about health topics:

Education has caused these two men of ours, that issue appealed to them so that they joined us. We see that they also take part. They also can talk to men about how they can take care, how they can help their family, how they will help their wives, they also take responsibility there. And they are very important to our

songs and to our group. You can see now many men take their child ... to be weighed. Men. They take their child to the hospital. They do weighing, if the woman does not have time.

Karajo le ye a tinna nna ñiñ kewo fulo, wo kuwo ye i ñaa bo fo i kafuta nna. ña je ko, i fanan ka i daa dundi jee, i fanan si diamu noo kewo la, i si maraloo ke noo la ñaameñ, ila dimbaalu makoyi la ñaameñ, i be musoolu makoyi la ñaameñ, i fanan ye i daa dundi jee. Adun i ye kumayaa soto baake ntolu la ñiñ denkiloo aniñ ñiñ grupo. I si a jee saayin kee jamaa le ka diño ... ka taa pesaaroo. Kewolu. I ka i diño.. i ka a samba lopitaanoo to, i ka pesaaroo ke, niñ musoo man ñaa soto. (Jainaba Saho, personal communication, August 18, 2013)

Jainaba Saho believes that the involvement of men in their kanyeleng group has made them more effective in communicating to male audiences about the importance of health programs such as the reproductive and child health clinic.³⁶ One of the two male members of the Brikama Nyambai group explained that he chose to join the group because he saw it as *bankudookuwo* (“country work,” i.e., for the benefit of the nation) that required the involvement of men as well as women in order to accomplish positive change:

Me ... a man, it is not that my lack of blessing has put me among them. It is not that my lack of business has put me among them. That is, I want my fellow men, the way I came, for them to come and join me, because this is country work. This is not one-person work. If we say we will leave all this matter to the government, heh, then they will take us. But to help each other, to help the government, you can see that, whatever you want, it can be complete. For those reasons, that is why all the time we get up ...

Nte ... kee, a manke ko barakanteyaa le ye n bulandi i kono. A manke ko harjetanyaa le ye ka tinna n ka bula i kono. Ko meñ, n lafita, n ñon kewolu, n ka naa ñaameñ, pur i fanan si join noo n kan katuñ ñiñ mu bankudookuwo le ti. Ñiñ te moo kilin dookuwo le ti. Niñ n ko m be ñiñ kuwo bee bula la mansakunda bulu, heh, woto, moolu be n samba la le. Bari fo ka ñoo maakoyi, ña mansakunda maakoyi, i si a je ko, itolu fanan hameta kuwo muumee bee, a si tiima noo. Wo dalilo kan, wo le ye a tinna waati o waati, n si wuli ... (Personal communication, September 22, 2013)

³⁶ As part of the reproductive and child health (RCH) clinic, children are weighed in order to identify those who are underweight and suffering from malnutrition.

Male members of the Brikama Nyambai group, among many others, challenge the notion that kanyeleng performance and health promotion are solely the responsibility of women.

The problems emerging from inadequate attention to men in health promotion programs highlight the importance of viewing gender and women's health, as well as performances themselves, through a relational lens. While women's dominant roles in the areas of both musical performance and health promotion do represent a powerful force for bringing women's perspectives into the public sphere, they do not necessarily translate into improving women's health in the absence of male involvement. Focusing on individual women in order to improve women's health misses the ways health is dependent upon complex gendered relationships in which men are also implicated.

Conclusion

This chapter has brought together multiple perspectives in order to interrogate the central roles that women play in the areas of both musical performance and health promotion. I have shown how women's roles in these areas are dynamic and influenced by local gender ideologies, religion, politics, and global health and development discourse. In collaborating with women's performance groups, health organizations draw on powerful local communication methods that have the potential to engage people more interactively in the process of promoting health. While women's active roles in communication through musical performance often make them effective communicators, the focus on women as both health promoters and the targets of health programs runs the risk of erasing the relational nature of gender roles and health decision making along with the important role that men also play in health matters. The role of gender ideologies in

framing women's engagement with musical performance and health, provides a framework for thinking about the issues raised in later chapters, including the extent to which female performers are able to effectively engage different audiences in their health promotion efforts. In the following chapter, I will further interrogate the social relationships within women's health performances by focusing on the concept of participation.

CHAPTER 4

Performing ‘Participation’

In the morning of May 24, 2013, the APGWA kanyeleng group performed at the launching of the national polio vaccine campaign organized by the Gambia Ministry of Health and Social Welfare (MoH). In the middle of a sandy football field in the flood-prone neighborhood of Ebo Town, people gathered to sit on brown plastic chairs under large tents that provided shade from the sun that would grow hotter as the morning progressed. Representatives from the Gambia Radio and Television Service stood with their recording equipment at the ready. On a raised platform, important guests, including political figures and representatives from organizations such as the United Nations Children Fund (UNICEF) and the World Health Organization (WHO), sat underneath the colors of the Gambian flag.

As part of a synchronized regional immunization campaign initiated by the Global Polio Eradication Initiative (GPEI), the Gambia MoH was preparing to send health workers door-to-door to vaccinate all children under five. Though The Gambia had not documented any new cases of polio since 2000, the disease remained endemic in Nigeria and other West African countries had documented new cases as recently as 2011 (WHO 2014a). The boycott of the polio immunization program in northern Nigeria in 2003 drew attention to the deep distrust of the vaccination program among certain groups in West Africa and elsewhere.³⁷ This event also highlighted the need for local ownership and

³⁷ See Jegede (2007) for a discussion of the political and historical contributors to the vaccine boycott in the Nigerian states of Kano, Zamfara, and Kaduna, where religious leaders asserted that the vaccine might be tainted with agents causing infertility, HIV, and cancer.

participation in health promotion efforts, particularly in places with traumatic histories of colonialism and exploitation (Jegade 2007).

The Gambian event featured a series of speeches in English elaborating on the importance of the polio immunization campaign. These speeches were unintelligible to the mostly non-English speaking listeners in attendance, as well as many of those listening to the radio and television broadcast of the event. During the speeches, I observed some of my neighbors dozing in their chairs. After most of the speakers had finished, a short summary was provided in the local languages of Mandinka and Wolof.

The polio campaign launching also featured a performance by the APGWA kanyeleng, who came to Ebo Town from the nearby village of Talinding. When the APGWA kanyeleng group began to perform, the atmosphere of the event changed. Kejawo Juwara placed her yellow bidong (20-liter plastic jerry can) on a chair. She retrieved two sticks from inside the bidong where she had placed them for safekeeping, and began to play. The leader of the group, Binta Dada, took the microphone and sang *eh yo, polio ka naa ali ye ala nyaato kuntu* (“eh, polio is coming, let’s stop its progress”) (see Figure 10). The nine remaining members of the group repeated the melody in call-and-response fashion while clapping and stepping in unison. Periodically, Binta switched to the *saataroo* style of heightened speech in order to convey detailed information about polio, the effects of the disease, and the vaccination campaign. Kejawo Juwara changed her rhythm on the bidong to the *lenjengo* dance rhythm and people began to dance. The other members of the group added dense, syncopated hand clapping patterns. The special guests who had been frowning on their platform began to smile, nod, and laugh. One by one people entered the center area to dance and give Binta Dada monetary donations

showing their appreciation of the performance. The schoolgirls in attendance came up as a group in their matching brown uniforms, dancing and laughing.



Figure 10 – Binta Dada Bojang singing at the launching of the polio vaccine campaign, May 2013, photograph by the author

After the event, as I was getting ready to leave with the members of the APGWA kanyeleng group, a man came up and thanked them. He said, *alitolu ye bengo ke, alitolu ye bengo diyandi le*, meaning “you all made the meeting, you made the meeting sweet.” He asserted what I had already observed on the faces of the people present. The APGWA kanyeleng made the event a success. Particularly for the non-English-speaking members of the audience, the APGWA kanyeleng’s song was both the most entertaining part of the event and the most informative.

The involvement of musicians such as the APGWA kanyeleng in global health programs is frequently justified with reference to “traditional communication” and

“participation.” “Participatory approaches” have been embraced as a way to go beyond the “top-down” model of health promotion in which an outside “expert” intervenes with one-size-fits-all solutions to local health problems. Critical development scholarship shows, however, that the language of participation has not often been accompanied by the necessary critiques of fundamental assumptions and structures of development that continue to shape practice. Furthermore, defining musical performances in terms of global categories of “participatory approaches” and “traditional communication” also erase particularities of local social realities and concepts of health.

Focusing on the case of kanyeleng performers, in this chapter I bring an ethnomusicological perspective to interdisciplinary debates on participation. Concentrating on the social relations within musical performance itself opens up new ways of thinking about performance as a participatory approach in health promotion, one that takes into account the relational, dynamic nature of action in community. Research suggests that participatory modes of communication can help people to remember information (Bourgault 2003). According to traditional models of health promotion, therefore, musical performance is seen as a useful tool for communicating health information. Linear models of music and communication, however, do not adequately probe musical participation as a social practice linked to local concepts of collective action, health and wellbeing. In this chapter I focus on local concepts and practices of kanyeleng performance, recognizing the ways in which participation is uneven and contested across social categories.

The 2013 polio immunization campaign underscores the complex global power dynamics that characterize global health initiatives in The Gambia more generally.

Though the campaign depended upon the labor, experience, and expertise of local health workers, their efforts were coordinated, funded and scheduled by international organizations including the World Health Organization (WHO) and UNICEF as part of a synchronized regional campaign. The interplay between global directives and local agency is particularly evident in the work of female performers such as the APGWA kanyeleng who integrate biomedical knowledge into local knowledge systems using musical performance.

Participatory Approaches in Global Health

The term “participation” was incorporated into mainstream development discourse in the 1970s (Cornwall and Brock 2005). The 1978 Alma-Ata declaration co-sponsored by the World Health Organization included community participation as an essential component of primary health care. With the goal of addressing dramatic health disparities worldwide and improving health for all, the Alma-Ata declaration emphasized the provision of “essential health care based on practical, scientifically sound, and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation” (WHO 1978).

As development workers failed to achieve the change they had anticipated in the “underdeveloped” world, they began to critique top-down approaches and demand more local participation. Health and development organizations began to notice that “whenever people were locally involved, and actively participating in the projects, much more was achieved with much less, even in sheer financial terms” (Rahnema 2010: 128). The idea that “participatory approaches” result in more effective and sustainable programs

continues to influence health promotion programs in The Gambia. Neneh Touray of the Gambia Women's Bureau explained,

If it is not participatory at times it is difficult to meet your objectives and targets because, for example, you take a project and go to the village. If it was participatory they were involved right from the beginning, the care and attention they will give to it will be different from if you just go and give it to them. So participation has more of an impact than if it is not participatory. If it is participatory you realize impact. (Personal communication, November 21, 2012)

Similarly, Amie Bojang from the Gambian Committee on Traditional Practices Affecting the Health of Women and Children (GAMCOTRAP) explained the significance of participation as follows:

Participation is key in development because if not you will become a dictator. You impose. And once you impose things on people they cannot do anything. They will resist quietly. And once people resist quietly it could be dangerous because that means that you are not impacting. (Personal communication, January 17, 2013)

Amie Bojang and others explained that musical performance could promote deeper levels of understanding and engagement among participants. In this sense, participation means far more than just being there (and “resisting quietly”). In Amie's work it implies a sense of ownership and conviction.

In addition to the idea of engaging more deeply with the material, health workers described musical performance as a way to promote sustainable participation by involving local people in an integrated fashion. The MoH, as well as non-governmental organizations such as GAMCOTRAP and the Gambia Red Cross, have developed long-term partnerships with kanyeleng groups located in rural areas. As discussed in Chapter 3, many of these groups were recruited during the WID project in the 1990s and continue to receive training on health topics before being sent out to disseminate information in their

home areas. Jim Jallow from the Health Communication Unit in the MoH argues that the participation of local performance groups makes programs more sustainable:

For health promotion the key word is participation. In primary health care, community participation is key there, and we feel that if people don't participate in anything that you want to do, you cannot sustain it. That's why even when we want to develop messages, we involve the communities in developing messages ... Using their own people to do the work for their own people, we think it's positive ... It encourages sustainability. But if I said, to train our own health workers, they go out to the communities, stand at the village meeting place, talk talk talk talk, go! That's the end of it. But if you train the kanyelengs and the traditional communicators in the village, they will be living with that skill forever and they will be transferring from one kanyeleng generation to another kanyeleng generation. That sustainability is there ... Participation, it's key, and it definitely encourages sustainability as far as health is concerned at the community level. (Personal communication, 2013)

For Jallow, performance provides a way to both promote participation and create more sustainable programs by involving local performers such as kanyeleng.

The association of performance with participation in global health and development discourse is indebted to the ideas of Brazilian educational theorist Paulo Freire, as well as the work of Augusto Boal and the theater for development movement. Informed by anti-colonialist and Marxist theory, Freire's philosophy of education has been influential in inspiring a broad shift toward participatory approaches to health and development.

Beginning in 1970 with the publication of *Pedagogy of the Oppressed*, Freire advocated for a dialogic educational approach where students become "critical co-investigators in dialogue with the teacher" (2000: 81). This approach challenges the "banking concept of education" where students are seen as "'receptacles' to be 'filled' by the teacher" (72).

Building on Freire's work, Augusto Boal's *Theater of the Oppressed* (1979) inspired the theater for development/popular theater movement, which has resonated strongly with many African performers and health workers (Salhi 1998). Theater for development aims

to address real-world issues faced by community members through participatory performances in which there is no audience-performer distinction (Boal 1979; Harding 1998).

While performance is often cast as an ideal format for participatory, dialogic education in the Freirean sense, the social, political, and economic relations of health programs and performance practices vary in their ability to facilitate active engagement. In her study of collaborations between musicians and organizations in Kenya, ethnomusicologist Kathleen Van Buren critiques organizations that use music for educational purposes without involving musicians in program planning or providing meaningful information. Van Buren argues that, although music has the potential to encourage participation and dialogue in development, “some performances may be no better than banking systems of education – even if the narrative is wrapped in creative disguise” (2011: 82). As noted above, health promotion programs such as the polio immunization campaign in The Gambia are, by nature, mostly top-down interventions. In the case of the polio campaign, though local involvement was necessary for program implementation, many aspects of the campaign budget, schedule, and procedures, were pre-determined by external actors. Though my consultants agreed that participatory approaches were essential in their work, the power relations of particular interventions shape the nature and degree of participation.

Interdisciplinary scholarship in global health has embraced Freire’s theories of participation and empowerment. In practice, however, Freire’s ideas are frequently incorporated into an individualized discourse of health education that bears little

resemblance to Freire's commitment to developing critical consciousness grounded in cultural, social, and political context. Collins Airhihenbuwa argues,

While Freire saw the possibilities in the disenfranchised and was committed to a collective notion of knowledge production, the new self-empowerment movement is concerned with the deficits in individuals and how to remedy by teaching them how to acquire power. Whereas Freire was addressing the centrality of politics in knowledge production, the new self-empowerment is concerned with the question of what is wrong with individual bodies in their population of interest. Whereas Freire was promoting what could be referred to as education as a collective bargaining process, the new self-empowerment is focused on celebrated linear behavior theories and models to chart how "these unfortunate souls" can be "empowered" to overcome the forces that have circumscribed their potential for "normal well-being." Thus, the new discourse on individual empowerment is based on the hallowed pretext that one (usually all-knowing academics) can empower another (the disenfranchised). (Airhihenbuwa 1999: 271)

Airhihenbuwa's critique shows that global health discourse has incorporated Freire's terminology while maintaining existing linear models of behavior change that emphasize the deficiencies in individuals, rather than the potential of communities to heal themselves.

Elaborating on the power dynamics of international development, theater scholar Osita Okagbu has suggested several reasons for the failure of development programs to put the emancipatory theories of Freire and Boal into action. First, he notes that the need to meet the evaluation requirements of funding organization contributes to an emphasis on product rather than process. Furthermore, Okagbu suggests that true "consciousness-raising" education in the Freireian sense is dangerous and threatening to those in power because it encourages people to recognize the "mechanics of their underdevelopment and deprivation" (1998: 26). Okagbu's critique raises critical issues that are broadly applicable and not easily solved, pointing toward the importance of addressing the social basis of problems rather than focusing solely on individual behavior change.

Though it is now widely embraced by practitioners to define their work, and to increase its impact, the concept of participation remains contested in global health and development scholarship more broadly. Scholars from the post-development school have argued that participation has lost its power to effect real change in the dynamics of international development. Gustavo Esteva contends that the notion of participation has become nothing more than “a manipulative trick to involve people in struggles for getting what the powerful want to impose on them” (2010: 3). In contrast, even as he critiques global health practices, Collins Airhihenbuwa argues that participation remains important as a “tool for cultural empowerment,” which he defines as “a way of reinscribing the positives and strengths in cultures as a collective process at the beginning of health promotion intervention” (2007: 128). The contrasting perspectives of Airhihenbuwa, Esteva, and others, reflect the absence of a shared understanding of participation, as well as deeper divisions in how scholars conceptualize the power relations of international development.

While scholarly critiques of participation and theater for development have drawn attention to critical issues of power and representation, the social dynamics of musical performances have not been adequately interrogated. Musical participation, like other forms of social engagement, is complex and contested. Participation in musical contexts is shaped by gender, age, professional group, ethnicity, and individual preference, as well as the characteristics and associations of particular musical genres. Health workers and performers in The Gambia recognize the contested and manifold nature of musical participation. Although health workers often used participation to refer to abstract ideas

about local involvement, they also stressed a connection to active, embodied participation in the musical sense:

If you talk about participation, participation is at two levels as far as I understand. There is passive participation, watching people do their things, and that's it: "oh, well, this is a performance, that's it!" Then you have the active participation. There is performance in an open place, then you allow people to engage with what is happening. So it is very important. That engagement ... So that you allow people, there is something inside there, within, to be taken out. (Amie Bojang, personal communication, January 17, 2013)

If there is a song they clap and they sing with you. If the drums are beating, they dance, and when the actual theater is starting they sit down and listen. Sometimes even to watch the end you will sometimes hear one of the participants will come up with a song and the others will follow. (Neneh Touray, personal communication, November 21, 2012)

Not a neutral attribute inherent in musical performance, participation is varied and continually negotiated within particular performance contexts. I argue that examining the participatory dynamics of musical performance will contribute to interdisciplinary discourse on participation and go beyond simplistic notions of traditional communication to articulate the varied contributions that music offers to global health programs.

Musical Participation

In the words of development communication specialist Alfonso Gumucio-Dagron, theatre groups, which frequently incorporate music, "represent a genuine form of local participatory communication" (2008: 76). Though attention to local communication forms is laudable, the framing of musical performance as a participatory form of tradition communication reflects a broader process whereby complex locally situated cultural practices are lumped together to fit a global, externally-determined category (Pigg 1995).

Neglected in this process are the local social relationships, contexts, and meanings that shape the way people engage with particular musical performance genres.

Discussing notions of participation and social bonding in African musical practice also risks reinforcing recurrent stereotypes of African communality and inherent musicality. Africanist music scholarship has contributed to romanticized notions of the healing power of African and African-diasporan music that does not adequately probe the social discrepancies of power and difference that shape participation (Gaunt 2002). Kyra Gaunt writes, “[w]hile musical participation can create a sense of unity—compose a sense of social harmony ... it still embodies dissonant relationships and values between people. In other words, a *participatory discrepancy*³⁸ could refer to the dissonance between our social values in making certain musics stemming from our different subjective knowledge and experience” (2002: 125). Gaunt’s perspective provides an apt description not only of the interplay between conflict and cohesion in Gambian performance, but also of the contested terrain of Africanist music scholarship.

I discuss local concepts of music as a social practice not to represent a static, harmonious condition inherent in Gambian music, but rather as a way to examine the health affordances of musical performances as they are negotiated through social interaction. Participation in performance contexts is unequal and contested; social identities, skill levels, and preferences shape the degree and type of individuals’ involvement. Tension and interplay between individual expression and collective performance is evident in improvisation practices, sequential dancing, and call-and-response singing. Nonetheless, although participatory performance contexts are not

³⁸ Gaunt is drawing on, and critiquing, Charles Keil’s influential theory of participatory discrepancies, which he defines as “semiconscious or unconscious slightly out of syncnesses” that encourage participation (1987: 275).

conflict-free, they do offer a space in which participants mediate relationships and, through moving and sounding together, create and sustain social connection. In the context of health promotion, positive social relationship manifest through performance represents a health goal in itself as well as a necessary element of effective communication.

Focusing on musical participation requires a shift in thinking away from the “music as object” paradigm, and associated notions of unchanging “tradition,” and toward a view of music as a social process that is experienced and interpreted in distinct ways in particular cultural contexts. Interdisciplinary research on music and health has drawn on Christopher Small’s (1998) concept of musicking as an inclusive way to refer to the multiple ways that people participate in the process of making music (e.g. Koen et al. 2008; Jones 2014; Stige 2012). I find Brynjulf Stige’s notion of “health musicking” particularly useful in thinking about participation as the active negotiation of relationships in which the health affordances of music “are not given but created ... by the involved participants of a situation” (Stige 2012: 184).

The concept of musicking offers an important challenge to the “aesthetic concept of music” that reproduces exclusionary ideas about musical value, talent, and evolution (Elliot and Silverman 2012). David Elliot and Marissa Silverman trace a historical shift in European music during the Enlightenment away from a “praxial” notion of music as part of social life toward an aesthetic concept of music as “fine art.”³⁹ They argue that the aesthetic concept of music undermines participation by privileging “an abstract and disembodied relationship with musical syntax” rather than active, embodied participation

³⁹ For further discussion of the development of the aesthetic concept of music, see Korsmeyer (2004) and Bowman (2005).

in social context (2012: 28). The aesthetic concept also shapes the ways in which musicians and others consider the relationship between music and health:

[G]iven the cultural hegemony of the aesthetic concept, the mere suggestion that music is, or could be, ‘good for’ anything ‘extramusical’, such as health and wellness, may surprise or disturb many of today’s classically trained musicians, scholars, music educators, and healthcare workers who simply assume that the value of all music or some music is intrinsic. (Elliott and Silverman 2012: 28)

The aesthetic concept of music puts up a barrier for musicians, scholars, and health workers interested in the intersection between music and health.

Despite ethnomusicology’s grounding in anthropological notions of cultural relativism, assumptions about individual creativity, talent, and musical value also continue to shape ethnomusicological research on music and health. Nonetheless, ethnomusicological scholarship draws connections between music, participation, and social relationships that are useful for thinking about the role of musical performance in health promotion in The Gambia and elsewhere. Observing that many world languages do not have a word that approximates the English “music,” ethnomusicologists have long been concerned with understanding local conceptualizations of sound as a culturally embedded social practice. Rather than a monolithic entity, musical performance practices are often divided into multiple different spheres of activity based on social, cultural, political, economic, and other factors that shape musical practice and meaning. For example, the Mandinka term *tulungo* (“play”) refers to live percussion and dance events such as kanyeleng performance, but not to popular music recordings (usually called *musiko*), nor to the performances of *jali* (hereditary musical specialists), which is usually called *jaliyaa* (see Charry 2000; Knight 1973). There is some flexibility in these categories; for example, it is not uncommon for a *jalimusoo* to join in the activities of a

kanyeleng group. Nonetheless, these musical categories are accompanied by different norms and expectations shaping who participates as well as how they participate.

The categorization of Mandinka musical performance genres shares some similarities with ethnomusicologist Thomas Turino's system of "musical fields," which categorizes musical activity based on "the purpose and goals of the activity as well as the values, power relations, and types of capital...determining the role relationships, social positioning, and status of actors and activities within the field" (2008: 26). As noted in Chapter 1, *tulungo*, which typically features little to no audience-performer distinction, is consistent with the participatory music field as identified by Turino. *Jaliyaa*, which by definition exhibits a stronger division between professional musicians (*jaloolu*) and their audiences, is more closely aligned with Turino's presentational music field, though these divisions are somewhat flexible. Popular music performances such as those of Fatou Ceesay and the Allatentu Support Band, frequently referred to as *musiko* in Mandinka, also tend to be more presentational in style. While development discourse lumps *tulungo*, *jaliyaa*, and *musiko* together in the category of "participatory/traditional communication," in local conceptualizations these performance genres are considered distinct categories of activity.⁴⁰

In order to interrogate the participatory dynamics of kanyeleng performance, I draw extensively on Turino's work on musical participation, which he defines as "actively contributing to the sound and motion of a musical event through dancing, singing, clapping, and playing musical instruments when each of these activities is considered integral to the performance" (2008: 28). In Turino's model, a "fully

⁴⁰ The division between kanyeleng performance and *jaliyaa* is complicated by the participation of *jali* in some kanyeleng groups, as well as spontaneous collaboration between performers that occurs at some programs.

participatory” performance has no audience-performer distinction. In reality, performances exist on a continuum between “fully participatory” and “fully presentational,” as people negotiate their involvement based on socio-musical expectations, their perceived abilities and experience, and their relationships with other people present. Furthermore, as participatory performance forms such as *tulungo* are adapted for health education contexts such as the polio campaign launching, they may incorporate more presentational features, as I will discuss further below.

Even within highly participatory contexts of kanyeleng performance, participation is unequal across social categories. Most significantly, local constructions of gender roles limit male participation in kanyeleng events specifically, as well as in performance contexts more generally in The Gambia (see Chapter 3). Health workers assert that the prominent position of women in kanyeleng performance makes the genre particularly suited to addressing reproductive and child health topics, which are seen as women’s responsibility. As discussed in Chapter 3, however, the construction of performance and health as female domains can also present a barrier for efforts to involve men more in supporting family health. In addition to gender, participation in kanyeleng performance is shaped by age and hereditary social group. Social expectations limit the participation of older individuals in performance events, as well as members of the *foro* or *sulaa* (“freeborn”) hereditary group, though these practices are changing in contemporary Gambia.

Keeping in mind the unequal nature of participation, kanyeleng performance exhibits features that are common to participatory music styles more generally.

Participatory musical values emphasize “the degree and intensity of participation” rather than solely an “abstracted assessment of the musical sound quality” (Turino 2008: 33).

As noted in Chapter 1, kanyeleng groups in western Gambia include not only the bidong, their signature instrument, but also the calabash *jiikijo* (water drum), the mortar *kulungo* played with a metal lid, and *kutiro* drums. Kanyeleng performances are, in other words, highly flexible in accommodating the participation of different instrumentalists, and the instrumentation frequently changes during the course of a performance, with some players dropping out as others join in.

While people do make judgments about the quality of the sound and the skill of performers, this is not the primary goal of a kanyeleng event. The quality of a percussionist’s performance is judged in terms of their ability to encourage dancing and to enable the successful participation of people with varying levels of ability.

Percussionists must match their playing to the tempo preferences of solo dancers. If they do not do this effectively, dancers complain that they cannot dance well. Participants refer to the tempo of the music as being too cool/slow (*sumayaata le*), or too hot/fast (*a kandita le*). For example, one of the women who played the bidong for the APGWA kanyeleng was renowned for playing too slowly for the preference of most dancers.

Although she was skilled on the instrument, her playing was disliked because she was not able to effectively facilitate dancers’ participation. Kejawo Juwara, the bidong player who performed at the polio campaign launching, was known for her ability to encourage dancing even among the most unlikely audiences. For example, during a performance at the Gambia national radio, Kejawo’s playing inspired the audio technicians and staff to stand up and dance in their broadcasting booth. Figure 11 shows Kejawo Juwara

performing with other members of the APGWA kanyeleng group at a health promotion event (the launching of the rotavirus vaccine program).⁴¹



Figure 11 – Kejawo Juwara performs on the bidong with other members of the APGWA kanyeleng group, August 2013, photograph by the author

Participants in kanyeleng performances and other *tulungo* events use the term *duu* (to be thick, tense, heated) to describe a successful performance. Based on my observations, the most important criterion that defines the quality of *duu* is the level of participation, which in turn depends upon the performers' skill and energy. The participation of many people in a kanyeleng event creates an intense, high-energy environment that often continues for hours and leaves the performers exhausted and satisfied that their performance was a success. In addition to the concept of *duu*,

⁴¹ Rotavirus is a leading cause of diarrhea among infants and young children in The Gambia.

participants also described a successful performance in terms of its sweetness (*diyaa*) and the happiness of the participants (*kontaano/sewo*). In this context, the percussionist's skill on the instrument is important not as an aesthetic end in itself, but rather because it facilitates the broader social goals of the performance.

Social relationships are also performed in kanyeleng events such as the polio campaign launching through the visible exchange of money. In Gambian performance contexts, *sooroo* (Mandinka, monetary donation⁴²) is an important form of participation, as well as a significant source of income for performers. In the case of kanyeleng *tulungo*, *sooroo* typically takes places during the section of the performance referred to as *ngaanyaa*, meaning “to show off” or “to show pride.” Participants usually perform their *sooroo* through a stylized, elegant, and unhurried process that involves the exchange of multiple small-denomination bills. More wealthy or high-ranking individuals typically give larger denomination bills, depending on the context. Money may be given directly to the performers or to a friend or relative more closely connected to the event.

The exchange of money in performance connects to broader ideas about value in the Senegambia, and in particular the notion that in order to “generate value, wealth must not stagnate ... it must circulate” (Buggenhagen 2012: 90). In performance contexts, small denomination bills are often literally circulated multiple times as people continue to make change from the bills collected from others' *sooroo*. The performed circulation of money in Gambian *tulungo* and other musical performances is a highly visible manifestation of the relational foundation of value in social capital. The amount of money earned is also an important means by which musicians evaluate the success of an event. While the income made through playing is in itself an important goal, it also represents

⁴² Not specific to performance contexts, *sooroo* can also refer to non-monetary gifts of various kinds.

the success of the performance in achieving social goals. That is, participating through the exchange of money represents and (re)creates relationships of reciprocity that are a motivating framework in participatory performance.⁴³

In addition to the exchange of money, people participate in *tulungo* by singing, dancing, and handclapping, which is facilitated by flexibility in the performance form. Participatory music typically features a form that is “open ended and can be repeated for as long as the participants and situation requires” (Turino 2008: 37). In kanyeleng events, the performance normally begins with a song that includes short vocal phrases repeated for an indefinite period of time. Handclapping patterns and percussion help the participants to stay together. When people are ready to begin dancing more vigorously, the singing ceases or becomes less prominent as the percussionists transition to the dance rhythm, with the *lenjengo* and *musuba* rhythms being the most popular in Mandinka performances. The dance rhythm continues for as long as people are engaged. Percussionists may stop playing and then begin again if a new solo dancer enters the circle. The flexibility in the length of the song and dance facilitates the enjoyment and participation of the participants. Rather than continuing for a set period of time, performances are shaped to meet the needs of the people present.

Kanyeleng performances also facilitate participation through the use of dense textures and timbres. The importance of texture and timbre in music of Africa and the African diaspora has been emphasized by scholars Thomas Turino (2008), Olly Wilson (1999), Charles Keil (1987), Roderic Knight (1974) and Kwabena Nketia (1974), among others. Varied and dense textures and timbres enable participants of varying skill levels to participate without mistakes being obvious (Turino 2008). Kanyeleng performers create

⁴³ See Roth (2008) for a related discussion of monetary exchange in *jeliw* performance in Mali.

dense textures through the use of varied timbres, polyrhythm, and heterophonic approaches to singing where continual variations in texts, melodies and rhythms emerge from the creative experimentation of the expert as well as the unfamiliarity of the novice.

According to Charles Keil (1987), these kinds of textural “participatory discrepancies” encourage musical participation on a deep and immediate level. Dense textures and overlapping voices, in addition to facilitating participation, also represent a preferred aesthetic in many musical forms. Olly Wilson argues that African and African American musical forms embrace a “heterogeneous sound ideal” in which “mosaics of tone color and pitch” combine to produce a desired aesthetic effect while also demonstrating the valuing of individuality within collective performance (1999: 162; see also Nketia 1974 and Chernoff 1979). Though Africanist music scholarship has perhaps idealized this interplay between the individual and the group, it is important to recognize the ways in which, rather than leading to communal uniformity, participatory musical styles such as *tulungo* encourage diversity in the style and form of individuals’ participation.

Call-and-response singing is the predominant form in kanyeleng events in The Gambia, and it is also a common form in participatory music more broadly. Gena Caponi-Tabery defines call-and-response as a “structural device” that “ensures interdependence through participation” (1999: 11). In characteristic call-and-response form, a lead singer performs a phrase (call), which is followed by a second phrase (response) performed by a different individual or group of singers. In some cases, the call may also be performed by a group. While the lead singer may vary her text, melody, and rhythm significantly, the response phrase often takes the form of a repeated refrain with

limited textual or musical variation. In call-and-response form “there are spaces for highlighted solos, but the solo spaces tend to be relatively brief and ‘song-leader’ roles usually rotate among core participants, for example, people who remember and begin particular songs” (Turino 2008: 47). The call-and-response format provides the opportunity for skilled performers to receive recognition while also encouraging less experienced performers to participate.

Kanyeleng events combine sequential and simultaneous participation in that dancers move to the center of the circle for short solo dances before returning to the outside of the circle to clap and sing while others dance (see Figure 12).



Figure 12 – Members of the Brikama Nyambai kanyeleng group dancing, September 2013, photograph by Chris Honeycutt

This is a common dance format in African performance more generally (Caponi-Tabery 1999). In this context, the rhythmic performance of percussionists and hand clappers is linked to dancing. When a new soloist enters the circle, women intensify their hand clapping and incorporate more complex interlocking patterns. Similarly, the percussionists match their playing to the dancers' movements. The solo percussionist (frequently the bidong or, in a *kutiro* ensemble, the *sabaro*) typically plays sparser syncopated solo lines that coordinate with the dancers' movements. The synchrony between the solo percussionist and the dancer is also represented through the performance of a seemingly magnetic attraction between the behind of the dancer and the instrument. For example, when impressed by the movements of a dancer, bidong player Kejawo Juwara would push her instrument toward their moving body. This typically resulted in much laughter and the bidong falling off the chair on which it was resting.

Kanyeleng performers have adapted their performance practice in several ways to accommodate the requirements of health education contexts. First, kanyeleng have incorporated the practice of *saataroo* (narration), which is a form of heightened speech. The call-and-response format, with the addition of *saataroo*, is particularly suited to information dissemination because the lead singer is able to insert more detailed information about health topics in her solo section while maintaining participants' engagement through active singing in the response section. In *saataroo* the lead singer frequently lengthens her solo section in order to provide more complete information about a particular topic. For songs with very short call-and-response phrases, the lead singer may maintain the phrase length in her *saataroo*, breaking up sentences and ideas as necessary in order to fit within the song structure.

To suit the demands of health promotion, kanyeleng modify their dance patterns as well as their singing style. As noted above, community events typically feature a closed dancing circle referred to as a *luwo*. At health campaign events, on the other hand, the kanyeleng performed in a line so that seated audience members could see them. They also added synchronized dance moves that similarly added to the visual appeal of the performance for audience members who were not actively participating. In addition, the APGWA kanyeleng group has also incorporated bamboo clapping sticks (*bulukosirango*) into their performances. Associated with Jola music, *bulukosirango* are not usually played by Mandinka-style groups such as the APGWA kanyeleng. By using *bulukosirango*, the APGWA kanyeleng amplify the volume and intensity of their performance.

Finally, health education contexts demand changes in song texts. Singers such as Binta Dada typically compose songs on health topics by drawing on existing *lenjengo* or *musuba* melodies and varying them in order to accommodate health-related texts. In some cases singers transfer texts from existing songs, making changes as necessary to address the health topic under discussion. By drawing on pre-existing melodies, singers foster participation because people do not need to listen for long before they are able to join in. In the performance context repetition, variation and improvisation combine to involve participants without leading to boredom. The combination of new and old material in the song composition process also represents the broader process of integration that occurs in the performance context whereby unfamiliar biomedical information is integrated with local knowledge and communication systems.

The song that the Talinding kanyeleng performed at the polio campaign launching was based on a song with an almost identical melody that the group performed at life cycle events such as weddings and naming ceremonies. One version of the song, also led by the singer Binta Dada, was performed at a wedding (*futusitoo*) in Talinding on January 10, 2013:

Ah yo heh, Sariba says let's join children of the same mother
Ah yo heh, Sariba ko ali baading koko

The wedding rendition of this song expresses the theme of positive relationship (*baadinyaa*), which is a common topic in Mandinka songs (see Chapter 5). The phrase *baading koko* literally means “joining relatives” or “joining children of the same mother.” *Baading*, however, is also used more generally to refer to people to whom one has a close relationship, even if they are not biological kin. *Baading koko* can therefore signify a more general notion of social unity. In this particular song, Binta Dada praises her host Saribanding, as well as various other people in attendance, for encouraging social unity rather than division.⁴⁴ I argue that the use of this familiar melody in the polio campaign carries with it affective associations that shape the way people interpret the message of the song in its new context.

By integrating new biomedical information into a familiar song form, kanyeleng facilitate participation and understanding. The social and emotional associations of the kanyeleng repertoire, such as the theme of *baadinyaa*, adds rich contextual meaning to songs. Going beyond health education messages that emphasize individual behavior change and health outcomes, kanyeleng songs express, either explicitly or through association, the relational importance of health issues.

⁴⁴ Famara Demba assisted me with the interpretation of the wedding song.

My observations, as well as the testimonies of performers and health workers, support the idea that participatory performance facilitates emotional and social engagement in health programs. In June 2013, I attended a training program conducted by GAMCOTRAP in the village of Kudang in the Central River Region. Bringing together a group of women and men from the region, the program focused on women's health issues, with particular attention to female genital cutting.⁴⁵ After several hours of presentations and discussions, a female participant stood up in the back of the group. She began to sing the following words:

Circumciser oh, don't torment my child
Cakumari oh ye, kana n dingo toora

The other participants in the program began to sing the response part, clapping along in a four-beat pattern. The lead singer changed her part, adding additional words and melodic variation. One woman began beating out a rhythm on her plastic chair while others stood up to dance. This led to an extended period of song and dance that encouraged participants, many of whom did not know one another, to open up and share personal experiences and stories.

This kind of spontaneous song and dance was a frequent occurrence in health education programs such as this one. Health worker Saharu Kante described similar spontaneous singing at his health talks at Reproductive and Child Health (RCH) Clinics as follows:

Sometimes even during RCH clinics, even when I was not at the regional level, but you know, as a public health officer, after even giving a health talk, these you have two, three kanyelengs, in a particular clinic, you know, listening. The moment you said "thank you," they burst into song. And they will recall exactly

⁴⁵ See Hernlund and Shell-Duncan (2007) and Hernlund (2003) for a discussion of the complex international politics and power dynamics of the movement to eradicate female genital cutting in The Gambia.

all that you have given out during that particular this thing. Once it happened at Bakadaji [Upper River Region] ... when I was at Jimara. You know, after giving health talks, immediately when I finish, I want to go to my desk, you know, this lady just burst into song. And she has repeated almost everything that I, the essential part of it, you understand? For me, I think, you know, for her song, they would have captured better than even, you know, when I was giving the health talk. I was startled. I was amazed. You know “how come?” whether this was even the first time for this lady to hear about that. (Personal communication, June 5, 2013)

Amie Bojang from GAMCOTRAP emphasized the power of spontaneous singing in easing tension and promoting participation, engagement and listening:

Sometimes as you are sitting there doing the training you just hear a woman SHOUT! Her vocal comes out like that because of what? The message inspired the woman to come out. And spontaneously they will all be singing. You will not even know how they organized it. It becomes even like a natural thing. So songs are very powerful and important in the work we are doing. And even when the place is tense and the discussion, once a song comes in, everybody goes back to be calm, listen, and then engage. (Personal communication, January 17, 2013)

More than just a means of transferring information transfer, musical participation can involve people socially and emotionally, creating the conditions necessary for deeper levels of engagement.

Conclusion

Attending to local conceptualizations of musical performance as a social practice has the potential to enhance the impact of global health programs. Not a unified tradition of “participatory communication,” music performance styles are varied and diverse, as evident in the varied Mandinka terms used to refer to performance practices.

Interrogating the participatory dynamics of musical performance such as *kanyeleng tulungo* reveals connections between music, health and wellbeing that are not adequately represented in linear communication models focused on individual behavior change.

While transformations in participatory music styles, such as the incorporation of *saataroo*, can accommodate information dissemination, they also change the social dynamics of events. I argue that attending to such changes in performance practices, as well as the identities of who is participating, and how they are participating, is essential to any project that seeks to use musical performance as a “participatory approach” in global health.

Based on my observations and discussions with performers and health workers, kanyeleng performances represent one of the most important ways that local people are actively involved in health promotion programs in The Gambia. As is the case globally, international, national, and local level political and economic relationships shape the way information and resources are allocated in The Gambia. Notions of “bottom-up” and “grassroots” development are thus misleading (Ferguson 2006). Nonetheless, in the face of these constraints and with very limited resources, kanyeleng performers do play an important role in facilitating participation and engagement in health promotion programs in The Gambia. By bringing people together in socio-musical interaction, participatory performance can also encourage social mobilization to address health problems.

Going beyond “participation” as a buzzword, examining the participatory dynamics of musical performance from an ethnomusicological perspective offers a more holistic view of relationships between music and health. In both music scholarship and development studies, notions of indigenous positive sociality and action originating in “underdeveloped” regions have been mapped onto the concept of participation. The term maintains powerful positive connotation while losing descriptive content. If it is to have meaning for performance and health, participation must be viewed in relation to

politically and culturally situated social interaction. The particular social connections and disconnections manifest in performance, and their implications for health, vary across contexts, even as certain characteristics of participatory performance are shared more broadly. Considering music as a participatory approach in global health must go beyond linear models of communication and individual behavior change to look at the varied ways in which moving and sounding together might facilitate and sustain health and wellbeing. This process is also bound up with local ideas about social relationships, specifically the concepts of *baadinyaa* and *sanawuyaa*, which are the focus of the next chapter.

CHAPTER 5

Performing *Baadinyaa*: Social Relationships, Musical Performance, and Health

Baadinyaa is birth ... You and the people who come from a single root ... that is *baadinyaa* ... And another also is there, people who you know they are loved at your place again until it passes *baadinyaa*. That also exists. You say, “*baadinyaa*, love, *baadinyaa*, holding onto each other” ... We say that in the song ... *baadinyaa* is holding on to each other.

Baadinyaa mu wuluwo le ti ... I niŋ moolu meŋ bota suŋ kiliŋo le bala ... wo le mu baadinyaa ti ... Aniŋ doolu fanan be jee moolu meŋ i ye a loŋ ko i kanuta i yaa, kotenke, fo a ye tambi baadinyaa la. Wo fanan ka soto. I ka fo “baadinyaa, kanoo, baadinyaa, ñoomutoo.” N ka wo le fo denkiloo to ... baadinyaa mu ñoomutoo le ti. (Genieri Suusundi Timmaring Group, May 4, 2013)

In this chapter I examine ideas about social relationships in The Gambia as they relate to musical performance and health. I begin with a discussion of special kinds of relationships and notions of kinship in The Gambia, concentrating on the Mandinka concepts of *baadinyaa* (positive relationship) and *sanawuyaa* (joking-cousin relationship). I then address the way performers, participants and listeners articulate their experiences of social connection through performance. Finally, I examine the way the social relations of performance affect the area of health promotion, drawing connections between Gambian perspectives and theory from scholarship on music and health.

***Baadinyaa*: Positive Relationship**

In September 2013 I attended a women's group performance in the village of Kembujeh where I had lived in 2006-2007. Full of mango and cashew orchards, Kembujeh is on the main highway just two kilometers northeast of the large town of Brikama. On this visit, a group led by village health worker and *jali* Nyima Cham performed in a family compound next to a garden full of maize and eggplant. Accompanied by women's percussion instruments including the bidong and the *jiikijo*, the group sang a song featuring the following words:

Eh, love, *baadinyaa* came because of love
Eh, kanoo, baadinyaa naata kanoo le kamma

Baadinyaa came because of love oh, being neighbors also is love
Baadinyaa naata kanoo le kamma oh, siñoyaa fanaŋ mu kanoo le ti

In the style typical of women's *tulungo*, the lines were repeated in call-and-response fashion. The lead singer varied her part, while the response remained fairly close to the original text and melody. The percussionists played the popular *lenjengo* rhythm and women entered the circle one by one to dance. The song the group performed was one of the most popular at events that I attended in 2012-2013. It was only one of many songs, however, whose texts dealt with the topic of *baadinyaa*.

Literally referring to the relationship between children of the same mother in a polygynous context,⁴⁶ *baadinyaa* is used as a more general term for kinship or positive/loving relationship. Not specific to The Gambia, the concept of *baadinyaa* plays an important role in shaping social relationships in the Mande area of West Africa. In their work on the Mande concept of the hero, Charles Bird and Martha Kendall (1980)

⁴⁶ *Baadinyaa* can be broken down to “baa” (mother), “ding” (child) and “yaa” (state of being), yielding “mother-childness.”

emphasize the tension that exists between the concepts of *badenya/baadinyaa* and *fadenya/faadinyaa*⁴⁷ (“father-childness”). Literally referring to the relationship between children with the same father but different mothers in a polygynous context, *faadinyaa/fadenya* signifies more broadly a relationship characterized by conflict and competition. According to Bird and Kendall, although the competitive motivation of *fadenya* produces heroes, they ultimately return to support the community that they came from: “The Mande system of *fadenya-badenya* is structured so as to assure the prevalence of *badenya*” (1980: 23).⁴⁸ Based on my work in The Gambia, I argue that the prevalence of *baadinyaa* is not assured as Bird and Kendall suggest. Rather, performers actively cultivate *baadinyaa* in the face of the conflict and competition that are also a part of social life. Though the Mandinka word *baadinyaa* has come to be used as a more general term for “kinship,” it maintains the association with community evident in Bird and Kendall’s definition, leading my language consultants to translate the term as “positive relationship.”⁴⁹ Furthermore, the Mandinka word *baadinyaa*, and associated concepts of positive relationality, have also been incorporated into other local languages such as Jola.⁵⁰

While this chapter focuses on the concept of *baadinyaa* and related concepts defining relationships primarily in positive ways, the concept of *faadinyaa* provides an important reminder of the prevalence of conflict as well as social solidarity in musical performance contexts. As music therapist Gary Ansdell notes, musical community is a

⁴⁷ *Badenya* and *fadenya* are the Bambara equivalents of the Mandinka *baadinyaa* and *faadinyaa*. Bambara is a Mande language closely related to Mandinka.

⁴⁸ See Charry (2000) for a discussion of how the concepts of *badenya* and *fadenya* help shape musical development and creative expression among the Maninka.

⁴⁹ Peace Corps language experts Muhammadou Bah, Sarjo Dumbuya, and Adama Njie advised me on this translation.

⁵⁰ Because of the longstanding interaction between ethnic groups in The Gambia, as discussed in Chapter 1, much linguistic and cultural exchange has occurred.

social process that involves “recognising, living, and working through periods of discrepancy, disunity and dissonance (each of these being locally and culturally defined)” (2014: 194). In performance contexts, participants must negotiate the tension between individual voices, difference, and collective action in community.

Performers often find that their musical abilities attract jealousy and malignant attention. For example, one *jalimusoo* explained that she regularly lost opportunities to perform when rivals refused to give out her number, or told people (incorrectly) that she was sick in hopes of gaining performance opportunities for themselves. At the same time, musicians frequently attributed their illnesses and injuries to jealous rivals employing sorcery to undermine their performing careers. For example, as mentioned in Chapter 2, a male *jali* dealing with a chronic hand problem that prevented him from playing explained to me that it had been caused by envious people wishing him harm. Competition is also evident in performance contexts themselves where *jali*, *kanyeleng*, and others vie for attention and monetary donations.

My neighbors’ wedding celebration in 2013 featured the Salam Band, a popular group that attracted a large crowd of people from Lamin and beyond. I attended the event along with 15 women from the Bolonkono Kafoo, the neighborhood women’s group of which I was a member. As we approached the band to dance and show our appreciation through monetary donations, we were frequently intercepted by *jalimusoolu*, *kanyeleng* women, and others. With arms outstretched, they sought to gain some of the donations for themselves. Band members found this irritating and inappropriate, arguing that these interceptors were taking advantage of the situation in unsuitable ways for personal gain. A *jalimusoo* explained that people needed to know when to sit down and let others

receive recognition: “Since the morning ... you are doing *jaliyaa*. If somebody comes with their band ... You should sit down” (*Kabiring somandaa ... i te be jaliyaa la ... ning moo naata ning ala band ... i nyanta sii la*).

In the context of a wedding celebration such as my neighbors’, family members set aside a significant amount of money to give to performers such as *jali* and *kanyeleng*. The amount of money varies depending on the type of performers and the resources and preferences of the family. For example, a drum ensemble invited to perform in Lamin in 2012 might make 1,000 dalasi (US\$40) for an evening’s entertainment. This money typically included both a lump sum amount (approximately two thirds of the total for the events I attended) given to them at the end of the event as well as smaller amounts donated throughout the course of the performance. Lower status performers, or those who came uninvited, did not typically receive this lump-sum payment at the end of the event and therefore sought to make the most of every opportunity to gain smaller amounts of money. One of the strategies that performers used to this end was to intercept the transfer of small-denomination bills intended for others. This kind of competition for recognition and financial resources occurred constantly in many Gambian performance contexts.

In addition to competition between performers, my neighbors’ wedding event also inspired strong feelings of social connection and *baadinyaa* between many of us who were in attendance. A friend of mine was overwhelmed with emotion when the band dedicated a song to her. She cried as she stood at the front with a crowd of friends dancing around her and handing her small denomination bills to give to the band. Later on in the night, Tatadindin, the lead singer of the band, dedicated a song to the Bolonkono Kafoo. The whole group of us went up to the front laughing, dancing and

singing. In our matching outfits, known as *asobi*, we were an impressive-looking group. When Tatadindin mentioned my name in the song, I think I came as close as I ever have to understanding the power of praise singing in The Gambia. Tatadindin's performance inspired a sense of belonging (despite my foreignness), which also led to unexpected generosity on my part.

The existence of competition and conflict alongside solidarity and harmony characterizes many performance contexts in The Gambia (and elsewhere). Conflict and competition, however, were seldom addressed directly in the songs I heard in Gambian performance contexts, with the exception of historical references. In contrast, participants in performances consistently emphasized *baadinyaa* as a topic in songs, and as a goal of performance contexts more generally. In fact, as noted above, my exploration of the topic of *baadinyaa* was inspired first by song texts.

When I asked about the ubiquitous presence of lyrical references to *baadinyaa* in Mandinka songs, people articulated complex ideas about sociality, performance, and kinship in The Gambia. The most in-depth explanation of the meaning of the song described above was offered by Wassu performer and long-time acquaintance Fatou Ceesay.⁵¹ She explained:

Being neighbors is also *baadinyaa*. That is why they sing it in the song. If you stay with someone, your affairs lay on top of each other, your affairs are intertwined, you come to my place, I go to your place, you come to my place. We are used to each other, until we become relatives. Even if we are not born [biologically related], because I and you are used [to each other], then that does not ask for birth because that which you manage with your born ones, you and your friends also manage that. Then being neighbors asks for *baadinyaa*. We become one. You and those who stay [live close to each other] then you and they become kin. That is why people sing that in the song also.

⁵¹ No relation to Fatou Ceesay who performed with the Allatentu Support Band.

Siñoyaa fanan mu baadinyaa le ti. Wo le ye a tinna faño i ka a laa denkiloo to. Niñ i niñ moo siita, alila kuwo laata ñoo kan, alila kuwolu be ñoo kono, ite be taa nte yaa, nte be taa ite yaa, ite be taa nte yaa. N dalita ñoo la. Fo ña ke baadiñ ti. Haani niñ man wulu, bao wo nte niñ ite dalita, wo to wo man wuluwo ñininkaa le katuñ i niñ ila wuluumaa i ka meñ tambindi, i niñ i teeri fanan ka wo le tambindi. Wo to siñoyaa ye baadinyaa ñininkaa le. N keta kiliño ti. I niñ meñ siita silan i niñ wolu keta baadiño ti. Haa. Wo le ye a tinna moolu ka wo fanan laa denkiloo le ti. (Personal communication, April 14, 2013)

Fatou Ceesay's explanation of the song text articulates the concept of *baadinyaa* as meaning more than biological kinship or birth.

Ceesay also emphasized the role of love (*kanoo*) and the broader impact of the concept of *baadinyaa* as follows:

You know *baadinyaa*, *baadinyaa* love ... Even if you and a person were not born [biologically related] at all, I can see you, your affair is sweet to me, my affair also is sweet to you. You can love me, I also can love you. If you love me, I love you, it is as though you love my whole family. Not so? Me also, I love your whole family. Love, *baadinyaa*, they are all the same. If you and a person just love [each other], you become kin.

I ye a loñ baadinyaa, baadinyaa kanoo ... Haani niñ i niñ moo man wuluu fereñ, nte si ite jee, ite la kuwo diyaata nte ye, nte fanan nna kuwo diyaata ite ye. Ite si nte kanu, nte fanan si ite kanu. Niñ ite ye nte kanu, nte ña ite kanu, a ka muta ko ite ye nte la family bee kanu. Kodi? Nte fanan ña ite la family bee kanu. Kanoo, badinyaa, wo bee kiliñ. Niñ i niñ moo kanuta doron, ali baadinyaata. (Personal communication, April 14, 2013)

Though *kanoo* can be used to refer to romantic love, Ceesay's usage reflects a broader concept of love as caring relationship. Particularly important in Ceesay's discussion is the idea that *baadinyaa* can be extended in social networks. Rather than representing a singular connection between two people, *baadinyaa* involves an extended family relationship. That is, love for one person entails love for that individual's family, broadly defined. This is key for understanding the importance of *baadinyaa* as a motivating concept in social life in The Gambia and as embodied in women's performances. Rather than an abstract philosophy, *baadinyaa* is lived through day-to-day interactions and

expanded through social networks. For example, meeting a stranger and discovering that they are related to your friend can create an immediate connection and sense of mutual obligation. Bonds of *baadinyaa* that extend beyond biological relations and beyond two individuals also have the potential to provide a social safety net that supports individuals and families through difficulty. In other words, *baadinyaa* represents a resource that promotes resilience in the face of hardship.

As a foreigner, lived experiences of *baadinyaa* with my adopted family in The Gambia were transformative and gave me a sense of being-at-home even as I struggled on a daily basis with the unwanted attention my difference attracted. The extension of *baadinyaa* to me was explained most eloquently by *jali* Tatadindin Jobarteh, a friend and renowned *kora* player based in Brikama:

They say, “the womb gives birth to you with some [people].” You know Sifaye. She is my sister, the same mother and father. The womb gave birth to us. Because we both came from the same womb. But you, you and I were born together by the world. Because you are a white person. You are a *tubaab*. I am a black person. You came from Europe.⁵² I came from here. We do not come from the same mother and father. But you made me your brother. I made you my sister. The world gave birth to you. That is why we *jali* say, “You and people are born together by the world. You and people and born together by the womb.” Those who come from different nations, different backgrounds, you came, you met with this work of yours, like this. I am your brother. You are my sister. The world gave birth to us. Our work brought us together.

I ko “kono ka i niŋ moo doo wuluu.” I ye Sifaye loŋ. Nna sister le mu, the same mother and father. Wo kono le ŋa wuluu. Because we all came from the same womb. Bari ite, duniya le ye n niŋ i wuluu. Because ite mu moo koyo le ti. Ite mu tubaabo le ti. Nte mu moofiŋo le ti. Ite bota Europe. Nte bota jaŋ. Maŋ bo baa kiliŋ faa kiliŋ. Bari, i ye n ke ila brother ti, ŋa i ke nna sister ti. Duniya le ye i wuluu. Wo le ye a tinna ntolu jaloolu ka fo, “duniya le ka i niŋ moo wuluu. Kono ka i niŋ moo wuluu.” Meŋ bota different nations, different backgrounds, i naata i benta ila dookuwo ñiŋ, ko meŋ like this. Nte mu ila brother le ti. Ite mu nna sister le ti. Duniya le ye n wuluu. Nna dookuwo le ye n samba nyoo kaŋ. (Tatadindin Jobarteh, personal communication, June 17, 2013)

⁵² People frequently used “Europe,” like the Mandinka word *tubabuduu*, as a general term for the place where white people come from.

The image of being born together by the world rather than by the womb elegantly expresses the concept of *baadinyaa* and the way it transcends biological kinship and nationality. That is, shared experience creates social connection and mutual responsibility.

The Brikama Nyambai Kanyeleng Group highlighted the extension of *baadinyaa* to foreigners in a song on September 22, 2013. Performed at the Brikama Regional Health Directorate, this song was specifically targeted toward me (using my Gambian name Anna Kah) and a white American friend, Chris Honeycutt (Gambian name Kausu Dampha), who accompanied me to the event. In addition to demonstrating the concept of *baadinyaa* in song form, the lyrics show the common assumption made by people that as a white woman involved with the health sector, I was a doctor. In this performance, Jainaba Saho, in a voice of striking beauty and agility, sang lead, while the remaining group members sang the response part (see Figure 13). Though I heard this melody and basic text (first line below) sung by many women, the lead part includes Jainaba Saho's improvised *saataroo* ("narration" in heightened speech) as well as melodic variations. This song is performed with the *lenjengo* rhythm.

Pride, we take pride in *baadinyaa*
ηaañaa, ntolu ka ηaañaa baadinyaa le la

In our Gambia here, we are proud of *baadinyaa*, that is why we defend each other,
we hold each other, we love each other
Ntolu la Gambia jang, n ka ηaañaa baadinyaa la, meng kamma n ka ñoo le
faasaa, n ka ñoo muta, n ka ñoo kanu

Pride, we take pride in *baadinyaa*.
ηaañaa, ntolu ka ηaañaa baadinyaa le la

The love that is between us, even other countries, if you go there ... they don't
love each other the way we love ourselves
Kanoo menj be ntolu teema, haani banko kotenkolu, ninj i taata ... i buka i kanu ...
ko ηa n faŋ kanu ñaamenj

Pride, we take pride in *baadinyaa*
ηaañaa, ntolu ka ηaañaa baadinyaa le la

If a visitor comes to this country here, that which Gambia is accustomed to, we do that to them ... [even though] they were not born in this country
Niη luntanjo naata ñiη banku kan jan, Gambia dalita meη na, n ka wo le ka i ye ...
ate man wuluu ñiη banku kan

Pride, we take pride in *baadinyaa*
ηaañaa, ntolu ka ηaañaa baadinyaa le la

The love and holding on to each other that exists between just us, that same love, we show that to visitors until we have *baadinyaa* with them
Kanoo niη ñoo mutoo meη tarata n dammanjolu teema, wo kani kiliηo, n ka wo le
yitandi luntanjolu la fo n niη i ye ka baadinyaa

Pride, we take pride in *baadinyaa*
ηaañaa, ntolu ka ηaañaa baadinyaa le la

The program that is happening here, we are at Brikama health, Sister's Quarters, Nyambai College *Kanyeleng* Kafoo is standing ...
Programo meng be keering jang, n be Brikama health, Sister's Quarters,
Nyambai college kanyeleng kafoo le be looring ...

Pride, we take pride in *baadinyaa*.
ηaañaa, ntolu ka ηaañaa baadinyaa le la

That is why, anything, if we have it in Brikama here, we hurry there ... That is why we and Anna, doctor Anna Kah ... today we all are meeting here, to make this cassette so that the whole country can benefit from it ... this is our responsibility
Wo kamma la, kuu o kuu, niη ηa a soto Brikama kono jan, n ka bori nan jee ... Wo
le ye a tinna n niη Anna, doctor Anna Kah ... bii n bee be bendiη jan, ka ñiη
kaseto dadaa, pur bankoo bee si nafaa ala ... nna loodulaa mu ñiη ti (September 22, 2013)



Figure 13 – Jainaba Saho (right) sings with other members of the Brikama Nyambai kanyeleng group, September 2013, photograph by Chris Honeycutt

In her song lyrics, Jainaba Saho presents *baadinyaa* simultaneously as not defined by nationality and as a source of national pride. Through a performance targeted specifically toward me and the other foreigner present, Jainaba emphasized an ideal of positive relationality that transcends difference. Jainaba sang her song in a contemporary context shaped by the international development industry in which foreigners such as Kausu and I represent potential sources of funding for community organizations like this Brikama women's group. In aligning herself with Kausu and me using the concept of *baadinyaa*, Jainaba's song also represented a form of political and economic positioning

that was a continual process during the time I spent in The Gambia. At the same time, by highlighting *baadinyaa* as a cultural strength and source of national pride, Jainaba challenges development discourse that defines developing countries such as The Gambia solely in terms of what they lack.

The extension of *baadinyaa* to foreigners, as evident in Jainaba's song, also has historical roots in The Gambia, where the migration and integration of people from different regions has been an ongoing process. Writing about Niimi in The Gambia's North Bank Region, historian Donald Wright emphasizes the historical importance of "landlord-stranger" relationships:

A person coming to a West African village without the ability to subsist or succeed alone obtains a host, or landlord, who agrees to provide food and lodging. The landlord also provides introductions and serves as the stranger's connection with local society, taking the stranger's side in disputes, guaranteeing debts, or serving as guardian for the stranger's children. In these societies where kinship ties are necessary for having a place, kin of the landlord become kin of the stranger, and the responsibilities of kinfolk and landlord become similar. (2010: 50)

While landlord-stranger relationships help strangers to integrate into the existing social structure, they do not erase difference; "stranger" status can be inherited and continue for generations. Historical landlord-stranger relationships have taken on new forms in the era of international development aid. For example, Peace Corps volunteers placed in villages are adopted by local families who usually give the volunteer a new first name along with the family patronymic. Host families guide the volunteer's integration into the community and volunteers often maintain connections with their adopted families long after their two-year placement has ended. Because relationships are framed in kinship terms, they carry with them more long-term responsibility and obligation than would be the case in a purely economic landlord-tenant relationship.

In addition to shaping day-to-day interactions and relationships, the extension of *baadinyaa* in landlord-stranger relationships connects to West African notions of wealth as defined in relational rather than solely monetary terms. That is, the landlord-stranger relationship is not defined by simply paying rent; it entails ongoing mutual obligation and responsibility. I often heard variations of the statements “people are more important than money” (*moolu le kumayaata kodoo ti*) or “money runs out, *baadinyaa* does not run out” (*kodoo ka ban, baadinyaa buka ban*). This is consistent with a broader West African economic philosophy that defines “wealth-in-people” (Bledsoe 1980: 49). That is, in many West African societies, “the main source of economic security and wealth as well as of status and individual contentment was not goods, but people” (Frank 2004: 231; see also Jacobson-Widding and van Beek 1990; Guyer 1995; Janson 2002: 9). The importance of people in defining wealth and security remains important in contemporary Gambia where economic conditions make individual livelihoods precarious. Strong social connections provide a safety net that enables individuals and families to survive challenges such as illness, poor agricultural productivity, or death of a breadwinner. This economic philosophy emphasizes the production of value through circulation rather than accumulation of wealth (Buggenhagen 2012: 90).

One area where the concept of “wealth in people” is highlighted in The Gambia is in women’s performances of songs about *baadinyaa* such as the example below. While many groups performed this song, I heard it particularly often when performing with the APGWA kanyeleng and Kejawo Juwara:

Baadinyaa, let us encourage each other, I don’t have money that can buy
baadinyaa
Baadinyaa, ali ŋa ñoo naanee, baadinyaa sandan kodoo te m bulu

Performed to the *lenjengo* rhythm, Kejawo's rendition of this song often moved listeners to tears as it led them to contemplate the value of *baadinyaa* and loved ones whom they had lost. This song demonstrates the idea that true wealth exists in people and positive relationship rather than in money. Interestingly, Kejawo also found that this song was particularly effective in encouraging large monetary donations to performers at events. The emphasis on the meaninglessness of financial wealth in the absence of *baadinyaa* seemed to inspire a desire to transform cash into social capital in the immediate performance context.

***Sanawuyaa*: Joking Cousin Relationships**

In addition to the concept of *baadinyaa* discussed above, performers and health workers also draw on special kinds of joking relationships that help participants to engage in meaningful interaction and defuse conflict. *Sanawuyaa* refers literally to cross-cousin relationships. Just as is the case with the notion of *baadinyaa*, however, *sanawuyaa* is used to define special relationships between people who are not necessarily biologically related. Again like *baadinyaa*, the Mandinka term *sanawuyaa* identifies a kind of relationship that is common among other ethnic groups in the region, including the Wolof, Jola, Serer, Serahule, Fulbe and Bambara.⁵³ When two individuals are related through *sanawuyaa*, they are able to joke and insult the other without causing offense. The symbolic kinship created by *sanawuyaa* helps manage conflict between groups in the region.

⁵³ See McNaughton (1988) for further discussion of joking relationships among the Mande, particularly in relation to blacksmiths.

Sanawuyaa may be defined based on family, ethnicity, professional group, or region of origin. For example, a *sanawuyaa* relationship exists between Fulas (Fulbe) and Jolas, between people from Kiang and Badibu (regions on opposite sides of the Gambia River), and between people with the surnames Fofanna and Jaiteh. Mark Davidheiser, writing about the role of joking relationships in conflict resolution in The Gambia, explains that “[m]any West Africans are interwoven in elaborate webs of such ties, which can include reciprocal obligations, behavioral conventions and taboos, and stereotyping by ethnicity, region of origin, and patrilineage” (2006: 835).

Joking relationships may also be justified with reference to Islam. For example, according to Davidheiser, the special relationship between grandparents and grandchildren (*mamariiyaa*) is believed to have originated with the Prophet:

Other informants asserted that *mamariiyaa*, or joking between grandparents and grandchildren, originated with the Prophet Mohammed. They explained that the Prophet’s grandchildren would disturb him by playfully pulling on his shirt and pushing him while he was praying. Eventually the angel Gabriel appeared to Mohammed and told him to better train his grandchildren. Mohammed then began “beating them gently” with a stick when they disturbed him, thereby teaching the grandchildren about respect. These examples of Mandinka intertwining joking relations and Islam demonstrate the malleability of this institution. (2006: 845)

Tracing the origins of joking relationships to the Prophet gives them greater legitimacy in a context where it is not uncommon for religious leaders to portray local cultural practices as being in conflict with Islam.

Joking relationships often draw on narratives that relate histories of interaction between groups, as is the case in *mamariiyaa* within a Muslim framework. Another example is the following explanation of the historical roots of the *sanawuyaa* that exists between Serer and Jola:

Their progenitors were traveling in a boat and a storm caused the vessel to split. One passenger floated away with part of the boat and landed in a forest, thereby founding the Jola ethnic group. The other passenger drifted with the rest of the vessel toward a riverine delta and evolved into the Serer ethnic group. (Davidheiser 2006: 839)

These kinds of narratives of historical relations between ethnic groups are important in shaping identities and relationships in contemporary Gambia. More than social difference and inclusion or exclusion, ethnic identities entail complex shared histories and notions of responsibility.

When my husband Micah and I moved to the village of Lamin in June 2012, we met our new neighbor Alhagie who was just starting to plant maize in the freshly hoed area in front of his house. When Alhagie heard that Micah had come from Kiang, he promptly declared that people from Kiang eat too much peanut sauce and that is why they have big bellies. Realizing that Alhagie must be from Badibu, Micah responded by telling him that Badibunkas were too fat and lazy and never stopped eating. This joking relationship continued on a daily basis for over a year as we passed Alhagie's house each morning, with old insults repeated and new variations added as desired. This was but one example of the day-to-day experience of *sanawuyaa* that shapes many aspects of social life in The Gambia. Rather than creating static, predefined relationships, joking relationships have flexibility; in some cases, *sanawuyaa* may even be invented or created through association. This flexibility is evident in the application of *sanawuyaa* relationships to foreigners.

The concept of *sanawuyaa* also provides insight into the position of kanyeleng women in Gambian society. Kemo Mas from the APGWA kanyeleng group told me,

Anna, *kanyelengyaa* is very strong. Don't you see, these [people] all are joking cousins ... In *kanyelengyaa* ... joking, she says things to me, I don't get angry. I

also say things to her, she will not get angry ... A kanyeleng is everybody's joking cousin.

*Anna kañeleŋyaa forta baake le. I maŋ a je, ñinnu bee keta sanawolu le ti ...
Kañeleŋyaa...feeyaa, a ka kuma fo n ye, n te kamfa la. Nte fanan ka kuma fo a ye,
a te kamfa la...kañeleŋo mu moo bee sanawo le ti.* (Personal communication, July 17, 2013)

Thinking about kanyeleng women as holding a special *sanawuyaa*-type relationship with everybody helps to explain their unique license to insult and draw attention to topics that would normally be off-limits, as I will discuss in Chapter 6. Kemo's explanation also highlights the complexity of kanyeleng women's position in society. On the one hand, (some) kanyeleng are unable to achieve the societal ideal of having many children, and the mother-children relationships that are a core component of defining women's status in kinship terms. On the other hand, kanyeleng women achieve another form of kinship not based on biology through the extension of *sanawuyaa* to everybody. Kemo's discussion also demonstrates the flexibility of the term *sanawuyaa* and the way that it shapes social interaction, both restricting and enabling speech and action in complex ways across social categories.

While *sanawuyaa* relationships are flexible and may even be invented in some situations, not all joking relationships are equal. In discussing with me the role of joking relationships in communication and conflict resolution, Baai Jaabang from GAMCOTRAP argued that kanyeleng women had more power to effect change than people with other *sanawuyaa*-type relationships:

There is a relationship, but each one of them, you have a barrier. When it comes to this *sanawuyaa* bit, most of that one is peace building. The kanyeleng is more on role plays ... like advocacy, information sharing in any form, drama, songs, making people laugh, role plays, they do that. That's very, very, very important. I, Jaabang kunda [person from the Jaabang family], cannot go into parts of Casamance, even though I am a Jaabang kunda and the Bojang kundankas [people from the Bojang

family] are there, but we know it's volatile.⁵⁴ The situation ... is not enabling. I cannot go there and say because I am a Jaabang kundanka and someone is a Bojang kundanka, I want to say whatever I want to say. But then the kanyeleng, they did it. We have a group of women they said, "Look, we are your mothers." They said, "We are your mothers. Yes, kill us, but we will say what we want to say. Yes, take us, but we will say what we want to say." And they started their singing, they started their dancing. You cannot kill that person because his son or someone is also within the group ... The kanyeleng, they have no barrier. But then this *sanawuyaa* there is a barrier. You cannot say whatever you want to say to everybody, but the kanyeleng they can say whatever they want to say to everybody. That's the difference. (Baai Jaabang, personal communication, December 6, 2012)

In his work with rural communities in The Gambia and southern Senegal, Baai Jaabang has found that special relationships play a central role in facilitating dialogue. Jaabang also emphasizes the unique license that kanyeleng women have to address sensitive topics, a subject I will address further in Chapter 6.

In addition to differences between the role of kanyeleng and *sanawuyaa* relationships, Davidheiser highlights difference between the more flexible category of *sanawuyaa* and the stricter *dangkutoo*.

Dangkuto generally connotes a more serious bond and is usually used to refer to inter-group links such as those between patrilineal and ethnic groups. *Dangkuto* ties generally involve more mutual obligations than *sanawuyaa* [sic] and a greater threat of spiritual sanctions if one offends or injures one's joking partner. (Davidheiser 2006: 835)

While this chapter finds commonalities between different kinds of relationships defined in kinship terms, important differences exist between special relationships and their ability to shape social interaction and define obligations between individuals and groups. People negotiate concepts of *sanawuyaa* and *baadinyaa* in particular contexts by drawing on pre-existing ideas of what these relationships entail and adapting them to meet the needs of the situation. Though kanyeleng have a unique position as "everybody's joking

⁵⁴ Baai Jaabang is referring to the volatility of the ongoing conflict in the Casamance region of Senegal.

cousin,” concepts of *baadinyaa* and *sanawuyaa* work to create a much more widespread network of relatedness in The Gambia that is instrumental in shaping both musical performance and health promotion.

Performance, Social Relationships and Health

Ideas about social solidarity expressed through the concepts of *baadinyaa* and *sanawuyaa* resonate with the ways that performers talk about musical sounds and embodied experiences of performance. One example of this is the use of the Mandinka verb *beng*, which means “meet” or “agree” (noun form: *bengo*, “meeting”). The related word *kambengo*, meaning “unity,” is often used alongside *baadinyaa* to refer to the social coming together that occurs in performance contexts. Eric Charry analyzes the way Mandinka and other Mande instrumentalists use the word *beng* and its compound *kumbengo* to theorize various aspects of their music making, including tuning, accompaniment patterns, and rhythm. Charry suggests that the widely used concept of *beng* suggests a “worldview of agreement, personal contact, and working out differences” (2000: 313). Though this interpretation is perhaps overly enthusiastic in equating musical and social realms (Agawu 2003; Jones 2006), the widespread usage of the word *beng* and its variants does suggest potential links between musical and social forms of coming together.

In addition to the concept of *beng*, the frequency of songs about *baadinyaa* may reflect a deeper association between musical performance and relationality in women’s lives that also helps to illuminate the role of performance in health promotion. The connection between participating in *tulungo*, health and social connection was expressed

particularly well by Metta Sama, the head of the Dobong Kunda kanyeleng group in Central River Region:

Tulungo is very important ... If dance is happening, the ones who you haven't seen for a long time, you all can see each other ... If drumming is happening, you can love each other ... agreement can enter between you, your neighborliness can be good, your kinship can be good, your hearts/minds [*sondomoolu*] can love each other. Some illnesses if you have them today, you are not able to walk. If you hear drums, you can see you will get up, you will walk, you will go. The walking that you will do, you will see that the disease that is in your body will leave ... But [for the one] who lies down, the disease is increased. If you are sick but you walk, that also [helps] ... Any place, if the bidong is there, you will love each other, your *baadinyaa* can go [well], your neighborliness also can be sweet. That which is in your soul (*niyo*) [i.e. your worries], you will see that you will forget it ... that is why *tulungo* is very good. It gives people health ... Even if it is just two people you have benefit, because if you are sitting alone, you worry about many things in your heart/mind [*sondomoo*]. That which your mind is not on, you can worry about it, you can worry about it, you don't know what you will do. But if *tulungo* is happening like this ... your mind forgets those others. Your mind stands in one place. But if you are sitting alone you will worry. It gives birth to many sicknesses. The soul [*niyo*] does not want to be constricted. If it is just constricted, it brings a problem.

Tuluṅo, a kumayaata baake le. Mune ye a kumayandi, niṅ bidongo be keeriṅ, mennu famaata ṅoo je le, ali bee si ṅoo je. Alila tuluṅo fananṅ, niṅ tantanjo be keeriṅ, ali si ṅoo kanu ... kamberṅ, a si dung ali teema, alila siṅoyaa si beteyaa, alila baadinyaa si beteyaa, sondomoolu si ṅoo kanu. Kuuranjo doo be ila bii, i man taama noo. Niṅ i ye tantanjo moyi, i si a je i be wuli la, i be taama la, i be taa la. I be wo taamoo menṅ ke la, i be a je la kuuranjo menṅ be i baloo kono, i be a je la a be funti ... Bari niṅ menṅ laata, kuuranjo ka lafaa, bari ning kuuranjo be ila i ka taama, wo fananṅ ka bo ... Daa o daa, niṅ bidongo be jee, ali be ṅoo kanu, alila baadinyaa si taa, siṅoyaa fananṅ si diyaa. Menṅ be i niyo kono, i be a je la i be ṅina la ... wo le ye a tinna tuluṅo, a beteyaata baake le. A ka jaatakendeya dii moolu la ... Haani niṅ moo fula doronṅ ne mu i ka nafaa soto, katuṅ niṅ i kiliṅ be siiriṅ, i ka kuu jamaa le mira i sondomoo kono. I hakiloo te menṅ kanṅ, i si a mira, i si a mira, i man a lonṅ i be ke la ṅaameṅ. Bari niṅ ṅa tara niṅ tuluṅo be keeriṅ tenṅ ... i hakiloo ka ṅina wo doolu la. I hakiloo ka tara looriṅ dulaa kiliṅ, bari niṅ i ye a tara ite kiliṅ be siiriṅ i be i mira la, a ka kuuranṅ jamaa le wuluu. Niyo man lafi detoo. Niṅ a deteta doronṅ, a fele a ye problemo naati. (Metta Sama, personal communication, July 1, 2013)

Metta Sama's discussion incorporates complex ideas about the nature of health, illness and healing. Central to her perspective on health, however, is the importance of social

relationships. As Metta describes it, *baadinyaa*, and associated feelings of love (*kanoo*) and unity (*kambengo*) that occur in musical performance contexts positively affect physical health (the ability to walk) and mental health (freedom from worries). Metta highlights the interconnectedness of aspects of the self in health and healing by using the word *niyo*, which refers to the “whole being” or soul of a person. Through performance, the *niyo* is released from the constriction that can cause illness of various kinds.

The integrative perspective evident in Metta Sama’s discussion goes against the assumption in biomedicine that disease is located in “either the body or the mind” of an individual (Scheper-Hughes and Lock 1987: 21). Interrogating the relationships between musical performance and health as described by Metta Sama requires a perspective that integrates the “biological, psychological, social, emotional, and spiritual domains” that “contextualize health, healing, illness and disease” (Koen et al. 2008).

The integrative approach that has been embraced by scholars in medical ethnomusicology and anthropology resonates with the salutogenic model of health promotion developed by Aaron Antonovsky (1996). Antonovsky emphasizes the importance of “generalized resistance resources” that facilitate “successful coping with the inherent stressors of human existence” and provide a “sense of coherence” (1996: 15). As an experience that integrates body with mind, emotion with intellect, and self with other, musical performances such as those described by Metta Sama above may strengthen participants’ sense of coherence and contribute to wellbeing (see also Batt-Rawden, Trythall, and DeNora 2007; Brummel-Smith 2008; Friedson 1996; Murray and Lamont 2012; Ruud 2010).

As discussed in Chapter 4, participatory musical performances such as *tulungo*, though highly varied across cultural contexts, often share an emphasis on the social bonding that takes place through participating together in sound and movement. Performance scholars have referred to this musically facilitated bonding as “waves of fellow feeling” (Blacking 1977), “muscular bonding” (McNeill 1995), and “sonic bonding” (Turino 2008: 3). Rather than existing in “the sounds themselves,” meaning in participatory musical performance emerges through social interaction.

The social context of performance is also key to understanding the relationship between music and health. Music therapy scholar Even Ruud writes, “One of the single most important factors contributing to health has to do with our social capital, i.e., how well we are integrated into the community — our social connectedness” (2010: 115). The connection between social, physical, and psychological wellbeing is well documented; having stronger social networks is associated with better physical and psychological health (Cornwell and Waite 2009). Though traditional music therapy practice has been limited by the biomedical focus on disease as confined to individual bodies, scholars such as Ruud and Brynjulf Stige, among others, have emphasized the importance of social relationships in defining music’s affordances in the area of health and wellbeing. This resonates with medical ethnomusicologists’ view of music as a social process shaped by cultural, political and economic relationships (Koen et al. 2008). Furthermore, the social relationships of musical performance contexts also work to facilitate health communication goals.

Though some of the concepts discussed here are specific to the Gambian context, important similarities appear in the way people talk about participatory music making and

social connection across cultural contexts. Recent research on music and dance has suggested that “keeping in time together” can strengthen “social bonds between individuals” and “create and sustain communities” (Quiroga Murcia and Kreutz 2012: 127) while also decreasing conflict in a group (Koelsch and Stegemann 2012). In an article on music and health in everyday life, Tia DeNora quotes a man recovering from depression who participated in a Norwegian study of music as a “health technology”:

The strongest effect I gain from music is through playing and singing with other people, this synergy effect is like an encounter of love, it is so mysterious, just like somebody connects you to heaven, it is so strong this playing together, you know. (Quoted in DeNora 2007: 283)

For this man, participating by playing and singing with others has such power that it takes on almost spiritual dimensions. Music scholar David Hesmondhalgh argues that “music’s seemingly special link to emotions and feelings makes it an especially powerful site for the bringing together of private and public experience” (2013: 2). The use of the word *love* in the description above is reminiscent of Metta Sama’s discussion of how *tulungo* creates love (*kanoo*) between people in Dobong Kunda, suggesting that even in very different cultural contexts musical participation may engender similar emotions and feelings of social connection.

While the forgoing discussion highlights the ways that people find social connection through active participation in music and dance, listening and observing musical performances without participating actively can also elicit strong emotional responses and feelings of love. In January 2013, I asked Amie Bojang from GAMCOTRAP to describe a particularly memorable musical performance experience. She recounted her reaction to a spontaneous song performed in a workshop context in rural Gambia as follows:

I think one that made me cry was in Jarra Soma. This woman. The hall was filled with people and out of the blue, I didn't even know that she sings. I didn't know she had that ability. She just stood up and she just had this *voice* echoing all over the room and I was like "my goodness." I couldn't control my tears. And the songs were all about ... that was a very memorable, I always remember. I felt in love with that woman. (Personal communication, January 17, 2013)

Though Bojang was not participating actively in the performance she described, the woman's voice elicited a strong emotional reaction (uncontrollable tears) and feeling of love. The feelings of togetherness that musical performance affords in certain contexts are thus not restricted to fully participatory forms. People may feel socially connected even in the absence of active participation.

The centrality of love in the above discussion points to the importance of emotion in mediating the social impact of musical performances on people in particular contexts. Judith Becker explains that the way we listen and respond emotionally to music is "not *natural*, but necessarily influenced by place, time, the shared context of culture, and the intricate and irreproducible details of one's personal biography" (2004: 71). In The Gambia, the association of musical performance with *baadinyaa* and *kanoo* predisposes people to particular emotional responses. At the same time, the ways in which individuals react emotionally to music are influenced by factors such as age, gender, ethnicity, and hereditary professional group,⁵⁵ as well as personal preference and prior experience.

Tatadindin Jobarteh, a male *jali*, offers a particularly powerful testimony to the way listening to music even in the absence of active participation can help manage negative emotions such as anger and thereby facilitate *baadinyaa*. In conversation with me in June 2013, he explained that the previous week he had performed with his family's band in a

⁵⁵ In the Sahel region, griots and other artisan groups are typically expected to be more emotionally expressive than nobles/freeborn individuals, who are expected to be more reserved (see Arnoldi 1995; Grosz-Ngate 1989; Hale 1998; Irvine 1990; Janson 2002).

nearby village. The Salam Band is a popular group that incorporates traditional *jali* instruments such as the *kora* and *bala* (xylophone with gourd resonators) alongside guitars, keyboard, drumset, and Mandinka and Wolof drums. The Salam Band performs regularly for all kinds of events, including weddings, naming ceremonies, and festivals. After a performance in the town of Brufut (Western Region) in June 2013, Jobarteh was approached by a stranger who said that listening to the music had allowed him to overcome a deep grievance and be reconciled with an estranged family member.

Jobarteh explained,

He said a very painful thing happened to him, but today, since I played at his place, next to his compound, he said he was sitting in his house listening to me. I played one song. It's a new song called "Saba" ["Three"]. I said the world is three days. Yesterday and today. Tomorrow is in our ignorance, because you don't know what will happen tomorrow, whether you will die, you don't know. So I composed that song for that reason. This man came after the program and called me.

He said to me, "I have a pain, you know. My brother sold my compound and went to Europe." He told me, "He didn't say a thing to me. The compound that I was depending on, he sold it and went to Europe. I have that pain here. I said that tomorrow I would go to the *jalango* [fetish/idol]... and destroy him [i.e. Put a curse on him]. But your song caused me to forgive."

I breathed...That day I breathed and breathed. I said, "Eh, Allah." I said to him, "You were going to take him to the *jalango* to destroy him?"

He told me, "I swear to God, I was going to destroy him."

I said, "Forgive."

He said to me, "No, I have forgiven. Your song caused me to forgive. I forgave, Tata. I swear to God."

I told him, "No, forgiveness is good. You will not have a problem, just see. Follow God." So he took out 100 dalasi and gave it to me. It was not long ago. Last week.

The day before yesterday he called me. Yes. Because I gave him all my contact information. He called me and said, "You see forgiveness is good." He said to me,

“My younger brother called me. Since he left he hadn’t called me, but yesterday he called.”

I said to him, “Eh! How is it?”

He said to me, “Yes, he found work now. He has work at a car tire-fixing place. The place where they fix tires. Because that was his work here. So when he went he looked for that work and he found it. He said to me, he promised me a lot of money. He said he will send me one thousand euros. He said I must wait a little because the work he has is a lot. Now he has four jobs. He packs fridges. They pay him for that. He is working in a shop and he is working at the tire-fixing place. He has three jobs now. So he has money...He is hopeful...He will send me money. He said I should buy a compound with a completed house on it.”

I said to him, “Aah! Praise be to God.”

He said...“This music of yours saved me. It saved him.” He said to me, “If you had not played here, I had said that in the morning when the sun came up I would go...But your show here, that healed my heart/mind [*sondomoo*].”

I said to him, “Yes, that is pain that pills cannot heal. Only music can heal it. Allah helped you.”⁵⁶

(Tatadindin Jobarteh, personal communication, June 2013)

Jobarteh’s story ties together complex ideas about music as a form of healing that helps manage emotions and steer people toward appropriate behavior defined in religious and relational terms. In Jobarteh’s story, the emotional impact of the song performed next to the man’s compound facilitated the process of forgiveness that enabled the man to be reconciled with his younger brother. The coincidence of the timing of the brother’s phone call, occurring after forgiveness had been achieved, suggests that the will of God was operating through music. The gender of the actors in this narrative is also informative. Although some men may be less likely to participate actively in some forms of musical performances, as discussed in Chapter 3, they may still engage with music in ways that provoke powerful responses and facilitate *baadinyaa*.

⁵⁶ See the Appendix for the original Mandinka text of this excerpt.

Jobarteh explained that unresolved anger such as that experienced by the man from Brufut can result in mental illness and chronic pain in the *jusoo* (liver/heart) and the *sondomoo* (heart/mind). Though *sondomoo* is usually translated as “heart,” it is used to refer not to the physical heart, but more broadly to a person’s emotional heart, mind, or whole being. Similarly, *jusoo* can refer to both the physical and emotional heart or liver; it is also used with modifiers to describe a person’s character or mood. For example, the phrase *a jusoo bota le*, literally “her/his heart is gone,” can be translated as “s/he is angry.” The phrase *a jusoo diyaata*, literally “her/his heart is sweet,” can be used to refer to someone who is generous or ambitious. Both the *sondomoo* and the *jusoo* represent social and emotional aspects of self, which are not easily healed through biomedical treatment (“pills”). In this area, musical interventions are particularly powerful.

Jobarteh elaborated on the way in which a breakdown in *baadinyaa* can result in psychological and emotional illnesses that affect the *sondomoo* and *jusoo*:

Anger can make a person’s *sondomoo* crazy. Anger can make you stop behaving like a human being and become like an animal. You will not be able to feel sympathy. Some kinds of anger can do that ... Our healing is also in that area, to go to angry people who have conflict between them, to calm them down. People who are doing something that they should not be doing, we create an advice song for them, we play the music that can decrease the pain in their *sondomoo* so that it does not rise up to the head [*kungo*].

For some kinds of pain they will say, “they have cancer, chronic cancer.” Some kind of pain can also become cancer.⁵⁷ They also become chronic. That is pain that is in your *jusoo*. It is not a disease [*saasaa*]. That is pain. That is *sondomoo* pain. It is chronic, it is chronic ... it can make a good person into a bad person. It can also make you an island because you will not trust anybody anymore. You will not like people because ... Your pain does not allow you to cooperate with people because you have had this pain for a really long time. Music can decrease that kind of pain.⁵⁸ (Tatadindin Jobarteh, personal communication, June 2013)

⁵⁷ Although he was speaking in Mandinka, Jobarteh used the English word “cancer” to refer to a serious chronic illness.

⁵⁸ See the Appendix for the original Mandinka text of this excerpt.

Jobarteh recognizes that music cannot treat all illnesses; diseases like malaria require other kinds of treatment such as “pills.” For ailments that have socio-emotional roots, however, musical performance is often the most effective treatment. Music can facilitate the transformation of social conflict and associated emotions such as anger, jealousy and grief, and thereby restore *baadinyaa*.

Praise singing

According to music scholar David Hesmondhalgh, music creates “a remarkable meeting point of intimate and social realms. It provides a basis of self-identity (this is who I am, this is who I’m not) and collective identity (this is who we are, this is who we’re not), often in the same moment” (2013: 2). In the Gambian context, one area in which the relationship between musical performance, identity and *baadinyaa* is particularly visible is in praise singing. Through praise singing, referred to as *jamundi-roo* or *jai-roo* in Mandinka, singers recognize an individual, family or ethnic group in relation to family histories and regions of origin (Dave 2014; Janson 2002; Knight 1973). Though praise singing has historically been the domain of the griot, performers of all kinds incorporate praises to please the people present and to position themselves in relation to powerful individuals. Performers recognize that griots are the most skilled in praise singing, and most non-griot performers do not attempt to sing griot-style praises.⁵⁹

Praising provides a way for performers to inspire monetary donations (*sooroo*) during the performance, which is an important form of participation in many performance contexts in The Gambia, as discussed above. When videotaping events for friends, I was often reprimanded for not focusing the camcorder on the people giving money during the

⁵⁹ See Knight (1973) for discussion of Mandinka praise singing as practice by *jali*.

performance. Through the exchange of small-denomination bills passed from person-to-person, friends and family performed *baadinyaa* by demonstrating their support and solidarity with the individual highlighted through praise singing. In this way, songs focusing on an individual also provide an opportunity to show group identity and connection (see Newton 2006: 31).

Although praise often highlights an individual's ethnic identity, the process of praising frequently emphasizes connections and relationships between different individuals and groups. At a naming ceremony I attended, Binta (a Mandinka kanyeleng woman) decided to dedicate a song to a Fula (Fulbe) woman who was present at the event. In addition to singing the woman's name and praising her generosity, Binta sang about how Fulas were her relatives (*baadingolu*), thereby emphasizing the relationship between them that transcended ethnic identity. Binta, along with the other members of the group, then sang the chorus of the song in Pulaar in order to further recognize the woman's ethnic identity. This example, which was typical of performance events that I attended, demonstrates the way praise singing can reinforce connections between disparate groups even as singers focus on particular individuals.

Despite its central role in many Gambian performance contexts, praise singing and associated practices of *sooroo* are not without their critics. Some singers and recipients of praises argue that praise songs lack meaningful messages and simply reinforce authority in order to achieve financial gain. Ambivalence about praise singing is also evident elsewhere in West Africa; Eric Charry notes that the "practice had to be banned in the main concert hall in Bamako [Mali] because it had gotten out of hand" (2000: 343; see also Dave 2014; Roth 2008; Schulz 2000). Popular *jali* performer Jaliba Kuyateh claimed

that praise songs represent a traditional form that does not adequately meet the needs of contemporary society, particularly in the area of health promotion:

Traditional praise singing. Ok. Since I started, I saw social issues, like, for example, how do we plan our family? Health issues, how will we go after them? Ok, how can we try to bring peace to our society, what was happening in the past and how it should be changed to suit our society. So I thought it seems like *kora* is on this train, this line, for a long long time, ok, we can't abandon our traditions, but it's becoming monotonous and it will be good if we change a little bit and bring in educative songs and not only praising praising praising. So educative songs, peace issues, and health. I started that. Because some people were there, they get sick, they wouldn't go to the hospital. I started with that, I sang a song about health. I said why, the body's illness, if it is serious, you hide ... That is why I changed it a bit, to take it from praise singing. But even praise singing, sometimes I also do it. I found it like that ... I look at what society needs and I go that road.

Traditional praise singing. Ok. Kabirin nte naata, na jiibe, social issues, ko men, misaali fee, how do we plan our family? Ah, health issues, m be bula la wolu nooma naadai le? Ok, m be a kati la noo la naadai la pur na peace soto society kono ... mennu be keerin nun anin n nanta falin naadai le pur a ye nna society suit. So nte le na wo mira, because a ka muta ko kora be nun on this train, this line, a meeta a meeta, ok, n te coosaano bula noo, but it's becoming monotonous and a be beteyaala nin na change domandin, na educative songs naati. And not only praising praising praising. So educative songs, peace issues, anin health, na daati wo la. Katun doolu be nun jee, i ka saasaa, i te taa, ko men jaara dulaa. Na daati wo la folo, na denkiloo dadaa pur jaatakendeyaa. N ko mune si a tinna, bala saasaa, nin a be duu la, i ka mabo... Wo le ye a tinna na falin domandin, ka bondi praise singing. Bari haani praise singing, sometimes nte fano ka ke le. Na tara wo le naama ... society sulaata nin na, na taa wo siloo la. (Personal communication, February 6, 2013)

In Jaliba's discussion, health education songs represent a contemporary alternative to praise songs, which no longer meet the needs of society. Rather than being mutually exclusive however, Jaliba notes that he still practices praise singing in combination with educational songs. This holds true for health education contexts more generally, where women often sing the praises of health workers, foreign researchers, and others,

alongside or within their songs on health education topics.⁶⁰ Although praise singing does take time away from songs focused on the health topic at hand, the incorporation of praises in health performances is one way that performers maintain cultural relevance through continuity between health programs and other performance contexts. While the role of praise singing in contemporary Gambia is contested, it remains an important means by which performers create and reinforce social identities and relationships.

Conclusion

In this chapter I have examined relationships between performance, sociality and health in The Gambia. Local ideas about kinship and social connection represented by the concepts of *baadinyaa* and *sanawuyaa*, shape contexts of performance and health promotion. Furthermore, although competition and conflict do exist in performance contexts, musical performance plays an important role in promoting social connections that have broader implications for health promotion. As noted earlier, positive social relations and healing are not inherent in musical sounds or movements; rather, they are affordances that are appropriated by people in particular contexts. The process of “health musicking” (Stige 2012) must take into account the social relationships from which it emerges, as well as the active role of individual health workers and performers who draw on local (and global) resources to make it happen.

⁶⁰ See Bingley (2011) for discussion of praise singing in health promotion programs in Sierra Leone, and Rasmussen (2014) for a related example of Tuareg women singing praises of NGO workers.

CHAPTER 6

***Ali nga soojaaroo baa neng* (“Let’s Insult the Soldier’s Mother”): Female Performers, Sensitive Topics, and Stigma in The Gambia**

Performance brings in what hitherto was shrouded in the culture of silence, to the public domain, where everybody comes in to share.

(Isatou Touray, personal communication, 17 January, 2013)

In the morning of May 24, 2013, I arrived at a football field in the flood-prone neighborhood of Ebo Town. Ebo Town had gained notoriety throughout The Gambia thanks to popular performer Jaliba Kuyateh’s efforts to raise awareness about the severe flood problem in the neighborhood. Year after year inadequate drainage systems caused flooding in Ebo Town, destroying homes and forcing residents to wade through stagnant water in order to conduct their daily activities. Though Jaliba Kuyateh’s song was one of the most popular at social gatherings in 2012-2013, Ebo Town residents had yet to see any improvement in the flood problem.

Important guests, musical performance groups, media representatives, and neighborhood residents met in the middle of the large and sandy Ebo Town football field for the launching of the national polio vaccine campaign, as discussed in Chapter 4. The event was kicked-off by the police band, featuring trumpets, saxophones, trombones, and tubas leading a parade from the junction on the main Brikama highway all the way to the Ebo Town football field. Important guests looked down upon the gathering from a raised platform sheltered from the bright sun, and media representatives had video and audio equipment at the ready.

Ten members of the APGWA kanyeleng group and I sat on brown plastic chairs to the left of the raised platform. We received our extra-large t-shirts with “KICK polio out of The Gambia” written on the front in blue lettering, and put them on over our other clothes (see Figure 14). During the following months, I would see the polio t-shirts in the most unlikely places, worn by people throughout the Greater Banjul Area. The APGWA kanyeleng group was not scheduled to perform until later in the program. As the police band marched across the field, however, the kanyeleng group leader, Binta Dada Bojang, took up her place at the rear. Moving her legs and arms in a comically stiff marching motion, with a big smile on her face, Binta had onlookers laughing loudly as she marched across the field with the police. As the band reached their destination and began to play a march version of a local folk song, Binta was joined by Kemo Mas and another kanyeleng woman from a different group whom Kemo introduced to me as her sister. The three of them marched dramatically and sang along loudly with the song. When the song ended, Binta proceeded to entertain the police by joking, dancing suggestively, and singing “*polisoo, polisoo*” (police, police).

To explain kanyeleng women’s unique role in social gatherings, people told me “kanyeleng are shameless” (*kanyelengolu buka malu*). At highly militarized political campaigns, I watched my kanyeleng friends “march” along with the armed soldiers. When people paused to pray in the middle of a social gathering, kanyeleng would entertain onlookers with a dramatic and unintelligible stylized “prayer” of their own.

In the air-conditioned offices of the UN building in Bakau, I asked Pa Ousman Manneh from the United Nations Children’s Fund (UNICEF) about the role of kanyeleng in their health promotion activities. He explained that kanyeleng were very important in

their work on reproductive and child health because “they have this ability to be able to talk about very sensitive things” (personal communication, July 9, 2013). Fatou Gaye from the Gambia Red Cross said that kanyeleng “can do and say things and get away with them. What you and I cannot tell people, they can tell people, and they can get away with it. Their lack of shame allowed kanyeleng women to sing songs and perform dramas about topics that might otherwise be taboo” (personal communication, August 6, 2013). Health workers consistently explained that kanyelengs’ performative license offered a powerful tool for their health promotion efforts.



Figure 14 – (from left to right) Binta Dada Bojang, Kejawo Juwara and the author at the launching of the polio vaccine campaign, May 2013, photograph by Kemo Mas

Although some aspects of kanyeleng practice are unique, non-kanyeleng performers such as griots and popular musicians like Fatou Ceesay similarly use the context of musical performance to do and say things that might normally be taboo. In this chapter I explore the complex dynamics of transgression and accommodation in musical

performance contexts in The Gambia, drawing on theories of play, liminality, and flow. I focus in particular on the ways in which performers address sensitive topics, which include topics that are private, sacred, emotion laden or stressful, often relating to death, illness, sex or social stigmatization (McCosker, Barnard, and Gerber 2001).

Playing with Transgression and Accommodation

As discussed in previous chapters, in addition to referring to percussion and dance events such as kanyeleng performances, the Mandinka word *tulungo* refers to “play”; this linguistic liaison between play and performance is not uncommon globally and particularly in African and African-diasporic contexts (Stone 1988; Modic 1996; Turner 1982). Theories of play provide insight into performative license and the role of kanyeleng and other performers in drawing attention to sensitive topics. Rather than simple frivolity, scholars have demonstrated the “seriousness of play” in negotiating social and political relationships and identities (Arnoldi 1995; Bateson 1972; Conquergood 1992; Dudley 2008; Huizinga 1950; Turner 1982). The playful seriousness of performance has also been emphasized by performance studies scholars such as Conquergood who defines performance itself as the “nexus between the playful and the political” (1992: 80).

Notions of play and performative license are also informed by theories of liminality (Turner 1982, 1979, 1967) and flow (Csikszentmihalyi 1990, 1975). Building on the work of Arnold van Gennep (1960), Victor Turner describes liminality as an in-between state that is “full of potency and ... may also be full of experiment and play” (1979: 466). Though Turner’s initial work on liminality addressed rites of passage with

defined temporal and spatial boundaries, he later applied the concept more broadly to describe experiences such as performance and pilgrimage where liminality is “not only *transition* but also *potentiality*” (Turner and Turner 1978: 3). Scholars such as Bjørn Thomassen (2014) have elaborated on the varied forms of liminality that exist in contemporary societies, including states of “permanent liminality” experienced by marginalized groups (see also Horváth, Thomassen and Wydra 2015). The notion of permanent liminality is useful in describing features of kanyeleng experience as well as griot performers and people living with HIV/AIDS, as discussed below.

As a form of play that possesses liminal characteristics, performances follow different rules than those governing other kinds of everyday interaction and conversation. Performers have a degree of performative license to express ideas that might not be permitted in every day, non-play communication. Kanyeleng license, as described above, also blurs the line between performance and “the everyday” as they embody an enduring liminal-like state. Not restricted to kanyeleng, the *playfulness* of musical performances also facilitates participation through fun, inspiring those present to laugh, sing, clap, and dance. This playfulness takes place through the social relations of *baadinyaa* (positive relationship) and *sanawuyaa* (joking relationship) described in Chapter 5. Furthermore, individuals’ participation in playful activities, and their ability to address sensitive topics, can be both enabled and restricted by social identities (gender, age, ethnicity, and hereditary professional group) as well as individual preferences.

The transgressive potential of musical performance in Africa has perhaps been overstated in scholarly research (Dave 2014; McNeill 2011; Stokes 2004). In her work on music and politics in Guinea, Nomi Dave shows that, despite the emphasis in Africanist

research on “music as a site for resistance” (Dave 2014: 2), Guinean musicians have largely refrained from engaging in political critique. Dave argues that the “scholarly preoccupation with protest” (2014: 3) has ignored the ways in which music also serves the agendas of authoritarianism and prejudice. The “romance of resistance” (Stokes 2004: 61) has led scholars to present a somewhat skewed view of the relationship between music and social change that ignores the importance of silence and accommodation.

In the Mande area of West Africa, research has emphasized the ability of musicians to speak out, influence public opinion, and potentially shape the actions of the powerful (Panzacchi 1994). Research on griots, in particular, has depicted them as liminal figures who are both marginalized outsiders and powerful specialists (Conrad and Frank 1995).⁶¹ Marloes Janson elaborates on a form of veiled criticism practiced by *jali* in The Gambia called *teelindiroo*:

Jaloolu are able to enhance their patrons’ reputations, but also to destroy them if they are not rewarded, or, if they are, in their opinion, insufficiently rewarded. With this latter end in view they make use of a powerful discourse of veiled speech and parody, called *teelindiroo*. Because *jali* speech is full of metaphors and multilayered meanings, it can easily serve to convey subtle negative allusions and threats ... By using *teelindiroo*, *jaloolu*, and according to Sidia Jatta [*jalimusoolu*] in particular are skilled in it, can mock their patrons without sanctions because they do not mention their patrons’ names in public. The persons concerned will understand who is ridiculed and they will feel ashamed. (Janson 2002: 160).

Even though griots have the ability to ridicule their patrons, however, in practice this rarely happens. The threat of *teelindiroo* encourages patrons to give generously, while *jali* who depend upon powerful patrons for their livelihood have a strong incentive to maintain positive relations (Dave 2014; Janson 2002; Panzacchi 1994). During the colonial period, Senegalese griots were criticized for using their craft in the service of the

⁶¹ Research has perhaps overemphasized the “status ambiguity” experienced by griots, which contributes to misconceptions regarding their role in society (Schulz 2000).

colonial regime (Panzacchi 1994; see also Counsel 2003; Leymarie-Ortiz 1979). The critical perspectives on praise singing discussed in Chapter 5 also demonstrate the ambiguous attitudes toward *jaliyaa* as both “prestigious” and “tainted by a sense of moral weakness” (Dave 2014: 5). In negotiating changing patronage systems and social identities, griots and other performers concurrently accommodate and resist authority through playful performance.

The foregoing discussion suggests that the liminal and playful characteristics of performance do not inherently lead to resistance and transgression. Rather, performers in particular social contexts can draw on the possibilities offered by liminal, playful states to accomplish cultural work. In the case of kanyeleng women and people living with HIV/AIDS in The Gambia, I suggest that this cultural work includes bringing sensitive topics to the public sphere as well as subtly or radically transforming stigmatized identities.

As noted above, despite their tendency toward outspoken mockery of authority, the majority of kanyeleng groups in The Gambia are either silent on political affairs, or active in performing in praise of President Jammeh and the ruling APRC party. Rather than showing the limitations of play as an explanatory framework for women’s performances in The Gambia, silence itself can be seen as a kind of polyvalent “performative play” (Dave 2014). Writing about Guinea, Dave makes observations that are also applicable to The Gambia:

Cultural aesthetics in Guinea have long valued discretion and concealment, as illustrated by the Mande proverb, *Kuma te kunan ceba min könö, ko te diya wo la*: “An intelligent man keeps the words inside him” ... According to this idea, words must be carefully controlled, while remaining silent is an indicator of moral strength. (2014: 18)

Dave's perspective is important in reframing silence as an active site of moral being rather than simply the absence of sound. Through performance in The Gambia, women creatively mediate voice and silence, resistance and accommodation, in an environment in which outspoken political critique is extremely dangerous.

Furthermore, rather than always representing accommodation, in a context of political paranoia, political *silence* — the absence of vocal support for the current administration — may actually be seen as opposition. As a result, political references thoroughly pervade performative expressions of all kinds. I learned to accept the sprinkling of presidential praises amidst malaria and HIV/AIDS prevention messages. I learned to expect opening and closing speeches that thanked the President as well as the visiting researcher from America. Those performers who confided in me that they supported the political opposition (both men and women) showed their opposition primarily through silence — by abstaining from political performances.⁶²

Politics played a big role in a performance I attended in July 2013 at a health center in a rural village in eastern Gambia. Nine members of the local kanyeleng group sang a vast repertoire of songs on health topics including malaria, pneumonia, tuberculosis, diarrheal disease, anemia, family planning, nutrition, HIV/AIDS and exclusive breastfeeding. Health workers sometimes criticized particular kanyeleng groups for their tendency to jump from topic to topic; they explained that this can be confusing and potentially overwhelm listeners with too much information. In this case, however, the

⁶² None of the performers with whom I worked closely were involved in performances in support of the political opposition in 2012-2013, although some had done such performances in the past. Previously, one popular performer was forced to temporarily relocate outside The Gambia after performing in support of an opposition political party.

performers covered a wide range of topics in order to demonstrate to me (the visiting researcher) the breadth of their knowledge.

In the midst of this health-focused performance, one of the women took the loudspeaker and began praising President Yahya Jammeh and his government. Cutting off a song about malaria with the words *ali nga dandangolu seneyandi* (“let us clean our areas”), she proclaimed:

Gambian women from Koina to Kartong, they are behind you. You and women work together properly, the women are behind you Yahya Jammeh, the women are in front of you, Yahya Jammeh. Whatever you are ready to do, women will help you ... women can't turn over, turn over like a pancake – here is cooked, no here is not cooked ... we cannot do that ... the place they did the meeting first, they call that the Community Center. But at that time it was the old garage. He did a meeting there. That night once the meeting broke up, he said let us perform for him. We performed for him on that day. I had never seen a packet of money. That day my eyes saw a packet of money. I said, “Is this all mine?” He said, “Yes, it is all yours” ... Even the day after tomorrow we are behind him ... Yahya Jammeh is a beautiful mother. He has 10 and something teats, until now up to 100 and something. He is suckling everybody. He is suckling the women, he is suckling the men, he is suckling the bush. Yahya Jammeh is a cow with 10 teats.

Gambia musoolu biriŋ Koina fo Kartong, i bee be i nooma. I niŋ musoolu be dookuwo ke la a ñaama, musoolu be i kooma, Yahya Jammeh, moolu be i ñaato, Yahya Jammeh. I pareta kuu o kuu la, musoolu be i maokoyi la ... Musoolu maŋ yeleva yeleva noo, ko panketo. Jan ne mooto, haani jan ne faŋo maŋ moo ... Ntolu maŋ wo noo ... I ye meetiŋo ke daameŋ folo folo, i ka fo jee le Community Center. Bari wo tuumo karasi kotoo le mu. A ye meetiŋo ke jee. Wo luŋo suuto biriŋ ŋa meetiŋo janjan, a ko ŋa naa tuluŋo ke a ye. Da tuluŋo ke a ye, wo luŋ ne, nte nene maŋ kodi paketo je, wo luŋ ne n ñaa ye paketo jee m bulu. N ko “nte kiliŋ ne taa mu ñiŋ ti?” A ko, “Haa. Ite kiliŋ ne taa le mu.” ... Haani siniŋ, m be a nooma ... Yahya Jammeh mu dimbaa ñiimaa le ti. Sunju taŋ niŋ feŋ ne bala, saayiŋ, fo sunju keme niŋ feŋ. A be moo bee suusundi kaŋ. A be musoolu suusundi la, a be kewolu suusundi la, a be nna wuloo kono suusundi kaŋ ... Woto Yahya Jammeh mu ninsoo le ti, sunju taŋ ne bala. (Kanyeleng group performance, July 2013)

While the imagery of the cow in this song excerpt could suggest a veiled critique of the president, this would be a misinterpretation of the singer's intent. The song demonstrates outspoken support for the regime of President Jammeh expressed through the playful and

creative lens of kanyeleng performance. Rather than naive opportunism, praising the current administration represents a calculated response to a dangerous reality in contemporary Gambia where many suspected or actual opposition supporters have disappeared or been subject to arrest and incarceration (Saine 2002, 2009; Wright 2010). Praising the president also offers access to potential financial reward (“packets of money”) in a context of poverty and limited opportunities to generate income.

Performance, Identity and Stigma

Theories of liminality, play and flow, as discussed above, may help explain the performative license that enables women to transform stigmatized identities through both the form and the content of their musical performances. The liminal state of being “betwixt and between worlds” (Conquergood 2013: 130; Turner 1967), can aptly describe, though in different ways, the disrupted identities of female performers such as kanyeleng women and people living with HIV/AIDS, as well as the broader conditions of performance experience.

As discussed in earlier chapters, motherhood is extremely important in defining a woman’s identity and status in The Gambia. A woman who is unable to achieve the family size that she, or those around her, desire or expect may be described as “not a woman” (*a manke musoo ti*) (see Hough 2006). Kanyeleng women often face stigma based on their inability to conceive and/or to produce children (particularly male children) who live past infancy. Facing an insecure future in her marriage and concept of womanhood, a childless woman exists in a liminal state between worlds and identities.

For the newly diagnosed, an HIV positive blood test is often devastating, turning worlds upside down and fracturing relationships between family and friends. An HIV positive diagnosis often leaves people questioning plans for marriage and parenthood and deeply uncertain about the future. In the Gambian context, the association of HIV/AIDS with sexual promiscuity undermines the identities of women with HIV as moral human beings according to the conservative ideals of Muslim womanhood.

Dwight Conquergood's discussion of liminality in relation to the experience of Hmong refugees holds relevance for the lives of kanyeleng women and people living with HIV/AIDS who often face divorce, financial insecurity, and deaths of children or spouses. Like the refugees in Conquergood's study, kanyeleng and people with HIV may

fall back on the performance of their traditions as an empowering way of securing continuity and some semblance of stability. Moreover, through performative flexibility they can play with new identities, new strategies for adaptation and survival. The playful creativity of performance enables them to experiment with and invent a new [culture] that is part affirmation of the past and part adaptive response to the exigencies of the present ... There are good reasons why in the crucible of ... crisis, performative behaviors intensify. (Conquergood 2013: 130-131)

In the face of crises such as serious illness, infertility, and child mortality, people may use "performative behaviors" as a coping mechanism and to transform negative identities, as I will discuss further below.

Beyond the more enduring liminal condition of particular performers, musical performance itself also possesses liminal qualities that can afford opportunities for transgression and transformation. *Jalimusoo* Kanku Kuyateh explained the focus and transformational potential of *jaliyaa* to me as follows.

KK: If you are singing a song like this, your heart [*jusoo*] dries, your heart stands [i.e. you become courageous]. And when you are singing a song, your mind follows only ... the path of the song ... That is, this song, you are accustomed to it,

you listen with care ... You don't look at this, you don't look at this, your mind is not on anything else. Your mind is standing only on your song. That is why your *jaliyaa* words and your chatting words do not touch each other [are different]. Like if you are doing *jaliyaa* like this, if you find today you had set aside 50 [dalasi] as your daily expenses, food ... but if *jaliyaa* words are happening, the words enter you. You will take out 200 [dalasi]. You will find that the song that is being said, you also like that song a lot. The *tulungo* that is happening, you are liking that a lot. You can see that among us Mandinkas, if some words enter you, you can see some also take off their shirts/dresses and give them to the *jalo*. They can open the lid to the trunk, take out a complete outfit and give it to them. But if *jaliyaa* is not happening at all, they would not take that action.

BM: It seems like *jaliyaa* changes people.

KK: Yes. It changes the children of *jali*. Those who come to listen also, they also change.

KK: *Niñ i be denkiloo laa kañ ten, i jusoo ka jaa, i jusoo ka loo. Aduñ niñ i be denkiloo laa kañ, ko meñ ko ite la hakiloo ka tara looriñ donkiloo dammañ ... la siloo ... Wo ka i tara wo donkiloo ñiñ, i dalita ala le, ye a lamoyi hakiloo la ... I buka ñiñ juube, i buka ñiñ juube, hakiloo buka tara kuukoteño, ite la hakiloo ka tara looriñ ila donkiloo damma le to. Wo le ye a kendi ila jaliyaa kumoo aniñ kacao kumoo buka maa noo ñoo la. Ko meñ niñ i be jaliyaa la ten, niñ i ye a tara bii ite le ye tañ luloo le landi ko meñ ko ila bii tiloo bo ñaa boyoo, domoroo ... bari niñ jaliyaa kumoo be keeriñ, kumoo dunta ila. I be a je la i be keme fula bondi la. I be a tara la ko meñ donkiloo meñ be fo kañ, i fanañ be lafiñiñ wo denkiloo la baake. Tuluño meñ be keeriñ i be lafiñiñ wo la baake. I si a je ntelu, Mandinkoolu kono, niñ kumoolu doolu dunta i kono, i si a je doolu fanañ ye ila dendikoo wura ye a dii jalo la. I si kunewo daa yele, ye kompleto bondi ye a dii ala. Bari niñ jaliyaa te keeriñ feren, i te wo maa ñaa ke la.*

BM: *A ko bo ko jaliyaa ka moolu faliñ.*

KK: *Haa. A ka jalidiñoolu faliñ. Meñ ka naa lamoyi fanañ, woolu fanañ ka faliñ.* (Kanku Kuyateh, personal communication, December 3, 2012)

Kanku's explanation illustrates the liminality of *jaliyaa* and its power to transform both performer and listener, inspiring acts of bravery and generosity that would otherwise be inconceivable. Kanku explained that although *jali* are particularly skilled and effective as performers, the power and intense focus that occurs in singing also applies to some extent to non-*jali* performers.

In his discussion of Mande poetry, linguist Charles Bird similarly underscores the power of the *jali*'s words (*kumoo*) and their relationships to action, which is evident in

the Bambara saying *nyama be kuma la* (“the energy of action is in speech”) (Bird 1976: 98). Bird writes,

When a praise song is sung for someone, his energy to act is augmented, thus forcing him to act, and these acts can lead to his destruction if not appropriately controlled. (Bird 1976: 98; see also Charry 2000).

The Bambara/Maninka concept of *nyama* expressed here has perhaps been misconstrued in Mande studies scholarship (Schulz 2000), and the concept is not widely used in The Gambia (Janson 2002; Knight 1973). Nonetheless, the idea that *kumoo* (word, speech, sound; in this context performed/heightened speech) has power to effect change is highly relevant for understanding the power of performance in The Gambia and role of performers as social change agents.⁶³ As indicated by Kanku Kuyateh above, opportunities for transgression and transformation rely upon the courage and focused attention that comes with the heightened experience of performance; in the liminal space of performance, the singer lets go of other concerns and follows the musical and lyrical path of the song.

Mihaly Csikszentmihalyi’s concept of flow helps to illuminate aspects of the experience of liminality such as the state of focused attention that Kanku describes in the performance context. Csikszentmihalyi developed the concept of flow to describe the enjoyable state of total absorption and involvement in an activity in which normal awareness of time and everyday experience is suspended. Csikszentmihalyi (1990) describes the state of flow as an “autotelic experience” in which goals, rewards, and motivation are intrinsic to the experience itself. This notion of flow intersects in important ways with theories of play and liminality (Turner 1982). Turner writes, “since

⁶³ See Keyes (2004) for application of Mande ideas about the power of words and *nyama* to rap music in the United States.

liminal time is not controlled by the clock, it is a time of enchantment when anything might, even should, happen” (1979: 465). Turner suggests that his notion of *communitas*, which he defines as “an unmediated relationship between historical, idiosyncratic, concrete individuals” (1982: 45), might be considered a form of group flow. The notions of *communitas* and flow also intersect in fruitful ways with the way Mandinka performers talked about their experiences of *baadinyaa* in the performance context, as discussed in Chapter 5. In the following sections, I explore the ways in which kanyeleng performers as well as people living with HIV/AIDS draw on these dynamics of performance in order to negotiate social relationships and transform stigmatized identities.

Kanyeleng

One of the most distinctive songs that I heard the APGWA kanyeleng group sing repeated the words, “let’s insult the soldier’s mother” (*ali nga soojaroo baa neng*), in call-and-response fashion. Though I only heard the group sing this song on one occasion, they referred to it frequently in conversation as well as in performance contexts. One hot afternoon in the middle of the rainy season, as I sat on a plastic mat chatting with group members Kemo Mas and Nyali Damba in Talinding, I asked them about the origin of this unusual song. Nyali told me that Kemo had composed this song on a trip upcountry with Binta Jammeh Sidibeh, the founder of APGWA. Kemo explained:

On that trip, Binta Jammeh had [milling] machines to give to the people. We traveled the country for 10 days. We filled four vehicles ... this vehicle, these machines were in it. We were in the *gelegele* [local bus]. Her own [Binta Jammeh’s] two Pajeros were on the road. We started here, Fonye ... to give them to the people of the country. Bowls, oil, people who said they want business; Binta brought money for them, and bowls, dried fish, oil, soap. Okay, we did it like that, we went, we went. We traveled, we traveled, we traveled. We arrived at Sanku la kunda by the river. You know there was a ferry there where Yahya

Jammeh put the bridge. So that we could cross to go to McCarthy. We wanted to cross. At that time small boats were there ... Now, Binta and them, all these other vehicles crossed.

They said our vehicle would not cross. They said our vehicle was heavy. Anna, *kanyelengyaa* is very strong! Don't you see, these [people] all are joking cousins. You know, this one [points to her neighbor] is [the age of] my child, but in *kanyelengyaa* ... she says things to me, I don't get angry. I also say things to her, she will not get angry. A kanyeleng is everybody's joking cousin. When we arrived at the riverside, they said they must weigh our vehicle. They said it was [too] heavy. They said our vehicle would not cross.

"Heh!" I said, "Soldiers you did not say that we [will] cross while our vehicle has not crossed!" "Heh," I said, "You did not say that." I said, "Let's put down the bidong." The place was full of guns. They put down the bidong.

I said, "Let's insult the soldiers' mothers. Your mothers, your fathers." I said to them, "You who don't make Yahya Jammeh stop, you don't make Binta Jammeh stop, let's insult the soldiers' mothers. Yahya Jammeh is working for the country. Binta Jammeh is working for the country. Let's insult the soldiers' mothers." The group held this [sang in call-and-response style]. I played the bidong there. The soldiers themselves danced until their hats fell on them ... Once we did that, we rested.

They said, "Let all the vehicles cross." They said the vehicle that was heavy had already crossed. Even one dalasi Binta did not end up paying, let alone the people [us]. Now this came to be one of our songs. Where we see them [soldiers], we can joke with them...

This is why soldiers, no matter what we tell them, they don't get angry. But some places they could grab me and tell me to dance. I dance until, if I say I will rest a little, they say, "No, continue" ... *kanyelengyaa* is very good. (Personal communication, July 17, 2013)⁶⁴

Kemo's story demonstrates how kanyeleng women perform their disregard for authority and, far from being punished, obtain benefits in exchange for their insults. When traveling with kanyeleng women, episodes like the one Kemo describes here were not uncommon. Entertaining drivers and fare collectors with songs and jokes, kanyeleng

⁶⁴ See the Appendix for the original Mandinka text.

often received free transport and had all the passengers laughing and sometimes singing along.

Binta Jammeh Sidibeh told me that some men did not like kanyeleng because kanyeleng threatened their authority (personal communication, March 22, 2013). In my involvement with kanyeleng groups, however, I observed that the majority of men appeared to appreciate kanyeleng songs, dances, and jokes; on many occasions, men would tell us that they loved kanyeleng because their mothers had been kanyeleng. In some cases men would, like Cheikh Omar Jallow, assert that they were also kanyeleng. As noted in Chapter 1, in addition to their connection to *kanyelengyaa* through mothers, wives, and other family members, men occasionally choose to practice *kanyelengyaa* for the same reasons that women do.

On many occasions I witnessed the demonstration of the idea, expressed by Kemo above, that a kanyeleng is “everybody’s joking cousin.” In September 2013, three kanyeleng friends from Farato came to visit me in Lamin. Alanso, Kanjoo, and Bumba,⁶⁵ waited for me at the main Brikama highway because they did not know the way to our compound. As we walked the mile through the village to our house, the women sang, danced and joked with everyone we encountered. When we stopped to greet my friends Mariama, Lisa and Kani, who were selling vegetables at the makeshift market under the mango tree, Alanso grabbed a bitter tomato and took a bite. Bumba took a piece of cassava root and started chewing on it. Amidst much laughter and mock anger, my

⁶⁵ Alanso (God give me), Kanjoo (okra), and Bumba (a native okra-like vegetable), are examples of distinctive kanyeleng names. Kanyeleng names are frequently inspired by features of kanyeleng identity such as their “slippery” nature, their desire to evade their *kuntofengo*, or their practice of begging God for a child.

market friends chased us away, telling me to never again invite these crazy kanyeleng women to Lamin.

In addition to affecting their day-to-day interactions, the ability of kanyeleng to speak out and challenge authority has also historically led them to take a critical role in politics. As noted above, in the contemporary dictatorial and oppressive political climate, the vast majority of kanyeleng groups (as well as other performers) are aligned with the ruling APRC party and President Yahya Jammeh. Even groups who had previously supported opposition candidates have increasingly changed their allegiance to the APRC. Even for kanyeleng women who pride themselves on their lack of respect for authority, the current political climate leaves very little room for opposition voices. In the more open political climate of Yahya Jammeh's predecessor, Dawda Jawara, some kanyeleng women played an important role in opposition politics. Cheikh Omar Jallow told me that his mother was active in mobilizing support for the opposition party during Jawara's administration:

My mother used to caricature the then president Jawara until he had offered her land I understand, for her to "please, please, please, leave me alone, if you cannot come with me" ... because she used to [he begins to sing in Mandinka] *nyinang a te bayila, presidang bondoo te bayi la, ngunja ka naa ali ye a wuure* ("this year it will not fail, the removal of the president will not fail, the catfish is coming, let's all bore him"). You know [the catfish] is smelly and it's ugly ... People don't eat it. So they will say it's a big fish and looks palatable, but nobody wants it, nobody likes to eat it because we have good fish, other better fish. So that's why she used to label Jawara that name, that he's a catfish. (Cheikh Omar Jallow, personal communication, November 28, 2012)

Jallow explained that his mother's work as a kanyeleng gave her access to a wide social network of women that represented a powerful force in politics, even though the main purpose of kanyeleng activities was not political, unlike the more specifically political oriented *yai compin* women's groups. As noted in Chapter 3, women's roles in politics

may also have gained significance as the authorities restricted male collective action in the colonial and post-colonial administrations (Hassoum Ceesay, personal communication, November 21, 2012).

The status of kanyeleng has changed significantly during the past several decades. Binta Jammeh Sidibeh told me that the APGWA kanyeleng, the group connected to her organization, have been particularly influential in overcoming the stigma associated with infertility and child mortality. Since they have taken on roles as “traditional communicators,” the APGWA kanyeleng have become well known and respected throughout the country. In recent years they have also become increasingly active in political performances in support of the ruling APRC party.

The transformation in kanyeleng status has not been confined to western Gambia where the APGWA kanyeleng are located. Kanyeleng women in Taibatou and Kerewan villages in the Upper River Region explained:

When we started in *kanyelengyaa*, they laughed at us ... “Women playing the drums, they are foolish!” But today, if you say “*kanyelengyaa*” ... it has gone beyond ... It is a profession, benefit is there. That is why people are many. But in the past, they were not many ... In all of URD [Upper River District (Region)], the land of our seven chiefs here, I am the first kanyeleng. To stand up for the government, to be a kanyeleng ... Yesterday they laughed at us, but today, we are not in the laughing place, we are in the serious place ... Fixing the country, you know that is not a foolish thing. It is a good thing. To make health stay in the country, I think that is a good thing. The ones who took it as a foolish thing, today they ... agree ... Now the whole world has become a kanyeleng.

Biriŋ ntelu be kañeleŋyaa dati la, i ka jele m ma ... “Musoolu be tantaŋo kosi la, ñinnu fuuta le.” Bari bii, niŋ i ko kañeleŋyaa, a fuumata le ... Mecoo le mu, nafaa si soto noo jee le. Wo le ye a tinna moolu siyaata, bari nunto, kunuŋ, a maŋ siyaa, bari bii... a be lafaa kaŋ... URD muumee bee, n seefo worowula la banko kaŋ jaŋ, a kañeleŋ folo folo mu nte le ti ... Ka loo mansa ye, ka ke kañeleŋo ti ... Kunuŋ i jeleta m ma, bari bii, maŋ tara jeloo daa kuŋo to, m be sobeya la daa kuŋo to ... Bankoo dadaa, i ye a loŋ wo manke kuu firiŋo le ti. Kuu kendoo le mu. Ka jaatakendeya sabatindi bankoo kaŋ, ŋa mira kuu kendoo le mu. Mennu ye a muta

kuu furiŋo le ti, bii ... i sonta ala ... Bii dunia bee le keta kañeleŋo ti.
(Taibatou/Kerewan kanyeleng performers, personal communication, July 3, 2013)

Though the institution of *kanyelengyaa* is not new, kanyeleng have become increasingly professionalized during the past several decades as they have taken on new roles as performers in politics, health and development. The process of professionalization has also transformed kanyeleng status, even as they maintain fertility-related activities and performances practices with deep historical roots. Although the Taibatou kanyeleng quoted above emphasize the transformation from “the laughing place” to the “serious place,” laughter actually represents one of the resources through which kanyeleng women effected this transformation. As Amie Bojang explained to me, “that clown context gives them the power” (personal communication, January 17, 2013). That is, it is by using the resources of their comedic performance that kanyeleng have been able to change their position in society and function effectively in their new roles.

The reduction in stigma associated with kanyeleng identity has also changed the meaning of “kanyeleng” for many people in The Gambia. Because kanyeleng activities are appealing, and potentially financially rewarding, women who have not experienced reproductive challenges are increasingly joining kanyeleng groups. Some of the health workers with whom I spoke translated kanyeleng simply as “traditional communicators” and had little to no knowledge of the association of *kanyelengyaa* with infertility and child mortality. Though kanyeleng celebrated their new roles and lessening stigma, they also feared that important knowledge was being lost as women focused increasingly on politics, health and development and less on fertility-related practices.

Fatou Ceesay and the Allatentu Support Band

Though some aspects of kanyelengs' license described above are distinct, performative license and theories of play and liminality also apply, though in different ways, to non-kanyeleng performers. I first became interested in the topic of performative license and stigma through my work as a Peace Corps Health Volunteer in 2006-2007 with performer Fatou Ceesay and the Allatentu Support Kafoo (ASK).

Fatou Ceesay was quick-witted, charismatic and beautiful. Having completed grade nine, she was one of the more well educated members of ASK. Fatou was fun to be around, perceptive, and quick to offer insightful advice to other ASK members and to me about how best to approach our work and personal lives. I used to visit Fatou and her family in the neighboring village of Wellingara, and she came to stay with me regularly in Kembujeh, where she became renowned for her skill in cooking fufu and designing henna tattoos. Fatou was also a singer. Neither a griot nor a kanyeleng, Fatou was one of a growing number of musicians who defined new roles for themselves in contemporary popular music styles. In 2006, one song that Fatou had released previously with her husband, a singer with the Army Band, had become quite popular.

When she first became sick, Fatou told me that she went from hospital to hospital, marabout to marabout, to try to find a cure for her recurring illnesses. She had blood drawn for an HIV test at the Medical Research Council (MRC) in Bakau, but the staff at the testing center talked about her behind her back, suggesting in English that they thought she was HIV positive. Fatou felt frightened and alienated and she did not return for her test results.

By the time she received an HIV positive diagnosis at the Hands on Care Clinic in Brikama in 2005, Fatou was very sick. She was admitted to the hospital in Brikama and thought she was going to die. When they started her on antiretroviral treatment, she slowly began to feel better. It was then that Fatou began to sing to her nurses. She decided that she would tell her story through songs. She told me that she sang first for Nyima, her favorite nurse who had cared for her in her most difficult times. When Fatou joined ASK, she was overwhelmed by the realization that she was not alone in her sickness. There were others who were experiencing the same problems that she had. She decided that she would use songs to educate people about HIV/AIDS and to challenge the stigma that prevented many people from being tested and getting the care that they needed.

HIV/AIDS-related stigma represents a significant obstacle for the effective control of HIV/AIDS in Africa (Airhihenbuwa 2007; Agnarson et al. 2013; Ansari and Gaestel 2010; Fetene and Mesfin 2013; Turan and Nyblade 2013). While the experiences of people living with HIV/AIDS provide a particularly dramatic illustration of the negative effects of disease-related stigma, the problem also applies to other diseases. Former UNAIDS director, Pieter Piot elaborated on the impact of stigma as follows:

HIV/AIDS-related stigma comes from the powerful combination of shame and fear — shame because the sex or drug injecting that transmit HIV are surrounded by taboo and moral judgment, and fear because AIDS is relatively new, and considered deadly. Responding to AIDS with blame, or abuse towards people living with AIDS, simply forces the epidemic underground, creating the ideal conditions for HIV to spread. The only way of making progress against the epidemic is to replace shame with solidarity, and fear with hope. (Quoted in UNAIDS 2002: 7)

Though more than a decade has passed since Peter Piot made this statement, my experience working with people living with HIV/AIDS in The Gambia confirms that

stigma remains one of the greatest obstacles for successful prevention and care programs. It prevents many Gambians from participating in free testing programs and prevents people from disclosing their HIV positive status to their partners. In 2007, some ASK members who were eligible for anti-retroviral-treatment chose not to receive medicine rather than disclose their HIV status to a single family member (a pre-condition for treatment at this time). The majority of ASK members in 2007 had not disclosed their status to family members, and this remains the case today.

One of the resources that people living with HIV/AIDS have used to address stigma in The Gambia is musical performance. While the experiences of people living with HIV/AIDS in The Gambia are unique,⁶⁶ important parallels exist with musical responses to HIV-stigma elsewhere in Africa (see Barz 2006; Barz and Cohen 2011). For example, Gregory Barz (2006) has shown that music has played a central role in the movement to promote “positive living” and improve wellbeing among people living with HIV/AIDS in Uganda. Members of the Allatentu Support Group in The Gambia have also taken inspiration from the popular Ugandan musician Philly Lutaaya who, like Fatou Ceesay, was open about his HIV positive status.

In order to address the problem of stigma, Fatou Ceesay made a demo tape of one song with her husband. She sang the song, “AIDS Dei Lore” (“AIDS is Wreaking Havoc”), in the Wolof language using the popular *mbalax* style.⁶⁷ Fatou and Musa asked me to join them in creating a band to perform Fatou’s songs. We began to practice, with me on the keyboard, Fatou singing, her husband on guitar, and other ASK members

⁶⁶ For further discussion of the experience of people living with HIV/AIDS in The Gambia, see Cassidy and Leach (2009b) and Nyanzi (2012).

⁶⁷ *Mbalax* emerged in the 1960s in Senegal when musicians incorporated *sabar* drum rhythms and West African vocal styles into Afro-Cuban style dance bands (Tang 2008).

listening and giving suggestions. Fatou composed six songs, each focusing on a different aspect of HIV/AIDS in The Gambia. She sang three songs in Wolof, two in Mandinka and one in English with lines in Jola, Pulaar, Mandinka, Wolof, and Swahili. The musicians referred to the style of the two Mandinka songs as “Afro-manding,” meaning that they incorporated Mandinka-influences such as *kutiro* drum rhythms, and later *kora* (in the 2010 remix).

We sought funding to produce an album of Fatou’s songs (see Figure 15), titled *Teriyaa* (“friendship”), and received support from Action Aid International, the National AIDS Secretariat and, and the Gambia Family Planning Association. With an ensemble that included vocals, keyboard, guitar, bass guitar, drumset, *sabar* drums and *kutiro* drums, we recorded the album at Omar Traore’s Xalam Studio in Bakoteh.

Fatou decided to disclose her HIV positive status in her songs. She said,

There are songs being played on the radio that give incorrect information about HIV/AIDS. I am an HIV positive woman and I want to change that. First of all, I am educated, and I want to help others who are sick and hiding, to come out so that they can know their status. This will reduce stigma and discrimination and help also to fight against HIV/AIDS. (Fatou Ceesay, personal communication, December 2006)

Fatou did not take the decision to disclose her status lightly. She, along with the majority of the members of ASK in 2006, had not told many of her closest family members that she was HIV positive. Fatou’s husband knew of her HIV positive status, but she had not yet told her parents or siblings about her disease. In preparation for the release of the album, Fatou called together a small group of people to meet with her and her parents to help them to understand the implications of her HIV positive diagnosis, and her plan to sing about her status in songs. Though Fatou appeared self confident and certain in her decision, it was an emotional and extremely difficult conversation that took place in a

secluded room in Fatou's compound. Her family was supportive and loving as they attempted to come to terms with Fatou's HIV positive status and image a future for their family in the face of a life threatening and stigmatized disease.



Figure 15 – Original *Teriyaa* album cover

The album-launching concert took place in March 2007 at the Paradise Suites Hotel in Senegambia. Important guests included the Vice President of The Gambia, Dr. Isatou Njie Saidy, and the Minister of Health and Social Welfare, Dr. Tamsir Mbowe, among other guests. The Gambia National Radio and Television Service broadcast the event live throughout the country. Much to the surprise of those of us on stage, in the middle of the performance, five ASK members came up on the stage to join us. They stayed on the stage, dancing and singing, for the remainder of the show. One member who is a *jalimusoo* took the microphone from Fatou at one point in order to sing the praises of people present at the event.

Before the launching concert, I had heard many stories of how HIV/AIDS related stigma had torn apart families and destroyed livelihoods for many ASK members. Fatou and I had agreed that stigma would prevent other ASK members from supporting her by coming up on stage. In discussions in 2012-2013, I asked several ASK members what had led them to join us on stage and risk public speculation regarding their HIV positive status. They explained that this cassette was “very important,” and that it was a powerful challenge to HIV related stigma in the country:

That which made me brave to come out. To fight stigma. To teach people, let them have understanding. That is why I was brave. I had confidence to enter there. Because if I said I would not enter there, another also said they will not enter there, even today, we have not fought the disease ... but if I am brave [enough] to enter there, people see me there, tomorrow they see another there ... that made me determined. To fight stigma.

Meñ ye n hañindi ka funtindi, pur ka stigma kele, pur ka moolu karandi, i ye fahamuroo soto, wo le ye a tinna n hañita, ña confidence soto pur ka duñ jee. Katuñ niñ n ko n te duñ na jee, doo fanañ ko a te duñ na jee, haani bii, ntolu man saasaa kele ... bari niñ n hañita ka duñ jee, moolu ye nte je jee, saama i ye doo fanañ je jee ... wo le ye n wakilindi. Ka stigma kele. (ASK member, 2013)

Why take that [microphone] so that I could take it and sing? I am a *jalo*. And secondly also, I saw that, the day we were on, it was a very important day. And the matter that we were on, the cassette ... this cassette was very important ... Human beings ... to protect their soul/whole being [*niyo*], that is a very important matter ... to make people brave.

Meñ ye a kendi, wo taa, pur ka a taa ka denkiloo la. Jaloo le mu nte ti. Aduñ a fulanjano fanañ ña je ko meñ ko, m be luño meñ kono, luñ kumabaa le mu. Aduñ m be kuwo meñ, kaseto meñ kono nna kuwo to, kaseto ñiñ kumaayaata baake. Hadamadiño... ka moolu niyo tankandi, wo mu kuu kumabaa le ti... ka moolu hañindi. (ASK member, 2013)

The ASK members quoted above came forward to show solidarity with Fatou Ceesay and to challenge the stigma that prevented many people living with HIV/AIDS from receiving the support and care that was available to them.

ASK members told me that the *Teriyaa* album was important because the messages that were prevalent in the media and the songs of other artists were reinforcing stigma. In

2006, ASK members talked in particular about a song performed by Jaliba Kuyateh that associated HIV/AIDS with adultery and death. ASK members said that Fatou Ceesay's songs offered an important counter-narrative to the songs of musicians who were not HIV positive and had very little experience with the disease.

Other musicians are there who address HIV, but their ways of singing are not the same. Because having someone with HIV standing up to show everyone ... She has this disease. The others are just thinking about it in their heads and singing about it ... She knew it, the way it was in her body.

Musician doolu fanan be jee meŋ i ye a loŋ ko i ka HIV denkiloo ke ... bari a denkiñaa maŋ kiliŋ ... niŋ meŋ mu liviŋ with HIV, wo le loota ka yitandi moolu bee la ... Wo doolu, i ka i mira i kuŋo teŋ, i ye denkiloo ke doron ... A ye a loŋ, a be a jaato kono ñaameŋ. (ASK members, personal communication, January 3, 2013)

ASK members asserted that by bringing the experience of living with HIV to her songs, and putting a human face on the disease, Fatou Ceesay challenged the negative ideas that were being spread by other musicians.

Fatou Ceesay disclosed her status directly in the songs on the *Teriyaa* album. For example, in the song “HIV/AIDS be keering” (“HIV/AIDS is real”), Fatou discusses the ways that HIV is transmitted. She then instructs listeners to look at her, learn from her experience, and recognize that AIDS is real:

HIV/AIDS is real
Let's protect ourselves

*HIV/AIDS be keeriŋ ne
Ali m bee si fankanta*

How does one get it?
One gets it like this:
If you have AIDS, you get an
injection
You go and inject another
You go and give blood to another

*Ite be a soto la ñaadii le?
I be a soto teŋ tiŋ ne
Niŋ AIDS be ila, i ye taa i penku
I taata i ye doo penku la
I taata yeloo dii doo la*

You go and tattoo another

I taata doo tiimooso

A woman can give it to her child
When she is breastfeeding
A woman can give it to her child
When she is pregnant
And when she is giving birth
It is real

Married couples/sexual partners
can also give it to each other
Let's protect ourselves
I will advise you
Let's go test our blood

...
Me who you see here
I am HIV positive
If you don't believe
I am HIV positive
People say they don't believe
HIV is real

HIV/AIDS is real
Let's protect [ourselves]
If you don't believe
It is real
You can look at me
It is real

*Musoo si a dii noo a dijo la
Niñ a be a suusundi
Musoo si a dii noo a dijo la
Niñ ye a tara kono be ala
Aniñ niñ a be wululaa
A be keeriñ ne*

*Futu ñooma i si a dii
noo ñooma
Ali m bee si fankanta
M be ali yaamari la
Ali ña taa yeleejiibe la*

...
*I ka nte meñ je teñ
HIV le be nte wo la
Niñ i mañ laa ala,
HIV le be nte wo la
Moolu ko i mañ laa
HIV be keeriñ ne*

*HIV/AIDS be keeriñ ne
Da fankanta
Niñ i mañ laa ala
A be keeriñ ne
I si nte jiibe
A be keeriñ ne*

In the song “HIV/AIDS be keering,” Fatou Ceesay provides detailed information about the ways in which HIV is transmitted while also disclosing her own HIV positive status in order to put a human face on the disease.

In 2010, four years after Fatou Ceesay's death, ASK released a remixed version of *Teriyaa* created in collaboration with Jaliba Kuyateh, the same performer whose song ASK members had criticized for reinforcing HIV-related stigma. When I traveled to The Gambia in 2009, preparations for the remix were underway. We revisited Xalam Studio where the original recording had been made with Omar Traore and added Jaliba Kuyateh's vocal and *kora* parts as well as additional keyboard and drum parts. ASK

members chose to collaborate with Jaliba because of his extreme popularity, as well as out of a desire to rectify his earlier messages about HIV/AIDS:

He sang a song, they said, “It is an adulterer’s disease, it is a deadly disease.” So now ... any disease can be deadly, if you find it does not have medicine. But people took it as a big thing. So it came to be ugly. So people just have it, they think they will die ... Jaliba did that song on television ... That is why we targeted Jaliba. Now what Jaliba said, we will return to it again to change it. Yes ... if we play again, if we are able to play it on TV again, you will see that ... awareness has happened...Many people like him. So if he just does a song, whatever song he does, you will see, that can change many things. It can decrease stigma. It can, people’s lack of calm ... it can decrease it ... that is why we put Jaliba there. That also contributed a lot. Anytime we contacted him, although we did not pay a lot...he was very willing, any place, any time, when we contacted him ... It is not just *Teriyaa*, but Jaliba’s contribution to it. More power.

A nene ye denkilidoo laa, i ka fo ko, Jene kuuraŋo le mu, Saata kuuraŋo le mu. So now, any disease can be deadly, niŋ i ye a tara a maŋ booroo soto, bari moolu ye a taa le ko, i ye a taa feŋ baa ti. So a naata naŋ maane. So moo ka a soto doron, wo ka mira ate be faa la. So kabiriŋ ŋa Jaliba feyi naŋ, Jaliba ye wo denkiidoo laa television ... so wo le ye a tinna ŋa Jaliba target. Saayiŋ Jaliba ye wo, a ye meŋ fo, m be a murundi la a kaŋ kotenke, ŋa a chaŋe. Haa ... niŋ ŋa play kotenke, niŋ ŋa soto ka play TV kotenke, i be a je la ko ... kuniŋo keta ... Moo jamaa lafiita ala. So niŋ a ye denkiidoo ke doron, a ye denkiidoo meŋ o meŋ ke doron, i be a je la, wo si kuu jamaa faŋiŋ noo. A si stigma talaa. A si moo la tenkuŋ baliyaa ... a si a talaa ... wo le ye a tinna ŋa Jaliba ... ke jee. Wo fanan contributed a lot, anytime ŋa contact, although maŋ kodi jamaa joo, bari a willing ta baake le, any place, any time, niŋ ŋa contact ... Teriyaa damma te jee, bari Jaliba la contribution to it. More power. (ASK member, personal communication, August 20, 2013)

Jaliba Kuyateh has been extremely supportive of the support group’s efforts to address HIV-related stigma. Through collaborating with this high-profile performer, ASK members gained additional publicity for the *Teriyaa* album.

The remixed version of the title song “Teriyaa” was particularly popular among ASK members, because the lyrics focus on stigma:

Friendship, oh friendship is not an easy thing	<i>Teriyaa nna wo Teriyaa, Teriyaa kanoo</i>
When she was not sick, she was your friend	<i>maŋ dii nna wo Teriyaa</i>
Now that she is HIV positive, she is	<i>Kabiriŋ ate maŋ kuuraŋ, ate le mu i</i>
	<i>terimaa ti</i>
	<i>Niŋ HIV ye a muta, hani bii i terimaa le mu</i>

still your friend	
Do not leave her, she is your friend	<i>Kana a bula, hani bii i terimaa le mu</i>
Do not throw her away, she is your friend	<i>Kana a fayi, hani bii i terimaa le mu</i>
Myself, I am HIV positive	<i>I ka nte meŋ je teŋ, HIV le benna</i>
My husband does not have it, and he did not leave me	<i>Duŋ n keema maŋ a soto, aduŋ a maŋ n bula</i>
Women oh, I will advise you	<i>Koto musoolu wo m be ali yamari la</i>
If your husbands have this, do not leave them	<i>Niŋ alila kewolu ye ñiŋ soto, ali kana i bula</i>
And men also, if your wives have this, do not leave them, do not leave them there	<i>Niŋ kewolu fanan duŋ, niŋ ila musoolu ye ñiŋ soto ali kana i bula, ali kana i tu jee</i>
They are your wives, your husbands	<i>Ali futuu musoolu le mu, a niŋ ali futuu kewolu le mu</i>
Do not leave each other	<i>Ali kana ñoo tu jee</i>
Friends also, do not leave each other	<i>Teroolu fanan kana ñoo tu jee</i>
Friendship oh friendship is not an easy thing	<i>Teriyaa nna wo Teriyaa, Teriyaa kanoo maŋ dii nna wo Teriyaa.</i>
The first words that were used	<i>Kumafolo meng fo ta ama</i>
Gave it a bad name	<i>Wo le ye a too kuyaa</i>
Some called it the “dying disease”	<i>Doolu ko saatakuuraŋo le mu</i>
Some called it the “adulterer’s disease”	<i>Doolu ko jenekuuraŋo le mu</i>
And it should not be called by these names	<i>Aniŋ a maŋ naa wo la</i>
An illness is simply an illness	<i>Kuuraŋo mu kuuraŋo le ti</i>

The song “Teriyaa” is a powerful testimony to the necessity of maintaining supportive relationships in the context of social stigma. Relationships with family and friends represent an important resource that promotes resilience in the face of a life-threatening disease.

Through her musical performance, and its continuing legacy, Fatou Ceesay challenged the stigma of HIV/AIDS by modeling a positive identity as a beautiful, talented and healthy HIV positive woman. Fatou presented "new possibilities" that profoundly impacted the self image of many people living with HIV/AIDS in The

Gambia, as well as challenging the stereotypes and assumptions of the wider public. One ASK member stated that the *Teriyaa* album "has brought stigma down a lot." Another member who joined the support group after Fatou Ceesay's death, told me,

Teriyaa made me think. My first coming [to ASK], I came confused. I didn't have time for people. When I came, I would be sitting by myself ... If someone talked ... it went in here [one ear] and out here [the other] ... But one day, I was just sitting, they put this *Teriyaa* cassette there. I listened until *Teriyaa* finished. They said the woman who sang *Teriyaa*, she had the disease ... I said, it seems as though, this woman ... her time had arrived, that killed her. But this disease, that did not kill her ... just listening to *Teriyaa*. I completely forgot [worries] ... at that time I would sit at home [by myself] ... but since I listened to this *Teriyaa*, it completely took my mind off this disease...*Teriyaa* is the reason we don't worry about this disease anymore. Our medicine, that is important. If we don't have that, that will be a problem for us, but we get medicine. *Teriyaa* has made us forget the disease now.

Teriyaa le ye n miirandi. Nna naa folo, wo waatoo n confusiriŋo naata. N niŋ moolu buka taim soto. Niŋ n naata, n ka tara siiriŋ n faŋo ... niŋ moo ye diamu ... a ka duŋ jaŋ a ye funti jaŋ ... bari luŋ kiliŋ doron, m be siiriŋ doron, i ye niŋ Teriyaa kaseto ke jee. Da a lamoyi fo Teriyaa banta. I ko, musundiŋo meŋ ka Teriyaa laa, ate le ye saasaa soto ... N ko, a ka muta le ko, niŋ musundiŋo, a ka muta le ko, ala waatoo le siita, wo le ye a faa. Bari niŋ kuuraŋo, wo maŋ a faa kotenke...biriŋ ŋa niŋ Teriyaa wo lamoyi, a ye n hakiloo bondi saasaa faŋo kaŋ ne fereŋ. Teriyaa le ye a tinna ntolu buka saasaa mira kotenke. Nna booroo, wo le kumayaata. Niŋ maŋ a soto, wo le be ke la m bulu problemo ti, bari booroo n ka wo soto. Teriyaa ye ntolu niŋandi saasaa la saayiŋ. (Personal communication, August 20, 2013)

Even for ASK members who joined the support group after Fatou's death, the *Teriyaa* album continues to powerfully affect their self-image and understanding of how to live well with the disease. In 2012-2013, I attended several ASK meetings where, alongside seasoned members, new members watched the *Teriyaa* music videos for the first time. Older members explained to the newer ones that Fatou Ceesay was a former member of ASK. The video sparked conversations about HIV-related stigma and helped members to come to terms with their HIV positive diagnosis.

The experiences of ASK members demonstrate both the power of disease-related stigma, and the value of musical performance in managing and negotiating discredited and negative identities. Kari Batt-Rawden, Susan Trythall, and Tia DeNora (2007) write,

Illness is often estranging: it partitions friends and loved ones and sequesters the sick from their everyday life worlds and social networks. This sequestering is spatial but it is also temporal; it divides the “sick” individual from the ongoing social times and thus from the opportunity of sharing and shaping those times in the flux of the here-and-now ... Illness imperils our ability to make, communicate and share meaning, pleasure, and emotion. To speak of this matter points in turn to critical questions about cultural participation and the way in which illness acts as a barrier to continued participation. Participating in culture — whether through consumption or production is, we believe, the means through which we connect with others, the way we tell each other that we are not alone but together. (Batt-Rawden, Trythall, and DeNora 2007: 66)

Engaging with musical performance, whether through active participation (i.e. at the *Teriyaa* launching concert), or through watching/listening (i.e. playing the *Teriyaa* recording in the ASK office), can contribute to developing a sense of coherence for people with illness (Batt-Rawden, Trythall, and DeNora 2007; Antonovsky 1996).

As “the seedbeds of cultural creativity” (Turner 1982: 60), the liminal conditions of performance can provide opportunities for participants to manage their senses of identity in the face of stigma such as that related to chronic disease or infertility.

Speaking to the transformational potential of the arts, Thomas Turino writes,

The arts are founded on the interplay of the Possible and the Actual and can awaken us from habit. The arts — music, dance, rituals, plays, movies, paintings, poems, stories — are a type of *framed* activity where it is expected that the imagination and new possibilities will be given special license. As a result, the arts are a realm where the impossible or nonexistent or the ideal is imagined and made possible, and new possibilities leading to new lived realities are brought into existence in perceivable forms” (Turino 2008: 17-18).

Both kanyeleng women and people living with HIV/AIDS in The Gambia have used performance to model alternative possibilities beyond negative and stigmatized social identities.

Sensitive Health Topics

In addition to negotiating and transforming negative identities, women use performative license to address sensitive health topics that might be difficult to talk about in everyday contexts. Kanyeleng women's comedic buffoonery was one aspect of their performance practice that many health workers, performers, and others identified as enhancing the acceptability of sensitive health topics for people in The Gambia. In a performance at the Taibatou Health Center in the Upper River Region in July 2013, kanyeleng women sang:

Illness, if you will give information to human beings
You should give it to them in jokes
You should give it to them in mischief
You should give it to them in laughter
They can hear your words.

Kuuraŋo, ning i be kibaro dii la hadamadiŋo la

I si a dii ala neeneroo kono

I si a dii ala saayisaayiyaa kono

I si a dii ala jeloo kono,

A si ite la kumoo moyi

(Song performed by Taibatou/Kerewan kanyeleng group, Taibatou Health Center, July 3, 2013)

Regional Health Education and Promotion Officer Saharu Kante explained that he observed that comedy helped participants to relax and engage because “the information goes with fun” (personal communication, June 5, 2013).

Though health workers almost universally praised kanyelengs' abilities to address sensitive topics, kanyeleng have also met with some resistance as they have increasingly taken on roles as "traditional communicators." Carolyn Hough writes,

[Kanyeleng] are often not taken seriously as women who have not met reproductive standards and who engage in *tooleh yaa* [*kanyelengyaa*] in hopes of achieving these standards. One woman in a village with a very active drama group that mostly consists of *kanyalengs* [*sic*] explained, "Any work they ask us to do, we do it the way they like it. You don't see? In my song, I say that any work that comes, they give it to us. We do it. But when we get up and start playing around at programs they say, "Ha, but these vultures!" (Hough 2006: 226).

As this woman attests, kanyeleng do still face stigma and resistance based on their position as women who have not achieved reproductive standards. Nevertheless, as I will discuss in Chapter 7, the vast majority of health workers and performers with whom I spoke (both men and women) had a far more positive view of kanyeleng and their role as communicators than that suggested by Carolyn Hough. Some bias may exist here, since my consultants knew that I was conducting research on the role of musical performance in health programs in the country. Health workers gave many specific examples, however, of the way in which kanyeleng helped them to achieve their health communication goals.

Many health workers with whom I worked found topics such as sexual and reproductive health extremely difficult to talk about. Jim Jallow from the Directorate of Health Promotion explained that kanyeleng women were able to address topics in their songs that health workers were sometimes unable to talk about directly.

Sometimes they will sing very terrible songs, sexual songs ... people will be laughing, but they will be getting something out of it. But if I want to stand, me, as a health worker, go to the community, and talk about sex in that way I may be harassed or even driven away. But the kanyelengs they can go change it into songs, and women can be laughing and getting the message at the same time. (Personal communication, January 31, 2013)

Rather than representing an obstacle, health workers argued that kanyeleng joking facilitated the communication process:

BM: somebody told me that, or they were questioning the ability of the kanyeleng to be taken seriously because they are clowns.

IT: Yes. [She laughs]. That is the power behind them. That act...because I cannot come and tell, when you talk about sexuality matters, especially in a society where everybody sees it as taboo, a taboo subject should not be treated this thing, so you use jokes. You can use different strategies to carry that message, and that's exactly what the kanyeleng do. When you talk about sex, you, it's taboo! But these kanyelengolu will tell you how to do sex, what to do, what is expected, and what the effects are, and apparently everybody laughs, but the message sinks. And you should take, I take them very seriously, because they have been able to tread in areas that I and my team will not be able to do, because I know if I talk about it, it's an insult. It will be taken badly, but when I pass it through the ... kanyeleng, the paramount chief and all these chiefs will be laughing, everybody will be laughing, and that's another way of educating. Reaching out and influencing change. So for those people who said don't take them seriously, they are just trying to tell you that in here we are serious, they don't see the role they play in transmitting messages, especially when it comes to matters of sexuality. I think that is a very effective strategy. It's very important. (Isatou Touray, personal communication, January 17, 2013)

In her programs, Dr. Touray has observed the ability of kanyeleng women to impact both women and men in both rural and urban areas, sharing information that she herself cannot communicate effectively.

In October 2013, I sponsored a performance by the Brikama Nyambai kanyeleng group at the Brikama Regional Health Directorate. This was one of a number of performances that I organized in order to learn more about the breadth of kanyeleng repertoire and health knowledge. At this performance, Jainaba Saho led a song about HIV/AIDS, accompanied by both bidong and *jiikijo* playing the *musuba* rhythm. Jainaba listed various ways that HIV is transmitted, including sharing of knives/razor blades in circumcisions, childbirth, and sexual intercourse. In the following excerpt, Jainaba explains that condoms can prevent transmission between sexual partners:

Eh yeh, we must fight it like a very
bad thing
Eh, the disease that kills wealthy
people
The disease that kills parents
Let's fight it like a very bad thing

...
AIDS has come out in this country
The big doctors and nurses taught us

They said AIDS, they will talk about
it at the hospital,
But it will not stop at the hospital
They will go out into the village

...
If a man and a woman lie together
You can protect yourselves with a
condom

Eh yeh, n si a kele ko feŋ jaw ba

Eh, kuuraŋo meŋ ka naaful tiyolu faa,

*kuuraŋo meŋ ka wuluulalu faa,
ŋa kele ko feŋ jaw ba.*

...
*AIDS kuuraŋo funtita ñiŋ bankoo kaŋ
Dokitari baalu aniŋ noosoolu ye n
karandi,*

*I ko AIDS, i be ala kumoo kacao la
lopitaanoo to*

*Bari i te daŋna lopitaanoo to
i be funti la satewo kono le.*

...
*Niŋ kee niŋ musu ye laa, ...
Ali si fankanta condom la ...*

Condom use is a highly sensitive topic in The Gambia. Middle-aged women such as the members of this performance group would normally not discuss sex openly, and advocating for condom use in particular can be seen as encouraging promiscuity and immoral behavior. Songs such as these can be useful in broaching this controversial topic and allowing health workers and others to engage in further discussion. Though the song addresses a serious topic, the light-hearted context of the performance helps to make participants feel more comfortable. Shortly after Jainaba sang these words, another member of the group entertained onlookers by dancing on top of a chair and then jumping on my American colleague who was standing at the edge of the circle.

Not exclusive to kanyeleng, health workers explained again and again that they used song and drama to break the ice and make people feel more relaxed and comfortable

talking about sensitive topics. ASK health educators in particular told me that they found the *Teriyaa* recording very helpful when they conducted HIV/AIDS education programs:

When we are going to start talking, we can play this music first ... the messages are said in Wolof, Mandinka, and English until they all are finished. After that we come to start this talk ... You will see that people are happy because they danced first, they danced, they danced, they danced, after they come to sit again, they listen to the message it also says, they come to listen to that also ... The cassette was saying it first. Now when we also say it, they can hear it, “Ah, true, the cassette that came from there, we heard it, they were saying it like that.” So you will see, that person is fast to understand.

Niñ m be diamu ñiñ start la, n si musiko ñiñ folo kiliñ play...kuma kaño a ye a fo, suruwa kaño, Mandinka kaño, angilikano, fo a bee ye ban, wo koolaa, ña naa diamu ñiñ start...I be a je la ko, moolu ka kontañ, katun i ye i don ne folo, i ye i don, i ye i don, i ye i don, after i ye naa sii kotenke, i ye lamoyi a ka kumakano men fanan fo, i ye naa lamoyi wo fanan na ... Kaseto folo be a fo kan. Saayin niñ ntolu fanan ña a fo, i si a moyi, ah, toña, kaseto men bota jee, ña moyi le, i be a fo kan wo ñaama. So i be a je la, wo maari ka tariya ka fahamuroo soto. (ASK member, personal communication, January 24, 2013)

ASK members and other health workers found that music such as *Teriyaa* was useful in breaking the ice and improving participants’ understanding.

ASK members also explained that when they began programs by playing the *Teriyaa* album, participants were more engaged and often had questions based on the information they heard in the songs:

When we go to sensitizations like this, *Teriyaa* helps us a lot. Before we talk, we play *Teriyaa* ... When we finish, questions come from all sides. Because the cassette first causes them to not be afraid ... it makes them not afraid of people. It makes them not afraid of stigma ... The cassette does all that ... It is very important.

Niñ m be taa sensitizationo teñ, Teriyaa ka m maakoyi baake le. Jan niñ m be diamu la folo, n ka Teriyaa play ... niñ ña m bandi doron, ñininkaroolu ka naa le, karoo bee la. Because kaseto ñiñ folo folo ka tinna moolu si naa hañi ... A ye i hañindi moolu la. A ye i hañindi stigma la ... Kaseto ka wo bee ke le ... A kumayaata baake le. (ASK member, personal communication, January 3, 2013)

After listening to the songs people often had specific questions about where they might go to receive an HIV test and treatment in different parts of the country. ASK members explained that listening to the *Teriyaa* album often inspired people to get tested for HIV because it made them realize that there was treatment and support available. In addition to the formal contexts of HIV/AIDS education programs, ASK members have also used the *Teriyaa* album informally to educate people in their social networks. One member told me that on several occasions when she wanted her friends to get an HIV test, rather than talking to them directly, she simply lent them the album.

Pa Ousman Manneh from UNICEF told me that performances were also useful in creating intergenerational dialogue on sensitive topics:

We developed another [play] on early marriage and teenage pregnancy because these are sensitive issues that communities don't discuss openly. But when we developed these critical films and like we knew where these things were happening, we have an idea. So again we worked with NSGA [Nova Scotia Gambia Association⁶⁸], they went to these communities ... so like it brought about this, you see, people of different generations, like young people, and like elderly, who didn't in a normal circumstance discuss those things, but now that there is this interactive film, we all saw it together. (Personal communication, July 9, 2013)

Intergenerational communication is essential for effectively responding to problems such as early marriage and teenage pregnancy. Using an interactive theater approach, Manneh found that they were able to appeal to the older generation as well as youth and provide opportunities for public reflection and dialogue on these important issues.

Health workers explained that performance was helpful in addressing sensitive topics because it resonated with local ideas about health knowledge and communication.

Furthermore, musical performance helped health workers to “create an environment

⁶⁸ The Nova Scotia Gambia Association (NSGA) is a non-governmental development organization with headquarters in Halifax, Canada. NSGA incorporates music and theater performance as an important component of their peer health education program.

where [participants] feel comfortable in discussing” (Isatou Touray, personal communication, January 17, 2013). Amie Bojang emphasized the role of performances in relaxing people and encouraging discussion in her programs on women’s health and empowerment:

Once it is in the performance context people feel relaxed that “ok, let’s say everything.” But it’s a song, the message will be impacted, but at the same time they will be comfortable listening to it. So performance has a role to play. Very important and positive role (Amie Bojang, personal communication, January 17, 2013)

Discourse on public health in Africa suggests that “Africans do not or do not want to talk about sex” (Airhihenbuwa 2007: 41). In practice, the challenge of addressing sensitive topics such as sexual and reproductive health draws attention to the necessity of communicating all information in ways that resonates with the lived realities of the local target population. One afternoon in April 2013, in the beautiful Ebunjan Theatre in Kanifing, I asked Gambian playwright, scholar, and founder of the Ebunjan Theatre, Janet Badjang-Young, about the role of theater in health communication. She told me,

With everything it’s how you present it, you know what I mean? You can say two things in different ways, and yet they have the same meaning, just how you put it in, how you write about it, from whose perspectives are you writing about it, you know what I mean? And that can really go a long way towards people accepting what you are ... For example, if you are doing a play about Muslims and then you get one of them to eat pork, you are in for trouble. (Personal communication, 30 April, 2013)

Though Badjang-Young uses an obvious example for illustrative purposes, she underlines a crucial point about the communication process. That is, if participants/audiences feel alienated by the way a message is communicated, or the identities of the people communicating the message, they will be inclined to reject the information contained in

the message. The notion of performative license provides a way to think about the importance of the means of communication as well as the message itself.

Conclusion

In this chapter I have examined the concept of performative license, focusing in particular on the ways in which female performers address sensitive health topics and negotiate stigmatized identities. Theories of play, liminality, and flow provide insight into the opportunities for transgression and transformation that performance affords. I have examined features of performative license that apply particularly to kanyeleng, while also addressing broader conditions of performance as well as the unique example of Fatou Ceesay and the Allatentu Support Band. I argue that the concept of performative license is useful in thinking through the politics of acceptability in performance contexts and beyond (what can be said, how it can be said, when, by whom, and how it will be received). Performative license does not mean that “anything goes” in the performance context, and performances reinforce as well as challenge authority. Nonetheless, the special characteristics of performances, and of certain performance identities, do offer powerful possibilities for communicating and for effecting social change. In the next chapter, I will further examine the ways in which women negotiate their roles as performers and communicators in relation to ideas about tradition.

CHAPTER 7

Musical Performance, “Tradition,” and Communication

When they did that talk to us at the hotel, we told them this
We said this responsibility ...
It is very good because if you find you put kanyeleng there
The information that is on the paper, educated ones will read that
That which goes to the television, television owners will see it
That which goes to the radio sector, radio owners will see that
But that which is in our mouths, the whole world will see that

*Kabirij i ye wo kacao ke ñe hotelo to, ña ñij fo i ye ko
n ko alila ñij loodulaa ...
A beteyaata baake le katuñ nij i ye a tara i ka kañelegolu daa bulandi jee
Kibaro meñ be kayito to, karañnaa le be a karañna
Meñ be taa televisiono to, tele tiyo le be a je la
Meñ be taa radio buño to, radio tiyo le be wo je la
Bari meñ be ntolu daa kono, dunia bee le be wo je la
(Jainaba Saho, song excerpt, September 22, 2012)*

Jainaba Saho sang the above excerpt in an event with the Brikama Nyambai Yiriwa Kafoo, a kanyeleng group based in Brikama in the Western Region. Jainaba elegantly expresses the importance of performers’ involvement in health promotion as it was described to me again and again by performers, health workers and others. In a country where the majority of the population is illiterate, and where poverty restricts access to mass media technologies particularly in rural areas, musical performance and other kinds of in-person oral communication are the primary means through which people learn new information. Furthermore, as they apply their skills in new ways to meet changing circumstances in contemporary Gambia, performers also draw on, and transform, long-established ideas about their roles in society.

In explaining the role of musical performance in communication, public health

discourse draws on the notion of “traditional communication” as a more “culturally appropriate” way to disseminate information to rural populations (Bastien 2009; Bekalu and Eggermont 2014; Obregon and Airhihenbuwa 2000; Wefwafwa 2014; Wilson 1987). In this chapter, I examine sometimes-contradictory notions of culture and tradition that emerge in discourse on “traditional communication.” I focus in particular on conflicting ideas about kanyeleng performers’ involvement in health and development communication. I argue that the impact of musical performance relies not on unchanging, authentic “tradition,” but rather on performers’ ability to involve local people, to make biomedical information accessible, and to facilitate memory and engagement.

The many primarily female performance groups that have become involved in health communication work in The Gambia are termed “traditional communicators,” or “TCs.” Though health workers sometimes refer to popular musicians and griots as TCs, the term is often used to refer specifically to kanyeleng. In fact, as noted in Chapter 1, for many health workers, “kanyeleng” has become a general local language equivalent of “TC,” which no longer refers specifically to groups associated with infertility and child mortality.

Even while signifying a concern for local cultural practices, the term “traditional communication” is part of a language of global health and development that can serve to reinforce notions of authenticity and monolithic, unchanging cultural tradition. Stacy Leigh Pigg writes,

Development has always positioned itself vis-a-vis the 'traditional,' at times by promising to free people from its constraints and at times by offering to valorize its potential. In either case, it is development that is mobile and active; 'tradition' is construed as a passive state of repetition. (1995: 49; see also Stone 1992)

Health promotion in The Gambia reflects these conflicting views of the traditional. The goal of many health promotion programs is to change people's behavior, whether by encouraging hand washing, exclusive breastfeeding, or the use of sugar-salt solution to treat diarrhea. Many programs are specifically concerned with changing traditional practices such as female genital cutting, which are seen as contributing to health problems. Similarly, prevention messages for diseases such as Ebola target particular cultural activities such as funeral practices that can spread the virus. Media coverage of the Ebola crisis, in particular, has contributed to the representation of local West African populations as irrational followers of harmful traditions. Rather than critiquing the slow response to the Ebola epidemic, and locating the problem in the complete breakdown in health care provision in some areas, Ebola discourse assigns the blame for the epidemic on local ignorance and tradition.

Alongside such ideas about culture as a barrier that must be overcome, discourse on "traditional communication" views culture as a resource that can be exploited in order to accomplish health promotion objectives (Stone 1992). In this framework, health workers are charged with differentiating between the "good" culture and the "harmful." This differentiation is particularly evident in GAMCOTRAP's work, which is specifically concerned with addressing "traditional practices affecting the health of women and children." GAMCOTRAP relies extensively upon the "traditional practices" of music and dance to combat those practices such as female genital cutting that are seen as harmful.

Neither the demonization nor the glorification of tradition adequately represents the complex relationships that shape the way people engage with diverse forms of health information and care. Not passive recipients of tradition, female performers are actively

involved in forging relationships with organizations and shaping their participation in health-related activities. While the discourse of health promotion suggests a view of tradition as passive and unchanging, performers emphasize their creativity, innovation, and worldly connections. Although health workers embrace the words “kanyeleng” and “traditional communicators” that stress historical continuity, performers often use names that accentuate their newness and modernity. For example, members of the Mandinaba performance group (Western Region) rejected the characterization as traditional by referring to themselves using the English word “artists” (Mandinka, *artistoolu*). The word artist as I heard it used referred broadly to performers who were not defined by traditional roles. While one must be born into a *jali* family in order to be a *jali*, anyone (including *jali*) may choose to be an artist. The word artist is also associated with professionalism, creativity, and income generation.

Popular musicians similarly assert a modern and cosmopolitan identity through their choices of musical sounds and use of technology. Fatou Ceesay and other members of the Allatentu Support Band valued the variety of sounds available in the recording studio. Rather than restricting themselves to traditional acoustic instruments, they liberally added string sounds, marimba, flute, and more, that were available through the MIDI keyboard in the recording studio. Fatou Ceesay and her husband also chose to use extensive auto-tune to provide the distinctive robotic, modern-sounding vocal quality preferred by many popular musicians in The Gambia. The music video similarly employed extensive special effects and frequent scene changes that characterize many contemporary Gambian music videos.

While health workers emphasized the local nature of traditional communicators, performers themselves stressed their international connections and travel experiences. For example, members of the APGWA kanyeleng group frequently reminded their listeners that they were the only kanyeleng group in The Gambia to have traveled to Europe. In one of many examples, in a song at a naming ceremony in Talinding, Binta Dada, the leader of the APGWA kanyeleng group performed the following text in *saataroo* style:

The whole of Gambia
Not stopping at Gambia
The whole of Africa
Kanyeleng, if you will say it
People will look to us...
From Kartong to Koina⁶⁹
Kanyeleng who can enter inside a plane to go to Europe
That happened only to us

Gambia muumee bee
Maŋ daŋ Gambia damma
Afrika muumee bee
Kaŋeleŋolu, ning i be a fo la
Moolu be ntolu le jiibe la...
Kabiriŋ Kartong fo Koina
Kaŋeleŋolu meŋ si bula pleno kono, a ye taa tubaabuduu
Wo keta ntolu doron ne
(May 15, 2013)

Binta Dada went on to list all the good qualities of the group, including their commitment to their family and elders that made it possible for them to go to Europe.

Other performers similarly emphasized their travel experience and international connections. For example, bidong player Kejawo Juwara frequently traveled to neighboring countries to perform. Telling people about her international travel was a way to highlight her fame and desirability as a performer. Performers also emphasized international connections that were mediated by international health and development

⁶⁹ Kartong and Koina are towns on the opposite ends of the country.

organizations and tourists. The Sankalamba group based in Soma (Lower River Region), for example, had worked with ODAM, an international development organization based in Asturias, Spain, to produce an album of their songs. ODAM is one of GAMCOTRAP's long-standing donor organizations supporting their work on female genital cutting. Like many of the women's groups I worked with, the Brikama Nyambai kanyeleng group has connections to multiple organizations, including the Child Protection Alliance, the Child Fund, the Department of Community Development, as well as the Ministry of Health. Whereas global health discourse emphasizes the local, traditional character of musical performance groups, performers themselves publicize their international connections and innovation.

Kanyeleng and Tradition

The use of the word kanyeleng as a synonym for “traditional communicator” is surprising when one considers that kanyeleng have not historically been focused on education and information dissemination. Despite kanyelengs' role as entertainers and in addressing infertility and child mortality, their songs typically have very few words. Griots are perhaps closer to being “traditional communicators,” but the term is used more frequently to refer to kanyeleng, as noted above. Unlike health education songs that include extensive explanations of health topics, songs associated with kanyeleng ritual contexts are typically short and highly symbolic with meanings that may be obscure to outside observers (see Chapter 1).

In entering the arena of health communication, kanyeleng women have created a new tradition in which they are communicators. The low-tech nature of many kanyeleng

performances is consistent with notions of authentic African tradition. Unlike *jali* performers such as Jaliba Kuyateh, who use electric instruments and amplification, kanyeleng performers typically use only a megaphone in order to amplify their volume. In her research on kanyeleng, Carolyn Hough discusses the notion of “traditional media” as it was used in the Women in Development project, which was influential in promoting the widespread involvement of female performers in health and development programs (see Chapter 3):

Songs and drama are referred to as “traditional media” in the WID reports, but the extent to which these creative outlets, especially in the form of short plays, are rooted in pre-existing Gambian modes of performance is unclear. Though there was no operational definition of traditional media in archived WID progress reports, in this context the term seems to suggest a low-tech approach rather than one that necessarily draws on local expressive forms. (Hough 2006: 208)

The association of “traditional media” with low-tech forms underscores the dichotomy between the “traditional” and the “modern” that permeates development discourse (Pigg 1995: 49). Furthermore, terminology such as “traditional media/communication” may actually undermine efforts to include local perspectives by “effac[ing] the differences among localities with a blanket concept of ‘the traditional’” (Pigg 1995: 49). Rather than applying “traditional” as a blanket term to signify a globally recognized form of “culturally appropriateness,” we must recognize the complexity of particular performance practices, performers, and their positions in society. Low-tech forms are not inherently “culturally appropriate” in African contexts. Furthermore, we must also ask, “culturally appropriate for whom?”

More than the presence or absence of certain technologies, the identities of performers and their status in society shape the communication process and how they will be received. In his work on HIV/AIDS communication in South Africa, James McNeill

(2011) argues that young female “peer educators” are ineffective communicators in the Venda area. The peer education program using performance was established in South Africa in an attempt to communicate information in a culturally appropriate manner. According to McNeill, however, the association of young women peer educators with sexual promiscuity undermines their ability to effectively educate audiences about HIV/AIDS in this part of South Africa. McNeill contends that a “fundamental flaw in the peer education model is that it is exclusively oriented towards encouraging these already stigmatized women to breach the public silence around AIDS” (McNeill 2011: 223). Though the specific circumstances of the peer education program in this part of South Africa are unique, McNeill draws attention to features of health education that are more broadly relevant. That is, performers’ social position and status in society fundamentally shape the way their performances are received and understood in particular contexts.

According to members of the Allatentu Support Kafoo, popular music such as that performed by the Allatentu Support Band and Jaliba Kuyateh may be more effective in involving men than kanyeleng performances. Support group members used recording of the *Teriyaa* album at HIV/AIDS sensitization events in December 2012 in several locations in western Gambia. They found that they were successful in attracting a large number of male participants, many of whom participated in voluntary counseling and testing services (VCT) that were provided locally. Significant male participation was also evident at events that the support group organized to publicize the release of the *Teriyaa* album, and “open field day” events that incorporated popular musicians such as Jaliba Kuyateh alongside a variety of educational activities. This anecdotal evidence suggests that there is a need to consider the target audience when determining what modes of

communication are appropriate. That is, an adolescent boy in western Gambia is likely to have different preferences than a middle-aged woman in eastern Gambia.

As noted in Chapter 6, Carolyn Hough further problematizes the characterization of kanyeleng as “traditional communicators” in The Gambia by arguing that development workers have not adequately considered kanyelengs’ historical role and stigmatized position in society:

Certainly, *kanyalengs*’ [sic] “traditional” role has very little to do with communicating ideas about nutrition for pregnant women or decrying the stigmatization of individuals who have HIV... Though *kanyalengs* are excellent performers who can engage with and entertain a crowd, their complex position within Gambian society was either overlooked or ignored when they were first recruited to development work. (Hough 2006: 213-214)

Hough is correct in noting that there is very little that is traditional about kanyeleng women’s engagement with health communication work. She also draws attention to the need for more analysis of the complex social positions of particular performers in order to evaluate their compatibility with communication roles.

Nonetheless, the reality that kanyeleng have not historically been engaged in communication work does not necessarily undermine their ability to succeed as “traditional communicators” in contemporary Gambia. In fact, as is the case for much meaningful tradition (Shils 1981), kanyeleng tradition has long been defined by adaptability, malleability, and innovation in the face of challenge and change. I argue that kanyeleng creativity and innovation, emerging at least in part from their liminal position in society, makes them particularly adept as agents of transformation, as discussed in Chapter 6. Furthermore, their ability to perform with few resources makes kanyeleng appealing to health organizations as a cost-effective means of disseminating information. In rural areas without electricity, it is significantly more expensive to hire a popular

musician because the organization must pay the cost of running a generator and transporting the musicians and their instruments, in addition to any payment required by the musicians.

In questioning the characterization of kanyeleng as “traditional” communicators, I do not mean to undermine their legitimacy in their new roles. Rather, I seek to challenge the idea that “authentic” performers are passive inheritors of tradition. Kanyeleng performers’ adaptability, innovation, and savvy-ness are characteristics that make them particularly suited to contemporary health performance contexts. In contrast to Hough, my research suggests that kanyeleng communicators are widely effective and accessible even as they work within (and push beyond) the limitations presented by concepts of shame (*maloo*), gender roles, and the stigma of childlessness. Ferguson writes, “[c]an we learn to conceive, theoretically and politically, of a ‘grassroots’ that would be not local, communal, and authentic, but worldly, well connected, and opportunistic?” (2006: 108).

Even as global health and development discourse reifies the dichotomy between the “authentic grassroots” and “modernity,” musical performance has the potential to transform the “seeming conflict between traditional cultures and modernity” (Barz 2006: 88). Female performers’ use of pre-existing melodies and themes demonstrates their adaptability and flexibility rather than an attachment to unchanging tradition. Kanyeleng women in particular have been highly selective in embracing and abandoning certain elements of kanyeleng “tradition.” For example, the APGWA kanyeleng group has abandoned the practice of dressing in ragged outfits, opting for the more prestigious *asobi* (matching outfits) that are worn at a variety of Gambian events.⁷⁰ In health education

⁷⁰ Hassoum Ceesay suggested that the *asobi* practice was adapted from Aku culture. Aku is the local term for people with origins in Sierra Leone.

contexts, they have also rejected the practice of dressing as men, except within the context of theatrical performances that require male characters. The APGWA kanyeleng continue to wear the distinctive kanyeleng calabash hats, but they have chosen to decorate theirs with green beads to signify their affiliation with the APRC political party (see Figure 16).



Figure 16 – (from left to right) APGWA kanyeleng members Fatou Gassama, Nyali Damba, and Nanjang Dampha wearing an *asobi* and calabash hats decorated with green beads, October 2013, photograph by the author

In addition to dress, kanyeleng also continually adapt and innovate within their musical style. For example, although they perform primarily Mandinka songs and dances, the APGWA kanyeleng have incorporated Jola-style bamboo clapping sticks into their performances, as noted in Chapter 4. These sticks add to the volume and rhythmic complexity of the group's performance. The APGWA as well as other kanyeleng groups also demonstrate a high degree of flexibility in their use of instrumental accompaniment.

Based on my observations, kanyeleng performances and other women's group performances appear to have a greater degree of spontaneity than male-dominated performance arenas such as popular music, *jaliyaa* and drum ensemble music. In the absence of sticks with which to play the bidong, women used knives, shoes, cooking spoons, or whatever was on hand. In the absence of a bidong, women played on buckets or chairs. Rather than being confined to a set combination of instruments, performances accommodate whoever wishes to play. For example, a performance starting out with a single bidong player might culminate with the addition of drums, calabash, and a mortar struck with a saucepan lid.

Many kanyeleng performers continually delight in defying expectations and incorporating alternative musical styles and behaviors in their performances. For example, one performer with the APGWA kanyeleng is known for her skill as a “rapper,” and she has even mastered the style and moves of young male hip hop artists, such as the crotch-grab. Another group member consistently has audiences in stitches with her imitation of a popular radio personality. The APGWA kanyeleng have also collaborated with popular artist Bakary Ndure, who goes by the stage name Jambai. Jambai has made a name for himself by performing Mandinka songs in a contemporary style with influences from *mbalax*, reggae and hip hop.

Though the term “traditional communicator” may be misleading in assigning kanyeleng a historical role as communicators, some kanyeleng women with whom I spoke told me that their long-standing involvement with issues related to maternal and child health makes them uniquely suited for contemporary health communication. Many health workers also felt that their collaborations with kanyeleng were particularly

valuable and effective when contrasted with other kinds of performers. In my view, part of what makes kanyeleng effective in their new roles in health promotion is their ability to creatively integrate different forms of knowledge about health and healing, and different ways of engaging their listeners.

In order to make their songs more information-rich, Mandinka kanyeleng women have incorporated the practice of *saataroo* (narration) into *lenjengo* and *musuba* songs that are not specifically associated with *kanyelengyaa*. Although kanyeleng perform the *lenjengo* and *musuba* rhythms in kanyeleng ritual contexts, the song repertoire is different, as noted above.⁷¹ Health communication songs are typically based on *lenjengo* and *musuba* songs that are commonly performed at naming ceremonies, weddings, circumcisions, and other entertainment events; they are not specific to kanyeleng. *Saataroo*, literally meaning “narration,” is a form of heightened speech that is incorporated in a variety of performance contexts. *Jali* also perform a form of *saataroo*, which is stylistically different from the *saataroo* performed by kanyeleng women. Roderic Knight describes *jali saataroo* as “the relatively free-flowing narrative style of singing” (1973: 246) in which a *jali*’s knowledge and skill is particularly apparent. In contrast to the *jali saataroo*, which tends to be somewhat more melodic, kanyeleng *saataroo* is a form of heightened speech. Both kinds of *saataroo*, however, are characterized by a metrical freedom and varying phrase-lengths. This freedom allows the performer to focus on the message being conveyed, using as many words as are necessary, rather than conforming to a set phrase length. Though kanyeleng women performed *saataroo* most extensively in health communication contexts, I also heard *saataroo*

⁷¹ The rhythms used for kanyeleng rituals vary based on region; historically, kanyeleng may have used distinct rhythms different from those employed in entertainment contexts, but more research is needed in this area.

performed at weddings and naming ceremonies. The above excerpt describing the APGWA kanyeleng group's travel experience is one example.

While kanyeleng groups' use of pre-existing melodies and song structures makes songs accessible, Jaliba Kuyateh felt that it signified a lack of creativity and bored listeners.

They are not that creative to make songs. Like the one song they have they include everything into that. So that brings monotony to society ... They don't take them seriously. That's the danger in that. And also, they are being contracted. They don't sit down to think on their own. Like Red Cross or HIV/AIDS Secretariat will go to them, "We want you to include this in your song." But it's the *same* song that they sing everyday. They just put it in ... Same melody. So they may not take them, if that happens for quite some time, they will not take them seriously. That's the danger. (Personal communication, February 6, 2013)

Jaliba Kuyateh's characterization of kanyeleng performances as using only one song is not entirely accurate. In fact, kanyeleng women draw on a repertoire of *lenjengo* and *musuba* melodies that they adapt and alter as necessary to accommodate health promotion messages. While in some cases song melodies are used with little to no alteration, in other cases more variation is included. Jaliba Kuyateh's characterization of kanyeleng as not creative might also reflect the practice of sharing songs between groups. Some health education songs are performed by multiple groups. While in some cases a particular group claimed to have composed the song, in other cases the origin of the song was unclear. Rather than signifying a lack of creativity, kanyeleng performers' use of pre-existing material facilitates participation and emotional engagement, as I will discuss further below.

Involving Local People

Though I have critiqued the concept of an “authentic, traditional grassroots,” the location of particular performance groups in rural communities can increase their influence. The involvement of groups such as kanyeleng also represents an important counterbalance to the “outside expert” model that continues to be the norm in many health programs (Barz 2006; Bingley 2011; Majalia 2011). Health workers explained that kanyeleng groups, since they were based in the target communities, were trusted and accepted more than outsiders.

In June 2013, I went to the town of Soma to meet with Saharu Kante, the Regional Health Education and Promotion Officer (RHEPO) for the Lower River Region. Kante explained,

The acceptance is high from people that you already know. The trust and confidence is, you know, from me talking to my neighbor, is higher than you, from nowhere talking to them. Basically that’s it, because the traditional communicators, they communicate to the people in their own communities. (Personal communication, June 5, 2013)

Health workers from other parts of the country similarly emphasized the value of working with performers who were based in the target communities. Basiru Bojang, the RHEPO for the Central River Region told me,

The messages they are giving, they stay together with those community members, they know each other, they are relatives. Whatever they tell them, they tend to take it seriously. Rather than a stranger coming trying to teach them ... That’s the good part about these TCs. (Personal communication, July 1, 2013)

As women who are based in the target communities, kanyeleng groups may be accepted and trusted more than outsiders, though this is dependent upon particular kanyeleng’s status in their home communities. Furthermore, local performers are able to disseminate information to more people since they have extended interactions and opportunities to

perform. In this sense, kanyeleng have an advantage over popular music groups that may perform for an hour or two and then depart. In the absence of recorded materials, and the technology to play them, popular music groups may have less long-term impact. At the same time, however, cassettes of the *Teriyaa* album were popular and widely listened to among rural people with cassette players.

In addition to the trust and acceptance that may come from living in the local community, kanyeleng also perform a process of translation from biomedical language to language that is more comprehensible to lay people. Regional Health Education and Promotion Officer Buba Darboe explained,

It's different from in those days when health information or health issues are known only to the health personnel. You know they are the technocrats, they know how to convey the message, and then you know, people then get exactly what they are saying. Because they will be talking from all this professional language ... but for traditional communicators, they talk in their own way ... how the community wants ... They are the first line of communication. Because we feel we cannot go to the community like that, they may not even listen to us! You know, when you give your health talk ... before the clinic session ... They may not get the full information as they want, because you are trained in such a way that you can only speak the language of the health language. And then to translate that language into your local language becomes difficult to you ... You must obviously use a lot of English, and then people will not get what you are saying. So sometimes I think ... they listen more to the TCs than us. (Buba Darboe, personal communication, June 24, 2013)

Performers accomplish an important process of translation to make biomedical information locally accessible. This translation occurs in the words used to describe health topics — explaining English language concepts in local languages. Translation also occurs in the medium of communication. Some women attending the RCH clinic may feel alienated by the lecture format familiar to health professionals. Using song and drama offers a more engaging medium of communication that makes people feel comfortable and promotes participation.

In a performance at the Brikama Regional Health Directorate in September 2013, Jainaba Saho and the Brikama Nyambai kanyeleng group sang a song about malaria. In this song, Jainaba Saho translated the “immune system” as *balajata soojaroo meṇ si malaria kele* (“the body soldiers that can fight malaria”):

A child, when malaria infects them ...
Their body soldiers that can fight malaria, they are not developed
That is why, be very careful, a child from two months to five years

Dindiṇo niṇ malaria ye a muta ...
Ala balajata soojaroo meṇ si malaria kele, wo buka meṇ
Wo le ye a tinna, a ke kuu dindiṇo la baake, kaari fula ka taa sanji luulo kaṇ.
(September 22, 2013)

Jainaba discussed the immune system, in terms that are understandable to a Mandinka-speaking listener, in order to underscore the particular risk that malaria holds for children under five. In combination with the engaging and familiar form of Mandinka *tulungo*, this message can be more accessible for people unfamiliar with the language and communication forms typically used by educated health professionals.

Another example that demonstrates the translation of biomedical concepts in performance is a song about breastfeeding that I heard performed by multiple groups. In September 2013 I attended a performance in Kembujeh, the village where I had lived in 2006-2007. At the time, I had known Nyima Cham⁷² (pictured in Figure 17), Kembujeh’s Village Health Worker and *jalimusoo*, for over seven years and she continually impressed me with the depth of her knowledge and warm-heartedness.

⁷² Nyima Cham’s participation in the activities of the Kembujeh women’s group, comprised primarily of kanyeleng women, demonstrates the limitations of the idea that *tulungo* and *jaliyaa* are completely separate areas of musical expression; in many cases, *jalimusoolu* participate in performances alongside kanyeleng and other non-*jali* performers.



Figure 17 – Nyima Cham performs a song about breastfeeding with other members of the Kembujeh women’s group, September 2013, photograph by Micah Wood

In a performance under the mango trees in her compound on September 13, 2013, Nyima led a song featuring the following words:

Let’s go learn,
 Learning is knowledge
 Colostrum is medicine
 If you see we say colostrum is medicine
 Colostrum is a child’s very first vaccination

*Ali ŋa taa karango la
 Karango le mu londoo ti,
 Sunjunonoo folo mu boroo le ti
 Niŋ i ye a je n ka fo sunjunono folo mu boroo le ti
 Sunjunono folo mu dindiŋo la penku folo folo folo*

According to some local beliefs, colostrum is considered dirty, and mothers do not feed it to their newborn babies. Nyima Cham and her fellow performers used the Mandinka

phrase *sunjunonoo folo* (“the first breast milk”) to describe colostrum. They emphasized the beneficial properties of colostrum by referring to it as *booroo* (“medicine”). They further emphasized the protection that colostrum offers for the immune system by describing it as “a child’s very first vaccination/injection” (*dindingo la penku folo folo folo*). The Kembujeh group chose to make the comparison between colostrum and vaccination because vaccinations, and injections more generally, tend to be widely accepted in The Gambia. In fact, many people prefer to receive injections rather than orally administered medications because they believe that they are more efficacious.

The process of localization and translation that occurs in health promotion contexts in The Gambia is consistent with previous research on music and health in Africa. Gregory Barz writes, “The localization of medical and health-related topics within musical performances creates a very different site within which knowledge about HIV/AIDS ... is not only transmitted but, perhaps more importantly, made meaningful in the lives of Uganda’s citizens.” (Barz 2006: 146). Similarly, I argue that drawing on the resources of performance, women integrate new biomedical information into existing ways of understanding and relating in The Gambia. According to Davidheiser (2006), liminality and rituals

can help to facilitate change; they can help to moderate the conservative impulse by integrating potential societal shifts into existing frames of reference. In other words, there is a human tendency to favor the familiar. One way of coping with novel phenomena is ritualization, using accepted social institutions to make social changes more comprehensible and palatable by incorporating them into shared cognitive frameworks. (Davidheiser 2006: 853; see also Bingley 2011)

Kate Bingley argues that a similar process occurs through women’s performance in Sierra Leone — by fusing “scientific knowledge about health” with the “familiar melodies of

the Kuranko women's cultural heritage," performers make the information feel more accessible and familiar (Bingley 2011: 14).

Health workers described the process of message development and translation as one of collaboration between health educators with expertise in health information and performers with expertise in music, dance, and drama. Kura Joof, Regional Health Education and Promotion Officer with the MoH, told me that particular health units and departments came up with the key messages that were conveyed to performers who used their own creativity to dramatize those messages.

You can use the same script, but the way they will act it in Fonye will be different from the way it will be acted in Busumbara ... There is that freedom for them to also bring in whatever they want to bring in without modifying the facts because this is health-related issues, you must give that technical guide ... The cultural aspect of entertainment we leave to their side. We don't tell them how to dramatize ... That is the diversity, but the messages are the same. (Kura Joof, personal communication, January 15, 2013)

In recognizing what performers themselves bring to the health communication process, Kura Joof underscores the collaborative nature of the partnership between health workers and performers. Although health workers possess the "scientific" knowledge about health topics, performers bring their own expertise in expressive forms that make the communication process work.

The process of bringing the "same message" to diverse populations, however, is not always straightforward. Close attention to the process of translation, and local understandings of health issues, is an important part of the process of translation and communication. The translation of biomedical information into local languages can also often lead to misunderstanding and miscommunication. One example of miscommunication is the translation of the medical terms "hypertension" and "anemia."

In Mandinka, these terms are translated as *yeleseloo* (“blood going up”/ “high blood”) and *yelejiyoo* (“blood going down”/ “low blood”), respectively. These translations of English medical terms intersect with local ethnomedical knowledge in ways that require further research. Gambian concepts of “low blood” and “high blood” bear some similarities to the concepts used by Southerners in the United States, as described by Snow (1974). The result of the translation and intersection of different medical models, is that many Mandinka speakers logically conceive of “high blood” and “low blood” as being mutually exclusive conditions on opposite ends of a continuum (i.e. you cannot suffer from both anemia and hypertension). It is widely known that individuals suffering from “low blood” (which is widespread in The Gambia) should eat leafy greens (*jamboolu*) because it will help “increase” their blood. Unfortunately, many people suffering from “high blood” intentionally avoid eating leafy greens because they do not want to “increase” their blood further, though green vegetables are a healthy choice for people with hypertension. While some health workers with whom I spoke were aware of this issue, others advised individuals with “high blood” to avoid leafy greens. The process of integrating and translating complex medical knowledge is fraught with difficulty and opportunities for misinformation. Rather than a simple process of translation, health communication work might more accurately be thought of as a process of integrating unfamiliar biomedical information into local understandings of health and healing.

Translation of medical information must also attend to local understandings of the source of illness. According to Gambian conceptualizations, interpersonal conflict and jealousy is an important cause of health problems. A breakdown in *baadinyaa*

(kinship/positive relationship), contributes to health problems by making people vulnerable in various ways. First, people may fall victim to the ill intent of witches, known as *buwaalu* (witches) or *suutamoolu* (night people) in Mandinka. Second, a breakdown in social support can negatively impact health by decreasing individuals' access to resources such as nutritional food and health care. Therefore, the concept of *baadinyaa* (positive relationship) is deeply imbricated with health and healing.

With the recognition that witchcraft is implicated in conceptualizing many health problems in The Gambia, some health education songs engage with the topic of witchcraft directly. For example, the following song differentiates between malaria, which the singers connect to the malaria parasite spread by mosquitoes, and problems caused by witchcraft:

Eh, a witch is not tormenting you, it is malaria⁷³
Mothers, a witch is not tormenting you, it is malaria

Eh, buwaa maŋ ali toora, malaria le mu
Musudimbaalu oh, buwaa maŋ ali toora malaria le mu

I heard this song performed by multiple groups, including the Brikama Nyambai kanyeleng group and the Kembujeh kanyeleng group. The following is excerpted from a *saataroo* performed by Jainaba Saho of the Brikama Nyambai group, with the response repeated after each line:

Malaria disease, they taught us that also. The way we explain it in the big Mandinka language and other languages, we are coming to sing that now
Malaria kuuraŋo, i ye n karandi wo fanaŋ na, ntolu ka a fatanfataŋ ñaameŋ
Mandinka ba kaŋo la aniŋ kaŋ koteŋolu la, n ka naa wo le laa teŋ

⁷³ The English-language term “malaria” has been widely incorporated into local languages in The Gambia; the Mandinka term *kajee* can also be used to refer to malaria fever, but malaria is the more widely used term. Similarly, the term “HIV/AIDS” is preferred over local language terms such as *saata kuurango* (“deadly disease”) that tend to have more stigma attached to them. The use of terms such as malaria and HIV/AIDS may also reflect the extensive attention that health educators have given these particular diseases.

The malaria parasite, when it touches a child, their words become many, because the fever that is in their head, that makes the child talk

Malaria kuuraŋkesoo, niŋ a ye dindiŋo maa, ala kumoo ka siyaa, bairi bala kandoo meŋ ka tara a kuŋ keŋo la, wo le ka dindiŋo diamundi

That is why we give advice to many people, if a child has a fever, go to the hospital

Wo le ye a tinna n ka yaamaroo dii moo jamaa la, niŋ dindiŋo baloo kandita, i ye taa lopitaanoo to

You can see we can kill this malaria parasite in the child before it gets strong

I si a je n si malaria ñiŋ kuuraŋkesoo faa dindiŋo bala, jaŋ niŋ a be semboo soto la a bala

...

The child will say that, if malaria goes up into the head ... the child's mother can go to the marabout, she says to him, look for me because my child is sick and they said so-and-so's name

Dindiŋo be a fo la ko, niŋ malaria seleta kuŋ keŋo la ... dindiŋo baamaa si taa moroolu yaa, a ko a ye, jiiberoo ke ñe katuŋ n diŋo saasaata niŋ a ka kaari too fo

If she says that, the mother can tell him, my elder sibling, a woman who is in our area, it is possible that she touched [harmed] my child

Niŋ a ye wo fo doron, baa si a fo a ye ko, koto, musoo meŋ be nna maafano, a si ke noo wo le ye n diŋo maa

Nurses see that it has brought a problem between neighbors, and malaria is something that is not [caused by] night people [witches]

Noosoolu ye a je ko siŋooma walindi, a ye siŋooma kuukundi, aniŋ malaria mu feŋ ne ti meŋ i ye a loŋ ko a manke suutankoo ti

That is why they say mothers go to the hospital

Wo le ye a tinna i ye a fo dimbaalu ye taa lopitaanoo to

(September 22, 2013)

Jainaba Saho's *saataroo* underscores the health consequences, as well as the breakdown in relationships, that can result from accusations of witchcraft. The song recognizes that alternative understandings of the causes of illness and risk may prevent people from seeking care at clinics. This song also expresses the reality for many Gambians dealing with health problems; people manage illness and seek treatment from a variety of sources

based on what they believe to be the most effective and economical option for the particular ailment. It is widely recognized that, while some illnesses are effectively treated by biomedical treatment, other illness require *moofing booroo* ("African/black people medicine") provided by marabouts and other practitioners.

Dissemination

One of the features of “traditional communication” that health workers and performers consistently emphasized was its ability to reach more people than other communication forms. Regional Health Education and Promotion Officer Basiru Bojang explained, “Whenever we have TCs, when they are performing or singing these songs about malaria... more people do stop and you attract more people than the health personnel just standing there, start balabalabalabala talking. No, if you are using the TCs you attract more people” (personal communication, July1, 2013). For health workers who need to raise awareness of particular health problems, musical performance can be an important tool to increase the number of people who hear the message.

My consultants explained again and again that musical sounds serve to “call” people to an event even if they have not been informed in advance while also attracting people who would not necessarily attend a lecture-only event. When I visited the Taibatou Health Center in the Upper River Region, members of the local kanyeleng group told me:

First first, if you need people ... if you just touch this [drum], they will come. When they come, anyone who comes in, they will focus their eyes, they will focus their ears, that which they should take in the thing, they will go with that. Those who have not come, they can say to them, eh, the kanyeleng did *tulungo* today. They did teaching. But they said this and this and this and this. Then, let’s do that! Because the health side should do that... The way *tulungo* and health are related ...

now if you come to the nurse here, if you say mothers come, some mothers can go for two, three months without coming to the nurse here. But if you call kanyeleng here, if you call the drums here, you will see, all the mothers in the village will answer you here. If all those village mothers answer you in that way, you can see kanyeleng can give information, their nurses can give their information, while it was the drums that called them here ... then this information can be given to them. In that information and knowledge that is then going, when it goes ... that *tulungo* has our information. Information that is important for the subject of health.

Folo folo, niŋ i be sulaariŋ moolu la ... niŋ i ye ñiŋ maa doron, i be naa la le. Niŋ i naata, moo o moo naata wo kono la, wo be a ñaa le loo la, a be a tuloo le loo la, a ñanta meŋ taa la wo kuwo le kono, a niŋ a ye be taa. Meŋ maŋ naa, a si a fo i ye ko, eh, kañeleŋolu tulunta bii. I ye karaŋo ke. Bari i ye ñiŋ niŋ ñiŋ niŋ ñiŋ ne fo. Woto, ali ŋa wo ke! Katuŋ jaatakendeya bunda ñanta wo le ke la ... Tuluŋo aniŋ jaatakendeya ye ñoo soto daameŋ ... saayiŋ niŋ i naata noosi jaŋ, niŋ i ko dimaalu i ye naa, dimbaa doo si taa fo kaari fula, kaari saba, i maŋ naa noosi jaŋ. Bari niŋ i ye kañeleŋolu kili jaŋ, niŋ i ye tantaŋo kumandi jaŋ, i be a je la, ñiŋ sate dimba bee be i danku la jaŋ. Niŋ wo sate dimba bee ye i danku, wo tembe tembo to, i si a je kañeleŋolu si kibaro dii noo, ila noosoolu si ila kibaro dii ila, i si a tara tantaŋo le ye i kili naŋ ... silaŋ kibaro ñiŋ si dii ila. Wo kibaro kono aniŋ londolu meŋ be taa la silaŋ, niŋ i taata ... wo tuluŋo ka nna kibaro soto je. Kibarolu meŋ i ye a loŋ ko i kumayata jaatakendeya la faŋna. (Taibatou/ Kerewan kanyeleng group member, personal communication, July 3, 2013)

Like many other performers and health workers with whom I spoke, the Taibatou/Kerewan kanyeleng women emphasized the way musical performance both attracts people to events and makes health information more accessible. They explained that even when music does not in itself carry a textual/verbal message about health, it can facilitate health promotion by bringing people together (see also Bingley 2011; Barz 2006).

As Jim Jallow notes above, health information may also be disseminated further because when people learn songs at an event, they continue to sing them in other contexts. Performers and health workers also particularly emphasized the role of children in disseminating songs beyond the context of their original performance. In May 2013 I visited the village of Genieri in the Lower River Region and met with four members of

the Genieri Suusundi Timmaring Group dedicated to promoting exclusive breastfeeding. The group included both kanyeleng and non-kanyeleng performers and they were known for being particularly effective and proactive in their efforts to improve the health of young children in Genieri. The four group members with whom I spoke asserted that they had seen a reduction in the number of infant deaths as a result of their work. They explained that the influence of their songs was not confined to the original performance contexts because people continued to sing them in other settings. One group member explained that children, in particular, spread the songs beyond their original performance:

This *tulungo*, when you are on it, when you sing a song, even a child, they are playing by themselves, they will sing it ... People know that so and so also sings this song ... That which we are learning, we are doing *tulungo* here, this child, what we sang, if they are playing with another child, they will be singing it. That makes dissemination easy.

Ñiñ tulungo, niñ i be a kañ, niñ i ye denkiloo laa, haani dindiño, a be a fañ feeyandi la, a be a laa la ... Moolu ka loñ kaari fanañ ye ñiñ denkiloo le laa ... m be meñ karajo la jañ, niñ m be tulungo la jañ, dindiño ñiñ, ña meñ laa ... Niñ a niñ dindiñ doo be feeyaa la, a be tara la a laa kañ. Janjandiroo ka soneyaa wo le kono.
(Personal communication, May 4, 2013)

The members of the Genieri Suusundi Timmaring Group worked closely with Saharu Kante, the Regional Health Education and Promotion Officer for the Lower River Region, who similarly emphasized the role that children play in disseminating information through song. Kante also explained that musical performance was a particularly effective means of teaching children:

The kids will also pick it up, you know, even going to the market, going to the stream, you know, they will be singing along, and it can, you know, it makes it stick. And as you know, behavioral change has steps, you understand, so if you believe in something for a long time, you find it difficult to change. But when we target the kids, so the kids will take these songs and then be singing, and it sticks! So if we, at least, if we cannot make those people change, the kids, the kids can change, and then they will grow up with that positive behaviors. So these are some of the advantages of using the traditional communicators. (Saharu Kante,

Regional Health Education and Promotion Officer, personal communication, June 5, 2013)

Even when people do not attend the event where a song is originally performed, they may hear the song, and the message it contains, because people (particularly children) learn the song and continue to sing it.

Fatou Gaye from the Gambia Red Cross told me a story about a communication failure that demonstrates the effectiveness of song in disseminating information. She explained that without thorough training and collaboration between performers and health workers, the information conveyed through musical performance can be superficial or even incorrect:

Sometimes, when the messages aren't given to them properly, it can be a disaster ... In 1984, I was working for Gambia Family Planning, what happened was ... this woman thought she was doing very good for Family Planning, and she composed a song that says, "There was a girl who got pregnant, she went to family planning. They did an abortion for her and she was the same with all other girls" [*sunkutudoo le konomaata, a baa ye a samba family planning, ye ala harjee tinyaa, i ye a ning doolu kanyandi*]. Like she thought she was promoting Family Planning when she was destroying Family Planning. Then people started singing that song and it went out like wildfire. Family Planning has to go back to correct that message. "No, we don't do abortion." You know, so it can be very dangerous ... You have to train them. (Personal communication, August 6, 2013)

Fatou Gaye explained that the Gambia Family Planning Association wanted to promote contraception, but this woman sang a song stating that they conducted abortions, which was (and remains) illegal in The Gambia. Because it was expressed in a catchy song, this incorrect information spread much farther than it might have otherwise. This cautionary tale shows that, in their work as communicators, performers require resources and thorough training; more than just the mouthpieces to promote predetermined messages, performers should be thoroughly involved in program development and implementation.

In addition to its role in events organized specifically for health promotion purposes, performers also use music to facilitate health communication in other contexts. For example, performers incorporate information about health in their songs at other community events such as naming ceremonies and weddings. In an interview in his office in Kotu, Jim Jallow, the Program Manager for Health Communication at the MoH, explained:

Whenever there are occasions where people gather, they will come and sing those songs, putting the message in. So people will be entertained, at the same time they will receive the health message. And this can be done in various ways, like in naming ceremonies. Like in [The Gambia], a naming ceremony is a groovy, groovy occasion, whereby people, different family members come together and they share meals, happiness. So during that occasion they will be singing and then putting those messages in their songs. Also like whenever they have farming sessions, you know normally during the rainy season, normally in the community they have these communal farms whereby the village will use the harvest to do some development. So during the weeding time also they will go with the whole village and when they are weeding the farms they are also singing and then putting those health messages inside and definitely at the end of the day even small kids in the village will be able to sing those songs and we think that by singing those songs they can be transformed into actions. (Jim Jallow, personal communication, January 31 2013)

The performance of songs about health in all kinds of community meeting places demonstrates the extent to which health workers and performers have worked to integrate new areas of health promotion within established communication contexts and social relations. By working within regular sites of coming-together, performers have more opportunities to communicate information; they also build on social dynamics of *baadinyaa* and *sanawuyaa* that can provide the positive relationality necessary for effective communication.

Memory and Emotion

In addition to involving local people, attracting participants to events, and disseminating information further, musical performance facilitates communication through its association with memory and emotion. First, performers encourage participation and memory through stylistic features of music. Scholars of African music have suggested that characteristics such as call-and-response, repetition, and the use of short phrases, can facilitate communication and education (Alagoa 1968; Bekalu and Eggermont 2014; Bingley 2011; Turino 2000; Van Buren 2006). Walter Ong explains that, particularly when communicating orally to a large group, repetition is necessary, because “[n]ot everyone in a large audience understands every word a speaker utters, if only because of acoustical problems. It is advantageous for the speaker to say the same thing, or equivalently the same thing, two or three times” (Ong 1982: 40). The extensive repetition of short lyrical phrases in kanyeleng performances helps to facilitate memory while also encouraging participation. Furthermore, as noted above, by using *musuba* and *lenjengo* melodies that are already familiar, kanyeleng performers facilitate the participation of the people present at health events. Listeners are able to quickly join in and sing the response part to songs about health topics, which helps them to remember the information better (Bekalu and Eggermont 2014; Bingley 2011).

By integrating new and sensitive information into a familiar form, performers facilitate understanding. Maintaining familiar themes adds rich contextual meaning to songs. That is, by maintaining the emphasis on love, care, and *baadinyaa*, performers make new information meaningful in relational terms. In contrast to health education messages that emphasize individual behavior change and health outcomes, women’s

songs express, either explicitly or through association, the relational importance of health issues.

Emotional responses to music can help to facilitate memory and understanding as well (Bekalu and Eggermont 2014). Health workers and performers talked about music being useful both for calming and energizing listeners and participants. In lengthy training programs people often become tired and lose concentration. Neneh Touray from the Women's Bureau explained:

When you continue to talk without having something to give people energizer, you go up to a point, the audience start to drop. Because when they get tired they drop. The concentration is dropping. But after a session you beat the instrument, entertain them for some time, raise their energy up, and you continue your discussions again. (Neneh Touray, personal communication, November 21, 2012)

Musical performance can energize participants by encouraging participation and emotional and social engagement.

As well as energizing participants, musical performance can help people feel more comfortable and calm in addressing unfamiliar or sensitive topics. Particularly for people who have not been to school, the context of a health education event can feel foreign and uncomfortable. Incorporating familiar performance styles into the event can help participants to calm down and feel a sense of belonging in an unfamiliar environment. Amie Bojang from GAMCOTRAP explained, "Songs are very powerful and important in the work we are doing...Even when the place is tense and the discussion, once a song comes in, everybody goes back to be calm, listen and then engage" (Personal communication, January 17, 2013). Gambian health workers' recognition of the calming role of music resonates with Bingley's research on music and health in Sierra Leone. Bingley quotes a singer who explains, "When music is playing, people will dance to it,

then listen to that particular message. Let's say the instrument is playing, the singing starts, your stress will come down, and you will be able to listen" (quoted in Bingley 2011: 68). By using musical performance, health workers and performers facilitate understanding by making participants feel calm and comfortable (see also Barz 2006: 61).

The role of emotion in facilitating memory and communication has also been emphasized by Gregory Barz in his work on music and HIV/AIDS in Uganda (2006). Barz shows that the capacity of songs to convey feelings makes them more effective than other forms of oral communication such as lectures. Marina Roseman (2008) and Benjamin Koen (2008) have similarly emphasized the importance of emotion in facilitating healing through music. Though songs have textual content, the emotional response to a song often comes primarily from the non-referential musical content that facilitates memory and integration of different parts of the self.

Emotional responses to music can also allow people to connect more deeply with the subject matter. Isatou Touray from GAMCOTRAP asserted that part of what made kanyeleng so effective in her experience is their ability to "give you the facts...entertain you, and ... appeal to your emotion" (personal communication, January 17, 2013). Nancy Scheper-Hughes and Margaret Lock write, "emotions are the catalyst that transforms knowledge into human understanding and that brings intensity and commitment to human action" (Scheper-Hughes and Lock 1987; see also Blacking 1977: 5; Rosaldo 1984). In The Gambia, the connection between music and emotions was particularly evident in the way people discussed the role of the *sondomoo*. As noted in Chapter 5, though it is often translated as "heart," the word *sondomoo* refers not to the physical heart, but more broadly to a person's emotional heart or whole being. The *sondomoo*, while a site of

emotion, is also a receptacle for remembering, suggesting a link between loving and knowing. A member of the Allatentu Support Kafoo told me that she used to listen to people talk about HIV/AIDS, and the information would “enter here [the ear] and exit here [the other ear]” (*a ye duŋ jaŋ, a ye funti jaŋ*). She told me that, in contrast, when she listened to music like the *Teriyaa* album, “it enters the heart” (*a ye duŋ sondomoo kono*). The involvement of the *sondomoo* signifies an emotional engagement with the material as well as longer-term memory. Unlike the superficial level of the ears, the *sondomoo* represents a deeper level of understanding, remembrance, and potential transformation.

Performers with whom I spoke recognized that an individual chooses which information should be kept in the *sondomoo*.

The benefit that [performance] has for health, when you meet here the words that you say to each other that you know are important. The advice that the singers give, everyone can put that in their *sondomoo*. When they go they know how they will proceed. That also increases development.

A ye nafaa meng soto jaatakendeyaa bunda ye, ning ali benta jang ali ka kuma le fo nyoo la meng i ye a long ko i importantta le. Denkililaalaalu ka yamaroo meng dii, moo bee si a bula noo i sondomo kono. Ning i taata i ka long ne ko, i be taama la nyaameng. Wo fanang ka yiriwa lafaa. (Metta Sama, personal communication, July 1, 2013).

Rather than being passive recipients of facts, people choose what they want to remember in their *sondomoo* based on whether they believe that information has benefit for them and those close to them.

Where you heard the words, you heard them there, you dropped them there, you go. You know there is no benefit in that. Words are not eaten, they are heard. If somebody says words to you, they say to listen to their words. It is not eaten like this, it is heard with this [ear]. If you hear it with this, you can hold it here [heart]. You also can choose that which is good, you save that here. That which is not good, you throw that [away]. That does not benefit you. It does not benefit that person either. Therefore that talk, you also will do that to your children.

Kunuŋ i ka wo kumoo fo i ye daameŋ, i ye a moyi jee, i ye a jolon jee, i ye taa. I ye a lon nafaa te wo la. kumoo buka domo, a ka moyi le. Niŋ moo ye kumoo fo i ye, a ko ali ye ala kumoo moyi, a buka domo teŋ, a ka moyi ñiŋ na. Niŋ i ye a moyi ñiŋ na, i si a mara jan. I fanan i ye a tomboŋ, meŋ mu kendoo ti, i ye wo mabo jan, aniŋ meŋ maŋ beteyaa, i ye wo fayi. Wo maŋ i nafaa, wo maŋ a maari fanan nafaa. Bituŋ wo kacao, i fanan be wo le ke la i diŋo ye. (Nyali Damba, personal communication, July 17, 2013)

Nyali Damba explains how information that is beneficial is passed on to one's family members. People select the information to keep in the *sondomoo*, and they then pass on that information to others.

This raises the question of what makes people see information as beneficial. I argue that people must be able to incorporate new knowledge into their existing framework for understanding health and illness. Information that does not resonate with an individual's existing worldview will not settle in the *sondomoo*. As Nyali suggested, this information will stop at the ears. Musical performance can play an important role here. By integrating physical, emotional, social and intellectual aspects of experience, musical performance can help information to settle in the *sondomoo*. Furthermore, beyond the specific contexts of health communication, the ways in which people discuss the *sondomoo* in relation to emotion and memory points to the deeper significance of music as social communication and healing. That is, musical performance represents a resource through which individuals and groups create meaning by interpreting the past and making sense of an uncertain future.

Conclusion

More than just textual messages, musical performances bring to health promotion contexts particular associations and models for social interaction and expression. As I

have shown above, musical performance can bring people together, and disseminate information further. Moreover, songs carry with them emotional and social content that, along with stylistic features of the music, encourage memory and engagement. The term “traditional communication” is often used in development discourse to reference low-tech forms of performance associated with notions of authentic, unchanging African tradition. In this chapter I have shown, however, that innovation and adaptability are defining features of “traditional communicators” such as kanyeleng. More than any particular musical characteristic, female performers’ flexibility makes them particularly adept at meeting the needs of changing circumstances in contemporary Gambia. Furthermore, the influence of musical performance is contingent upon the extent to which performers facilitate local participation, emotional engagement, and the integration of new information into existing worldviews.

CHAPTER 8

Beginnings and Endings

In October 2013, when I had been performing with the APGWA kanyeleng regularly for over a year, I sponsored a final performance with the group in the Abuko Nature Reserve in the village of Abuko, not far from where I was living in Lamin. I wanted to record more of the group's songs than I had been able to previously in a context relatively free of background noise. Performances in family compounds or public locations invariably attracted large crowds, so the group suggested that we go to Abuko. They had done a recording session there previously for a documentary on kanyeleng that aired on the national television station.

A week before I was scheduled to leave The Gambia to return to Seattle I met the group in Talinding and we traveled together in a rowdy *gelegele* (local bus) to Abuko. When we arrived at the nature reserve, we chose a clear area amidst the trees to set up. In the absence of a chair, Kejawo placed her bidong on the ground. We filled a basin with water from a nearby spigot and Saribanding overturned her calabash gourd in the water, making sure the entire surface was wet, and then testing the sound with two sticks she found nearby.

The group began with several songs addressing health topics, such as care for newborn babies, HIV/AIDS, malaria, and hygiene. I noticed that the songs included shorter *saataroo* sections than was typical for health education events that I had observed. The group members told me that, in discussion with Binta Jammeh Sidibeh from the APGWA, they had decided to shorten the *saataroo* sections. After all, the recording that I

was making would travel to the United States where nobody would be able to understand the rapid-fire Mandinka messages that characterized *saataroo*. Because my research was focusing on the ways in which performers translated medical information in song form, however, I was actually particularly interested in the *saataroo* text, and told them so.

After completing a song about hygiene, Fatou Gassama took the megaphone and sang:

Buy me nopal, I will call Anna
Okay, Anna Kah is going
She said on Friday she is going home
She is going to America
Give me nopal, I will call Anna

Ali ye nopal saŋ nye, m be Anna call la
Iyoo, Anna Kah be taa le
A ko jumaluŋo a be seyi la
A ka taa Amerika,
Ali ye nopal dii nna, m be Anna call la

The word “nopal” refers to a type of phone credit that can be purchased directly from a salesperson without having to enter a numerical code from a card. In this song Fatou Gassama recognizes my impending departure, and demonstrates her intention to maintain communication by getting someone to buy nopal for her that she can use to call me in the United States. Fatou Gassama’s song was but one example of the way the group incorporated references to me, and my upcoming departure, in the Abuko performance. As was the case more generally throughout this research project, my presence shaped the performance in Abuko in substantial ways.

This study was fundamentally shaped by my identity as a white female foreigner, as well as the relationships that I developed with people in The Gambia over a period of seven years. Not an objective, distanced account of a fixed set of practices, this study is

relational, biased, and incomplete. Assumptions about my identity and place of origin shaped the performances that I attended, as well as the information that was shared or withheld. In many cases, interactions were as much about my relationship with particular people, based on past actions and future responsibilities, as they are about the information shared. This is evident in songs such as Fatou Gassama's song about buying nopal, as well as in the shortening of the *saataroo* section in order to make the songs more appealing to a foreign audience. Furthermore, as I have discussed throughout this dissertation, the themes of social relationships and responsibility are central in Mandinka performances more generally and are by no means exclusive to my experience as a researcher.

In addition to the limitations emerging from my particular perspective and positionality, this dissertation is also incomplete in other ways. This study is marked by absences and silences – stories not told, songs that were composed but never sung, and lives lost. The combination of global economic marginality and authoritarian national politics has very real and often devastating consequences for the lives of individuals and communities in contemporary Gambia. Many stories are omitted from these pages in order to protect the people with whom I worked. These absent stories have nonetheless inspired this project and increased my appreciation for the important work of performers and health workers who have drawn on the resources of performance to address health disparities in extremely challenging circumstances.

Funding, Sustainability, and Control

The female performers who are the focus of this study work with minimal compensation in a context of extremely limited access to health education and care. As is true of health programming in The Gambia more generally, unreliable funding and the prevalence of short-term, disease-specific programs make the work of these performers particularly challenging. There is a need for ongoing training and support that recognizes performers as equal collaborators who bring expertise in particular forms of communication and social mobilization.

Effective health education requires extended collaboration between health workers, performers, and the communities they serve. Amie Bojang underscored the importance of committing the time and resources necessary to develop relationships and cooperation:

We go to communities; we do a program during the first day ... that's why we have a three days model. When we start the first day it's like listening, "Let's see what's going on." The following day, by night, they will give their stories. People will come to you. Tell their personal stories. Deep emotional stories. Then the following day we use it as a context, a training context to bring out the issues. You will be comfortable, but you will see that the issues are being raised. Then, the third day it's a consensus building. This is why the three-day program is very important in the campaign. But because funding is constrained, you have to reach out through the sensitization methodology. But if you want effective change, and that is what has led to most of these changes we have seen taking place, you need to invest, it's time, resources. It's very difficult, but you need time and resources to be able to make change. (Personal communication, January 17, 2013)

As Amie Bojang explains, positive change requires long-term collaboration and funding that goes beyond what is typical for short-term development programming.

The majority of funding for health services in The Gambia comes from international donor organizations rather than the government budget. Donor programs are, in general, highly focused in terms of both time and target, and as a result, MoH workers

are often bound to address pre-determined agendas of donors rather than problems they themselves identify. As Jim Jallow explained:

The challenge ... is the funding gap which is actually a problem because there are a lot of things that [the Communication Unit] and the community want to do, but because ... donors or partners have specific area they want to concentrate, if you don't go to that area, you will not access whatever they have. You must move with their agenda to be able to get whatever you want to do. (Personal communication, January 31, 2013)

Even when donors and health workers have the same agenda, however, the short-term nature of much development funding means that health organizations do not always have the resources to invest in long-term training and relationship building. Lamin Barrow explained that there was no systematic coordination between the large numbers of NGOs working on health-related issues in the country and the Ministry of Health. This leads to inconsistency and inefficiency. Although some NGOs are doing quality work in the country, there is a need for more support for the Ministry of Health.

Effective collaborations require a long-term commitment and funding. Furthermore, rather than viewing performers as simply the mouthpieces for disseminating pre-determined information, effective collaborations view performers and health workers as equal participants in the health promotion effort. While health workers bring expertise on particular health issues, performers bring expertise in local social relations, compositional processes, and ways of engaging with community members.

Health Performance, Power, and Transformation

In my view, medical ethnomusicologists have a unique perspective to offer to interdisciplinary conversations on musical performance and global health in African contexts. Global health and development scholars and practitioners, as well as medical

ethnomusicologists, must grapple with two major problems of representation in attempting to mobilize resources to address health and social problems in African contexts. The first is the tendency to represent Africa and Africans primarily in terms of what they *lack* (Ferguson 2006; Mbembe 2001). The second is the inclination to focus on symptoms rather than root causes of health and social problems. Representing people in terms of negatives (what they are *not*), with inadequate attention to the global political and economic relationships that help to produce conflict and health disparities, undermines efforts to create positive change. Although medical ethnomusicology is susceptible to these problems of representation, and consequent action and inaction, I argue that ethnomusicological attention to cultural strengths and the broader social conditions in which they emerge, can offer an important counter narrative and open up avenues for solidarity and sustainable action.

In this dissertation, I have attempted to go beyond the narrative of what Africa *needs* in order to explore women's health performances as deeply rooted practices that promote resilience in the face of change. More than information dissemination, Gambian women's health performances represent longstanding social practices grounded in indigenous understandings of illness, health and healing, as well as the role of musical performance in society. I have shown that in the challenging context of neoliberal economic restructuring and authoritarian national politics in The Gambia, women have adapted these complex and longstanding practices of health performance in order to address contemporary global health concerns. I have explored the ways in which, during the last several decades, global health and development organizations have involved female performers in their programs in response to growing international concern for the

role of women and gender in development. Performers have used collaborations with the MoH and non-governmental organizations to access new opportunities for earning income while bringing women's perspectives and concerns to the public sphere. For organizations, the work of female performers has provided a demonstration of their commitment to gender equality and local participation.

Female performers' work in health communication can also be seen as part of a broader trend of "labor intensification" (Kea 2013) in The Gambia. Pamela Kea explains that in contemporary Gambia, "increased labour is needed to cover the costs of health care and education ... within a structurally adjusted, neoliberal economy. Many Gambians have had to compensate for cuts in the provision of public services through the intensification of their labour" (Kea 2013: 112). While female performers have been actively involved and successful in their efforts to collaborate with health and development organizations, the transformation and commodification of women's health performances that has accompanied these collaborations requires further attention. That is, health and development programs have not adequately considered the complex social relationships and forms of musical meaning that make performances transformative. Rather than reducing women's health performances to a linear process of message dissemination, we must also consider the forms of musical participation, social interaction, and emotional significance that are integral to, not separate from, the health information communicated through performance.

Sarjo Sanyang, a member of the Genieri Susundi Timmaring Group dedicated to promoting exclusive breastfeeding explained:

I can come from Kiang [Lower River Region] here ... and go all the way upcountry, but when we are there, we bring these other songs ... We can get to

know each other, but today we disperse, until we cry ... Nothing has happened ... except that we got used to each other and we are being ripped from each other. Dance and this thing causes all of that because we get used to each other. We know each other ... People say, “Heh, today I am sad because you are going, I am also going. We are dispersing.” Dance causes love, it causes *baadinyaa*.

Nte si bo jan, Kian jan, m be taa fo bolonkono ... bari niñ m be jee ... n ka ñiñ denkili doo le samba ... N si dali ñoo la ... bari bii ña janjan, fo n ka kumboo. Feñ te nna fo ... n dalita ñoo la ... m be naa fara la ñoo bala. Doño niñ feñko le ka wo bee saabu. N ka dali ñoo la. Ka ñoo fahamu. Moolu si a fo “heh, bii n niyo kuyaata bii, bao i be taa, nte fanan be taa. M be janjanna.” Doño fanan a ka kanunteyaa fanan ke, a ka baadiñaan fanan ke.
(Personal communication, May 4, 2013).

Sanyang explained that dancing together creates positive relationships between people that are an integral part of what they do in the area of health promotion. In other words, as a kanyeleng woman from Farafenni (North Bank Region) told me:

Baadinyaa, it keeps health among people. That in itself is enough. That is why ... it has a benefit ... it is our work.

Baadinyaa, haani moolu kono, a ka jaatakendeya sabatindi jee. Wo damma fango kañanta le ... a ye nafaa soto ... nna dookuwo le mu.
(Personal communication, May 4, 2013).

Health performance in The Gambia is bound up with complex ideas about social connection and responsibility, as demonstrated by the concept of *baadinyaa*.

In January 2013, I spoke at length with Amie Bojang and Isatou Touray from GAMCOTRAP, who consistently inspired me with their commitment and dedication to their work despite the many challenges that they and their colleagues faced. As we sat in her airy office in Kanifing, Dr. Touray told me,

Performance has always been my entry point. You could use it as an entry point and also to a closing point and in-between ... Sometimes even some of the kanyeleng will tell me “Heh, I hope we are not disturbing you, but this is the way we communicate our message” ... You have to be ready to accept this ... and it’s quite a powerful tool. A very powerful tool. (Isatou Touray, personal communication, January 17, 2013)

The performers with whom I work in The Gambia consistently demonstrate the point made by Isatou Touray above. As an “entry point,” they use musical performance to inspire the social engagement and mobilization necessary for action. In the messy “in-between,” performers employ musically facilitated emotional transformation and solidarity to mediate conflict and enable people to agree on a way forward. As a “closing point,” the resources of musical performance can help people to reflect upon and interpret past experiences in ways that enable them to envision a future. In this work, female performers draw on local concepts of gender, religion, emotion and memory, as well as special social relationships such as *sanawuyaa* and *baadinyaa*. More than simply reflecting reality, performers play a role in creating and embodying social, psychological, physical, and emotional health and wellbeing.

GLOSSARY

- Afro-manding:** Style of popular music that incorporates the Mandinka language and/or Mandinka musical influences
- Asobi:** Matching outfits, often worn by people organizing or attending a performance event
- Baadingo:** Relative
- Baadinyaa:** (“Mother-childness”) Kinship or positive relationship
- Bidong:** 20-liter plastic jerry can played with two sticks
- Bolonkono kafoo:** Upcountry group
- Bulukosirango:** Bamboo clapping sticks associated with Jola performances, also played by the APGWA kanyeleng
- Buwaa (pl. buwaalu):** Witch
- Coosaanoo:** Tradition
- Daajalo:** Singer who frequently performs at percussion and dance events
- Daaniroo:** Praising and gift exchange practiced by *jali* and other performers
- Dimbajasa:** See *kanyeleng*
- Duu:** (adj.) To be thick, tense, heated
- Fino:** Religious praise specialists
- Foro:** Freeborn
- Fulankafoo:** Age-group society
- Futusitoo:** Wedding ceremony
- Géwël:** Wolof griot
- Griot:** West African hereditary specialists with expertise in praise singing, genealogy, conflict mediation, and instrumental performance, and other skills that vary by region, ethnic group, and family.
- Jalango:** Fetish, idol
- Jali:** Mandinka griot
- Jalimusoo:** Female Mandinka griots
- Jaliyaa:** The art of the *jali*
- Jamundiroo:** Praise singing
- Jiikijo:** Calabash “water drum”
- Jinn:** Spiritual entity
- Jongo:** Slave
- Jusoo:** physical and emotional heart or liver

Kambengo: Unity

Kankurang: Mandinka masquerades associated with circumcision events and other recreational events

Kanoo: Love

Kanyeleng kafoo: Kind of performance group comprised of women dealing with infertility and/or child mortality. Some kanyeleng groups may have the occasional male member.

Kanyelengyaa: Being a kanyeleng

Karanke: Leatherworker specialist

Kora: 21-string bridge harp played by *jali*

Kulungo: Mortar, used as a musical instrument

Kumoo: Word, speech, sound

Kunliyo: Naming ceremony taking place on the seventh day of a child's life.

Kuntofengo: Spirit husband who prevents a woman from having healthy children that survive

Kutiro: Mandinka drum ensemble

Kuurango: Disease, illness

Lenjengo: One of the most popular rhythms performed at Mandinka dance events.

Luwo: Circle that is formed for performance events.

Maloo: Shame

Malubaliyaa: Shamelessness

Manyobitoo: Wedding ceremony conducted after the *futusitoo* to mark a woman's transition to her husband's compound

Marabout: Islamic leader and teacher who often has expertise in healing

Mbalax: Senegambian popular music that incorporates the rhythms of the *sabar* drums.

Moofing booroo: African medicine

Moroo (pl. moroolu): Muslim religious leader, scholar and healer

Musiko: Music, used primarily to describe recorded music or popular music

Musuba: One of the most popular rhythms performed at Mandinka dance events

Nasoo: Healing water prepared by *moroolu*

Nee: Iron bell played by *jalimusoolu* to accompany singing

Niyo: Soul, whole being

Numu: Blacksmith

Nyamaaloo: Artisans, hereditary specialist

Nyakaboyo: Celebration of girls' initiation and circumcision

Ngansinjanjango: Celebration of boys' initiation and circumcision

Saasaa: Disease, illness

Saataroo: Narrative, heightened speech

Safoo (pl. safoolu): Protective amulet usually consisting of Koranic verses wrapped in leather casing and worn on the body.

Sanawuyaa: Joking cousin relationship

Sondomoo: Heart, mind

Sooroo: Offering, donation

Sulaa: See *foro*

Surakata: Figure from Arabic literature who *jali* recognize as their ancestor

Suusundi timmaring: Exclusive breastfeeding

Tablighi: Reformist Muslims, members of the Tablighi Jama'at movement

Tantango: Drum

Tantanjalo: Drummer

Teelindiroo: Form of veiled criticism practiced by *jali*

Tolewo kafoo: Group comprised of kanyeleng or the children of kanyeleng (literally, "fools' group")

Tubaab: White person, foreigner

Tulungo: Percussion and dance events (also, "play")

Yai compin: Type of women's group formed for political mobilization

APPENDIX

Interview with Tatadindin Jobarteh

June 17, 2013

Original Mandinka Text

Kamfaa si moo sondomoo ñaameño le. Kaamfa si bondi noo hadamadiñyaa plaaso to like daafeño ti. I te balafaa soto noo la. Kaamfa doo be jee wo le ka wo le ke. Wo le ye a tinna ntolu jaloolu fanañ, niñ ña loñ ko, kaamfa be dulaa kari to, n ka wuli, ña taa, ña wolu teema fo, kaamfa ye meñ je a ye bañ. Jamaano ye sumuyaa ... ntolu fanañ la jaaraloo be wo le bundaa to, ka taa moo kaamfa too kañ mennu i ye a loñ ko i dunta ñoo la, ka i tenkundi. Moolu mennu i ye a loñ ko i be kuu kañ meñ manke siloo ti, ña yaamari juloo teyi iye, ña kosi iye pur i ye a moyi, pur i ye wo yaamaroo noo kañ. Aniñ mennu i ye a loñ ko sondomoo dimiño be ila, ña musiko play, n ka meñ ke musiko, n si musiko play meñ si wo sondomoo dimiño ñiñ jiindi, a kana sele i kuño la. Katuñ dimiño doo be jee, i be a je la i be a fo la ko, “cancer le be ala, chronic cancer.” Dimiño doo be jee, wo fanañ ka ke cancer ti. Wo fanañ ka chronic. Wo le mu pain ti meñ i ye a loñ ko a be ila jusoo kono, a manke saasaa ti. Wo mu pain le ti. Jusoo la pain le mu wo ti. A ka chronic, a ka chronic ... a si mookendoo faño ke moojawo ti. A si i ke island ti fanañ, bayi i te laa la moo la kotenke. I te lafi la moo la because, a manke ko meñ ite le mañ lafi moo la because dimiño meñ be i bala, wo le mañ lafi pur i niñ moo ye cooperate, because a dimiño meeta i bala baake. Musikoo ka wo dimiño siifa le jiindi.

Kewo doo naata n kañ, a ko, kuu dimindiñ baa le keta ala bari, bii, kabiriñ n playta a yaa, ila koridaa dala, a ko a mañ taa dulaa to, a ko a be siiriñ ala buño kono, a be

n lamoyi la. Da julu doo kosi, julu kutoo le mu ... “Saba.” n ka fo a ye, “Saba.” “Kiliŋ, ali ŋa kiliŋ kiliŋ, fula, n kana fulaŋ fula, saba, n kana ñoo saban saba.” N ko duniyaa mu tili saba le ti. Kunuŋ aniŋ bii. Saama be ntolu be kumpo le to. because i maŋ a loŋ saama mune be ke la, fo saama i be faa la, you don’t know ... So ŋa wo juloo teyi wo le kamma. Keendiŋo ñiŋ a naata, after programo a ye n kumandi. A ko ñe, “nte niŋ pain le be ñoo la you know. Nna brother wo le ye nna koridaa waafi, a taata Europe.” A ko ñe, “a maŋ feŋ fo ñe, nna koridaa m be jiikiriŋ meŋ ma, a ye waafi, a taata Europe. Aniŋ wo la pain be ñoo la jaŋ. N ko saama m be a samba la jalaŋo to, m be a samba la jalaŋo to, ka destroy. Bari ila ñiŋ juloo ... n yamfata.” Da n henda, Anna wo luŋo n hendanta, ŋa n henda, n ko “eh, Allah.” N ko a ye ko, “i be a samba la jalaŋo to, ka destroy?” a ko ñe ko, “bililai wadilai, m be a destroy la.” N ko a ye, “i sabari.” A ko ñe, “no, n sabarata. Ila ñiŋ juloo faŋo ye n sabarindi. N sabarata, Tata.” Bililai wadilai, a ye kali. A ko ñe, “n sabarata.” N ko a ye, “no, sabaroo, a beteyaata le ... kuu te ke ila, a jiibe doron, aniŋ Allah bula ñoola.” So a naata a ye dalasi kemoo bondi a ye a dii nna, a ye n soo ala. A maŋ mee. Last week. Yes ... So, n naata. Kunuŋko, a ye n kumandi. Yes. Because ŋa nna contactolu bee dii ala, a ye n kumandi, a ko ñe ko, “i ye a je sabaro beteyaata le.” N ko a ye ko, “Yeah?” a ko ñe ko, “n dooma, a ye n kumandi. Kabiriŋ a taata a maŋ kumandi. But kunuŋ a ye n kumandi.” N ko a ye ko, “eh! A be ñaadii le?” a ko ñe, “yes, a ye dookuwo soto saayiŋ. A ye dookuwo soto moto siŋba dadaadulaa. I ka motoolu siŋo dadaa daameŋ. Because wo le mu ate faŋo la dookuwo ti jaŋ. So kabiriŋ a taata a ye wo dookuwo ñiniŋ, a naata a soto. A ko ñe, “a ye n promise kodi baa la. A ko a be euro wuli kiliŋ kii la ñe. A ko bari ŋa a soo domandiŋ, because a ye dookuwo meŋ soto a siyaata baake, saayiŋ a ka dookunaani ke. A ka fridge-packo ke, i ka joo wo la, a ka dookuwo ke magasin doo to, a ka dookuwo

ke moto siŋ dadaa dulaa. Oh. A ye dookuwo saba soto saayiŋ. So kodoo be a bulu. A si kodoo soto noo le. Jikoo be ala. A ko ŋa so. Kari fula a be wo le dookuula, a be kodoo kii la nna, a ko ŋa koridaa looriŋ bandiŋo saŋ.” N ko a ye, “aah! Alhamdililai!” a ko, “niŋ i ye a tara nte,” a ko, “ila ñiŋ musiko a ye n save la. A ye ate save. A ko ñe niŋ i ye a tara i maŋ play nuŋ jaŋ teŋ nuŋ, somandaa niŋ faanoo keta, nte ko n ka taa.” A ko ñe, “bari ila play jaŋ, wo ye, a ye n sondomoo heal.” N ko a ye, “yes, wo le mu pain ti meŋ i ye a loŋ ko, borikesoo te wo jaara noo la, musiko doronj ne si wo jaara noo. Allah faŋo le ye i deema doronj.”

Interview with Kemo Mas and Nyali Damba
July 17, 2013
Original Mandinka Text

Wo siloo Binta Jammeh ye masino le soto. Ka bankoo moolu soo. Da bankoo taama tili taŋ. Da baŋ moto naani ... ñiŋ masino be wo le kono. Gelegele, ntolu be wo kono. Ate faŋo la pajeri fula bee be siloo kaŋ. Da daati jaŋ ne, Foŋe ... ka banku moolu so ala. Booloo, tuloolu, moolu meŋ ko i lafiita businessso la, Binta ye kodoo samba woolu maa aniŋ booloolu, cali simboo, dulino, safunolu. Iyoo, ŋa ke wo le ñaama, n taata, n taata. Da wo le taama, ŋa taama, ŋa taama, n futata Sanku la kunda baa dala. I ye a loŋ feriyoo le be jee. Yahya ye bridgo ke daameŋ. Haa. Pur ŋa teyi ŋa taa Maccarthy. N lafiita teyi la. Wo tuumoo kulunj diŋo le be jee, feriyoo. Saayiŋ Binta ñoolu, ñiŋ motoolu doolu bee teyita. I ko nna moto te teyi la. I ko moto kuliyaata le. Anna kañelenyaa forta baake le. I maŋ a jee, ñinnu bee keta sananolu le ti. I ye a loŋ n diŋo le mu ñiŋ ti, bari kañelenyaa, i maŋ a jee a ka ... feeyaa. A ka kuma fo ñe, n te kamfa la. Nte fanaŋ ka

kuma fo a ye, a te kamfa la. Kañeleŋo mu moo bee sanajo le ti. Biriŋ n futata baadala, i ko nna moto i ye a pese, i ko a kuliyaata le. I ko nna moto te teyi la.

Heh, n ko “sojaroo ali maŋ wo fo. ntolu ye teyi nna moto maŋ teyi. Heh.” N ko, “ali maŋ wo fo.” N ko, “ali ŋa bidonjo landi.” Jee be faariŋ aniŋ kidoolu. I ye bidonjo landi. N ko, “ali ŋa sojaaro baa neŋ. Alitolu baa, alitolu faa.” N ko i ye, “alitolu meŋ buka Yahya Jammeh londi, ali kana Binta Jammeh londi, ali ŋa sojaaroolu baa neŋ. Yahya Jammeh be bankudookuwo la, Binta Jammeh be bankudookuwo la. Ali ŋa sojaaroo baa neŋ.” Kafoo ye ñiŋ muta, ŋa bidonjo ke jee. Sojaroolu faŋo i ka i don fo ila nafoo ka jolon i ye. Biriŋ ŋa wo ke, n dahaata ...

Biriŋ ŋa wo ke, n dahaata, i ko motoolu bee i ye teyi. I ko moto meŋ kuliyaata, a teyi ta. Haani dalasoo Binta maŋ naa joo, saka moolu. Saayiŋ ñiŋ naata ke m bulu denkiloo ti. ñiŋ ŋa i jee daameŋ, n si i feeyaa ... n ko “ñiŋ mu nna mobileo ti, i ye a suŋaa. I ye nna mobileo suŋaa, i ye nna mobileo dii nna.” Fo n ka n faŋ kumbondi, “i ye nna mobileo dii nna.” Fo i be jele la, wo tuumoo Yahya Jammeh be naa meetiŋo la. Fo ŋa dalasi keme saba bondi i bula kono. Kañeleŋo mu moo bee sanajo le ti. Maŋ kamfa kuu soto ... niŋ ite lafiŋa sonko, nte te lafi la sonko ... nte la haji jaaroo be moo le bala ... Haani saloo kono, niŋ i ye jusoo soto, i te arjana soto noo la ... Kañelenyaa beteyaata baake le.

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