THE UNIVERSITY OF HULL

Household Capacity and "Coping Up" in Rural Zambia
Dealing with AIDS, Other Illness and Adversity in Chiawa

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ABSTRACT

Household Capacity and "Coping Up" in Rural Zambia Dealing with AIDS, other Illness and Adversity in Chiawa

A synonym for "dealing with", "coping up" is a common Zambian expression in the 1990's' as households face pressing problems in the context of economic hardship and HIV/AIDS Through the lens of seven rural households in Chiawa (a chieftaincy on the banks of the Zambezi River), this thesis explores the capacity of households to deal with a series of adversities and changes over a period of four years The influence of locality and, at another level, national trends are taken into account, but the focus is on how and how well each household has coped in the face of four separate adverse events a dysentery epidemic a drought, the introduction of fees in government health facilities and schools, and the terminal illness and untimely death of a young adult The capacity of households to deal with the HIV/AIDS epidemic is then examined

Overall the households differ in their capacity to deal with these events, but, though each event demands particular responses, resources and strategies, the pattern that emerges is, with the important exception of HIV/AIDS, consistent Leaving the latter aside, it is possible to rank the households along a scale of high to low capability, to reveal how some households slide up and down the scale over time, and to tease out which resources determine coping well and coping badly in a Chiawa context

HIV/AIDS however, is unlike other adversities Households ranked as the most capable in relation to the other events are not necessarily able to protect themselves against HIV infection - indeed it is sometimes their relative success in other spheres that puts them at particular risk The thesis concludes that even 'high capability' households have yet to adapt to the presence of HIV/AIDS in their community, and to develop support systems to prevent its further spread

A parallel theme in the thesis is the capacity of anthropology and anthropologists to conduct research which is ethically sensitive and can usefully be applied to HIV/AIDS interventions

PREFACE

Whilst conducting research into refugees in South-West Uganda in 1987, I lived next to a woman the same age as me who was sick on and off for the five months we were neighbours Every morning, at dawn we walked together to a stream to fetch water We fast became friends She showed me pictures of herself in her late teens and lamented the weight she had shed since then Her husband was in the army and absent much of the time They had one child together, and she had not managed to have another child In 1989 I returned to pay her a visit and learnt that she had recently died It was only then that it occurred to me that she had probably been HIV-positive, in 1987 the AIDS epidemic was only just becoming apparent in rural Uganda

Since this experience - and loss - I decided I wanted to work with AIDS in Africa After a year in the Panos Institute in London editing World AIDS magazine, I moved to Zambia to work on a research project titled "Community Capacity to Prevent Manage and survive AIDS" The project was designed by Sandra Wallman, Ingela Krantz, Lisbeth Sachs and Katele Kalumba, and sponsored throughout by the Swedish Agency for Research Co-operation in Developing Countries (SAREC)

The first phase of the research aimed to map, document and analyse the dimensions of social context which affect "risky" sex so that more effective HIV prevention interventions could be designed The development of more appropriate research methods was another important aim Chiawa, a rural community in the south of Zambia, was chosen as the fieldsite The household case studies, which are the core of this thesis and for which I am responsible, were one component of the research

The second phase of the research (1994-1997) moved into actually designing and carrying out interventions in Chiawa The household case studies were not a component of this phase, but contact with the households was maintained through an intervention study of a commercial farm, and through a collaboration with a study on the social impact of and responses to cost recovery in basic series (Health and Education) in poor communities in Zambia, carried out by the Development Studies Unit, Stockholm University and commissioned by the Swedish International Development Agency (SIDA)

The Chiawa project was co-ordinated by the Department of Public Health Sciences, Division of International Health Care Research (IHCAR) Karolinska Institutet, Stockholm, in collaboration with the Institute for Economics and Social Research (INESOR), University of Zambia, and the Department of Sociology and Social Anthropology at the University of Hull

ACKNOWLEDGMENTS

"It takes an anthropologist a long time to hatch an egg", Anne Buvé, a medical colleague in Zambia, once remarked In the process of hatching this particular egg, I have hatched two children of my own, and am indebted to many people in all spheres of my life

Without funding from SAREC over eight years, none of this would have been possible and I am deeply grateful Particular thanks go to Per Bolme at SAREC for his interest in the research The Radcliffe Brown Trust gave me some funds to complete the thesis

Thanks to the Chiawa community for the support and warmth they have extended to me in so many ways Special thanks are due to the seven households for their participation and kindness, and to my local research assistants - Davy Matesamwa, Daisy Chalimba, Naomi Matonga, Mrs Chenda, Blackson Zulu, Charles Mandika and Isaiah Museto The Chieftainess, Gordon Mulinganisa, Mr Kabona, Sam Katiyo, Headman Chilumezani, Kingosi Siaze, Alan Wardle, Stanley Chinoyi, Chiawa Rural health Centre, Chiawa Primary School, Masstock Farm, Mtendere Mission Hospital, Dandika and Kafue District Council have always found time to share their own knowledge of Chiawa and to help with logistics

My fellow researchers in the field - Phillimon Ndubani, Solveig Freudenthal, Elisabeth Faxelid, Yvonne Dhooge, Paul Dover, Bawa Yamba - have enriched the material and made shared stints in Chiawa the more interesting and enjoyable They have also become close friends Phillimon and his family lived in Chiawa for about three years and their companionship was, and is, of great value to me Other colleagues in Zambia have contributed ideas, support and time My thanks to Ilse Mwansa, Karen Hansen, Lyn Schumaker, Bryan Callahan, Lisa Cliggett, Oliver Saasa, Anne Buvé, Elisabeth Colson, Ted Scudder, Rachel Baggaley, Peter Godfrey-Faussett, Owen Sichone, Cathy Poulter, Hugo Hinfelaar, John Hudson, Chris Barr and many others

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My supervisor, Sandra Wallman, first met me in an interview in 1988 This signalled the start of a long professional and personal relationship across continents, cemented by both having experienced a childhood in Africa and a shared commitment to applied research and to trying to alleviate the impact and spread of HIV/AIDS Her influence, encouragement and wisdom have been constant When Robin was very sick, Sandra, Bawa Yamba, Solveig Freudenthal and other colleagues gave us support without which we would not have managed and for which we remain forever grateful

My two examiners, Wendy James and Peter Forster, read the thesis with meticulous care and gave me constructive and directive comments

And last but not least, the family have been behind me all the way To Mummy, Daddy, Annette, Peter, Chris, Alan, Jen, Keith, Catherine, Martin, Susanna, Robin, Cecelia, Luke, my love and thanks Robin, thank you for living with and contributing to this work from beginning to end

To Robin, whose own capacity to deal with a serious illness astounded me,
and to
Cecelia and little Luke,
who remind us daily that it was worth coping.

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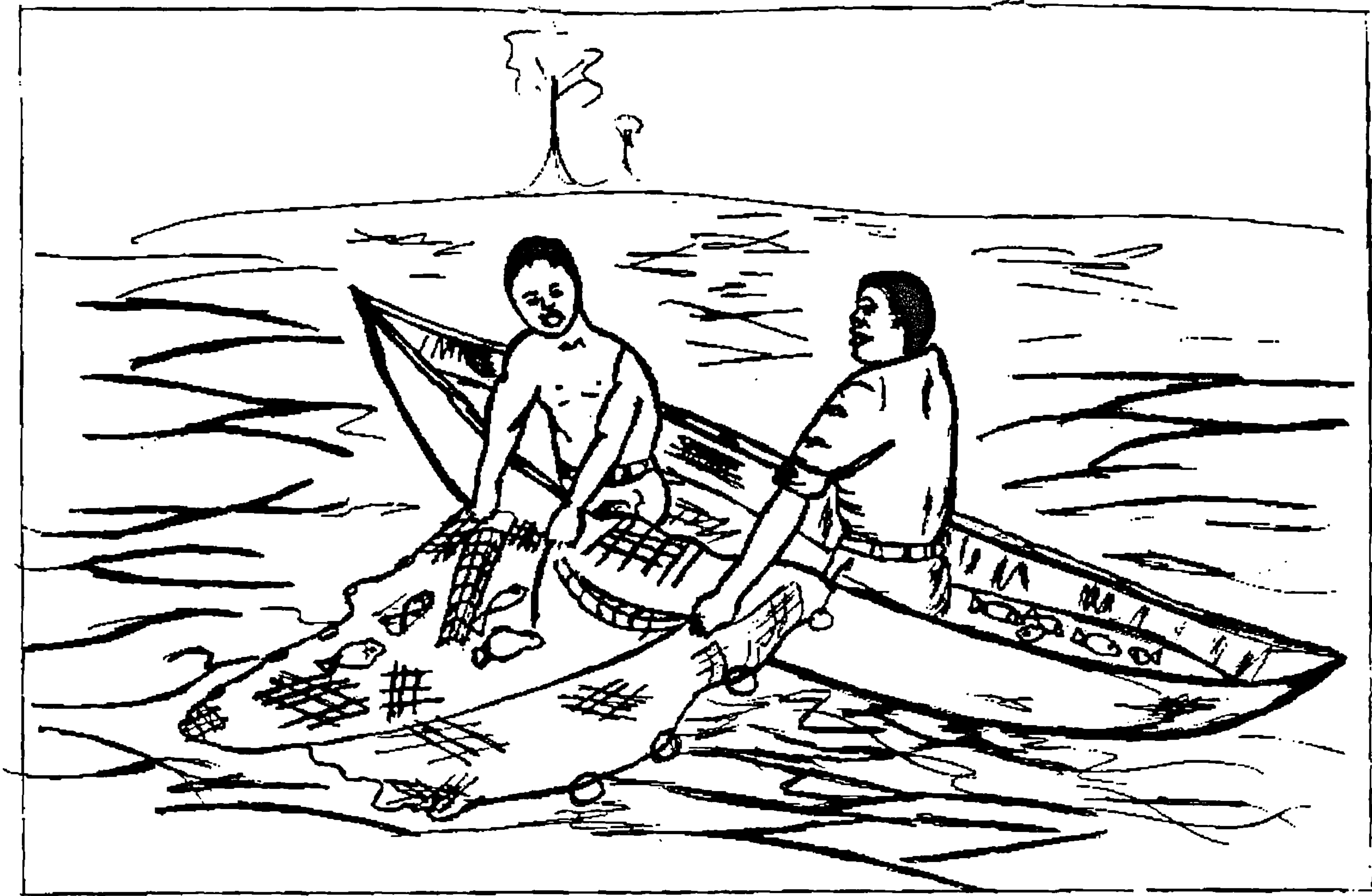

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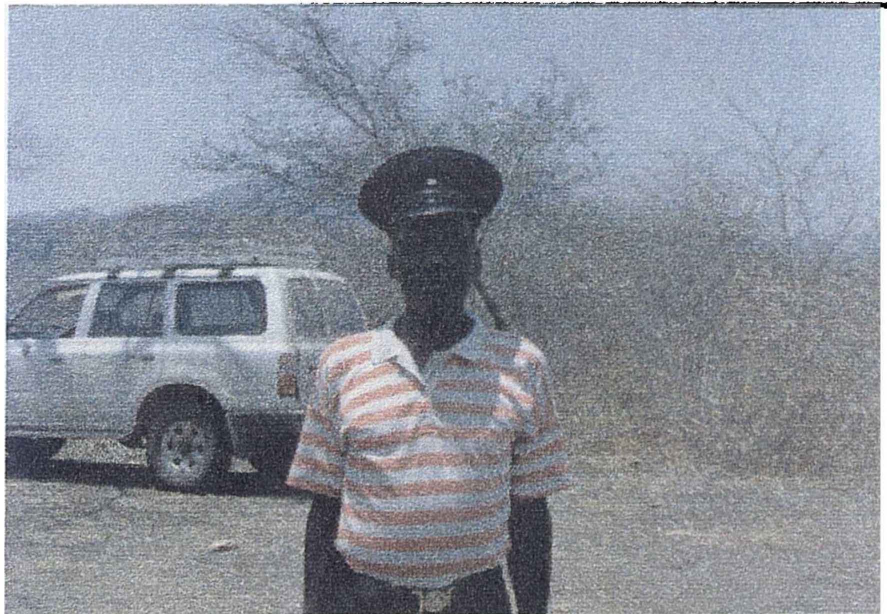

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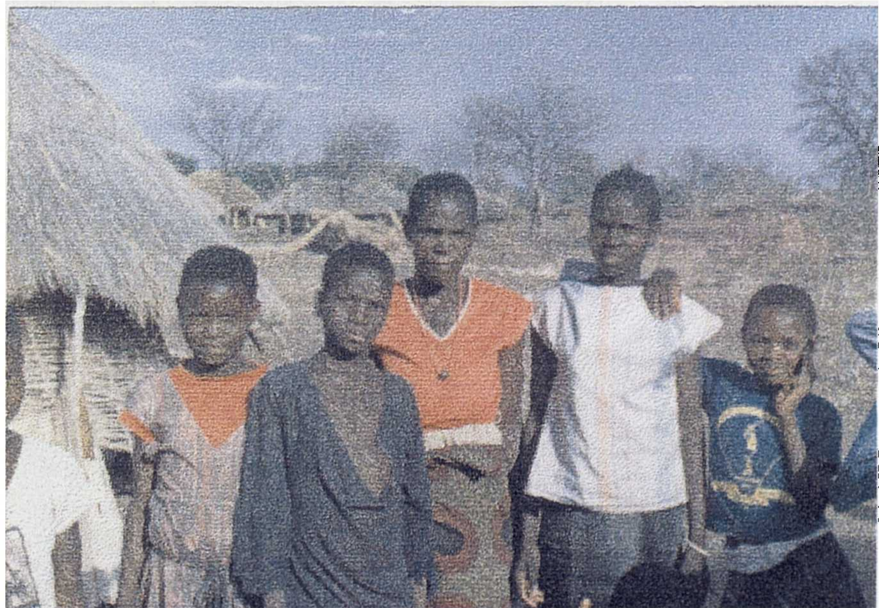
A tsaka



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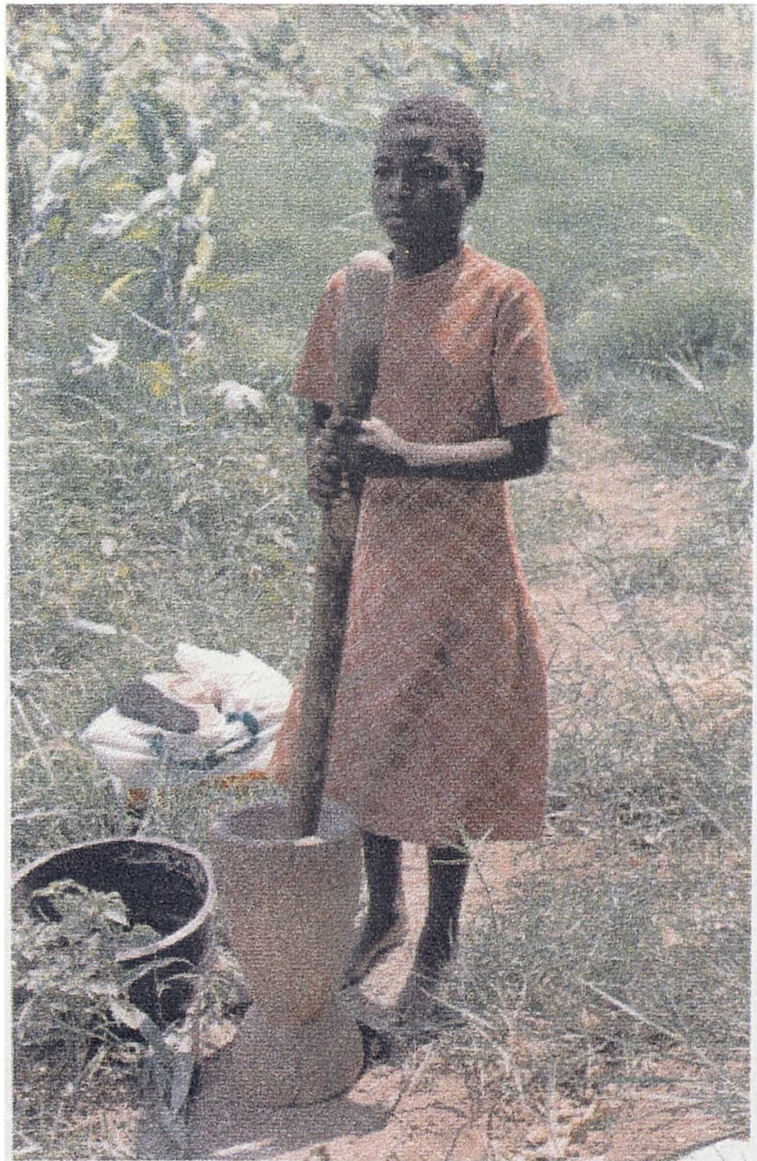

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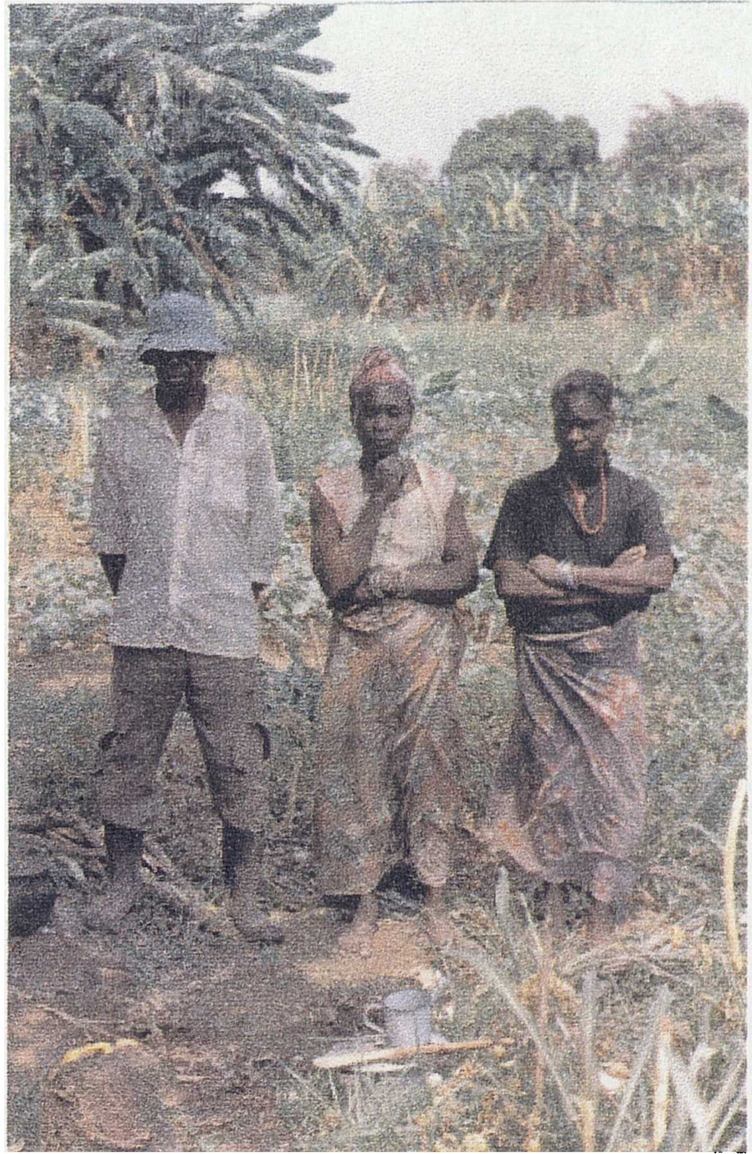

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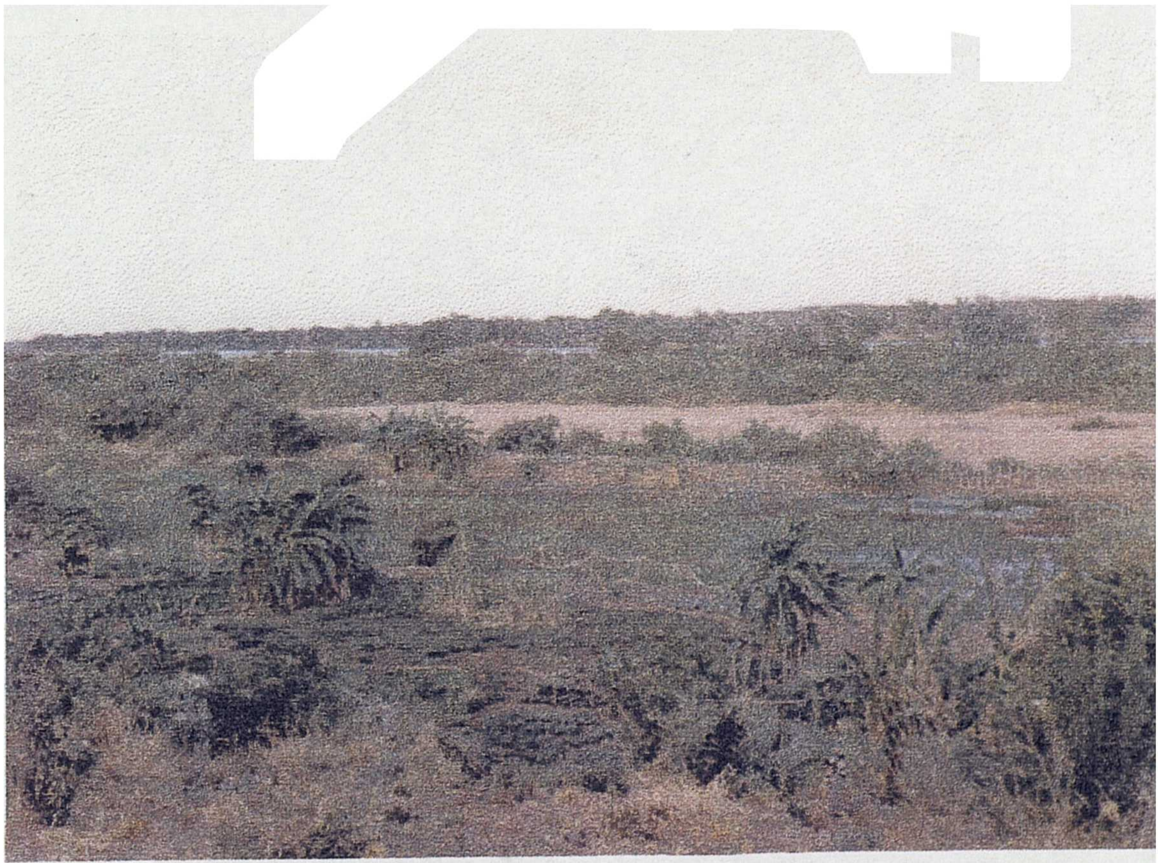

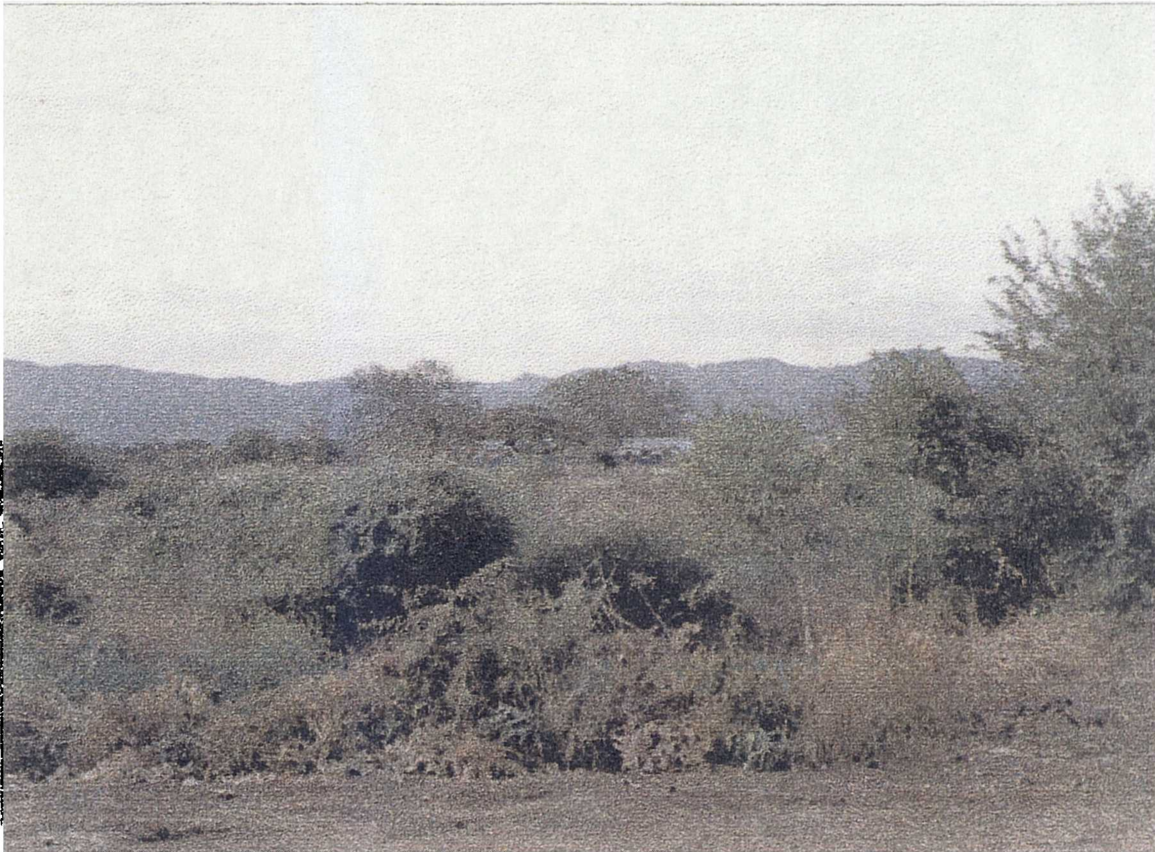

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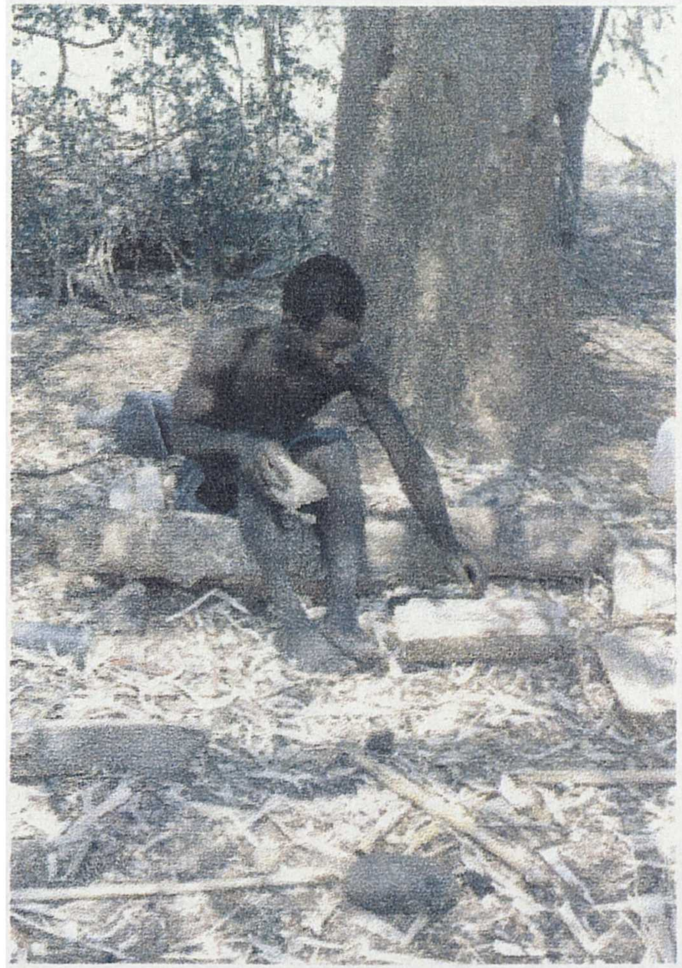

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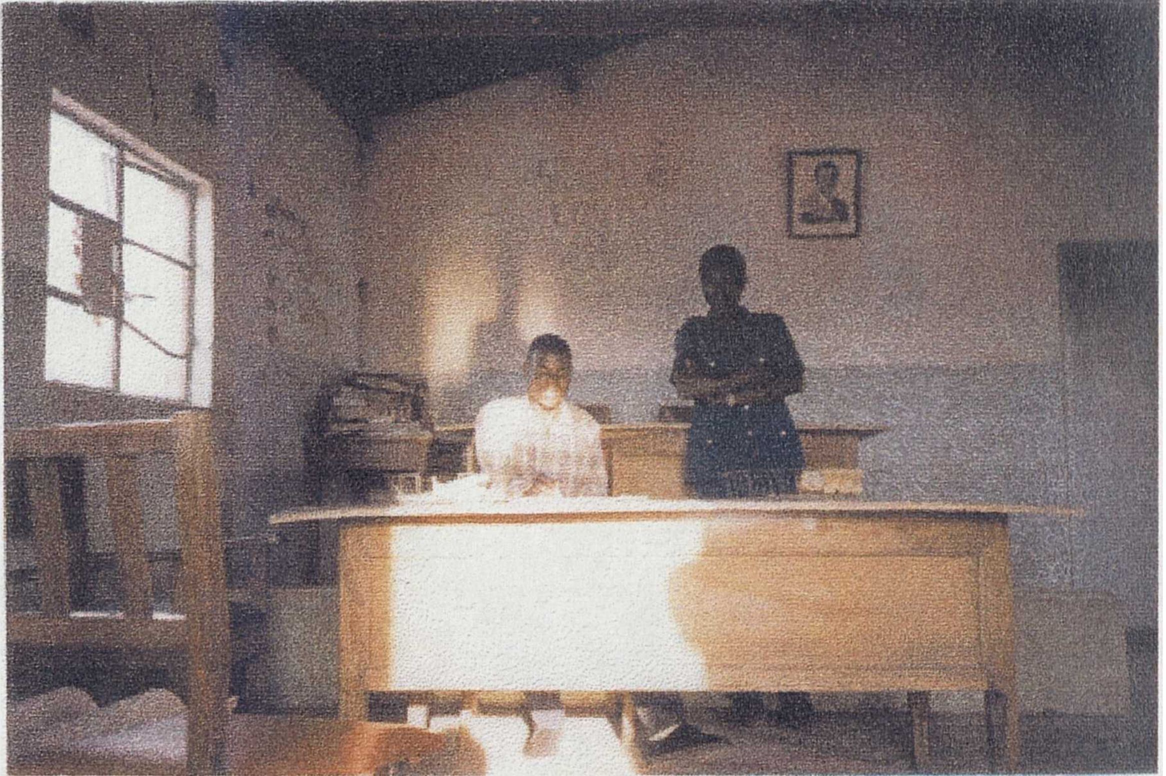

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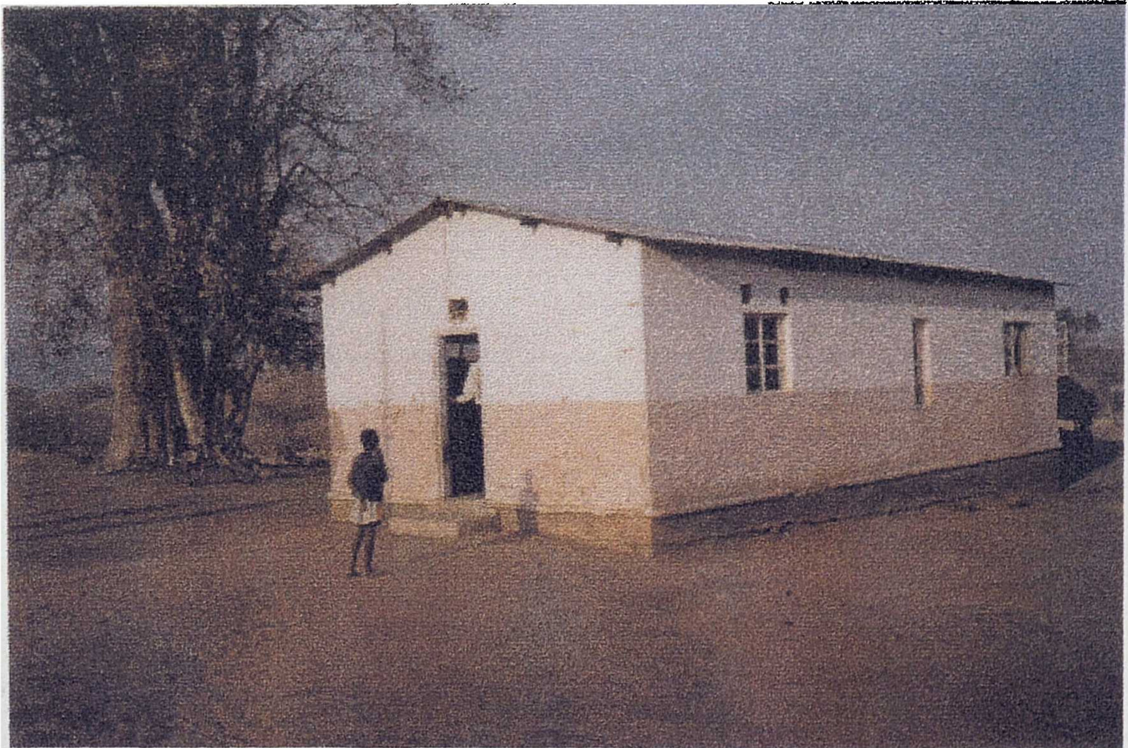

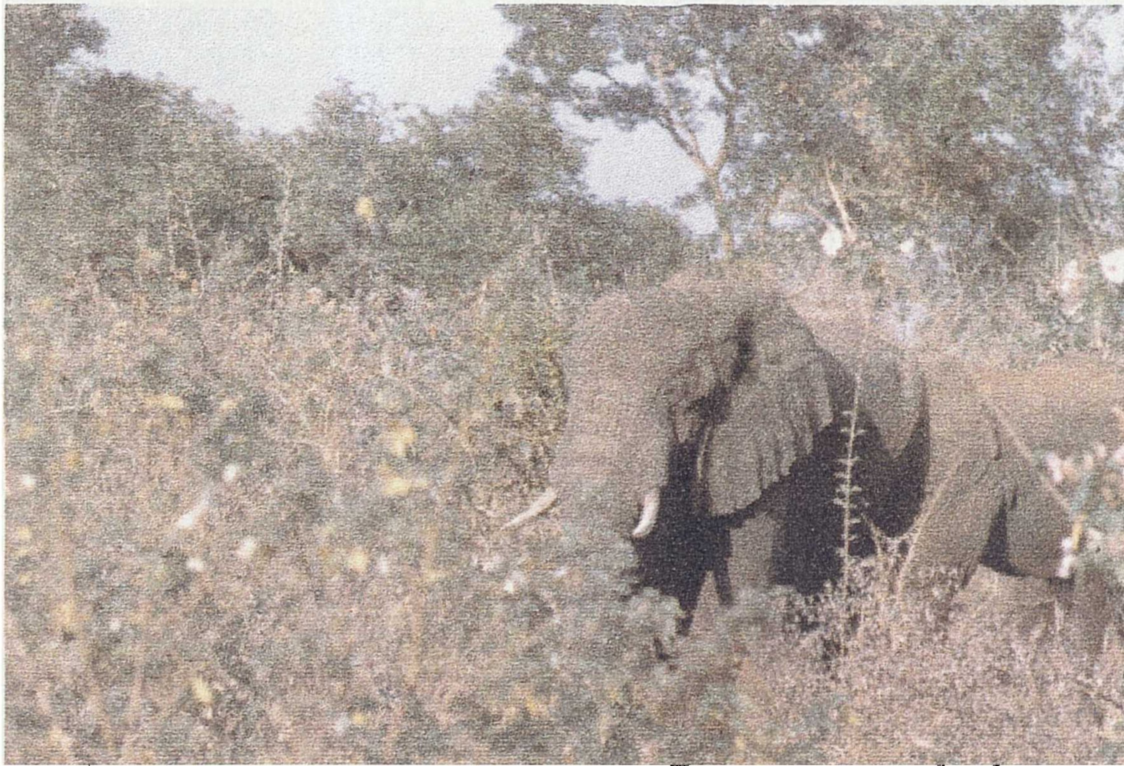

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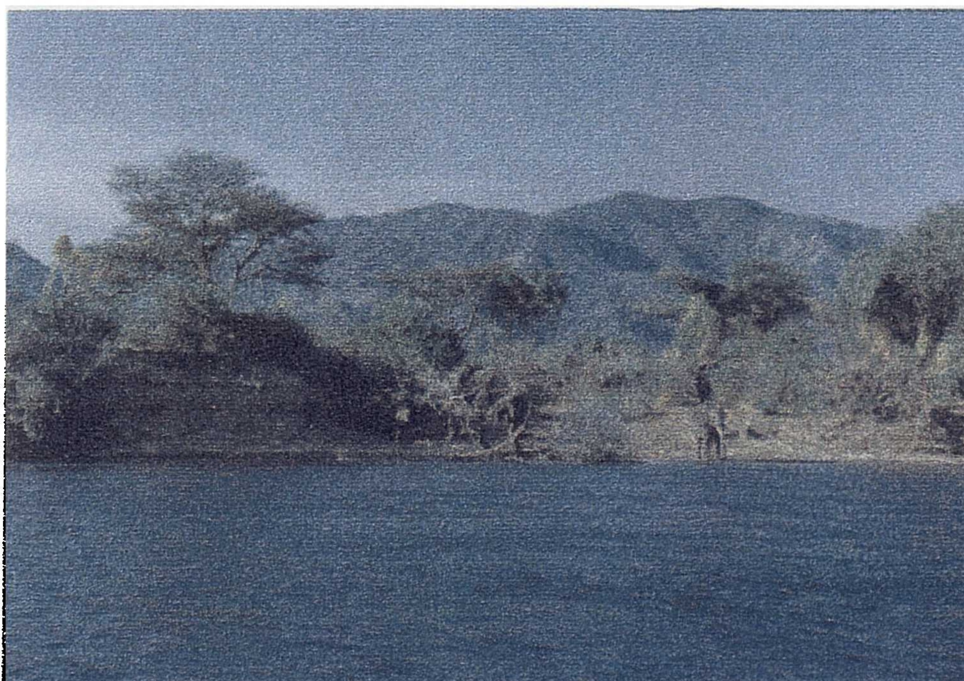

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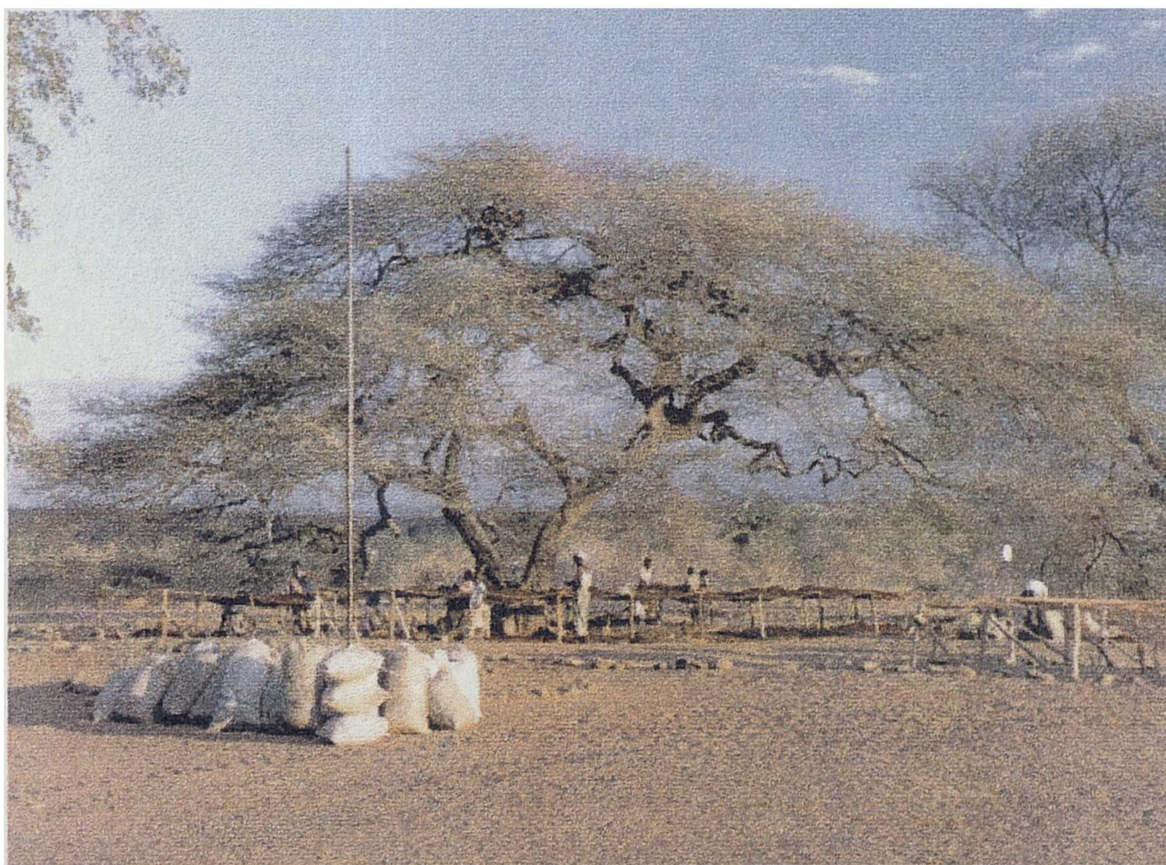

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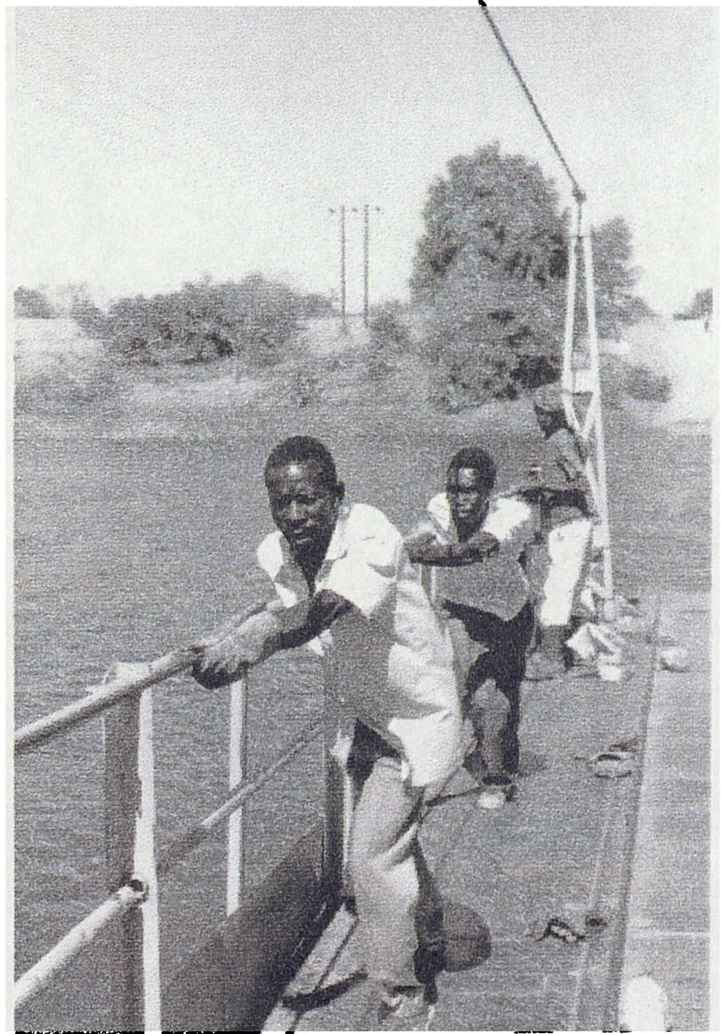

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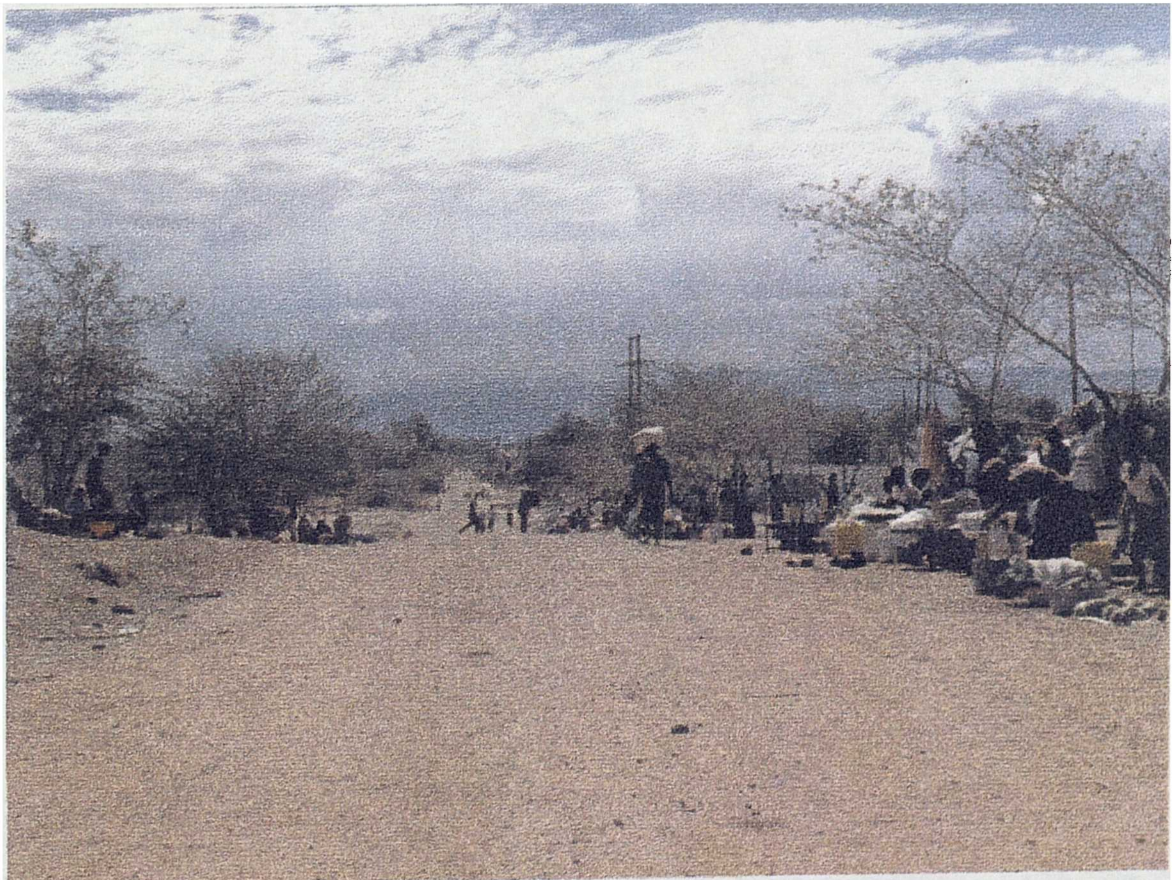
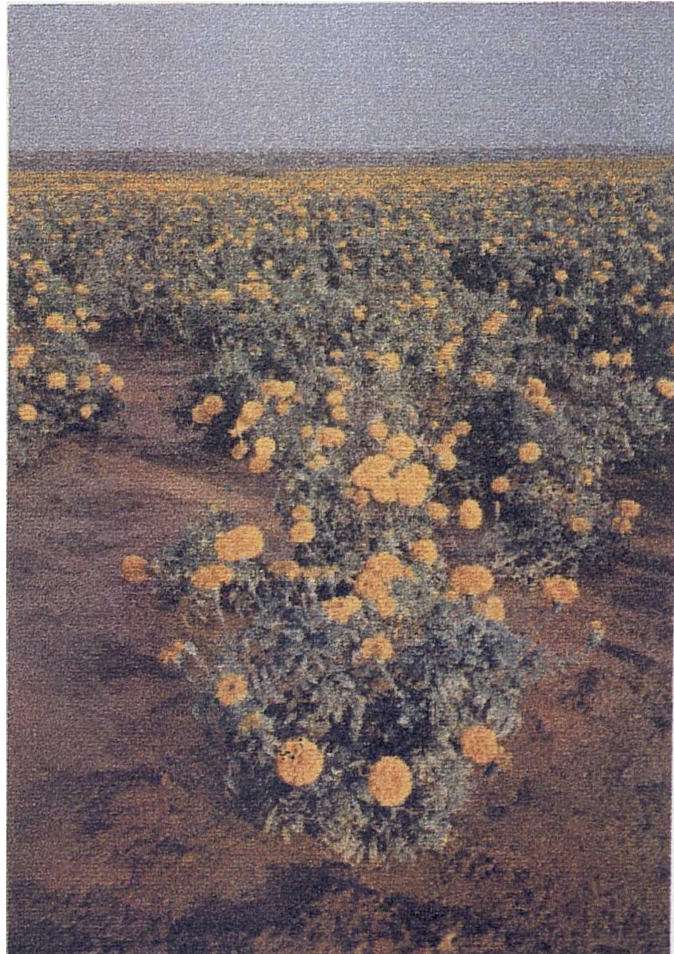


Peer educators, Clement Mfuzi and Paul Dover

Marigold field and reservoir, Masstock Farm

Canp 10,
Masstock Farm



Marigold field,
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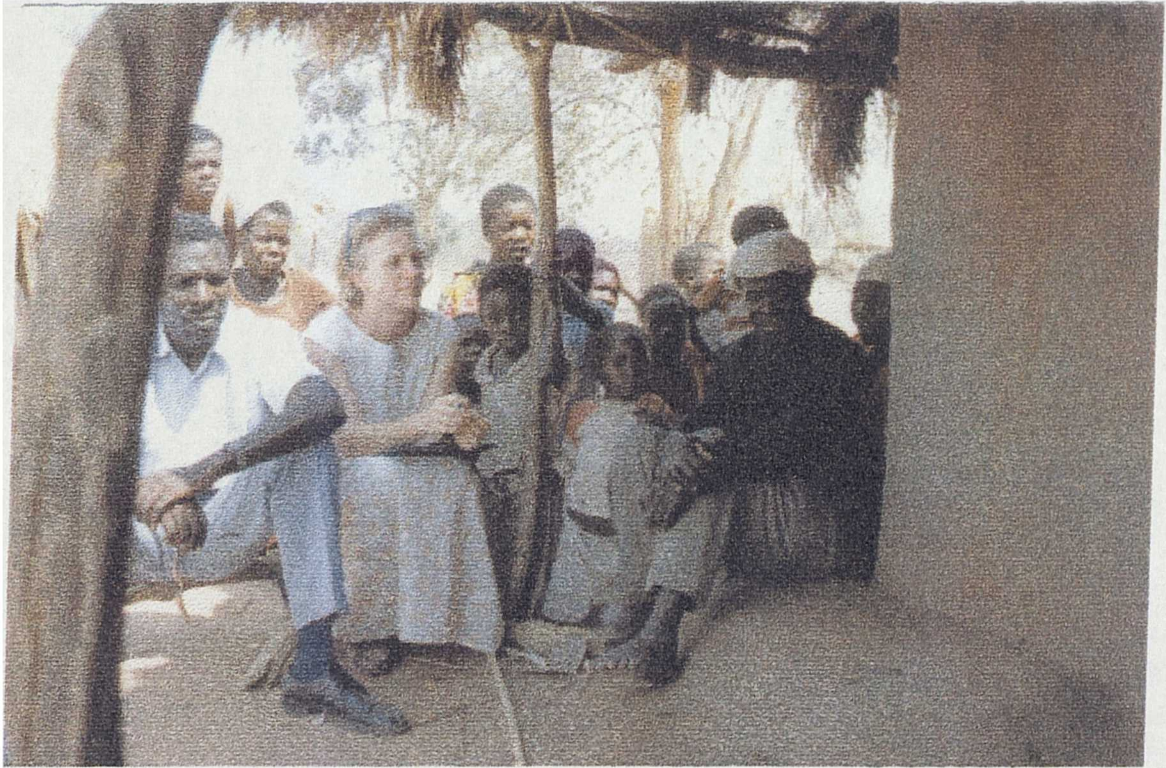

Watching a video with the Matesamwa family

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Sorting paprica for Masstock,
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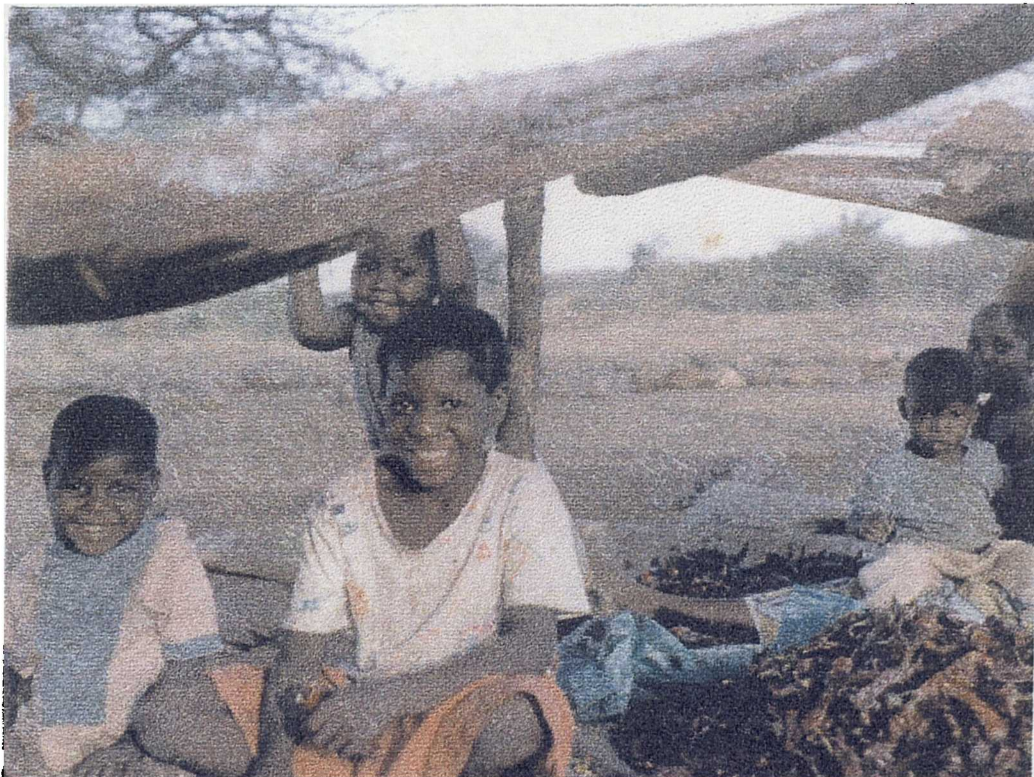
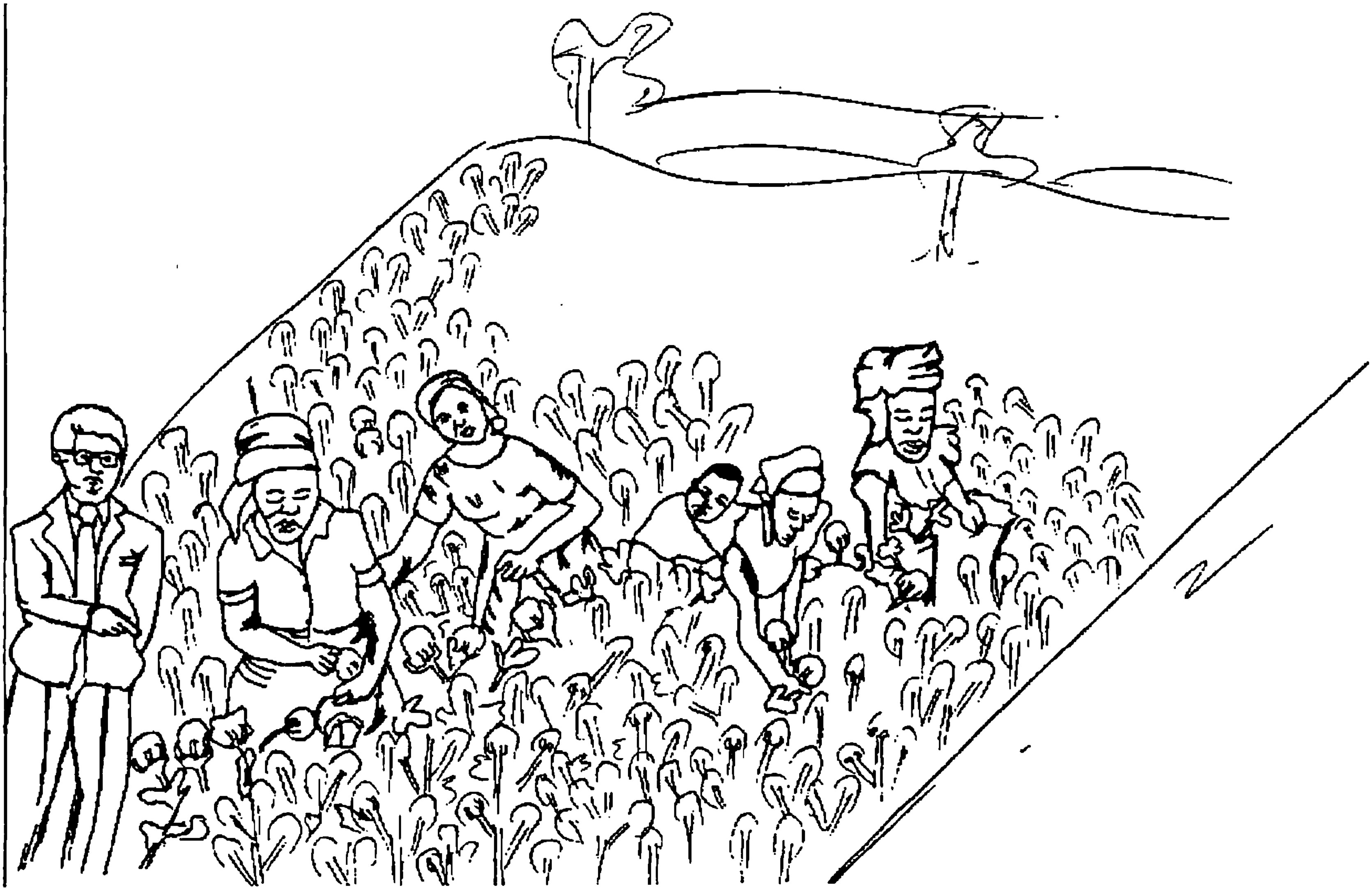


Pay day at Masstock: Buying gifts for girlfriends and leaving no money for the <u>mhuri</u> (family) by Clement Mfuzi

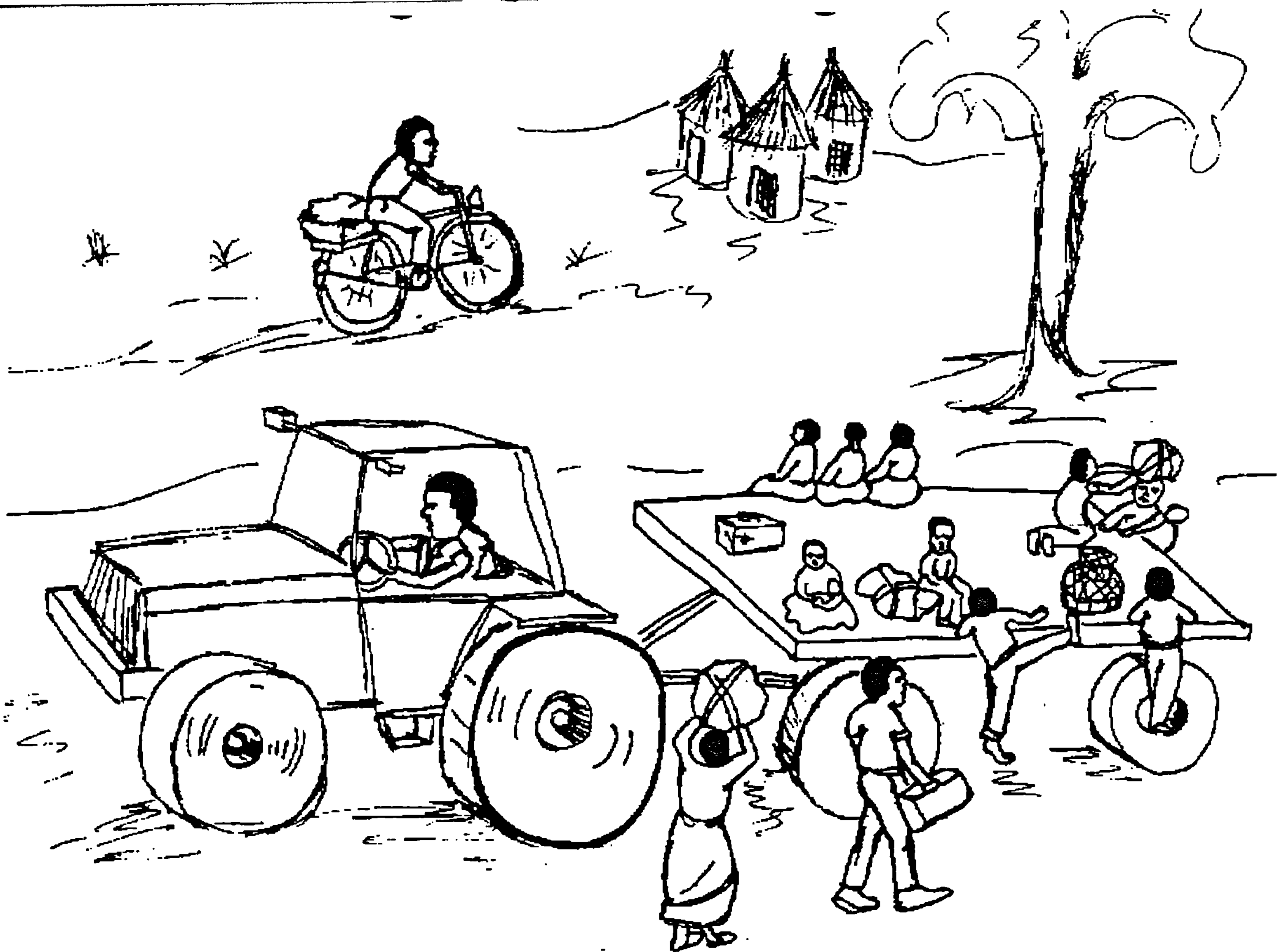
Pontoon bar on Pay Day by Clement Mfuzi

"Masstock in full swing fighting HIV AIDS !" Peer educators on the farm by Clement Mfuzi



Picking marigolds at Masstock by Mr. Zulu

"Sexual Exchange": Supervisorand woman worker, Masstock farm by Clement Mfuzi



"Mobility" in Chiawa by Mr Zulu

SECTION 1· PROLOGUE

1.1

PROLOGUE CONCERNING

THE CAPACITY OF ANTHROPOLOGY AND ANTHROPOLOGISTS

IN AIDS RESEARCH

"I'm tired I am in shock and almost immobilised by the daily intrusion of this epidemic into my personal life" (Bolton 1995 286)

"Can we in fact, when being honest to ourselves, make a link between what we are doing and keeping people from dying?" (ibid 288)

"You may tell us that the doctors will not test our blood for AIDS, that there are laws stopping them But basically once they have our blood, there is nothing stopping them doing whatever they want with it" (migrant worker's comment prior to an epidemiological survey screening for STDs on the commercial farm, Chiawa, August 1994)

"In Africa life expectancy is probably no longer than the time it takes from completing research in the field to having it published" (Thompson 1990)

"The community is disappointed in us as experts We have knowledge but what do we do with it? Doctors take blood, ask questions, go away The community is still dying" (Maina-Ahlberg 1990 personal communication)

Because the senousness of the HIV/AIDS epıdemıc ın Zambıa and the urgency of preventıng the further spread of HIV are the background of thıs thesıs, I begın wıth an assessment of the past and potentıal contnbutıon of anthropology and anthropologısts to the epıdemıc The concept and use of ınformed consent ın HIV testıng ıs gıven as one example of the ethıcal dıfficultıes surroundıng HIV research ın Afnca, and of how anthropology can be mıs-used to justıfy and ease the dılemmas of bıo-medıcal research - ın the case cıted, for the purpose of epıdemıologıcal surveys More generally, ın thıs chapter, the usefulness and the lımıts to the usefulness of exıstıng ethıcal guıdelınes and of the debates on the applıcatıon of anthropologıcal findıngs to allevıatıng problems are explored

Thıs prologue draws on my own expenence lıvıng ın Zambıa and workıng ın a rural Zambıan communıty wıth STD/HIV preventıon, and on lıterature whıch specıfically addresses anthropologıcal theory, practıce and ethıcs ın the lıght of the HIV/AIDS epıdemıc It ınvolves also a wıder dıscussıon of ıssues that dog AIDS research ın Afnca and that I have come ıncreasıngly to regard as ımportant to reflect upon [1]

AIDS Anthropology?

In the wıder Chıawa project (see 2 1), we set out to use our socıal anthropologıcal findıngs to desıgn ınterventıons whıch mıght help prevent the spread of HIV and other STDs Our commıtment to ınstıgatıng change ın an attempt to save lıves was ımplıcıt ın the research desıgn Raymond Fırth's only comment ın response to my descnptıon of ıt at an ASA

[1] The fieldwork ıt refers to ın partıcular ıs fieldwork carned out on a commercıal farm ın Chıawa, the fieldsıte, wıthın a larger research project, and not case-studıes of seven households - the focus of thıs study

conference in Edinburgh in 1990, was "Sounds tricky" The aptness of this phrase continues to haunt me Indeed it has been tricky

It seems that anthropologists working with HIV prevention are committed to a difficult task, or as Herdt put it, "a road filled with bumps and potholes and probably landmines" (1987 3) The practicalities of conducting both fieldwork and STD/HIV interventions on the commercial farm which employs members of the households (see Bond 1997) have pushed me towards some "useful self-reflection" (Singer 1994 339) as well as teaching me how knotty an issue involvement can be (Wallman 1985 15) Trying to pursue my desire to do something to alleviate the HIV problem has made me realise that it is both difficult and necessary to define the limits of our involvement and almost impossible always to do the "right" thing However, given that researchers are not value free (Weber 1947, Overing 1985), and that I do not intend to be detached from a situation that appals me and permeates many aspects of my life in Zambia, what guidelines do I have?

In the late 1980s, when HIV/AIDS came to the forefront of health problems, there was initial optimism both within social science and outside it about the role that social anthropologists could play Frankenberg (1988 15) stated "We are presented with a challenge which we are, despite our deficiencies, uniquely qualified to meet, and which for our own sakes and for the sake of the general good we cannot afford to shirk" The difficulty of the task was foreseen by Herdt though he urged anthropologists to take up the challenge, seeing anthropology as "well qualified to do the basic ethnography of this and related diseases we could translate this ethnographic knowledge into real-life interventions, action-programmes and global education networks" (1987 3) Thompson (1990) proposed that social research should enter

the silence between scientific objectivity and concern for HIV/AIDS, giving as an example his own work which initiated co-operation between traditional health practitioners (THP) and the formal health sector in Tanzania, following research on HIV/AIDS that he conducted with the former

However, early on in the HIV/AIDS epidemic, the definition of the problem lay with bio-medical specialists, and social scientists were largely brought into AIDS research by bio-medics (see Packard and Epstein 1991) Although as Vaughan comments "epidemics of sexually transmitted diseases stand out as being particularly unamenable to purely medical solutions and medical analyses" (1992 299), the questions posed in this phase were not about the social context of HIV transmission, but about patterns of risky behaviour (Packard and Epstein ibid 774) Consequently the information was taken out of context, often excluding "every day sexual activity which in many cases is both less exotic and more monogamous in character" than the popular vision of African sexuality (ibid 775) As historical analyses reveal, distorted visions of sexuality in "exotic" cultures have directed the management of other sexually transmitted diseases and epidemics for centuries (Slack 1992)

At a planning workshop for the Chiawa project in April 1990, the question about how bio-medical and social scientists should synchronise their HIV/AIDS research and prevention efforts led to some revealing discussions which brought into focus the different aspirations of bio-medics and social researchers, and the tensions between researchers and practitioners [2] One bio-medic said bluntly, "What are social scientists? Is their research really research?

[2] This was the third planning workshop which preceded the project application to SAREC (see Appendix 1) held in Zambia The group included medical and social scientists and practitioners and discussed ethics and appropriate methods for research into sexual behaviour The proceedings of the workshop were summarised and

Some of my medical colleagues say that we can do social research ourselves, why do we need social scientists?"[3] The inequality of power relations between the two disciplines was pointed out, as one participant put it "Medics have a space into which social scientists are invited as workers" Another commented that all too often social scientists were invited into a post-hoc collaboration at the end of the research programme to help bio-medics to interpret social data The different assumptions, terms, methods and training that social and medical scientists apply in research were discussed at length and it was agreed that each group needs to deconstruct concepts to make their meaning clear to the other[4] Someone pointed out, "We do not need common instruments but different inputs combined" At the end of the workshop we were reminded, "A beauty contest between medical and social scientists is not the issue It is not a problem for social scientists or bio-medics, it is a problem for the people"[5]

Schoepf (1995 42) identifies a "fundamental conflict" between HIV/AIDS research interests and disease prevention, and between cohort development and effective support for behaviour change This harks back to the gap between practitioners and academics, chasing their respective responsbilities for results and understanding (Chambers 1983 48) This gap has been felt very acutely in HIV/AIDS research in Africa In the Chiawa project, for example,

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presented at an ODA conference held at Brunel University, May 1990

[3] It is not always possible from the proceedings to link comments to individual participants so no names are given in this text

[4] See Inhorn (1995) for suggestions of the convergences between medical anthropology and epidemiology

[5] Two other aspects of power relations in AIDS research in Africa were brought up at the same workshop These were the inequality between foreign researchers and local researchers and how AIDS has become a research band-wagon since funds have been more readily available for HIV/AIDS research than for other health problems in Africa A Ugandan researcher commented that there is an expression "fat AIDS" for people "such as ourselves", who grow fat off the "slim" disease "Slim" is a colloquial term for AIDS in Uganda coined early on in the epidemic

the pressure on us researchers within Zambia and the region has been to produce findings as quickly as possible which we can feedback not only to the academic community and sponsors, but also to the local Chiawa community, non-governmental organisations working with HIV/AIDS, the National AIDS Control Programme, the Ministry of Health and other policy makers The findings have to be orientated towards interventions and presented in an accessible and "friendly" form, in a mode that facilitates application (see Gulliver 1985) In contrast, the pressure on us from our institutions and funders outside Zambia has been to publish our findings in reputable journals, to build research capacity and to make presentations at international meetings These findings need to be presented differently, with a more in-depth analysis, a stronger link between theory and the material and with reference to other literature

Although this conflict of interests might be an ideal and healthy balance, I have found it hard to give appropriate attention to both sides, especially when you live in and are committed to the country where you do the research I think it is often easier to respond to the need for feedback and interventions, yet I also think that in order to produce research of any quality, writing, reading, analysis and supervision are essential As Strathern (1985 180) spells out, merely being involved in research that is relevant does not automatically mean that the research is good, advising that "the best type of policy research is that which is backed solidly by experience in the use of research skills in general and by good basic research data"

Preston-Whyte (1993 23) alerts anthropologists to the danger that while conducting research into AIDS "the magnitude of the perceived threat may all too easily come to dominate over the achievements of good research" She recalls how even routine note-taking may not be

kept up and reflection may become impossible as we try and change the situation as we find it now She (ibid 19-20) writes, "We need to consider seriously whether we are running the risk of being turned into practitioners rather than thinkers, have we time for reflection and analysis, or are these the first attributes to be jettisoned as time becomes precious and we are overtaken by the swell of events and the demands of actions"

The pressure anthropologists work under in Africa, the number of people who are not anthropologists doing so called anthropology, the lack of training and supervision, and theoretical, methodological and procedural limitations confronted in the study of sexuality (Parket 1995 258), all contribute to both questionable researchers and questionable research And, as Bolton (1995 304-5) maintains, we need to be careful of uncritical use of "shoddy work"

As the year 2000 approaches, the HIV epidemic continues despite efforts to contain its spread and there is growing recognition that neither medical nor social research on HIV/AIDS in Africa has checked its spread However, whilst it is true that much research in Africa has gained little understanding of the complicated nuances of sexual meaning (Parket 1995 266), it is also true that one can gain some indepth understanding of both sexuality and sexual risk and yet not know what to do with that understanding in order to prevent the spread of HIV and STDs

Ethics.

Ethics is a pandora's box in HIV/AIDS research Ethical guidelines, usually outside our

discipline, are laid down internationally and nationally and revolve around four main categories - respect, beneficence, non-maleficence ("do no harm") and justice (Ringheim 1995, Barry 1988) For the Chiawa research, ethical clearance had been obtained, both from the Karolinska Institutet in Sweden and from the University of Zambia However, as Ringheim (1995 1696) contends, "In practice the application of ethical principles is not as straightforward as the principles themselves may imply" For example, is it appropriate to use our criteria to judge other societies? (Jarvie 1972) And, " does our commitment have its origin in our own intellectual imperialism?" (Preston-Whyte 1993 21) The same concern is voiced by Schoepf (1991) who writes that ethical imperialism abounds in AIDS research in Africa

The difficulty of even specifying ethical concerns let alone applying them consistently within a relativistic framework is expounded by van Willigen (1993 42), who also points out that "different ethical issues are raised in the case of the applied anthropologist's relationships with research subjects, project sponsors, or fellow anthropologists The somewhat different requirements of these relationships are sometimes in conflict" For example, ethical concerns for research subjects can conflict with professional obligations towards fellow anthropologists and/or funders In anthropology, unlike some other disciplines, there is no formal system for regulating improper professional behaviour (Johannsen 1992 73) although statements about ethics have been made by various anthropology associations The Society for Applied Anthropology, for example, issued an ethical statement in 1983 which covered voluntary participation, informed consent, confidentiality, social survival, relationships with colleagues, updating skills, protection of an employee from requests for unethical practice, and, communication to the public of anthropological knowledge that will be useful and have a

positive influence (van Willigen 1993 51-53) In my experience, in the field, a code of ethics may give way to "on the hoof ethics" (Wallman 1997 personal communication) and it is unlikely that all identified issues can be resolved

Taking Blood

By focusing on HIV testing and the concept of informed consent within some epidemiological sero-surveys in Zambia - some results of which are presented in Section 2 2 - I hope to convey both the ethical quagmire of HIV/AIDS research and the difficulties of working in interdisciplinary teams

The procedure we followed, whilst conducting an epidemiological survey of specific STDs amongst farm workers in Chiawa, corresponds to many such surveys elsewhere in Zambia and Africa (see Barongo 1992) My own role was to discuss the survey with the farm community, to conduct a complete register of all workers from which a 10% sample was to be randomly selected, to assist in the logistics of identifying workers in the sample and transporting them to hospital, and to help design a questionnaire which would be administered to each worker who was screened Local research assistants worked with me during this process and helped interview participants in the survey

Initial discussions with management and leaders amongst the farm workers made abundantly clear the workers were not willing to be screened for HIV The bio-medics felt that this was a good opportunity to screen such a group for HIV and specified that results would be anonymous and unlinked Both I, the farm community and local Chiawa research assistants

were anxious about HIV screening The overwhelming consensus was that in a potentially high HIV prevalent group without appropriate back-up services (counselling and care), there were no advantages to being tested for HIV Most of the workers were frightened by the prospect [6]

The final agreement was that the blood would not be screened for HIV though if individuals requested an HIV test that could be done with pre- and post-test counselling We also agreed that women workers would only be screened for syphilis and would not be physically examined unless they complained of STD symptoms Men were screened for syphilis and for non-specific urethritis, trichonomiasis, herpes, candidiasis, non-specific genital ulcers and chancroid by a physical examination The decision not to examine women was due to the reluctance of the male clinical officers to physically examine women, the reluctance of the women workers to be examined, as well problems of insufficient equipment and hygiene This seems to be common practice in population-based STD screening in Africa (Buve 1994 personal communication)

Participation was voluntary, (a fact I felt neither my medical colleagues nor my research assistants were particularly good at conveying) and consent was obtained verbally from each individual who was actually screened Those workers who were not randomly selected but wished to be screened anyway were encouraged to attend The examination and treatment was free, and management agreed to pay all workers (even casuals) who lost a day's work attending the screening Any infections identified during the examination and after the blood

[6] See Section 2 2 for a wider discusssion of the advantages of HIV testing in a Zambian context

tests were treated the same day All those who were screened received some preventive messages and could take some condoms away with them

During the survey we confronted many problems The random selection procedure caused confusion "Why", some farm workers wanted to know, "was I selected when my friend who also put his name down was not selected?" People suspected that their blood would in fact be tested for HIV (as the quote at the beginning of this chapter reflects) There were also rumours that the screening was actually for the farm to establish the effects of insecticides on the health of its workers, and that those who participated would lose their jobs No supervisors or managers participated, and some supervisors actively discouraged and coerced workers in their section to not take part One woman was told she would lose her job if she did participate Men complained about the physical examinations, objecting to the use of a particular instrument which they feared might affect their sexual potency They also objected to the exclusion of women from the physical examinations Some workers took the opportunity to have a day off for which they would get paid, but did not turn up at the hospital The migrant workers were approaching the end of the season and some of them returned home between being registered and selected for screening At month end, the personnel manager failed to honour management's agreement to pay all workers who missed a day's work due to the screening, and this angered the workers

Half way through the screening for a few weeks because none of the workers on the random list could be recruited, we had to halt the screening It then fell to me, assisted once by a clinical officer, to confront the rumours and attempt to dispel people's fears, reassuring them as far as possible and addressing the issue of payment for the day lost from work with

management The survey was resumed, and eventually we managed to screen a total of 570 workers (210 women, 360 men), over half of whom were volunteers and not randomly selected The results were shared with management and workers [7]

I have related this procedure in some detail to illustrate the pit-falls of such research and the way anthropologists may be used to mediate between research subjects and bio-medical research, without having the ultimate power to determine either the shape of that research (including what is actually done with the blood) or to be fully involved in the analysis I was left wondering whether the survey had been worthwhile On the one hand, farm workers had been given access to free STD diagnosis, and those identified with STDs had been treated, this would have reduced the pool of STDs for a period at the farm Some participants had taken condoms away with them Also, we had our first indication of the prevalence of STDs within the farm community On the other hand, the survey had generated mistrust and anxiety at all levels and I ended up having limited access to and control over the data

My experience with this STD survey leads to me doubt the consent procedures and, indeed, the validity of HIV epidemiological population-based surveys which claim to have over a response rate over 80% Palca (1990 199) recalls how Barry backed out of a study of maternal AIDS in Tanzania because the Tanzanians said the participants should not be given the results, since there was no cure and little palliative therapy to offer, and the sponsors of the project, Yale University, required that women give individual informed consent and that the results should be made known to them Writing in 1990, Palca (ibid) goes on to say with over

[7] Results were disseminated to workers through HIV/AIDS peer educators, which the project had trained (see Bond 1997)

600 AIDS related studies underway in Africa and over half involving collaboration with researchers outside Africa, "How should Western approaches to issues such as privacy, informed consent, and protection of research subjects be applied in such studies?" "Is it culturally sensible to give informed consent the way we [in the West] often go about informed consent?" (ibid 201) Often surveys say that consent was obtained without specifying what type of consent and whether individual or community If individual consent is obtained it is often verbal because people do not wish or are not able to sign

The latest UNAIDS policy statement (August 1997 97 2) on HIV testing and counselling is decidely vague on this issue It says that UNAIDS "encourage[s] community involvement in sentinel surveillance and epidemiological surveys HIV testing conducted for these purposes is usually anonymous and unlinked, and may not require individual consent However, the findings of such surveys are of great community concern, and so communities need to have a sense of "ownership" of the process Community consent should be secured before surveys are conducted, and the community should be involved in the survey and have access to the results" But what if, for example, the results of the survey showed that 44% of the women aged 20 to 29 years were HIV-positive? (as indeed some surveys have claimed) What would researchers, policy-makers or the community do with such a result? Telling a community that almost half of its most reproductive age group is infected with HIV is so devastating and threatening that such information may well be rejected At the Siavonga workshop in 1990, one African participant speculated "Is the percentage of HIV infection the most important thing? Does it help us as a community? Our girls still have to get married"

In an article titled "The Right Not To Know HIV-test Results" (Temmerman et al 1995), a

team of bio-medics describe their experience conducting HIV/AIDS research amongst a group of pregnant women in Kenya Pregnant women were invited to participate in the study Those who agreed received individual counselling and gave individual informed consent before their blood was taken to be screend for HIV-1 and syphilis After a week over 90% of the women returned for their test results Overall 8 5% were HIV-positive and this group received further counselling and were invited to participate in a study of HIV and pregnancy A quarter of this group dropped out immediately and almost a third never communicated their test result to their partner Of the women who did manage to communicate their test result, some were blamed for bringing the disease to the relationship and some women's lives were "harmed" (ibid 970) The researchers (ibid) write bluntly, "There is not much we can offer African women once we have told them the bad news there is no AZT or any other medication available" Over 80% of the HIV-positive women were married women in a stable relationship and the team wondered whether it really helped to educate such women about the risk of transmission They end the article by cautioning researchers to "weigh the benefits of the study for the women involved against possible risks such as increased violence and loss of security" (ibid)

This is a rare example in medical literature on HIV research of the ethical dilemmas of HIV/AIDS research in Africa not being swept under the carpet That is not to imply that bio-medics do not worry about such issues during their research In my experience they do [8], but

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[8] For example, one medical colleague recalls how she conducted an HIV survey among in-patients in a district hospital in Zambia She was a resident doctor in the hospital and one patient hounded her for the result She kept on referring the patient to a counsellor who was supposed to tell every participant in the survey their result However the counsellor was over stretched and eventually the bio-medic gave in to the patient's demands and told her that she was sorry but that the patient was HIV-positive For the rest of the period that my colleague worked in that hospital, the patient held her personally responsible for the result She says she has never forgotten this event

rarely are such concerns acknowledged in the writing

Saliva

In 1995, I was asked by the epidemiologist with whom I had worked in Chiawa to comment on a draft protocol for a population based survey on HIV infection He particularly wanted me to comment on the individual Knowledge Attitude and Practice (KAP) questionnaire they had drafted The section on ethics caught my attention and caused me some concern The draft stated, "A community-based survey on HIV related issues might be plagued with various constraints The potentially most critical one is that individuals refuse to be HIV tested A strategy that is judged to significantly reduce and possibly eliminate this problem is to use saliva or oral mucosal transudate (OMT) for testing HIV, a non-invasive alternative to [blood] serum it does not need personnel with special training Moreover, it found to be an effective strategy (sensitivity and specificity comparable with tests based on sera) for HIV surveillance An important consideration is whether or not the strategy of using saliva specimens influences the [standard Zambian] ethical requirements Saliva samples are obtained rather non-invasively and with little pain Furthermore, it might be argued that the result of the HIV test based on saliva should not be communicated to the individual, primarily with reference to the general [read standard] procedures and due to uncertainty at the individual level of the method used" In my written comments, I responded to this section by saying that, "testing people for HIV is never going to be convenient or comfortable for the scientists involved, no matter what methods are used Using a different method for the same end is not justification for loosening the ethical guidelines Besides it may also be ethnocentric to say that taking saliva is non-invasive since bodily fluids are heavily symbolic

in many Zambian groups"

I had no further contact with this study until the preliminary results were presented early in 1997 at a seminar (see Fylkesnes et al 1997) The study population had covered an urban, a peri-urban and a rural site and 93 5% (4494 out of 4920) of the population had consented to have their saliva tested for HIV The results of a sub-study on the accuracy of the saliva-based results showed saliva as accurate as serum, with a 99 2% sensitivity and a 99 7% specificity (ibid) At the seminar, some people questioned what exactly was understood by the research population when saliva was collected for HIV testing - did the research subjects see themselves as part of a scientific study to see if HIV was present in saliva or did they really know that their own HIV status could be determined from their saliva? The research team was inconsistent and guarded in their answers One of the research assistants, in response to this question, later said that people were told that although this was an HIV survey, the team was unable to give HIV results from saliva since it was not the virus that was present in the saliva but the antibodies If they wished to be tested for HIV, they must give blood at a later date to a counselling and testing service Only 3 6% of the study population used this service It is questionable whether the people really understood what was happening and how honestly the survey was conducted This reveals how national and international guidelines for the ethical conduct of research are not necessarily enforced

Informed Consent.

Given that we need some data on HIV prevalence and incidence, and that we social scientists are not the ones who have to take blood from our research populations, what guidelines are

there on informed consent? Bayer (1990 1287-8), in an editorial titled "The Ethics of Research on HIV/AIDS in Community Based Settings", holds that AIDS has brought the role of randomised clinical trials and the dominance of scientists over subjects into question, and that individuals, especially vulnerable individuals, need protection against coercive or deceptive efforts to elicit participation in scientific undertakings designed to produce generalizable knowledge Colebunders and Ndumbe (1993 601-2) reflect on the priorities for HIV testing in developing countries They say it is not universal to obtain consent from people before tests are done, and that if there are limited resources and high HIV prevalence, it is not useful to test a patient for HIV when the diagnosis is clinically evident [9] They (ibid 601) feel that, although it may sometimes be better to test a patient for HIV than engage in further investigations, "HIV testing of symptom-free individuals in developing countries is even more fraught with difficulties" Their recommendation is that HIV testing for surveillance should be confined to sentinel serosurveys They do not discuss the nature of informed consent

How much adaptation to context, or bending the rules, is necessary in the application of informed consent - a concept which originates in Western medicine - in Africa? In Zaire (now the Democratic Republic of the Congo), Schoepf (1991 763) saw how assumptions regarding presumed cultural differences in the concept of personhood were used to argue that, in Africa, individual autonomy is submerged and personhood linked to kin, therefore consent obtained from community leaders or heads of households was adequate, and concludes "such propositions are debatable, especially when applied to contemporary urban contexts"

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[9] This is actually the policy the Zambian Ministry of Health has adopted since 1992, partly due to a shortage of money to buy HIV testing kits and due to HIV prevalence

Barry (1988) thinks we must dispute if so-called informed consent in Africa is consent from individuals, or the head of the household, or the Ministry of Health He proposes that to obtain valid informed consent, information must be made culturally comprehensible by local community involvement This corresponds to van Willigen's (1993 44) definition of consent in applied anthropology, where he states "the anthropologist must ask the question "May I do this?" Further, the informant must know the circumstances in which the question is asked It is only with adequate knowledge that the subject can give permission in a way that is ethically meaningful" Concerning the explanation (cited above) "it is not the virus that is present in the saliva but the antibodies", it is difficult to imagine how this could be translated into a local language and if the informant would have adequate knowledge to give consent

Anthropology and Intervention

In recent years there has been more explicit recognition that anthropologists are involved in changing, re-interpreting or re-inventing culture, moving away from the old rhetoric of "do not change the culture you are studying" (ten Brummelhuis and Herdt 1995 x) However, the recognition that ethnographic work "inevitably constitutes a form of intervention" (Johannsen 1992 77) has not uniformly entailed a move towards the application of anthropology Paine (1985, 1990) is an interesting example of an anthropologist who has engaged in the debate on our role as advocates for the people we study and on our "authorial authority" It seems that each debate may exclude the other, since self-reflexivity - as manifested in the post-modern shift - can render any decision to intervene by the "situated, culturally constructed observer" (Murphy 1990 333) as either impossible or not the right thing to do Johannsen (1992 71)

describes the apparent incompatibility of the two perspectives She writes that applied anthropology is accused of being "theoretically unsophisticated, praxis-orientated and ethically problematic", whereas post-modern or interpretive anthropology is accused of being "a vapid form of literary criticism" I agree with Johannsen and Warry (1992) that we need to look for a middle ground between action and reflection

The difficulty of reaching this middle ground is well illustrated by Hastrup and Elsass (1990 301-312) Describing an event during fieldwork with the Arhuaco Indians in Columbia, when they were approached to help get funding for an intensive agricultural project, Hastrup and Elsass justify their decision to refuse the request They explain their post-modern stance - that fieldwork is a personal encounter and ethnography an intersubjective reality What informants speak is not "cultural truths" (ibid 304) but a situational response to the presence of the anthropologist They then identify two antagonistic groups within the society, which they label traditionalists and modernists The request for help came from the modernist group Neither group held a vision of the future which boosted the "community's inherent capacity to determine its future" (ibid 305), since one proposed externally determined development and the other isolation They believe that as anthropologists they had no right to present "the texts of a selected group" (ibid 306) and that anthropologists should speak for the entire context and not pursue one particular interest They felt they should uncover the divided truth to the Arhuacos and enable them to speak more convincingly for themselves, rather than represent one side which could split the society even more Although they come down heavily on the role of advocacy in anthropology - believing that advocacy falls outside the profession since no "cause" can be legitimated in anthropological terms - they do also have a provision for "certain cases" where "advocacy is no option but an implicit requirement of the social

relationship established between the anthropologist and the local people" (ibid 301) This type of advocacy is circumstantial, occurs in vital instances and is unplanned

Hastrup and Elsass make valuable points about the complexity of context and the plurality of voices within a local context and both points, in my opinion, could do with being applied more frequently and thoughtfully in anthropological research on AIDS in Africa However, they come up with no guidelines and, as Grillo (1990 308) responds, assume for anthropology an amoral relativism Grillo would like to see an external moral stance generated from anthropology, although he admits there is a considerable difference between having principles and applying them in practice Paine (1990 309) spells out how the morality of anthropology lies in representing others' causes in ethnography and how much of the future of anthropology is in intermediary relations The important considerations are what people should be "targeted", in what manner and at what stage in an unfolding advocacy Reacting to a quote from Cohen (cited in Paine 1985) which Hastrup and Elsass used to back up their own agrument, which read, "I am always a little ambivalent about advocacy I decided long ago that my advocacy - such as it is - had to lie in my ethnography in presenting them and the complexity of their lives in a way that they would feel did them justice", Paine (1990 309) cited a personal reply he received from Cohen when he challenged him on this statement Cohen wrote "But I agree with you, the issue for us is how to translate concern into action, and an anthropologist without concern is no anthropologist at all"

In my view this comment acknowledges the sentiments of many anthropologists in the field Heavier criticism of Hastrup's and Elsass's stance comes from Singer (1994 338), who opposes their view that intervention is a "kind of side-taking" Singer (ibid 339) finds it

ironic that post-modernism promotes the production of collaborative, negotiated texts and yet balks at collaborative, negotiated action

A "post-modernist applied project" is proposed by Johannsen (1992 78-9) as a compromise between applied anthropology and post-modern anthropology The project is to train the community in communication skills to lead to a "community generated ethnography", providing people with the means to "represent themselves, their own culture and their own concerns" through "sustained self-reflection by the people being studied, which will ultimately produce a process of self-assessment"

This approach reminds me of Freudenthal's video work within the Chiawa project and elsewhere (see Freudenthal 1996 and 2 1) and our use of research area residents as interviewers (see Bond and Dhooge 1993) However, Johannsen fails to predict the problems of the community representing something that the anthropologist does not agree with For example, the peer educators in Chiawa produced an AIDS education video which portrayed women as primarily responsible for transmitting STDs and HIV (see Freudenthal 1995*) The peer educators were mostly men and the women within the group did not oppose their ideas Freudenthal discussed the issue with them and they finally agreed to add another scene which they felt addressed the fact that men were equally responsible for transmitting HIV and STDs[10] Warry (1992 157-161) also puts the emphasis on engaging research participants in action and theoretical discussions Although I agree with his approach, I think it too fails to foresee the difficulties of actual fieldwork, when ethical canons can be hard to implement

[10] Freudenthal made a further AIDS education video with women workers in February 1998 to promote their perspective

In the face of the AIDS pandemic, Singer (1994 339) suggests that we suspend academic issues surrounding the "basic legitimacy of the ethnographic approach to understanding" in order to respond since "intervention demands attitudes and decisions that a postmodern stance precludes" We may have uncertainties but we need to proceed even if it means taking sides in a highly controversial way He labels his own approach as "community centred praxis" and at the heart of it is dialogue between activist community members and anthropologists with a long-term commitment to local community collaboration (ibid 341) He gives the example of anthropologists' involvement in the Hartford Needle Exchange Project, of how they provided data and testified in support of this service despite a "plurality of voices" within the community since "the nature of the AIDS epidemic does not afford the luxury of awaiting a resolution of political contestation" (ibid 342) He concludes "While mindful of the complexities and social conflicts involved, anthropologists working in the epidemic have been able to reach conclusions and act, a course that would be difficult to follow if post-modernist understandings were to guide applied work" (ibid 343)

At a workshop on qualitative methods for investigating sexual networking that I attended at the University of Natal, February 1997, many of the African social scientists' comments echoed Singer's sentiments For example, Kofi felt that there should be some notion of "common good" when faced with a plurality of voices, and that the anthropologist would be justified to act on the basis of this "common good" (Kofi 1997 personal communication)

Like Singer, Kofi highlights the need to act in the face of the HIV/AIDS epidemic, although neither of them convey how difficult it can be to know how to act for the better The example

Singer gives is quite clear-cut - we know that needle exchange programmes reduce HIV transmission dramatically (Lurie and Drucker 1997) and it is easy to lend our support to such an intervention Other situations are not so transparent For example, I faced some fierce opposition from women and men over the distribution of condoms in Chiawa At one heated meeting, the women said it encouraged their husbands to "go straight" to other women if they had condoms, and the men thought the idea of women receiving condoms was outrageous and would give women the freedom to have other men - would indeed be proof that they were "meeting with" [11] other men This discussion and other material that I have on the unpopularity of condoms (see Bond and Dover 1997), left me wondering whether we were right to distribute them, despite the fact that condoms used correctly and regularly reduce HIV and STD transmission dramatically

Singer (1994 343) points out that post-modernism is not alone in recognising the problems that anthropology creates for itself in attempting to speak for or adequately represent host communities Indeed, for example, within applied anthropology for some time, and certainly within the group of Rhodes Livingstone Institute (RLI) anthropologists carrying out work in the mines of the Copperbelt between the 1940's and 1970's (see Simons 1977, Powdermaker 1966,Wilson 1941), there have been discussions about the relationship between anthropologists and different interest groups within the community, and the potential politicisation of research and researcher South African anthropologists have certainly had bitter experience of their knowledge being used to rationalise a specific social order (see

[11] "Meeting with" is a Zambian euphemism for "having sex with"

Rensburg 1996 11), and the debate in the United States in the context of the Vietnam War is an earlier case in point (see Stavenhagen 1971)

"Goods", Guidelines and Skills

Without stepping outside the discipline, what different "goods", guidelines and skills exist in anthropology for those of us involved in the application of our work in the arena of health problems?

The concept of praxis I find useful in the application of anthropology The concept arises out of Sahlins's (1976) discussion of practical reason Paine (1992) used the concept when analysing the way the Chernobyl radiation of Lapland reindeer was "managed" by rural people in Lapland who hunted and consumed reindeer, and, by the scientists who investigated radiation levels He defines praxis as the fusion of knowledge, understanding and responsibility and demonstrates the different praxes of the scientists and the traditional consumers of reindeer meat He says that each group needs to acknowledge the other's praxis in order for radiation levels to be addressed in an effective way

Warry (1992 156) unravels the concept of praxis further Praxis research is proposed as that in which "researchers communicate theoretical assumptions to participants and engage [his emphasis] the research community in dialogue concerning the nature of theory and its relationship to intervention" This type of research is a "specific form of activity, activity based on knowledge informed by theory and performed according to certain ethical and moral principles for political ends" (ibid 157)

Applying praxis to HIV/AIDS research involves stressing the importance of building on a community's knowledge of the disease, understanding of the disease and responsibility for the disease, and identifying how the community's praxis differs from the praxis of bio-medics The next step, following Warry's method, would be to use and extend our understanding of a community's praxis "for the mutual exploration of cultural meaning and process for the mutual exploration and creation of new meanings, some of which may be successful in changing behaviour to meet the AIDS crisis" (Preston-Whyte 1993 10) In other words, we need to see the dynamics of culture (Schoepf 1991) as an opportunity for change and empowerment

The concept of narrative (Bruner 1986) fits into this perspective One analysis of the narratives of AIDS in Southern Zambia demonstrates how people make sense of the "dominant narrative" (Overgaard Mogensen 1995 101-2) of AIDS by relating it to a "narrative of pollution", making the narrative meaningful to them and engaging actively in the story-making and interpretation AIDS education needs to engage in this process, whilst realising that narratives undergo continuous change

Another example of this process is given in Yamba's (1989) account of the importance of cultural survival for a group of West African migrants in Central Sudan The leaders of the West African community decided to promote an earlier marriage age for young men when they learned that STD prevalence amongst their young men could cause infertility and threaten the future of their group They chose to promote earlier marriage over promoting condom use with a small cohort of prostitutes with whom the younger unmarried men had sexual contact

Un vers ty

The latter strategy was the one proposed by Yamba but it failed due to the reluctance of prostitutes to use condoms with their clients His own intervention, however, did instigate awareness and discussion about the problem

Unfortunately, in my own experience, not all appreciations of and engagements with praxis or narrative lead to such a happy ending A community's own praxis can be at odds with HIV prevention Currently a witchfinder in Chiawa is attributing deaths from "suspected" AIDS to witches within the community, giving an elaborate explanation about the transmission of HIV/AIDS which does not involve sexual contact with an infected person The community demonstrates support for the witchfinder's explanation, which runs directly against our own intervention efforts

Maybe Grillo's (1985 22) suggestion that we need to agree on the nature of our contribution, on what the anthropological perspective in applied anthropology is, can help us Gluckman (1945 74), commenting on Richards's work amongst the Bemba, says that she exposes "factors in the social system of the people themselves which would help or hinder those trying to help them" Fifty years on, it would seem that an anthropologist's "intelligent knowledge of a situation" (ibid) is a prerequisite to devising effective solutions Reynolds (1991 xxv), writing on the valley Tonga on the other side of the Zambezi river to Chiawa, says "Perhaps intervention is most palatable when real choices are offered By better understanding the potential of the environment and the importance of peoples' rights to self-determination, real choices might be available" Colson (1989), in the same vein, tells us that the job of an anthropologist is to expose local expectations, possibilities, resources and willingness to invest in these resources Discovering and representing what social actors are doing on the

ground and why is the main objective of anthropology for Coplan (1996), and Murphy (1990 336) suggests "the anthropological mission is to study and describe, in all its richness, the work of life" (ibid 336) The latter emphasis on ethnography is important

My own role has straddled that of conducting research, analysing data, presenting results and making recommendations, designing and implementing interventions My decision to, as it were, war a number of hats and play a diversity of roles was sticky (Gow 1993 391, Preston-Whyte 1993, Wallman 1993) As Johannsen (1992 73) comments, distinguishing roles is never easy and some of these roles can be viewed as a "sum of skills" Also we need to consider what expectations people have of what anthropologists do, since "if the people who we are addressing have other expectations then those careful statements of ours are going to be misunderstood and misused" (Paine 1985 17)

Whisson (1985 145) suggests that a social anthropologist immersed in development can act as a broker, an advocate or a collaborator, and "Each role has its place, and the same scholar can fill all three, if not in the same transaction, then in respect of a single project or people" Other anthropologists would label "broker" a "translator" or "interpreter" (Preston-Whyte 1993) In this role we would need to recognise we cannot control the use of our findings (Van Velsen 1974 520-1) A step further into the advocacy arena would allow us to be personally involved in the application of our findings, although we still cannot predict the effectiveness or uses made of our interventions (Coplan 1996) However in reality timing can be disrupted by our responsibility to our subjects (Barry 1988) When urgent problems appear it is sometimes necessary to make "serious and quick research management decisions" about intervention (Preston-Whyte 1993)

What is new with the work on AIDS, ten Brummelhuis and Herdt (1995 xi) propose, is how "anthropologists assume increasing responsibility for the application of their knowledge, and then participate in the application of this in a culturally sensitive way" Although it is exciting to know that AIDS is challenging anthropologists to follow their research through to interventions, it would seem that we also need to be clear about the limits of our involvement (Grillo 1985 3) and the skills we do and do not have, and to acquire more skills to deal with interventions effectively For example, do we currently have the skills as a discipline to be successful in development and to give adequate back-up to empowerment projects (Preston-Whyte 1993 23)?

Redclift (1985 200-1) suggests that we need to come into contact with other professionals more, learn more about the tools of other trades and become more ecumenical and less self-regarding Inhorn (1995 289) encourages medical anthropologists to stop talking about the limitations of other disciplines and to train in the epidemiological perspective In the Chiawa peer education intervention, I have had to turn to other professions for guidance and to literature outside my own discipline

The notion of anthropologists working alone in the field is beginning to change (see Christensen et al 1997) and ten Brummelhuis and Herdt (1995 xviii) advocate working in teams in HIV/AIDS research, calling this a "new model of cooperation" My own experience of working in a team with other anthropologists and social scientists in the Chiawa project has been extremely rewarding Working with bio-medics in a team, as indicated earlier, has been more difficult and challenging but could also be rewarding Preston-Whyte (1993 4) reminds

us that our role could be as "scribe and interpreter, the go-between or culture broker, whose task it is to translate local cultures to the medical profession whose own culture is not sympathetic to what is regarded as the irrationalities of a non-scientific world view"

The complexity of ethics in the application of anthropology has been discussed in this prologue For van Willigen (1993 41), the "essential core of the ethics of applied anthropology is the nature of the potential and manifested impact on the people involved" One of the problems that lies at the heart of anthropology is defined by Grillo (1985 3) as essentially ethical resolve, in his own words - "what its practitioners can or should do, intellectually, morally and politically, and each generation needs to review such matters afresh, reaching its own conclusions in the context of its own time"

It would appear we have reached a stage - within HIV/AIDS applied research - where we need to re-evaluate our ethical resolve The societies which anthropologists study are transformed by politics and profit (Redclift 1985 200) - and by disease - and, as Redclift (ibid) surmises, anthropology should seek to provide coherence and ethical resolve, however uncomfortable the results Heggenhougen (1995 283) too writes that "we increasingly have obligations to taken an ethical stance, even if our ethical norms our culturally derived" For Schoepf (1991) the methods we use when we conduct AIDS research can ensure that we uphold ethics, advocating participatory research, especially performative ethnography, as research that does no harm and obtains new knowledge

To conclude, I think that important components of appropriate anthropological research are that it reveals complexity, is participatory, clearly delimited, quick as possible (without being

"quick and dirty"), and honest about intention It should feed back findings to the community and make linkages with interventions and not just give lip service to interventions (Obbo 1995 85) I would further add some guidelines from Bolton (1995 285-313) to this list, namely be courageous, work where you can be the most effective, always remember that lives are at stake, cast a wide theoretical net, and think about your priorities

I also think that even with the greatest care and sensitivity, it is possible to trip up on "no-win" situations (see Bond 1997) and that we must continue to debate ethical dilemmas and to re-define ethical resolve in the light of our experience with working in the HIV/AIDS field

SECTION 2: PROBLEM AND SETTING

2.1

BACKGROUND AND RELATION TO THE SAREC PROGRAMME.

This section indicates the context and the scope of the research done for this thesis by giving an overview of the larger research project within which the material for the thesis was collected. The relationship between the material presented in this thesis and the larger research project is explained [1], and findings from the Chiawa project as a whole are summarised.

In 1988, at the IVth International AIDS Conference in Stockholm, the Swedish government pledged a sum of money to fund research into HIV/AIDS. In 1991, an interdisciplinary research project was funded out of this pot by the Swedish Agency for Research and Development (SAREC) [2] for an initial period of three years. I was employed as a research assistant on the project through the University of Hull. The social research component of the project was a collaboration between three institutions: the Department of Public Health Sciences, International Health Care Research (IHCAR), Karolinska Institute, Sweden, the Department of Sociology and Social Anthropology, the University of Hull, United Kingdom,

[1] I want to acknowledge the amount of interaction and overlap with other researchers in the project, both in our periods in the field, actual fieldwork, methods and interventions. However, the household case-studies and certain components of the research on the farm remain exclusively my own work throughout the whole period spent in the field and indeed in the analyses.

[2] Since 1995 SAREC has become part of the Swedish International Development Agency (SIDA)

and the Institute for Economics and Social Research [3], University of Zambia The project proposal had been developed in three planning workshops between 1989 and 1990 with grants from SAREC and the Overseas Development Agency (ODA - now DFID), with one planning workshop held in each country that was involved I was Sandra Wallman's research assistant for the planning workshops and helped write up a summary of each The final proposal was titled "Community Capacity to Prevent, Manage and Survive HIV/AIDS" (see Wallman, Kalumba, Krantz and Sachs 1992)

The research project adopted an inter-disciplinary, applied approach to map out the capacity of a rural community to prevent the transmission of sexually transmitted diseases (STDs), including HIV

In November 1990, a study site was selected[4] The site was an area called Chiawa Chieftaincy in Kafue District, Lusaka Province This area was selected because of commitment and support from local leadership, evidence of new development, proximity to a border post and a major road, rural-urban connections, indications that both STDs and HIV were an increasing health problem and the "bounded" nature of the area which it was felt would make it easier to monitor mobility and change and conduct ethnographic enquiry (Yamba 1991) [5]

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[3] The Institute for African Studies (IAS) was renamed the Institute for Economics and Social Research (INESOR) in January 1997 This was the third time the institute had had it's name changed in its' history The institute was founded in 1937 in Northern Rhodesia and was then called the Rhodes-Livingstone Institute (RLI), a name which it retained until Independence in 1964 It was the first social science research institute in Africa For the most recent account of the history of RLI see Schumaker (1994)

[4] Five potential study sites in Lusaka Rural Province were identified by IAS research fellows, Sylvia Mudenda and Katele Kalumba All five sites were then visited in November 1990 by me and Bawa Yamba before the final selection was made

[5] Another reason for selecting Chiawa was that we managed to rent a house in Chiawa centre from Kafue District Council This thatched house was built from local stone in 1986 by an American Save the Children

In the first phase of the study (1991 to 1993), the research project studied the socio-economic nexus, the health system, perceptions of health and coping mechanisms in Chiawa After recruiting a Zambian research assistant to the project (Phillimon Ndubani), we introduced ourselves and the project formally to the community at a meeting held in Chiawa centre in April 1994, which the Chieftainess and the village headmen attended Ndubani then moved into the house on the hill with his family where he was to live for the next two and a half years [6,7]

In July 1991 we (Dhooge, Wallman, Ndubani and myself) conducted a socio-economic household survey of all the 676 households in 27 villages in Chiawa 613 households were interviewed and the findings depict the demography and the economic and health system of Chiawa (Bond and Wallman 1993) [8] Later that year, in December 1991, we (Bond, Ndubani, Macwan'gi) carried out a socio-economic survey of 241 individual migrant workers living in the compounds on the commercial farm, a Banana scheme, a Tse-Tse project camp, a

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Project and was standing empty when Yamba and I first visited Chiawa Perched on the palace hill just outside the village centre, the house overlooks the Zambezi river, with a stunning view of the escarpments and valley floor on both sides of the river The beauty of this view has sustained us all

[6] In this first phase, I spent about six months a year in 1991 and 1992 in Chiawa, and in 1993, another two months

[7] An integral part of the methodology has been to conduct research that involves local people actively in the research process in order to enhance community capacity and to maintain a long term presence in the community Local people have commented on the long periods researchers, in particular Ndubani, have spent in the field, saying they are more used to researchers coming, asking questions and leaving never to be seen again Local research assistants have been recruited from and trained within Chiawa from the outset Some of these local research assistants are still used by the project, some are also now trained to be STD and HIV peer educators and counsellors, and some have gone onto be employed by other NGOs in the area, government (namely Central Statistics Office and the local court) or other research projects

[8] The findings from this 1991 household survey have been used by the local Programme for Prevention of Malnutrition (PPM) committee in Chiawa used demographic information to apply for relief maize during the 1992 drought, local and EU conservation projects in Chiawa have used the findings on land use, agriculture and livestock, a drought study for the world bank (see Saasa 1993) used demographic and other findings, and

veterinary camp and in the National Parks and Wildlife camps (see Bond, Ndubani and Macwan'gi 1993) These individuals had been left out of the household survey because they were different in origin and economic base to the resident villagers

The results from both these surveys represent a comprehensive picture of Chiawa in the last six months of 1991 Chiawa emerged as a dynamic area undergoing rapid structural and social change Contributions to household living were diverse with the most common being farming, selling produce, a professional job, fishing and brewing beer Most households had access to land and only a small minority did not have any river gardens to cultivate About three quarters of all households also had livestock Migrant workers were largely young men who were seasonally employed, originated from Southern Province and frequently returned home for short visits (Bond, Macwang'i and Ndubani 1993) In the villages, there was evidence for a migration flow between town (notably Lusaka and Kafue) and Chiawa augmented by the number of adult children (almost three quarters of those who have moved away from home) living outside Chiawa Polygyny was practiced by 13% of households, a lower figure than what was expected Slightly more daughters than sons had moved away from their parents' compound, suggesting that uxorilocal bride-service was no longer so common Women were four times as likely to be divorced and widowed than men, and one quarter of all households were headed by women Amongst the migrant workers, the divorce rate was higher than that of the villagers In the villages, 165 children lived with their grandparents without their mothers living in the same household, a residence pattern common in areas of high HIV prevalence (Barnett and Blaikie 1992)

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in 1998 a World Wildlife Fund research study conducted a repeat survey in around 100 households

Local perceptions of common diseases corresponded with health statistics Malaria, diarrhoea and upper respiratory tract infections were both perceived and recorded as the most prevalent Ndubani's (Bond and Ndubani 1993) assessment of environmental health in Chiawa demonstrated that environmental constraints, such as the shortage of pit-latrines, safe water sources and vector control, contributed to the high prevalence of malaria, diarrhoea and upper respiratory tract infections There were few environmental health activities to address such problems Conditions in some of the migrant worker camps were also not conducive to good health, with over-crowding and poor sanitation (unclean water and too few pit-latrines)

Reported infant mortality rate was higher than the national average and, according to both 1991 surveys, more deaths from HIV/AIDS were reported in the households of migrant workers than in Chiawa households Witchcraft was cited as a common cause of death, particularly in young adults Treatment options encompassed three categories of traditional healers, the local hospital and health centres, a dispensary and herbal treatment from kin, self and friends Migrant workers were more likely to resort to bio-medical treatment than villagers

In the same period a review of existing government and mission health facilities had been conducted (Bond and Ndubani 1993) This review showed that malnutrition amongst children from the age of 6 months to five years was prevalent Recurring epidemics of dysentery in 1990 and 1991 are recorded Tuberculosis cases used to be confined to one village but cases from other areas had started to present themselves at the clinic By the mid-1990s, the highest number of known TB cases were found at Masstock and the pontoon according to the TB patient register at Mtendere Mission Hospital All suspected TB cases are referred to

Mtendere hospital TB is very closely associated with HIV and by the mid-1990s, the most common cause of young adult death in Zambia (Godfrey-Faussett et al 1994 183, see Section 2 3) In 1990, the clinical officer attributed 10 deaths, and in 1991 six deaths, to AIDS in Chiawa centre alone Hospital records on HIV between 1987 and 1990 reflect the concentration of HIV infection around the border, the pontoon area (including the commercial farm) and Kabwadu, all areas of higher mobility and with a concentration of shops and bars Hospital staff estimated that almost 50% of their in-patients were HIV-positive

Hypotheses for further investigation, as well as anomalies, were thrown up by the surveys, the review of health facilities and field diaries For example the strong association between witchcraft and HIV/AIDS and the depth of belief in witchcraft, and the discrepancy between underreporting of STDs in both health records and by respondents, and the apparent prevalence of STDs in the area Both opportunities for risky sex and the incidence of STDs and HIV appeared to have increased since the late 1980s

We were also all involved in giving both sets of survey results back to the community in the form of pictorial leaflets designed in conjunction with a local artist and presented in a series of meetings Each meetings ended with a discussion on the health situation in Chiawa, and particularly on STDs and HIV/AIDS

During this initial phase of the project, all researchers were often asked for information on STDs and HIV/AIDS, and for condoms Such requests led us to try and establish links

between Chiawa and NGOs working with AIDS education in Zambia [9], and we managed to secure a regular supply of condoms from the Ministry of Health to be distributed locally by our research assistants and local football teams Despite introducing ourselves as researchers and defining the limitations of our role, often by describing our most useful role as that of a "telephone", our study had become known as the "Anti-AIDS Project" This name was to stick [10]

In July 1992, I made the decision to use household case-studies to try and unravel household capacity to manage STDs and cope with the HIV/AIDS epidemic in Chiawa These case-studies form the core of this thesis Ndubani decided to focus on STD treatment options amongst young Goba men His work revealed that traditional healers and local herbs were the treatment options most frequently used by young men infected with STDs since bio-medical medicine on its own was not believed to cure STDs Herbal emetics and purgatives, derived from a wide variety of indigenous plants, were often prescribed by local traditional healers The latter were more accessible to the young men than the local health centres and always provided information and advice to their clients (Ndubani 1998)

Ndubani and I jointly analysed our data on STDs to develop a delimited glossary of local terms for diseases associated with sexual intercourse in Chiawa, exploring the compatibility of this glossary with the bio-medical glossary used in local health facilities (see Bond and Ndubani 1997)

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[9] For example, we approached the Family Health Trust and local Chiawa schools to enable the establishment of Anti-AIDS clubs in Chiawa primary schools These clubs are sent Anti-AIDS material on a regular basis

Freudenthal also came to the field in 1992 and started her research on the use of interactive video in notching up capacity through promoting local identity and reflexivity (see Freudenthal 1993, 1996, 1998) and Ndubani and I worked with her throughout this period Freudenthal and local people produced three videos "We are the Goba", "AIDS is not an Animal", and "The Chiawa health centre" The videos stimulated a series of reflective discussions in Chiawa For example, the video on the Chiawa health centre showed the centre in a state of disrepair and sparked off a process which resulted in the rehabilitation of the centre in 1994 By giving the community an occasion to perform, to act out, to tell their story, issues that had not been clear to people themselves or had not been on their agenda, were brought up, visualised and articulated (Freudenthal 1998)

Yamba began a study on witchcraft based on the hypothesis that the belief in witches, as agents in disease causation and death, has grave consequences for any attempts to get people to change their behaviour in order not to become infected with HIV His work became centred around the activities of a witchfinder who arrived in the area in 1994 to cleanse the area of evil and was implicated in the deaths of fifteen people accused of being witches (see Yamba 1997 and Section 5 4) Yamba's (ibid) investigation describes how emic notions of disease transmission are a stumbling block in HIV prevention and shows how dominant and pervasive witchcraft beliefs are in Chiawa

Prior to starting research on the local commercial farm in 1994, I had an opportunity to return

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[10] See the prologue in this thesis and Bond (1997) for a discussion of some of the implications of being involved with interventions alongside conducting research

to the households in their own village setting as co-researcher in a study of the social impact and responses to cost recovery in basic service (health and education) in poor communities in Zambia (Booth et al 1995, see Section 5 3) My role was to pilot rapid appraisal techniques and questions in the Chiawa households, before fieldwork was carried out in four other sites – two rural and two urban In all sites, the introduction of user and basic fees in health and education meant that more people were being excluded from services, and that any "safety nets" (or exclusion categories) for vulnerable groups and critical activities were not working as they were supposed to (Booth et al 1996 x-xi) The unequal capacities of households to manage the user fees, the strain imposed on existing coping strategies by new demands for cash, and the discretion of head teachers to stagger or waiver the fees in primary education were revealed (ibid, see Section 5 3)

In the second phase, 1994-1997, the research focus of the larger project was narrowed to certain topics Research included the associations between witchcraft and AIDS (Yamba), STD treatment options amongst young men (Ndubani), the role of traditional healing in the management of STDs (Ndulo), male sexuality (Dover), STD partner notification (Faxelid), the quality of STD care in local health facilities (Faxelid & Freudenthal), and the role of a migrant labour population employed by the commercial farm in the spread and management of STDs and HIV (Bond, Faxelid, Freudenthal)[11] Interventions promoting early treatment of STDs in the community and a peer education programme on the commercial farm were to be designed and carried out by researchers and include improved STD management at local health facilities

[11] In this second phase, I spent about four months in the field in 1994 and again in 1995 My time in the field in 1996 and 1997 has been confined to short visits

The variety and type of herbal remedies used by traditional healers in their treatment of STDs, as well as the depth of their knowledge, their unfavourable perceptions of bio-medical treatment and their popularity, are exposed in Ndulo's (1999) and Ndubani's (1998) work

Dover (1995, 1997, 1999) argues that the concept of masculinity in Chiawa is equated with strength, potency and uncontrollable sexuality, but that it is women who are most connected to sexual immorality and spreading diseases Women's increasing freedom and social mobility is associated with the breakdown of social morals and unregulated sexuality, and threatens male dominated social order and sexual purity Like Yamba, Dover also demonstrates the significance of emic concepts in Chiawa He examines local categories of reproductive health illnesses which have both natural causal and moral pollution aspects, and which usually emphasise the importance of fertility These locally defined illnesses are more deeply understood and "real" to Goba men, Dover believes, than HIV/AIDS AIDS is thought to belong to Europeans, urban areas and "movious"[12] people

Faxelid's (1997) study of health seeking behaviour among patients with STDs in Lusaka urban and Chiawa indicated that both women and men continue to have sex during periods of symptoms, women with STD symptoms took longer than men to come to the health centres and that many patients take bio-medical treatment from sources outside the government health

[12] "Movious" is a word used in Chiawa and in other parts of Zambia to imply that someone has many sexual contacts, is "moving up and down, back and forth" between partners The term is not complimentary, and indeed in my material too, it is more often than not women who are blamed for being "too movious" (see a seminar paper titled "Movious Migrants", focusing on the sexual behaviour of young women around the commercial farm, Bond 1995)

sector This bio-medical treatment is often inappropriate Her research further confirmed the use of traditional medicine Quality of STD care in Chiawa is undermined by health providers' negative attitudes, lack of health education, poor counselling regarding health education, inappropriate prescribing, shortage of drugs and equipment, high medical fees, lack of privacy and long queues (Faxelid 1997) Involving both the community and the health providers in a process which explored their perceptions of STD care and health provision revealed the rudeness of staff, and the timidity and powerlessness of patients (Freudenthal 1997, Faxelid ibid) Training the staff improved the service provided on a short-term basis, but did not improve attendance or patient satisfaction (Faxelid ibid)

My own role in the second phase of the research study was specifically to be responsible for the research and intervention study on the commercial farm After two and a half years in Chiawa, and following meetings held in the different farm compounds, we felt that we had an ethical obligation to conduct applied research on the commercial farm in order to promote STD/HIV prevention both on the commercial farm and in the Chiawa community The migrant worker presence in Chiawa had greatly increased in a short period In 1991 there were approximately 221 migrant labourers in Chiawa By 1994 the number had risen to 2,500 on a seasonal basis, with the vast majority of migrant workers being employed by the farm and recruited from rural areas in Southern Province Both local perceptions and our own research suggested that the farm was an arena which had unusually high HIV and STD prevalence rates, and that these diseases spread from this labour reserve to the general rural community Such a working environment is not unusual in Africa and has driven the spread of STDs since the beginning of the century (Carswell 1991, Hunt 1989)

By now, the impetus of the larger project and of my own work, was to try to apply our findings directly to HIV and STD prevention The aim of the farm study was to design and implement an HIV and STD prevention programme over a three year period (mid 1994 to mid 1997)

The research on the farm in 1994 and 1995 consisted of introductory meetings, mapping and observation exercises in and around the farm, register of all camp workers in 1994 and 1995, a random social survey of 10% of camp workers, a selected survey of individuals (on whom more background information was already available and including any household members), group discussions about sexuality and STDs/HIV with men and women of reproductive age, observation on pay-days, weekends and in drinking places, collaborating in the collection of life-histories of 31 Tonga workers (see Bond, Cliggett and Schumaker 1996), and finally a random epidemiological baseline of particular STDs [13] Other than the group discussions with men and the epidemiological baseline, which involved other researchers [14], I was responsible for this research on the farm

The epidemiological baseline screened a total of 560 workers for STDs - 210 women and 360 men The syphilis prevalence was around 9%, about average for Zambia, although a prevalence of 13% amongst men over thirty was higher than many places The cumulative prevalence of seven possible STDs in men was 24% Very few workers were found with more than one STD In the random survey, the number deaths reported amongst the

[13] This epidemiological random baseline survey was conducted by the Epidemiology and Research Unit, National AIDS/STD/TB Programme, Ministry of Health, Zambia (Fylkesnes, Ndolovu and Kasumba)

[14] Dover (group discussions) and Fylkesnes, Ndolvu and Kasumba (epidemiological baseline)

households of migrant workers was considerably higher than those reported in the previous 1991 household and camp surveys, with 59 of the respondents reporting a total of 133 deaths across their households in the last two years This compares to 225 deaths across 613 Chiawa households in 1991, and 46 deaths across 241 migrant worker households in 1991 A higher number of the deaths were also attributed directly to AIDS The rise in deaths corroborates rising mortality trends in other parts of Zambia, including the Gwembe valley where many migrants come from (Clark et al 1995)

The research on the commercial farm looked at the unusual rural-to-rural migration pattern and its significance in the spread of STDs and HIV and used life histories to speculate on individual migrants exposure to STDs and HIV (Bond, Cliggett and Schumaker 1996), problems associated with condom use by the migrant workers (Bond and Dover 1997), the sexual behaviour of young women in and around the commercial farm (Bond 1995), ethical issues surrounding applied anthropological research in such a setting (Bond 1997, see 1 1), and the effectiveness of the peer education strategy (Freudenthal 1997, Bond and Faxelid 1998) The peer education strategy involved training some of the farm workers and members of the Chiawa community to become well and appropriately informed about HIV and STDs in order for them to hold regular activities to promote AIDS/STD prevention, and the local production of an AIDS education video The training course has been written up as a short working report and disseminated widely within Zambia (see ibid) Likewise, the AIDS education tape – titled Kurarama Kuzvibata "If you want to live longer, control yourself", has been distributed The evaluation of the latter suggested that involving farm workers in the making of the video stimulated consciousness and reflection, though after a while people got tired of seeing the same video Preliminary evaluation of the peer education strategy shows

the importance of sustainable outside support and of good leadership, the difficulties that the peer educators have in protecting themselves from HIV and STDs, and the value of counselling skills

The thesis does not look in detail at this farm research and intervention study, which is written up in other forms (see Bond and Faxelid 1998, Bond and Dover 1997, Bond 1997, Bond, Cliggett and Schumaker 1996) However, by 1994, six out of seven households were involved in the farm economy, either by at least one household member being directly employed for part of the year or through trade links with the farm This period of fieldwork on the farm in 1995 and 1995, therefore allowed me to trace some household members and/or relatives in this arena and include them in the study and interventions on the farm (see Section 6) The contact of individual household members with an arena where alcohol, sexual exploitation, sexual exchange and casual sex were more blatant uncovered other dimensions of capacity which were often obscured in the village setting

2.2

PROBLEM: CAPACITY, ADVERSITY AND ADJUSTMENTS IN SEVEN GOBA HOUSEHOLDS

The setting of this research is Chieftaincy Chiawa in rural Zambia   Chiawa lies in the lower Zambezi valley on the border of Zimbabwe and on the banks of the Zambezi river about 200kms south of Lusaka, its boundaries shaped by three rivers and the Mwinde hills   A pontoon on the Kafue river connects Chiawa with Southern Province, the Chirundu border post and the main road (see map ii)   The resident population number about eight thousand and are a small and distinct ethnic group in Zambia who call themselves Goba and speak a Shona dialect

The population has since 1993 been boosted by an annual influx of around 2000 migrant workers coming to work seasonally on a commercial farm, and the even more recent eradication of tse-tse fly has led to some neighbouring Tonga settling with their cattle in the area

In terms of government administration, services and spiralling health problems (related to malaria, drought, dysentery and cholera outbreaks as well as a rising incidence of STDs and HIV), Chiawa is similar to many other rural areas in Zambia   What distinguishes it is its' central role in the Zimbabwe Liberation War in the 1970s, extensive agricultural, tourism and environmental developments in the last decade, and the unique valley ecology and climate which make it a hard place to live

In this thesis, I explore the capacity of people to adapt to and manage these conditions through the lens of seven households in Chiawa The study was conducted as part of a programme of research on the capacity of a rural community in southern Zambia to manage, prevent and survive the transmission of HIV/STDs (Human Immunodeficiency Virus/Sexually Transmitted Diseases)

A central objective set out in the proposal for the field research was better understanding of local support systems (both economic and emotional) and their adaptation in times of rapid and/or crisis change (Wallman, Kalumba, Krantz, Sachs 1992 7)

The research project set out to enhance the capacity of a selected rural community to manage the HIV epidemic We aimed to achieve this through participatory research methods, sharing findings with the community as well as other researchers, policy makers and others involved in AIDS prevention, and designing our own interventions to implement in Chiawa The interventional aspect is raised at the outset of this thesis to underline the implicit commitment to HIV and STD prevention in Chiawa, as well as to explain the focus of my own research

By focusing in turn on the management of an untimely death of a young adult in the household, a dysentery epidemic, a drought, illness episodes pre- and post- structural changes in the formal health system, the introduction of fees in primary school education, and STDs and HIV/AIDS in the household - including individual household members' contacts within an arena where opportunities for "risky" sex are frequent - this thesis identifies dimensions of capacity to cope with a variety of adversities, both ordinary and extraordinary What

emerged from contextualising coping capacity in this way was a significant variation in how well different households cope with illnesses, adversity, crises and change, and/or the reasons for households and individuals not coping This highlighted the importance of exposing the limitations of capacity how far do support systems in fact have the capacity to adapt?

In my analysis, I look at what resources households and individual household members use to deal with different disruptions - what they do, don't do, how they cope and don't cope I look at the relationship between household structure and coping, and between economic resources and coping, taking into consideration the range of economic options and flux of economic resources in recent years The significance of social resources, such as kin, friends, individual personalities (skills, effort and decisions) and organisations like church and women's groups is explored A network analysis (Wallman 1984) helps indicate what social resources households turn to in times of trouble The parts played by gender, generation and power relations are also analysed

Is there any pattern in the emergent variety of how people cope - both in comparison to one another and with one problem and another? Do particular households cope consistently well or consistently badly? What is the range of variation? Is there a difference between what I would see as coping well and what people in Chiawa perceive as coping well? Eventually I aim to measure how well they cope and say what constitutes successful management What are the implications of this assessment for HIV prevention and management? Should coping well be synonymous with no HIV infection? Does AIDS differ from other disruptions and, if so, in what way?

Since a cornerstone of the research and intervention process was to map and build on community capacity, I decided early on in the research project to critically examine this concept I felt the response of households to illness episodes and certain events might help illuminate what capacity was in a particular context and identify if and when people reach a stage when they can no longer cope effectively I wanted to place the management of the AIDS epidemic in a broader framework, alongside coping with poverty, illness, rapid social and structural change and specific disruptions In the field, situations unfolded which allowed me to observe the responses of the households to changes in the local system which brought HIV closer than ever into their domestic lives

Terms, Concepts and Analytical Framework.

Capacity is taken to be the potential of the community or household or individual It implies ability, capability, possibility Capacity acknowledges that individuals and social systems are proactive, adapting to and influencing events as much as they react to them (Wallman 1996 1) This thesis explores the components of capacity in the context of Chiawa Capacity occurs at three levels there is the capacity inherent in the structure of a community, country or environment, the capacities of individual institutions including households, and the capacities of individuals In this analysis, the main focus is on the capacity of individuals and their households and how effectively they exploit resources and make adjustments Capacity is both what is there, for example economic resources, and resourcefulness at any one of the three levels to make use of what is there In the thesis, it is not only the aim to look at what constitutes capacity in relation to a particular adversity, but also to assess whether, in that context, the community or household or individual is in "low" or "high" capability mode And

if some households maintain a certain level of high capacity and resilience whilst others become increasingly insecure and fragile as adversities accumulate (see Maxwell 1989 4) Furthermore, "appropriate" applied anthropology should, "assess the system's capabilities in tandem with its limitations" (Wallman 1996 16) In Zambia, capacity at any level is inevitably limited by the current economic climate and poverty In Chiawa, it is further constrained by the valley ecology and poor rainfall This point corresponds to literature on food security which emphasises that capability is being adequately nourished, being alive and healthy (Ravallion 1992 3)

Factors that influence capacity in relation to a specific event are referred to as **the context** The management of problems is made within a framework of culture, peer group perceptions, gender constructions, direct experience and the arena of action This whole package is the context Wallman (1996 1,7) defines context as other-things-happening which govern meaning and the outcome of events, pointing out that context is both a coherent whole defined from the centre and that it is in process - a sequence of events in time Context is made up of connections between the arena of action, the event in focus, the options offered by the environment and the capability to take up those options Dimensions of context differ according to the arena of action In Chiawa, the strength of specific social risk factors on the commercial farm (as opposed to the village) make the context one in which special adjustment is necessary in order to avoid, for example, HIV infection

Coping is what these individuals or households actually do Coping as such is distinct from coping strategies *Coping* puts the emphasis on doing and making choices, *coping strategies* are also planned *Coping mechanisms* are demonstrated either through action or intention

Barnett and Blaikie (1992 39) see that crisis events demand "mobilisation of emotional, intellectual, human and material resources to cope with their impacts" Coping also requires developing practical strategies, languages and concepts for the new situation (ibid) This is particularly true of the unprecedented AIDS epidemic when "coping becomes difficult" (ibid 4) and communities undergo a period of transition and experimentation in their efforts to adjust

Coping therefore is part and parcel of capacity It is about how effectively households and individuals utilise actual and potential resources as well as being about what resources they have Within the selected households, any variety in coping may not only arise from a difference in household resources but a difference in the allocation and usage of these resources Deane (1949) asked whether the reason behind the low standard of living in a rural community in Zambia was people's failure to lay out resources, or was poverty beyond their control There is a vital distinction between what resources a community has access to and how individuals and individual households exploit the resources available

To cope however is a slippery notion In implying that people are doing something it has a positive gloss but what if what they are doing has a negative outcome? Coping in this thesis is double-edged - it doesn't necessarily mean doing well It sometimes means barely getting by or even not managing at all Management is a more neutral term but more often used in relation to disease Hence the emphasis in the title on the Zambian expression "coping up" which implies doing something, not necessarily effectively doing something The expression is more or less equivalent to "dealing with" and reflects the number of problems many Zambian households are dealing with at any one time Although initially I planned to focus

on coping strategies, as fieldwork and analysis progressed and changes (including an apparent rise in the prevalence of HIV) took place, it became evident that the thesis would be as much about *not* coping as about coping

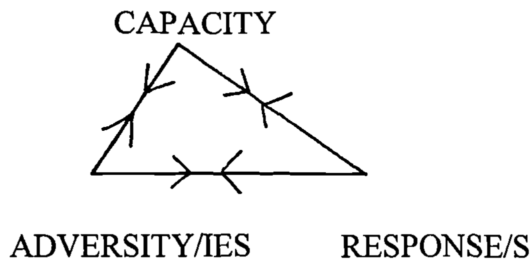
My material also shows that coping is different according to gender and generation This is particularly true of young women coping with STDs and HIV on the commercial farm

The nature of the **adversity** differs and each adversity is therefore looked at in turn Some adversities could be considered a crisis, others are more akin to events which are not critical They can all be considered events to which the households assigned meaning (Paine 1995 106) If the adversities are placed along a scale which runs from ordinary, predictable minor disruptions to extraordinary, unpredictable major crises, it becomes obvious that any one of them can swing from one end of the scale to the other Malaria may be a common and endemic disease in Chiawa, but its outcome can be critical Paying fees at the health clinic might constitute a crisis for one household and a more minor adjustment in another The impact of a person with AIDS in the household might alternate between a disruption and a crisis, and the effects might differ in the short and long term

In the thesis I consider whether the adversity in question is short term or long term, acute or chronic, familiar or novel, endemic hardship or sporadic crisis, predictable or unpredictable and shameful or not shameful However these categories are similarly fluid and not absolute The capacity of the household or individual to respond to the adversity determines how critical it is, so do the number of other adversities they have to deal with at the same time The cumulative overload of adversity (or multiple adversity) on the households is of vital

importance in the final analysis Hence capacity, adversity(ies) and actual response(s) are in a triangular and complementary relationship to one another

Figure 1



The choice of adversity is not merely determined by their chance happening during the period of fieldwork I have chosen adversities that I felt could each lend a particular insight into the management and control of the AIDS epidemic, thus circumscribing a field of research from the total flow of events (Devons and Gluckman 1964 162) I purposefully selected households who reported the recent death of a young adult from what could have been AIDS However I discovered it was difficult and insensitive to focus on the possible AIDS death in the households Often the death of a young adult from what I suspected was AIDS, between 1989 and 1991, was not acknowledged as such by all members of the households It is this that led me to look at coping in a broader framework

Death of a young adult, a dysentery epidemic and a drought all constitute critical events in the life of a household They are "situations of great stress" (Boswell 1969 256), situations which deviate from normal circumstances The most common terms used by the households to denote a problem are nhamo or kushupika (troubles), which are usually qualified by specifying the type of problem being referred to A "big problem" is matambo ziko, and this can be in

relation to hunger (nzara), illness (matenda), death (ifa), or even clothes (kuveka) - ie livelihood Most of the households mentioned a critical illness as the most common emergency or big problem, and secondly, drought (chilala is the year of the drought) These are situations in which you need help - rubatsiro - since there is little or nothing you can do on your own - dambudziko

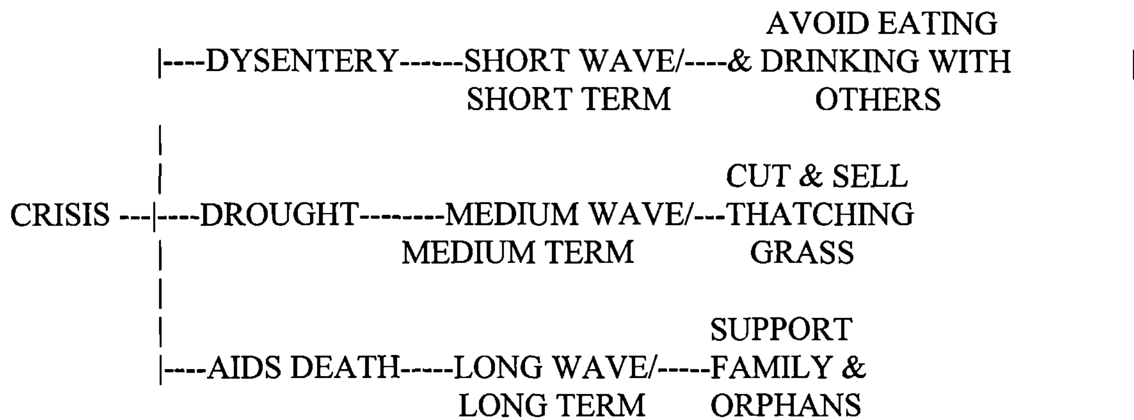
Barnett and Blaikie (1992 40) claim that communities identify crises as either novel or familiar but this research suggests that these perceptions are more fluid than absolute, that it is possible for crises to be simultaneously novel and familiar Drought, dysentery and death are certainly familiar, almost endemic, crises in Chiawa but, for different reasons, are each perceived as distinct, novel and abnormal Hence, the drought "is worse than other dry years This year everything was burnt", most households claimed they had never seen dysentery before - "This is our first year to see this disease It just came to Chiawa", and the death of a young adult is always unexpected in the life of a household Although, with the exception of AIDS, these events have occured in the past, in a sense all the adversities are perceived as "non-routine" (Paine 1992 187)

As Paine (1995 112,109) points out, it is not the nature of the event itself but the human agency of repairing and recomposing that should grab our attention He writes "For social scientists, the core problem is how people respond to the physical event, and then, how their responses themselves become part of, and add complexity to, the physical event" (1992 261)

The following diagram, adapted from Barnett and Blaikie (1992 56), illustrates the different duration of crises, the type of **adjustment** that need to be made to protect the welfare of the

family, and how long term or short term the changes need to be The actual strategies adopted by some of the seven households subsequent to a crisis are shown in the diagram

Figure 2 Crisis Duration and Adjustment



The duration of the crisis corresponds to the duration of adjustments but this parallel is not absolute For example, the effects of the medium wave crisis of drought would be long term - even permanent - if a household made an irreversible decision such as outmigration (Frankenberger and Goldstein 1992) The extent of change following a crisis is sometimes referred to as "sensitivity" (Maxwell 1989 4) In the analysis of food security, most food insecure households are characterised by high sensitivity and low resilience (ibid) Long term adjustments are notoriously the most difficult to achieve by health education For example, in AIDS prevention, it is not always easy for people permanently to reduce the number of their sexual partners

Adjustments are obviously crucial to management of any crisis and prevention of long term effects The type of adjustments is examined in-depth in this thesis How do households respond? Do they appropriate new situations to a set of known practices and discourses

(Moore and Vaughan 1994 233) - what Paine (1992 196-7) calls an "a priori reproduction of culture" where the unexpected is submerged under an "already-present text"? (ibid 184) Or do they deconstruct and reconstruct, rearranging their life in response to the crisis - what Paine labels an "ex post facto construction of culture"? (ibid 196-7) Can they cope alone or are they thrown by the crisis into dependency on others? (Boswell 1969 256) Historical analyses indicate that the pattern of an epidemic itself determines the response, with the novel, violent, intense, random epidemics leading to the most radical responses (Slack 1992 7-8) Is this mirrored in the response to the AIDS epidemic in Chiawa?

The pattern of treatment seeking and the range of treatment options in the households is indicated by accounts of how each household coped with illness episodes - that is both how they said they would cope and how they did cope with illnesses that occurred during fieldwork prior to and after the introduction of fees in the formal health system The responses of households to the introduction of fees in the formal health system and primary education reveal adjustments that might take place as a result of structural change, the economic profile and resources of each household (including any seasonal variation in these), and how household expenditure is prioritised

The management of HIV/AIDS per se within the household, touched on already in relating the experience of household members during the prolonged illness and death of a young adult in the household from suspected AIDS, is examined further in relation to the knowledge, beliefs and attitudes of household members to HIV/AIDS and to the contact that individuals in certain households have with the commercial farm in Chiawa On the farm, individuals are coping away from the village setting, with STDs and AIDS, in a different space with different

limitations and possibilities it is overcrowded, has many more men than women, and there are commercial zones where alcohol is available The overlap of money and sex and the management of HIV and STDs is clearer in this arena There is a tragic irony contained in the disclosure that economic opportunity can be disastrous for AIDS prevention

The adversities span a time period of almost seven years (1989 to 1995), building up a picture of multiple adversity in the households These adversities are taking place against a background of hardship - the inherent difficulties of valley life, intensified competition for resources, a breakdown in agricultural marketing, the structural adjustment programme (ESAP), poverty, compromised health and a history of war, migrancy and/or mobility [1] The image is one of hardship heaped on hardship, and an increasing tendency for donors and government to call on community capacity, community ownership and community participation as strategies that should help people rise above the problems they face Add the AIDS epidemic - a latent, incurable and stigmatised disease - to the bonfire and the wider context in which Chiawa people are dealing with different types of adversity undermines their capacity even further As Slack (1992 7) writes "We need to pay attention to the ways in which different kinds of crisis as well as different diseases reinforce one another"

Limits to capacity and coping

This thesis emphasises that as adverse events accumulate, ability to cope with more routine

[1] See Clark et al 1995 for an account of the hard times faced by an adjacent rural Zambian community since the mid-1970s

disease and hardship is threatened This parallels an observation by Bettison (1960 40) about urban poverty in the late 1950s in Zambia - "Many households are apparently "getting away with it" but there is no margin of safety for the families concerned" In the long term this will reflect in other factors such as disease, inefficiency and fatigue (ibid) It is important to acknowledge that capacity is limited and that people do not always cope There is an element of convenience in current political and economic discourse that places responsibility on the shoulders of individuals or households, rather than on any central body Cost recovery is a good example of this It is blanketed in the rhetoric of empowerment and non-dependency, rather than as a government cost saving strategy In this thesis, I intend to demonstrate that households are under immense strain and their capacity is dwindling as the state, for whatever reason, gives up much of its responsibility for basic needs (health, education) and for agriculture Other studies in Zambia have demonstrated how coping is undermined in rural Zambia by a series of problems, including economic downturn, and how households respond to this adversity (see 2 4) Popular discourse throughout Zambia reflects the high number of problems that most households face Indeed, the expression "coping up" is a current Zambian euphemism which means "managing to survive" in the current adverse climate And a common reply to the greeting "How are you?", is, "Surviving"

There are factors other than the background of hardship, that could contribute to limited capacity in Chiawa The cumulative impact of problems overloading households or individuals (referred to earlier in the chapter) can fuel denial, detachment and collapse Priorities and economic strategies can be at odds with HIV prevention, with "coping well" with AIDS in a long term framework An immediate need may be more pressing than future security and/or livelihood Obtaining a lighter workload and/or more money in exchange for

sex on the farm would illustrate this For some individual household members, moving back and forth between the commercial farm and the household is itself a form of coping - even perhaps a coping strategy - but one that brings them closer to a setting where STDs and HIV/AIDS are more visibly prevalent Coping mechanisms that are adopted may not stop transmission of HIV infection For example, inheritance of a woman whose spouse has died from AIDS Coping "now" is more urgent than coping with the future A household may cope with some aspects of an adversity but not with others Households might cope with the funeral of a person with AIDS but not with pain that the person with AIDS suffers, nor with modifying sexual behaviour to protect other household members

There may be a negative association between shame and/or stigma and coping A woman may delay in seeking STD treatment from formal health facilities and have limited treatment options because she feels ashamed by her disease Likewise grief, loss, depression, actual dementia, confusion and anger may thwart coping Morale will certainly affect capacity to respond to new dangers and demands A recent historical analysis by Ranger (1992 241) reveals the power of epidemics in Eastern and Southern Africa to demoralise populations when "victims lose confidence in their own culture and in their capacity to respond" Fear may also undermine capacity, having the power to skew people's actions and ideas (Last 1992 799) Alcohol and drugs can undermine prevention strategies, as under their influence people may be more likely to take risks, but are a way of coping with low morale The physical degeneration caused by HIV-related illnesses inevitably undermines their capacity to cope with them

Feeling that the problem is beyond individual, household or community control could make

any change in alcohol consumption and sexual behaviour seem irrelevant Both the ownership of problem and responsibility for problem may be perceived to fall outside the realm of the community It may seem pointless to change or adjust sexual behaviour if it is believed that behaviour in the past has already exposed someone to infection

Further, women's ability to protect themselves from STDs and HIV is often not sanctioned by their own society In a court case in Chiawa in 1994, for example, a 15 year old girl related how she had written to a man who had made her pregnant, refusing to marry him because she was worried that he could infect her with STDs or HIV since she had discovered he had other sexual partners When her uncle took her case to court, the court penalised her for this written rejection With their own husbands, wives normally lack power to refuse sex or use condoms even if the husband has a genital sore or they believe he is HIV-positive Older women have more chance to negotiate these issues than younger women since they have more power, status and freedom It would be easier, for instance, for an older woman to initiate a divorce

These factors, and their interrelationships, are explored in the separate contexts of specific households in the sections coming

Structure of the thesis

Three strands run through the thesis the management of the HIV epidemic, the application of anthropological findings, theory and ethics to HIV and STD prevention efforts, and the ethnography of dealing with adversity amongst the Goba (as the people of Chiawa identify themselves) These themes are reviewed in Section 1 (Prologue) and in Section 2

The setting - namely the history and identity of and recent developments in Chiawa - are described in the final part of Section 2, before moving to the local ethnography in Section 3 the traditional economy, kinship, marriage and divorce, cosmology and healing

In Section 4, following a brief literature review of the household system (typology, livelihood, resources, variation and viability), the structure, domestic cycle, economic options and support system of the seven Goba households are sketched Each is presented as a system in the round

Situational analyses of household responses to a dysentery epidemic, a drought, "cost reforms" in health and education, and terminal illness and untimely death are demonstrated in Section 5

The concluding Section 6, discusses what capacity is in the context of Chiawa, exploring how well each household has dealt with disruption overall (including ranking each household along a scale of low to high "capability") Capacity to deal with HIV/AIDS in the households is then addressed more specifically, exposing how coping with HIV/AIDS in the household is different from dealing with other disruptions and what impact this has, or may have, on capacity [2]

[2] The appendices are the methods used during fieldwork for this thesis (Appendix i), a historical timeline and accompanying map of Chiawa (Appendix ii), and a table summarising the profile of the seven Goba Households in 1992 (Appendix iii)

2.3

STDS AND THE CONTEMPORARY HIV/AIDS CRISIS IN ZAMBIA.

By the end of 1996, it was estimated that over 14 million people were infected with HIV in sub-Saharan Africa It is currently the area hardest hit by HIV/AIDS, accounting for 63% of HIV infections worldwide (Fransen 1997) Within sub-Saharan Africa, Zambia has emerged as the one of the nations most seriously affected by the HIV/AIDS epidemic Estimates suggest that the incidence of HIV infection among sexually active adults, between 1990 and 1996, has stabilised at around 26% for urban residents and is still rising for rural residents from about 15% (Fylkesnes, Sichone and Kasumba 1997) One of the burning questions about HIV/AIDS in sub-Saharan Africa has been why are there such high rates of HIV prevalence in the region? This chapter sketches the severity of the HIV/AIDS epidemic in Zambia, addressing the reasons lying behind the high prevalence of HIV and STDs The objective is to place the Chiawa households in the wider context of STDs and the HIV/AIDS epidemic and, in doing so, to demonstrate how household capacity is threatened and undermined by both the prevalence and the nature of HIV infection

The link between other STDs and HIV

The link between untreated STDs and the spread of HIV is well documented by scientists in Africa (Plummer et al 1991, Wasserheit 1992, Hira et al 1990) High rates of HIV seropositivity have been found in African populations that already suffer high rates of STDs

(Laga et al 1991, Lal 1988) The presence of STDs, particularly those that cause genital ulcers, facilitates the transmission of HIV by providing ideal entry and exit points for HIV transmission during heterosexual intercourse In addition, lymphocytes collect at the site of the ulcers, increasing both the infectivity of a person with HIV and his or her partner's susceptibility to HIV infection Mounting evidence shows that non-ulcerative STDs, such as chlamydia and trichomonas, may also facilitate the spread of HIV by causing inflammation and contamination of the skin of the genital tract (Latif 1989) Recent research in Malawi showed that treating men for urethritis (not necessarily a STD) reduced the concentration of HIV found in their semen, making them less likely to transmit the virus to their partners (Cohen et al 1997) HIV also seems to interfere with the healing and treatment of STDs Chancroid ulcers are larger, more numerous and more difficult to cure in an HIV positive person and syphilis progresses more rapidly to the brain (Latif 1989, Musher 1991) STDs are often "silent" diseases, asymptomatic and shameful, frequently not brought for treatment at formal health facilities [1], and serious causes of morbidity and mortality, disproportionately affecting women, unborn and newborn children It is thought that effective management and treatment of STDs could decrease the incidence of HIV Indeed a recent study in Mwanza, Tanzania showed that treatment of STDs reduced HIV incidence by 42% (Grosskurth et al 1995) [2]

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[1] A study in Mwanza, Tanzania, estimated that at least 40% of people with STDs in their study area were not coming to formal health facilities for treatment (Grosskurth 1995 personal communication) Our work in Chiawa also shows that formal health facilities are often bypassed in STD treatment Ndubani (1998) has documented the use of "informal" treatment options by young men in the area

[2] HIV incidence is the number of new infections in a given population, HIV prevalence is the total number of infections in a given population Hence figures of HIV incidence are difficult to obtain and usually only

Other factors influencing the transmissibility of HIV

In the matter of transmission, HIV-1 is more transmissible than HIV-2 and there may be a difference in the transmissibility of HIV-1 sub-types (Buve et al 1995) Women are more vulnerable to HIV infection in heterosexual contact partly because there is a greater concentration of HIV in semen than in cervical secretions (Prual et al 1991) Male circumcision apparently reduces the rate of HIV transmission (Caldwell 1995) Evidence for the role of particular sexual practices, such as "dry sex" and sex during menses, is inconclusive and conflicting Not much is known about the frequency of anal intercourse in sub-Saharan Africa and it remains a taboo subject though the practice is acknowledged as occurring in mines and prisons (Prual et al ibid)

Sexual mixing and "risky" sex

The rate of HIV transmission is determined by a complex interplay of biological and behavioural factors Other than untreated STDs, the transmissibility of the virus and the absence of male circumcision, the main determinants of heterosexual spread of HIV in Africa have been identified as sexual mixing patterns and the frequency of commercial sex (Buve et al 1995) Sexual mixing patterns include sexual activity defined as the rate of partner change coupled with the frequency of sexual contact, mixing between different age groups and sexual activity groups (including urban and rural mixing), and the frequency of concurrent partnerships [3] Buve says that, "In populations where men have frequent contacts with a small

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generated by population-based medical studies

[3] The significance of concurrent sexual partners, as opposed to serial sexual partners, has been highlighted

group of high-activity women, and some contacts with low activity women, explosive epidemics can be expected" (ibid 103) Who mixes with whom and over what time period are key variables in determining the scale of the epidemic (Anderson 1991)

Setting what demographers call "key variables" of sexual behaviour into social context highlights the significance of not only sexual mixing between different income groups, ages and urban and rural populations, but also the significance of the stability of sexual unions, gender relations, commercialised sex, migration and mobility, patterns of STD treatment seeking and socio-economic differentiation Standing's (1990) definition of sexual behaviour embraces the social meanings of sex in any given context masculinity/femininity, sexuality and sexual expression, control and coercion For example, she examines prostitution, revealing that it is the social constituency of a relationship rather than simply the number of partners which defines a "risk" population Prostitutes are all too often defined as "high risk" but perhaps a rural wife is really more at "risk" because she has less power to negotiate safer sex

"Ecology of risk" in Zambia

The concept of "risky" sex was examined in the Chiawa proposal and defined as sex with many partners, sex with an infected partner, special sexual or body practices, sexual debut

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by a study in Rakai district in South-West Uganda The theory is that concurrent partnerships lead to a larger epidemic because of the multiple sexual contact that a HIV-positive person has when most infective - serial partnerships would mean that when most infective, HIV-positives would be more likely to transmit the infection to one partner rather than more than one (Morris 1997) Faxelid (1994), in a study that compared Swedish and Zambian STD patients, revealed that one of the main differences in the sexual behaviour of the two groups was not the number of sexual partners but that Zambian STD patients were much more likely to have concurrent partners

before maturity (teenage sex), and sexual intercourse when other STD is present (Wallman et al 1992) Barnett and Blaikie (1992 69) point out that in areas of very high HIV prevalence any form of sexual behaviour amounts to risky behaviour Particular social, economic and cultural characteristics of a society combine to produce environments in which risk and vulnerability to HIV infection is high This is what they mean by an "ecology of risk" Taking Rakai District in South-West Uganda as a case in point, they show how past and present social, political and economic cleavages have led to instability, population movement and potential food insecurity (ibid 73) In more recent times, they suggest that the role of men and women in smuggling and sale of cash crops, coupled with women's landlessness, pushed women increasingly into sexual liaisons to gain access to economic resources (ibid 80) Warfare and civil unrest throughout the 1970s and early 1980s were additional circumstances which helped make Rakai a high risk environment Preston-Whyte (1993 2-3) and Farmer (1995 23) have also written about how the rate of HIV transmission is embedded in the reality of gender politics, structural poverty and underdevelopment The role of inequitable socio-political and economic conditions and the abuse of human rights as "virulent co-factors" (Farmer 1995 24) in the spread of HIV is highlighted by Farmer (ibid), Heggenhougen (1995 282) and Packard and Epstein (1991 776) who make a plea that we acknowledge the significance of these co-factors by broadening our perspective in AIDS research

Susceptibility of Zambia to the HIV epidemic

In the mid-1970s, Zambia faced a radical transition from an affluent and optimistic post-Independence state, which had used a sizeable percentage of its hard currency earnings from copper mining to finance ambitious development initiatives on a socialist model, to a state

increasingly undermined by a drop in copper prices, mis-management of dwindling state funds, a national debt problem and, latterly, an Economic Structural Adjustment Program (ESAP) and reliance on foreign aid In 1995, over 60% of government revenue originated from donor funds Since 1991, Zambia has committed itself to industrial privatization and drastically curbed its national budget These measures have led to retrenchment of the formal sector, sharp increases in essential commodity prices, retraction of Zambian industry and agriculture and the public being asked to pay for basic services under the flag of cost recovery and the political rhetoric of necessary hardship (see Section 5 3) Zambia, by the World Bank's measure, has one of the world's worst economic performances, with gross national income falling by around 60% from its peak in 1970 and gross national product per capita declining by 40% since its peak in the mid-1960s (Booth et al 1995 2) GNP per capita was US$420 in 1991 and the external debt by the end of 1992 was 386% of GNP Expenditure on health amounted to 3 2% of GNP in 1990 (Bontinck 1997)

Almost 70% of Zambian households are now classified as poor, and 58% as extremely poor, by the World Bank (1993) Life expectancy has dropped from 50 years in 1980 to 45 5 years in 1992 and although it is difficult to measure the direct impact of AIDS-related illnesses on total mortality, AIDS is thought to be partly responsible for this decline [4] The recent drop in the fertility rate in Zambia (Zambia Demographic Health Survey (DHS) 1996) could be due in part to HIV infection, although the Ministry of Health is heralding it as evidence of an increase in contraception

[4] A study in Masaka District in South-West Uganda has demonstrated that HIV infection is associated with very high mortality rates, a substantial reduction in life expectancy and reduced fertility (Nunn et al 1997, Carpenter et al 1997)

Infant mortality in Zambia has tripled since 1980 and is equivalent to what it was in the 1940s, 20% of Zambian children now die before the age of five and this figure is expected to rise by 5-10 percent in the next three years, due in part to paediatric AIDS (Godfrey-Faussett et al 1994, Zambia DHS 1996) Zambia now has one of the highest under-five mortality rates in Africa and one study believes that "even in the absence of AIDS, severe economic downturns during the 1980s and 1990s may have driven child survival chances to deteriorate" (Bicego 1997 17) Maternal mortality has also increased - the latest demographic health survey estimated it was around 640 in 100,000 (Zambia DHS 1996)

The introduction of health fees in 1994 has led to a sustained drop in attendance and denied access to some of the population who cannot afford to pay (see Section 5 3 and Booth et al 1995, 1996) Some households have very little income-generating capacity There are renewed outbreaks of preventable childhood diseases, a sharp decline in immunisation coverage, cholera and dysentery outbreaks, endemic malaria, poor nutrition and untreated water It is against a background of poverty, poor health, economic stagnation and indications of social disintegration in some areas, that HIV emerged, and that Zambia has been forced to confront its HIV/AIDS crisis

HIV prevalence in Zambia

In the early 1980s, a surgeon at the University Teaching Hospital in Zambia recorded a marked increase in the incidence of Kaposi's sarcoma, a change in the characteristics of the disease and poor response to treatment (Bayley 1984 1318-1320) Patients were no longer typically older men but mostly younger women, presenting with widespread lesions on the

trunk, in the lymph nodes, in the mouth and in the lungs (ibid) The findings reflected observations that physicians and surgeons were making elsewhere in Central Africa at the time It was shown that this atypical Kaposi's sarcoma was associated with antibodies against HIV-1 (Bayley 1985 359-361) In 1984, the first AIDS cases were reported by Zambia's Ministry of Health and AIDS became a notifiable disease (Fylkesnes, Msiska and Brunborg 1994 5)

Since the late 1980s, the incidence and prevalence of HIV is mostly extrapolated from small samples of groups whom medical researchers have had ready access to - namely new STD patients, blood donors and pregnant women attending ante-natal clinics No national sero survey has been carried out but, since 1989, sequential sentinel surveys have been carried out on these groups in nine sites covering urban, peri-urban and rural areas (Msiska, Musowe and Sampule 1993 8) Larson (1990 8) notes that extrapolations from studies on such unrepresentative groups to a prevalence of HIV infection for the general population is of questionable value but, if used properly, can be "informative indicators" [5] In 1995-6, researchers conducted Zambia's first population-based samples of HIV prevalence by performing an assessment of HIV prevalence in Lusaka urban and Kapiri Mposhi district (Fylkesnes, Sichone and Kasumba 1997) Other figures are available from various medical research studies, particularly studies on tuberculosis, other sexually transmitted diseases and perinatal transmission (Elliot et al 1990, Godfrey-Faussett et al 1994, Hira et al 1990, Hira et al 1989)

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[5] Another need for caution in interpreting such HIV prevalence data is demonstrated by the 1992 sentinel site results in Zambia which overestimated prevalence by 10% due to faulty testing kits It took two years before this became public knowledge

According to results from the 1994 sentinel site survey, HIV prevalence in the sexually active Zambian population ranges from 1 6% to 31 9% country-wide (Webb 1996a 2) Rural prevalence rates are lower on average than urban, normally between 10% and 15% as compared to between 25% and 30% in urban and peri-urban sites Incidence appears to be increasing in rural areas but may be stabilising in urban areas Preliminary findings from the 1996 sentinel site survey support this HIV prevalence in Lusaka leveled off at around 26% between 1990 to 1996 This could be due to a variety of reasons including high HIV incidence being offset by high mortality or to a genuine decline in incidence (Fylkesnes 1995) The levelling of the epidemic curve compares with assessments of the epidemic's trajectory in other parts of Central and East Africa, in particular Uganda and Tanzania, and is very different from South Africa where HIV incidence is still rising rapidly (UNAIDS 1998 HIV Global Surveillance)

It is estimated that currently 800,000 Zambians (17% of the adult population) are HIV positive, of which about 150,000 are symptomatic, and that AIDS deaths will peak in the next decade in urban and rural areas (Dzekedzeke 1997) AIDS mortality and HIV infection have contributed to a decline in the rates of population increase and total fertility from 3 7 to 3 1 and from 6 7 to 6 1 respectively, between 1990 and 1996 (Webb 1996a) The 1995-6 population based survey further showed that in the urban site, out of 202 couples, 32% of them had discordant HIV results (one HIV positive, one HIV negative) and 19% of couples were both HIV positive (Luo 1997) [6]

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[6] It was interesting that these results about discordant couples generated the most passionate debate at the seminar where the population based survey findings were presented Participants felt that the researchers were "ethically" obliged to inform discordant couples of their HIV status in order to protect the uninfected partner My own interpretation of this response is that many people attending the seminar were pre-occupied with the impact of AIDS on their own lives, and the possibility that they too may be infected with HIV or that their partner

The population-based survey demonstrates that there are striking differences in the age distribution of HIV infection by sex as well as by urban and rural location, with peak HIV prevalence rates of 50% found amongst urban woman aged 20 to 29 years and of 42% amongst urban men aged 30 to 39 years Young men in the age group 15 to 29 years had a much lower prevalence than women of the same age Evidently more women are infected at a younger age than men (Fylkesnes, Sichone and Kasumba 1997) This highlights the significance of sexual age mixing, or what is labelled the "Sugar Daddy Syndrome", where older men seek sexual contact with ever younger girls - not least because they are considered less likely to be infected (Webb ibid)

The 15 to 19 year age group provides an important category of analysis because it reveals the rate of new infections and could indicate behaviour change The population based survey and the 1996 sentinel site survey monitored a pronounced drop in HIV incidence in urban adolescent women (aged 15 to 19 years) In the population based survey, those adolescent women attending school in urban and peri-urban areas were four times less likely to be infected than their peers out of school In the sentinel surveillance of women aged 15 to 19 years in Lusaka urban, the HIV prevalence declined from 28% to 22% to 17% in 1993, 1994 and 1996 respectively (Musonda et al 1997) This may indicate that younger girls in urban areas, especially those at school, are now taking steps to protect themselves from HIV

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may be infected (or may become infected) with HIV Any conference or seminar about AIDS in Zambia is not about "them" but about "us" since most, if not all, Zambian families today are shouldering the cost, grief and responsibility of AIDS

Studies conducted on hospital in-patients have indicated a high rate of HIV among recent mothers, newborns and persons admitted with infectious diseases A 1989 study of children born to HIV positive mothers at the University Teaching Hospital (UTH) revealed that 39% remained infected with HIV of whom just under half died by the age of two years (Hira 1989 1250-2) Other studies monitor a dramatic increase in new cases of HIV-related diseases Tuberculosis notification rates between 1987 and 1992 increased by 20% per annum (Msiska 1993) to 310 per 100,000 population per year In 1989, 73% of patients tested at the UTH chest clinic were HIV-positive and were much more likely to die, react adversely to TB treatment and develop recurrent disease than HIV-negative TB patients (Godfrey-Faussett et al 1994 183)

Blood screening surveys have also indicated a high prevalence of HIV within broader population samples HIV prevalence in blood donors in 1992 was highest in uniformed forces in the Copperbelt and in government departments in Lusaka (Whiteside 1993) In 1991-92, 15% of blood donors in Monze District hospital were found to be HIV-positive (Buve and Foster 1993) In 1989-91, 17% of all men recruited to work on the mines for Zambia Consolidated Copper Mines (ZCCM), aged 20 to 29 years, were HIV-positive Selected occupational groups screened in 1991-92 showed that health workers, office workers and teachers had an HIV prevalence of around 30% (Fylkesnes, Msiska and Brunborg 1994 21) In 1995, a house to house survey in Lusaka urban of 516 mothers and their children showed that 23% of mothers and 18% of children under the age of one year were HIV-positive (Virology Laboratory 1995) All these figures, despite their limitations, testify that HIV prevalence and incidence is extremely high within most sectors of Zambia's population

STD Prevalence in Zambia

A historical analysis of STDs and the emergence of HIV in Zambia revealed that sharp increases in reported STD incidence coincided with Zambia's economic downturn (Callahan and Bond 1998) Between 1973 and 1978, STD attendances at government clinics nearly doubled, and in 1978 the government documented 75,000 new cases of syphilis and gonorrhoea alone (Ministry of Health Report 1981) In the decade following independence in Zambia, STD services were neglected due to the availability of treatment (Callahan and Bond ibid) Carswell (1991) notes that this was also the case in Uganda

However, while localised serological surveys provide partial insight into the probable prevalence of HIV in Zambia, national STD statistics remain very inconsistent For example, between 1983 and 1987, nationwide notifications for STDs rose from 46,726 to 109,496 In 1991, however, only 56,937 STD cases were reported It is thought that this drop did not reflect actual STD cases in Zambia since clinics do not always have reporting forms, STD care at clinics is often of poor quality, and it is very common for people suffering from STDs to go elsewhere for treatment Private clinics, self-treatment with herbs and antibiotics and herbal treatment prescribed by kin and specialised healers are common and popular treatment sources Prescription antibiotics are regularly available in many markets in urban areas, where they are often sold and advertised according to the colour of their capsules These are not so easily available in rural areas, where herbs remain the favoured option (Ndubani 1998) Fees in health clinics have resulted in a further drop in notifiable STD cases In theory STD patients are exempt from fees, but in practice all patients pay for consultation and few try to claim their money back after a STD diagnosis

Nevertheless there are some reliable indicators of STD trends and prevalence In 1991 54% of all STD patients at an STD filter clinic at Zambia's University Teaching Hospital (WHO 1992) and 60% of STD patients at an urban health centre in the border town of Kariba, Zimbabwe (Wilson 1995) tested positive for HIV More recent reports show that as many as 70% of patients attending for an STD are HIV positive (MOH 1994) In 1992, STD rates in Lusaka and the Copperbelt, were 74 1 and 72 1 per 1000 adults Gonorrhoea is the commonest STD in Zambia, accounting for 31% of reported cases in 1994 and 33% of reported cases in 1995 (Mulenga 1997) STDs and related complications are the third most common cause of hospital attendance, and up to 10% of outpatient visits are related to STD (Faxelid 1994) In 1996 overall syphilis prevalence among child bearing women aged 15 to 44 years was 9 7% and 8 1% among urban and rural residents (Musonda et al 1997)

HIV infection as well as antibiotic resistance can make STDs difficult to treat effectively In Lusaka, the resistance of gonorrhoea to penicillin has risen from 3 percent in 1980 to 58% in 1996 Non-resistant drugs that are recommended for effective treatment are not included in essential drug kits since the short term cost is prohibitive (Mulenga 1997)

Impact of HIV/AIDS on the formal sector

The rise in overall mortality may be hindering Zambia's movement toward economic recovery AIDS-related mortality appears to be highest among the most productive members of society One review of 33 businesses showed a dramatic increase in average annual mortality from 0 25% in 1987 to 1 6% by 1992 (Baggaley et al 1994), and another business study showed that 96% of all recorded deaths had occurred among persons in the normally robust 15-40 year age

group (Chin'gambo 1993) On a large sugar estate, 75% of deaths between 1992 and 1993 were HIV related (Haslwimmer 1993) HIV infection also appears to strike at a high rate among the skilled and well educated Employers in both the public and private sectors are finding it hard to replace skilled labour even though low-cost labour is still abundant Medical expenses and training costs have risen, and absenteeism has increased due to increases in chronic illnesses and funeral attendances

Despite the impact of AIDS on industry businesses do not seem to factor AIDS deaths among staff into even short term planning (Webb 1996a 4) Retrenchment in the formal sector, of which government is the largest employer, is forcing more and more people in urban areas into the informal economy where there are no safety nets for chronically ill people Education fees compete with an increase in funeral costs and there is a loss of teacher hours due to sickness or attending funerals (this was calculated to be 4 teacher hours per week per school in 1995 in urban areas) and the illness of teachers inevitably has a negative effect on the quality of education (Webb ibid 5) Commercial agriculture appears to be less hard hit than the industrial and service sectors One study concluded that AIDS had "limited impact" on this sector (Drinkwater 1993) although small farmers are more vulnerable to labour loss and there is some evidence that small farmers concentrate more on maize than non-staple foods when labour is lost (Barnett 1994, Webb ibid 4) The death of adult men in a household appears to seriously undermine the marketing of agriculture produce in the formal agriculture sector (Barnett ibid)

In the health care sector, mortality among nurses rose from 2 per 1000 to 26 7 per 1000 between 1980 and 1991, a thirteen-fold increase that was largely due to HIV (Buve et al

1994) In 1993, the annual cost of clinical care for patients with AIDS was calculated to be US$27 1 million and the annual cost of HIV-related diseases US$27 3 million, based on costs incurred by 200,000 out of 500,000 HIV-positive people needing care (Hira et al 1993) Zambia's hospitals estimate that AIDS patients occupy 50% of available beds at an average cost of US$1 70 per day (Webb 1996a 7) Overall, the demand on all the health services by HIV-positive people is substantially higher than those associated with treating HIV-negative patients (Fylkesnes, Sichone and Kasumba 1997)

Economic insecurity, mobility and sexual exchange

The current economic situation has both facilitated and necessitated mobility and the development of so called parallel economies, and it has promoted the exchange of sex for material gains In order to survive, people increasingly move between rural and urban areas to secure resources from kin and gain access to parallel markets A study in Monze district showed that short periods of residence were strongly associated with being HIV positive in Zambia (Buve and Foster 1993) Those directly affected by AIDS are more likely to be mobile, including orphans and people with AIDS Orphans are more likely to move between households and to rural areas than children who are not orphans (Poulter 1996) People with AIDS often move, seeking various kinds of treatment, support (economic, emotional, practical) and space

A study of fishtraders who move between fishing camps in Luapula Province and the Copperbelt, shows how sexual exchange has become a cornerstone of the industry, with women traders often exchanging sex for fish, to find accommodation along the route, to get

transport and to be bought drinks Poor girls and women are the most likely to engage in such exchange The only place where sexual exchange is professed not to be necessary is in the urban market where traders are preoccupied with customers and profits and where many traders have permanent spouses and children (Musingeh, Chama and Mulikelela 1990-91) My own research in Chiawa, rural Zambia corroborates these findings on sexual exchange As Standing (1990) writes, "sex is an important currency through which the relatively or absolutely worse off obtain a subsidy from the correspondingly better off"

Both Musingeh's work and my own work in Chiawa also indicate that alcohol may contribute to risky sexual behaviour, and that condoms are rarely used, even when women do not wish to fall pregnant Condoms remain unpopular for reasons that revolve around trust, female fecundity and male potency (Bond and Dover 1997) In both Luapula and Chiawa, there appears to be rising HIV and STD incidence and an increase in unwanted pregnancies and attempts at abortion Studies in the United States (Ericksen and Trocki 1992) show that alcohol and drug use increase the possibility of the indiscriminate choice of sex partners, prostitution and non-use of condoms Other factors associated with greater STD and HIV susceptibility in women are the difficulties that women face in refusing sex with husbands and partners, as well as with members of the husband's family in cases of widow inheritance, and divorce and widowhood A study in South-West Uganda (Carpenter 1997) showed the HIV prevalence was significantly higher in widowed and divorced women

Impact of HIV/AIDS on Households

Households must cope with premature deaths in adverse economic conditions, as well as grief

and the responsibilities that follow the death of a family member By 1997, a research study in Monze District (Foster 1995) predicted that one in four households would have experienced an HIV death In 1996, the National AIDS Control Programme (NACP) calculated that 6 5% of households in Zambia were caring for chronically ill members (Webb 1996a 7) Other research has established that around 30% of people report having lost relatives to what they believe was AIDS and/or know a relative to be HIV-positive (Godfrey-Faussett et al 1994) Barnett and Blaikie (1992 86) make a useful distinction between "afflicted" households (those households with one or more members suffering from AIDS), "affected" households (those households who receive orphans from other family members or neighbours) and "unaffected" households Many households in Zambia are affected in this sense, research shows that anywhere between 40% and 72% of households were caring for an orphan by 1996 (Webb 1996a 8-9, Bond 1994) There is also a tendency for afflicted households to experience chronic illness and death more than once (see Section 5 4, Bond 1994)

The morbidity costs that the households carry have been compounded by reforms, imposed in 1993, that introduced charges in government health services These cost recovery measures, coupled with home based care for people with AIDS, transfers even more of the costs to the household level (Booth et al 1994, Webb 1996a 7) The impact on a household caring for someone with AIDS is long term, stretching from the onset of the illness to way beyond the death (see Section 5 4, Bond 1994) Households often move between different treatment options to try and alleviate pain and symptoms, spending time and resources in the struggle to care for the person with AIDS Widows face the additional problem of having their property grabbed by relatives after their husband's death, making the death a "double tragedy" Funerals, on average, cost around US$100 Funeral ceremonies - and decisions

about the cause of the death and inheritance of property, spouses and children - may continue for up to two years after a death

Children

An orphan in Zambia is a child who has lost one parent and the term "double orphan" refers to children who have lost both Seeing that many spouses of HIV-positive people are HIV-positive (Hira 1990), the number of double orphans is bound to rise Presently, the number of orphans is thought to be around 500,000, about 28% of whom are double orphans, and 20% of children under the age of 18 years are without one or both parents (Webb 1996a 7) Older sisters and surviving mothers are the primary care-givers of orphans within the extended family (Poulter 1996, Webb ibid) Surviving fathers are rarely the primary care-givers and are likely to remarry more quickly than widows (Webb ibid, Mulenga et al 1993) Orphans do not appear to be marginalised in households in terms of nutritional status and emotional support However, they are more likely not to attend school and are much more mobile than unorphaned children, with many moving from urban to rural areas where it is less costly to bring them up (Poulter ibid) One study (Bontinck 1997 8) showed that 32% of orphans in urban areas were not in school, compared to 25% of non-orphans In rural areas this discrepancy was greater - 68% compared to 48% All children, not only orphans, suffer from a lack of supervision by carers during the day, especially in households headed by women who have to make money in the informal economy (Poulter ibid) or work in the fields (Bond and Ndubani 1993)

Stigma

People who know their HIV status are often isolated because of the stigma associated with the disease (Bond 1994) In an analysis of people counselled and tested for HIV in a Lusaka counselling centre (Kelly et al 1994), less than half of those who were tested felt able to inform their partner or anyone else of their result, whatever it was It was especially hard for women to inform anyone HIV is rarely listed as a cause of death Often this is more of a compassionate decision than a technical one Doctors defend this decision by saying they do not wish to "upset the relatives any further" (Baggaley personal communication 1997) There is little to offer those who are HIV-positive and little incentive to be tested for HIV in a country with high prevalence (Baggaley et al 1995) and where HIV is associated with pervasive phobia, denial and stigma Only 3 6% of the study population in the recent population survey (1995-6) (Fylkesnes, Kwapa, Rosenvard and Haworth 1997) underwent voluntary counselling and testing for HIV [7] Most HIV counsellors do not wish to be tested themselves and have many of their own personal worries about HIV infection on top of the anxiety they face in their jobs (Baggaley et al 1996)

Witchcraft accusations also appear to play an important role in removing the blame from an infected individual and his or her family and allowing people to believe there is something to

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[7] Interestingly, almost three times as many men and women in the rural study area were willing to be counselled and tested for HIV as in the urban and peri-urban study areas The researchers were unsure why this should be so However, Haworth (1997 personal communication) said to me afterwards that he thought the use of a mobile counselling unit in the rural area may have contributed to the response since it offered more anonymity than would a permanent clinic or resident counsellor and was a novel and temporary service In most rural areas in Zambia there are no health workers trained as counsellors

be done to affect a cure Many HIV deaths in Zambia are attributed to witchcraft (see Chapter Eleven) The role of traditional healers in offering palliative care is central to coping with HIV in Zambia In some cases, a cure is claimed [8] Traditional healers tackle sorcery and other psychosomatic illnesses and often offer more privacy, attention and confidentiality to patients than government health services (Jonker 1994) There are 60,000 registered traditional healers in Zambia Charlatans abound both in this traditional health sector and in the informal bio-medical sector

Government Action

The Zambian's government response to the AIDS epidemic was characterised by relative silence until the late 1980s when the then President, Dr Kenneth Kaunda, publicly acknowledged that his own son had died from AIDS Since then the government has been more open about the problem It recently integrated TB, AIDS, STD and Leprosy Control Programmes and adopted a multi-sectoral approach with AIDS focal point persons in each Ministry The focus has been on STD control, blood safety, targeting children under the age of 15 years, home-based care for people with AIDS, counselling, providing information about AIDS and distributing condoms STD control includes screening and treating pregnant women for syphilis - a programme in Lusaka urban district now "screens 80% of pregnant women attending ante-natal clinics" (NASTLP 1994) Previously only 25% were screened (Msiska 1993) Syndromic Case Management of STDs was adopted early on This involves identifying a consistent set of symptoms and following a case management flowchart to

[8] Claims of finding an AIDS cure are not confined to traditional healers In 1997 a medical professor announced that he had a proven cure for HIV and put immense but unsuccessful pressure on the Ministry of Health to allow doctors to prescribe his treatment to people with AIDS

identify which drugs to use, it bypasses the need for diagnostic equipment and a wide variety of drugs (Hanson et al 1993) Attempts have been made to improve the effectiveness of contacting partners of STD patients (Faxelid 1994) Training courses on improved STD management are run annually for health workers An effort has been made to train more psychosocial counsellors A brand of condoms labelled "Maximum" are promoted by a social marketing programme[9] Blood donors for blood banks are now sought outside relatives of the sick, with blood donation promoted in schools and workplaces Home-based care for people with AIDS is supported, although a community based system based on volunteers is preferred for practical and economic reasons Some AIDS and STD education material has been produced by the Ministry of Health A multi-sectoral group called Children in Need (CHIN) has been set up to look at the problem of orphans An effort has been made to include traditional healers in AIDS care and prevention through workshops and training Another significant intervention by government was to pass an act in 1989 protecting widows from property grabbing Clinical diagnosis of AIDS is sufficient for notifying the Ministry of Health, since HIV testing kits are expensive and the advantages of knowing one's HIV status in Zambia is disputable However, if someone is to be informed of their HIV status, a positive result should first be confirmed with another Elisa test or Western Blot (NAS 1990) HIV counselling and testing is not currently promoted by the Ministry of Health

The problems encountered by these interventions have been numerous Most of the interventions are almost entirely supported by donor funds Inadequate equipment and monitoring of equipment, shortage of supplies and drugs, failure to retain trained staff, poor

[9] Some people quip that "Maximum condoms offer Minimum pleasure"

quality of care and financial difficulties have hampered blood safety and STD control (Bond 1994, Faxelid 1994) Home based care, based on mobile clinics, is expensive albeit cheaper than caring for people with AIDS in hospitals Condom promotion appears to have increased distribution without dramatically increasing use or popularity, and condoms are no longer free of charge (Bond and Dover 1997) Some evangelical churches have actively opposed condoms, to the extent of distributing films about how unsafe and immoral condoms are, although it appears that the policy of many churches is sometimes removed from the actual practice and beliefs of their medical and pastoral practitioners who may support the use of condoms Counselling has met with a degree of hostility and counsellors are working towards a type of counselling that is culturally appropriate in Zambia AIDS education in schools has also been met with some resistance and sparked a heated debate over what is acceptable to include in the curriculum Parents seem very unsure how to educate their children about sex and HIV Finally the problem of orphans is so big that it is hard to develop a strategy, beyond general agreement that institutions for orphans should be avoided and that education and food are priorities (Bond 1994)

Non-governmental Organisations (NGOs)

The role of non-governmental organisations and churches in AIDS prevention and care has been crucial Some of the more outstanding and innovative interventions have been the involvement of people with AIDS in AIDS education, income generation projects for HIV-positive people, "Anti-AIDS clubs" for school children, a drop-in centre for widows at the Young Women's Christian Association, spiritual counselling and pastoral care provided by churches through home-base care, peer education programmes in workplaces (including

commercial farms), participatory AIDS dramas (theatre, television, video and radio), and free counselling and testing offered by an organisation in Lusaka In recent years, AIDS intervention efforts have begun to adjust their approaches to prevention and care by working within what people believe, and, within specific contexts and localities

Limited capacity to cope

It is hard to evaluate what impact all the interventions have on unsafe sexual behaviour By 1997, awareness about AIDS is high and knowledge is widespread and often bio-medically sound There are some indications that people are taking more preventive measures Yet economic hardships still limit the possibilities of effective state and non-government intervention at both a social and bio-medical level It appears that STD and HIV prevalence are strongly associated with economic instability (Callahan and Bond 1998), a situation which decreases access to health services and promotes increased mobility as well as the exchange of sexual services for social and material benefits The long-term solution to Zambia's HIV/AIDS crisis may partially reside in the restoration of relative prosperity [10]

Certain embedded values, including gender roles and discourse, the construction of sexuality, religion and witchcraft, also inhibit safer sex Zambian society seems to oscillate between a more open discourse on sexuality and a moral rhetoric which proposes that social control, especially fidelity and abstinence, is the solution to the HIV/AIDS crisis Underlying both approaches is despair and denial at the extent and pervasiveness of the HIV epidemic as more

[10] Specifically in Chiawa, in 1997, there are indications that as women gain access to emerging markets, their participation in commercial sexual exchange is declining, with the fear of HIV infection being cited as a good reason for turning to "other" business

and more people fall sick and die from AIDS Zambian households continue to shoulder the greatest burden in this crisis Evidence in this thesis shows that their capacity to cope is too often overstretched by the AIDS epidemic

Webb (1996b 5), in a review of research on HIV/AIDS in Zambia, notes that although much research is underway, much of it has a strong urban and Lusaka bias Researchers have largely neglected rural areas and have paid little attention to coping strategies He cites the Chiawa research and the work of Chikankata Salvation Hospital as exceptions to this In this overview of HIV/AIDS and STDs in Zambia, I hope to have demonstrated the wider context of HIV/AIDS and STDs in which the Chiawa households - under focus in this thesis - cope with the epidemic Significant dimensions of this wider context are high HIV prevalence and a subsequent high rate of HIV transmission, an increase in HIV-related infectious diseases including STDs, high mortality in the most productive age group, young adolescent women and divorced and widowed women proving particularly susceptible to HIV infection, limited treatment and prevention options, narcotic consumption, poverty, orphanhood, mobility, denial, stigma, and some cultural beliefs that run contrary to HIV prevention All these factors indicate how circumscribed households are in dealing with HIV/AIDS Yet there are some significant interventions, both social and bio-medical, and households can be extraordinarily compassionate and resourceful in their treatment of sick household members There are also signs that people do have the capacity to modify the riskier elements of their sexual behaviour

2.4

REGIONAL ETHNOGRAPHY: SOURCES AND THEMES

The capacity of the environment and the capability of households and individuals to adapt in times of crisis have been an area of enquiry for social anthropologists and other social scientists in the Central African region since the 1940s With the advent of the HIV/AIDS epidemic, the question of what makes for survival under adversity (Colson 1979 18) becomes of critical importance

Due in part to the presence of the Rhodes-Livingstone Institute, from the 1940s onwards there is a huge anthropological literature covering many aspects in the region Relevant to my own work of coping, capacity, disruptions and limitations, ethnography on Tonga and Shona-speaking people, as well as some other ethnography on rural Central African communities, addresses the question of the capacity of communities to deal with poverty, resettlement, natural disasters (especially drought and famine), violence, trauma, economic and social change, agricultural change and epidemics (in both humans and animals) In relation to these adversities, the constraints and limitations imposed by the social and physical environment and the capacity of people to adapt are examined An emerging variation in response to adversity between individuals, households and villages is discussed The Goba ethnography itself, focusing on economic change, is limited in comparison to a rich body of literature published about the valley Tonga and another substantial body of literature on the valley Shona Both groups have close ties with the Goba, who are of mixed origins and who also reside in the same river valley Findings from these ethnographies can be applied to the Goba

in Chiawa with some caution

Concentrating on the themes identified above, in this chapter I first review the Goba and Tonga ethnography in some depth I then move on to review in brief the Shona Kore-Kore ethnography and other work conducted under the auspices of the Rhodes-Livingstone Institute which I consider to be of relevance to this thesis It will be demonstrated that this thesis is part of a body of more recent ethnography that considers the impact of cumulative disruptions on Zambian rural households

Goba ethnography.

The only published ethnography of the Goba is a monograph titled "The Goba of the Zambezi Sex Roles, Economics and Social Change" (Lancaster 1981) Written by Chet Lancaster, it is based on his fieldwork carried out amongst the Goba from 1967 to 1969 He also published a number of articles (Lancaster 1971, 1974a, 1974b, 1976, 1977, 1979) His main geographical area of study was Namainga which lies to the west of Chiawa Chieftaincy (my own fieldsite) and falls under Chief Sikoongo He says that he occasionally made day trips across the Kafue to Chiawa to draw comparisons and check for variations

One of the main differences between Chiawa and Namainga is that the Goba in Namainga had much closer contact with the valley Tonga and the plateau due to their geographical position Chiawa is more cut off and bounded than Namainga, separated from Southern Province by the Kafue river and far less accessible Lancaster (1981 xiii) implies this when he writes of

Chiawa that it was "less acculturated and thus more appealing" but due to poor roads and guerrilla activity against Southern Rhodesia, he chose to locate himself in Njami district in Namainga Lancaster claims that the Goba population in Namainga was homogeneous, speaking a northern Shona dialect, and not heterogeneous as he had expected However, Colson (1971 121) refers to inter-marriages between the newly resettled Tonga and Shona-speaking villagers of Sikoongo Chieftaincy as early as 1958 Scudder (1962 25) also comments that Shona speaking populations in the Zambezi valley were absorbed by valley Tonga, except in the lower river region where they "retained more of their linguistic and ethnic heritage" Lancaster (1974 726) himself often refers to the influence the Tonga cast over their Goba neighbours, arguing that the Goba aspired to become Tonga and that Goba identity would probably die out completely in the confluence zone

The king lists and ideological history of the Goba in Namainga (see Lancaster 1981 126-136) and the Goba in Chiawa (see 2 5) do not overlap closely with one another This is further evidence of the differences between the two groups

Lancaster's (1974) historical analysis of Goba identity covers the manipulation and complexity of ethnic labels, the reasons for a local population of mixed origins and the negative identity of the Goba, the waves of Shona and Tonga influence, and the role of the Kafue/Zambezi confluence zone in trade (see 2 5 and Appendix i)

I would agree with his conclusion that the Goba are ascribed a negative identity in Zambia (though I argue that the ambiguous origins of the Goba can be put to their advantage) but his

predictions for the future are not upheld in the contemporary material In many articles and in his monograph, he ends up by predicting that Goba identity will die out, with the Goba reduced to being no more than "landless agricultural wage labourers" (1981 256), women being no more than "helpful wives of market orientated peasant-farming male headed households" (ibid 303), and Goba identifying themselves as Tonga, Nsenga or Soli (1974 726) Lancaster presents a uniform "Goba" social system obscuring the differences between Goba in Namainga and Goba in Chiawa, and underplaying the extent that the Goba he studied in the late 1960s were influenced by their Tonga neighbours

Although the threat to their land from outsiders is a very real one in the 1990s, I have not come across many examples of Goba in Chiawa aspiring to become Tonga and Goba identity has not died out [1] Comparing my Chiawa material with Lancaster and with the Tonga and Shona ethnography, it becomes apparent that the Goba Lancaster studied were partially assimilated by the Tonga, whilst the Goba in Chiawa are less influenced by the Tonga, to date, and more by the Kore Kore Shona, Soli, Chikunda and Nsenga (see 2 5 and Appendix ii) The difference is most obvious in ancestral cults and oral history To give one example from ancestral cults Lancaster (1977 240) refers to basangu as spirit mediums for slaves in an article on the Zambezi Goba ancestral cult This is not a term currently in use in Chiawa[2] Since Colson (1969 69) describes basangu as Tonga spirit mediums usually connected with a shrine or a grave, it would seem likely that the contact the Goba in Namainga had with their

[1]In the following chapter 2 5 and in Appendix ii, Goba identity is explored, employing a historical analysis and examining current changes in Chiawa life

[2] According to my own material and fieldwork conducted by Dover and Ndubani (1997 personal communication)

Tonga neighbours must have affected their culture, aspirations and identity, as portrayed by Lancaster

Nevertheless, in Zambia, Namainga and Chiawa are the only two areas designated to the Goba and despite differences in leadership, contact, assimilation, accessibility, origin and recent history, there are strong similarities and interactions between the two populations Lancaster's ethnography remains the central ethnographic source on the Goba In addition, with the rising numbers of Tonga migrant workers who, since 1993, are coming for at least seven months a year to Chiawa to work on the commercial farm, and with the recent eradication of tse-tse fly in Chiawa which attracts Tonga settlers and/or their cattle, there may be more assimilation in the near future between "Chiawa" Goba and the Gwembe Tonga Thus, in some years and if the migration pattern remains the same, the Chiawa Goba may be more akin to the Namainga Goba that Lancaster studied

The focus of Lancaster's interest in his monograph (1981 xii-xiii) is in the matriarchal system manifested in woman-centred shifting cultivation, the rise of the local cash economy and social changes that threaten the role of Goba women Werbner (1990 159) calls his monograph a "finely grained account" of economic change and sex roles and couples it with Richards's "Land, Labour and Diet" (1939) as rare examples of economic research in the region

Some demographic shifts and patterns described by Lancaster in his monograph resonate with those found in Chiawa today These include migration of young men to town (Lusaka and

Central Province), residential shifts between the village and the river gardens and the return to riverine settlement patterns, the location of villages near water and away from buried dead the developmental cycle of the village being determined by matrilineal and friendship networks and personal frictions rather than farming, and the absorption of strangers and unattached affines into larger villages So too has the organisation of space along gender lines, rivers and economic centres continued Women still rarely come into one another's living space and meet at the well and events (including village beer parties), women still avoid being alone with men, the rivers still demarcate villages and chieftainancies, and the border post and pontoon have remained the main economic centres in the area For example, Lancaster (ibid 251, 261) describes the Chirundu border post in the late 1960s as the locus of trade, police, customs and beer halls

Other aspects of the economy have apparently remained fairly constant "the annual round of life and work" (Lancaster ibid 39) described is analogous with the annual cycle described by the seven households (see 3 1) The gender division of labour in farming remains similar, and the high productivity of older man-wife teams (as well as the dependants and needy this productivity attracts) Lancaster (ibid 111-112) pinpoints, is demonstrated in Households 1 and 5 (see Section 4) Lancaster refers to the latter type of household as "mainstay" (ibid 181) large grandparental households which, he claims, often support any unmarried younger children and divorced daughters or daughters separated from their husbands Such characteristics are indeed manifested in Households 1 and 5 What Lancaster (ibid 115) labels "supplementary food-getting activities" also remain essential since food yields from subsistence cultivation are, in Lancaster's day and now, all too often inadequate Lancaster

looks at yields, land carry capacity and cultivation in systematic detail in his monograph, and depicts the Goba as low density and somewhat precarious cultivators This assessment of the Goba as farmers would hold for the 1990s Fishing, beer brewing, hunting and gathering and migrant labour are vital economic options for these agriculturists whose farming is undermined by flooding, poor technique and drought Bartering for grain, the exploitation of shopkeepers or traders in hunger months, the casual bartering of livestock and the small remuneration's from migrant work are other economic characteristics found in the late 1960s and now

Lancaster's focus on social and economic change and economic pluralism corresponds to my own interest in household response to change and household economic resources Household capacity is sketched in his monograph in the form of economic and social resources Occasionally he touches on variation in that capacity, indicating what type of households are more likely to break up or to produce more or less grain Consumption patterns and daily diet resemble the situation in the 1990s (see Section 3 1) The management of food stocks throughout the year is described in meticulous detail by Lancaster Only in relation to coping with hunger (both seasonal and famine) and death does he discuss coping with critical events In the late 1960s, according to Lancaster, hunger is dealt with by pursing more than one economic option, by working hard, by relying on more capable, better off or successful kin, migrant work, contributions from kin in town, barter, foraging, hunting, fishing, gathering, outside intervention (for example, the ward chairman lobbying for famine relief), beer brewing, and altering consumption patterns The same strategies are pursued in the 1992 drought (see Section 5 2) Additional strategies pursued in the early 1990s include women

exchanging sex for transport, goods, money or other benefits, manual work on commercial farms, selling thatching grass and working in tourism ventures

The economic predictions that Lancaster makes, on the basis of social change in the late 1960s, have not all happened Artificial irrigation has not been introduced for small-scale farmers The main changes he writes about - namely cotton cash cropping, Tonga encroachment, urbanization (as young men in particular drift to town), decline in uxorilocal brideservice manual labour and beer halls – have not undermined the central position of women in the economy Women's economic opportunities, be they on the fringe of the formal economy, have increased rather than decreased (see Lancaster ibid 303) For example, cotton is no longer an important cash crop and therefore no longer detracts from the traditional agricultural role of women The winter vegetable gardens, that Lancaster (ibid 79) felt might become neglected as the Goba turned more to ploughing their dry fields, have become of particular importance to women with the recent influx of migrant workers creating a ready market for vegetables Indeed, as Sections 2 5 and 3 1 demonstrate, the growth of tourism and the development of the commercial farm have widened economic options for women with new markets for thatching grass, tobacco, buns, locally brewed beer and wine and other goods, and with new opportunities for sexual exchange There are now more opportunities for women to access cash, rather than (as Lancaster feared) less[3]

Other changes have turned out to be true, especially the reliance on the cash economy, the

[3] A seasonal worker at the commercial farm commented rather bitterly in 1995 that at month end, women workers at the farm end up with double the salary and men workers with under half their salary after men have given their “girlfriends” what they promised

boom in beer halls and Goba losing their land to outsiders, expressed by Lancaster when he said he feared Goba would become "landless agricultural wage labourers"(ibid 256) His comment on cattle not enriching the families that manage to buy them (ibid 253) is both pertinent, and so far, accurate Changes he failed to predict are the large-scale agricultural scheme[4] and the tourism developments Educational and health problems and developments do not feature his work, although he remarks on the prevalence of malaria and how debilitating it can be, clashing with manual work demands in the rains (ibid 45)

Lancaster (1971, 1977, 1981) gives a detailed account of the kinship system, marriage patterns and the local political system He notices tendencies for prestations of money for marriage to replace the traditional uxorilocal brideservice, the frequency of elopement and polygamy and the high divorce rate Other than polygamy, which has dropped from 27 5% cited by Lancaster (1981 286) to 13% (1991 household survey, Bond and Wallman 1993), the tendencies have been played out He predicts two effects of these changes which become relevant in the present thesis One is that the central role of both matriliny and women amongst the Goba, created by women centred agriculture and a system of uxorilocal residence, will be undermined whilst patriarchal tendencies will be boosted This, as he sees it, is a pull between "Mother's Right" and "Father's Right" (ibid 280) The other is that the widening jurisdiction of the local court will change marriage patterns, with the local government courts tending to rule in favour of the man, not necessarily giving the support to a woman which she might find within a village dare (court) An scant analysis of local court records in 1994 in Chiawa supports this prediction

[4] Lancaster (1981 125) writes that he is relieved that the Zambezi Training Farm, an agricultural development in the late 1960s, on the Namainga side at the Kafue Confluence, was 250 acres and not the

In relation to kinship and marriage, my own findings support the emphasis he puts on matrilocality and matrilineal inheritance, whilst recognising patrilineal options and tendencies and the mounting stress put on the rights of the father In Chiawa I found matriliny particularly evident in household support networks (see Section 3 2), though patriliny is often ideologically emphasised, and uxorilocal residence is becoming less common There are still villages based on the co-residence of sisters, which is pattern that Lancaster feared might die out The uterine village (Mugari) of Head of Household 3 is a good example of one such village (see Section 4 and map ii) Lancaster recognised the flexibility of such a kinship system with (potentially) dual descent and a "fluid field of bilateral kin" (1981 278), but his prediction that the father line may come to dominate has not yet been realised The centrality he gives to nhundu (an effective centralised descent group) groupings does also not appear to be so relevant in the 1990s (see Section 3 2)

Management of illness Lancaster looks at under witchcraft and sorcery in his monography and, in an earlier article, ancestral cult (1977) He gives the ancestral cult, in the form of spirit guardians within a nhundu, a central role in "social control and faith healing of society's problems" (ibid 237) This cult had little influence in the households I studied I found ancestral spirits were an element in coping with certain problems but peripheral rather than central This fits in with an observation by Colson (1964 12-13) about the younger Gwembe Tonga questioning the cult of ancestors after resettlement since it imposed sanctions on them She judged this reaction as a potential "death blow" (ibid 8) to the ritual However, the manifestations of spirit possession – namely chronic, serious or convulsive illness – and the

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25,000 acres orginally planned

suspicion that a <u>mudzimu</u> is responsible and seeking attention, are beliefs that are adhered to still The different classes of spirits described by Lancaster are mostly the same as the categories still referred to in Chiawa

The final literature on the Goba relevant to this thesis are a number of studies done in Chiawa by researchers (other than my colleagues in the project - see 2 1) in the last decade, which were written up as dissertations or reports Leavey (1989) did a BA dissertation in 1988 on cash-cropping and it's impact on Goba social organisation, based on an analysis of Lancaster's work and two months in the field In 1991, Chanda focused on the management of natural resources by the Goba in Chiawa in his MSE thesis, reviewing historical records, as well as conducting a few months of fieldwork and an aerial survey Ten Broeke (1993) used a primary school in Chiawa as a case study of new national educational strategies in a Masters dissertation, spending five months in Chiawa centre in 1993 and exposing the nature of tensions between the parents and the teachers The European Union, which had funded a tse-tse eradication programme in Chiawa, followed up their intervention with a series of studies that conducted land use surveys in three areas of Chiawa and monitored the influx of cattle into Chiawa between 1994 and 1996 (Chilabi 1995, Zimba 1996, Masdar 1996, Brinn 1996) Collectively these studies convey different aspects of recent change in Chiawa - competition and conflict over dwindling resources, limited institutional capacity, widening economic options - and indicate some responses to change and interventions

Tonga ethnography

The ethnographies of Colson and Scudder on the Gwembe valley Tonga and by Reynolds on the valley Tonga in Zimbabwe hold strong parallels with Chiawa and resonate with many themes in this thesis Cliggett (1997) has recently completed a thesis on how elderly valley Tonga cope and survive, building on Colson's work in one Gwembe Tonga village Foster (1993), Bangwe (1997), and Waller (1997) have also carried out research amongst the Tonga in Monze District which focuses on the impact of a series of shocks, including HIV/AIDS, on a cohort of households It is to this literature more than the Shona literature that I have found myself drawn [5]

In Zambia, the Goba and the Gwembe Tonga both live in the Zambezi river valley and ever since some valley Tonga were resettled from the Kariba River Basin in the Lusitu area on land that had been part of Sikaongo Chieftaincy, the Goba have been their close neighbours (Colson 1971 10) Tensions as well as inter-marriage between the two groups are mentioned by Colson, Scudder and Lancaster Colson (1971 55) and Scudder (1994 personal communication) point to different funeral rites and spirits as the main source of friction, whereas Lancaster (1981 149) pinpoints compensation funds given to the newly resettled Tonga Lancaster claims that the resettlement led to great changes amongst the Goba in land use, settlement patterns, sex roles and the locus of power in the political economy, which he labels a "new order" (ibid) Although the Goba in Chiawa and the Gwembe Tonga are distinct groups, (Lancaster's Goba would appear less distinct), with different social organisation,

[5] It is, in light of my discussion in this chapter, not surprising to note that Lancaster (1981 bibliography) too appeared to rely more on Tonga ethnography than Shona ethnography

kinship systems, history and language, their lives are shaped by the same river valley environment and there is, increasingly, close interaction between the two Hence there are strong similarities in natural resources and household living, including migration patterns and hardship, engendered by the middle Zambezi valley ecology (Scudder 1962) The Tonga ethnography has become even more pertinent to Chiawa in recent years since the eradication of tse-tse fly and the commercial farm in Chiawa has attracted both Tonga settlers with their cattle and Tonga migrant workers to the area (see Section 2 5)

My own work parallels Colson's and Scudder's in the matter of response to crisis A main focus of their work is the response of the valley Tonga to resettlement, and to social change in general (Colson 1951, 1964, 1971, Scudder 1962, 1995, Colson and Scudder 1975) Colson (1964) assesses the impact of the resettlement on kinship, nuclear family, medicine and sorcery, showing how the nuclear family fared worse under the stress of the move, often straining family relationships between fathers and mature sons to breaking point (ibid 103) and undermining the position of wives (ibid 131) The suspicion of sorcery increased with resettlement (ibid 245) In a later analysis, Colson (1969) looks at the role of spirit possession among the valley Tonga in coping with natural disaster, witchcraft, misfortune and change Recently Colson (1998 14) describes how women's anxieties about the enforced resettlement and social change were expressed in the form of possession cults through which they embodied airplanes, railways, colonial government and the experiences men encountered while at work

Scudder (1962, 1995) concentrates on how the Gwembe Tonga responded to ecological

changes, showing how the relationship between people and their resource base is constantly changing and what capacity the Tonga have to adapt to these changes He perceives a diversified system of domestic production as key to successful adaptation, citing local initiative to experiment with new seeds and crops and capacity to change modes of production and other aspects of their way of life as examples of how the Gwembe Tonga have successfully adapted (Scudder 1995 5-7) Scudder's own notion of capacity is what he terms "resiliency" (Scudder 1984 8) Scudder also establishes the link between social organisation and development in his summary of the history of development in the Gwembe valley from 1901 Just as in "boom" (ibid 30) years, livelihood improves as economic options widen, in years of economic downturn and the collapse of the district economy, poverty and social disintegration increases (ibid 49) Scudder's (1985) work with Milimo (1987) on economic development in the Gwembe, resonates with the development of large scale commercial agriculture in Chiawa

Reynolds's (1989, 1991, 1996) publications on the valley Tonga in Zimbabwe also describe an adverse environment - characterised by chronic drought and disease - and a resource base that is similar to the Goba The disadvantaged position of the valley Tonga in Zimbabwe in recent years, through the loss of rights, natural resources and wealth (Reynolds 25 1989), sadly holds parallels with Chiawa where wealth flowing out through tourism and commercial agricultural development outweighs investment flowing in Reynolds (1991) points out that the capacity of people to exploit their environment is undermined by this type of development Colson's (1958) book on marriage and the family amongst the Plateau Tonga has been useful for indicating sexual behaviour patterns and has informed my own fieldwork, especially on

the commercial farm In "Dance Civet Cat" (Reynolds 1991) women's tactics to cope with producing sufficient food, avenues of support for women and children and adolescent sexuality and boredom are explored This work on children illustrates how from childhood, manipulating kinship ties is central to survival and success, indicating an important component of capacity[6]

Bangwe (1997 117-24) also captures the importance of children to household capacity, detailing the significant contribution that Tonga children in Monze district make to farming and domestic and livestock activities along clearly defined gender roles He also reveals how these children are becoming overburdened with such chores as adults in their household spend more time caring for sick household members and organising and attending funerals (ibid 191)

The system of diagnosis and treatment after resettlement widened with more alternatives from which to choose but did not fundamentally alter how people coped with a critical illness (Colson and Scudder 1975 202) The treatment seeking patterns and the treatment options described for the Gwembe Tonga are similar to those found in Chiawa The alternative forms of treatment include government and missionary health services, diviners, herbalists, self-treatment with local medicines and offerings to the ancestors, with people consulting the whole range of treatments if necessary (ibid 208), although certain kinds of ailments are believed to be treated best by specific treatments (Colson 1971 249)

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[6] The impact of the Zimbabwe war on children and the psychological healing powers of traditional healers is revealed in her most recent book called "Traditional Healers and Childhood in Zimbabwe" (Reynolds 1996)

The impact of HIV/AIDS deaths on households specifically is central to Foster's, Waller's and Bangwe's work Their separate household case-studies (selected from the same cohort of 240 households [7]) portray the stress and disruption caused by the increasing debility of a person with AIDS in a household, how women are the most overburdened by caring for the sick, the gender and age structure of reallocation of labour during illness episodes, how households cope with health needs, agricultural diversification and change, the overall poverty and what type of households will be especially affected by the loss of household members to AIDS (Bangwe 1997, Waller 1997, Foster 1993, 1996)

Foster (1996) comes up with a model which correlates the impact of death over time (before illness, during illness, after death, long term) with different types of impact (household hearth, composition, production, earnings, consumption and investment), for example initial illness with changes in household structure, domestic and farming organisation, agriculture production and individual welfare This model has been useful in my analysis of deaths in the seven Goba households in Section 5 4 Foster found that three to four generational HIV/AIDS afflicted households with larger family sizes were the most resilient I also found that mixed generation households (three or more) were a crucial component of household capacity (see Section 6 1) Interhousehold support during funerals, crop diversification, reallocation of labour, food for work, selling livestock and women's market gardening are identified by Waller (ibid 50-51, 58-9) as crucial components of coping with terminally ill people adults and orphan children in their households The proportion of time that adults spend on health

[7] This cohort was originally a household survey conducted by Foster and Buvé in 1991 as part of a study of Adult Disease in Zambia (ADZAM) (1995)

was calculated for a set of 35 households by Bangwe (1997 94-96) He discovered that adults spend close to one quarter of their time on health, with clear expectations that attending funerals of neighbours and relatives should be reciprocated when their own households face a similar crisis (ibid 105) Linkages with kin and other organisations, a large number of household members, pooling labour, planting early using inputs (eg fertiliser), cattle (and thereby access to draught power), growing sunflower, sweet potato and vegetables and higher productivity are all components of capacity - of coping well - that Bangwe (ibid 19-22) identifies

Scudder (1962), Colson (1979) and Cliggett (1995) accounts of food strategies in the Gwembe during drought years correspond to my own analysis of coping with drought (see Section 5 2) Scudder's (1962) monograph on the ecology of the Gwembe Tonga examines not only response to endemic famine but the reasons for household variation in crop production, even in years of adequate rainfall and optimum conditions for dry season cultivation The devices used by the Gwembe Tonga to lessen vulnerability to food shortage are catalogued by Colson (ibid 20-23, 19) who believes that a mixed economy is a mixture of coping strategies which reduces long term vulnerability to food insecurity She describes response to hunger periods and famine, saying it is important to calculate if existing shortages are within the scope of local coping methods for people who are "rich in resource, though relatively poor in resources" (ibid 28) Cliggett (1995) concentrates specifically on how the elderly valley Tonga cope with seasonal hunger through links with urban kin Both Copestake (1990) and Colson (1979 28) identify what type of interventions serve to improve food security without thwarting local coping methods, with Copestake advocating committed, tenacious and

sensitive development workers and local innovation, and Colson advocating limited relief that does not remove the responsibility for long-term planning This reflects the approach of the 1992 Food For Work scheme, implemented by the Zambian Ministry of Agriculture and the Programme Against Malnutrition (PAM) during the 1991/92 drought (see Section 5 2) In return for work on communal property (eg clinics and schools), people were "paid" with maize grain

Since the early 1980s, a recurrent theme occurs in much of the Tonga ethnography This theme is a spiral of poverty (Bangwe 1997 181-3) in the wake of an "unprecedented combination of catastrophes" (Foster 1993 253) It was initially Scudder (1983) who was struck by the response of people in Mazulu village to a rapid downturn in the national economy and a corresponding dramatic decline in living standards from the mid-1970s, coupled with a series of droughts, outbreaks of cattle disease, environmental degradation and overpopulation Scudder (ibid 18) relates that, "Fieldwork among the Middle Zambezi Valley Tonga in 1981-82 was a most depressing experience With only a few exceptions, the profit margins and inventories of local stores had worsened Within the village, diets were worse Infant mortality probably had increased, with measles once again a major killer of children The incidence of tuberculosis and of malnutrition had also risen, according to medical personnel familiar with the Valley Housing had deteriorated as had household furnishings and local means of transport The proportion of functional spring beds and mattresses and of bicycles, for example, had dropped off dramatically Except for the new parastatal handling cotton production and marketing, the quality and extent of all rural development services had dropped while social and physical infrastructure had seriously deteriorated" The war for

Zimbabwean Liberation and the cessation of tsetse fly control services during the war contributed to this rapid downturn

Scudder characterises the response of Mazulu villagers to the constricting national and local economy and other disasters as one of "community unravelling" (ibid 16) Community unravelling is defined, in the case of the Gwembe Tonga, as a rising incidence of violence (murders, assault, theft and poisoning) and accusations of sorcery (including the increasing use of witchfinders for problem solving), increasing alcohol consumption, outmigration, family breakdown and declining fertility (ibid 18, Clark et al 1995) Colson (1971, 1979) had also noticed the breakdown of the nuclear family, family disintegration in famine years and increasing sorcery accusations Scudder (1983 16) writes that this response made a "bad situation worse", and had "an adverse effect on people's morale, on their productivity, and on their ability to cope in a world seen as increasingly hostile" (ibid 19) Pondering on reasons for the community unravelling, as opposed to the community responding by organising itself better, he believes that the rapidity of the ascent in living standards during the 1960s and early 1970s followed by the rapidity of the drastic fall in living standards from the mid-1970s, the overpopulation of the study area and the bad state of the national economy undermined local capacity to recover (1984 8-9) Scudder (ibid) comments, "I see no way Lusitu villagers can regain their resiliency on the basis of their efforts alone" More recently, demographic analysis of longitudinal data from all four villages in the Gwembe, examining nuptiality, fertility and mortality data from 1956 to 1991, supports Scudder's earlier findings about a period of decline and community unravelling from the mid-1970s up to 1991 (Clark et al

1995) [8]

Foster's (1993, 1996) analysis of the economic effects on rural Tonga households in Monze district of reduced maize production, drought, an epidemic of East Coast Fever among the cattle and AIDS also demonstrates the cumulative impact of crises on households and predicts that, without intervention, some households will face economic ruin and breakup The spiral of vulnerability that households can face as a result of multiple shocks is detailed by Waller (1997 13) for a sub-set of Foster's households revisited in 1997 She explains that households which are already food insecure and have inadequate labour and land and lack draught power and whose working time is diverted through care giving and health seeking, cultivate a smaller area and suffer decreasing levels of nutrition, and are consequently more vulnerable to disease, poverty and further food insecurity Bangwe (1997 177) and Scudder (1995 74) comment that the series of upheavals are not matched by a corresponding increase in alternative sources of income and food, and those that do exist support subsistence rather than capital accumulation Bangwe perceives that most households are unable to cope with changes, with a high number of households failing to meet their own subsistence needs He also notes that some adaptations are more transitional than desirable (ibid 185-6) and that social relationships are being tested to the limit (ibid 190)

[8] Funding was obtained from the National Science Foundation in the United States to continue the Gwembe Study from 1995 to 1998 The collection of census data continues and a database for the longitudinal data has been created The census data covers not only the current members of the four villages - Mazulu, Musulumba, Siameja and Sinafwala - but also attempts to trace the original members who were resettled in 1957 and then migrated out These people are referred to as the "diaspora"

Many of these findings can be applied to the situation in Chiawa, for example the increasing alcohol consumption and the rise in witchhunting They are echoed in this thesis, which proposes that cumulative disruptions limit individual and household capacity to deal with any one disaster It is perhaps significant that in 1993 I made an analysis of the impact of drought, dysentery and death on seven Goba households in Chiawa (see Bond 1993), unaware, at the time, of Scudder's notion of community unravelling and Foster's (1993) analysis of cumulative economic impact

The recent Tonga ethnography places emphasis not only on the high number of problems faced by rural households, but also on the variety of their response, this matches my own observations in Chiawa households Hence Colson (1979 25) says that "Even in bad years, some food is likely to be harvested and some members will harvest more than others" Bangwe (1997 177) comments that households are affected differentially, with some households able to exploit changes Those who cope often benefit at the expense of those who are unable to cope (Colson ibid, Bangwe ibid) Colson believes that decisions about the use of physical and social resources made early in a hunger period partly determine who copes in the longer run, and in a later article she sees varied experiences and varied resources as partly accounting for a variation in response to forced resettlement (Colson 1998 26) Power relationships within households and at community level are determined by Bangwe (ibid 193) to have a key role in the ability of individuals to recover from shocks Waller (1997 75) puts differential vulnerability between households down to household size and wealth Foster (1993, 1996) pinpoints household size and structure, loss of adults in the productive age group to AIDS who have left orphan children in the care of grandparents, dependency ratios, labour

capacity, loss of cattle, access to food aid, changes in domestic and farming organisation and changes in agricultural production and individual welfare as determining whether and how households recover from the series of castatrophes Reynolds (1991 140-1), at another level, shows how children too have a varied capacity to cope with adversity If a child's mother has a low status and few resources, that child is likely to try and nurture relationships with the father and/or with the older male matrilineal kinsmen, but some children have fewer avenues than others to exploit Thus the children who are the most secure are those who have strong kinship groups and/or belong to a harmonious, productive family (ibid 160)

Shona ethnography

A perusal of anthropological literature on the Shona[9] suggests that there are common elements in Goba and Kore Kore ancestral cults, witchfinding, witchcraft and sorcery, disease etiology, traditional medicine and religion, urbanization, and a history of war But there are also many differences citizenship, assimilation, identity, resettlement, kinship, micro and macro economy, infrastructure and political system I am not in a position to assess exactly where in Goba culture these divergences and convergences occur but the divergences confirm that

[9] The valley people on the south bank of the Zambezi river in Zimbabwe were resettled in the 1950s, losing their land to the Kariba Dam development or to wildlife developments Ethnography on these valley Shona is difficult to identify within literature on the Shona as a whole Valley Shona in Zimbabwe are more commonly identified as Korekore or Northern Shona, denoting Shona that are lower down in Shona hierarchy - originally neither cattle owners nor practising brideservice as other Shona do (Lancaster 1981 285) It is the Korekore who are the most closely related to the Goba in Chiawa There is a substantial body of anthropological literature on the Shona including Bourdillon (1993, 1992), Holleman (1975), Ashwanden (1989), Gelfand (1973, 1985), Lan (1985), Kingsley Garbett (1969), and Mutambirwa (1984) Of these, Bourdillon, Lan and Garbett studied the Korekore in Mount Darwin district, the North-Eastern Zambezi valley and the Middle and Lower Zambezi valley respectively Aschwanden studied the Karanga, who are closely related to the Korekore, Holleman the North-Eastern Shona, and Mutambirwa the Shona in Chikwakwa Communal Land outside Harare

findings in the Shona should be applied to Goba only with caution

Speaking a Shona dialect and retaining some active links with the Korekore, the Goba do seem to have some beliefs and practices in common with the Korekore in Zimbabwe However, I would tend to agree with Bourdillon, who argues in relation to the Shona in Mozambique and the Shona he studied in Zimbabwe that national boundaries "created social and ethnic differences, to the extent that the two groups of people can now be regarded as quite separate" (ibid xiii) Lancaster (1981 132) also sees the valley Korekore in Zambia as distinct from the valley Korekore in Zimbabwe and Mozambique The Goba are Zambian citizens and, as will become clearer in the following chapters, are actually a mixture of peoples with different ethnic origins This hotch potch of origins manifests itself in the social structure Kinship for example would appear to be in a state of flux - with matrilineal and patrilineal tendencies and options rather than the patriliny that the Shona demonstrate (see Section 3 2)

Chiawa was implicated in Zimbabwe's independence war due to its strategic position on the border The presence of army camps and freedom fighters during the war years resulted in upheaval, landmining, burning, rape and death in Chiawa [10] The war, and the effects it had on communities, families, children, traditional hierarchy, cosmology and symbolism, is a dominant and bitter theme in most recent ethnography of Zimbabwean groups There is a blanket of silence surrounding this subject in Chiawa and the Zimbabwean literature reminded me of the significance this period might carry in Chiawa For example, Ranger (1982) examines the different responses of cults and churches during the Zimbabwe war and,

[10] The role of Chiawa in the war is discussed in the following chapter 2 5

Werbner's (1991) account of a Kalanga family in Matebeleland reveals how they dealt with the years of violence, terror and death during the Zimbabwe Liberation War[11]

Lan (1985) focuses on the enduring role of mhondoro spirits and the part they played in the liberation war Mhondoro is a form of spirit possession often causing sickness or mental disturbance and identified by divination Mhondoro spirit possession is common in Chiawa During the war, the mhondoro in the north-eastern Zambezi valley became a form of resistance, developing an alliance with ZANLA (Zimbabwean National Liberation Army) Traitors in the war were labelled as witches and hunted down Amongst Shona groups, there is a history of witchhunts, often related to infertility or death of young adults and blaming old people for the chaos caused by both (Auslander 1993) Ranger (1992), in a recent historical analysis of responses to epidemics in eastern and southern Africa, discusses how people may recourse to alternative ideologies of explanation and control like witchhunting when faced with new epidemics Witchhunting is a phenomenon that has occurred at least twice in the last twenty years in Chiawa, most recently in 1994 The appearance of a witchfinder in Chiawa during a period of great change, of drought and at a time when some young adults were dying from AIDS can also be interpreted, I think, as a response to social panic and a way of coping with adversity [12]

The witchfinder in Chiawa was able to exploit a stressed environment, manipulating people's

[11] He perceives the rise of the Sangoma cult as a means of atonement and reconciliation with unburied dead as well as a means of healing He believes that this way of coming to terms with the war experience is multi-ethnic and would apply to the Shona

[12] One interpretation of this event is Yamba (1997)

fears, in the same way that Lan describes the activities of the mhondoro during the Zimbabwe liberation war Kingsley-Garbett (1969) describes the role of mhondoro spirit mediums in Kore Kore society and, similar to Lan, sees them as playing a crucial role as advisors, diviners and healers affecting the fertility of land, animals and people, rain, illness and conflicts

The central importance of reproduction is picked up by Holleman (1975) This is also demonstrated in my own material (see Bond and Dover 1997) Lan's (1985) gender analysis of Kore Kore symbolism, with women naturally "wet" and men naturally "dry", also strikes chords with my own material on sexuality Gelfand (1973, 1985), a prolific writer, focuses mostly on Shona morality, cosmology and traditional healing The concept of self-discipline - kuzvibata - that he discusses is a concept central to moral order in Chiawa (see Section 6 1) and his book on traditional healing of common illnesses, resonates with the traditional healing system in Chiawa (see Ndubani 1998) Mutambirwa (1991) concentrates on Shona medical cosmology, including the etiology of STDs Some terms for STDs and concepts she examines overlap with those used in Chiawa (see Bond and Ndubani 1997) Healing, witchcraft and alcohol abuse are all discussed in Bourdillon's monographs (1982 (1976), 1993) on the Shona In the introduction to his second edition of "The Shona Peoples - An Ethnography of the Contemporary Shona, with special reference to their religion" (1982) he writes of how he is struck by the hardship of their life, (much of which could be extended to life in Chiawa) and reminds us how capacity is limited by a background of adversity, "I was struck by the hardship of the life of the people the heat and the dust of the country, the poor water supplies during the long dry season, the difficulty of keeping dry in the rains, the poor housing, the constant shortage of money, the frequent shortage of food, the never ending battle with disease"

(ibid x)

The Rhodes-Livingstone Institute or the Manchester School

The Rhodes-Livingstone Institute in Lusaka, in collaboration with Manchester University, dominated British social anthropology on Africa during the 1940's and 1950's (Moore 1994) The work done in this period by British social anthropologists was given the appellation "Manchester School" (Schumaker 1994) Werbner (1990 152) writes of the Manchester School, "Led by Max Gluckman, the anthropologists broke new ground empirically and theoretically Their fresh data were about the observed social practice of specific, recognizable individuals, events were given in detail with characteristic richness" Other writings on the Manchester School include Gluckman (1956), Brown (1973), Van-Dhonge (1981), Werbner (1990), Moore (1994) and Schumaker (1994)

Studies that touch on the causes lying behind low standards of living and intimate that poor diet and low income limit capacity are of relevance to this thesis The studies on nutrition and diet (Richards 1939, Thomson 1954, Colson 1959) reveal chronic scarcity and hunger, examine units of production and consumption and the nature and direction of transactions which involve food The variation in diet on a day to day, seasonal, gender and household basis is portrayed, off set by pressure on the more productive to give to less productive neighbours and kin rather than store surplus The nutritional assessments show that the diet was often below what was required, especially in rural areas Gluckman, in a appreciation of Richards's work, comments that the Bemba can "regularly expect to be hungry annually" and

"scarcity is within the ordinary run of experience" (1945 60-63), and that this deprivation effects economic effort, both physical and psychological Urban studies which showed what choices were made when income was less than minimum needs, and how many families in urban areas had no margin of safety and were merely "getting away with it" (Bettison ibid 40), led to a debate on categories of needs and what constitutes poverty This is still an on-going debate today with a series of poverty assessment studies conducted by the World Bank (1994) in Zambia in the 1990s [13]

Deane's (1949) and Mitchell's (1949) articles about the problems involved in mapping out village economies (following economic activities and recording household budgets) raised questions about allocation of resources, poverty and research methodologies, which I found useful in my household case-studies A reconnaissance survey in 1945 in Southern Province (Allan 1949 74) developed the concept of a land's carrying capacity as the maximum number of people that a given land mass can support through time without land degradation setting in under their traditional system of agriculture Again, these enquiries are prodding at capacity, asking why people were as poor as they were, why did they not use farming land as well as they might Colson (1954) reacted sharply to the implications contained in the latter survey that Tonga farmers lacked initiative and were supposedly content with a very low standard of living Her own interpretation was that farm implements were either unobtainable or unaffordable and that Tonga farmers depended on old implements until the end of the war when an upturn in the economy allowed them to buy more equipment She feels it was an

[13] The definitions of poverty used by these poverty assessment studies and their results for rural and urban Zambia in 1991 and 1993 are discussed in Sections 2 2 and 5 3 Also see Booth (1995, 1996)

example of, "people faced with shortages beyond their control who were making the best of a bad situation by sharing what implements were available" (Colson ibid 38) In reply, the survey team (Allan, Gluckman, Trapnell and Peters 1954 39-40) admitted they had overlooked shortages and had not carried out any follow up studies, but also said that they came across examples of implements that could have been repaired and cared for locally at little or no cost, that were left to rust These different interpretations serve to remind us both how capacity is open to diverse renditions and of our "authorial authority" (Paine 1990 35)

Schumaker (1994 135-200) highlights the political sensitivity of both Wilson's and Mitchell's research on the mines in the Copperbelt Their experience of the relationship between researcher, management and labour resonates with my own experience of working on a commercial farm (see Bond 1997) Epstein (1992), Powdermaker (1962, 1966), Burawoy (1972) and Kapferer (1972) have also demonstrated tensions between researchers, labour and management in their own later work on the mines in the Copperbelt

Later ethnographies (other than Lancaster, Colson and Scudder) written under the umbrella of the RLI continued to highlight the matriliny theme of the earlier RLI period, whilst developing more studies specifically on marriage and women These are pertinent to the position of matriliny and women in Chiawa (see Section 3 1 and 3 2) Holy (1986), Kapferer (1967) and Poewe (1979) continue the discussion of matriliny and change, and Skjonsberg (1989) looks at change in a village setting Epstein (1970) and later Keller (1978, 1979) and Geisler and Narrowe (1990) investigate the instability of marriage Schuster (1979), Keller (1978, 1979) and Hansen and Ashbaugh (1981) look at the role of women in Zambia within

a structure of economic dependency, wider opportunities and male oppression

Pottier (1983) and van Donge (1984) pick up on an earlier comparison by Colson and Scudder (1975) of two rural villages and work by Kapferer (1967) which looked at the dynamics of the rural economy in Zambia All this work reveals the inequalities and diversity of the rural system and the impact of cash crops on gender roles Vaughan and Moore (1994) adopt a historical and gender perspective in their monograph on nutritional and agricultural change in the Northern Province of Zambia which demonstrates the continuities, diversification and flexibility of farming Vaughan's (1987) earlier historical monograph on how people in Malawi coped with a famine in 1949 assesses how matrilineal ties and marriage stood up to the stress placed on them by famine and reveals the flow of resources between households Ashbaugh (1992) looks at economic and social interdependencies between town and the village Contact between town and village is another strand of capacity which is being increasingly exploited in the HIV/AIDS epidemic, as people move between the two fields in search of treatment and support

Marwick's (1965) study of sorcery among the Cewa of Zambia has become a classic and is central to an analysis of witchcraft and sorcery in the region Dillan-Malone (1983) and Jonker (1992) have looked at the role of indigenous medico-religious movements in coping with illness and misfortune Although an analysis of witchcraft and spirit mediums is not a focus of this thesis and has not been dealt with in any profundity, the link between HIV and witchcraft is explored in Section 5 4

All the themes mentioned above - namely social change, matriliny, marriage, witchcraft and sorcery, nutrition, village structure and dynamics, agricultural systems and migration - are relevant to this study As is the initial focus that Wilson, the first RLI director, placed upon "relevance to the problems of the people themselves" (Werbner 1990 156)

2.5

CHIAWA SETTING, HISTORY AND DEVELOPMENT

"We saw the Kafue wending away over a forest-clad plain to the confluence, and on the other side of the Zambezi beyond that, lay a long range of dark hills The plain below us, at the left of the Kafue, had more game on it than anywhere else I have seen in Africa" (Livingstone 1857 570)

The Setting - Chiawa

The "glorious view" (ibid) that Livingstone saw, as he reached the outer range of hills in the Kafue Gorge during the 1855/56 rainy season, captures the first glimpse of Chiawa you have today, as you descend from the Kafue Gorge escarpment into the Lower Zambezi valley floor The game may not be so visible or plentiful as it was then but the first impression of Chiawa is still of rivers fringed with trees, the flat valley floor and the escarpments rising in the distance on either side The boundaries of Chiawa Chieftaincy are shaped by three rivers - the Kafue, the Zambezi and the Chongwe - and the hills to the north The floor of the valley is 700sqkms and between 350 and 640 metres above sea level (Chanda 1991 17, 5) Forests and game are still a feature of the landscape which changes hue with the seasons and is indeed breathtakingly beautiful However the valley is hot and dry and rainfall is all too often inadequate making it a hard place to live

Chiawa, some 170 kms south of Lusaka, lies on an international boundary with Zimbabwe and

falls within Lusaka Rural Province and Kafue District The Zambezi river marks the boundary between Zambia and Zimbabwe and the contrast between the two banks on this section of the river is striking the Zimbabwean side is uninhabited, the land gazetted as hunting areas and Mana Pools National Park, whereas on the Zambian side there are villages scattered along the edge of the river Eleven kms west of the Kafue-Zambezi confluence, in Southern Province, is Chirundu border post The Beit bridge at Chirundu which straddles the Zambezi, connecting Zambia and Zimbabwe, was constructed in the period 1937-9 The border post is extremely busy since the road, leading south and north, is one of the major transport routes in Southern Africa

Covering an area of 2,389 sq kms, Chiawa overall is sparsely populated like much of rural Zambia There are about 30 villages [1], mostly situated close to or on the Kafue and Zambezi rivers, with the exception of five villages which hug the northern hills, sourcing their water from fresh streams or the river beds of tributaries Parts of the road network connecting the villages can be impassable in the rainy season but due to commercial and tourism developments in the last four years, the dirt road from Chirundu to Chiawa centre in the east and Gota Gota in the west is regularly graded and maintained Although there is no public transport within Chiawa, the large commercial farm (Masstock Farm) near the Kafue pontoon has transport going in four directions to collect and drop workers six days a week, in effect providing regular transport In the last year or so (1996-7), public transport - in the form of privately owned pick-ups - runs between the Kafue pontoon and Chirundu The resident population of about 8000 (CSO 1990) has increased since 1963 from 4507 (CSO 1963),

[1] Chanda (1991 16) records 35 villages in 1991, we counted 30 in the same year Chanda also writes that there used to be 52 villages in Chiawa in the 1970s but they ceased to exist because of death (which caused them to be deserted) or because of people moving away from the area

although the ıncrease ıs not as great as expected, suggestıng urban drıft (Chanda 1991 18) and resettlement ın other rural areas The annual ınflux of about 2000 seasonal mıgrant workers to Masstock Farm, sınce 1993, greatly ıncreases the populatıon densıty around the Kafue-Zambezı confluence zone for at least sıx months a year

Chıawa ıs sub-dıvıded for the purpose of government admınıstratıon ınto two "wards" [2] - Chıawa Ward to the centre and east, and Kambale Ward ın the west However, Chıawa sub-dıvıdes naturally ınto sıx dıstınct localıtıes, whose boundarıes are determıned by a combınatıon of envıronmental and socıal features (see map for desıgnatıon of each localıty) Localıty to an extent determınes the resources avaılable to a household, for example ın some areas huntıng ıs a sıgnıficant economıc resource, and other areas are renown for blacksmıthıng or good rıver gardens The sıx localıtıes - from Area A ın the west to Area E ın the east and up to Area F near the hılls are descrıbed ın some detaıl below Wıth the exceptıon of Area B, at least one household case-study ıs purposefully sıtuated ın each area (see map ıı and Sectıon 4 1-4 8) Area B ıs ın effect represented sınce all the households, bar one, are ınvolved ın the economy of Masstock Farm located ın Area B

Area A - Maravanyıka, Mupınga, Chaledzela, Mugarı

Lyıng near the Kafue Rıver off the road that runs west from the pontoon to Chısakıla, there

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[2] Every ward has a polıtıcal representatıve called a councıllor who stands for a polıtıcal party and ıs locally elected The councıllor's role ıs to lıase wıth the Member of Parlıament for the area and the Dıstrıct Councıl See later ın the chapter for more detaıls of the admınıstratıve structure of Kafue Dıstrıct

are four villages in this area, three dispersed along the land between the river and the road and one set back north of the road near the lesser Chongwe In 1991, the total number of households in all four villages was 123 Many residents have strong KoreKore (Shona) origins and the name of the largest village - Chaledzela - is Shona Two household case-studies are located here Household 3 in Mupinga village and Household 5 in Chaledzela village

The lesser Chongwe runs into the Kafue near the villages but only has water during heavy rain or flash floods from the escarpment People draw water from the Kafue, complaining that pollution affects the taste of their vegetables and their health The pontoon (with shops, market stalls and taverns) and Masstock farm are close by In Chaledzela there is Gota-Gota primary school (built in 1957), a Catholic church, a Watchtower church, an electricity power station (though no electricity!), and a grinding mill The villages fall within Kabwadu Ward where there is no health facility until early 1998 People have to travel 16 kms to Mtendere mission hospital in Chirundu for formal sector health services There is an active community health worker and a trained traditional midwife [3] in Maravanyika The headman of Chaledzela is a well-know traditional healer with some notoriety in Chiawa [4]

The land to the north of the road is forest, a mixture of acacia, mopane and thickets, and an

[3] Community health workers and traditional midwives are volunteers who have received some training and sporadically receive supplies from the District

[4] Headman Chaledzela was responsible for inviting an infamous witchfinder Shaka the Zulu to the area in 1995, allegedly to treat his two sisters who were terminally ill (see Yamba 1997)

important resource for firewood, crafts (mats, bowls and baskets), rope and wood to build canoes Indeed the area is renown for crafts, canoe-building and blacksmithing There is not much wildlife in the area other than baboons and monkeys (Zimba 1996 6)

There are many goats in Kabwadu ward - "thousands" by March 1996 and 364 cattle (ibid 9) It was the first area in Chiawa to have cattle introduced in 1991 They are mostly owned by Tonga outsiders from Southern Province and looked after by locals without the capital to buy cattle themselves The goats and cattle have communal grazing They cause land degradation through overgrazing and destroy crops during the growing season Sheep, chickens, doves, ducks and small numbers of pigs are also kept in the area Masstock has boosted the price and sale of goats in the area (ibid 17]

Matoros (river gardens) along the Kafue have fertile soils and high water tables, some of them situated on small islands, and can be cropped two or three times a year though crop damage caused by hippos or sudden floods can undermine yields Zimba (ibid 8) says that yields are low both in matoros and the dry fields due to poor distribution of rainfall, insect damage, low yielding seed varieties, non-application of fertilisers and poor land use and crop management, and that production is too low to support a medium family for a complete year My own observations concur with his, though with Masstock, the pontoon and Chirundu within reach, growing vegetables can be quite profitable Masau (a wild fruit), mango and banana trees growing near the Kafue also provide villagers with seasonal crops to sell or barter A government agricultural assistant and RTCCP (Regional Tsetse and Trypanosomiasis Control Programme) staff based at Chaledzela, and a permaculture initiative (sponsored by a South African chemical company), bring agricultural and livestock expertise

The majority of young adults in the area are now employed seasonally by Masstock farm, either walking to the farm or using the farm tractor for transportation The presence of the main Masstock compound near by, with workers from outside Chiawa, has created a mixed population, stimulated social life and beer drinking and promoted inter-marriages Beer brewing has become an important source of income and sales are carefully timed to coincide with public holidays and pay days This industry is controlled by local, usually divorced, women

A woman's club in the area, supported by RTCCP, carved doors and windows in an old baobab in Mupinga in 1994 with the intention of promoting it as a picnic site for tourists There is no commercial fishing on this section of the Kafue, though households do fish for their own consumption and use canoes for transportation to islands and Southern Province

Area B - Masstock Farm, Mufulutsa, the Kafue Pontoon, Kanyenze and Mafungautsi

This area is dominated by the large-scale and recent development of Masstock Farm [5] and by the pontoon which crosses the Kafue Mufulutsa, the village at the pontoon, has been transformed by Masstock and is a mixed population, with new settlers, itinerant traders and paramilitary police stationed there An established Indian trading store at the pontoon is facing fierce competition from other stores, markets and bars that have sprung up, along with a number of other drinking places in the compounds of local women who sell wine and beer

[5] See sub-title "Development" in Section 2 4 for more details of Masstock Farm

(brewed by themselves) Tourist developments in the forest to the east where the two other villages - Mafungautsi and Kanyenze - lie, have created some employment opportunities (other than Masstock) for these villages

Along with Kabwadu in Area C, the pontoon area and Masstock, according to an analysis of HIV records at Mtendere Mission Hospital (Bond and Ndubani 1993), between 1988 and 1991, had the highest reported number of HIV cases in Chiawa The proximity to the road and the mobility of the population could be compounding factors

Area C - Kabwadu, Makanya, Mudzama and Gunduza

A chain of four villages and two banana farms lie between Mayo-Maiwhe forest and the Zambezi-Kafue confluence on the main road that runs from the pontoon all the way downstream to the Chongwe river These villages have excellent matoros and the livelihood of many villagers is selling bananas and vegetables as cash crops to locals, Masstock workers and outside traders Household 7 is situated close by other compounds, just north of the road about one and a half kilometres from Kabwadu school in Mudzama village

In Kabwadu village (the largest village with 47 households in 1991), there is a school which goes up to Grade 4, a bridge over the Musandya river, a hotel and a shop and a banana scheme which, though thriving in the mid-1970s and late 1980s, is run down and up for sale by the mid-1990s In Gunduza to the east a new banana farm started up in 1994 by a Zimbabwean investor offers some local employment There are a number of boreholes in the area

Other than small farming, the other main economic option in the area is wage labour at Masstock and by 1996, half the adults were engaged in it (Masdar 1996 4) The area has many people moving through it on their way to and back from town or shops It is common for people to stay in these villages overnight with relatives or friends waiting for transport It is relatively easy too for villagers to travel in order to work, trade or make visits There used to be a tavern near the bridge selling *chibuku* (beer brewed in Lusaka) but it closed down when the owner died in 1993 There is now a bar at the hotel and a number of households brewing beer and wine

By 1996, there are some cows in the area and many goats RTCCP had done a number of small-scale development projects in the area between 1994 to 1996, including chicken and fish farming and traditional dancing, with little success Wildlife stocks are relatively low so hunting is not common For women, beer and wine brewing as well as picking and selling *masau* is common, and for men fishing is another common source of income There is one blacksmith in Mudzama who makes pots and pans

Area D - Chiawa Centre, Chilimanga, Muchamire, Kalipanyo, Maunda, Kandoko

Chiawa village is known as Chiawa centre since this is where the Chieftainess resides in her palace, and where the Chiawa Rural Health Centre, government rest house, community development centre [6] and local court are situated Meetings are often held here and the centre can be a hive of gossip and intrigue It also has a primary school which goes up to Grade 9

[6] There was a social development worker based in Chiawa when we arrived in 1991 He was transferred in 1993 and not replaced until late 1997

and where children are able to board, an agriculture extension officer, two hammer-mills (one owned by the Chieftainess and the other ADMADE - a NGO working with wildlife and conservation), a number of shops (one also owned by the Chieftainess), a small market, a tavern, a wildlife check point and game-guard camp, a Watchtower church, a Catholic church and three boreholes A number of development and research projects are based in Chiawa village, staying at the rest house or renting accommodation This includes our own project, a veterinary research project, the lower Zambezi conservation project and RTCCP The latter was based in a large camp with migrant workers on the palace hill from 1990 through to 1995 In 1991, the number of households in Chiawa centre was 56 but the three villages near by - Muchamire, Kalipanyo and Chilimanga - flow into the outskirts, making it feel larger The population is quite mixed, it includes Nsenga and Chikunda resettled from the Chongwe confluence in the late 1950s (due to sleeping sickness) in Chilimanga, the royal families with their different lineages and origins, government workers and project staff Household 6 is near the market place, on the Leopards Hill road close to the Watchtower church and Muyanje borehole

The roads leading into Chiawa centre come from Leopards Hill, the pontoon and the lower Zambezi national park It sits on the Zambezi river and there is a large Mopani forest (Mayo Maiwhe) to the west of the village There have been a number of tourist developments and a commercial banana farm sited within the forest in the last few years which has created some temporary employment opportunities Chiawa village always seems to be changing - the RHC and school have been rehabilitated since 1992, other government houses and buildings have disintegrated and not been repaired, shops, hammer mills and taverns have opened and closed, stalls have sprung up along the roadside and since 1993, there is much more road and river

traffic passing through

Many young people work for Masstock on a seasonal basis Other work can be found with projects, shops, farms and tourist developments, either building, interviewing, checking tse-tse traps, doing unskilled work and caretaking equipment and accommodation All those employed at the local court are locals, except for the court clerk who is normally an outsider Many people farm and sell produce locally or at Masstock A few people hunt There is an active women's club and a sewing club for women run by the Catholic nuns Baking fritters and buns, as well as brewing beer and wine, is an important and popular source of income for women The brewers are careful to co-ordinate their beer selling throughout the year, taking it in turn to sell, and there are a number of households (usually headed by divorcees) whose main income is based on this activity and who have, over the years, obtained tavern nicknames

Area E - Mugulameno, Chanetsa, Chiuye, Chapanga, Chimusambo, Mushokanende

These six villages lie in the east of Chiawa, on the Zambezi river close to the National Park and tourist lodges The inhabitants of Chanetsa and Chiuye are Korekore settlers from the south bank of the Zambezi, who moved north across the river rather than be resettled in Zimbabwe following the gazetting of Mana Pools National Park in 1957 Mugulameno is the biggest village (numbering 48 households in 1991) whose name means, in Soli, "pulling out teeth" (a beautification practice for women) As the origin of the name implies, there are many Soli living in this village It has a primary school, a Catholic church and a mobile ante-natal and under-five clinic For other formal health services, people have to walk about 20 kms to Chiawa rural health centre Household 4 is situated close to the headman's house in

the centre of this village

There is a grinding mill in Chapanga village Along the road there are a few small stalls with a limited supply of goods The pontoon is over 40 kms away Transportation is haphazard People chance lifts with ADMADE, tour operators, fish traders and the Catholic priest (who visits Mugulameno once a week) or have to walk as far as Maunda to get Masstock transport early in the morning or early evening

To the north of Mugulameno is Kailala [7], the burial ground for the chiefs Chiefs are buried facing the west under an evergreen fig and prestations for rain are made with calabashes under these sacred trees This area is also used for collecting thatching grass, and since the early 1990s, with the rapid development of the tourist industry, selling thatching grass has been a thriving business for the area and is largely controlled by old women

The tourist lodges increasingly provide the young men in the area with seasonal work opportunities and the villages this end of Chiawa often seem void of young men between April and November Poaching (largely controlled by outsiders), in the lower Zambezi National Park and Mana Pools National Park in Zimbabwe on the opposite bank of the river, is launched from here, Chiawa men have lost their lives by becoming involved in it Wildlife is abundant in this area and it is common to see hippos, crocodiles, elephant, baboon, buffalo, impala, kudu, puku, waterbuck and lions These animals (in particular the elephants) are a menace in people's fields, destroying crops Occasionally people get killed or maimed by

[7] In the morning after someone has died you say "kailala" meaning "to rest"

buffalos and lions Hunting by locals is curbed by the presence of the game guards and ADMADE stationed at Malilansolo further east and by the tour operators It is largely the dominance of the tourism industry in the area that has sparked off bad feeling amongst local people against the Chieftainess and ADMADE and this area is the seat of the Chieftainess's fiercest opposition, led by the senior headman Mushonganende From 1992 to late 1994, the ward councillor for Chiawa - Felix Tembo - comes from Mugulameno and this helps the profile and development of the area [8] When he died in 1994 from malaria, the area lost a powerful representative

Far from Masstock, few people in the area itself work at the farm apart from those who live in villages closer to Maunda, where Masstock transport reaches In 1995, Masstock was bringing paprika for sorting to the village centres This was popular work amongst women but it only happened the one year

Commercial fishing is most intensive in this area, based on an island just downstream from Mugulameno, where fisherman from outside with permits come and camp to fish Fish traders regularly come during the hot and rainy season to buy fish Outsiders dominate this industry (causing some resentment) but locals are involved Women go to the camps to buy fish to sell, either within Chiawa or at Chirundu, and some local men fish commercially, either selling to traders in Chiawa or travelling to Lusaka three or four times a year to sell their fish Other sources of income are trading in fruit, vegetables and tobacco

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[8] The visit of the President Chiluba in 1994 to Chiawa was centred around a meeting held in Mugulameno

Area F - Kanyangala, Kalombo and Nyamalapo

Kanyangala, Nyamalapo and Kalombo are in the foothills of the escarpment, 30 kms back from the Zambezi Households 1 and 2 are situated in Kanyangala, Household 1 near Kalombo school just off the road and Household 2 deeper in the woodland, tucked in the hills some 4 kms off the Leopards Hill Road near Musadya stream and an open well Household 1 and 2 are about 8 kms away from one another According to the household survey, in 1991 there were a total of 45 households in the area It is a recluse and close community with a significant number of retired civil servants, new settlers and craftsmen

This sparsely populated area receives more rainfall than most parts of Chiawa and there is a good ground water reservoir, and the water in the wells which tap into it is cool, clean and sweet Though an agriculturalist (Chilabi 1995 7) defined the area as having low crop productivity, due to crop damage by animals and lack of credit, rain and agricultural expertise, it looks to my eye more reliably productive and younger children healthier than elsewhere in Chiawa Indeed, during drought years, people come to the area to purchase maize or sorghum since households in these three villages are more likely to produce a surplus

Most fields are along the stream where the soil is fertile and holds moisture, though erosion is a problem There are mango, citrus, banana and bountiful <u>masau</u>, tamarind and fig trees growing near the stream Fruit from these trees is traded, along with honey, sugarcane, thatching grass, and beer, at certain seasons Goats, gamemeat, chickens, wood and wooden

bowls and spoons are traded throughout the year

Masstock Farm, relatıvely close and wıth transport reachıng the area daıly for seven months a year, has greatly ıncreased tradıng and work opportunıtıes many young adults and some chıldren work seasonally for Masstock [9] Another more recent source of food and ıncome ıs a fish farm ınıtıated by RTCCP and stocked wıth spotted and red breasted bream, run by a group of farmers Although ın 1992 there were no cattle, by 1995, there were 250 cattle mostly kept by farmers newly settled (arrıvıng ın 1993) from Gwembe and Lusıtu Though the cattle are rarely slaughtered, the mılk ıs sold (Chılabı 1995)

The Leopards Hıll Road, a dırt road buılt ın the 1950s, connects the cluster of vıllages wıth Chıawa Centre and Lusaka, though durıng the raıns the road ıs sometımes ımpassable and even ın the dry season, can be treacherous ZESCO (the natıonal electrıcıty company), tour operators and poachers maıntaın the road Two other dırt tracks maıntaıned by Masstock and the Tse-Tse project lead to the vıllages from Kabwadu and Masstock Farm There a resıdent communıty health worker (who ıs also the local teacher) and traıned tradıtıonal mıdwıfe ın Kalombo but no health centre People therefore have to travel some dıstance to reach any formal health facılıty There ıs one prımary school ın Kalombo, started by the Catholıc Church, whıch goes up to Grade 4 Chıldren have to board at Chıawa or Kabwadu prımary schools ıf they wısh to go beyond Grade 4 "Boardıng" means ın effect sleepıng ın

[9] Chılabı (1995 48) comments that, "There are many chıldren ın the vıllages who are not attendıng school because theır parents tell them to remaın at home whıle they go to work for Masstock farm ın search of ıncome to enable them to buy food for home In some cases chıldren are also taken by parents to work for Masstock as a way pıckıng enough marıgold flowers to finısh early" Thıs confirms my own observatıons (see Bond 1997)

classrooms and cooking their own food These boarders often walk home for the weekend and return, equipped with some food provisions, early Monday morning Church services are held in the school at least one a month A local co-operative shop has proved unreliable and more often than not, people have to travel to Kabwadu, Chiawa Centre or the pontoon if they wish to shop

Most of the area is covered in forest - Miombo woodland, dry deciduous jesses thickets, scrub mopane woodland and open acacia parkland (Chilabi 1995 6) Infested by tse-tse fly until recently and away from the river, development and denser populations, there is relatively abundant wildlife which is consumed and sold locally or taken to Masstock for sale - opportunities which offset the disadvantage of not being able to fish The most common wild animals are buffalo, kudu, impala, bushbuck, warthog, lion and monkey Poachers from outside Chiawa use the area to camp and poach or cross over it into Zimbabwe to poach in Mana Pools National Park This poses a security threat for local people Some households have moved away from the Leopards Hill Road to avoid confrontation with poachers who tend to be armed and aggressive Incidents of these poachers shooting, stealing and coercing locals into carrying meat are not uncommon [10]

Spiritually the area has special significance A rain-shrine is situated on top of one of the hills and the keeper of the it lives locally During the 1992 drought, this shrine had prestations

[10] On two occasions, whilst visiting the area every two weeks during 1992, local hunters in Chiawa centre advised me to avoid the Leopards Hill Road and go instead along the dirt track from Kabwadu since there were armed poachers in the area who might, they feared, be tempted to take the vehicle off me

made to it by other Chiawa rain shrine keepers Local myth says there used to be pond which never dried up near Kanyangala Prior to planting, a ceremony was held where seeds were thrown into the pond to ask for blessings from the ancestors Hunger and drought have been blamed on the demise of this ceremony

History and Identity of Chiawa.

A historical timeline for the Middle and Lower Zambezi Valley [11], accompanying a map, summarises the history of Chiawa from Stone Age times to the mid-1970s (see Appendix iii) Five themes emerge as influencing the history of Chiawa the geography and unique ecology of the valley, trade both within the region and with the East African Coast which used the Zambezi as a transport network, wars fought on the natural boundary of the Zambezi, migrations from the south and north, and finally ethnicity As the confluence area for two of Central Africa's major rivers (the Kafue and the Zambezi), Chiawa has necessarily been important as a key crossing place (Lancaster 1974 711), boundary and geographical marker for trade, wars, explorations and migrations

Both the complex nature of Goba identity and more recent history has the greatest bearing on the capacity of the seven households Recent history is dominated by the impact of the Zimbabwe War, economic downturn from the mid-1970s and rapid development since the late

[11] The demarcation between the Middle and Lower Zambezi Valley seems to be a little unclear, but the Middle Zambezi is understood to include the stretch of valley between Victoria Falls and Chirundu, and the Lower Zambezi the valley from Chirundu downstream

1980s

Ethnically Chiawa is designated to the Goba As Lancaster (1974 714) explains, *Goba* is an old Shona term referring to relatively low-lying land *Chigoba* refers to the language which is a Shona dialect and remains the most common language used in the area In our 1991 household survey, 72% of respondents called themselves Goba (Bond and Wallman 1993 6) [12]

What emerges from the historical timeline (see Appendix iii), is that to be Goba is to be a little bit of everything They trace Shona roots as well as Soli They also have legends of Nsenga, Lunda-Luba, Ngoni, Chikunda, Tonga and Ndebele incursion and cross-cultural contact Mathews (1981 36) writes that in the late 19th century, "The presence of a large number of Goba or lowland Shona, adds to the impression of an ethnic melting-pot in the downstream area of the lower river, and whole Kafue confluence zone" Lancaster (1974 709) agrees, commenting how people in the zone are alternatively described as Goba, Nyai, Chikunda and Tonga "giving a long-term impression of successive stages of ethnic homogeneity" However, " all the alleged Tonga, Chikunda and Goba of the confluence zone have in fact comprised a single social and cultural field, intermarrying, living together, crossing the rivers and moving freely throughout the area They have shared much the same history, speak the same Shona dialect in their villages and share the same social structure" (ibid 711)

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[12] There was no distinction made in the 1991 household survey results (Bond and Wallman 1993) between those who called themselves Goba and those who called themselves KoreKore New to the area, we believed at the time that Goba and KoreKore were inter-changeable ethnic labels, both Shona in origin With hindsight, there does appear to be a subtle but significant difference in how people use the terms Goba states an allegiance to the area rather than to the Shona south of the Zambezi river in Zimbabwe KoreKore states an allegiance to Shona roots

It is interesting to note that 72% of household heads were Goba in Chanda's random survey in 1991 of

Chanda (1991 21) and Lancaster (1974 715) see the hıstory of the lower Zambezı valley as one of refuge, remarkıng that the Goba subsequently bear the stıgmata of defeat and flıght Indeed, Lancaster (ıbıd 727) ın the late 1960s felt the Goba ıdentıty would "probably dıe out completely ın the confluence zone", predıctıng that, "the area wıll probably find ıncreasıng acceptance as "pure" Tonga country Many of those lıvıng on valley floor east of Kafue [Chıawa] have also been resettled ın dıstant hıghland areas because of sleepıng sıckness and the few that remaın there wıll probably be recognısed as Solı or Nsenga" [ıbıd] The Tonga are becomıng an ıncreasıngly ınfluentıal ethnıc group ın Chıawa ın theır roles of seasonal mıgrant, new settler and cattle owner

Embedded ın Goba ıdentıty are negatıve assocıatıons of not truly belongıng to Zambıa and of backwardness These assocıatıons rıse, ın part, out of Shona roots [13] and tradıtıonal hıerarchy, rural ısolatıon and underdevelopment, the tse-tse fly belt whıch has prevented cattle ownershıp ın many sectıons of the valley, and the dıfficultıes of lıvıng ın the valley

Oral hıstory on the chıeftaınshıp sheds some lıght on the connectıons wıth neıghbourıng groups, partıcularly the Solı and Kore-kore Oral hıstorıes collected ın Chıawa tend to legıtımate the teller's claım eıther to a royal lıneage and/or to Solı or Korekore or Chıkunda

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223 households ın Chıawa, thıs findıng concurs ıs echoed ın our complete household survey ın the same year

[13] The Chıeftaıness says that the Goba have faced dıscrımınatıon ın Zambıa because of theır Shona dıalect In 1994, she had to wrıte a letter to a mınıng company who refused to belıeve that a young Goba man from Chıawa, seekıng employment on the mınes, was a Zambıan cıtızen

origins The chieftainship is supposed to have become matrilineal with the second chief Kalikunje [14]

The list of chiefs in Box 1 is collected from one member of a royal lineage who wants to emphasise his links to the Korekore, another royal lineage might emphasise links to the Soli Interestingly, the current Chieftainess of Chiawa claims links to both origins The Chieftainess says that her father's father's father (FFF) came to Chiawa with his father from Chief Dandawa's area and that her father was therefore Korekore Her mother's father (MF) was a Chikunda from Mozambique who married a Soli, so her mother is a Soli although she was brought up in Zimbabwe and only moved to Chiawa when she married Since the Chieftainess is officially one of the five Soli chiefs falling under the senior Soli chief Chieftainess Nkomesha, her links to Soli origins are important to legitimate her position [15] Within families that have claims to the chieftainship, this double unilineal descent

Chiefs of the Goba, mid-19th century onwards, according to Gordon Mulinganiza (1994)

Muyobe or "Chiyaba"
(around 1860 - 1880s)

Kalikunje - Muyobe's MBS (late C19th)

Chobela
(late C19th)

Mutunhuka
(died 1908)

Liyempe
(throned 1910)

Kanguma
(early to mid-C20th)

Moses Chamulakwa
(mid-C20th)

January Mulinganiza
(died 1986)

Christine Mambo
(throned 1987)

[14] Dover (1999 personal communication) records Kalikunje as a sister's son, possibly the son of Chuzu, a sister who joined Muyobe from Zimbabwe and contested Muyobe for the chieftainship

[15] The other "Soli" chiefs falling under *Nkomesha* are *Shikabeta*, *Mphansha*, *Mburuma* and *Bundabunda* Chieftainess Chiawa claims that historically the plateau, where four of the chieftaincies are sited, belongs to Chiawa - this dates back to *Muyobe's* wars on the plateau in the late 19th century It is possible that British indirect rule had a hand in the creation of a Soli paramount chief and Soli council of

is common For example, Headman Chiawa (Moffat Katiyo) also traces his ancestry through both the matrilineal Soli line which have the chieftainship, and the royal families - the patrilineal Korekore (Dover 1999 personal communication)

The chieftainship rotates between three different royal lineages and is inherited through the mother's line Thus any individual who wishes to stand as a candidate to become Chief must emphasise their matrilineal links with the royal lineages Often there are a number of people eligible on the basis of lineage who contest the position

This happened in 1987, when the late Chief January Mulinganisa died Three candidates were eventually proposed representing three different factions with varying claims on royal lineages The first candidate was Gabriel Nyangu, who was related to Mutunhuka on his mother's side, but to the late Chief through the father line Although Gabriel acted as Chief in the interim and was initially backed by a very influential headman and senior elders[16], he was eventually judged to be linked to the royal lineage more by patriliny than matriliny and to not have the right qualities required of a good Chief[17] Gabriel has continued to challenge the current Chieftainess and to have some support in Chiawa The second candidate was a Soli man His claim to the throne was through direct matrilineal links to the previous

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chiefs This hierarchy contributes to a strained relationship between Chieftainess Nkomesha and Chiawa According to Dover (ibid), oral history sheds further light on the reasons for the chieftainship being Soli and on the connections between the two groups Muyobe is said to have married a daughter of Nkomesha, and Kore-Kore men migrating into Chiawa were also supposed to have married Soli women

[16] Namely Headman Mushonganende and his brothers who have the powers to authorise the throne The other senior headmen are Headmen Charedzela, Kabwadu, Kandoko and Mugulameno Mushonganende is the only matrilineal headmanship as this is traditionally the chief's village Dover (ibid) records that Mushonganende said he felt more Korekore than Soli and he belonged to two clans - Tembo (Koreokore) and Nyangu (the royal Chiawa Soli clan)

[17] Some informants claim that Gabriel Nyangu was "too rough" and dictatorial

Chieftainess Chobela (the only other woman chief in Goba history) who had been forced to stand down and had left the area, with the chiefly walking stick[18], and moved to the plateau Her descendants were hence brought up outside Chiawa and it was on these grounds that her descendant's claim was rejected People felt that when Chobela left she forsook her claim to Chiawa[19] and any descendant of hers should look to other Soli chieftaincies and not Chiawa to rule The current Chieftainess, Christine Mambo, was the third candidate and was backed by a strong personality (Sam Katiyo), and through her mother had a claim to the royal Nyangu clan Her mother's elder sister's son[20] could also have been proposed but did not have the qualities that Christine had – namely education and youth Christine was a secretarial teacher and had experience with projects in the co-operative movement These qualities were regarded as essential for developing Chiawa which had, in the wake of the Zimbabwe Liberation War and the economic downturn of the mid-1970s onwards, been isolated and underdeveloped

On the basis of this, and having won (albeit temporarily) the backing of the senior headman (whom she calls "Father"), Christine Mambo was installed in 1989 Mushonganende and his brothers authorised her claim to the throne The inauguration was held at the palace, which all the senior headmen and other senior elders attended For some days Christine Mambo was

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[18] Chiefly relics are only seen at special ceremonies and are passed on from chief to chief Removing the walking stick from the area was a strong symbolic protest on Chobela's behalf Similarly, when the current Chieftainess's authority was challenged by Mushonganende, he was said to have "removed her stick"

[19] Chobela was also supposed to have run down Chiawa when she left claiming she left it by choice because "the crocodiles would eat her children" Crocodiles are agents in witchcraft and any reference to them would be purposeful

[20] He has continued to retain status in Chiawa where he now resides For example, the Chieftainess will consult him and he sits in Kafue Council Chamber as her representative

instructed on traditional rule and every morning she was asked to relate her dreams which were then interpreted[21] When the elders were satisfied with her performance and attentiveness, beer was brewed and a ceremony was held where a sawhila[22] anointed her with mealie-meal She tasted the specially brewed beer and ate soil from a Chief's grave in Kailala, the burial ground of the Chiefs, and she was given the chiefly walking stick as her insignia Because her father had completed marriage payments (see Section 3 2) and because he was a Kore-kore, Christine also had to be "bought back" to her matrilineal lineage (the royal Nyangu clan) Representatives from her mother's side "begged" for her from the father's lineage by giving a black cockerel

It is, in part, due to the strong leadership of the Chieftainess that Goba identity has not died out Most young people regard themselves as Goba [23] The Chieftainess once said that her people identify mainly with the valley, though she recalled how after Independence, people in Chiawa continued to listen to Zimbabwean radio rather than Zambian The survival of Goba identity, despite massive movements of populations through the area, can be partly

[21] Both the Chieftainess and informants confess candidly that she had to create dreams to please the elders For example, one dream she related was one in which all the previous Goba chiefs, dressed in clothes which indicated their era, appeared and she recognised their faces This was interpreted as their acceptance of her role The Chieftainess said that it was very tiring having to relate the dreams every morning, knowing what significance people gave them Indeed, I have heard people wishing to malign the Chieftainess claim that the dreams she had in the installation week were bad omens

[22] Sawhilas are not kin and not Goba They are neighbours, friends or residents of the same village who are usually Soli or Chikunda and are instrumental in funerals and other ceremonies as outsiders in a joking relationship (see Section 3 2)

[23] In 1996, the Soli Cultural Festival was held in Chiawa centre prompting a number of people in Chiawa to remark "it is not our culture" (Dover 1996 personal communication) According to a 1998 World Wildlife survey, which re-interviewed a sample of households from the 1991 Household survey, many problems in Chiawa are associated with an influx of Soli people (Harland & Scott 1999 10) This would seem to a new phenomena considering the common history of the Goba and the Soli It could be an indication of the affirmation of Goba identity

ascnbed to her chansma, the flexıbılıty of the kınshıp system (see Sectıon 3 2), Chıawa's role ın the Zımbabwean Lıberatıon War, publıcıty gıven to the area followıng notonous events (namely an "Oıl from Grass" Scheme [24] and the actıvıtıes of a wıtchfinder [25]), and hıgh profile developments such as Masstock and tounsm

The Zımbabwe Lıberatıon War

The Zımbabwe War was a traumatıc tıme ın Chıawa Lancaster (1981 140) recalls how durıng hıs fieldwork ın 1967, freedom fighters were crossıng the Zambezı near the Kafue Confluence The south bank was guarded by the Rhodesıan Army and Goba vıllages east and west of the Kafue had been lıttered wıth leaflets warnıng of the futılıty of movement southwards Many forest areas and roads were heavıly mıned [26]

Although the area was officıally evacuated ın 1978, accordıng to our household survey (Bond and Wallman 1993 16), only 18% of households actually left the area and the people who remaıned recall spendıng nıghts hıdden ın the bush, rather than sleepıng ın theır houses where they were more susceptıble to ınterrogatıon, pıllage, burnıng, sexual harassment [27] and rape

[24] An Amencan called Wınston Farley was gıven 20,000ha of prıme agrıcultural land by the former Presıdent Kaunda ın the mıd-1980s after he convınced Kaunda that he could produce dıesel from fermentatıon of ordınary grass and turn the valley "green" wıth crop productıon (Chanda 1991 107) By 1989 Wınston was exposed as a fraud and a crımınal wanted by Interpol and he left

[25] See Yamba (1997) for a descrıptıon of thıs event

[26] One of the forests ıs called *Mayo Maıwhe* meanıng "*Amaı! Amaı!*" - "Mother! Mother!", sınce durıng and after thıs war some vıllagers lost a lımb or theır lıfe to these landmınes ın the forest and even ın 1989, one gırl lost her lıfe to a landmıne The last landmınes to be uncovered were ın 1993 and 1996 by road graders Even today, when walkıng or lookıng for firewood ın certaın areas, vıllagers are cautıous to stıck to the paths

[27] Accordıng to some older women ın Chıawa, thıs ıs when sexual conduct ın Chıawa changed "Gırls became wıld", one woman recalled, "They would have sex wıth freedom fighters for food and clothes and pots from Zımbabwe They could smoke and drınk beer wıth the soldıers Before thıs gırls ın Chıawa had respect"

by both ZIPRA guerillas and the Rhodesian Army [28] Services were cut back, the mission closed, essential supplies to the rural health centre were missing, agricultural development plans were stopped, net income fell (Scudder 1995 52) and the area became cut off Opened up to the public again in 1981, until the late 1980s', Chiawa continued to lag behind in development, due to the history of war, political vulnerability and lack of progressive leadership

Economic Downturn

In Chiawa and Gwembe, the war compounded the economic downturn and collapse in many rural districts of Zambia which started in 1975 (Scudder 1995 49, van Donge 1984) Scudder (ibid 40, 56) pinpoints as factors in economic downturn, low producer prices, delayed credit, inefficient parastatal institutions for marketing crops, and elite and urban bias in policies as factors in economic downturn The slump in copper prices and mismanagement of existing funds caused a decline in the quality of public services Both Scudder (1995) and van Donge (1984) identify how the options that did exist supported subsistence rather than capital accumulation Van Donge (1984 93) writes, about the late 1970s in rural areas of Eastern Province, that "life is miserable", and "the situation is one of real concern" [29]

Although this can be regarded as a generational narrative, it does reflect the social disruption of the war

[28] One event recalled by villagers is when the Rhodesian Army strung a dead guerilla from a helicopter and flew slowly down the Zambezi, dropping leaflets warning Chiawa villagers of a similar fate should they shelter such guerillas

[29] This reminds me of a conversation with the Chieftainess in the early 1990s when she reminisced about the good times in the late 1950s through to the early 1970s and commented how "miserable" life is in the village now

Straddling urban and rural sectors (by circulatory migration) and formal and informal economies becomes, according to Sichone (1993 19) "the best way of coping with crises" As a result of the deepening economic crisis, this kind of "doubling" becomes more the rule than the exception Women's burden increases since they have fewer resources than men (less access to land, labour, technology, credit and advice), but are still responsible for feeding the family and other basic needs (Geisler and Narrowe 1990 ix) Women started taking to piecework, beer brewing and market gardening to meet shortfalls and raise cash or obtain goods

Local Government

Local Government administers Districts through District Councils The latter structure originated from the days of British Colonial Rule when Native Authorities were created to act as local government These Native Authorities, under Indirect Rule, were run by Chiefs and councillors and the colonial government, and their responsibilities included imposing levies and enforcing customary law After Independence in 1964, these bodies became Rural or Town Councils with democratically elected Mayors and councillors and an administrative structure headed by a Town Clerk or a District Secretary Thus, the Council is both a political body and an administrative body The democratically elected councillors represent "wards" (areas geographically defined for the purpose of administration) and have political allegiance In Kafue District, there are 30 councillors in total[30] Each District has at least one Member of Parliament who sits in Council Chamber The Council's administrative structure is headed

[30] In Chiawa, the councillor from Chiawa ward is often from the United Independence Party (UNIP) and the councillor in the Kambale ward often from the Movement for Multi-Party Democracy (MMD – the ruling party since 1992)

by a Town Clerk or District Secretary who reports to Council and who is supported by Chief Officers of different departments The responsibilities of Council include social services, the provision of basic services (for example, water), public health, markets, roads, planning, property maintenance and rent Within Council Chambers, other than councillors and the Mayor, there are representatives from government departments, representatives appointed by Chiefs, representatives from private business, the District Secretary and the Member of Parliament for the district Approval from Council Chambers is needed for some decisions, for example land allocation There is a division of roles between Local Government and the other sectors and their respective Ministries, although their roles do over lap and can be negotiated in certain situations For example, during the last cholera epidemic, the responsibility ping ponged between the Ministry of Health and Local Government until the Ministry of Health took the leading role

The structure and jurisdiction of Local Government has undergone numerous changes since Independence and varies between urban and rural districts and from district to district District Councils became gradually short of money, overstaffed, corrupt and "toothless" during the first twenty-five years of Independence Since 1992, there has been considerable emphasis put on improving the capacity of Local Government and of district management within sectors, in the wake of reforms which introduced decentralisation, cost recovery and appealed for "leadership, partnership and accountability" in government For example, within the Ministry of Health, a Health Act in 1994 created District Health Boards who direct the existing District Health Management Teams (DHMT) and receive finances for health centres and hospitals within their district These boards are responsible largely for the planning and management of clinical care, immunisation, ante-natal services and drugs in the government

health centres and hospitals They draw up budgets, allocate, spend and account for the money they directly receive District Health Boards report directly to the Central Board of Health (CBOH), another new body (piloted in 1992 and set up in 1995), whose mandate is to give technical support, direction and supervision to the District Health Boards CBOH is appointed by the Minister of Health and falls under the Ministry of Health whose responsibilities are mainly advocacy, finances and staff All these bodies are outside Local Government The District Council's role in health is largely confined to public health issues (for example, health inspection, sanitation and epidemics) and planning Building capacity within District structures, through policy, training and resources, has been widely supported by donors and, overall, is regarded as a promising initiative Within Chiawa, there have been visible improvements in health, education, social services and agriculture since the decentralisation reforms These have been mostly structural, monitoring, support and staffing improvements, for example the extension and rehabilitation of the Chiawa health centre including the installation of radio contact with Kafue Unfortunately, in health, have been countered by the introduction of fees which has denied many people access to the improved services (see Section 5 3)

Local Courts

In Chiawa centre, next to a huge baobab intertwined with a nyala berry tree, is a small white brick building with a corrugated roof and a flag pole supporting the Zambian flag This is the local court On most days of the week people awaiting their case can be seen sitting in the deep shade of the trees Local courts are part of the judiciary system within the Ministry of Legal Affairs and do not fall under Local Government If minor civil cases

are not resolved by the dare (headman's court), they are heard by the local court Minor criminal cases are automatically heard by the local court The local court judges according to Goba customary law and Zambian civil and criminal law and imposes fines and compensations which are fixed The dare does not have the same power to dictate compensation amounts, and within a dare case any compensation is negotiated between the two parties and often tends to be higher than those imposed by the local court There are on average between seventeen and twenty-five cases a month in the local Chiawa court, and most of the cases concern divorce, impregnation (or "damage"), stealing and violence The local court does not settle land disputes which are resolved within a traditional court over which the Chieftainess presides (see later in this chapter) The Presiding Justice, the Court Justice and court messengers are nominated from Chiawa, but the court clerk is usually an outsider appointed by the Ministry His duties are the administration of the court, issuing summons, knowledge of the law and recording cases He and the justice make the judgement on a case and the justice presents a summary and a judgement once a case has been heard, deliberated on and a judgement reached Sitting in on cases concerning marital disputes, domestic violence or impregnation gave a good insight on marriage patterns, sexual behaviour and customary law Between 1991 and 1998 there was a significant increase in the number of impregnation cases brought to court, and many of these were between local women and migrant workers

Traditional Leadership

The Chieftainess, an educated woman in her mid-40s, has had something of a bumpy reign to date She divides her time between a home in Lusaka and her palace in Chiawa Although

her dual residence is not always popular locally, her residence in Lusaka is sometimes to the advantage of Chiawa since she is easily contactable and can herself access government, development agencies and others if necessary Nationally she carries weight, being a member of the Constitutional Review Committee (1993-1996) and the first woman director of the Co-operative Bank The latter position has enabled her to travel widely Favoured by some heavy weight MMD politicians, and clever at manipulating the contacts that she has (including contacts in the district, the ruling party and the press), the Chieftainess manages to lobby effectively for her area For example, she has, on more than one occasion, used the press to publicise a cholera outbreak to force a response out of the Ministry of Health She is quick to understand objectives of research or development aid and determined that Chiawa should be a progressive area She sits on the Chiawa health committee and was always extremely supportive of the larger research project and other health initiatives She has made a concerted effort to promote women into positions of authority

Her local popularity waxes and wanes Most people in Chiawa acknowledge her stance as an educated and development-orientated leader and as a leader who can protect or lobby for her chieftaincy in the event of drought, epidemics and any unwelcome influx of outsiders Her efforts to curtail commercial fishing and the introduction of cattle by outsiders are examples of the latter However, it is her positive attitude to private investors (particularly tour operators) and to wildlife conservation that has undermined her support locally There are complicated accusations and counteraccusations surrounding her interest in promoting tourism She is accused by some local people, including key personalities and leaders, of having hidden personal interests at heart and of failing to listen to the community's point of view Sensitive to such accusations and quick to respond, she can hit out verbally, and with

some aggression although she has, and will, bow to popular demand In November 1996, she made a public declaration apologising for offending her people in the past but insisting that it is under her that Chiawa has developed "Ten years ago it would take five days to travel from Mugulameno to Lusaka Now it takes four hours" Improved markets, employment and small business opportunities are her other main indicators of positive change

After almost ten years in her position, she has grown wiser about the ebb and flow of her popularity She openly expresses the fine line she treads between what Chiawa people may perceive as in their interests and what she perceives as in their interests, and between her own personal interests and the interests of her people For example, in the case of the witchfinder Shaka the Zulu, believing him to be a charlatan, she ordered him out of Chiawa on several occasions Time and time again, he was invited and welcomed back in by the community who wished him to "cleanse" Chiawa of evil Twice she had to publicly give in and allow him to continue his work, though she declared that he must not used certain methods - such as drinking a potion that would poison any witch (see Yamba 1997)

Although the Chieftainess supports any initiatives that promote AIDS education, initially she was loathe to admit the scale of the HIV/AIDS problem in Chiawa She, like other local people (see Dover 1997 6), would point to the border post, Masstock farm and outside traders, outside groups and urban Goba, as introducing HIV into Chiawa, and claimed that rarely would you find villagers with the disease However, early in the 1990s, she did say that she saw young girls and boys with STDs, blaming this on "new values and ideas of young people in Chiawa" "When I was young and at primary school in Chiawa, boys and girls would play with each other in the evening, dancing and talking, but mostly they returned to their separate

huts at night Now their behaviour is different", she clarified Her understanding of the characteristics of the disease has always been comprehensive Over the years she has become more concerned and aware She has openly discussed the impregnation of a young girl in her palace by a migrant worker and the loss of close relatives from AIDS Indeed, on the hill where her palace is and where the project house is – the "palace" hill – there were at least six deaths from AIDS over a period of three years (1991 to 1994) Very recently, following the end of the research project in the area, she lamented that the AIDS problem had become worse

Land

The locus of the Chieftainess's power lies in her control over land The land is native trust land by tenure and it falls under the customary jurisdiction of the Chieftainess who administers it on behalf of the local community with the help of the headmen Wilson (1938) and Gluckman (1945) were at pains to explain the concept of ownership in relation to Central African land tenure in the 1930s and 1940s Gluckman writes that "what a person owns is a right in or over a piece of land, rather than the land itself" (ibid 1), and Wilson emphasises that "land is not owned in any absolute sense either by the man and his household who live on and cultivate it, or by the village group, or by the chief, but by all of them together" (1938 29) Despite many changes in land tenure since the 1930s, this concept of ownership over trust land[31] remains essentially the same Chiawa residents have a right to use land for

[31] During colonial rule, four categories of land were recognised crown land for which people could obtain freehold tenure (mostly land near the land of rail and mines, and including some tracts of land in Eastern Province), the land in the Barotse Protectorate, Native Reserves (from 1926 onwards), and Native Trust land (from 1947 onwards) The latter three categories were not available for freehold but were called customary land The 1964 Land Act extended freehold tenure This was repealed in 1975 under the Land Conversion

cultivation once the village headman has given his permission and if it does not encroach on other people's boundaries Once land has been cleared and used for cultivation or building a house then ownership is established A failure to use land would allow it to be reallocated

A headman should have knowledge of land rights in his jurisdiction Although there is plenty of land to break for dry fields (see Section 3 1), the riverside land, where the matoros (river gardens) are, is limited In the 1991 Household Survey, 87% of households had a river garden of their own Most of these river gardens now are associated with a family – mhuri – and are inherited A family with spare matoro land might agree to lease it (especially to a sawhila) but usually on the grounds that they retain the right to reclaim it if anyone within their extended family needs it Within extended families, land is allocated according to need and matoros are inherited through the mother and father[32] The inherent right of Goba women to land allows divorcees and widows to return to their parents' or close kin's village if necessary In the context of virilocal residence, women may have to travel further to work their land Any land dispute at the village level, which cannot be easily resolved by the headman, is taken to the Chieftainess Her say is final and with customary land, her powers are not circumscribed except by political need

In 1995, a new Land Act was passed MMD realised that to encourage investment, particularly in rural areas, land had to once again have a value and be a commodity Rather than repeal the 1975 Land Conversion of Titles Act, which abolished the freehold system of tenure in Zambia, the Act was designed to enable investors to obtain land on a leasehold basis

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of Titles Act which made all land valueless and only available for leasehold for a defined period of tenure An accompanying Land Acquisition Act set out how, through Parliament, previous freeholders should be compensated (Wynter Kabimba 1999 personal communication) The next Land Act was in 1995 (see text)

[32] According to Dover (1999 personal communication), people sometimes prefer to let daughters (especially a younger one) inherit matoro sites because they are now less likely to shift and more likely to

It aimed to streamline the procedure for acquiring leasehold land and stipulate within the leasehold what the development entailed and the timescale of the development It also underscores the role of Chiefs in matters of land, by stating that Chiefs' approval is a necessary step in leasing land In practice, the most significant change was that the Act vested all land in the President who appointed a Commissioner of Land to act on his behalf by approving and determining leaseholds A Lands Tribunal was simultaneously set up This is a judicial body dealing with land disputes and running in parallel with the High Court

The Chieftainess actually did a television advertisement publicising the Land Act as a positive development which encouraged investment in rural areas and thereby boosted the local rural economy The advert was filmed in Chiawa, showing the agricultural and tourism developments in the area as shining examples of the investment that the Act hoped to enable Her participation in this advert caused some heated controversy, especially as Chiefs should be apolitical [33]

Land tenure and rights for the local community and for investors has become a burning issue in Chiawa since large-scale investors, investors who needed riverside land (mostly tour operators) and cattle owners looking for grazing started flooding into the area All these developments have fundamentally changed land use and demand in Chiawa Any individual wishing to acquire title of land has to get written permission from the Chieftainess (the headman's permission is wise but not legally necessary), then the District Council, and finally the Ministry of Lands The land has to be surveyed and demarcated and the site plans drawn

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look after you when you are old

[33] The Chieftainess later acknowledged her participation in this advertisement as a misjudgement and the advert is no longer shown

up for the application For outside investors, approval of the Investment Centre may be required The Commissioner of Lands in the Land Registry will draw up the title-deeds Within the certificate of title will be certain convenants describing the nature of the lease, the land and the use to which it will be put and on which the leasehold is dependant An initial lease of 14 years is usually given to investors, and a subsequent 99 year lease will be conditional on the agreed development of the site No-one buys bare land, but tenure held by lease can be sold There is an annual and standarised land rent paid to the Ministry of Land on all leasehold In urban areas, a council rent would also be levied If the land falls within a Game Management Area, the Director of National Parks and Wildlife must also approve

By 1996, only three outside investors in Chiawa - Dandika (an Indian trader), Masstock and Brown (a Zimbabwean investor) - had title-deeds By 1999, an additional nineteen tour-operators had title, and at least one more agricultural investor - a previous Masstock manager who bought a banana farm to grow paprika)[34] A Zambian business man, ex-politician, is also remoured to have got leasehold for 20,000ha of land to develop a game ranch Some junior and middle management at Masstock had also acquired small plots of land in Chirundu (the border post some 11kms from the Chiawa boundary) to develop[35] [36]

Masstock's acquisition of land helps illustrate how, in practise, land is allocated to outside

[34] This banana-farm was originally a direct government investment built in the 1970s under a "rural development at all costs" policy A 65km long 88kv power line from the plateau into the area was built to support the scheme The farm is now growing paprika and employing around 600 seasonal workers

[35] In between Chirundu border post and the Kafue confluence a Zambian-Greek family called Vlahakis own large plots of land Originally Greek immigrants in the early 20th century who operated a ferry across the Zambezi river, they have intermarried with the local Goba population

[36] Acquiring and developing land is one of the best investments to make in an economy with high inflation and fluctuating exchange rates Most Zambians with enough capital aim to become leaseholders

investors[37] The owners of Masstock International were invited by the last President Kenneth Kaunda in the late 1980s to develop a large-scale farm within Zambia Masstock had already done such developments in Saudi-Arabia and promoting investment in rural areas has been a preoccupation of government since the mid-1970s as an attempt to redress the rural-urban drift and the underdevelopment of many rural areas Chiawa was one of several sites in Zambia that Masstock was shown by the UNIP government The final selection of Chiawa was based on logistical practicalities (for example, relative proximity to a main road), abundance of water, reasonable soils and the support of the late Chief The application for four certificates of title for 2,400ha near the pontoon was endorsed by the Chief and the Council with the clear approval of the President, and submitted to the Land Registry The village headmen were wooed and the only opposition that was voiced at this stage was from one councillor Tenure, conditional on development, was given on a 14 year lease by 1988/89 and land clearing began For some of the titles, a 99 year lease has since been obtained Since obtaining the lease, the tenure has been challenged twice Once informally by a headman who complained that one Masstock field development encroached on the dry fields of his village However, since the village was newly established, Masstock had title and there was plenty of land on the other side of the village, the complaint was quickly discarded The other challenge to tenure is by another holder of title, an Indian trader, whose title overlaps with the title held by Masstock This case has been taken to the High Court and, eventually, to the Supreme Court and has stopped Masstock working some land

Although local Chiawa people complain about alienation from arable land and woodland resources, Chanda (1991 109-10) found that 65% of people he interviewed in 1991 were in

[37] This information is based, in part, on an interview with Cieran McGukian (April 1999), the current managing director of Masstock in Zambia and the son of one of Masstock International's owners

favour of such large-scale development because of the job opportunities it offered This finding is underscored by later research conducted by the European Union on land use in Chiawa which also showed that local community supported developments such as Masstock over tourism developments because of the bigger and more consistent job opportunities (Chilabi 1995) As one of the court messengers told me, "What with hunger, Masstock and tourist lodges, there are no young men loafing since they can all earn money locally" Masstock did not displace people from villages or cultivated land and the labour opportunities offered by the farm are also important in times of drought and hunger There are many spin offs from such a large development (see later in this chapter) However, when proposals were tabled for a further two farms downstream (one near Chiawa centre and one closer to the gamepark), there was considerable opposition from local people Again, the developments were on uncultivated and unsettled land, but this time Phase 2 Farm encroached on one local Goba man's leasehold and also on the site of the old Chief's palace It was an area also used extensively for foraging, gathering and hunting There was considerable relief when, largely for financial reasons, the proposals were shelved

In theory, customary land "owners" should be able to challenge leaseholders with title on the basis of long-term residence and work on the land if there is a case In practise, it is probably not so straightforward Chiawa residents recall how tour operators and investors will promise not to displace people when they first arrive and are trying to acquire land Once they have the title-deeds, then they don't always stick to their promise A few Chiawa people have obtained title including the late councillor Felix Tembo and the current court justice George Mulinganisa The position of the Chieftainess is tricky She stands to win if investors do improve the local economy At the same time, she loses jurisdiction over "her" land when

people obtain title and she could lose standing within her own community if she is regarded as “selling out” to investors

Development

Chiawa has developed at a terrific pace since she came to power Masstock farm has changed the landscape, the transport situation and the economy of the area Tourism developments have multiplied and the Chieftainess is personally involved with at least one tourist lodge Since the liberalisation of the Zambian economy in 1991, outside investors - mostly South African whites - have tried, with varying degrees of success, to obtain land and start businesses in Chiawa Aside from tourism, these businesses vary from schemes to build private schools to banana and fish farming Projects, such as this research project, the European Community Tse-Tse project (RTCCP), social recovery projects in schools and clinics and conservation projects, have also been implemented since 1989 Tse-tse fly has also been eradicated, encouraging cattle-owners to settle in or patronise the area

All these activities make Chiawa a dynamic area With the influx of outsiders and increased investment and development, economic and transport options for Chiawa people spiralled upward It is perhaps the developments related to Masstock farm and wildlife that have the highest profile and have contributed most to Chiawa becoming better known Whilst creating opportunities, they also cause controversy and tension

There has been some attempt to form a Chiawa development committee, a paramount and

supposedly apolitical committee which oversees and assumes responsibility for all development in the area, and has the power to reject or accept all projects Originally set up in 1994, it failed to get off the ground due to conflict of interests and the death of the councillor who was the chairman It was being revamped in 1998 Suggestions to set up a royal advisory committee[38] were also being floated

Introduction of Cattle

Eradicating tse-tse has opened Chiawa up to Tonga cattle owners in Southern Province who are desperate for new grazing areas since grazing in the Gwembe has been drastically depleted by overpopulation of people, goats and cattle The first cattle in Chiawa were introduced in 1991 and owned by a local Indian trader A survey by RTCCP in 1994 revealed that 78% of cattle in Chiawa were owned by recent immigrants and/or outsiders - many of them by one Tonga settler (Brinn 1996 10)   By 1995 it was a common sight to see cattle being ferried across the river on the pontoon from Southern Province into Chiawa Some Tonga found Goba willing to look after their cattle Others settled in the area The pattern of ownership changed between 1994 and 1996, with a gradual increase in the number of local owners (ibid) In March 1995, the Chieftainess restricted the number of cattle per household to 20 and decreed that no more cattle owners were to settle in Chiawa This decree does not appear to have been effectively enforced In September 1996 alone, a total of 25 cattle entered Chiawa, with permits approved by the Chieftainess By the end of 1996, the total number of cattle in

[38] Royal advisory committees are an initiative existing in some chieftaincies where professional and willing members of the ethnic group are pulled in to advice the Chief on, for example, land and investment (Wynter Kabimba personal communication 1999)

the area numbered 724 RTCCP predicts that the population will increase further in subsequent years (ibid)

Wildlife Management and Tourism

"I wish it to be placed on record that I am leaving my areas against my will, that I do not relinquish my rights to this area, and that I request a guarantee that my area will not be handed over to the Europeans as a game reserve or as ranches", Chief Mburuma (Feira District Notebook, 1952)

Mburuma's instinct about the future of his area, evacuated during the outbreak of sleeping sickness in the early 1950s, was correct As early as 1951, the area became a first class controlled hunting area In 1971 it became a Game Management Area (GMA) controlled by Zambia Safaris initially, and then by Wildlife Conservation International in 1972 In 1983, the area was gazetted a national park - the Lower Zambezi Chief Mburuma has since been denied traditional rights to the area (Chanda 1991 41) Part of Chiawa was gazetted into a GMA in September 1991 with the consent of the Chieftainess By 1997, there are eleven sites for tour operators in the park, with other tour operators occupying nineteen sites in Chiawa to the west and three sites in Mburuma's area to the east

An aerial survey in 1991 shows that Chiawa itself was extremely depleted of game due to illegal hunting, excessive burning and human settlements on alluvial terraces along waterways (Chanda 1991 68-9) Cross-border illegal hunting escalated in the 1980s and early 1990s, especially in the Chirundu area Hunting for the pot is common but illegal and more

restricted with the enforcement of the GMA Licences can be obtained for hunting from National Parks and the game guards are allowed a quota for their own consumption

An ADMADE programme, which encourages the participation of local communities in the conservation and management of natural resources, was introduced into Chiawa in 1989 The programme is run by a committee which consists of local leadership, wildlife staff, the District Council, the MP and tour operators The wildlife management committee, with much interest and power vested in it, is currently the most powerful local committee in Chiawa and acts as a forum for expressing discontent (Dover 1997 personal communication) Generally local people feel they do not benefit sufficiently from wildlife management [39] and there is considerable bitterness when crops are damaged by wild animals or people are injured or killed Most crop damage is carried out by elephant, hippo, porcupine, bushpig, monkeys and baboons during the rainy season, peaking in March when the crops are due to be harvested, with sorghum, maize and cotton the worse affected People sleep in shelters in their fields to scare away the animals, beating drums and saucepans and occasionally letting off a muzzle-loader gun to frighten the animals away One game guard is allowed to kill animals that are continuously damaging crops Chanda (1991 131), in his analysis of natural resource management, thinks that crop damage is the main reason for bad feeling towards the GMA, and sums up the "widespread dissatisfaction among members of the local community" with current natural resource management regimes by describing the conflicts between indigenous

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[39] For example, in 1994 100 impala, 10 buffalo and 10 hippo were culled by Admade, and the meat was available for sale to local villagers at a relatively low price In the event, most of the meat went to Lusaka and Chilanga for sale since the villagers could not afford it The proceeds went into a central fund and there was considerable debate and controversy over what the funds should be spent on A substantial part of the funds was spent on buying food to pay villagers for helping to rehabilitate and extend the rural health centre, but rumours abounded that the Chieftainess has used the money to invest in her private businesses

land use practices and large scale agriculture, wildlife management and agriculture, and wildlife policy and fishing Zimba (1996 10) records how by 1996 people in Kambale ward were no longer interested in their area remaining a GMA, citing food production as their main concern

Chanda (ibid) writes that these conflicts are not only between outsiders and the community but also within the community between the elite and the poor A challenge to the Chieftainess, expressed in a meeting held in Chiawa on 10 January 1997, reflected the latter conflict with one of the main grievances against her being her promotion of and involvement in tourism

Conservation Lower Zambezi was formed in 1993 to run anti-poaching operations and to implement an education programme which promotes natural resource utilisation by working with villagers and school children Run by a tour operator in association with National Parks and Paramilitary, the anti-poaching has been successful in arresting poachers and seizing firearms and elephant tusks (though the methods employed are reputed to be somewhat brutal) Fish-farming has been promoted within the education programme Overall, wildlife management has definitely increased the amount of game in Chiawa GMA and the National Park In 1994, for example, for the first time in many years, a herd of 27 elephants spent approximately one month on Kanyemba island (Conservation Lower Zambezi Newsletter, No 1, September 1994)

Employment of locals in tourist developments has increased in the last few years, but employers still bring staff from outside Chiawa to work for them A study in 1996 recorded

local people complaining that the usefulness of lodges was very low since they did not generate enough employment and encroached on river garden sites, whereas the usefulness of large-scale agriculture was much higher (Masdar 1996 37) Divisions among the tour-operators themselves do not help promote their interests with local people

MasstockFarm

Masstock International, an Irish multi-national, with seven other shareholders [40], leased 2,400ha (hectares) [41] of land in Kambale Ward near the pontoon 950ha had been cleared for a first phase of cultivation by 1990 and the plan, as mentioned already, was to have two additional phases, clearing 1,100ha of land for development near Chiawa centre (Phase 2) and more land further downstream near Mugurameno (Phase 3) By 1992, phase 2 and 3 were no longer a priority and in 1993, Masstock farm started to recruit larger numbers of seasonal migrant and local workers to pick and weed marigolds [42] for export Local workers are transported daily to the farm The season runs from about March through to September, fitting in with migrant and local workers returning home to plant, care for their fields and harvest (November through to April)

[40] Masstock International bought out the other shareholders in 1993 In a recent report, Harland and Scott (1999 7) comment that Masstock could never got off the ground under strictly free market rules The start-up costs were underwritten by debt dismantling concessions negotiated with Kaunda The previously state-owned banana plantation was a direct government investment which had a 65km long 88kv Power line from the plateau into the area built under "rural development at all costs" policy of the Kaunda government

[41] One hectare is equivalent to 2 47 acres

[42] Growing marigolds has helped pull Masstock out of financial difficulties and the Chiawa farm now grows around 12% of the world demand for marigolds It is a high value crop whose final processing is done abroad, used at present in chicken feed in Europe for enhancing the colour of egg yolks It is not as yet approved as a food colourant

The composition and profile of farm workers is outlined in Table 1, according to two registers I conducted in 1994 and 1995 In 1995, there were more women working as seasonal migrants and more women from Chiawa working than in 1994 The number of married workers rose in 1995 In both 1994 and 1995, there are more single women workers than single men

The majority of immigrant workers are Gwembe Tonga, in a survey[43] which I conducted in October 1994, 36% of all farm workers were Tonga and 31% were Goba Most workers have primary school education but only half say they can read without difficulty The main reasons workers said they came to work at Masstock were hunger and drought Some mentioned deaths at home as a reason Almost one third of the farm workers have other sources of income, including selling fruit, vegetables and buns They are housed in mud and wattle dormitories, concrete dormitories, tents, and temporary hessian sack and grass shelters they build themselves in three different compounds One of the compounds is supposed to be exclusively for permanent workers but often migrants move in there as well Many of the workers complain about housing and toilets (in 1994, almost one quarter used the bush for their toilet) Early in 1998, a new Rural Health Centre near Masstock Farm was opened staffed by one clinical officer and one nurse/midwife Previous to this, people had to travel to Mtendere Mission Hospital for formal health services

Other than wage labour, Masstock farm has created new opportunities in the informal economy Honey, thatching grass, gamemeat, fish, fruit, fresh and sour milk, vegetables, tea,

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[43] For more details of the results of this survey and other surveys on the farm, see Section 2 1 earlier in the thesis

TABLE 1 PROFILE OF FARM WORKERS AT MASSTOCK FARM, CHIAWA
[Bond, Register of Workers, September/October 1994, July 1995]

REGISTER SEP/OCT 1994	REGISTER JULY 1995
1400 workers	1570 workers
79% men & 21% women	72% men & 28% women
employment type 9% permanent 61% seasonal migrants 30% seasonal locals	employment type 9% permanent 62% seasonal migrants 29% seasonal local
women workers - 11 permanent, 86 seasonal migrant & 193 seasonal local	women workers - 5 permanent, 209 seasonal migrant & 229 seasonal local
residence 28% main compound 11% camp one 28% camp ten 33% Chiawa	residence 19% main compound 9% camp one 35% camp ten 37% Chiawa
women workers - 51 main compound, 17 camp one, 24 camp ten, 198 Chiawa	women workers - 79 main compound, 10 camp one, 110 camp ten, 242 Chiawa, one not recorded
marital status 36% married 54% single 9% not recorded	marital status 53% married 47% single
marital status by sex 28% women married 69% women single 39% men married 50% men single	marital status by sex 43% women married 56% women single 56 5% men married 43 5% men single
age range 10 years to 65 years	age range 11 years to 70 years
77% less than 36 years	81% less than 36 years
77% women less than 30 years	64% women less than 30 years

buns, bowls, spoons, second hand clothes (*salaula*), locally brewed beer and wine are transported to the farm for sale or sold on the perimeter on a daily basis On pay days - during the migrant worker season this is twice a month - the pontoon area is transformed overnight into a market with traders coming from Chirundu, Siavonga and town with a range of goods Some migrants travel home for a few days with their salary Others while away their time and money within Chiawa Bars and huts selling alcohol do a roaring trade and by the end of the day, drunk men can be seen collapsed on the roadside An extract from a research assistant's diary about pay day captures the scene

At the [farm] workshop camp workers were waiting in queues at the main gate to get their money, mostly aged 20 to 30 years The majority were men Also waiting were women from Camp 10 and the pontoon demanding money from their boyfriends This money is expected in exchange for sex, and is often collected on pay day After collecting pay, camp workers head off to shops, to collect their bags to go home, or to taverns

Overnight a market had sprung up outside the workshop Local traders from Lusitu, Kafue and Lusaka were selling a wide range of wares Many of these traders were women, some of whom were outsiders that may exchange accommodation and transport for sex

In the Indian store camp workers were buying goods, and some were buying beer There were local girls aged 17 to 28 years in the store who the young men were buying beer for

In another nearby bar, many young men were drinking and smoking There were beer bottles strewn all over the floor and the ground outside Some men outside had containers of

gankata and kachasu [locally brewed beer and wine] There were some women from the camps and the nearby villages, including some Grade 7 girls The women and men were talking, drinking, dancing and holding each other two by two We overheard a local woman telling her companion (a farm worker) that later he should "fire, fire" [have sex] (Charles Mandika, 1994)

"It is Masstock that is spreading AIDS Before Masstock there wasn't this problem" [44]

By the early 1990s, in the minds of the local Chiawa population, Masstock had replaced the Chirundu border post as a "danger area" in relation to the spread of sexually transmitted diseases included HIV The farm was perceived as the main source of STDs and HIV within Chiawa One of the farm compounds is called Chitabwa which means to "open your legs" The origin of this name dates back to when a company came to clear the land for the farm in 1988 and young local women apparently lived in a mud and wattle dormitory and were, according to one informant, "available to any man" In an interview with one of these women who had moved to the farm in 1989 with her sister, she recalled a series of temporary relationships and unwanted pregnancies that she had had, and the death of her sister in 1992 from AIDS

Indeed, sexual behaviour patterns on the farm are favourable to the spread of HIV and STDs A number of factors are responsible for this The ratio of men to women, age and marital status are important indicators There are many more men than women both working and

[44] This comment was made by a local research assistant, following the death of a local Goba man who worked at Masstock

residing on the farm Research in 1994 in the farm compounds revealed that the disparity between the number of men and women living in the compounds was as much as seven men to every woman The predominant age group of workers is also the age group with highest HIV prevalence in Zambia In July 1995, 81% of the workers were under the age of 36 and 64% of women were under the age of 30 years Forty-seven percent of all migrant workers in the same year were not married Alcohol consumption, particularly high on pay-day, weekends and public holidays, serial or concurrent partnership, the pressure on women to have sex and the apparent low condom usage are other factors which increase the susceptibility of the farm population to STDs and HIV/AIDS

When a group of Masstock workers in September 1995 were asked to observe what places and situations put people at risk of being infected with HIV on the farm, they identified the following situations pay day, supervisors in the workforce looking for sexual favours, the sexual liaisons between migrant workers and local girls, the sexual contact between older men and young girls (the "sugar daddy" syndrome), funeral ceremonies, hunger, and wife inheritance (see Bond and Faxelid 1997)

Research on the farm confirmed that there are certain points in the day, as well as in the month and in the season when they are more opportunities for sexual activity When local women have finished picking marigolds and are waiting for transport home (from mid-day to 16 00 hours) is a lull in the day when some women will have sex with men Reports of sex in the bush around the field, or in the field itself when the crop is fully grown, were also made Such sex is labelled "hit and run" sex by farm workers

Women sometimes have sex with supervisors in return for favours at work – favours such as weighing in more marigolds ("a kg"), giving extra tickets, promotion, lighter work and transport Some women say they have been threatened with losing their jobs, or not getting a job, if they don't comply Women complain that supervisors are like a "chain", spreading STDs and possibly HIV from one woman to another There are a few reported cases of rape on the farm, some involving supervisors

Local discourse often blames "Chiawa girls" for spreading STDs and HIV and being too licentious in their behaviour This criticism comes from all directions Young migrant men complain, "These girls are not steady", "These girls move with too many man – 10 or 15" Older migrant men at the farm comment that it is easier to get the attention of "young girls" A young Chiawa man who is a research assistant says "There is nothing you can do to protect young local girls from AIDS I am telling you these young girls will die anyhow" Married women on the farm chastise the naivety and vulnerability of girls who have sex "for nothing" with their husbands The implication is that these girls are not using sex as strategically as might older women A group discussion with Tonga women migrant workers brought up that it was shameful not to accept and/or demand gifts in relationships on the farm One elderly Goba woman expressed a similar sentiment - "If a local girl gives birth, she cannot meet with men and make money" Another middle-age local woman, who herself works on the farm, strongly feels that local girls are cheated by the men in the camp who propose love and promise money and gifts or favours at work in exchange for sex – "Some have five or six boyfriends at the same time and they all cheat her They say they will give her money, chitenge (cloth), soap or pants and then just leave" School teachers refer to schoolgirls who are working at the farm rather than being at school (sometimes, they claim, with the

encouragement of their parents), or the schoolgirls that flock to taverns and to the market on pay day A nun at the local mission hospital laments "Our girls will oblige in exchange for money, food or clothes because the area is very poor" Young Chiawa men and adolescent boys complain about the local exodus of girls to these migrant work camps and how hard it is to have a girlfriend of their age because the girls prefer the older, migrant wage earners (Dover 1995) Old people say they feel powerless to stop girls chasing money to the detriment of their reputation and health, and old men often label girls and women working at the farm as prostitutes – chihure 45

The use of "girl" in these contexts is based on local gender perceptions of vulnerability, moral infraction and control (see Bond 1997) Hence these young Chiawa adolescent girls are not behaving as ideal daughters and schoolgirls should in the eyes of the Chiawa community At the same time some sections of the community acknowledges the poverty, the lack of maturity, the vulnerability and the importance to the community of these girls and expresses a desire to protect them The relatively high HIV prevalence of this age group of girls has been demonstrated earlier in this thesis (see Section 2 3)[46] Numerous local village dare (traditional court) cases, local government court cases and ill-fated attempts at abortion in Chiawa testify that such behaviour sometimes tends to be overlooked until the girl is "damaged" (impregnated) There are financial advantages for the girl's family if she is "damaged" (see Section 3 2) Some families, however, refuse to allow young girls to either

[45] There are some women who are more blatantly selling sex in the pontoon area Resident women in this category numbered about 7 in July 1994, but around pay-day some women from the border post and other areas would come and the number would swell to around 16 Such women are more publicly seduced and can be seen disappearing with one man and later another, after gifts, beer or money has been exchanged

[46] The preliminary results of the 1998 Population based survey show that the discrepancy between HIV prevalence levels in young women and young men (aged 15 to 19 years) has continued, with 15% of young

work or stay at the farm because they are afraid of the pressures on young girls to have sex

In 1994, a small group of teenage girls, aged 17, 15, 14 and 14, who had been working at the farm for between 10 and 18 months, explained their incentives for working They all came from a village in an area of Chiawa where there is no schooling above Grade 3 They said their parents had let them come to work at the farm instead of sending them to "boarding" school in Chiawa Some were encouraged by their parents to come, others followed their friends Their monthly salary was spent on soap, salt, biscuits, sweets and shoes Buying maize was not, they said, their responsibility They wore tin rings and bracelets given to them as gifts by migrant workers on the farm An interview with another local 14 year girl the same year (1994) revealed more about the possible sexual behaviour of such girls This Goba girl had been working on the farm for two seasons, and she also raised money by selling bananas and scones (baked by herself) She claimed that she had had a regular boyfriend for two years, whom she saw at least once a week He was a migrant worker from the EU Tse-Tse project Over the last year she said that she had had four other boyfriends and in addition, she had "moved with" (had sex with) two other men in the last three months The girl's knowledge of AIDS and STDs was good She knew local names for STDs and HIV, that such diseases were transmitted through sexual intercourse, where to seek treatment if infected (citing the clinic, hospital, antenatal clinics and traditional healers) and that she could protect herself from STDs and AIDS by not sleeping with men or by using condoms Despite the economic benefits, the potential sexual contact and exchange in a situation of great power imbalance threatens to undermine the future capacity of such teenage girls if they were to become

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adolescent women compared to 3% of young adolescent men being HIV-positive (Zach Ndlhovu 1999 personal communication)

infected with HIV/AIDS This more or less constant cohort of Chiawa adolescent girls and women, coming to work every season and coming into sexual contact with a less than constant cohort of migrant men, is a pattern which has been shown to spread STDs and HIV in other parts of Africa (Webb 1998)

In the 1995 farm survey, 69% of respondents had known someone with AIDS – mostly neighbours, then friends, family members and strangers A few mentioned colleagues In later research amongst a cohort of Gwembe migrants working at Masstock (see Bond, Cliggett and Schumaker 1996), many of the migrants recall people who they thought had AIDS at Masstock, most of these people apparently returning home to die The news of the deaths evidently reached Masstock from the migrants' home areas An analysis of 31 life-histories in the same group reveals that some of them may have lost a close relative or a spouse from AIDS, almost half of them had had someone in their own household suffer from suspected TB and some are themselves chronically sick For example, one Gwembe woman who worked at Masstock from 1991 to 1995, joined by her husband from time to time, said that her husband died after a long illness Her husband was sick for at least one year and, according to some informants, was suspected of having AIDS After he died, his relatives forced his wife to stop working at Masstock and in 1996 she herself was very sick

Many of the migrants express anxiety about contracting HIV and STDs For example, two Gwembe men in 1996 said that they "feared to love a girl because of these diseases" This anxiety is echoed in the 1995 survey when 83% of men and 65% of women (out of 570 workers) said that they were worried about being infected with HIV Workers suffering from chronic diarrhoea or STDs, or some who have had sexual contact in a previous season with

someone who has since died from suspected AIDS, have approached the research project to discuss their concern that they may be infected with HIV Sometimes, but not consistently, this fear will stop workers having sex

Masstock farm workers are by no means oblivious to HIV/AIDS This is testified by the depth of their knowledge about HIV and STDs[47], their personal (if somewhat hidden) experience of AIDS deaths, their awareness of the risks that they run and their overtly expressed concern about the epidemic and STDs However, they have more pressing concerns in their lives, and ways of deciding how they should seek employment In the case of the Gwembe migrant workers, Masstock is attractive because they can walk there, they can get seasonal employment which allows them to return home to plant and harvest, they are familiar with the Goba people and they find already at Masstock a network of matrikin which offers them support (Bond, Cliggett and Schumaker 1996 18)

Masstock is not the only development in Chiawa that attracts migrant workers and cash, and creates an environment which promotes the transmission of HIV and STDs The tourist camps, the EU Tse-tse project, the wildlife camps and the fishing camps also attract migrants to the area The sexual contact between migrant workers and the local women, the influx of cash, the mushrooming bars and village beer huts and the increased mobility could, in the long run this thesis argues, undermine the capacity of the rural population

[47] That knowledge about HIV and STDs does not necessarily translate into taking steps to protect oneself, is borne out in this research and other research in Zambia (see Section 2 3) One Gwembe migrant man claims that condoms prevent the spread of AIDS, that he knows where to obtain condoms, that he has used condoms before but that the last time he had sex he did not use a condom because he "trusts" his girlfriend Another migrant man professes that "sticking to one partner" prevents AIDS and STDs and claims that he has had sexual contact with 12 different women in the last year

SECTION 3:

LOCAL ETHNOGRAPHY

3.1

ECONOMY

According to the 1991 household survey, economic resources in Chiawa include farming (82% heads of household farm), fishing (one quarter of households own a boat and/or a fishing net) [1], beer brewing (45% of household brew beer for sale), selling crops, wild fruit and vegetables, seasonal work for others (including Masstock farm), migrant work and trading (Bond and Wallman 1993) [2] In the preceding chapter, many of these economic resources have been situated and described In this chapter, more detail of the annual cycle of life and work, the agricultural system, women's economy, the household diet and the family compound is given The economic base of each household case-study is related in the following section (4)

[1] See Scudder (1960) for a description of the fishing techniques amongst the Gwembe Tonga

[2] For a detailed account of the Goba agricultural system in Sikoongo's area, see Lancaster's monograph (1981) This includes a gender analysis of women's and men's horticultural work Also see Gluckman (1941) for charts of Lozi gardening activities

Table 2: **Annual Cycle of Life and Work**

Season/Month	**Activity**
Rainy Season - *Mainza* Hunger months are December to March when food and cash short, agricultural labour most intensive and piecework largely unavailable. Illnesses also common, especially malaria and diarrhoea. November - *Mbudzi* (goats produce with the first rains) December - *Zwita* (twelth month) January - *Ndira* (flower name) February - *Kunkadzi* (month of women) March - *Kuurume* (month of men)	**Farming:** Planting in *matoro* and dry fields (*temwa*) when the first rains come, somewhere between mid-November and mid-December. Planting usually takes one week in *matoro* and *temwa*. Maize, sweet potatoes, cassava, cucumber, pumpkins, tobacco, okra and water melons are planted in *matoro*, sorghu (most commonly), sometimes cotton, groundnuts and millet in *temwa*. Sorghum needs transplanting. After planting, fields need weeding until mid Februar then as the crops ripen, people need to stay in fields to chase away monkeys, baboons, hippos, elephants, pigs and birds usually by banging pots, - throwing stones and lighting fires. Harvesting bananas (November) and mangoes (December). Bananas, sugar cane, paw-paw and maize can be harvested year round in *matoro*, with the biggest yields falling at certain times of the year. Start harvesting rainy season maize and vegetables in March. In bush, can harvest honey in February/March. **Hunting**: at night and when it is overcast and rainy. Use spear, axe, knife, traps, dogs and muzzle-loader gun. **Fishing**: laying nets at night and checking them in morning (commercial and household). **Other sources of income**: most common is selling livestock raising urgently needed cash for food, school fees and illnesses. Beer brewing for women livin close to Masstock and pontoon with capital to buy grain or ingredients for wine, and for some established beer brewers in the villages. Trading (*salaula* - second hand clothes - and other household goods eg salt, soap, washing-powder, bread),though trading is hampered by poor roads in rainy season. **Piecework**: limited, some work with tse-tse maintaining traps, some piecework in fields for other villagers (weeding, chasing animals). **Residence**: some (usually old people and young children) or all the household shift to matoro half-way through rains, especially if matoro is far from compound. Live in temporary shelters and chase away animals at night from ripening crops. **Social**: spiritual healing dances and rain ceremonies.

Table 2 (continued) **Annual Cycle of Life and Work**

Season/Month	Activity
Cold Season - ***Ngurwa ye mepo*** Most plentiful and social time of year in these pleasantly cool months, with harvesting, rituals and more cash in circulation (due partly to availability of piecework) April - *Kunvumbi* (continuous heavy rain, morning to sunset) May - *Nyamashanu* (cutting straw in the fields) June - *Gunyana* (to keep yourself warm) July - *Chibabvu* (sun passes on the side)	**Farming** Harvesting in *matoro* - maize (March - April), vegetables (March - June), cassava (April-July) ,sugar-cane (April-May), pumpkin (April-May), ground-nuts (April) sweet potatoe (April -June), bananas (year round), paw-paw (June-July), beans (July) In *temwa*, sorghum (April - May) In bush, baobab (May-August), *masau* (July), greens for relish Gathering and foraging in bush common Maize, beans, cassava, sweet potatoes, tobacco and vegetables (tomatoe, rape, cabbage) can be planted in *matoro* for minor harvesting later in the year (September) **Fishing** commercial prohibited and not worthwhile, though some fish for home consumption **Hunting** during the day **Other sources of income** brewing beer and wine is very common in cold season, beer brewed from maize, millet and sorghum for rituals and for sale, wine from tea and wild fruit for sale Sewing/mending, making mats, wooden bowls and spoons, canoes, trading (*salaula*, fish, other goods), baking bread buns (this is year round but most common in cold and dry season) Trading - by Chiawa people and outsiders - most intensive Outsider traders often barter pots, buckets, grain and salt for wild fruit **Piecework** seasonal picking and weeding at Masstock, help others to harvest or build houses in return for food or money, work for tour operators in GMA or national park, maintaining tse-tse traps, go to town to look for work (especially if drought year) **Residence** after harvesting in *matoro*, shift back to compound in July though old people and young children may stay in *matoro*, tending bananas, sugar-cane, maize, tobacco and vegetables and collecting *masau* **Household** cut thatching grass for own dwellings and for sale Mend or build granaries, drying racks, houses, goat/cattle kraals, chicken huts, collecting poles from forest Prepare hoe and axe handles for planting Women decorate and paint houses with soil and natural dyes Some food is dried for hunger months **Social** brew beer for funeral and hold diwhe, attend beer parties Visit relatives or friends or healers in town and other rural areas

Table 2 (continued) **Annual Cycle of Life and Work**

Season/Month	Activity
Dry and Hot Season - *Chirimo* August - *Nyamatutu* (strong wind) September - *Nyakunguru* (heavy wind) October - *Gumiguru* (tenth month)	**Farming** Harvesting beans (*chimbamba*), sugar cane (second crop), maize (green, planted July/August), vegetables, tobacco and pumpkin in *matoro* In the bush, tamarind (August - October) and *masau* (August) Extend, clear and burn fields ready for planting (September - October) **Fishing** best season for fishing (commercial and household) is August to November and even women and girls fish from side of river with hooks and string Outside traders come to buy with freezers packed with ice in vehicles **Hunting** during the day **Other sources of income** sell livestock, crafts, beer and wine brewing, trading, baking bread rolls for sale **Piecework** seasonal weeding and picking at Masstock, help others clear fields in return for money or food, food-for-work programme (1992, August to November) **Residence** village for most, a few old people and young children remain in matoro

The agricultural system - matoro and temwa

Table 2 shows the annual round of life and work throughout a year The strength, and indeed one of the most distinctive features of the Goba agricultural system is riverside gardens called the matoro These river gardens provide sustenance in the hot and dry months It is a way of life for people in Chiawa with particularly the old and young children resident in the matoro for over a half the year [3] After the Kariba dam was completed (1958), the number and quality of the matoros on the Zambezi were reduced (Lancaster 1981 78) and it was no longer possible to plant on the flood plains as the river level dropped During the rainy-season and when the dam gates are opened, the level of the river still rises and floods some low lying areas Only 13% of households in 1991 did not have a matoro to farm (Bond and Wallman 1993 10) Masdar (1996 23) describes the variety and complexity of the matoro system In Kabwadu, he explains how the matoro is sub-divided into four distinct belts a strip next to the river which has moisture all year and where bananas, paw-paws, maize and (occasionally) rice are grown, a larger elevated belt of rich alluvial and sandy-loam soils which support annual crops (maize, cow peas, pumpkins, groundnuts, perennial cassava and paw-paw), a low lying river bed which has moisture all year where bananas, paw-paw and maize can be grown, and elevated flat land where annual sorghum, maize and pumpkin are grown A household would have a site on one or two of these belts Some matoros are situated on small islands In the matoro, people build a temporary shelter for storing grain - musana we nzou (meaning

[3] Residence in the matoro is given as one of the main reasons for the (overall) poor standard of housing in the villages by the Chieftainess and early on in her rule, she decreed that people should make an effort to live more in their villages Reynolds (1991 9) notes that the Valley Tonga women dislike the strain and anxiety of living by the fields protecting their crops against wild animals, beating drums, throwing stones, and living off little food During the winter months in Chiawa, the matoros are private, pleasant and relatively plentiful, though attempting to frighten away wild animals is a dangerous and arduous task During the rains, the mosquitoes, malaria, humidity, poor shelter and dampness make them uncomfortable and unhealthy places to reside Elephant

the backside of an elephant because of its appearance, a raised and thatched shelf on sticks), and a sleeping hut from poles or sticks with a thatched roof

The other type of field is the dry field called temwa or munda (the latter being a more generalised term for field which can extend to matoros) This field is cut out of the forest, using the slash and burn technique (shrubs and trees are cut and burnt on the field to provide a natural fertiliser), and used for on average around four years People choose a site near their village where there is good soil, drinking water and where damage from game is less likely (Lancaster 1981 74) Sorghum is grown in the temwa and maize in the matoro In recent years, temwa fields are sometimes not planted if a drought year is forecast and all cultivation is concentrated in the matoros This is contrary to Lancaster's claim that in the Sikoongo Chieftaincy, matoros were "unreliable", and, "not as critical to survival as the large temwa fields" (ibid 77) Matoros are more critical to survival in Chiawa However, only by harvesting in the temwa as well as in the matoro, would a household manage to fill its granaries and have grain to last a year Droughts also affect the matoro harvest, especially those on more elevated land set back from the river, and in drought years, maize will wilt and die around five metres from the edge of the river There are no local irrigation procedures In these years, it is vegetable gardens planted in moist, low lying land right next to the river that will help sustain a household

The following description by Head of Household 4 of her matoro in a good year illustrates how fertile the river gardens can be "When we have finished harvesting in the dry fields, I

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dung is burnt to ward off mosquitoes

move to live in the matoro with my youngest daughter We planted maize, tobacco, cassava, sweet potatoes and beans last year and built shelters for us to sleep in and to store maize We sell masau and bananas, and I brew beer for sale using sorghum from the last harvest Last year, using maize from our matoro, we had maize until April when the new maize was about to be harvested So I only had to buy mealie-meal in April My eldest daughter grows vegetables for us to eat in the matoro but stays in the village to cook food for the other children and to attend school I stay in the matoro until all the crops are ripe Then move back to the village and sell sweet potatoes, cassava and tobacco"

The isolated matoros (they are sometimes around 4-6 kms from the compound and village) provides opportunity for sexual liaison during the long days spent waiting to chase birds and other animals from the ripening crops Many of the married respondents in the households recalled first meeting their wives in the matoros Three traditional adultery cases, involving married women and their boyfriends accused of meeting in the matoro, have been witnessed (Bond and Wallman 1993 22)

Women's economy.

Most women in Chiawa are not well educated, and are primarily farmers and small-scale traders, pre-occupied with feeding their households Rural women are, "far busier and involved in many more task-specific activities than men" (Hansen and Ashbaugh 1991 217) Women's role in farming, including slash and burn cultivation, is substantial and they control the consumption of food from the household granary Both men and women in Chiawa are engaged in economic pluralism because subsistence farming alone in the harsh environment

of the river valley has never completely supported households Women are excluded from actual hunting, commercial fishing, and (unusually) from making handicrafts, but actively trade in gamemeat, handicrafts, wild fruits, fish, fruit, thatching grass, tobacco, fowl, and vegetables to substitute any deficit in their granaries and to raise cash for clothes, soap, medical treatment, and schooling Women will exchange wild fruit for enamel plates, salt, cooking oil and maize with traders or matrilineal kin Many can recall exactly how much cash they have raised from trading, and what they spent the cash on Women will exchange food with matrilineal kin if need be Lancaster (1981 223) and Vaughan (1987 145) describe sisters and their children eating together to cushion those unable to provide for themselves, a pattern also observed in Chiawa

Brewing beer (from maize, millet or sorghum - locally known as gankata or "seven day" beer) and wine (from tea and wild fruit) is an important activity for women, especially in the winter months Wine is usually only brewed by divorcees or widows, mainly in more densely populated and commercial areas (namely Chiawa centre, Kabwadu, Chaledzela and the pontoon) During the 1991/92 drought in Chiawa, some women continued brewing with relief maize to raise cash for other foodstuffs and essential commodities, but other women were reluctant to brew when their family needed the grain Beer brewing is an extension of a woman's right to control the granary, and Lancaster (1981 66) writes that a Goba woman has a legal right to refuse to brew beer if her husband has not contributed to work in the fields Men in the household will help supply grain or capital for brewing and claim some of the income Beer brewing is co-ordinated between women in the same area, so they do not compete with one another and everyone charges the same amount Nelson (1979) records similar partial networks and co-operation between friends in Kenya The Chieftainess has on

two occasions banned wine brewing and the sale of alcohol during the week to promote hard-work and for health reasons This bans are adhered to temporarily, and gradually broken after some time has lapsed Reynolds (1991 110) said beer parties were banned by a valley Tonga chief in 1985 because he felt it encouraged prostitution Vaughan (1987 131) describes how a decision to ban brewing in the 1949 Malawi famine made many women destitute who depended on brewing for their livelihood

McCauley, West and Lynch (1992 820) comment how in rural Tanzania, women are not used to working together, and how they only work together when brewing beer and in preparations of weddings and funerals This is often the situation in Chiawa, with the exception of women's groups initiated in 1985 by Save the Children Fund in Chiawa and the food-for-work programme in 1992 Only two women's clubs remain active One is particularly dynamic, clubbing together to sew and bake buns to raise money

Women in Chiawa demonstrate a capacity to manipulate their changing environment Their access to formal wage labour is limited, but they are involved in piecework for the commercial farms, and trade food, drink, second-hand clothes [4] and sex with the farm workers For example, the women respondents in the household case-studies sell buns, gamemeat, fish, sugarcane and mangoes to the workers on the farm Some women are involved in cross-border trade with Zimbabwe, bringing bread and other goods to Chiawa Some are also involved with prostitution in Chirundu

[4] The second hand clothes trade is called salaula in Zambia This term comes from Bemba meaning to select from a pile This is a booming trade that with the blugeoning informal economy has reached into the rural areas See Hansen (1994) and her forthcoming book

Women find it difficult to manage without the help of a spouse, a brother or an adult couple in the household Men are needed to help with heavy manual work in the fields, building and maintaining houses, hunting, fishing, making crafts and wage labour Women lack the external social and economic linkages that men have (Vaughan 1987) Nevertheless, women in Chiawa find considerable support in their matrilineal networks, and they have rights to land (which is usually not inherited) Any man or woman can be allocated land to cultivate by village headmen and the Chieftainess, and, except in more densely populated areas, villagers can cultivate as much as they are able Women are more likely to easily access land through their maternal kin or their husband, and only women who are outsiders seem to have problems claiming land to cultivate Only particularly cherished matoro sites are inherited

The Household Diet

Thomson (1968) points out the interchanging and sharing of food within a rural Zambian village in the 1950s, the considerable seasonal variation in intake, the variation on a day to day basis in the number of meals, and how men get a more adequate diet than women and children aged four to ten years who eat with their mothers He also notes how boys' diet is supplemented by mice and birds they trap and that rural diet is below nutritional requirements These assertions would all hold true for the household diet in Chiawa today The stable diet is a porridge made from ground maize or sorghum locally known as sadza [5] This is eaten at least twice a day, usually at lunch and early evening, and sometimes in the morning It is usually accompanied by "relish" - vegetables (including wild vegetables and leaves from

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[5] Sadza is a Shona term Mealie-meal or nshima are the common names for this staple diet in town

pumpkins and sweet potatoes) and sometimes meat or fish [6] Bananas are cooked and eaten when maize and sorghum are not available Granaries rarely last the year round and even in a good year, cash is necessary to buy food between November and March - unfortunately the time of the year when cash is the most short and labour demands the most intensive Those households who dry vegetables and fruit are better off during these hunger months Foraging for wild food is essential for most households Reynolds (1991 135) observed that during this period amongst the valley Tonga, women would build "structures of obligation and dependence amongst their own kin", using their own and their children's labour and food, with men drawing on cash rather than labour and food supplies Malnutrition amongst children from the age of 6 months to 5 years is prevalent in Chiawa, with three-quarters of the children estimated as underweight by a clinical officer resident in Chiawa in 1992 He also identified the planting and weeding period as the time when women would be too busy in the fields to feed their children adequately (Bond and Ndubani 1993 4) This corresponds with observations made by Moore and Vaughan (1994 197) in Northern Province Reynolds (1991 xxvi) suggests that women have problems coping with the burden of producing sufficient food and sometimes retreat to drastic tactics, "divorce and a retreat to kin, pleas of or actual ill health, negligence, expressed, for example, in frequenting beer drinks, dependence on other family members and especially adolescent daughters"

[6] See Colson (1959) for a detailed description of Plateau Tonga Diet in the 1950s, some of which could be applied to the Chiawa diet today

The Family Compound

A typical Goba compound is located within a village but not too close to a neighbour - bush will normally separate one compound from another It is not uncommon for the neighbour to be out of earshot except in the more densely populated villages sited near the pontoon or the main road Compounds are connected by paths and are unfenced Within the compound, the main house is usually rectangular and quite roomy, made from mud bricks with a thatched grass roof (zwidinha zwe daka ne denga re huswa), and with a small shaded verandah of raised mud and poles running around the house under the eaves Inside the house, a cloth screen hides the bed or sleeping mat The outside wall is painted with flowers or animals using natural dyes and soil Other sleeping huts within the compound are for children and these are usually round made from mud and wattle with thatched roofs (madaka ne miti ne denge re huswa) and are considerably smaller The kitchen is wattle with a grass roof, sometimes with mud walls halfway up, and with a rack inside for storing cooking and eating utensils and food Pit-latrines and washing areas, where they exist, are located near the edge of the compound and screened with grass or plastic sacks

A headman and other elders with status will have a tsaka in their compound This is an open thatched hut with wooden poles and an even raised mud floor, normally located in a prime position (for example overlooking the river) towards the edge of the compound The tsaka is where men meet, talk and drink, and where counsel over disputes and family matters is given

Other structures in the compound are a chicken hut, granaries, drying and smoking racks, a

goat kraal, a grinding stone and a hearth made from three large "cooking" stones In a large compound, with an adult daughter and son-in-law resident, there will be more than one hearth Figure 3 sketches the compound of Household 1 which is an established and typical compound

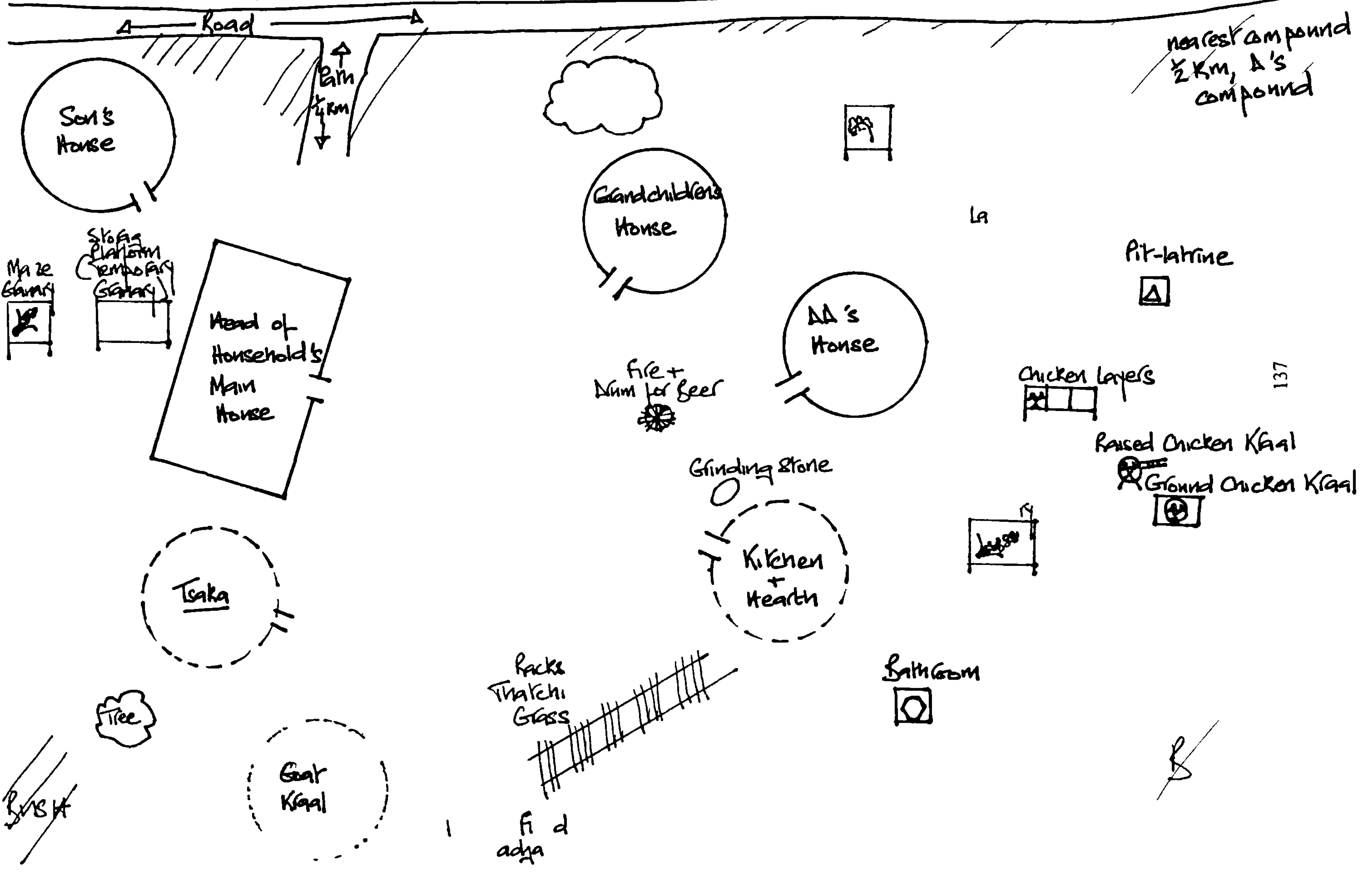
FIGURE 3
A TYPICAL GOBA COMPOUND — HOUSEHOLD 1, KANYANGALA, 1992 (JUNE)
Mwanga Stream 1km
Well 2km
Mayo
Road
Farm 4km
Son's House
Maize Granary
Storage Platform (Temporary Granary)
Head of Household's Main House
Tsaka
Tree
Bush
Goat Kraal
Grandchildren's House
Fire + Drum for Beer
AA's House
Grinding Stone
Kitchen + Hearth
Racks Thatch Grass
Bathroom
nearest compound ½ Km, A's compound
Pit-latrine
Chicken Layers
Raised Chicken Kraal
Ground Chicken Kraal
137

3.2

KINSHIP, MARRIAGE AND DIVORCE.

"We Goba are a by-product"

"We Goba are a by-product", one informant explained when I discussed relationship terminology with him, "Even the children of your grandmother's sister are called vazukuru[7] Deep Shona have different names for all relationships but our Goba vocabulary is limited" Lancaster (1981) makes a similar comment He writes, "Within an effective nhundu [matrilineal descent group – see below], kin relations are expressed in primary terms A great grandmother's brother is simply a maternal uncle, both in reference and in address" (ibid 278) This summary of Goba kinship aims to show that the descent system of the Goba also appears to be "by-product" of the Shona patrilineal system and of related matrilineal groups, and to demonstrate that matriliny is the overwhelming idiom Rather than implying, as my informant did in relation to kinship terms, that this makes the Goba secondary to neighbouring groups with more embedded kinship systems, I argue that the dual (or double unilineal) descent system, coupled with other aspects such as biological closeness, lend the Goba a fluid and flexible kinship system This fluidity was also highlighted by Lancaster (ibid 278) Individuals and family groups within such a system can pragmatically manipulate kinship ties as their circumstances dictate, and affines and friends can be absorbed into lineages The

[7] Vasukuru refer to ego's children's children, your father's brother's daughter's children, mother's sister's daughter's children, sister's children, sister's son's children and wife's sister's children, with whom ego has a joking relationship (see Table 3)

latter also, as Lancaster points out, introduces heterogeneity (ibid 271)

Significance of Dunzwi and Nhundu

The importance of the matrilineal ties is reflected in the use of the terms nhundu and dunzwi Dunzwi is usually a senior Mother's Brother responsible for the welfare of his sister's children[8] A dunzwi will be consulted on marriage, funerals, illness and inheritance One informant said "The dunzwi is like the family lawyer" (Dover 1999 personal communication) For example, if his sister's son dies, he will be responsible for taking care of the wife and children and carrying out the correct rituals There will only be a few men of the same generation in each village or effective localised descent group who will have the opportunity to play this role Lancaster calls this senior male representative dundumuntuli Lancaster (ibid 167) comments that groups of women living with their children are "invariably accompanied by competitive coresident male kinsmen seeking to affiliate themselves in order to act as their father, brother or mother's brother" This is the strongest combination for a man wanting to achieve social and political prominence Lancaster writes that the ideal mhuri (compound) is a block of co-resident sisters and a brother, and that groups of co-resident women are basic to village organisation This is voiced in the statement he records, "Sisters' children are the family and they can make a village for me someday" (ibid 166) Lancaster writes of dundumuntuli (ibid 272) that sister's sons commonly succeed their mother's brothers In Chiawa, the mother's brother's children (vanawehono) is considered superior to the sister's children (vanawehadzi) and would be more likely to inherit This is a good

[8] A dunzwi can be a woman although this is rare She would trace her claim as the daughter of the Mother's Brother The senior sister (samukadzi) in a matrilineal descent group (nhundu), also has a vital role to play in life-crises and daily life (Lancaster 1981 278)

indication of the co-existence of patriliny alongside matriliny amongst the Chiawa Goba

A dunzwi is responsible for the nhundu Nhundu means "belongings", those people who the dunzwi is in charge of and responsible for Your sister's children, and your wife's brother's children are your "nhundu yango" The Chieftainess said that when a dunzwi dies, some will say "there is no nhundu now" Lancaster (ibid 270) defines nhundu as an effective matrilineal descent group This would appear to apply to the usage now, except that there is much more emphasis on the role of dunzwi than the concept of nhundu

Matriliny as the Overwhelming Idiom

Lancaster sees matrilineal networks as the, "framework for daily action and the common idiom for expressing ties within the village" (ibid 164) As the household case-studies portray, this is now sometimes, but not necessarily, the case in Chiawa In the household case-studies, the balance of matriliny and patriliny in daily life depends on the separation of the woman from her parents compound, the proximity of her own village and maternal kin, the birth of children, the stage that marriage payments have reached, and the strength and status of her father's own family and/or her husband's own family

Traditionally, Goba practise uxorilocal residence Lancaster (ibid 157) regards this as a symbol of dual descent lines with the mother line as the major structure, though men may well stress the dominance of the father line He notes that migrant wage labour, petty trade, hungint and fishing call men away from uxorilocal residence and brideservice (ibid 165)

This trend has continued Leavey (1989 28) and Dover (1995 15) record that establishing your own compound is an important aspiration for men and that it is occurring at an earlier age, in part to avoid economic reciprocity amongst too wide a group (see Household 3) Nevertheless, there is uxorilocal residence in six of the seven case studies and, examples of father's sisters or daughter's daughters and their husbands being resident in two

Other evidence that matriliny has the edge on patriliny, and of the co-existence of the two systems, emerges in analysing household structure and household network charts (see Appendix ii) Matrilineal kin more often live closer Across generations, it is over all matrilineal kin that are the most often recorded as "close in feeling" whether they live near or far away, and as the relatives with whom the household has maintained contact with For example, father's sister's sons and sisters are the most frequently mentioned along with mother's brother's sons The latter mention of patrilineal kin in this group reflects, once more, the double unilineal descent system Father's sister's daughters, mother's brother's daughters, brothers, mothers, adult children and mother's brother are the next most common relatives to remain in close contact with Father's brothers are named more often than father's sisters or father's mother [9]

[9] These patterns emerged from the analysis of network charts collected for each respondent (see Appendix ii)

Marriage preference is to patrilateral and matrilateral cross-cousins (see later in this chapter) Marriage payments determine access to the father's patrilineage and children are filiated to both descent groups if marriage payments are completed Lancaster (ibid, 1971) findings concur with this The access of a child to the lineage of his father's and mother's lends a flexibility which gives an individual room to manoeuvre and manipulate kin ties If marriage payments are complete, then your father's brother would assume responsibility for you on your father's death, but you would also have the option to get support from your classifactory mother's brother In theory, you turn to your father's side first and your mother's side second when you have a crisis, in practice it may depend on who is closer (geographically and in feeling) and/or who is in a better position to help you out If you die, your mother's brother and the sawhila organise your funeral, informing both your mother's and father's relatives The property will be shared between your nuclear family and your wife's family, and your name inherited by your younger brother or your sister's son In the household case studies, children whose parents had not completed marriage payments fall back on their matrilineal kin when in need

Lancaster (ibid 279) believed that the kinship system was shifting in favour of patriliny with the reinstitution of cash money for bride-wealth which filiated children to the father's nhundu, although he writes (1971) that most people still think in matrilineal terms In my own household analysis, matriliny still remains the main source of support during crisis, though patriliny, as indicated above, is stressed and acted out more by men and more in households who claim to be Korekore, who both emphasise and depend on their patriliny more (see Household 5) Amongst the Yao, Mitchell (1956) identified similar kinship patterns to those found in Chiawa Matriliny is the guiding principle at the level of lineage and patrilateral

links occur when sons remain in their father's village, marrying a FZD (a cross-cousin) Mitchell shows that the patrilineage reverts on the death of the founding male to a matrilineage This could be the future of Household 5 He also states that fathers and patrilineal kin are seen as a source of help and support but have no obligation And that relations to father's kin, even within a family, can be distinctive and not necessarily shared by siblings

With or without marriage payments, the matrilineal network gives women an inherent and active support system from parents and older uterine kin They may find their children's support divided if their children move with the father after a divorce, but if they remain with or near the mother, she, her children and her daughter's children emerge as a unit and often constitute the core of a domestic group (Smith 1973, as cited by Lancaster ibid 159) Poewe (1979 115-117) identifies the mother-child relation more significant than male control matriliny emphasises one womb, the mothers symbolically united, patriliny emphasises different wombs, the mothers symbolically separate and distinct

Joking and Restrained Relationships

The terminology that is used on a daily basis amongst the Goba in Chiawa divides your relatives into those you can joke with - kuseka - and those with whom you must show respect and appropriate restraint - vanyarikani Table 3 and 4 expand on these two categories, which run along the lines to be expected in a matrilineal group

Biological Closeness and Age

Biological closeness cuts across restraint boundaries For example, in principle you should not approach your mother or father directly with your problems but in practice you may well do so Indeed, in the household case-studies, all the young adult respondents whose parents were living mentioned at least one, usually both, parents as close in feeling to them and crucial to their support system in crisis Likewise, adult children are crucial to older parents, and older siblings to young adults Those responsible for the family in crisis fall under both categories For example, you would inform your dunzwi, brothers, sawhilas and in-laws in the event of a funeral

Niehaus (1993 5) suggests, in relation to South Africa, that "childhood tasks and vexing situations are conducive of strong ties within the descending generation of households", and that sibling relations "lack specified obligation and have a greater component of willing reciprocity" (ibid 4) Siblings definitely feature as an important component of household support systems in Chiawa

Age is also important, though muzwara wa biyangu (cross-cousins – namely mother's brother's children and father's sister's children) cut across age barriers Usually, you would look to those older than you for advice and support But elderly people will have lost their parents' generation and older siblings and many of their own generation are likely also to be dead At this stage, younger siblings, sister's children, adult children, spouse and sawhilas become of greater significance

Sawhilas

Sawhilas are another relationship category They are neither kin nor Goba - in Chiawa they are often Soli or Chikunda because of the historical cousinship between these groups (see Section 2 5 and appendix ii) They are also usually neighbours or people residing in the same village, who play a crucial role in funerals by washing the body, preparing the grave and directing the burial Outside funerals, they are often friends to elders in the household

Table 3 Goba Joking and Restrained Relationship Terminology

Joking Relatives – Kuseka	Restrained Relatives – Vanyarikani
Dunzwi - MB, FZH (sekuru), FZC, MBC (muzwara ma biyangu) These relatives are considered responsible for the family and can approach elders outside the family for advice FZC and MBC are in a position to advise even if younger and are also ego's marriage preference FZS and MBS are also referred to as sekuru but are considered superior to other sekuru	Baba, Baba mudiki (F, FB, MZH)/Amai, Amainini (M, MZ, FBW) Ego respects them and if approaches them for advice on sexual and marriage problems, they will refer to joking relatives In practice, direct reliance on M and F in crisis is common
Ambuya (FM, MM, MBW, FZ)/Sekuru (MF, FF, FZH, MB, FZS, MBS) Usually older than ego, these relatives readily give advice and counsel Only with FZ is there an element of restraint, although FZ is important in emergencies With the others, ego can enter their bedroom and joke freely, sharing problems and stories One informant explains that "these people have more experience than your friends on marriage"	Vamezwara (WM) /Vatezwara (WF) Ego has very restrained relationships with in-laws (for example, eats separately, uses lower tone of voice in their presence)
Vasukuru - CC, FBDC, MZDC, ZC, ZSC, WZC Come to ego for advice and call ego sekuru/ambuya	Vana – S, D, WBC, FBSC, MZSC Restrained relations with ego In practice, biological closeness with S and D often overcomes restraint
Muramu - WZ If ego has a misunderstanding with wife can report to WZ and she may approach her Z	
Mukuwa shanyina – WZH "we marry together" In a position to help ego with problems and advice ego's wife through WZ	Muningina (yB), Mukoma (eB, MZS, FBS)/ Hanzadzi (Z, WBW, MZD, FBD) Respectful and supportive relationship
Sawhilas - not kin, not Goba Neighbours, friends or residents of same village, usually Soli or Chikunda, who are instrumental in funerals	

TABLE 4

Geba Kinship Terminology

sekuru ambuya*

ambuya* = sekuru** amanini = ba mudiki

sekuru = ambuya

tsano/sekuru mukwasha ma biyanam asamukadzi mukoma hanzadzi

sekuru ambuya babamudiki FyB amainini

hanzadzi mukoma baba amai atezwara amezwa

vasukuru vazukuru muningina (yB)/ mukoma (eB) hanzadzi mukadzi hanzadzi tsano muramu mukuwashanyina*

mukwasha ma biyanam vazukuru EGO vana vasukuru

tsano/ sekuru asamukadzi

vasukuru vasukuru vana

vana vakomana hanzadzi

vasukuru vazukuru

Key

* - approach & marriage, sexual problems, counsel
■ = joking / kuseka
■ = restrained / vanyarikani
x marriage preference
* a

Flexibility of Goba Kinship

Poewe (1979 115-117) observes that as people scatter to exploit diverse resources, they choose whether to foster patrilineal or matrilineal ties, deciding in any circumstance, which is the best way to cope with scarce conditions For individuals dependent on migrant labour remittances, matrilineal ties are not only maintained but become even more radical, denying the role of husband and father Poewe's analysis of the manipulation of kinship ties concurs with the findings for Chiawa. Male authority may have been boosted by certain developments such as cash crops, but women, as expressed by the Chieftainess, "are ultimately responsible for their children As mothers they remain powerful in the household and in the community"

Ward (1965), looking at how a Chinese group construct meaning for what they do, within the village and outside, shows how there are several conscious models operating There is the "immediate model" which is their own notion of their own social system, the "ideological model" which is a yardstick for behaviour, and the "internal observer model" which is a construction of other groups These resonate with the manipulative and ambiguous nature of Goba kinship By being descended from many ethnic groups, the Goba can lay claims to fictive kinship and classificatory kinship in these groups There is evidence that this aids them when they travel out of Chiawa, intermarry with other groups and when they deal with problems and crisis It seems that it is not matriliny that is weakening with changes as Lancaster (1981), Holy (1986) (for another group - the Toka) or Leavey (1989) argue, but that other options within the kinship system are increasingly exploited The household case studies demonstrate, however, that matriliny is the option most frequently utilised

Women-headed Households

In 1991, almost one quarter households surveyed (145 of 613) were headed by women (Bond and Wallman 1993 6) A recent study conducted ın Northern Zambıa, Luapula provınce, found that 35 8% of households were headed by women, and that there was a surplus of adult women ın the study area (Musıngeh 1990/91 51) Natıonally, the number of female-headed households ıncreased from 24% ın 1969 to 28% ın 1980, wıth eıght out of ten female-headed households resıdıng ın rural areas (CSO 1991) These households vary economıcally but are generally poorer than male-headed households They may be women-headed as a consequence of dıvorce, death, mıgratıon or polygamy, or through choıce A household may also be woman-headed durıng a certaın perıod ın ıts lıfecycle Hansen and Ashbaugh (1991 223) hıghlıght the heterogeneıty of women-headed households, concludıng that the "dıstınct categorıes of female heads of households have dıfferent claıms on support and on productıve resources "

Two out of the seven households descrıbed here are headed by women and though they are poor, and poorer than two of the other households headed by elderly men, they are more capable of sustaınıng theır households and thereby better off than at least two of the other male-headed households

Upbrıngıng

There was a total of 1,564 chıldren under the age of 15 ın the 1991 household survey (Bond and Wallman 1993 6-7) Thıs amounts to 40 5% of the total populatıon Lıfe for chıldren ın

Chiawa is dominated by the demands of kin, the annual agricultural cycle, health problems, and, when they are old enough, by primary school Reynolds (1991 161), writing about the valley Tonga in the lower Zambezi Valley (an environment similar to Chiawa), describes how girls and boys are actively introduced to "patterns to be fully realised in the experience of adulthood" Thus they learn to fulfil differential labour tasks, and to establish links with appropriate kin and neighbours that will enhance their future security For example, valley Tonga girls work for their brothers partly because they are obliged and partly because it is strategic - brothers, in a matrilineal society, are a source of refuge and a means of support in the future From the age of eight, Colson (1958 268) relates that children of the Gwembe Tonga learn to place those kin with whom they are in frequent contact and appropriate behaviour for kinship categories The same is said of children in Chiawa Respect for age and status is shown through body posture and hand-clapping Though sexes and ages intermingle, age-mates from adolescence are important and teenagers normally divide into single-sex groups Girls and boys move into their own sleeping huts in the compound once they reach the age of ten

Goba girls in Chiawa work very hard in the household and in the fields as they did in Lancaster's account of the Sikoongo area in the late 1960s (1981 186-7) Some of their tasks include collecting firewood, chasing birds and animals from the crops, washing clothes and dishes, pounding and sieving grain, carrying grain to the grinding mill (often over long distances), caring for their younger brothers and sisters and cooking They also help their mothers trade in vegetables, tobacco and wild fruit Adolescent sons have a much lighter work load, and spend spare time fishing, hunting or meeting their age-mates Hunting, fishing, house-building and farming are important accomplishments for men and are taught

to boys by relatives [10] Girls are recognised as adults once they have had their first menstruation and boys by their late teens or early twenties, though there are now no passage rites to adulthood

Mutambirwa (1984 164) records eight phases in the life cycle of the Shona in Chikwakwa communal land in Zimbabwe These phases reflect how age, marriage, childbearing, parenthood and grandparenthood enhance a person's personality and spirituality and eventually incorporate the person into the ancestral spirit world Reynolds (1991 96) makes a similar observation amongst the valley Tonga, identifying five stages Colson (1958 257) records that amongst the Gwembe Tonga a "full" adult is a person who is married, a parent and a socially and technically competent member of the household Holleman (1953) says of north-eastern Shona groups that is only after the individual has produced a child that a true development of the individual spirit is recognised The Goba hold similar beliefs about their own life cycle and this is reflected in funeral rituals, which differ according to the age of the deceased More elaborate rituals are required of "full" adults, than of a stillborn, an infant or an adult who has not borne a child

Marriage

The total number of married adults over the age of 15 years in the 1991 household survey was 1139 individuals, or 53% of the adult population (Bond and Wallman 1993 32) The Goba marriage preference is cross-cousins - the father's sister's children and the mother's brother's

[10] The dare schools, in which training once was formalised, are now defunct (Dover 1995 8)

children, referred to as muswara wa biyangu Lancaster (1981 169) notes that ambitious families try to marry within the descent group to strengthen the patriliny This strategy also simultaneously serves to strengthen the matriliny The Goba marriage prohibition is against mother's sister's children and the father's brother's children, referred to by ego as brother (mukoma) and sister (hanzadzi) respectively In the household studies, it is more common for people to marry muswara ma biyangu, but there were three marriages in prohibited categories, and two to individuals who were Goba but not related Marriage preferences rules are seldom rigidly adhered to (Leach 1970) and here the over-riding preference is to marry within descent groups (children from either set of grandparents) Inter-marrying with other groups, in particular Soli, Chikunda and Tonga, is acceptable

Traditionally, the Goba practice uxorilocal bride service marriage (kugarira) A husband should live with his wife's family for a period of time, helping his in-laws in maintaining the compound and cultivating Children are filiated to their mother's local kin at birth, and the father is formally incorporated once he has completed marriage payments Lancaster (1981 166) claims that this system of local endogamy was preferred by men and women For women, it gave them the advantage of remaining close to their female core of matrilineal kin For men, it softened the payments of bride service, improved their status, and made their marriage more successful In Sikoongo, the uxorilocal rule dominated the male life-cycle, with 64% of married men living uxorilocally (ibid 162)

The present picture is similar All the married couples in the household case-studies spent at least a token period of time in the wife's parents' compound The main reason for not moving into the compound for a more extended stay is work commitment outside Chiawa Head of

Household 5 has mixed feelings about local endogamy "It is a good system But it causes problems You can discuss a different arrangement with your parents-in-law if you want to move" In all the household case-studies there are examples of both trends, uxorilocal residence and compounds independent of the women's parents A member of the Goba royal family remarked, "This period of residence used to give parents a chance to judge their son-in-law by what he cultivated, how he built a house, and how fertile he was This is no longer possible because now men and boys are rushing to work for wages"

There are three stages of marriage payments still recognised Nhumbi is the first This is the exchange of love tokens, traditionally the interested man gives a small sum of money to an intermediary (dombe or chembele) to profess his desire to marry a woman If the woman concerned accepts the money, and reciprocates his gift with a string of beads, this signifies acceptance of his marriage proposal A woman can easily refuse a proposal at this stage, and the initiative for marriage comes from the couple and not from the parents Following her own acceptance, she then informs her parents and the man informs his father's mother and mother's mother of his intentions If the families agree to the match, the man pays the second marriage payment, called tsambo This is a betrothal prestation, and after paying this, the man and woman can live together in her parent's compound Tsambo is at least four times as much as nhumbi [11]

[11] It is difficult to cite actual amounts in kwacha because of the current hyper-inflation in Zambia, but as an indicator, average marriage payments in November 1992 were as follows nhumbi K100 to K1000, tsambo K5000, and pfuma at least K20,000 At the time, the exchange rate was US$1 = K322

Pfuma is the third marriage payment, usually paid to the wife's father after the wife has borne at least one child This buys the male descent right (patrifiliation), and ends uxorilocal dependency It is the largest prestation, unless there are charges for elopement or impregnation, both of which would be higher than pfuma Head of Household 6 explains, "After paying pfuma I was very free, and the children are now under my control" A father will usually want to have paid pfuma by the time his daughters start to marry, even if he is divorced, so that he (rather than his wife's family) can claim the marriage payments "Daughters are valuable if married properly", head of household 5 wryly remarks, "I objected paying for my wife, but happily charge for my daughters!" Household case-studies suggest that pfuma is often waived throughout the whole period of residing in the wife's parents' compound, or speeded up by a son-in-law's need to live elsewhere If the parents die before pfuma is paid to them, the wife's brother has a right to demand, determine and receive payment [12]

In the current economic climate, there is a conflict between parties over marriage payments It is difficult for many young men to raise surplus cash, yet fathers are anxious to claim the much needed cash or extract labour from their son-in-laws In Zimbabwe, laws instituted to benefit women over the age of 18 by entitling them to arrange marriage themselves, caused a "general uproar" from rural elders who fear losing their access to bridewealth (Hansen & Ashbaugh 1991 214)

[12] There were no church marriages recalled in the households, and indeed this form of marriage is seemingly unusual in Chiawa despite the presence of the Catholic church

Elopement

Lancaster (1981 289) records elopement as a common occurrence in Sikoongo in the late 1960's and it appears to still be common in Chiawa Keller (1979 565), conducting a study on Tonga elopement in Southern Zambia, defines elopement as "sexual intercourse outside of a negotiated and parentally-sanctioned marital union" She believes that ultimately these unions undermine a woman's fulfilment and respect, since they carry less status than being married In addition, the woman is more vulnerable to being exploited by her father and partner since the woman's father makes a profit from charging the young man, and, out of the vicinity of her own family, there is no-one to monitor or curb the young man's behaviour Keller (ibid 573) concludes that if the woman is then deserted, she is regarded as "second-hand", often has a child or two in tow, and has less chance of establishing a stable marriage in the future Lancaster similarly notes that Goba women who marry outside their own area, and move away from their female core, are vulnerable to accusations of witchcraft and are often lonely and neglected (ibid 169)

Lancaster (ibid 289) relates that women mostly elope between the ages of 16-18 years, and that many women are involved in several short-lived unions, bearing the children of several genitors, before establishing a stable marriage, "especially if there is no co-resident male to represent her and force the bride-service sequence" He believes that men elope to avoid working for their in-laws

According to Geisler and Narrowe (1990 47) the increase in elopement in Lundazi district by the late 1970s was mainly due to men's lack of cash or cattle to pay for marriage payments

None of the couples who had eloped in the household case-studies, cited lack of cash for marriage payments as a reason for it Elopement is in any case more expensive Most of the young adult couples but none of the elders in the household case-studies had married this way (kutizisa) Varying reasons were given for eloping Two couples knew that the girls' parents would refuse marriage because the potential husband was a prohibited cousin, and one young man was worried that other men would take his wife before him The women all claimed that they showed no resistance to eloping, although for all of them it meant leaving Chiawa to follow their partners to their homes or place of work and recall eloping very shortly after first having met one another There is strong element of romance and impatience in the decision to elope After spending a short time with their men away from home, they contacted their parents, sending money through an elder (classificatory grandparent), referred to as dombe (husband's father's father or husband's father's mother) or chembele (wife's father's mother or wife's mother's mother) This payment is known as "check for her here"/tswa ngileni kuno, and is not extortionate If the parents accept it, the chain of marriage payments, including mari ye mhoswa (payment for impregnation before marriage) begins Both impregnation before marriage and elopement are considered defilement of a daughter, and her parents must be compensated in cash and kind (perhaps building a hut for the in-laws or helping them in the fields) There is the danger that fathers might regard elopement as a potential source of much needed cash (Geisler and Narrowe ibid) and not actively dissuade their daughters from taking such a course of action Impregnation before marriage and/or elopement prestations are the largest marriage payments in Chiawa

Polygamy

13% of Chiawa households in the 1991 survey were polygamous (Bond and Wallman 1993 6) This rate is lower than the national average In 1980, the national estimate was that 29% of women and 21% of men were in a polygamous marriage (CSO 1991) Colson (1958 123) records for the Gwembe in the 1950s that 23% of married men had more than one wife, and Lancaster (1981 287) records a rate of 27 5% in Sikoongo in the late 1960's It is possible that the polygny rate has dropped in Chiawa religion, the poor economy, changing values and the increasing economic independence of women may be factors in this change In the household case-studies, there is a marked difference between generations in the attitude to polygamy most of the younger respondents (both men and women) condemn the practice, while in the older generation most of the wives but none of the men do

Lancaster (1981) and Colson (1958) identify men of higher economic and social status as most likely to be polygamists, because they want to have more children and secure additional labour Indeed, it is one of the better off households (Household 1) in the case-studies that is polygamous The household head said that he was "used to more than one wife", and that although his senior wife (mukadzi-mukulu), had given her blessing, "she had no option because I am the boss" The senior wife should be consulted before her husband takes a junior wife (mukadzi-mudiki), but in practice very few men bother

For women, the benefits of polygamy are prestige, security for those women who are older and divorced or widowed, and assistance in household chores and labour (Colson 1958 124, Lancaster 1981 290) Polygny both provokes jealousy and quarrelling, and gives comfort to

women Colson had evidence that fellow wives abet one another in love affairs One polygamous head of household said that he does not worry about his wives moving with other men in his absence, commenting "As long as I am with one of them, it is their problem" Two young women in the household case studies divorced because their husbands took other wives, and they said they were jealous (*shanje*), and did not accept that a husband should, "sleep one week with another woman, and another week with me" Other women, married monogamously, claimed that they would pack their bags and leave their husband if he married another woman Evidence in Chiawa generally suggests that divorce is more frequent in a polygamous marriage [13] [14]

Divorce.

Marital problems are mostly settled out of court, between the spouses or by the intervention of kin If spouses fail to come to an agreement, the case is referred to the village *dare*, who in turn refer it to the local court if they fail to settle it Lancaster's (ibid 323-328) records of court cases in the 1960's reveal that women are actively discouraged from divorce in the courts This discrimination still exists in government courts (see Dover 1995)

[13] I have recorded a number of cases where recently widowed women, who have lost their husband from suspected AIDS, marry into a polygamous set-up In theory, respondents claim they would not marry a person whose spouse may have died from suspected AIDS, but in practice, and because so often a death is not acknowledged as caused by HIV, some of them do For example, head of household 1 in the case-studies, during the period of fieldwork, decided to marry for the fourth time His new wife was a widow Her late husband had died of a long illness two years previously, and his death was said to be caused by witchcraft from his own family who were jealous of his wealth The link between AIDS and witchcraft in Chiawa is discussed by Ndubani (1993), Yamba (1997) and later in this thesis (see Section 5 4) Other wives in a polygamous marriage are also vulnerable to HIV/STD infection as Chikankata Mission Hospital in Southern Province have noticed Younger wives are often blamed for introducing HIV into a polygamous set-up

[14] Children nowadays, as in the past (Colson 1958 124) are vulnerable in a polygynous set-up, because they do not have a strong claim on their mother's husband's estate

Misunderstanding, adultery and disobedience are reasons given for divorce by respondents in the households Woman cannot divorce on grounds of the husband's adultery alone, and may deliberately not perform domestic tasks or publicly insult her husband's lover to make him agree to it Men however can initiate a divorce on the grounds of adultery An elderly man or woman, often the dombe or chembele involved in the marriage settlement, accompanies the wife and carries a small amount of money back to the wife's parents If a man is living in his parents-in-law compound, then he has to pack his bags and leave [15]

The total number of divorcees in the 1991 household survey was 94 individuals, 4% of the total adult population (Bond and Wallman 1993 32) Four times as many women as men are divorced in Chiawa, according to the same survey The consensus in the household case-studies is that divorce is more common now than in the past Regional ethnography suggests that the pattern of migrant labour has been partly responsible for high divorce rate since the 1930's especially in matrilineal groups (Lancaster 1981, Mitchell 1971, Colson 1958, Richards 1949) The pattern of living and working away from a spouse encourages both husband and wife to strike up other relationships, and it is often the husband and wife bond that eventually fails It is also a pattern that is pertinent to the transmission of HIV and other STDs (Hunt 1989) This is reflected in the divorce rate in the 1991 migrant camp survey where the divorce rate was twice as high as in the Chiawa population It is significant that in stressful situations marriage ties break down before matrilineal ties (Vaughan 1987, Niehaus 1993) Women divorcees tend to be more susceptible to degradation, multiple partners, and

[15] This scenario is how the local artist who illustrated the 1991 household survey results chose to portray divorce another indication perhaps of the importance of matriliny

HIV/STD ınfectıon (see Sectıon 2 2) though they also have more freedom and economıc ındependence than marrıed women

Wıdows.

119 ındıvıduals (5 5% of the total adult populatıon) were wıdowed ın the survey populatıon, of whom 82% were women (Bond and Wallman ıbıd) The maın obstacle wıdows face when theır husbands first dıe are ınherıtance rules Lancaster (1981 288) says that Goba women are expected to marry first for love and make an ınherıted marrıage later on ın lıfe Thıs ıs another form of marrıage practısed by wıdows Lancaster (ıbıd 289) wrıtes, "the act of provıdıng a wıdow wıth a replacement husband usually marks her entrance ınto senıor elderhood as a key figure whose socıal placement and support ıs ımportant to the communıty" [ıbıd 289] In Chıawa, women can be ınherıted as a wıfe (kupında naka or naka gogena chotoro) by theır husband's brother or theır husband's sıster's son, or theır husband's mother's brother Household 4 ıs an example of a husband's brother's son lookıng after a wıdow, though not takıng her as hıs wıfe

Most women now refuse to be ınherıted, and theır rıght to refuse ıs fully acknowledged An ıncrease ın the rate of ınherıted marrıages mıght be related to the poor economy, that forces women to compromıse Reynolds (1991 11) says that valley Tonga women may lose chıldren and physıcal assets ıf they refuse to be ınherıted by a male kınsmen

The wıdow's husband's name and property ıs ınherıted at a ceremony (dıwhe) held after hıs death (mostly wıthın a year of hıs death) Most of the property ıs ınherıted by the husband's namesake (a male chosen from hıs matrılıneal kın), who also ınherıts the deceased's socıal

position (Lancaster 1981 264), although other parties will contest if the deceased is wealthy If the deceased has no children, an heir is not necessary Beer is brewed especially for the occasion, and the widow has her hair cut and a black necklace tied on her to cleanse her of her husband's spirit She should not have sexual contact until this ceremony is performed Unlike the Tonga, sexual intercourse with a husband's brother is not part of the cleansing process Colson (1958 220) noted in the 1950s that this practice was becoming obsolete amongst the Tonga, and Chikankata AIDS Programme in Southern Province has been working closely and successfully with chiefs to substitute the practice with another ritual Examples of alternative forms are, fumigation of the widow in a hut with special herbs and bark (Colson ibid), and the widow jumping over a broomstick Colson also remarked during a visit to Gwembe in 1992 that there was a definite reluctance to cleanse if the community suspected that a spouse had died of AIDS, and an alternative form of cleansing was used in this situation [16] This is parallel to the professed reluctance of respondents in the household case-studies to inherit a spouse whose late husband or wife may have died from HIV infection

Remaining Single

According to the 1991 household survey, 904 individuals are "single" (never married, divorced, widowed, separated) - 46 5% of the population over 15 years The vast majority of the divorced, widowed and separated are women There is a tendency for women who are

[16] Colson said there was a reluctance to remarry the bereaved spouse, and she noted a recent trend amongst men not to marry or remarry, which she thought may have also been connected to AIDS (1992 personal communication) However, Cliggett, staying in Siameja village in the Gwembe 1994-1996, witnessed an event when three widows of a man who had professed to be HIV-positive and requested that his widows should not be sexually cleansed, were eventually sexually cleansed because they were felt to be too powerful and dangerous if they were not cleansed properly (1996 personal communication)

widowed or divorced in town to return to their matrilineal base The temporary nature of some marriages to outsiders may also contribute to the higher number of single women (Bond, Ndubani and Wallman 1993) In addition, it is more difficult for older women to remarry than for men Colson made the same observation about the Gwembe Tonga (1992 personal communication)

Reynolds (1991 142) thinks that it is a myth that single women are assured security in the countryside Observations in Chiawa support this statement Single women face enormous social pressure to marry If they do not marry, they become the brunt of married women's curses, are afforded little sympathy, and are more easily exploited by men For example, it is thought inappropriate for married women to sell beer and wine on a regular basis (though most respected household heads will host traditional beer parties and occasionally sell beer brewed by wives, daughters or lovers when they have surplus grain) and it is usually widows and divorcees that sell beer and wine all year round This exposes them to sexual advances from clients Single women are frequently accused of "moving" with other women's husbands and some have been jeered at if they catch HIV/STDs One divorcee (Household 5) says, "It is not good to stay without a husband in Chiawa" A year after her marriage breaking up, this woman already has had a child out of wedlock, and rumours abound about the identity of the father Colson (1958 207) cites a court case in the Gwembe which sums up the attitude of rural communities towards single women A mother and daughter are pressing for the divorce of the younger woman, and the clerk comments in court, "When she becomes a single woman again, all the men will need to sleep with her Your daughter will say, "But my mother, how can you stop me? You are married I also want to be married"" [ibid 1958 207]

3.3

COSMOLOGY AND HEALING.

More than two fifths of all responses said they had "no religion" in the 1991 household survey (Bond and Wallman 1993 8) By far the most common religious denomination is Roman Catholic (ibid) Watchtower is the church with the longest affiliation to the area and its' members are very well organised and good at fund-raising for annual meetings Other churches include the Apostolic church and the Seventh Day Adventists Many of the Tonga at Masstock below to the latter

It is during funerals (the burial and the naming ceremony, see Section 5 4), witchcraft accusations, chronic or severe illness and novel or unexpected events that the more traditional religious beliefs are manifest the most These beliefs oscillate around ancestral spirits, healers (n'gangas - both herbalists and spiritual healers) and witches These three categories are interconnected Chiawa itself is renowned for spiritual healing - mashabe or mudzimu, though people are reluctant to disclose that they use n'gangas, especially mudzimu It is generally a sensitive and secretive subject

In the household case-studies, it is common for people to voice their suspicions of n'gangas - professing how some tell lies to raise money and fail to cure those who are sick

Most adults inherit at least one ancestral spirit during their life time Lancaster (1977 238) records that, amongst a sample of men and women, patrilateral spirits were more commonly

inherited than matrilateral in Sikoongo area The spirit is inherited at a *diwhe* when the *sawhila* picks a relative to inherit the spirit of the deceased, pouring mealie-meal and beer on the head Responsibilities and some possessions are inherited with the name The inheritance usually moves between alternate generations When there is a problem in the household or family, the inheritor can pray to his/her ancestral spirit inside the house or just outside, clapping (*mutetere*) and addressing a calabash [17], asking what can be done to alleviate the problem, whether the spirit or any other ancestor are offended Water is spat out and sprayed over the calabash and a promise made to brew beer or sacrifice an animal, some of which is offered to ancestors in the presence of kin, neighbours and friends who are invited to share the offering An *n'ganga* can also help identify which ancestor is angry and needs appeasing Lancaster (1977 234) writes that these "spirit guardians" or "shades" (as he refers to them) are consulted at common stress points in a life cycle, for example when a household moves He sees this process as allowing people to air the situation and work out difficulties together An angry ancestor can send a *chibvanda* spirit to possess someone who has wronged him or her and this is manifested by the possessed behaving in a peculiar manner A special ceremony - *kukusauria* - where herbs are inhaled by the possessed and the spirits speak, drives away the *chibvanda* A more extreme and unusual form of *chibvanda*, is when the spirit of an ancestor wrongly killed is raised by putting medicine on the grave and this *chikwambo* spirit will kill those who killed his own family or him When his work is finished, he returns to the grave which is "closed" with the assistance of a *n'ganga* and a senior *ngozi* or *mhondoro* brewing beer The *chikwambo* spirit then becomes an *ngozi* Ancestral worship seems to be

[17] Holleman (1953 35) comments that when he asks the Korekore groups he worked with if, when they prayed to ritual pot of beer, the spirit was in the pot, they reply that it is just an ordinary pot with ritually brewed beer He says that this demonstrates that tangible, symbolic links must be used when addressing the dead but they are no more than physical metaphors

less practised than it was especially by the younger generation, though the latter will sometimes ask their elders to approach ancestral spirits on their behalf

In the household case-studies, this type of ancestral worship does not appear to play a significant role in solving crises or more minor problems, though n'gangas and witchcraft do play significant roles in coping with illness and death (see Section 5 4)

N'ganga is a general term for a range of healers in Chiawa and in Zambia (see Ndubani 1998) There are three main types, as identified in the 1991 household survey, namely n'gangas, n'ganga ye kukandidza mupini, and n'ganga ye mudzimu They all use different methods but there is some overlap between all three types Mudzimu (spiritual healers) are the most specialised

N'gangas are people who have a specialised knowledge of herbs and this is a large category Most of the older respondents in the household case-studies were in a position to identify, diagnose and dispense herbs for particular ailments, either free of charge to other household members or family, or for a small fee to strangers An n'ganga does not use spirits to identify or treat illness but applies his or her own knowledge of herbal medicine and is often specialised For example, one of the pontoon workers was known as "Dr Knife" because he knew how to cure a STD locally known as bola-bola (referring to the appearance of genital sores) with herbs

Some n'gangas in Chiawa are n'gangas "proper" and very well-known Ciggaretti Chiwakata is one such herbalist who learnt his knowledge from his father's father An elderly and wiry

man, he is renown for treating rukawho - a disease caused by men having sex with a woman who is protected by her father or husband Men who have sexual contact with “charmed” women develop headaches, general body malaise and leg pains Since this is a charm that is not used by the Goba, but by the neighbouring Tonga tribe and other groups, the majority of his customers travel some distance to find him His village is about 30kms along the main Chiawa road Ciggaretti will question his customers about their sexual behaviour, and recalls how most of the men will tell him they had fallen sick after having sex with women in bars or through inheriting wives When interviewed in 1992, he had just had a customer from Masstock who was so sick he had to be carried to him The customers stay with him for six days, and feeds them, mixing herbs with their food If after six days they are not cured, he tells them to go elsewhere and that their disease is not rukawho Clients who are not cured are charged much less than those who are He tells departing clients to avoid eating certain animals and tells them “You have been here because you are sick and I have served you so don’t repeat what you did when you go home” He feels that most people take his advice because he never sees them again

N'ganga ye kukandidza mupini has no mudzimu but uses an axe handle to communicate with ancestral spirits and identify the cause of the illness The axe handle is "squeezed" and beaten on the ground whilst the spirits are addressed through a series of questions This n'ganga is able to identify the ancestor that needs appeasing or naming (through brewing beer and making offerings), or the medicine needed (this is applied by making cuts in the wrist which the mupini rubs herbs into) There are many of these n'gangas in Chiawa and it is a category dominated by women Along with herbalists, this type is often used and is cheaper than mudzimu

N'ganga ye mudzimu are a group of healers who are possessed by an ancestral spirit, or controlled by a witch, which is in animal or half-animal/half human or human form These are mhondoro (lion), tsunguni (half-fish/half human), soko (baboon) and ngozi (a roaming and vengeful human ancestral spirit) A person becomes mudzimu by falling sick (or becoming possessed) and if either another mudzimu or a kukandidza mupini identify the problem as a "spirit" or mushabe possession, then a group of mudzimu gather at night in the compound of the possessed and dance using drums all night long They are paid for this performance Each mudzimu type has a different drum rhythm, movements and ritual Collectively they identify the mudzimu form and which ancestor (if any) or witch is possessing the sick person The person in turn becomes a mudzimu and should behave normally once more, although when dancing will become possessed once more It seems however that not all mudzimu can actually identify and cure illnesses - some can only "dance" Others can be approached directly and, in exchange for beer and food or money, will identify the cause of a problem They might identify witchcraft as a cause and the person who is responsible, or they would indicate the medicine needed for a cure, or that a spirit possession is the root of the problem They may also use other methods - such as dreaming (kulota) what medicine to treat you with, or using an axe handle (mupini) or piece of glass to communicate with the spirits There are famous mudzimus in Chiawa, both living and dead A woman in Chisakila village is the most famous living mudzimu She is a mhondoro who uses kulota and herbs and is renown for curing infertility People from outside Chiawa travel to see her Many mudzimu are women, especially the mudzimu ngozi In most villages, there would be at least one resident mudzimu

One n'ganga ye mhondoro is an old man who lives in Mudzama He became aware of his spiritual possession when he fell sick and was taken to a mashabe dance where he inherited the mhondoro who "came to him whilst the elders drummed" He heals those who are bewitched, infertile or have persistent stomach pains He tries to cure people who comes to him with herbs In the case of witchcraft he will go to the sick person's house and using special herbal medicine and an animal's tail, spray the medicine on sick person asking his spirit whose grudge had led to the bewitchment Once someone has been identified, he will administer medicine and appeal for spiritual and ancestral intervention

Witchcraft - kuroiwa - is often connected to a chronic or "new" disease and with jealousy An infliction that comes at night and is "sent" by someone to "beat" the victim, it can be treated with herbal medicine and certain rituals by n'gangas ye kukandidza mupini, mudzimu and, on occasion, by witchhunters There is a variety of witchcraft tools, including owls, insects, knives and dolls, and medicine can be placed on a path for the victim to step on Many problems are attributed to witchcraft – including cholera, AIDS, accidents on the river, sudden death It is a malevolent force which entails retribution

The use of n'gangas during illness episodes by the households and the operation of witchcraft beliefs are showed in more detail in Section 5 3 and 5 4 However, the event of the witchfinder in Chiawa deserves some mention (see Yamba 1997) As indicated earlier in this thesis, the arrival of the witchfinder in Chiawa coincides with a period of change and rising morbidity (the latter due in part to HIV/AIDS) Shaka the Zulu started his cleansing in 1994, having obtained permission from the senior Headman Charedzela This headman's own sisters had both returned from town chronically ill and Charedzela hoped that Shaka's

witchfinding methods could cure them They were both to die, a fact that the Chieftainess often uses as evidence of Shaka's incapacity and dishonesty Shaka started to cleanse Chiawa of witchcraft by identifying witches in the community and making them publicly confess their guilt or drink a potion A confession was swiftly followed by a hefty fine He has gradually worked his way from the north-west of Chiawa down to the south-west Despite periods in prison, he returns sporadically to the area and starts off where he had left off the last time Latterly he has been more careful in the methods he uses, and his fines have changed from a demand for cash to demands for heads of cattle Shaka has also managed to win over the police force and customs, who use him to help them find thieves In 1999, he was resident in Chirundu post He has been engaged in using his methods to explain the deaths of many young people from suspected HIV/AIDS As Yamba, writes his presence "must be seen as an attempt to make sense of existence in the era of HIV/AIDS" I argue later in this thesis, in agreement with Yamba, that it is not a reaction that enhances capacity to cope with HIV

Below is an extract from my field diary of the only time I witnessed Shaka at work

Drinking a coke at the pontoon shop on a hot and humid afternoon, I became aware of loud chanting near the pontoon market When I ventured outside the shop to see what was causing the noise, I saw a large crowd of maybe 300 people gathered in a circle around a small concrete house near the market They were all chanting, in various languages and spurred on by a few men standing outside the house, "Come out! Come out!" I walked over to join them, and found myself pushed to the front of the crowd by some people I knew who wanted me to witness what was happening "It is Shaka", one of them whispered, "He has accused the Masstock electrician of being a witch He is inside looking for proof" "Who are those

men?", I asked, pointing to the two men who were inciting the crowd to chant "They are his helpers", my informant explained At that moment, a hush descended on the crowd as Shaka, dressed in a grass skirt, beads, a braided wig and ochre red makeup, appeared from the front door brandishing in his hand a ball point pen which had feathers stuck onto the end of it and looked like an arrow One helper grabbed the pen from his hand and rushed around the edge of the crowd, pushing it in people's faces Spotting me, he shoved it in my face and said, in English, "See mzungu [white person], what we Africans use as magic to kill people!" Standing slightly behind Shaka was the accused He was a man in his 40s, with slightly grey hair He looked utterly confused, pale and scared and was sweating profusely Shaka turned on him and asked him in a loud voice if he had used this instrument to kill people The man shook his head in affirmation and the crowd roared with both horror and delight At that stage, I squeezed out of the crowd and left the scene The crowd soon left, following Shaka to another alleged witch's house The electrician, I heard later, was charged K150,000 which he promptly paid (Field Diary, 21 September 1994)

SECTION 4: THE CASE-STUDIES

4.1

THE HOUSEHOLD SYSTEM

Household Typology - What is a household?

In the 1991 Chiawa household survey, we defined a household as "all those eating from the same pot" (Bond, Dhooge, Ndubani and Wallman 1993 4) The local headmen agreed with this definition Temporary members - sick children, divorced sisters, unoccupied nephews, elderly relatives (Moore and Vaughan 1994 221) and other visitors - may have been included The relationship to the head of the household was always specified Other surveys specify, for example, that only individuals resident more than six months of the year should be included (ibid 220) Dean (1949) calls an ideal household "a group of persons eating and sleeping together and pooling their income" and, as Wallman (1984 19) points out, who lives with whom is not necessarily confined to kin In rural Zambia, there is an "extraordinary degree of household fluidity and residential mobility" (Moore and Vaughan 1994 221), and kin can be counted as labourers and visa versa (ibid 225) Other studies in Southern Africa have demonstrated the creative reconstruction of households in rural areas (Niehaus 1993, Poewe 1993, Richards 1961)

Households are clearly not neatly bounded units They expand and contract, gaining and losing members Wallman (1984 20-21) suggests that households should be regarded as a

process which is affected by developmental, ecological and strategic factors and by society-wide patterns, events and changes, and that the process is partly determined by each household's assessment and deployment of options according to the needs and priorities in any given set of circumstances Barnett and Blaikie (1992) show how inter-related all these factors are in their analysis of the present and future impact of AIDS on rural Ugandan households and agricultural labour and production As deaths from AIDS occur within the household and kin living outside the household over, say, a period of ten years, there will be changes in household structure, labour and agricultural production - changes which have a negative impact on household income, reproduction, productivity, education (of children), nutrition and future - and that choices and options will be affected incrementally (see Barnett and Blaikie 1994 89)

It is not only catastrophes such as AIDS, but other ecological factors such as migration and the need for labour that affects rural Zambian households In particular, the migration of young adult men from rural to urban areas has a long history in Zambia (Pottier 1983, van Donge 1984, Moore and Vaughan 1994), resulting in a preponderance of adult women over men in rural areas There are indications, from Chiawa and elsewhere (Pottier ibid, Moore and Vaughan ibid), that young men are no longer migrating in such numbers, but migration remains a major feature of rural life Certain types of household structure reflect these ecological factors In South Africa, Niehaus (1993 4-5) reveals that sibling-sibling relations have become an alternative basis for household formulation in labour-sending areas Two generational households are a feature of village fission, specific stages in the development cycle and a highly mobile society (Moore and Vaughan ibid 222) Similarly, a two or three generation household with orphans or a single person living by himself are effects of AIDS

(Barnett and Blaikie 1992 90) In rural Uganda, extended and three generation households increased in areas of high HIV prevalence (Nakiyingi et al 1997) A survey of 800 rural households in Kagera, Tanzania, reflected high levels of fluidity in household composition within households who had experienced an adult death (Ainsworth 1995)

The growth in the informal economy has led to more involvement in wage labour and an increase in the number of non-agricultural activities (Moore and Vaughan ibid 225, Pottier ibid 18) These trends also affect household structure Moore and Vaughan (ibid 222) see the high number of complex and multigenerational households in their sample as a reflection of the need for labour and the desire of potential labourers to attach themselves to kinsmen who are successful They also observe the difficulties of farmers trying to control the labour of their dependants because the dependants too are trying to make ends meet, diversifying opportunities and seeking openings wherever they can "The result is that Bemba households, like others in Northern Province, are not homogeneous, single production and consumption entities but a nexus of overlapping interests and activities " (ibid 225) Nor has the downturn in the economy made households more stable, "built into a local neighbourhood, no longer controlled to any extent by the wider interests of the kinship groups" (Colson 1958 223) Straddling rural and urban, utilising whatever social networks are available allows people to survive

Household typology is common in development literature, for example in World Bank poverty assessments (Milimo and Norton 1993, Norton and Stephens 1995), the debate on food security (Maxwell 1989) and the impact of AIDS on households (Barnett and Blaikie 1992, Foster 1993 and 1996, Bangwe 1997, Waller 1997) Studies in 1957/8 in Zambia (Northern

Rhodesia) revealed a "considerable adverse difference between costs at a minimum standard and income from wages" (Bettison 1960 6) and defined a "Poverty Datum Line" to indicate "the amount of money required for a household of given size and composition to live at a defined level of health and decency" (ibid 7) By the mid-1980s, there had been a shift in development literature to micro-level (individual and household access and entitlement), a livelihood perspective and subjective or folk perception (Maxwell 1989 1) A series of studies in Zambia in the early 1990s, examined poverty using participatory methods including "wealth-ranking" (Milimo and Norton 1993, Norton and Stephens 1995) This method allows key informants to define local concepts of wealth, poverty, well-being and vulnerability, local understandings of "household" and then sort households in their communities accordingly [1] In rural African settings, this usually results in a finer mesh of "classes" three to five but the method is difficult to use since "on many occasions people are reluctant to participate in a process of labelling their neighbours" (Milimo and Norton 1993 4)

The Zambian Participatory Poverty Assessment (PPA) (ibid) showed that the values which define poverty shift from one community to another, but overall the poor are those who fall below an acceptable standard, often people who are at or beyond the margins of the local community, and that wealth-ranking tended to produce a picture of extremes - "super-rich" or "totally destitute" in local terms As the authors of the PPA report point out, defining poor at the national level is not the same issue as defining the poor in a local community "An entire village community may well be below a standard national "poverty line" measure - but most will still conceive of themselves as coping - and maintaining the dignity and self-respect

[1] For one explanation of the wealth-ranking technique see Seeley et al (1994 89 Appendix)

associated with full membership of the community It is for this reason that the discussion of "poverty" in rural communities is often uncomfortable" (Milimo and Norton 1993 12-13) However, despite this perspective, household typology of "rich", "middle", "poor" and (more lately) "ultra-", "core-" or "critical-poor" is still common in public policy

Barnett and Blaikie (1992 86-94) arrive at three different household typologies for rural south-west Uganda The first typology divides households into "rich", "middle" and "poor" according to the amount of labour, ability to hire labour and non-agricultural occupations [2] The second typology classifies households according to the age of the head of the household (or the developmental cycle), as "young" (less than 30 years), "mature" (between 30 and 50 years) or "in decline" (household head over 55 years) The third typology distinguishes three types of households in relation to AIDS "afflicted" households (one or more members suffering from AIDS), "affected" households (receive orphans from other family members or neighbours), and "unaffected" households (not directly touched) These three typologies are cross-classified and produce 18 conceptual types (see Barnett and Blaikie ibid 95) - for example, a rich AIDS-affected household in decline Whilst a one-dimensional household typology has very limited use (Wallman 1984 214), studies that cross-classify many dimensions are difficult to apply in practise For example, Waller (1997 37) adds onto Barnett and Blaikie's three categories another seven - namely ownership of oxen and cattle, two, three or four generations, primary, secondary or independent food producers, orphan members, number of household members, monogamous or polygamous, and male or female-headed -

[2] Hence (Barnett and Blaikie 1992 94), "rich" households have adequate or surplus land, are able to hire labour and are involved in trade or other non-agricultural occupations "Middle" households have adequate land or sufficient wage to rent land or buy food, non-agricultural source of income and occasionally employ labour "Poor" households are short of land and labour, have few sources of cash income and work for other households as labour

and comes up with five types which are difficult to conceptualise Bangwe (1997) adds on yet more categories such as maize production However, the categories do flag those household characteristics that help explain differences between households and are useful in that sense For example, Bangwe (ibid 19-22, 181-3) found that rich households had more linkages outside, with other kin and other organisations, whereas poor households had fewer intra-household sharing transactions and were socially isolated Indeed, the importance of intra-household support is shown in many of these studies

In this thesis, the household's type is cast according to its capability to cope with additional stress or difficulties and/or several disasters at once The seven households are classified by "high", "middle" or "low" capacity to respond to particular illnesses and adverse circumstances demonstrated by what has been observed to happen in the short term, and what is likely in a longer term perspective This is derived from Wallman (1996) but similar to the typology proposed by Oshaug (1985 as cited in Maxwell 1989 4) who, in relation to food security, comes up with three kinds of households "enduring households" which maintain household security on a continuous basis, "resilient households" which suffer shocks but recover quickly, and "fragile households" which become increasingly insecure in response to shocks Maxwell (ibid) proposes that this typology should also incorporate the concept of "sensitivity" - a measure of the extent of change following a shock - and how it interacts with "resilience" In these terms, the most food insecure households would be characterised by high sensitivity and low resilience

Household Livelihood

Food for short-term nutritional intake is only one of the objectives that people pursue household livelihood depends on a range of material and non-material needs being met Basic needs are include finding and making shelter, transacting money, preparing food to eat or exchange (Wallman 1984), clothing, sanitation and access to clean water (Aspaas 1997 25) Additional needs are education for children, medical care, basic human rights (Aspaas ibid) and, in an urban setting, fuel and light, cleaning materials, transport to work, rent and taxation (Bettison 1960, Thomas and Kay 1960) But livelihood is determined also by more intangible assets (Chambers 1994) - claims, access (ibid]) ownership and circulation of information, management of relationships (Wallman ibid), social status, autonomy and liability (Wallman and Baker 1997)

Household Resources

Household resources too are not only about tangible assets (Chambers ibid) such as land, labour and capital (what Wallman (1984 29) calls the structure of livelihood), but also about organization or "who does better within the constraints of a single environment who finds the opportunities, who solves the problems, and who takes best advantage of the options available" (Wallman ibid 30) This highlights both the potential value of social resources and the capability to exploit them Thus "a materially wealthy household without the potential to reorganise/convert/extend its existing resources may in an important sense be worse off, when illness strikes it, than a poor household which does have that scope" (Wallman and

Baker 1997 675) [3]

Specific to coping with AIDS, Barnett and Blaikie (ibid 93) consider the most important resources to be land, labour, cash reserves, household and family skills, income-earning capacity, wealth of close relatives and social resources The importance of multiple labour activities, or "occupational pluralism" (Wadel 1969), which "spreads the risk of failure by expanding the household's economic options" (Wallman 1884 219) is stressed by a number of studies (Martin and Beittel 1987, Barnett and Blaikie 1992) The PPA (1993) identified four resources, or "assets" (Norton and Stephens 1994 12), that were related to the ability of households to withstand periods of stress and difficulty human assets within the household (health and labour capacity), social/political networks (capacity to make claims on kin, community members and organisations outside the household), material assets within the household, and community level assets (natural resources, access to services, transport infrastructure)

Variation and Viability

The kinds and quantity of organising resources and the way households use/work/convert them to livelihood varied in Wallman's study of eight London households This variation is not random - " the effectiveness of each household system depends on the context in which

[3] Wallman and Baker (1997) have developed a household resource model to estimate the capacity of a woman in a Ugandan urban setting to choose, seek, find, get and pay for treatment, and for comparing her capacity with that of a neighbour confronted by similar symptoms and sequence of problems

its resources are being used or assessed, on the particular purposes of its members on particular occasions, and on which options are both available to the household and recognized by its resource keepers" (Wallman 1984 41) She also points out that there is an official's, an observer's and an actor's view of viability - and that an observer's view would state that viability depends on a balanced view of all resources available (ibid 212-213) As Bettison (1960 7) comments the poverty datum line assumes that households spend available income to the best advantage and does not assess actually how a particular household spends its money or what the consequences (intended or unintended) of its expenditure might be The variation in the actual use of resources shows in the case-studies following

4.2

HOUSEHOLD 1, KANYANGALA.

Household Structure [4]

The kinship diagram shows who was considered part of Household 1 in 1992, namely the head of the household - Joseph, born in 1925 - and his senior wife Mary, whom he married in 1941, plus three grandchildren (a toddler, a ten year old girl and a nine year old boy), born to two of their own children out of wedlock A grand-daughter - Rebecca (aged 18) who works at Masstock Farm and returns to the compound at the weekend (her mother is their eldest daughter and lives in Kafue), and two sons - Steven (aged 20) and Boris (aged 21) - who have left the household within the last year, having completed their schooling, to stay with another brother in Lusaka and look for work Rebecca's son had been living in the household with his mother in 1991, but had since been sent to stay with his father's mother in Kafue Another son, Colin, had died in 1991 aged 34, in the household One daughter - Doreen - had married locally and moved out of the household with her toddler son within the last year She is now in Household 2 The grandchildren, Steven and Boris, Rebecca, and Joseph and his senior wife, have separate houses in the compound to sleep in

Living in the same village are three daughters, Doreen, Jenny the mother of two of the

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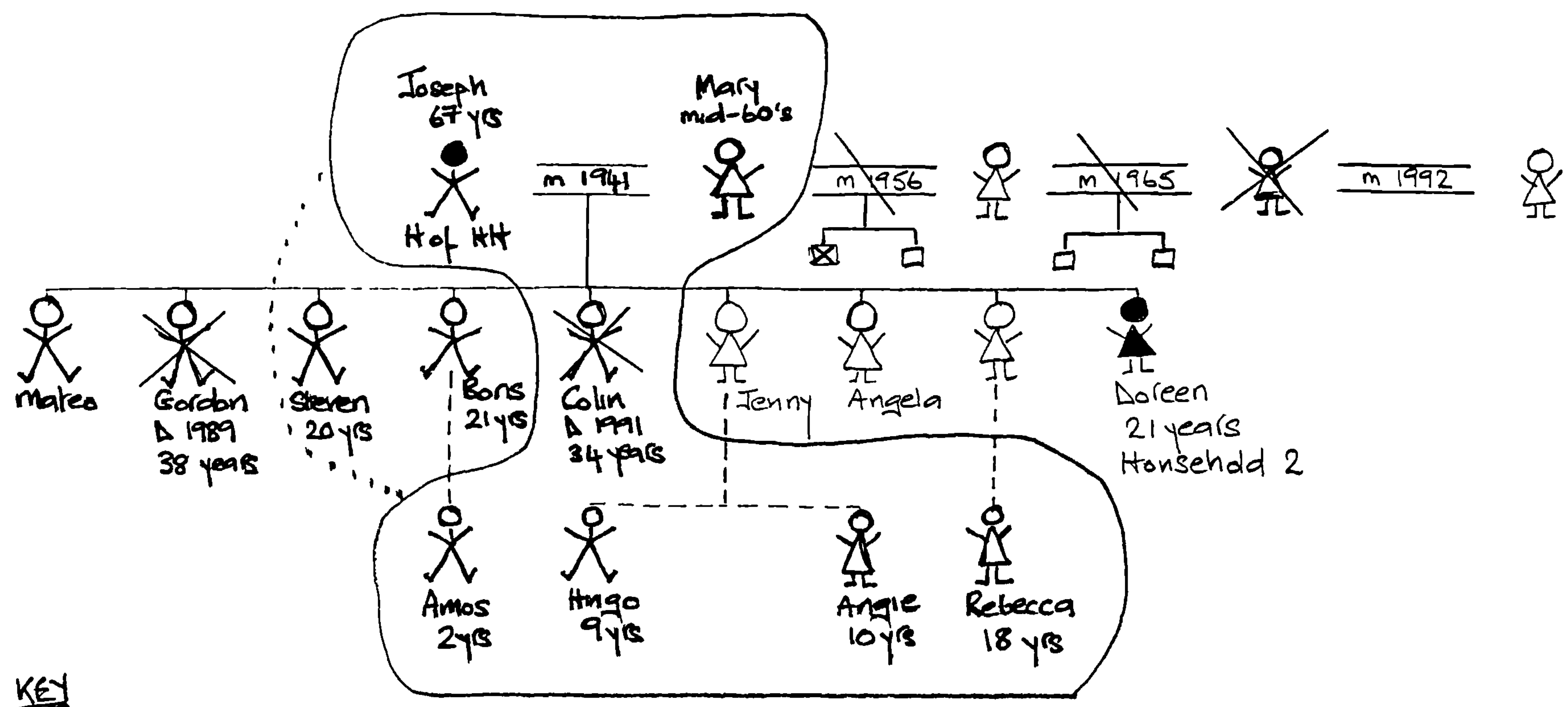
[4] The names of individuals in all seven households have been changed For each household, refer to map ii and the figures in the text showing household composition in 1992

FIGURE 4 STRUCTURE OF HOUSEHOLD 1, 1992



KEY

Actual household structure designated by those falling within encircling line

. . . = considered part of household but not living within the household at the time

= male = female □ = sex unknown = shaded in figure signifies respondent H of HH = head of household

number on top of figure = indicates number in family or household other than those already represented in diagram

date of marriage = married = divorced

X = dead Δ = died [date]

— = joins blood relatives - - - - = signifies children born out of wedlock

grandchildren who stay with them (her current husband did not want children from a previous liaison in his home and their own father had died) and another married daughter Angela By 1994, Angela moves back into the household with her two children and her husband who works at Masstock She moves back to her father's compound because her husband has failed to pay pfuma Steven and Doreen's son have also moved back into the household by 1994, though Steven is working at Masstock and, like Rebecca, spends the weekdays sleeping over on the farm

A polygamist, married four times by 1992, Joseph has 13 children of whom three had died by 1992 - one killed by a landmine and the other two "killed by witchcraft" in their 30s (see Section 5 4) He is still married to his senior wife Mary, other marriages made in 1956 and 1965 have since broken up and a recent marriage to a widow at the pontoon in 1992 is to break up by 1993 He marries again in 1994 and his senior wife dies in 1997 His wives always have their own compounds and in fact always live in separate villages Initial periods of residence were in his wives' villages

In 1992, five children are living in town Their eldest daughter is married to a man who works for Bata Shoe factory in Kafue and four sons live in Lusaka working in various service jobs Regular contact is maintained through visits they make to the village about once a year and Joseph's own sporadic visits to town His two sons who had been "killed by witchcraft" had lived in Lusaka and Kasama, one a messenger in State House and the other a teacher

Joseph's father was Kore-Kore from Zimbabwe and his mother was Goba from Kandoko in Chiawa He was born in Kandoko, Chiawa, and is now the only surviving child of eight Joseph is a stocky, fit, active and wirey man with a dark skin He has a striking face, weather-beaten and lined by the sun, hard work and age His nickname is "dogs are better", which conveys both his preference to live away from people and "too much talking", and his participation in hunting Guarded with strangers, his face becomes more animated and more open when he talks

Domestic Cycle and Economic Options

Educated to Grade 3, Joseph moved to Zimbabwe for three years as a young man, working as an unskilled worker on a tobacco farm From 1952 to 1979 he was a court messenger in Chiawa, appointed by Chief Moses Chamalakwa, and living in Chilimanga and Muchingamire in his first and second wives' parents' compounds In the position of court messenger, his responsibilities were to present summons to the defendant, be present during local court sessions and accompany the chief to the boma This job would have given him status (as well as the uniform and bicycle he still has) and ensured that he was well known within Chiawa and familiar with local disputes and rules He says he was very happy with the job and "Saturday and Sunday farming", although retired at his own request

Industrious and resourceful, Joseph safe-guards home stocks of food and plans ahead He was always busy when we [5] visited - clearing his matoro, sewing in his tsaka, making rope, making

[5] The use of "we" in this section, refers to myself and my research assistant

axe-handles, working on the Food-For-Work programme (see Section 5 2) - Joseph is a jack of all trades He hunts regularly with his muzzle-loader gun and three dogs He cultivates two matoros and one temwa - about five hectares in total - selling excess grain In 1991, he had sold one 90kg bag of maize, though the drought meant he does not have excess for sale or brewing in the 1991-92 season Selling grain is unusual - only 7% of Chiawa households sold maize and 4% sold sorghum in 1991 household (Bond and Wallman 1993 11) His senior wife and any daughters resident within the household brew beer for sale and for special occasions His main crops are maize and sorghum and he also grows millet, sweet potatoes, beans, groundnuts, pumpkins and banana, both for home consumption and for sale, though he complains that many crops, even in Kanyangala, are affected by drought Very few households grow high protein foods, such as nuts and beans (ibid 12), and this is another indication of the high capacity of Joseph's household, as well as of its better household diet and nutrition Indeed, the household meals during my visits more than once included meat [6] He planted mango trees but they were eaten by termites, and some paw-paw trees he had were burnt down in 1992 but he appears a competent farmer He had no problems in assessing quantities and proportions at harvest when for a seasonal crop calendar in 1994 (see appendix ii) Wild fruit, greens and roots are collected, consumed and sold if there is excess and food is dried and stored for the hunger months

Mary, his senior wife, cuts thatching grass to sell Joseph comments that many people wanted it in 1992 so it was easy to sell He mends clothes with his singer machine, sells or barters chickens, makes axe-handles, muzzle-loader guns, pounding sticks, rope and herbal medicine

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[6] Some of these visits were unscheduled so the inclusion of meat in the diet was not only due to my presence

to sell [7] In 1991, the only animals he had were chickens, a cat and dogs Few opportunities pass him by - he and Mary are "fully" involved in the 1992 Food-For-Work programme In January 1993, because of the drought, he takes a job and becomes a night watchman for an Indian trader at the pontoon, cycling some 40kms each day (see Section 5 2) He sometimes works for Masstock to raise money to buy maize Mary works hard helping him in the fields, cutting thatching grass and brewing The couple rarely have help in their fields, unless one of their adult children is staying with them, and cannot usually afford to hire labour When his harvest is good enough, Mary and his daughters sometimes brew beer to give to people in return for work in his fields These work parties are called mbudzi ye kurima

The main dwelling house is made of local bricks with a grass roof, like most of the houses in Chiawa The compound and houses are cluttered with goods In his tsaka alone, the following items are easily visible metal traps and wire, string, pangas, hammers, axe, hoe, a metal bucket, dog chains, catapult, fibre and stick trap, tools for the sewing machine and bicycle, bicycle, tape measures, raincoat, hat, pictures of his children, thermos flask, metal plate, sprayer, chairs, a table, a bookshelf, saucepans, mbira (musical instrument), plastic jerry-can, tray, water bottle, wellington boots, mattress, hessian sacks, straw mats, cotton seed, medicinal herbs and roots Possessing a metal frame bed, a sewing machine, radio and bicycle ranks the household relatively wealthy in Chiawa - according to the household survey, 22% of all households have a radio, 6% a sewing machine and 19% one or more bicycles (Bond and Wallman 1993 9-10)

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[7] By 1994 he has seven goats and by 1995 ten goats, though he has not managed to buy any cattle despite his desire to do so (Chilabi 1995 49)

A household budget collected ın 1994 shows that Joseph regularly buys food, salt and soap Once ın a whıle he spends money on clothes, transport, household plates, beer, educatıon (for hıs grandchıldren) and health Hıs ıncome comes maınly from crop, fruıt and vegetable sales, ıf necessary he barters or works to raıse money or food The sewıng brıngs ın some cash but ıs unrelıable - "You never know when people need clothes patchıng!" Sometımes hıs chıldren gıve hım goods but not cash "Modern chıldren keep salarıes for themselves" Mary has an ıncome from thatchıng grass and brewıng beer whıch she controls herself, largely spendıng ıt on housekeepıng and then clothes for herself and her husband Other wıves do not appear to contrıbute from 1991 to 1994 The most crıtıcal cash shortage Joseph faces ıs from June to December He says, "It ıs hard to have cash to buy food durıng these months" In an emergency - for example when the household needs money for secondary school or a tradıtıonal healer - he sells goats or chıckens Joseph ıs adamant about not takıng loans because he says he "fears" owıng other people money and ıt always causes problems but he does accept assıstance from the Catholıc church, who sometımes gıve food (beans, groundnuts, rıce or kapenta)[8] to households wıth chıldren under the age of five

Support System

The chıldren who stay eıther wıth or near hım, support Joseph's household wıth theır labour, care and food Hıs daughters who lıve ın the vıllage often vısıt and sometımes can be found brewıng the beer whıch they say theır father "deserves" He and hıs wıfe recıprocate any gıfts, tıme or favours He looks after at least three grandchıldren - two because they have no father,

[8] Kapenta ıs a small sılver fish, sımılar to whıte baıt, netted ın Lake Karıba and often drıed It ıs a very common relısh ın Zambıa, ın both urban and rural areas

one because he is schooling at the primary school By 1994, two other grandchildren have joined the household with their parents After the death of one of his older sons, he asks his son's widow and children to come and live with him though they do not take up his offer His own support to his grandchildren extends to paying for their school fees (see Section 5 3)

As for his adult children in town, they help him with money or more often, cooking oil, soap and salt Maintaining contact with them through letters, word of mouth and sporadic visits to town [9], he will turn to his children if he needs financial help, who figure prominently in his network, if he is sick or needs money However, he does not often ask for assistance from them and probably gives more than he receives overall This is something he accepts, explaining that, "Elderly should farm for children in town so they find food if they come to visit", and never complaining of lack of support from them He even builds his son-in-law a house in his compound in 1994 since the son-in-law is working full-time at Masstock "does not know how to build houses" If his children are sick, he travels to see them Unsurprisingly he and Mary cared painstakingly for both sons before they died (see Section 5 4)

Mary supports him and the household relentlessly and his reliance on her is plain Even in interviews, he would refer certain questions to her - for example, questions pertaining to the age of grandchildren, the amount of money spent on food The support of his other wives to

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[9] In August 1992, Joseph makes one visit to town to collect his late son's luggage from Lusaka, which another son had collected from Kasama in the north of Zambia En-route he stays with his eldest daughter in Kafue, and in Lusaka stays with his son Mateo and his other late son's widow Other than a short stay in Chirundu hospital and another journey to Chirundu to collect some money, he does not venture outside Chiawa more than these three times in 1992 Within Chiawa, he is quite mobile though he rarely spends more than one night at a time away from Kanyangala, even for funerals

his main household is minimal, extending to providing him with food and accommodation during his stays with them

He comments that many relatives of his own age group are dead and it is more common for relatives to come to him for help than for him to go to them He has not kept contact with kin in Zimbabwe and although he has many relatives within Chiawa, he maintains the closest contact with his senior wife's family - in particular his wife's brother's daughters and sons (vana) and wife's sister's daughters (vasukuru) - and his father's sister's children (asamukadzi and tsamo)

Although UNIP branch chairman from 1983 to 1984, he does not belong actively to any political party in the 1990s, supporting "whoever is in power" A member of the Catholic church, he attends prayers and lessons, possesses a bible and accepts assistance from the church but he is not baptised and does not usually turn to the priest for advice - though in 1992 he does ask the priest to help him chose between five types of sorghum seed Mary is baptised and attends church services regularly Joseph is a member of the co-operative, mainly in order to purchase agricultural inputs He does not rely on or have frequent contact with the ward chairman, the chieftainess or the teacher There are four friends who are sawhilas to his family in the village and he would turn to the headman (outside his nuclear family the closest friend he has) to settle a dispute Other men that he drinks with are "friends through beer", and not close

About two or three times a week, Joseph, sometimes with Mary, bikes to Kabwadu or the pontoon to buy food and supplies and occasionally to drink beer On average, he drinks beer

brewed by local women at Kabwadu or the pontoon two to three times a month, enjoying the conversation and the beer and spending the night with relatives or a junior wife

His neighbours are not to be relied on for help in crisis (during a bout of sickness in 1994, he claims they did not assist him), and although he is familiar with different types of n'ganga, he insists that he never goes because he is suspicious of their motives But when his sons were sick, he did however visit n'gangas, and he himself is proficient with herbal medicine

Joseph is a self-contained man, not often looking for support outside his nuclear family, operating within a limited network and avoiding situations which make him beholden financially or otherwise However, he is pragmatic about pursuing economic opportunities and he enjoys socialising, though most of his beer drinking is outside his own village (perhaps to avoid gossip and local debts) In my own interactions with him, his requests were minimal - a photograph, some medicine for his wife Mary -, and his generosity with his time and food was expansive He could become closed and defensive when discussing herbal medicine and certain questions on the network chart (see appendix ii) about people he disliked or avoided Otherwise he was frank, funny and chatty, fond of teasing me and rebuking me for my flood of questions His own nickname for me was tadalala - meaning chatting!

4.3

HOUSEHOLD 2, KANYANGALA.

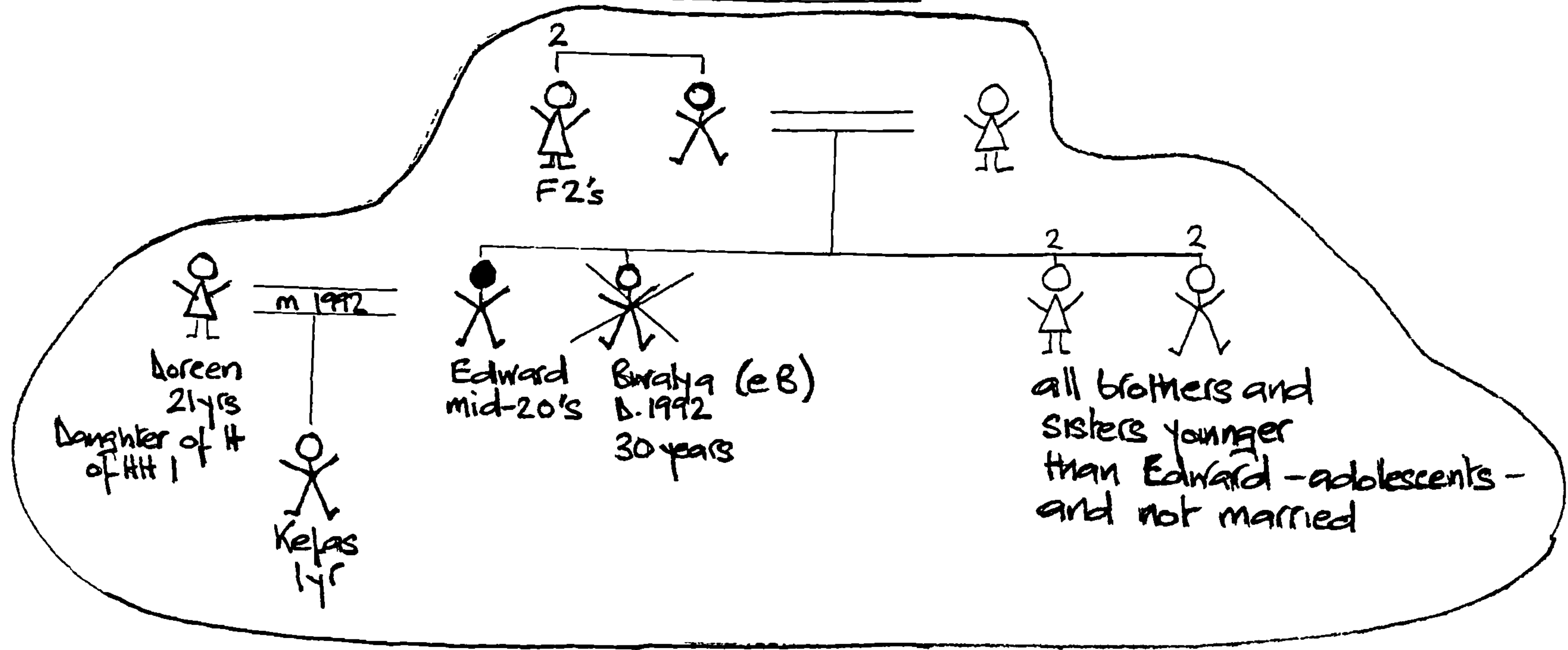
Household Structure.

I had selected Joseph's 21 year-old daughter Doreen as my second respondent in Household 1 in July 1991 By June 1992 when I next visited, she had married the father of her child and moved to stay with him Contact with Household 1 led to Household 2 [10]

The first interview (July 1992) with Doreen and her husband Edward was held in the household of Edward's father's mother where they were staying for a few months whilst Edward cut thatching grass Although she and Edward had a child together in August 1991, they had only married early in 1992, possibly because she had again fallen pregnant by him By the second interview, they have moved back, with their one year old son, to live with Edward's parents, two of Edward's younger brothers and sisters and two of his father's sisters Edward's elder brother (aged 30), resident in the household, has recently died Reticent and shy in the first interview, Doreen appears freer and happier in this home She is pregnant with their second child but miscarries late in the pregnancy

[10] This household was to break up early in 1994 after she left her husband and, other than a brief interview with her husband in June 1994, I lost direct contact with her since she moved to Chirundu The material I have on this household, as also indicated in Appendix ii, is somewhat incomplete compared to the other six households and does not span as long a period Nevertheless, I feel it is a valuable case-study of a couple that would be classified as "vulnerable" because of their disabilities

FIGURE 5. STRUCTURE OF HOUSEHOLD 2, 1992



Doreen and Edward had courted in the traditional manner, with nhumbi and tsambo prestations, although Doreen had fallen pregnant before they married No damage payment was made to her father, Joseph, who says in 1992 that he is happy to have found a suitor for Doreen and does not insist that the couple live in his own compound for a period after their marriage

Edward's mother dies early in 1993 Doreen divorces Edward and leaves the household early in 1994, heavily pregnant with twins, a girl and a boy, born the following month in February The girl twin dies in May the same year By June 1994 Doreen has married again in Chirundu, her eldest son remaining with her father Joseph According to Joseph, Edward failed to care properly for his wife since she had no decent clothes and was "staying with hunger" Pfuma had not been paid Edward blames the breakdown of their marriage on interference by neighbours and plans to remarry as quickly as possible

Edward and Doreen are an odd couple Both of them suffer from fits (possibly epilepsy) and are handicapped Doreen appears slightly mentally retarded [11] and Edward is badly lame in one leg from polio Doreen is plump with a broad, unexpressive face and a gentle manner Edward is well muscled, handsome, bearded and a good talker Though very lame he doesn't use a stick to assist him walking Community consensus is that both being "misfits", they had "found each other"

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[11] Slightly slow of speech and to react and prone to fits, Doreen is usually accompanied by her mother, her sisters or her husband's sisters, who also help look after her son Because of Doreen's disability, Edward quickly became the respondent in Household 2 Although Doreen was shy and difficult to reach,

Domestic Cycle and Economic Options

Doreen had only attended Grade 1, before being sent to her father's brother's wife in Kanyangala where she helped with household chores and cultivating She used to belong to a woman's club in Kalombo, run by the Catholic church, which taught her how to sew, but stopped attending classes after a shooting incident with poachers In Household 2, she assists Edward and his father's mother in the fields, collects wild fruit, vegetables and water, cooks and washes clothes and plates Her main source of income is from day trips to Masstock where she sells buns (made by herself), gamemeat (caught by Edward) and sugarcane During their marriage, it is Doreen who travels to sell wares, probably because of Edward's disability She also travels to grind maize at the pontoon However, by 1992, she had only ever spent three nights outside the village in her life - two with an aunt in Chiawa and one night in Chirundu when she visited her brother who was sick in hospital

Edward's piecework cutting thatching grass and his job in Masstock's workshop come to an end after he had a fit whilst working During 1992, his main livelihood is hunting When we visited him, he was inevitably on his way to hunt, just back from hunting, in the bush checking his traps or cutting up a dead animal carcass He hunts using a spear, axe, knife, traps and dogs, killing mainly warthog, duiker and bushbuck Evidently he is a good hunter and either sells or barters his meat locally or at Masstock However, by 1994, all his dogs have died and he has stopped hunting extensively, waiting until he can purchase more dogs

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Edward always remained open and welcoming with me and was a good talker

His household must have been hard hit by this

Edward has two fields - a temwa and a matoro - where he plants sorghum, maize and groundnuts, buying seed from the Indian shop at the pontoon or exchanging meat for it In August 1992 he laments that he has sold his own grain stocks to people in Chiawa centre and Masstock without realising that he had exhausted the granaries, leaving the household short In the 1993-4 season, he has enough grain for consumption from his own fields but not for sale His father provides the household with much of its' mealie-meal, though since his father stopped working at Masstock in 1991, it has become more difficult to maintain food supplies His mother still works at Masstock and one sister works on the 1992 Food-For-Work programme Neither he or Doreen are able to take advantage of this scheme, Doreen being too pregnant and Edward too disabled Other than hunting, Edward is skilled at making wooden plates, stools and spoons which he sells in Kabwadu and Masstock

The compound is large with a total of eight sleeping houses and one hearth, and unkempt, with broken pots and rubbish lying around and the houses in disrepair Edward's late brother's sleeping house is standing empty, with beer for the spirits sitting in a gourd outside waiting for the naming ceremony to be held when the house will be pulled down Many of the household members were often absent when we visited, working at Masstock or in the fields Some of his younger sisters could be found at the well, washing plates and clothes There are very few household items visible The impression is of a poor and disjointed household, struggling to make ends meet

Support System

Edward has a large network of relatives and friends His disability has led him to seek financial assistance, practical help and medicine, and others to support him more readily Within his household compound, his father and mother, father's sisters and his siblings care for him and his family, helping with food, cooking, washing dishes and cultivation In turn, he is an adept craftsman, making doors for their houses and mending the roofs, and brings gamemeat for consumption and sale An elder brother in Lusaka, who has a company producing mattresses, buys him clothes and gives him accommodation, when he is in town seeking a cure for his sickness

In the village he has many close relatives, particularly on his father's side, and his disability has brought him into contact with his kin in other parts of Chiawa, Kafue, Lusaka and Mazabuka (Southern Province) He has stayed for up to one month with different relatives - again mostly on his father's side or his siblings - whilst consulting healers He feels closest to his nuclear family, his father's sister's children (<u>muswara ma biyangu</u>) and father's brother's sons (<u>mukoma</u>)

Five men friends (some old school friends) in the village visit him often, and twice we came upon him dividing gamemeat in their presence Edward says that all his friends sympathise with his plight and help with his sickness Despite Edward's capacity to raise resources through hunting, crafts and networks of relatives and friends, he seems to own very little, spending much time and energy on seeking a cure for his fits

4.4

HOUSEHOLD 3, MUPINGA.

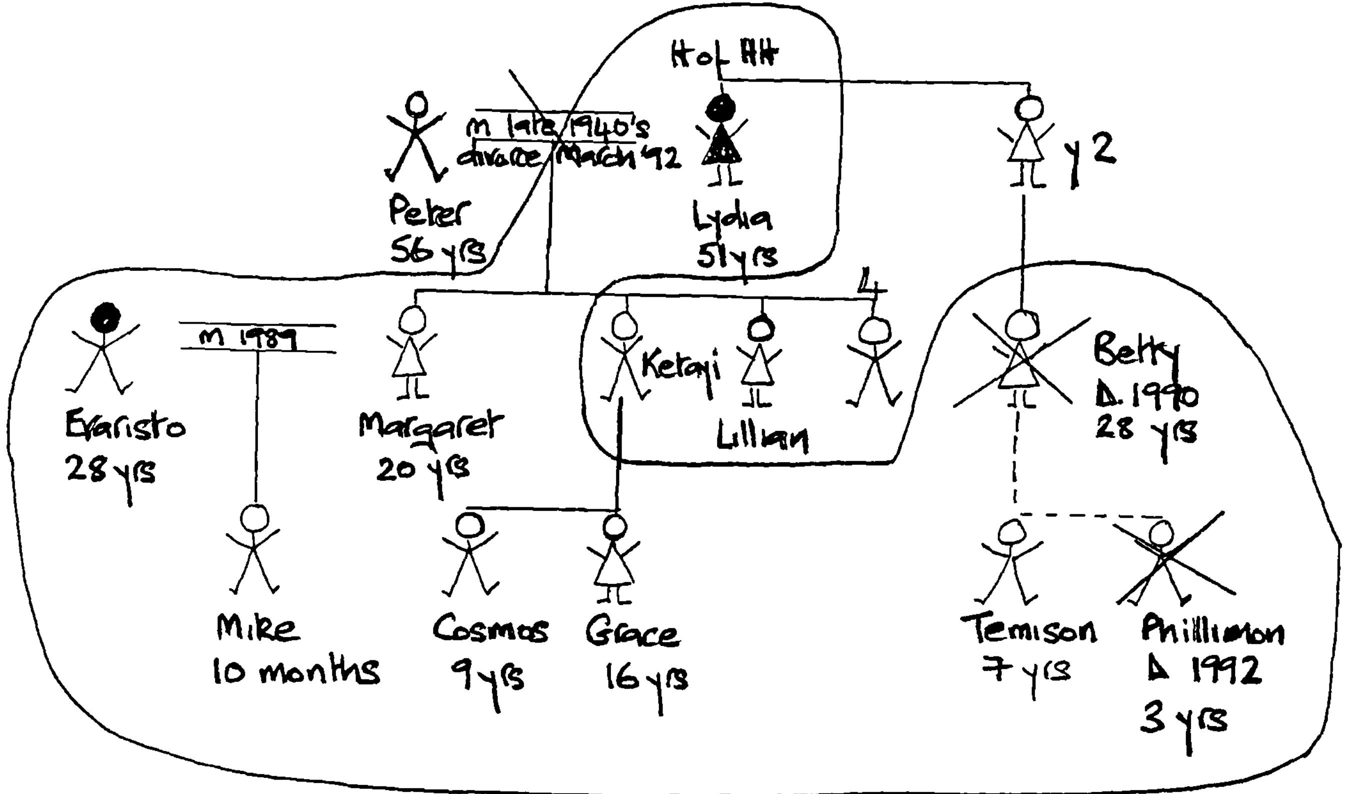
Household Structure

Head of Household 3 in 1992 is a woman divorcee, Lydia, aged 51, born in Mugari village (a neighbouring village) where her eldest sister is headwoman She says her husband, Peter, divorced her in March 1992 and shifted from the compound because he did not love her and wanted to live with another woman in Southern Province Her household comprises one daughter Margaret (aged 20), Margaret's husband Evaristo (aged 28) and their child Mike (10 months old), two other grandchildren (Grace a sixteen year old and a boy aged 9) - their father is Lydia's eldest son who farms in Southern Province - and Temison (aged 7), Lydia's younger sister's daughter's son Her youngest daughter - Lillian (aged 17) - has recently eloped and her husband Chris has started to build another house in the compound

Since the 1991 household survey, Lydia's husband had left the household, her younger sister's daughter's other son Phillimon (aged 3) had died, her youngest daughter Lillian (aged 17) had eloped and Mike had been born There are two sleeping houses in the compound and two separate hearths since Evaristo and Margaret eat separately from Lydia and the other grandchildren

By 1994, Household 3 has shifted one kilometre north away from the river and split into effectively two households (one headed by Lydia, the other by Evaristo), with compounds

FIGURE 6. STRUCTURE OF HOUSEHOLD 3, 1992



adjacent to one another They shifted because the neighbour in the old site kept too many goats which were eating everything in the compound Lydia now lives with Lillian, who is pregnant, and Temison Grace and Cosmos have left to return to their father's home By the end of June, Lillian has given birth to a baby boy Her husband Chris may come to live with them but he and Lillian are having problems in their marriage so he has not settled in the compound as yet Evaristo stays with his wife Margaret, Mike and a baby daughter Winnie

Lydia has five sons, one living in Southern Province, three in Chilanga near Lusaka and one in Kabwadu in Chiawa, and two daughters (Margaret and Lillian) Lydia's father was headman Mugari, the position that her eldest sister inherited All three of her sisters still live in Mugari, maintaining the traditional Goba matrilocal structure of sisters as the residential core of a village Of her four brothers, two are still alive and living in Lusaka Four muswara ma biyangu (MBC or FZC) live in Mupinga

Her ex-husband Peter was her classificatory father's brother's son (mukoma) from Kabwadu village They married in the late 1940s, living with her parents initially for a few weeks and then moving to a road's department camp on the Siavonga road where Peter worked before moving back to Chiawa Peter never paid pfuma so the children do not belong to him which may explain why they stay with their mother Lydia is a slight, light skinned woman, with traditional markings on her face and big eyes Always wearing a headscarf, her face glows when she becomes interested and excited She has a warm and generous personality and a good sense of humour Complaining of chest pains in 1994, she was diagnosed and treated for TB in 1995-6

Evaristo was born in Marayanika Both his parents are alive and still living there with two of

his younger brothers He has four sisters, two living in Mugulameno in Chiawa and two in Chirundu He married Margaret in 1989 after they had eloped together, and he has since paid damages and tsambo to Lydia He has not yet paid pfuma so first lives with, and then adjacent to, his mother-in-law He is careful not to sit next to Lydia and talks quietly when she is around Evaristo is a good-looking, gentle mannered and intelligent man, who was freer to talk when interviewed on his own compound or at Masstock away from the vicinity of Lydia

Domestic cycle and Economic Options

Lydia has no formal education Since her husband left, she says it is a problem to manage, without his help she farms a smaller area and has lost the income he raised from making and selling mats Often she says she is very short of money to buy food Indeed the household diet seems poor, for example sadza with no relish or with cooked paw-paws, all household members are underweight and the children do not grow much They had even slaughtered one of three goats for food in 1992, though the other two goats are still alive in 1994 and, although the last kid goats had died, Lydia was hoping they would breed more and she would have "many" She has one matoro with masau, paw-paw and banana trees where she grows maize and vegetables (rape and tomatoes) for the household The vegetables often get attacked by aphids She has a small temwa where she grows sorghum The maize seed is yellow relief maize in 1992 and she also collects some from relatives and neighbours The sorghum seed is bought for her by her son-in-law Evaristo from the Indian store at the pontoon She clears her fields for planting herself The 1992-3 harvest is good, but in 1993-4 she plants early and much of her seed is eaten by rats so her harvest is poor and by the end of June, her granary is

empty In 1993-4 she has also planted beans and pumpkins in her matoro

After a good harvest she brews seven day beer (gankata) to sell She picks and sells masau and bananas, using the money raised to buy maize or for the grinding mill Sometimes she exchanges masau for salt and enamel plates Some masau is also dried for the household and in October she pounds it to make a drink She collects tamarind and baobab fruits for consumption and sale By 1994, she has a chicken with some chicks but, other than the two goats, no other animals Her other tasks are washing plates, washing children, watering the garden, cooking and collecting firewood Her eldest son's daughter Grace helps with all her work In 1992 she and Grace work on the Food-For-Work programme clearing fields in exchange for maize and, for the first time, does piecework for others in their fields During the cold season she collects thatching grass for her own houses and paints and decorates them

Her house is made of local bricks with a grass roof and in the compound she has an outside kitchen, granaries, drying racks for sorghum and masau, racks for thatching grass and a kraal for goats Even when her husband was around, household items were few - a jerry can, a bed, a hoe and a panga In 1994, she recalls spending money on relish, salt and soap (bathing and washing) within a two week period Evaristo's salary helps buy soap and salt for the household Cash is most short in the rains when she has nothing to sell Friends and relatives will lend her small amounts for spending on the grinding mill

Evaristo was educated to Grade 11, attending Chikankata secondary school in Southern Province This is a higher level of education than many people in Chiawa would have reached He worked as a builder in Mazabuka and Chilanga, has found no such work in

Chiawa and 1991 to 1995 works seasonally at Masstock picking marigolds - "I have no other way to find money" In 1992 he stops Masstock work to plant maize in his own matoro (given to him by Lydia), buying his seed from the Indian store, and normally does not return to Masstock until after harvesting But in the drought, he works there throughout the year to raise money (see Section 5 2) Most of his salary is spent on maize, relish, soap and salt, clothes are difficult to afford In his free time, he fishes from the bank for the household pot and occasional sales His wife Margaret helps him in the matoro, often clearing the field for planting on her own whilst he works at Masstock Other than farming, she cooks, washes and cares for her small children, her mother and Temison Evaristo's other tasks are thatching, repairing and building houses in the compound and collecting poles and firewood from the forest In June 1994, he is building a kitchen and a house in his new compound with mud bricks and a grass roof In the meantime, they are living in a temporary grass shelter Evaristo works hard - he leaves for Masstock around 5am, returning early afternoon, usually walking home rather than waiting for the Masstock tractor, to work in his own field and compound

The diet of his household, or hearth, is somewhat better than Lydia's, though much is shared between both Once when we visited them, Lydia was eating sadza with paw-paw and Evaristo and his family were eating sadza and rape mixed with kapenta By 1994, he has 13 goats which he sells and some chickens In the matoro, he has bananas and sugar cane which he also sells, though they do not grow vegetables

Table 5 shows the household budget for ten days in June 1994 and demonstrates how Evaristo operates within the cash economy At the time his salary at Masstock was between K28,000 and K22,000 a month, depending how much he picked His income for the week is K19,950,

and his expenditure K16,500 [12] Although he assists his mother-in-law, he also builds up his own household, accumulating goats and chickens, feeding his household more adequately than hers and establishing his own compound By 1994, he has also managed to buy a radio He claims that he never borrows money and that he faces a shortage of cash in October, November and December when he is not working at Masstock but is farming at home

Table 5 Evaristo's Household Income and Expenditure 20-30 June 1994

DATE	MONEY IN	MONEY OUT
20th June	Sold goat for K4,000	Bought rape for K2000
21st June	Sold chicken for K2,000 (on behalf of son)	Bought meat for K1,800
22nd June	Sold rape for K1,000 (bought on 20th)	Bought chicken for K2,000 for himself
23rd June	Sold 16 eggs for K800	Bought beans for K500
24th June	Sold bananas for K4000	Bought two bags for maize for K5,000
25th June	Sold fish for K150 (which he caught)	Bought three packets of salt for K1,200
26th June	Sold sugar-cane for K500	Bought surf (washing powder) for K1,000
27th June	Sold goat for K5000	Bought 2litres milk for K500
28th June		Bought chitenge for K2,500 (for wife)
29th June	Sold one bag of maize for K2,500 (bought on 24th)	
30th June	no transactions	

Support System

Lydia's children help her with labour, money and goods Evaristo is most crucial to her livelihood, providing salt, soap, maize and relish, as well as helping maintain and build

[12] A comparable figure is with Household 5 (see later) where there is a K27,240 surplus of income over expenditure on account of a larger income and more consumption of home-produced food

houses We know he limits his contributions however in the new compound, he says it is the responsibility of the new son-in-law (Lillian's husband) to build Lydia a house since he built her one in the old compound Margaret assists her mother, spending much of the day with her whilst Evaristo works at Masstock, helping her draw water and giving her mealie-meal when she runs out In 1994 Grace's move is a big loss to Lydia, since Lillian is too heavily pregnant and too troubled in her marriage (her husband beats her) to be of much help Lillian's husband's contribution appears minimal, since he only visits his wife, often late at night, and has recently stopped working at Masstock Lydia is often looking after younger children - her nine year old grandson, Temison and Philip (until he dies) Temison is deaf and needs special care and attention She has spent considerable time and money trying to help him Temison also spends time with Evaristo and his family, sometimes sharing meals with them and playing with Mike

The five adult children living elsewhere visit their mother regularly, the sons in Chilanga twice or once a year, the eldest son in Southern Province three times a year and the two sons who farm in Chiawa and near Chongwe at least once a month These children give her salt, soap, mealie-meal and, occasionally, chitenge and dresses If they hear she is sick they come and see her When they visit she gives them fruit and vegetables Before her husband left, she used to go and stay with her children in town, accompanying her husband on trips when he went to sell mats or travelling by herself These visits were very restful since she had no duties and could just play with the children and be looked after by her daughters-in-law She cannot make these journeys now since she is caring for the children on her own

Since leaving the household, Peter - Lydia's ex-husband - does not support her but there are

indications that he continues to support his children For example, one day Evaristo and Margaret were eating mealie-meal given to them by Margaret's father Other relatives however do support Lydia Her relatives closest in feeling are her mother's brothers and her sisters Along with her father's sister's children and her mother's brother's children, all these relatives live extremely close by and give her food and mealie-meal if she needs it, and visit her when anyone is ill in the household She visits her sisters in Mugari often, sometimes spending one night with them This matrilineal network is crucial to her daily life

The headman assists her in land distribution and disputes but she has no contact with political parties, churches or the chieftainess Teachers "have helped me by teaching my children how to read and write", she comments She uses n'gangas for treating illnesses in her household (especially one in Chisakila)

Lydia has a wide network of friends In this category she includes good friends in the village, the in-laws of her children, her children's friends, neighbours, friends she has made in town whilst staying with her sons, and people she meets at beer parties and funerals She has good relations with her neighbours who help out when she needs seed, salt and mealie-meal or she is sick Lydia is rarely to be found without visitors in her compound or fields, readily sharing what food she has Gossip, jokes and advice are exchanged in these encounters, and with her older women friends she shares snuff (tobacco) Because of her extensive network of kin and non-kin and her age, Lydia is often attending funerals, spending two nights away from home I found her open, funny and informative, and despite poor health and poverty, Lydia's home is warm and welcoming, with conversation flowing and visitors dropping in

Evaristo acknowledges that his mother-in-law helps him with housing and land though it is clear that this is reciprocal Among kin, he feels closest to his mother's brothers, his mother's youngest sister, his mother and father and his father's youngest brother His wife's family live in the same village, and many members of his family live within Chiawa Moving to his father's father in Mazabuka when he was eight years old, he has contact with this side of the family and stays with his father's relatives when he goes to Lusaka He says he approaches relatives for advice and money and informs kin if members of his household are sick In 1992, his wife Margaret travels to stay with her brother in Chilanga and spends some nights with her mother's sisters in Mugari and her husband's mother in Marayanika

He is Catholic but he says religion does not help him solve problems, and he does not attend services or get assistance from the church He has no allegiance to a political party and no contact with the councillor or chieftainess He contacts the headman when he wishes to

discuss land issues and disputes

He has seven close men friends, some from Masstock and some who live in Mupinga and Marayanika, whom he would approach for advice He fishes with and shares food with these men, but does not drink in taverns or bars, only sometimes at funerals and local beer parties Other than his close friends, he has a wide range of non-kin whom he names - people he as met in Southern Province, Chilanga and Lusaka The neighbours are not uniformly supportive, some reciprocate help (usually the exchange of mealie-meal) and others, he says, fail to help you when you need them and can even be abusive However, in an emergency when he needed money he would approach neighbours as well as relatives, arranging to pay them back on a particular day Evaristo says he does not go to <u>n'gangas</u>

4.5

HOUSEHOLD 4, MUGULAMENO.

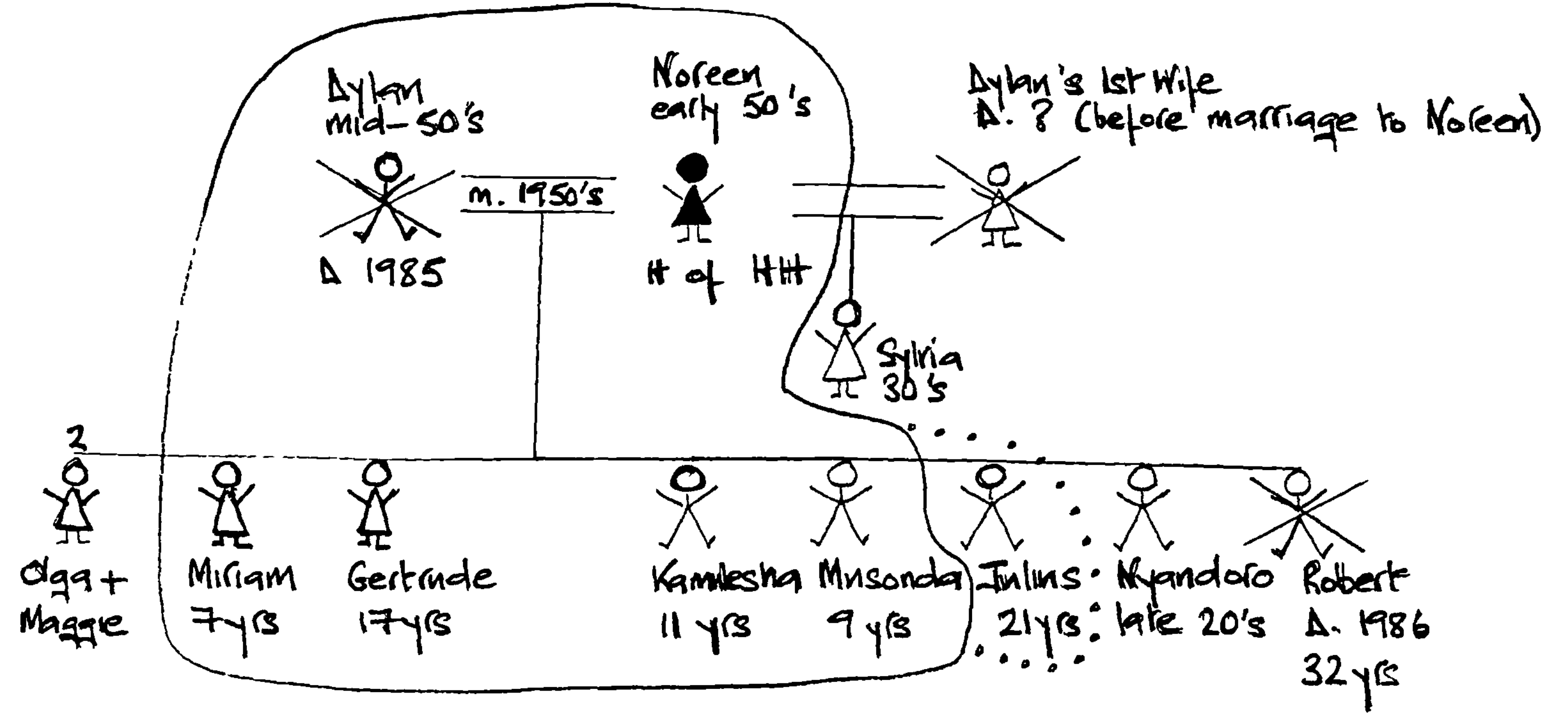
Household Structure

Noreen, a widow in her early 50's, is the head of Household 4 In 1992, her household comprises two daughters (Gertrude aged 17 years and a younger one aged seven) and two sons (aged 11 years and 9) An older son Julius, aged 21 years, is still considered part of the household although he left the household to look for work in Lusaka for a short spell between 1991 and 1993 Unable to find work, he returns to his mother's household in 1993 and works temporarily as a watchman for a tourist lodge and by 1994, he is still in the household

In 1994, Gertrude has left for town to stay with an elder brother Nyandoro, Maggie (another daughter of Noreen's aged 21) has returned from Nyandoro's house in Lusaka to live in her mother's compound with her new husband (a local man), and Nyandoro's five year old daughter has come to stay for a while with her grandmother

Born in Chiawa, Noreen was orphaned by the age of six and was bought up by her mother's brother She married a widower from Mugulameno older than herself and lived in his compound as soon as they got married He paid pfuma to her mother's relatives after they had had three children Together they had four daughters and five sons One son died in 1986 "of witchcraft" (see Section 5 4), and the eldest daughter and son live and work in Lusaka

FIGURE 7 STRUCTURE OF HOUSEHOLD 4, 1992



Noreen's husband dıed ın 1985 and she moved compound but remaıned ın Mugulameno after hıs death, resıdıng adjacent to hıs brother's son - Headman Mugulameno - who ınherıted hıs name She has never remarrıed and does not plan to - "I am too old Who would want me?!" Her husband's daughter and only chıld from hıs first marrıage lıved wıth Noreen untıl early ın 1991 when she marrıed locally and moved to another vıllage Noreen has two sısters and a brother lıvıng ın Chıawa

Noreen looks older than her years and ıs a small, slıght woman wıth a dark, lıned face Canny, good at manıpulatıng opportunıtıes and at presentıng her grıevances, she ıs open, warm and kınd and always surrounded by young chıldren

Domestıc cycle and economıc optıons

Noreen has no formal educatıon Her husband was a commercıal fisherman and a farmer She ınherıted both hıs fields (a <u>matoro</u> and a <u>temwa</u> measurıng four hectares, a good sızed holdıng) when he dıed, and although she ıs not able to cultıvate as much as he dıd, on her own she ıs a competent farmer She grows mıllet, sorghum, maıze, cassava, beans, sweet potatoes, pumpkın, bananas, paw-paws, tobacco and marıjuana [13] If she has surplus graın, she makes beer for sale and she sells some of all the other crops Her ıncome from tobacco, sold ın bundles throughout the year, ıs essentıal to household lıvelıhood As cıgarettes are underminıng the market for local tobacco, she (when cash flow allows) sells them Wıth her daughter Gertrude, who grows rape, tomatoes and chınese cabbage ın the 1992 cold season,

[13] Thıs ıs an ımportant ıf ıllıcıt source of ıncome for older women ın Chıawa

she farms the matoro intensely in the cold and hot season, living in it with the small children for about six months a year, sleeping in a flimsy shelter made from poles with no roof (she has "no time" to built a more substantial shelter) In 1992, she clears a new temwa, having farmed the old one for four years, and in 1993 obtains a new and better matoro on a small island reached by a short journey on a dugout canoe

Other sources of income are thatching grass which she cuts with her older daughters and sells to tour operators, masau which they collect and sell or barter, piecework brewing beer for others or working in other people's field, the Food-For-Work programme in 1992, and occasionally she buys fish from the fishing camps to sell locally She and her children fish for themselves from the side of the river with hooks and string Her older daughters help with household chores and when James is around, he helps with mending roofs on houses and with other manual work, though his contribution, even when resident in the household, seems quite minimal Possibly her new son-in-law in 1994 will make a bigger contribution though Noreen complains that he was not helping her much She has chickens and had just bought ducks in 1992 She is careful to breed both and sells or barters these livestock if she has enough

Her compound consists of two sleeping houses - one for James and one for herself and the other children (another is built when Maggie moves back from town and marries) made from mud bricks and grass They are poorly maintained although the main sleeping house is the traditional rectangular shape and is painted on the outside Maggie's new house is nicely built These houses are situated close to Headman Mugulameno and his extended family There are two granaries, a chicken kraal, a drying rack, a rack for thatching grass and a bathroom in the compound She has few household items - mostly tools for cultivating They have no

beds which is unusual in Chiawa in the household survey, 86% of households had at least one bed (Bond and Wallman 1993 9)

Despite not always having an adult man to help her cultivate, in a good year she is able to feed her family, to buy salt, soap, books and uniforms, and to pay for the grinding mill She either keeps seeds from her own harvest or buys them from a shop in Chiawa with proceeds from tobacco All four of the children living with her in 1992 attend primary school In a drought year, feeding her family is a problem and by the middle of the rainy season, she and the children look thin In November 1992, she commented on their loss of weight, "You can see relish is a problem" During the cold winter of July 1994, she and the two small children share one blanket and sleep on the ground in the matoro She asks her oldest daughter and son for food but usually they are only able to send chitenge (cloth) and seeds to their mother Nyandoro brings her a pair of canvas shoes and a small amount of cash during a visit in 1994 Short of cash from October through to May, if she needs cash, food or seed desperately, she approaches Nyandoro, friends and neighbours Any loans from friends she pays back through selling vegetables and fruit Some friends charge her interest if she pays them back too late On the whole, she avoids loans because she says as a widow she is "unprotected" and could get beaten up for owing money

Support System

Of all of her children, Noreen's eldest son Nyandoro gives her the most substantial material support, but only given when he visits (about once every two years) or when she specifically requests it He has other commitments in 1994 he paid pfuma to his father-in-law in Chiawa

during his visit and had little cash spare His sisters who stay with him in Lusaka help his household by doing chores In 1994, Noreen is taking care of his daughter, a task she clearly loves Her eldest daughter Olga who lives in Lusaka has six children and is stretched to look after her own family She has a stall in Soweto market and her husband does unskilled work Olga normally visits her mother in the village once a year, Noreen rarely travels to Lusaka, except for funerals

In Noreen's household, Gertrude or Maggie when they are living with her, help her enormously with household chores, child care and to raise money, despite Gertrude being at school for half the day The other children are too young to be of much use, though the boys fish and help transport her in a canoe to her matoro She names her closest relatives as two sisters, and one brother and her eldest children Olga and Nyandoro, remarking that all her parents' generation is dead

Although Noreen claims that among her relatives, only Nyandoro helps her, Headman Mugulameno, who is a kinsman assists her with land allocation, piecework, advice and support and is, in her own words, "a good neighbour who chats nicely and does not criticise me" Although she visits some of her husband's other relatives (his brothers and their families), they rarely visit or help her It would appear that Headman Chiawa, who inherited her mother's brother's name, is an important contact and she stays with him and his wife when she goes to Chiawa centre She is more (though not much more) magnanimous about neighbours and friends who help out with mealie-meal, salt and seeds One of her very good friends, an age-mate she grew up with, died in February 1994 She has two other women friends in the village and through her children, the church, the village and the clinic, a network

of acquaintances who "do nothing for her"

In April 1992, she addressed the Chieftainess in a public meeting, complaining that as a widow it was difficult to look after children Apparently the Chieftainess agreed with this sentiment and said that widows should be given maize seeds free but it was not forthcoming, although the Food-For-Work programme did in the event supply seeds that year The headmaster at the school has given her leeway over payment of school fees She belongs to the Catholic church but her children are too old to get assistance from it She has consulted n'gangas in the past but the church has advised their congregation against approaching them

Noreen has a tendency to make herself out to be less supported than she actually is, though she is poor and does work hard to get the little she has She is vulnerable as a widow with young children, but makes the best of opportunities

4.6

HOUSEHOLD 5, CHALEDZELA.

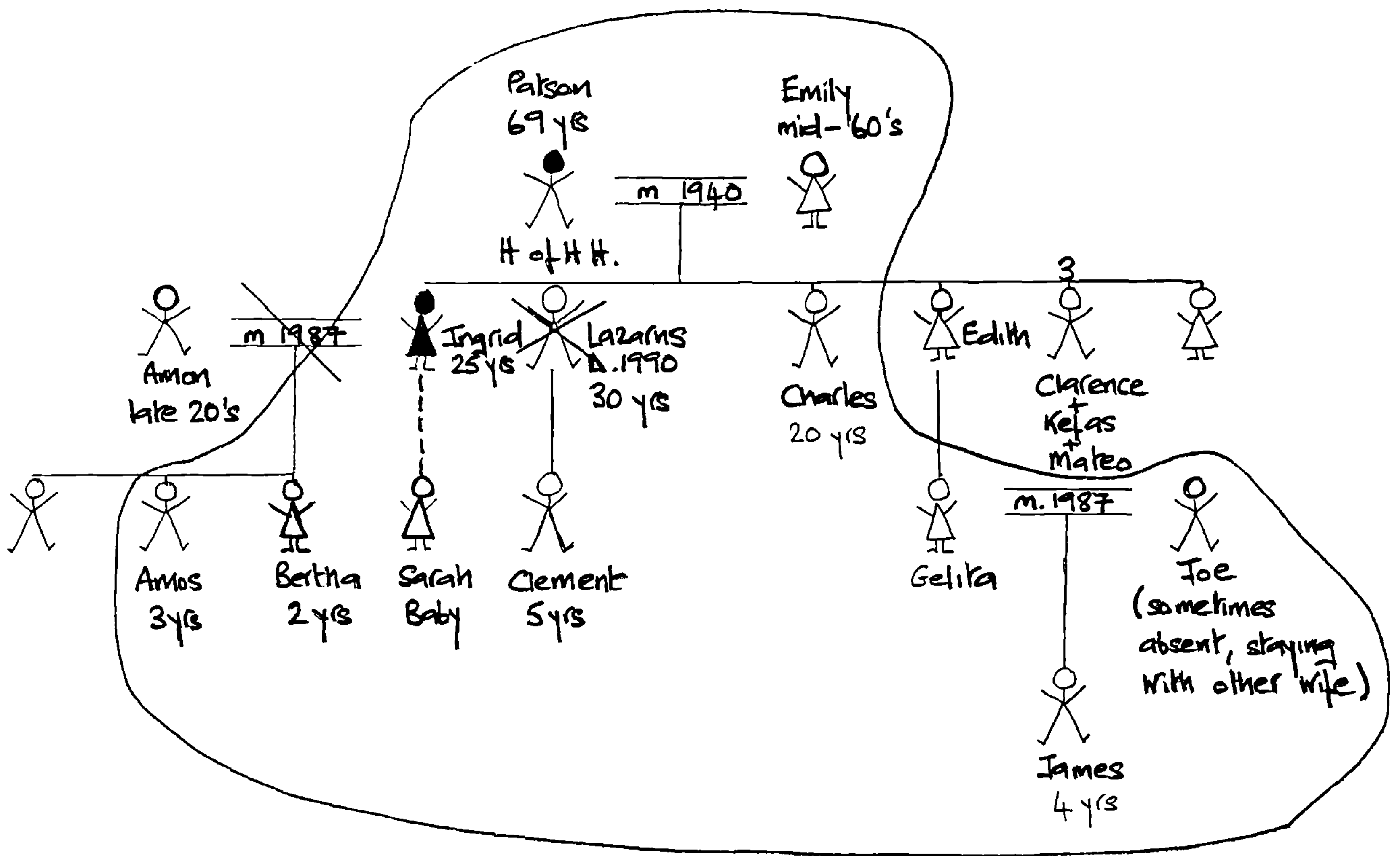
Household Structure

Head of household 5 is Patson, born in 1923 in Zimbabwe He calls himself and his children Kore-Kore In 1992, his household consists of his wife Emily, his daughter Ingrid (aged 25 and a divorcee) and her two children (Amos aged 3 and Bertha aged 2), Gelita his eldest daughter's daughter, her husband and her four year old son, Charles his youngest son (aged 20), and the five year old son of his late son Lazarus In December 1992, Ingrid gives birth to a baby girl Since 1991, the household had gained three children, one other grandchild has left, and Gelita and her husband have joined the household though Gelita's husband is sometimes absent staying with another wife in Kafue

By 1994, Ingrid's son Amos has left the household to join his father, Lazarus's son has also left and Gelita has divorced her first husband and had a baby boy with another man Ingrid leaves the household in 1995 when she marries a Masstock worker who lives in the main compound, leaving two of her children behind with her mother and father

Patson married Emily in 1940 He married her traditionally, spending two months with her parents before leaving with her for Zimbabwe where he worked in a mine He has paid pfuma for the children Together they have had three daughters and five sons, two of whom have

FIGURE 8: STRUCTURE OF HOUSEHOLD 5, 1992



died by 1996, both, according to Patson, of witchcraft (see Section 5 4) In 1995, Emily said she wished to divorce Patson and leave the household because of his relationship with a divorcee beer brewer at the pontoon which could expose her to STDs or HIV/AIDS

Other than Ingrid, one daughter (Gelita's mother) lives in Kapiri-Mposhi and is married in Chaledzela In 1992, all four sons live in his village, though Clarence was away for a short period in Chipata (Eastern Province) training to become a village game scout Charles lives in Patson's household helping farm and doing some petty trading, Kefas is working as an assistant plumber at Masstock and Mateo is farming Kefas, Mateo and Clarence are all married and have their own households By 1994, Mateo has moved to Lusaka working as a driver By 1996, Clarence - chronically sick for some years - has died Three of Patson's youngest brothers and one sister also live in Charedzela This is a household with a strong patrilineal network perhaps nurtured by Korekore identity Patson was born in Charedzela and is the first born child One of his wife's brothers also lives in the village One of his own brothers is a successful business-man in Lusaka (maintaining a house in the village) and even owns a car and a grinding mill Patson's close relatives all live in the compounds around his

A widely respected elder, Patson is a dark-skinned, fit, distinguished man who looks younger than his years Sometimes reticent and suspicious, he was always straight forward about his concerns Mostly he was a genial and confident, and enjoyed talking about Goba culture and life in the village

Ingrid was also born in Chaledzela village and eloped with a distantly related fisherman in Southern Province in 1987 They had to pay a considerable sum to Patson for the elopement

Ingrid's husband paid pfuma after their second child was born They had three children together, one of whom, the first born (a son) remained with the father when Ingrid divorced him in 1991, after he announced he had taken another wife in Lusaka and expected her to remain in a fishing village in Southern Province Her pregnancy in 1992 does not lead to marriage but in 1995 she marries Chiawa man living and working at Masstock She eloped with him and he too had to pay her father "damages" She is a plump, pretty, social and bright woman, with an infectious laugh, a frank nature and good health

Domestic cycle and Economic Options

Like Joseph in Household 1, Patson is a jack of all trades Born in Zimbabwe, he spent his childhood in Chiawa but had no schooling and migrated to Zimbabwe as a young man to work on a mine On his return to Zambia, he worked as a game guard for nine years, initially in Southern Province and then based at Chilanga before retiring to Chaledzela

In Chaledzela, he farms one matoro and two temwa He grows maize, sorghum, cucumber, water melon, bananas, pumpkin, beans, groundnuts, tobacco and sweet potatoes, mostly for home consumption He uses the sorghum grain to brew beer for sale with the help of women of the household who also sell bananas and tobacco and grow vegetables in the winter for sale Patson buys seeds from other farmers in the area since this is cheaper than buying from the Indian shop at the pontoon He is often in a position to hire a couple of people to work in his fields which are large for a Chiawa holding, his temwa are about 6 hectares - the average holding in Chiawa is one and a quarter hectares (Bond and Wallman 1993 10) In 1991, he hired two people from the village to help clear and then harvest his fields, and in 1992 the

Food-For-Work programme clears his matoro for him and he clears his own temwa with the help of his sons, daughters and Emily The household collects baobab, masau and tamarind to eat, selling some masau to Lusaka traders or drying and pounding it to make wine Patson has 45 goats which he breeds, milks and sells, chickens he barters or sells, and dogs The number of goats he owns is well above average By 1994, he has bought one cow [14] He sells goats' milk and cows' milk

Other than farming he hunts, using a muzzle-loader and dogs He lost all the fingers on his left hand when the barrel of his gun exploded when as a game guard he was shooting a hippo Despite this loss, he is an adept craftsman and blacksmith, making reed mats, wooden plates and spoons, axe and hoe handles, pots, pans and canoes This last is a specialised skill and requires a special axe, mbezo He uses a hardwood tree which he calls mugoma, found in the forest near Mugani village and with the help of his sons, it takes him about 2 weeks to make a canoe Transporting it from the forest to the river is done either by brewing beer and paying people with it to help pull the canoe to the river with ropes, or latterly, by getting the Masstock tractor to transport it He either sells the new canoe or, as in 1992 and 1994, replaces his old one and sells it on His own canoe he uses for transportation, especially to cross the river, and for fishing (for the household) In 1992, his wife works on the Food-For-Work programme but he does not, an indication of his higher economic status even in a bad drought (see Section 5 2)

All adults in the household contribute to its livelihood, through labour or income, though

[14] This is the only household of all seven to own a cow by the completion of fieldwork

Patson often gives his children capital to start up their own businesses by 1994, Charles has opened a small stall near Gota-Gota school selling goods such as biscuits, sweets, cigarettes and soap and both he and Ingrid periodically sell salaula The income they raise from these enterprises filters back into the household for their brothers' children's school fees, food and other goods While Patson usually supplies the mealie-meal from his own maize, Charles, Gelita, Ingrid and Emily often buy the relish

Patson's own compound is perched on a small hill overlooking the Kafue river with other households close by There are five mud brick sleeping huts with grass roofs, a tsaka, a kitchen, chicken huts, goat kraals, two large granaries, drying racks, a facility to smoke food, a grinding stone and a pit-latrine The compound is neat, clean and well-maintained Like Household 1, this one has plenty of household items and more facilities in the compound than most, including the pit-latrine which only 21% of Chiawa households had in 1991 (Bond and Wallman ibid 24) His household items include beds, a sewing machine, a radio, a boat and a fishing net Patson's most regular expenditure is on local beer This does not appear to interfere with his work though and he is a hard worker, always busy making something when we visit him He also regularly spends money on salt, sugar, the grinding-mill and vegetables Cash is most short during the rains for his household, and he gets credit from his children, younger brothers or sisters if he needs money urgently, paying the latter two back through selling chickens or goats

Educated upto Grade Four, Ingrid's first marriage was to a relatively wealthy fisherman who kept her and her children well When she lived with Amon in Southern Province, she did household chores and grew maize, pumpkins, sweet potatoes and cucumber for the household

in a matoro

After leaving her husband and moving back with her parents, she first brewed beer for sale supported by her father She says that although this business generated money, she did not like it because, "the fire is hot and people shout at you" So she gave it up and, in 1991 again with money from her father, in started trading in salaula Travelling up to Lusaka to buy a bundle from Soweto market, she would sell the clothes from her father's compound, making a 75% profit with which she was able to buy soap, relish and even luxury items like vaseline and perfume After selling three bundles, she discovered that the drawback with salaula was that people bought on credit and at the end of the month it was difficult to get paid She said you could even get beaten when you demanded money

Once more she changed business, trading instead in dried kapenta (fish) which she bought from Siavonga on Lake Kariba in a crate and sold from her father's house to women with cash (not on credit) and she found it easy to sell With the profit (around 100%) she was able to buy chitenge and clothes for her children She also sometimes travels to Zimbabwe to buy soap, flour and other items such as necklaces and jugs to sell in Chiawa She gives up these businesses in the winter of 1992 once she is heavily pregnant She wants to start making and selling fritters but because of the drought, her father has no cash spare to help her

She claims that she is not happy with trading and moving around to make money because of the road accidents, the queuing and pushing, and thieves, taking precautions to travel on buses which she felt were safer than lorries and to stay with relatives at the different destinations She is able to recall the exact amounts spent on transport, food and drink and how she often

buys small treats for her children on her return - popcorn, buns, fritters and sweet drinks By 1994, she is working at Masstock weeding as a casual and trading once again in salaula from the house In 1995, she is living on Masstock's main compound, working as a weeder and trading in salaula from her new husband's house

Other than trading, in 1992 her other tasks are household chores, helping her father farm, collecting, drying and pounding masau to make wine, and selling tobacco Backed up by her father's support, Ingrid's energy, hard work, diversity of options and trading, results in a relatively high income and being able to buy luxury food (for example biscuits), pay for school fees and education and buy clothes

Support System

Patson's children support him with labour, income and goods The sons that are near-by assist him fishing, cultivating, thatching and making canoes, give him money if need be and occasionally buy him clothes His daughters (other than the one in Kapiri whose daughter Gelita lives with him) help in the house and the fields and, in the case of Ingrid, contribute their income to the household In turn, he offers them a home and capital if they need it (and he can afford it) and supports their children either in his household or through school fees When Mateo moves to town in 1994 to work as a driver, Patson keeps a watchful eye on his wife and children, helping with the children's schooling and with food During his late sons' illnesses, Patson helps find treatment and cares for them periodically in his own household, and after they die, looks after some of their children in his household In general, Patson gets as much as he gives and is not leaned on as heavily by his children as Joseph in Household

1 Emily gives him constant support but he does not acknowledge her contribution as much as his daughters' This may be because their relationship is strained by his philandering with other women He feels closest to his sisters, his younger brothers and his oldest sons (he doesn't mention his daughters)

As the first born and an elder, he is more likely to have relatives coming to him with financial, marital and illness problems, though he will turn to his siblings and his children for financial help, advice and support when a member of the household is sick As an elder, he attends many funerals and spends two nights sleeping outside the funeral house, drinking beers for the spirits In 1992, he has attended six funerals by July He has a wide network of kin within his village and Chiawa Some of his sisters and their children live in Lusaka and Kafue He visits them there, enjoying the chibuku (beer) and beer halls

Patson professes no political alignment or religion, though his wife is Catholic and he occasionally attends special events at the church He has approached the ward councillor with problems related to hunger but has no contact with the Chieftainess Patson's contacts with headmen are usually through marital or damage cases, including cases against him over other men's wives Teachers help him by letting children carry materials (for building and crafts) for him from the forest [15]

Outside his kin network he has many contacts but just one close friend - shamwari moyo - an age-mate from across the Kafue river When they visit one another, they slaughter animals

[15] Ten Brooke (1994) notes in his study of primary schools in Chiawa, that children are (too) often used to do unskilled jobs for adults, both teachers and villagers

to eat together and drink beer They meet to hunt and collect materials from the forest Any favours they do for one another do not need to be reciprocated - in Patson's own words - "they are not repayable They are just a gift" Other friends and contacts are men he drinks beer with locally or in Chirundu bars (sometimes during the day), old colleagues in Zimbabwe, Southern Province and Chilanga and his neighbours (both current and past) Most of his neighbours in Chiawa are also kin They help him out, for example if he needs to borrow a tool He uses *n'gangas* to help identify and treat illness within the household

Since Ingrid's divorce, Amon does not contribute to his children's upkeep unless they are staying with him She says that being single makes life very difficult but she is well supported Her father's relatives are closest as well as her two oldest brothers It is also her father's relatives that she stays with when she travels In April/May 1992, she stays with her older sister in Kapiri-Mposhi for two weeks for a holiday Her relatives help her by visiting and giving money to buy medicine when her children are sick and she says they will give her mealie-meal if she has none She also helps them - for example in 1994 she pays for one brother's child's school fees from money she made selling *salaula*

Although Ingrid has no contact with political parties or leaders or with the church, she once did go to the chieftainess to get a letter so she could get her national registration card from Kafue The headman assists her when she fights with friends, or she would go to him if she wanted some land on which to build a house Neighbours lend her money, relish and sugar if she approaches them and she reciprocates She has many friends, men and women who she knows locally or has met through trading She counts nine close friends number nine who invite her to their homes where they share jokes, cook food and eat together Occasionally

these friends will also give her gifts Open about her use of n'gangas, she describes their treatment during her brothers' illnesses and the illness of her daughter Betty (see Section 5 3 and 5 4)

4.7

HOUSEHOLD 6, CHIAWA CENTRE.

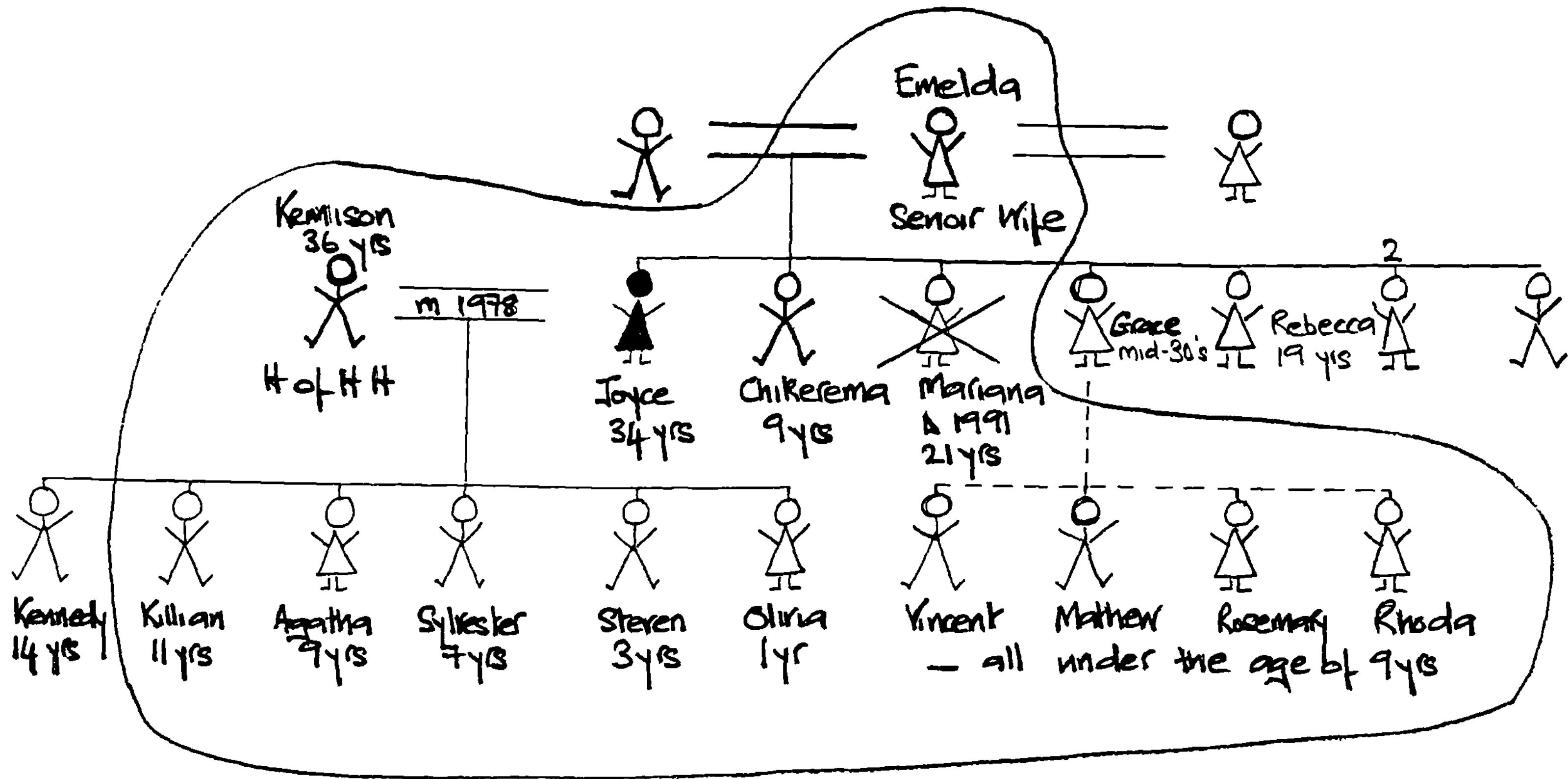
Household Structure

Kemison, a 36 year old Korekore, is the head of household 6 [16] but it is his 34 year old Korekore wife, Joyce, who tells its story In 1992, they live with three sons (aged 11, 7 and 3) and two daughters (aged 9 and 1) The youngest son - Steven - is slightly retarded They have one other son Kennedy (aged 14 in 1992) who is schooling in Choma in Southern Province staying with his father's brother who is a teacher Between 1991 and 1994, he visits home once Also staying with them are Joyce's elder sister's four children, all under the age of 9 Their mother Grace is not married in 1992 and her children are from three different relationships She works at Masstock, where she has been since 1989 Joyce's brother Chikerema (aged 11) and her mother Emelda also stay in the household Since 1991, Joyce's nineteen year old sister Rebecca left the household to get married in Lusaka and three of Grace's children have joined the household

The compound where Joyce and Kemison stay in 1991 and 1992, is Emelda's, by 1994 they have shifted to their own place across the road, leaving Grace's four children and Chikerema with Emelda, making their own household considerably smaller In 1993, they have another

[16] Although it is his mother-in-law's compound, because she is more often than not resident in the matoro and he is the only adult man, he assumes position as head of household

FIGURE 9 STRUCTURE OF HOUSEHOLD 6, 1992



baby but she dies in August 1994 Her mother says she was killed by witchcraft

Joyce was born in Zimbabwe where her parents had migrated to work and she was brought up with her father's mother in Chiawa village from the age of four when they returned She married Kemison in 1978 and he moved into her mother's compound where they lived until Kemison paid pfuma late in 1993

An extensive network of close relatives live in Chiawa village, including her father's mother, her father and his second wife and many of his sisters and their children Many of Kemison's family are also long-term residents in Chiawa centre Her mother is her father's senior wife but does not stay with him, maintaining her own compound and spending much of the year in the matoro with her grandchildren One brother and two sisters (including Grace) live elsewhere in Chiawa and another sister resides in Luanshya in Eastern Province She has many step-sisters and brothers living in Chiawa area

Joyce is a densely built woman with a round open face She is active, extremely hard-working, but run down by her work and frequent pregnancies, she sometimes seems depressed and is often very tired

Domestic cycle and Economic Options

Educated upto Grade 2, Joyce is primarily a farmer She and Kemison have one temwa and one matoro about 2 hectares each They grow maize, sorghum, millet, bananas, sugar-cane, pumpkins, cassava and sweet potatoes The grain is largely consumed by the household

though Joyce does sometimes brew and sell beer during the harvesting season She says that this is not good work since people buy on credit and slander the woman who sells The other crops are sold in the local market place Maize seed they purchase from other farmers and sorghum seed from the Chiawa shop Joyce's mother and many of the younger children stay in the matoro throughout the rainy and cold season, chasing animals and guarding crops During the school holidays, the older children also shift there The matoro is some 4kms away from Chiawa village and during the rains, Joyce will often walk there and back in a day, carrying mealie-meal to the household members who live there Occasionally she or Kemison spends a night in the matoro Masau is collected and sold by the household as well as baobab and tamarind fruits and wild greens for home consumption They have no livestock, unusual in Chiawa where three quarters of all households have some animals (Bond and Wallman 1993 12) Their household diet seems poor on the whole, usually leaves and sadza, occasionally fish All the family appear undernourished and there is obviously a shortage of protein in their diet

Although no-one in the household hunts, Kemison's elder brother who lives opposite, is a hunter and they sometimes receive or buy meat from him Kemison fishes commercially with a hook and line off the river bank or using a brother's canoe from August through to February, and Joyce sells the fish at Masstock farm or in the market place Joyce is the treasurer of Chiawa women's club which has seven members and meets regularly to make petticoats to sell Kemison does piecework building houses and Joyce helps cut thatching grass and mould mud bricks for these jobs Kemison has also worked as a bricklayer and doing unskilled work on banana farms in Chiawa and Jordan (in Southern Province) Joyce works on the Food-For-Work programme in 1992 from start to finish, and Kemison does some work on the

programme In 1994, Joyce works at Masstock weeding on and off from July through to October In 1995, she helps sort paprika in Chiawa centre for Masstock With no teenage daughters or other adult women permanently resident, Joyce is responsible for all the household tasks though sometimes Kemison will help cook

Her mother's compound consists of two sleeping houses, a main one for Joyce, Kemison and the children, and another for the older girls Joyce's brother Chikerema and an older son sleep at one of her father's sister's compounds in a hut with other boys [17] The houses, maintained by Kemison, are mud and wattle with grass roofs, a indication of the family's lower economic status - only 18% of Chiawa households are constructed this way (ibid 9) - and perhaps also of the fact that at least half the household live in the matoro for much of the year The compound in Chiawa village is sparse with granaries, drying racks and an area demarcated for moulding bricks They have few household items, although they do have a bed and a radio The second compound is similarly bare though the house, built by Kemison, is made from mud bricks with a thatched roof

A 1994 household budget collected reports Joyce spending money on the grinding mill, maize, food, salt and soap, and occasionally on clothes, plates and paraffin Cash is most short from February to June, because of poor fishing and labour demands, and Joyce then takes loans from neighbours or friends, repaying them as soon as possible She acknowledges and appreciates the money and mealie meal Grace sends her in return for child care

[17] In traditional Goba practice, when a boy shows signs of awakening sexuality he is moved to a boy's hut on the compound (Dover 1995 8)

Joyce's days can be long One day when we visit, she has walked back from Masstock after collecting money for fish sales at the end of the month, taken maize to the grinding mill, gone to buy some relish from gardens in Maunda and reached home after dark, still having to cook and wash the children She could only be interviewed in the evening in the dark, after she had eaten, or in the matoro during lunch, to catch her sitting down with a moment to spare She was inevitably tired during these interviews Although very industrious she remains poor she has a large number of children and a husband whose chronic sickness and drinking habits make his contribution to household living haphazard

Support System

The children are too young to support Joyce and four of them attend school Kemison goes through periods when he rests, drinks and sleeps much of the day, though he has had a number of jobs and his fishing is essential to the household When he is working away from Chiawa, spending the nights at his working place, not much of the money he earns is channelled back into the household Joyce supports her younger sisters and brothers when need be and keeps Grace's children However, Grace reciprocates contributing to household income and supporting Joyce by collecting credit at Masstock on her behalf and putting her up when she visits Likewise, Joyce's mother Emelda maintains the matoro which is essential to household residence, income and relish, and cares for many of the younger children (and later Grace's children) much of the time Emelda is part of their household because Joyce says her father has neglected his senior wife Joyce cared for her younger sister who died in 1991 (see Section 5 4)

Having a smaller household once they shifted compounds does not appear to have made Joyce's workload much lighter She loses the contribution of her mother and Grace They move to be independent of her mother, but are no better off for it and the household support system is not as strong

Joyce's father's mother, who brought her up, is the person she turns to for help and advice She also feels close to her younger sisters and brothers and some of her father's sister's children in Chiawa centre She has close contact with six women friends in the village through the women's group, friends in Lusaka and Luanshya and through fish trading, and in Chiawa she has a wide network of relatives and people she knows

Kemison's family are strong Watchtower members who help his own nuclear family when they have problems Joyce says that her Watchtower religion helps her deal with problems in her daily life and her free time is spent at church As a believer, she distrusts n'gangas

4 8

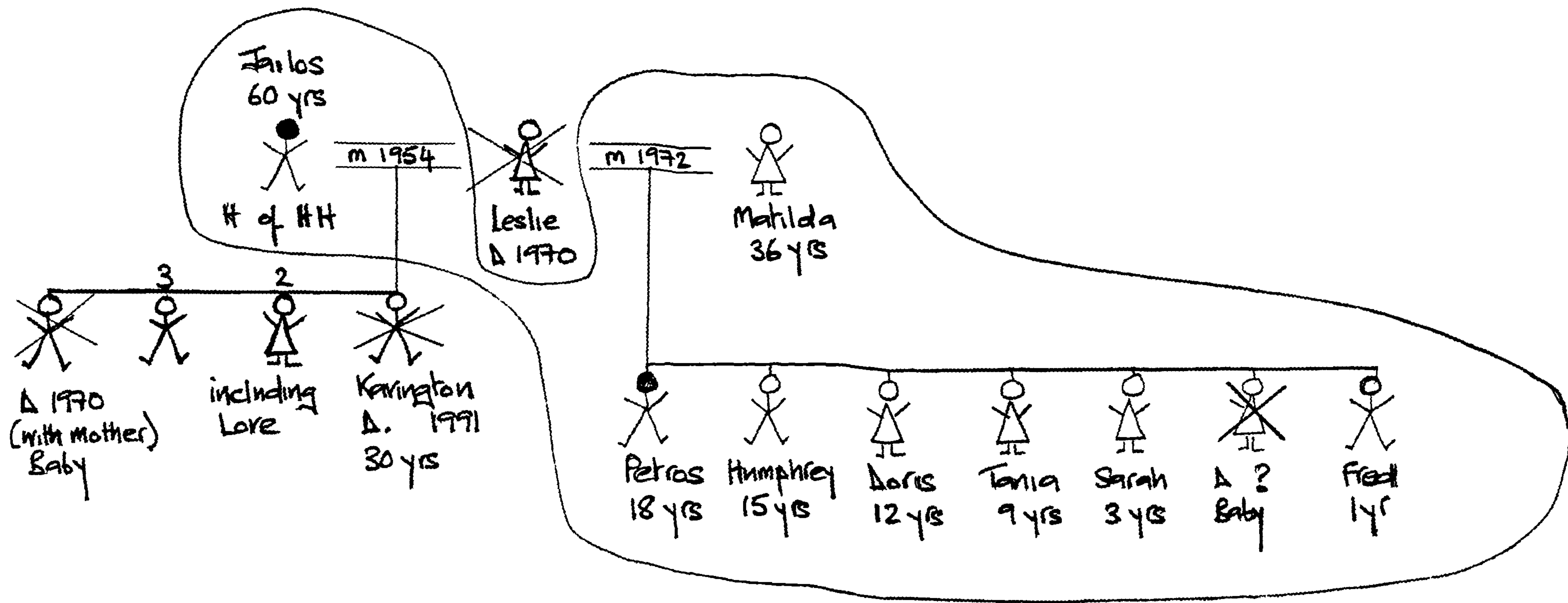
HOUSEHOLD 7, MUDZAMA.

Household Structure

The head of Household 7 is Jailos, a 60 years old Goba In 1992, Jailos lives with his second wife Matilda (aged 36) and six of their children, three boys (aged 18, 15 and one) and three girls (aged 12, 9 and three) The eldest of those at home is second respondent in the household Since 1991, a 23 year old son left the household to work on a farm in Jordan across the Kafue river In August 1993, Jailos's second wife Matilda dies in hospital soon after childbirth from "pain in her stomach" The baby does not survive long without the mother to feed it though a thirteen year old daughter tries to look after it Late in 1993, Jailos's eldest daughter Love from his second marriage moves into the compound with her husband, but they maintain a separate hearth and independent household

Jailos has been married twice by 1992, once in 1954 to Leslie (a Goba from Feira and unrelated) who died in 1970 Together they had seven children, one of whom died aged 30 in 1991 (see Section 5 4) He married Matilda in 1972 She is his mother's brother's daughter (muzwara ma biyangu) and he has never paid pfuma They have nine children, of whom three die as babies In 1992, the six younger children (with Matilda) stay with him, three sons stay in Lusaka, one son and one daughter (Love) in Jordan and another daughter in Maunda village in Chiawa Tragically, in 1994 two older sons in their mid to late 20s die, according to Petros, one is shot while stealing from a farm and Martin is murdered by thugs

FIGURE 10. STRUCTURE OF HOUSEHOLD 7, 1992



when he is drunk in Lusaka (where he had gone to look for work) After Matilda dies in 1993, Jailos remarries in 1997 to a divorcee who already has some of her own children

Jailos's mother's brother's son and one of his sisters live in the same village One of his sisters still lives in Mushonkanende village where Jailos was born All other siblings are dead His father's sister's sons live elsewhere in Chiawa Petros therefore has his father's mother's brother's children and one of his father's sisters in his home village

Jailos is a diffident, despondent and unmotivated man who suffers from poor eyesight (caused by cataracts which are eventually operated on in 1995) He is small and usually wears the same blue overalls, straw hat and wellington boots which fall to pieces as the years roll by We faced many problems interviewing him He would be drunk and abusive or sullen and monosyllabic, sometimes he would not be there as we had agreed We asked him a number of times if he wished to discontinue the interviewing, but he never did He frequently asked for assistance - food or money for beer, transport, school uniforms and treatment Over the years, the household became poorer, more depressed and depressing

Petros was also quite hard to maintain contact with since he would spend two or three nights away from home staying with his sister Love in Jordan and was sometimes working at Masstock during the day Petros is not married, being only eighteen in 1992, and is a tiny, jaunty young man who wears an earring in one ear, bracelets and a neckchain He is shy and quietly spoken

Domestic Cycle and Economic Options

Like most of his generation in Chiawa, Jailos has had no formal education He has oscillated between working as a farm labourer for others and farming his own land He has lived in Mudzama since the early 1970s, working at the banana scheme weeding and then as a farm worker for a wealthy family, before farming a matoro and a temwa of his own He says he sometimes gets "tired of working" His matoro is about 4kms from his compound and is about half a hectare It is a good matoro, with moist and fertile soil, which he has not used well When we visit it in late November 1992, there are old beans (some rotten) and old sweet potatoes, castor oil plants and some small banana and paw-paw plants The land is cleared and a tree felled, with the old maize in piles, but, unlike the surrounding matoros, there is no green maize or sugar cane ripe and he has not started planting His young daughter picks a few green maize from her father's sister's garden adjacent to his There is no shelter built in the matoro though the family usually lives there December to June Jailos plans to build one before the rains, after the November planting Now he has no seed to plant (this is common in the 1992 drought year) and he is "waiting for whatever is delivered" or will "beg" some off his family This year his temwa has been cleared by Food-For-Work but he has not planted sorghum yet His wife Matilda helps him farm but she is now pregnant and not fit for hard work in the fields His younger children also help him chasing animals and planting and clearing The eldest daughter living in the household does the chores like collecting vegetables, cooking and washing children, especially after her mother has died The household does not use grain to brew beer and the only crop that is sold or bartered is bananas The diet is poor, often leaves or bananas and Jailos describes how he "scratches for relish" by sending his children to neighbours and kin with a small bowl to ask for food

Income also comes from piecework - building, repairing or thatching houses in the village, making reed mats for sale and collecting and selling masau   In 1991 he had no livestock, but by 1992 has bought some chickens   His involvement in the 1992 Food-For-Work programme is ad hoc and he does not fish, hunt or brew beer   His wife works on the Food-For-Work programme in 1992   By 1994, the problem with his eyes had forced him to stop making mats or doing piecework on other people's houses, though he still farms his matoro   His temwa he has abandoned for the time being

In 1992, in Jailos's compound there is a rectangular main house made from mud bricks with a thatched roof, a granary, drying racks for masau, a rack with thatching grass stacked on it, a kitchen built of wood with a grass roof and a half built wood and mud house which Jailos is building for Petros and Humphrey to sleep in   The compound is not swept, always littered with rubbish, and the houses are not maintained   By 1994, the main house has fallen into disrepair and is being used as a kitchen and storeroom whilst Jailos stays in a temporary grass and wood shelter, and the girls and boys have separate wood and mud houses with grass roofs   His elder daughter and husband have built themselves a mud brick and grass roof house at the edge of the compound   Jailos's own household has few items - a bed, a hoe, a panga   Many of the stools and pots and pans need repair   All the household members look stunted and undernourished and wear clothes in rags except when two of the children go to school   They do not have uniforms but change into clean well kept clothes and carry their books in plastic bags

Jailos takes small loans to buy local beer   He cannot pinpoint a time of the year when cash

is particularly short - "one month there is money, the next month there is no money"   His household is dependent on the wage that Petros earns from Masstock   By 1994, all his children, except for the two youngest, were doing piecework there when they could

Until 1991, Petros attended school intermittently upto Grade 4, gave up for lack of funds and uniform   In June 1992, he is helping his father farm, fishing with friends (for the household and for sale) and making intricate wire lorries to sell to friends, by August he has started working at Masstock rather haphazardly, and by November he goes daily to pick marigolds Interviewed at Masstock in October 1994, he has worked seven months that year weeding, picking and loading and gave his reason for working there as follows, "I had problems   I needed financial support like clothing and toilet utensils, and also I had to assist my parents in funding the budget of the house"   With his salary he buys mealie-meal, soap and salt for the household and sometimes puts money towards schooling, but increasingly he spends it on girlfriends, cigarettes, biscuits and beer at the end of each month

Support system

Even Jailos's younger children pull their weight but the high number of deaths in his household (by late 1994, he had lost three babies, three adult children and two wives) is testimony to his failure to ensure adequate support   The older children care for the younger children and Petros (and his next eldest brother) are under pressure to spend all the money they earn feeding the household   The young ones are frequently left to wash and cook for themselves, and are to be found scavenging care, attention and food in other households in the village   Matilda was usually tired and not well in the period that this research covered, and

though she helps collecting firewood, masau, thatching grass and cultivating, and participated in Food-For-Work, she is overburdened and not able to keep the compound nicely Jailos claims that his older children never send him anything, even when he goes to visit and ask for assistance However, Petros, who used to stay with Love for a few nights a week when she lived in Jordan, says Love used to send back soap and some food to her father The children in town were all general workers and would not have had much cash to spare, though they did visit Chiawa about once a year

Of his close relatives, Jailos mentions his father's youngest brother, his mother's brother's sons, his father's sister's sons and his two sisters Most relatives his age or older had died so he does not have many to turn to for advice, though he will approach them for money

Jailos was actually headman of Mudzama for one year, 1992 to 1993 It is surprising that such an anti-social man was given the book to become headman since he does not appear to be interested in solving other people's problems being too preoccupied with his own He gave up the position after his wife died He does not belong to any political party, co-operative, committee or church and has no interest in joining He turns to neighbours for food He says he does not have any good friends, though he has friends who he meets when drinking who can help him buy beer and discuss problems In his network chart, he names very few people outside his kin Jailos says that n'gangas cause rifts in families by accusing brothers of bewitching brothers so he avoids them His eyes were so bad by the end of 1994 that he could hardly concentrate on any task, often sitting with his head in his hands, and achieving little

Eventually, his children were having to lead him around by the hand [18]

In all this, Petros, as explained, carries a heavy load of responsibility on his light shoulders Many of these responsibilities he rises up to, but he is also a young man experimenting with life including alcohol and girlfriends At times he seems older beyond his years he has empathy with his father's illness and his poverty, and looks after his younger brothers and sisters in a gentle and caring way His assessment of conditions at Masstock in 1994 is also mature He complains about uneducated supervisors who abuse their position, the corruption of a maize credit system and the lack of toilets in the fields Other times, he is carefree and irresponsible, drinking locally at the month end, having two girlfriends at the same time, missing work and repeatedly absent from the compound Unable to rely on his father, he gets some support from his sister Love and his father's sisters, and has a wide network of friends, including four good friends who are age-mates in his village If short of money, he turns to relatives and friends In 1992 he had joined the Apostolic Faith church and said, in 1994, that it was very important to him

[18] I helped finance the treatment of his eyes at Chikankata Salvation Army Hospital in early 1995 The treatment he received appeared to alleviate his eye problems

SECTION 5: SITUATIONAL ANALYSES

5.1

A DYSENTERY EPIDEMIC

Dysentery is very infectious and has a high mortality rate The dysentery epidemic in 1991-92 was not a novel event in Chiawa, with an outbreak the previous season (1990-91) and the following year (1992-3) during the rains, and outbreaks recorded in the 1960s by Lancaster (1981) and in the adjacent Gwembe valley since the 1950s (Colson 1971) But in the epidemic which ran from late 1991 through the first three months of 1992, the disease was prevalent in Chiawa and several people died The Ministry of Health sent extra supplies of antibiotics to the rural health centre and the hospital in response to the epidemic Records of dysentery deaths from field diaries and the local health centres in Chiawa, show that young children and the old people are particularly vulnerable

Table 6 sketches out what the households recall about the following components in managing the dysentery outbreak during the rains in 1991-2 infection, symptoms, transmission, treatment and preventative measures All the households were aware of this epidemic "So many people were infected So many suffered", Lydia, head of Household 3 laments Only Joseph in Household 1 links the 1992 dysentery outbreak with the rainy season (mainza) He acknowledges that it is endemic (recalling the previous outbreak), and comments that it was especially prevalent in young children

> "Last year dysentery was serious This year it is now disappearing a bit but when the rains come, it will become a serious problem again even now, some young ones in nyangala still have dysentery" [Joseph, Household 1, October 1992]

Joseph's initial response when questioned about the 1991-2 outbreak was to claim it was his first time to see the disease in Chiawa, and it was only after some cross-questioning that he gave the former answer The other six households consistently claimed that this was their first time to experience the epidemic For example

> "I have not seen this disease before" [Joyce, Household 6]

> "This is our first year to see this disease It just came to Chiawa" [Lydia, Household 3]

Many respondents refer to dysentery as karedi [1] This is apparently a new name for the disease in Chiawa, and one which many respondents found amusing Karedi refers in part to the colour of blood Blood in faeces is the most common description of dysentery symptoms given by respondents and seems to distinguish it for them from other diarrhoeal infections [2]

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[1] Dysentery is distinct from diarrhoea - kudurura According to the 1991 household survey and health statistics, diarrhoea is the second most common illness in Chiawa and the second most common reported cause of death (Bond and Wallman 1993 13-14, Bond and Ndubani 1993 8)

[2] Ndubani (1993 5) records karopa as a local name for dysentery in 1993 though no household respondents used this term in 1992 This term could well originate from mulopa which means blood in Bemba The Bemba call dysentery ukunya mulopa - meaning to defecate blood (H Hinfleaar 1998 personal communication)

Table 6 Management of Dysentery

[y = yes, n = no, - = not mentioned]

	HOUSEHOLDS							
	1	2	3	4	5	6	7	
Infection								
Household affected	n	n	y	y	n	n	y	
Who was infected (a) -	-	D,	HH	- yZDS	-	HH		
Family outside HH	n	n	n	y	y	y	n	
Who was infected	-	-	-	eZ	eS	HB	-	
Symptoms								
Blood/Karedi (b)	y	y	y	y	y	y	y	
Pain		y	-	-	-	-	-	y
Purging		-	y	y	y	-	y	y
Transmission								
Not sure		-	y	y	y	y	y	y
Water	y	-	y	y	y	-	-	
Flies	y	-	y	-	-	-	-	
Using bush for toilet y	-	-	y	-	-	y		
Drinking beer	y	-	y	y	y	-	-	
Uncovered food		-	-	y	-	-	-	-
From person to person	y	y	y	y	y	-	y	
Unwashed relief maize	y	-	-	-	-	-	-	
Dirt		-	-	-	-	y	-	-
Worms	-	-	-	-	-	-	y	
Town		-	-	-	-	-	-	y
Treatment (c)								
Traditional herbs	y	y1	*y1/2 y1/1	y	y1	y1		
Modern medicine	y	y2	*y2/1	y2/-	y1	y2	n	
Travel to Town		-	-	-	y(eZ)-	-	-	
Prevention								
Protection taken	n	n	n/y	n	n	n	n	
Avoid moving around	y	-	-	-	-	-	-	
Avoid playing w friends	y	-	-	-	-	-	-	
Avoid eating with others	y	-	y	-	-	-	-	
Keep medicine at home	-	-	-	-	-	-	y	
Boil drinking water	-	-	-	y	-	-	-	
Avoid communal latrines	-	-	-	y	-	-	-	

Notes a) Who was infected daughter (D), head of household (HH - namely Noreen and Jailos), younger sister's daughter's son (yZDS), elder sister (eZ), elder son (eS), husband's brother (HB)

b) Karedi = the name used by some respondents to describe dysentery, partly referring to the blood in the faeces (see text)

c) 1 and 2 under treatment, designate first (1) and second (2) choice of treatment during an actual episode of dysentery in the family A slash (/) is used when there is more than one dysentery episode in the family An asterisk (*) under Household 3 indicates that there was a discrepancy between what either respondent recalled (see text) as the order in choice of treatment

d) "Purging" = colloquial expression for diarrhoea

The importance of colour symbolism in treatment of disease is noted by Turner (1963 712) amongst the Lunda Malik et al (1992), in a study of acute diarrhoea in Pakistan, notes how local terms for loose motions or diarrhoea often refer to colour and consistency Cliggett (1994 personal communication) records karedi as one term used to refer to a novel outbreak of cholera in the Gwembe valley in 1991-92[3] Karedi is also a colloquial expression used for a card game played on the streets of Lusaka For a fee people have to point to kablack card from two or more turned cards, if you point to karedi your money is lost So the name may also imply that people connect the disease with town (although only one respondent in the households openly did so) and with bad luck

The new name distinguishes dysentery linguistically and conceptually, acknowledging the extent of the epidemic, the new drug treatment administered by the Ministry of Health (who, on two occasions, sent down special teams to alleviate the epidemic), and the health education broadcast during the outbreak In this sense, dysentery in 1991-92 was manifested differently to other years and may account for this being described as a "new" or novel epidemic Situational names for epidemics are not unusual In the early 20th century, an outbreak of a type of bacillary dysentery in the Copperbelt mining towns, was referred to as roanitis by the miners after a mine called Roan (Rodger 1962) Last comments that among the Hausa in Nigeria the public does not spend much time thinking about disease and that "working concepts are few, yet sufficient" (1976 121) However, when necessary, changes in medical

[3] The first outbreak of cholera in Chiawa was in January 1993 Local people believed that the epidemic was introduced to the area after an old man returned from a relative's funeral in Lusitu in the Gwembe and died from cholera two days later Indeed, the Gwembe experienced another outbreak in the rainy season 1992-3 Cholera was given the name korera in Chiawa after the first outbreak in 1993

concepts occur not only from outside but from within the Hausa conceptual world They "catch a new disease in conversation and broaden its field of reference" (ibid 135) Likewise, in Pakistan, Malik describes how mothers respond to acute diarrhoea by using a "flexible cultural idiom for evaluating and responding to illness" (1992 1046) Distinguishing a disease in conversation may be a step towards making appropriate adjustments, - for example, in the case of dysentery, boiling drinking water and covering food Each name implies a certain pattern of response

Three households (3, 4 and 7) were directly affected by dysentery early in 1992, and three (4, 5 and 6) were indirectly affected when a family member not living in the household fell sick (see Table 6) only Household 4 was both directly and indirectly affected Headed by older women, Households 3 and 4 may have been more susceptible to having the infection within the household since both women are illiterate and relatively poor without a radio and from a generation that has not been exposed to modern health education Jailos's infection in Household 7 could reflect his general inability to maintain hygiene in his household Only two households (1 and 2) were unaffected within the household or within the family There was one death from dysentery in the sample during this outbreak Phillimon in Household 3 died, though his condition may well have been complicated by his possible HIV-positive status All the others recovered

Most households were uncertain about the transmission of dysentery Six said they were not sure about how the disease passed from one person to another, or one area to another However, with the exception of Household 6, all households named at least one transmission route (see Table 6), and knew dysentery to be an infectious disease The role of unclean

water, flies and not using pit-latrines in transmission are commonly understood Unclean water was often linked to pollution in the rivers Poor sanitation in Chiawa is a significant factor in the transmission of diarrhoeal diseases with few properly constructed pit latrines, contaminated drinking water sources and uncovered food (Bond and Ndubani 1993 1) Respondents also often mentioned places they felt it had started or come from and these were always centres (local or otherwise) associated with beer drinking Other less commonly quoted sources of infection were unwashed relief maize, uncovered food, dirt, and worms in faeces For example

> "Dysentery travelled from Chirundu border post to Chiawa along the river Those who go to the river caught it Those infected then use the bush as a toilet and flies carry the disease to others USAID maize can also lead to dysentery unless you wash it and dry it well" [Joseph, Household 1]

> "It is transmitted by drinking dead water, sharing a cup with a sufferer, and flies from rubbish going on uncovered food" [Evaristo, Household 3]

> "My elder son moves here and there drinking, so I am not sure where he caught dysentery" [Patson, Household 5]

> "My elder brother caught dysentery I am not sure exactly how it spreads but I think it spreads through dirt and water from the Kafue River" [Ingrid, Household 5]

The suspicion that yellow relief maize from the United States distributed in 1992 could cause

dysentery reflects its unpopularity, people prefer the local white maize Also the change in staple diet could have caused stomach problems

A shortage of drugs at the rural health centre at the beginning of the outbreak was not mentioned as partly responsible for the spread of dysentery No respondent mentioned that witchcraft was a cause Other material indicates that especially if it results in death, dysentery can be attributed to witchcraft (Ndubani 1993) but this was not the case in Household 3 were both Lydia and Evaristo accepted that Phillimon had died from dysentery A high number of deaths from dysentery - such as occurred early in 1993, could strengthen any association with witchcraft and with the idea that the epidemic is out of control [4]

Part of a conversation between three young men, recorded by Ndubani (ibid), about the high number of deaths in their village early in 1993, includes the statement that the increase in the number of diarrhoeal diseases, including dysentery and cholera, is due to, "new species of flies brought about by these many pit latrines that are being constructed under the food-for-work programme" (ibid 5) This statement may reflect a suspicion of change and how new phenomena can be associated with epidemics The 1991 household survey results disclosed that only 21% of households had a pit-latrine on their compound (Bond and Wallman 1993) After the incentives provided by 1992 food-for-work programme to build pit-latrines, the number must be much higher Three of the seven selected households (1, 3 and 4) built a pit-

[4] Colson (1971) records that a dysentery epidemic in Lusitu, shortly after the resettlement of the valley Tonga from the Kariba river basin, was attributed to the release of Goba nghozi - the spirit of someone who died aggrieved Tonga feared this revengeful spirit and the difference between Goba and Tonga death customs aggravated this fear, and subsequent dysentery epidemics were thought to be due to the release of nghozi which was primed to kill them and would continue until they were all dead "The Lusitu! It kills!" (ibid 247) people were heard to exclaim during outbreaks This parallels apocalyptic comments made during the first cholera outbreak in Chiawa (see Ndubani 1993)

latrine under the programme (only Household 5 had a pit latrine previous to the programme) Unfortunately, although the depth of pit-latrines was supervised, the siting was often poor, and, partly due to the absence of a local health assistant, people received no health education about pit-latrine usage

Information about transmission was usually passed by word of mouth, but Evaristo in Household 3 said that he found out about dysentery from reading an Anti-AIDS leaflet Anti-AIDS, a Zambian N G O , encloses information about other health problems in its monthly magazine which is distributed to schools in Chiawa

First choice of treatment for dysentery amongst respondents was usually herbal remedies The purple heart at the end of a bunch of bananas, roots from old men and plants collected by a respondent's wife, were examples given of traditional cures for dysentery Treatment of dysentery, as of normal diarrhoea, is not specialised knowledge In no instance was a specialised healer consulted, respondents rely on their own knowledge or the knowledge of elder kin Some recalled modern medicine in the form of tablets from the clinic, hospital or town Only two cases cited the use of oral rehydration salts The scarcity of drugs at the rural health centre could have compelled people to seek traditional herbal treatment (Bond and Ndubani 1993 8), though most respondents in the households directly affected believed in the efficacy of herbal treatment either in combination with bio-medical treatment (tablets) or as a preference Evaristo in Household 3 is the one exception

The belief in herbal treatment appears to be a mixture of familiarity, convenience, confidence and experience, and there is no outright rejection of whatever modern medicine is available

However, Lydia in Household 3 (see below) claimed that bio-medical treatment was ineffective in the case of Phillimon It was impossible to assess the actual compliance with modern treatment regimes or how appropriate the modern medicine was The level of anti-biotic resistance in the Zambian population, brought about by the wide-spread use and abuse of antibiotics, particularly in towns, could have impaired the effectiveness of bio-medical treatment

Household 3 makes an interesting case-study in relation to dysentery in the household Not only did two household members suffer from dysentery (one of them dying), but also there is also a discrepancy in the narratives of the two respondents

> "My elder sister's daughter's son Phillimon was purging blood I took him to hospital in Chirundu where he was given injections and tablets He was not given a drip He failed to improve and was discharged I gave him a lot of water with salt at home but four days later he died Then my daughter fell sick, purging blood This time my friends brought me African roots which they tasted to prove that they were not poisonous I gave her the roots and lots of water with salt for four days, after which she recovered" [Lydia, head of the Household 3]

> "Phillimon had dysentery and was treated with traditional medicine which my mother-in-law collected from friends It was ineffective and he died I don't know why they didn't take him to hospital I tried to instruct them to do so but others told my mother-in-law to wait and I was busy working at Masstock Then it was too late However,

when my sister-in-law fell sick with dysentery, she went straight to hospital and recovered" [Evaristo, Lydia's son-in-law, Household 3]

The discrepancy in recall of the same two episodes of dysentery may reveal which source of health care each respondent has more confidence in, and may indicate the difference in the belief systems of the elders and more educated young adults Lydia demonstrates more faith in herbs, whereas Evaristo has more confidence in the treatment at the hospital In addition, a mother and son-in-law have a restrained relationship (vanyarikani) so it is difficult for them to communicate But it is common to try one option, and if it fails, to try another "If my child had dysentery", Doreen in Household 2 explains, "I would use herbs first because I am more familiar with this treatment If there was no improvement, I would take the child to the hospital" A failure of both forms of treatment available within Chiawa for Noreen's elder sister led her to go to town for treatment She stayed with her sister's sons who bought her tablets and in due course she recovered, having been ill for 2 weeks

All respondents claimed to have immediately acted when the household member fell ill, in one way or another This may be partly due to the dramatic nature of symptoms in dysentery "I immediately took my elder son to hospital, using my canoe to cross the river and catching a lift from a local tourist company", Patson, head of Household 5 recalls

The lack of confidence in knowledge about transmission emerges again when respondents are asked about protecting themselves and their household from infection Three households (2, 5 and 6) are unable to name any preventative measures, with two of them (5 and 6) explicitly worried about infection "We have no idea of precautions We just wait for the outcome I

am very worried about my family catching this disease", says Patson (Household 5) "I have taken no precautions with my household", Joyce (Household 6) pronounces, "because I do not understand how it is spread" Only Evaristo in Household 3 is confident about taking precautions Evaristo was careful to cover his family's food and not share cooking utensils when his sister-in-law and Phillimon were sick Although Joseph in Household 1 and Noreen in Household 4 say their households are not protecting themselves against infection, they demonstrate a sound knowledge of what precautions could be taken Household 1 remains directly unaffected Noreen says she got this information from Chiawa clinic after she was herself treated for dysentery, after her elder sister had fallen ill with it Household 7 takes no preventative measures Jailos was once infected but after successful treatment with herbal medicine ("the blood stopped after I had drank the medicine") is unconcerned about other family members falling sick since he has "medicine at home"

There are gaps between being worried about infection, actively finding out more about the disease, and taking preventative measures this suggests that worry does not always translate itself into acquiring more knowledge and/or that access to knowledge is limited However, four households were able to name at least one way to protect themselves from infection, although they were not sure their information was correct There seems to be a link between capacity to manage diseases and having confidence in your own knowledge Four preventative measures are short term - to avoid moving, playing with friends, eating with others and using one communal latrine Boiling water is potentially more long term Keeping herbal medicine at home (a very common practice for management of normal diarrhoea) is not preventative but could help manage the disease

It is evident that there is no leadership portrayed by the community in an effort to prevent the spread of dysentery [5]

In sum, several indicators determine household capacity to cope with this dysentery epidemic number infected in the household, number who died in the household from dysentery, treatment pursued, extent of knowledge about symptoms, transmission and prevention, ability to pool knowledge in the household, and confidence in knowledge

Household 1 exhibits the highest capacity, remaining uninfected, portraying good knowledge of the disease, and being confident about the knowledge it has Households 2, 5 and 6 were also uninfected, but apparently more by chance than by deliberate behaviour change In Households 5 and 6 the lack of infection may be due to good hygiene practices since both are situated in villages badly affected by the epidemic, are relatively mobile and both heads of the household - Patson and Kemison - regularly drink wine and beer locally Household 2 is socially and geographically isolated and this may have protected it from infection

The afflicted households, namely Households 3, 4 and 7, may have been unable to prevent

[5] Action against the first cholera epidemic in Chiawa in January 1993 is a striking contrast Informants had a very clear picture of how cholera had come to Chiawa, and what villages were affected With the aid of immediate outside intervention, there was good compliance with a specified, modern treatment regime and short-term behaviour change Following the death of the old man who had attended a funeral in Lusitu, thirteen cases of cholera were diagnosed and admitted to Chiawa Rural Health Centre or taken to a cholera clinic in Lusitu The Ministry of Health sent down a team equipped with drugs, drips, disinfection, plastic sheets and sprays They established a centre for cholera treatment and control near the pontoon Members of the community, organised by food-for-work, cleared village compounds of rubbish and stagnant water All public gatherings were cancelled by the Chieftainess and village headmen There was a certain amount of panic about the epidemic and the Rural Health Centre had an influx of patients with diarrhoea, worried they had caught cholera Chiawa was very quiet for a few months, and people travelled as little as possible By March, there were still scattered cases near the pontoon but the situation was under control

ınfectıon for varıous reasons Household 3 both faıled to apply knowledge ıt had about treatment and preventıon of dysentery, and lost a chıld But thıs chıld may also have been sufferıng from an underlyıng ımmune deficıency Households 4 and 7 possess adequate knowledge about dysentery, but the former applıed ıt only after the fact and the latter faıled to apply ıt at all Head of Household 7 was confident that he could manage any dysentery ınfectıon wıth herbs that he keeps at home rather than through sanıtatıon

By 1994, dysentery ıs endemıc wıth outbreaks especıally prevalent durıng the hot season at Masstock farm where the lıvıng condıtıons are overcrowded and most workers are usıng the bush to go the toılet The change ın the local epıdemıology of dysentery ıs reflected ın local perceptıons In the households, respondents no longer poınt fingers at local beer drınks and Chırundu as the sources of the ınfectıon For example, Evarısto ın Household 3 says that dysentery ıs carrıed by Tonga from Southern Provınce to Masstock farm where they work seasonally "Anımals and humans drınk and wash ın the same water ın Lusıtu [Southern Provınce] so the water ıs not clean If your blood ıs weak, you can then catch ıt from them when you work at Masstock" Joseph ın Household 1 blames the Tonga also - "Cholera comes from Mazabuka ın Southern Provınce and Lusaka carrıed by the wınd"

All households re-ıntervıewed ın 1994 stıll maıntaın that herbal medıcıne ıs avaılable for dysentery Households 1, 4 and 7 testıfy to ıts efficacy of thıs treatment, but Households 3 (ıncludıng Lydıa) and 5 advocate goıng to the hospıtal and claım that most people do thıs when they fall ıll wıth dysentery Dysentery ıs stıll referred to as karedı and blood ıs mentıoned agaın by all the households as the dıstınctıve symptom The dısease ıs no longer "new", all respondents acknowledge the endemıc nature of dysentery and most households

report that it can now occur throughout the year, not just in the hot season

In all respects, dysentery is clearly distinguished from cholera cholera is acknowledged as a new disease and one for which there is no herbal medicine in Chiawa so people have to resort to the hospital for treatment and cure Distinctive symptoms are vomiting and a pale white faeces - not blood It is clearly associated with the rainy season, and according to all respondents, there have not been many cases in Chiawa (none of these case study households have had a member fall sick with cholera)

The occurrence of cholera in Chiawa and the endemic nature of dysentery reflect how environmental health has deteriorated in Chiawa as in other parts of Zambia This further undermines the capacity of individual households

5.2

A DROUGHT

Although seasonal shortages of food, inadequate rainfall and nzara (hunger) years are familiar periodic events in Chiawa, the 1991/2 drought was exceptional throughout Central and Southern Africa The lowest rainfall since 1923-4 was recorded in the near-by Monze District in Southern Province (Foster 1993 250) According to local household explanations, this 1991-92 drought was unique

> "This year is worse than other dry years Normally we survive because rain is a little bit fair Even if maize is burnt we can harvest sorghum If the sorghum fails, we can harvest maize This year everything was burnt", [Jailos, Household 7]

> "This is the worst drought I can remember Never before have we had no cobs of fresh maize from our gardens", [Lydia, Household 3]

The assessment of household ability to cope with the on-going 1991/92 drought was based on direct observation of the households at regular intervals over a period of five months Certain components of household structure and kinship, trading or labour links with the commercial farm, extent of occupational pluralism, nutrition and health, participation in Food-For-Work, failure to exploit available resources, and assessment of individual capacity of respondents were all significant factors

Extracts from my field dıary are a depressıng record of the onslaught of the drought ın Chıawa. The raıns came early ın November but then stopped, and between late November and late March there were only one or two raın showers, January would normally be the month wıth the most raın Everywhere, except ın the vıllages near the hılls, lack of raın durıng the early plantıng perıod destroyed most of the crops By the end of February crops were dry or dead ın both the upland fields and the rıver gardens Vıllagers started movıng back from theır rıver gardens (matoro) where they usually lıve durıng the raıny season to abandon farmıng and pursue other actıvıtıes

As the drought progressed, resources dwındled, certaın trades drıed up and optıons narrowed As early as February, vıllagers, represented by the headmen, were approachıng the Chıeftaıness to decıde what help they mıght get Plannıng for drought relıef at a natıonal level started ın February 1992 and averted starvatıon (Foster 1993 250) [1] By late May, a local commıttee was formed to co-ordınate wıth the emergency Programme to Prevent Malnutrıtıon (PPM) ın Lusaka [2] PPM was co-ordınated by the Mınıstry of Health and Mınıstry of Agrıculture at a natıonal and dıstrıct level and the membershıp of local commıttees was faırly flexıble, aımıng to reach a commıttee of "capacıty" and one that was not polıtıcally vulnerable The lead N G O ın Kafue Dıstrıct - the Roman Catholıc dıocese - were the ımplementıng agency The local commıttee's first task was to ıdentıfy when exıstıng food reserves would be exhausted and how long people were able to buy subsıdısed mealıe-meal Contrary to what

[1] The success of thıs drought relıef effort was thought to largely be because food was avaılable There was rarely a sıtuatıon where confidence dropped and people panıcked that food was about to run out and bought up all avaılable supplıes The bıggest dıfficultıes the programme faced was engıneerıng and technıcal supervısıon for the Food-For-Work tasks (Charlotte Scott-Harland 1998 personal communıcatıon)

[2] The local PPM commıttee utılısed the 1991 Household Survey results about sex and age dıstrıbutıon, household structure, marıtal status and the economy to help assess what relıef was needed

one might expect, and according to two informants, there was a tendency for locals to over-estimate (in the opinion of the PPM), rather than under-estimate how long their own food reserves and income might last For example, one area (Mugurameno where Household 4 is situated) claimed they would not need the Food-For-Work programme at all This assessment was overruled by the local PPM Other areas asked for it to be introduced around September or October The PPM were also asked to identify the "needy", classified as the elderly and infirm, the handicapped and female headed households These households were to receive some free maize, beans and oil None of the household members selected here were defined as "needy", although two households were women headed (Lydia and Noreen, Households 3 and 4) and one is handicapped (Edward, Household 2) Edward remarked in July that year, "I do not see any help from the government, which used to deliver free food Don't tell a hungry man, 'Wait, I'm coming'"

The national strategy adopted an approach from Food Security policy formulated in the mid-1980s which advocated raising the food-purchasing power of the poor in a famine by selling food aid and using the proceeds to help the needy rather than directly delivering free food to everyone (Ravillion 1992 8-9, Maxwell 1989 6) This was a departure from the previous government's strategy of giving free relief food [3] From July 1992, the supply of relief maize at a subsidised price, to six distribution points in Chiawa, was consistent Subsidised mealie-meal was also available in local shops Initially, the relief maize was unavailable to government workers, and then the price was increased and it became available to anyone with

[3] Scudder (1962 215) records the distribution of famine relief grain in the lower and middle Zambezi valley from the early 20th onwards Colson (1979 27) seems unsure about the strategy of relief maize, believing that before it was introduced, the Tonga had "moderately effective" ways of coping with a famine and the relief food "removes some of the responsibility for long-term planning to ensure they survive when their crops fail"

the money to buy The relief maize was yellow maize, donated or bought from the USA or Argentina, and had to be ground at one of four hammer-mills at an added cost Some villagers, and this is true of Households 1, 2 and 4, had to travel (by foot, tractor or bicycle) up to 30 kms to reach a hammer-mill The maize was also dirty, and had to be cleaned by washing with water or sieving before it could be used at all

By mid-October, it was decided that most people in Chiawa were no longer able to buy relief maize and a Food-For-Work programme was introduced The programme involved women working in fours to clear and prepare the fields for planting, and men building pit-latrines and mending roads After planting, Food-For-Work continued with people weeding fields, and clearing compounds and villages during the cholera epidemic The programme finished in May 1993 [4]

The work always included the participants' fields and was organised by local supervisors For every 15 lima (1 lima = a quarter of a hectare) cleared (about 10 mornings' work), an individual received 50kgs of relief maize For every pit-latrine dug properly, again an individual received 50kgs of maize There was theoretically a restriction on the number of able-bodied people in one household allowed to participate, but in practice, most adults were permitted to be involved Early in December, the PPM supplied white maize and sorghum seed on credit

Effects of the Drought in the Household

[4] The response to the 1949 famine in Malawi was very similar to the 1992 drought relief in Zambia with food distribution centres supplying subsidised maize and the introduction of Food-For-Work later in the season Free food was only distributed to the old and infirm (Vaughan 1987 41-43)

Table 7· Effects of the Drought in the Households

Effects	HOUSEHOLDS 1	2	3 (a)	4	5	6	7	
Sleep hungry		n	n	y	y	y	y	y
Children leave school		n	na	y	n	n	n	y
No sorghum platform		y	y	y	y	y	y	y
No crops in <u>matoro</u>		n	y	n	n	n	n	n
Wild game destroy crops (b)		n	n	n	y	n	y	n
Empty maize granary		n	n	y	y	y	y	y
Buy maize		y	y	y	y	y	y	y
No seed to plant		n	y	y	y	y	y	y
Unable to buy clothes		y	y	y	y	n	y	y
Short of salt, sugar & soap		n	y	y	y	n	y	y

Note - a) y = yes, n = no, na = not applicable
- b) In 1992, the game was particularly destructive both because of the drought and, because of intensive elephant culling taking place across the Zambezi River in a Zimbabwean game-park (Mana Pools) which encouraged the elephants to swim over to Chiawa for refuge

Most years, subsistence production of staple grains (sorghum and maize) would, on average, feed a household until October In October, the households start buying mealie-meal, waiting for the green maize in their <u>matoro</u> to ripen by December It is standard for staple crops not to feed a rural household for 365 days a year, and for households to rely on store-bought mealie-meal This matches subsistence production amongst the valley Tonga who, in a good year, have little grain to spare beyond subsistence requirements, and whose granaries had run out by November in 1984 (a "good year") (Reynolds 1991 26) With other groups a shortage of staple food may be due to factors other than a harsh environment Richards cites the difficulties of storing grain, the importance of exchange, and the ethos of giving as the main reasons for Bemba millet not lasting for 12 months On average the millet will stretch over 9 months (Gluckman 1945 59)

With negligible yields of sorghum in all households, the platform displays of sorghum which normally spring up in Chiawa household compounds in May, were not built in 1992 Lancaster (1981 22) notes their absence during the 1968 drought as one of the main signs of a drought year 1992 maize yields were also either inadequate or non-existent Only Households 1 and 2, living in a village near the hills where there was more rainfall, had maize granaries which did not stand empty all year (see Table 7) Household 2 subsisted until June off their own crop, and Household 1 until August Households 3, 4 and 5 had no maize crop because of the drought and had been buying mealie-meal since October/November 1991 Households 6 and 7 had minimal yields (Household 7 recalls harvesting 2 buckets of maize and one bucket of sorghum) which fed their households for a few weeks after harvesting in March/April 1992, and then they too had to buy their staple food Household 1 was the only household which also managed to save 10kgs of white maize seed from their own crop for planting in November 1992 Joseph bought more seed by exchanging a puppy for a chicken and then selling the chicken, and from proceeds raised by his senior wife Mary selling thatching grass Other households, when questioned in August, planned to buy seed from the local co-operatives, shops or villages on the plateau, except for Household 7 which hoped to beg or borrow seed from family or friends In the event, Households 3 and 5 bought some seed and obtained some from PPM, Household 4 had some seed sent from adult children residing in town and obtained some from PPM, and Households 2, 6 and 7 got all their seed from PPM

As mentioned before, even the matoro system is vulnerable in drought years (see Section 3 1) Households 1, 3, 4, 6 and 7 had some crops in their matoros Households 1 and 2 have matoros that would be especially vulnerable in drought years dependent on a perennial stream

Household 7 has potentially the best matoro since it is situated in a very moist area which can be cropped even in a bad drought (see Section 3 1) Household 4 had to flee from residing in the matoro in October because of elephants which partly destroyed its bananas and vegetable garden Only Household 6 partially remained in the matoro for most of the year This is because Joyce's mother Emelda prefers to stay in the matoro in spite of the drought, looking after her youngest grandchildren and tending to a vegetable garden planted in a dry stream bed

By March, mealie-meal was in short supply in shops "Thank God that the villagers have bananas", one Catholic missionary remarked Indeed, before relief food was available, some people were only eating bananas, wild fruit and wild foods A local headman recalls, "Some people in my village sleep hungry, some only eat masau and bananas" (Freudenthal 1992) Five out of seven households recalled going to bed hungry at some stage of the drought Noreen, Head of Household 4 exclaimed, "You can see the children are not eating properly They are too thin because feeding them is a problem We are starving here I am so worried What can I give the children? How can I survive? You will come and find me dead" One of her elder sons' left for town because of the hunger She told him, "You remember us because we are starving here" Similarly, Jailos the Head of Household 7 pleaded, "We are so weak with hunger Can you bring us a bucket of maize" His son Petros remarks later, "If there is no food, we just drink water and eat bananas" Joyce in Household 6 says "Sometimes we have nothing to eat"

Observation suggested that only Households 1 and 2 were not notably undernourished at some point during the drought In other households, the children, in particular weaning infants and

teenage girls, seemed thin and lethargic, and frequently suffered from skin rashes The adults also lost significant amounts of weight and suffered from fatigue By October 1992, this was especially evident in Households 3, 4, 6 and 7 This corresponds with Vaughan's (1987 44-47) analysis of the 1948-9 famine in Malawi which indicates that malnutrition was evident by October 1949 This time, one year after the failure of the rains, is when the worst suffering is experienced and coincides with the busiest period of garden cultivation

Mid-August 1992, each respondent was asked what they had eaten for lunch on that day [5] Only Household 7 had not eaten sadza (cooked mealie-meal) This household had only eaten masau (wild fruit), but Jailos said after "begging for a plate of ground mealie-meal from a friend" they planned to eat sadza with beans (from their own matoro) in the evening All the other households were eating sadza for lunch, made from USAID yellow maize, bought at a subsidised rate from local shops Accompanying the sadza was one or two of the following rape (Households 3, 4, 5 and 6), beans (Household 1), wild okra (Household 2), goat (Household 3), and fresh maize (Household 5) Most of this "relish" [6] was purchased Household 3 and 5 had three dishes for lunch but, whereas in Household 5, this is an indicator of diversity in foodstuffs and resources, in Household 3 it is an example of a radical strategy to deflect malnutrition Lydia, Head of Household 3, had slaughtered one of their three goats the previous week because she was afraid that the children were malnourished and had no other means of feeding them adequately Overall, there was a significant lack of protein in the diet and indications of chronic undernourishment due to lack of food and/or variety of

[5] I am indebted to Elizabeth Colson, who was with me in the field at the time, for suggesting this approach

[6] Relish is a colloquial expression in Zambia for the food (sauce, vegetables, meat, fish) that accompanies the staple maize or sorghum

foodstuffs particularly in Household 7 but also in Households 3, 4 and 6 Later on in the year, especially from October through to March, the diet in these households seemed to get progressively less varied, to include more wild gathered foods and, after Food-For-Work was introduced, more maize in bulk This is similar to observations on diet made by Colson (1979 25) of the Gwembe Tonga in bad years During the 1992 drought it was difficult to gauge the interchanging and sharing of food between households which Lancaster (1981), Thomson (1954), Vaughan (1987) and Moore and Vaughan (1994) have observed in Zambia and Malawi, aside from the presence of daughters visiting during meal times in Household 1 and the begging from neighbours and kin in Household 7 [7]

Analysis of diet is difficult because of the varying compositions of foodstuffs, the variation of individual intake related to seasonal shortage, and the varying number of people who share

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[7] Two years later, in June 1994, observations were made on diet again in all the households (except Household 2) The 1993-4 season had been a fair one (not as good as 1992-3) and June is, in a good year, a time of plenty following the harvest (see Section 3 1) Households 1, 4 and 5 estimated they had consumed about 25kgs of mealie-meal in one week, Lydia in Household 3a (Household 3 by 1994 had split into two - Lydia heading one (3a) and Evaristo the other (3b) - see Section 4 4) about 30kgs and Household 6 15kgs Household 7 estimates were unreliable since initially Jailos claimed to have consumed 60kgs in a week and when this was queried, dropped down to 30kgs a month No estimate was obtained from Evaristo in Household 3b The sadza consumed in Households 1, 3a, 5 and 6 was their own, Households 4 and 7 had bought theirs (Household 4 from tobacco sales and Household 7 from Petros's salary), and Household 3b was given the maize by Margaret's father Other relish consumed included their own chicken (Household 1), their own goat (Household 5), kapenta (Household 3b), sour milk (Household 5), pumpkin (Household 1), pumpkin leaves (Households 4, 6 and 7), sweet potatoe leaves (Household 6), beans (Household 6), rape (Households 3a, 3b and 5), okra (Household 4), green maize (Household 4), and a wild green called ondwe (Households 3a) Households 3b and 5 had bought some of their vegetables (Evaristo had given some of the rape he bought to his mother-in-law Lydia), all the other vegetables were grown in the households' own fields or gathered in the bush Household 3b had also bought kapenta (with Evaristo's Masstock salary) Household 5's sour milk was from their own cow Household 1 was in addition brewing beer (not for sale but for their own consumption with neighbours, friends and kin) from their own sorghum and maize Even though Households 1 and 5 had the largest households at that time, they still have the most varied and nutritious diet and their diet is considerably better than it was in August 1992 Household 3b's diet is the next best, then Household 4, whose residence in a new matoro would appeared to have boosted the household diet Household 3a is short of relish (the day we visited they were eating maize without any relish) and what little there is is often gathered, and Lydia, Temison and Lillian all look underweight Household 6's consumption of staple grain is a little low Joyce and her children also look tired and underweight, and the baby is quite sick (this baby dies two months later) Household 7 has the least varied and poorest diet and all the household members look thin Nevertheless, all households' diets were an improvement on August 1992

each meal (Gluckman 1945) It is also difficult to reach a scientifically satisfactory definition of individual food needs (Vaughan 1987 6) Maxwell (1989 3,6) identifies shifts in thinking about food security since the World Food Conference of 1974 from a global and national level to a household and individual level Current definitions begin with individual entitlement - individual access, in all seasons and all years, to enough food not just for survival but for active participation in society, and food systems are secure when they "remove the fear that there will not be enough to eat", and people have "secure access to the food they want" Hence, Maxwell (ibid 6) writes "instead of a discussion concerned with national food supply and price, we find a discussion concerned with the complexities of livelihood strategies in difficult and uncertain environments, and with understanding how people themselves respond to perceived risks and uncertainties" Sen (1981 8) coins this as a shift "of thinking in terms of what exists", to "terms of who can command what" [his emphasis]

Children in Households 3 and 7 stopped attending school because they had to help raise money for food, the parents could not afford to buy uniforms and books, or they lacked the energy to attend "Plenty of my friends have left school because they have nothing to eat", Gertrude, Noreen's sixteen year old daughter (Household 4) reports The headmaster of Chiawa Primary School noticed that the attendance at school dropped significantly during the drought "A person cannot learn well when hungry", he explained The attendance shot up again once relief food and subsidised food were available

Many households complained of having no spare cash to buy clothes, salt, sugar and soap Joseph's wife Mary in Household 1 said that she usually kept her income for clothes but this year she had to use it to buy food for the family Lancaster (1981 256) remarks that in Lusitu

the cash sector is highly vulnerable in years of poorer rainfall Whatever cash households raised seem to be channelled mostly into food purchases as the following narrative demonstrates

> "My father used to support my business initiatives I have been involved in selling <u>salaula</u> (second-hand clothes), <u>kapenta</u> (fish), and beer brewing But he has no money this year because of hunger I would like to sell fritters but he has no money for flour and oil This year it is difficult enough to get relish for the family This is a new problem for us It is my first time to experience such a bad drought" [Ingrid, daughter to Patson, head of Household 5]

Coping with the Drought

Crucial factors underlying how households coped with the 1992 drought are of three types survival strategies within their own resource base, the availability of wage labour within and outside Chiawa, and external assistance (see Helle-Valle 1992) The emphasis is on both the resource base and the actual exploitation of the resource base For example, decisions made early on about how to "husband one's physical and social resources" (Colson 1979 25) appear to deflect more desperate responses such as major sale of assets and migration (Ravillion 1992 10) There is a distinction between "self-insurance strategies" that have developed if the main source of food is at recurrent risk (Frankenberger and Goldstein 1992 195), and which may be stepped up in an uncommonly critical year, and developing new strategies in response to an especially inhospitable and changing environment Table 8 tabulates the strategies that the selected households used to survive the drought

Sufficiency of the Resource Base

Some self-insurance strategies are embedded in language and ritual and are more meaningful to the older generation The chronic "hunger" months are December through to March, when labour demands are high, food and cash are short and piecework is largely unavailable In Chiawa, February is called mukadzi in Goba, "the month of women", when women are said to pick babycobs for themselves and their children behind their husband's back March is "the month of men", murume, when men are said to hide the honey they collect from the bush for their own consumption These months, up to the harvest in May or June, are also traditionally referred to as "folklore months" (Lancaster 1981 219), with elders relating stories about mythical lions and snakes to prevent the children from eating the unripe crops "We put medicine in the fields that make snakes run after children and bite them", Patson in Household 5 relates, "When the cucumbers, watermelons and pumpkins are ready, we put different medicine and tell children they are free to scavenge" Lydia in Household 5 relates the same tradition but adds, "These stories are no longer believed by children They know you are cheating"

Table 8 Local Strategies to Survive the Drought

	HOUSEHOLDS						
Strategies	**1**	**2** (a)	**3**	**4**	**5**	**6**	**7**
Sell livestock	y	n	n	y	y	n	n
Hunt for household food	y	y	n	n	y	n	n
Sell game-meat	?	y	n	n	?	n	n
Fish	n	n	y	y	y	y	y
Sell fish	n	n	n	n	n	y	n
Make crafts (mats etc)	y	y	n	n	y	n	y
Grow vegetables & fruit	n	n	y	y	y	y	y
Sell vegetables & fruit	n	n	y	y	y	y	y
Sell masau (wild fruit)	n	n	y	y	y*	y	y
Sell tobacco	n	n	n	y	y	y	n
Sell thatching grass	y*(b)	y*	n	y*	n	n	n
Brew & sell beer	n	n	n	y	y	n	n
Make & sell bread	n	y*	n	n	n	n	n
Patch & sew clothes	y	n	n	n	n	n	n
Relatives assistance	y	y	y	y	y	y	y
Neighbours assistance n	n	y	n	n	n	y	
Begging for food	n	n	y*	n	n	n	y
Food for Work	y*	n	y*	y*	y*	y*	y*
Piecework (not Masstock)	n	y	y	y	n	y	y
Masstock (HH member)(c)	y	y	y	n	y	y	y*
Migration (HH member)	y	n	n	y	n	n	n

Note - a) y = yes, n = no, ? = unsure (although the households hunted for household food, there was no evidence they sold game-meat)
- b) * = new ventures adopted in response to the drought
- c) either working at Masstock and/or trading (as is the case for Households 2, 5 and 6) directly with Masstock

Only one household mentioned the possible role of the ancestors in the drought "This drought is worse than ever before", commented Kemison, Joyce's husband in Household 6, "Maybe this is because of the ancestor's anger" Special prestations were made through rain-shrines during the 1992 drought but these prayers, drumming and offerings by the Chieftainess, the Chief Adviser and the guardian of the rain shrine failed to appease the ancestors The Chieftainess later remarked that she had no faith in these rituals Other people blamed incorrect ceremonial procedure The guardian of the rain shrine believes that, "Some

people have been killing and poisoning fish in a sacred dam in Chiawa where the spirits live The spirits are angry and disturbed" Vaughan (1987 54) notes that rainmaking signifies an area's vulnerability to regular periods of scarcity

Until the Food-For-Work programme was introduced in October, cash had to be raised by the households to buy mealie-meal subsidised by the government and the Catholic Church Households 2 and 5 explain "We are doing anything this year to raise money for mealie-meal" [Doreen, Household 2], "If the household has no money, people are really suffering, and many households have no money this year" [Patson, Household 5] Households 4, 5 and 7 bought maize by the bucket, prior to Food-For-Work, because they could not afford to buy 25kgs bags Household 7 more than once, begged a plate of mealie-meal off neighbours or kin Household 3 also occasionally asked for food from neighbours but not as frequently or in the same manner as Household 7 Scudder (1962 245) sees begging as an "indigenous famine relief measure", parallel to interneighbourhood exchange and visiting, which stretches out food supplies

Households activities which normally buffer food shortages or provide an alternative source of income or food were intensified These include, selling livestock, hunting and fishing for household food and to sell, making crafts, cultivating vegetable gardens and tobacco for household consumption and/or for sale, gathering and selling wild fruit, collecting and selling thatching grass, bartering and selling labour power (referred to as "piecework" in Zambia) and migrating to town (especially young adults) For some households it was their first time to engage in such activities (see Table 8)

Lancaster (1981 117) points out it is normally important for the Goba that time is not taken up by land alone, but that there is time left for these other activities Scudder (1975) shows that food gathering, fishing and hunting by the valley Tonga in the lower Zambezi provide a much higher proportion of relishes throughout the year than farming This diversification of activities pays dividends in bad years and specialisation, according to Colson's (1979 23) analysis of food strategies in the Gwembe, is a "mistake" in a vulnerable environment Historically, many Central African populations have traded to supplement subsistence (see Vaughan 1987) [8]

Livestock, mostly goats, guinea-fowl, ducks and chickens, are normally consumed and sold on a casual basis or for special occasions In a drought year, livestock is an important resource for food and exchange Households 1 and 4 sold chickens to raise money, although both commented that the persistent hunger was depleting their stock and leaving them with not enough to sell Household 5 sold goats (in 1991, Patson had 45 goats) to buy maize but Patson said that, "This year we might finish them all because of hunger" Household 2 still had dogs for hunting Household 3 had two goats, having slaughtered the third, as previously mentioned, to avert malnutrition in the children Lydia did not want to slaughter or sell the last two because she wanted them to produce kids and replenish her flock The 1991 household survey revealed that almost all of the households keep some animals, with chickens being the most common (71% of households kept chickens) (Bond and Wallman 1993 12)

[8] Colson relates how the Member of Parliament (MP) in Gwembe, upon hearing of her visit to Chiawa in the 1992 drought, said, "The Goba must be suffering because they have no trading power" (1992 personal communication) This is an example of Goba capabilities being underestimated

Households 6 and 7 are therefore exceptional in their lack of livestock and, according the household survey, neither did they have livestock the previous year (July 1991)

Colson (1992 personal communication) felt that the most significant difference between the Gwembe Tonga and the Goba in Chiawa, during the 1991/92 drought, was that the Tonga had more livestock (notably goats and cattle), originally built up after receiving compensation for their translocation from the Kariba river basin in the late 1950's She felt this gave the Gwembe Tonga an important advantage over the Goba in Chiawa Indeed, Foster (1993 250) records how the Tonga in Monze District sold off cattle and chickens during the 1992 drought, mostly in the Copperbelt market, but the volume, combined with measures against corridor cattle disease, eventually caused a glut in the market so that prices plummeted

For Households 1, 2 and 5 game-meat is an important component of household diet despite the prohibitions imposed on hunting For Household 2 [9] who dried the meat and sold it locally to Masstock workers, it was also one of the main sources of income during the drought Joseph and Patson, Heads of Households 1 and 5, are also experienced hunters who openly admitted to hunting for household food but not to selling game-meat This may be true as both have other sources of income and large numbers of kin dependent on them whom they may be obliged to give game-meat to Household 4 with no resident adult man is disadvantaged in this respect, although Noreen would probably receive gifts of game-meat from kin since she lives in an area where wild game is plentiful Evaristo's work at Masstock and education outside Chiawa means that he does not often hunt for Household 3, though he

[9] Hunting for Edward (Household 2) who is handicapped is an important survival skill and one at which he apparently excels Hunting - even for the pot - is against the law

does occasionally trap small birds and bush rats So do the younger boys in Household 7 (Jailos their father does not hunt, which is unusual for his generation) But it is also likely that they consume what they catch on their own, not sharing it with other household members Household 6 is likely to receive game-meat from Kemison's brother who is a renown hunter and lives in the next door compound

Commercial fishing normally stops for four winter months (May to August) to replenish stocks In 1992, however, catching fish to sell by Chiawa fishermen was relentless because of the drought They could always be seen fishing from the river banks or going out in canoes early morning and evening In the villages, fish dried in the sun on the thatched roofs of houses Traders from town flocked to Chiawa, with freezers full of ice loaded onto the back of pick-up cars, to buy fish Only one of the selected households sold fish commercially Kemison, head of Household 6 is a fisherman and Joyce (his wife) went at least twice a month to Masstock to sell the fish he caught, staying with her sister Grace who lives and works on the farm She sells on credit, returning at the end of the month to collect payment Although in previous years she had also travelled to sell Kemison's catch, she started going more frequently during the drought because she said it became their main source of income to buy mealie-meal and relish In three other households (4, 5 and 7) adolescents caught fish for household consumption [10] Households 1 and 2 live away from the river, their consumption of game-meat probably compensating for the lack of fish Evaristo in Household 3 occasionally fishes from the bank for the household The late husband of Noreen, head of Household 4, had been a fisherman and she often commented that if her husband were alive

[10] Fishing, for both girls and boys, is an adolescent pastime and, especially during a drought, a vital contribution to household nutrition

and selling fish, she would not have such a problem feeding her household in the drought

Making crafts is another occupation, like hunting, that is dominated by Goba men, and stepped up as a direct result of the drought in the households where these skills exist Joseph, head of Household 1, makes and sells axe handles and muzzle-loader guns Edward's (Household 2) main occupation, other than hunting, is to carve wooden plates, spoons and stools, which his wife sells at the near-by commercial farm In Household 5, Patson makes axe-handles, wooden cooking sticks and reed mats, which he mostly sells to the migrant labourers at the farm He also makes canoes, and in the drought year, made one which he kept for his own use, selling his old one Jailos, head of Household 7 makes reed mats which he carries to the Chirundu border post to sell The crucial economic importance of craft skills is underlined by Lydia (Household 5), "I find it a problem to manage without my husband who used to make reed mats and sell them in Kafue and Lusaka Without this income, I am very short of money to feed the children"

River gardens are a "well-tried reaction to drought" (Vaughan 1987 58), in 1861-3 Livingstone recalled the importance of growing crops on wetland on the Zambezi during drought years All the households with access to flowing water planted vegetable gardens in the 1992 drought Vegetable gardens in the matoro, as well as fruit (chiefly bananas and paw-paws), are always an important source of relish but became also an important source of cash in the drought Household 7's vegetable garden was only planted with beans and okra in the drought, although it was a good site, and some beans were left to rot despite the fact that these beans were both an important component of the household diet and a source of income (Jailos used to sell beans by the plateful to neighbours) Noreen (Household 4) planted sweet

potatoes, cassava, bananas and tobacco to sell in the drought, but only the tobacco and bananas survived The latter were then half destroyed by elephants in October 1992, but she sold what was left Her daughter Gertrude grew vegetables for household consumption Household 5 grows rape for household food, and bananas for sale Household 6 has a prolific vegetable garden in the matoro, tended by the Joyce's mother In August 1992, in this matoro there was green maize, banje (marijuana), tobacco, okra, tomatoes, pumpkins, sweet potatoes, bananas, paw-paws, sugar-cane and masau Joyce sold bananas, sugar-cane and masau in a local market and the leaves of pumpkins, cassava and sweet potatoes are also consumed as relish in her household Colson (1992 personal communication) relates how the Gwembe Tonga move down to the river and start gardens in drought years This caused tension between the resident Goba and the Tonga in the Gwembe in 1992

Gathered food is also important in hunger months and drought years (Moore and Vaughan 1994 64) Wild foods are often relied on in times of stress (Frankenberger and Goldstein 1992) and Colson (1979 20-22) chronicles the storage and transmission of knowledge on famine foods as a common response to famine Wild greens were an important component of diet in Households 3, 4 and 6 and most of the households were involved in trading masau for cash or other goods [11] For Household 3 it was the main source of income until the Food-For-Work programme was introduced Their matoro had five or six old trees which were laden with sweet fruit Only Households 1 and 2 had no masau trees in their matoro

[11] Masau is a wild fruit, rich in Vitamin C, which ripens in July and August This is believed to have been introduced by the Portugese centuries ago from South-East Asia It spreads easily and is treated as wild along the Zambezi Masau is normally eaten as a snack whilst ripe, and then collected and dried and pounded into a sweet drink or porridge in October Some women brew wine from masau There is a local saying that once you have tasted masau from the lower Zambezi valley, you will never live anywhere else

Although the crop was also affected by the drought [12], the trees were stripped of their fruit and, throughout August, Chiawa was flooded with masau traders who transported it to a market in Lusaka As many as five traders would cross the pontoon in one morning and the roadside were packed with women waiting to exchange masau for cash, mealie-meal, school-books, cloth, oil, salt or enamel plates Credit was also accepted for short periods of time This trade is dominated by women, who pick the masau, aided by their children The price plummeted before the end of the season because of a glut in the market, transport costs and the guile of traders [13], but for a short period, the income from masau was indispensable to some households According to one trader, many more people were selling masau to them in 1992 than in the previous year This trade ground to a halt by early September

For many Chiawa households masau trade was new Household 5 said that they were collecting it to sell for the first time because of the drought "Selling masau is a new business", one headmen remarked (Freudenthal 1992) More masau wine was made in the drought though none of the seven households made it Some households made more effort than others to contact traders or carry their fruit to meeting points Jailos (Household 7) said that he could not be bothered to wait by the road for traders, who often arrived late, whereas Households 3, 4, 5 and 6 worked hard to contact traders

Trading in thatching grass, in normal years collected in the winter months by women and men

[12] In local perceptions, masau trees are often more bountiful in years of drought, which in part reflects the crop's extra importance in bad years

[13] Unprofitable exchanges during hunger months are also recorded by Lancaster (1981) amongst the Goba, Bangwe (1997) amongst the Tonga in Monze District and Richards (1961) amongst the Bemba

to repair their own houses, also boomed in the drought The drought coincided with an influx of tourist enterprises which needed to build lodges in the area, and the building of permanent houses for migrant labourers on the commercial farm, both of which created a big demand for thatching grass The four households in this research who collected and sold thatching grass, did so for first time The price for thatching grass was low but still a fundamental component of some household's income For example, Mary (wife of Joseph, Household 1) raised enough money from selling thatching grass to the Chieftainess's new tourist lodge, for her husband to invest in new varieties of sorghum seed

"Piecework", or selling labour power, was another common strategy for coping with the drought There are two types, working for others in the villages or working at Masstock farm Jailos (Household 7) started to look for piecework in September to pay for a tin of maize He and Kemison (heads of Household 6), built houses for neighbours Lydia (Head of Household 3) was "forced to look for piecework for the first time", and she and Grace worked in neighbours' fields in exchange for food [14] Noreen (Head of Household 4) brewed beer for the headman of her village in exchange for one clay pot of the beer which she sold Households 1, 2, 3, 6 and 7 either had a household member working at Masstock and/or were involved with trading on the farm Petros (Household 7) started working part-time there on a sporadic basis in August 1992, picking marigolds and weeding, and by November was going to work at the farm most days Evaristo (Household 3) continues to work for the farm as a seasonal pieceworker all year, asserting that if it was not for the drought, it would be better to work in his own fields Indeed, in good years, he breaks from Masstock during planting

[14] Moore and Vaughan (1994 72) note that the pattern of exchanging food for labour, within and outside kin, is historically an expression of differential rank but by the 1950s in Northern Zambia, most women do it regardless of rank or wealth and it is not considered begging if the woman is normally self-sufficient

and harvesting Both Evaristo and Petros use their salaries to buy buckets of maize for the household Edward (Household 2) worked for a short time cutting thatching grass for the farm in July 1992, his wife Doreen sells buns, sugarcane and game meat to workers at Masstock and his mother works there weeding Joseph's eldest daughter's daughter (Rebecca, aged 18 years) in Household 1 continues to work as a picker and weeder at Masstock Joyce (Household 6) as mentioned above, trades fish at Masstock and petticoats (which she makes through Chiawa women's club) While Patson (Household 5) sells axe-handles, wooden cooking sticks and reed mats to workers at the farm, none of the young adults resident in his household work on a seasonal basis at the farm which indicates this household's higher economic status Only Household 4 is not directly involved in the farm's economy because it is situated at the other end of Chiawa

Other than wage labour within Chiawa, migration to town is both a common trend for young men and a strategy for coping with extra adversity (Frankenberg and Goldstein 1992, Helle-Valle 1992, Moore and Vaughan 1994) Perhaps partly because of opportunities within Chiawa (especially Masstock), only Households 1 and 4 had young men leaving the area to seek work in town during the drought But whereas in Household 4 this was in direct response to the drought - his mother reports Julius left for town because of hunger - in Household 1, it seemed more closely tied to the normal lifecycle since Steven and Boris (aged 20 and 21 years) had just left school and were looking for employment Only Boris remained in town, Steven and Julius both came back to seasonal work in Chiawa by 1993, at Masstock and in a tourist lodge respectively This is testimony to current wage opportunities within Chiawa and the lack of them in town

Even in a bad harvest year, most households try to brew beer at least once during the dry season for ancestral and social purposes (Lancaster 1981 227) In Chiawa beer brewing is often the main source of income for "single" women (ie divorced, unmarried, separated and widowed), and many of them used the relief maize to brew gankata, or "seven day" beer This happened in Households 4 and 5 during the drought where Noreen (a widow) and Ingrid (a divorcee) in Households 4 and 5 brew beer to raise cash All the other households claimed they had not brewed beer in the dry season because of hunger, although they would normally do so Vaughan (1987 131) records how the cessation of beer brewing in the 1949 famine in Malawi hit women with absent husbands who did not remit money especially hard

More unusual ways of raising cash included patching clothes, using a sewing machine that Joseph (head of Household 1) had purchased in the late 1970's Joseph also took a job as a night watchman with an Indian trader at the pontoon, cycling some 40kms there and back each day "We die for money", he explains Doreen (Household 2) picked wheat left in the fields after harvesting at the farm, ground it at a hammer-mill and made buns to sell to the farm workers In the absence of cash, and especially in throes of the drought, bartering was an important form of exchange, with households exchanging, for example, fish, masau and game-meat for maize

Reynolds (1991 134-5) identifies food from kin as a vital buffer to crop failure amongst the valley Tonga, though she says it is very difficult to trace these exchanges Vaughan (1987 133-5) agrees with the latter point and writes that kinship obligations amongst the Chewa are redefined in droughts, with food transfers confined to the effective matrilineal descent group along mother daughter lines

All the case study households rely to some degree on other households either within or outside Chiawa for support Children in town send or bring salt, sugar, soap, seeds and material in Households 1, 3, and 4, although, as Noreen (head of Household 4) points out, "Money is also a problem in Lusaka" No-one actually recollected receiving money from relatives in town Edward (Household 2) wryly remarked, "If I go to town to get money from relatives, there is no guarantee that I will find it, and I have ended up wasting my time and money" Households 3, 5 and 7 refer to gifts of food from relatives and neighbours, Household 7 in fact appears to rely on these transactions to feed the family Jailos frequently mentioned sending his children "to scratch for relish" from neighbours or kin, and "begging" for a plate of mealie-meal, food and seeds to plant And when I accompanied his children to his matoro, they would pick fresh maize and fruit from his sister's more plentiful garden, adjacent to his Lydia in Household 3 asked for some mealie-meal on credit from a neighbour, and Household 5 spoke of receiving some relish from a neighbour Money earnt by close relatives for local piecework is another form of assistance received by Households 1, 2, 3, and 6 The money contributed to Household 6 is in direct exchange for looking after a sister's four children Joyce says that without her sister Grace's money to buy mealie-meal and support her fish business, she would not manage Edward (Household 2) comments that now that his father is no longer working and earning cash, it is difficult to cope

Labour is another form of assistance Sons who live near-by Household 5, help their father to cultivate, thatch, build canoes and fish It is adult children, siblings, parents and neighbours that most often provided support for the households in the drought In Households 1, 3, 4, 6 and 7 outside the nuclear family and aside from neighbours, it is the mother-line that

extends the most support, though Household 4 also gets considerable support from a husband's brother's son, and in Households 2 and 5 the father-line is more in evidence (see Section 3 2, 4 3 and 4 6 for more details) Colson (1979 25) notes the same reliance on nuclear families during famine in her review of food-strategies in the region

Women without an adult man resident in the household are especially vulnerable in drought years (see Reynolds 1991 135, Vaughan 1987 131-2, Gluckman 1945 66, and the reference to beer brewing above) The hunting, fishing and craft skills that Goba men bring to a household are sorely missed during the drought by widowed or divorced women in Households 3, 4 and 5, even with considerable support from women kin and their age mates In the face of failed subsistence agriculture, women fall back on collecting and selling thatching grass and masau, brewing beer, and piecework to buy food Ingrid (a divorcee) in Household 5 explains, "Women sell rape and masau, buy relief maize to brew beer, work at the commercial farm and move with men for money If I had a husband it would be easier to get relish for the family and survive to the next harvest" In the drought, women seem to have to take more risks than men, for example, slaughtering one of the last goats or exchanging sex for money or goods, because ultimately they are responsible for food stocks

Particularly in times of drought or other crisis, the ideal household should include adult men and women, the death or absence of one of these categories undermines household capacity Household 7, nevertheless, reveals that households can also be undermined by individual capacity regardless of status, household composition or matrilineal ties For example, Jailos (Head of Household 7) says in his position as a headman of the village, he does not know how people are surviving in the drought "If someone came to me hungry, I would tell him he was

old enough to fight on his own", he said, "I may give him food if I have enough for myself" Yet this is the man who gets his children to beg food off his neighbours, and allows beans to rot in his own matoro

External intervention

Every household in this research was actively involved in the Food-For-Work programme from mid October 1992 to May 1993 Joseph and Mary in Household 1 participated fully In Household 2, Edward is too handicapped and Doreen too heavily pregnant to participate but one of Edward's sisters did participate Lydia and Grace in Household 3 participate (as well as doing other piecework) as do Noreen and Grace in Household 4 Patson, head of Household 5, was the only head of household who did not - an indication of his higher economic status even in a drought His wife Emily is the only household member to participate - Ingrid was too pregnant to get involved and Charles continued with his business ventures In Household 6 Joyce works on the programme from start to finish and Kemison does some work on it In Household 7 Jailos's work on the programme is sporadic but his wife works consistently on it until she is too pregnant towards the end

The social development officer recalls receiving only one complaint that the relief food was not given free of charge as in the past The formation of single-sex work parties made some of the elders reminisce about bygone days when communities would form work-parties during harvesting or planting The general consensus in the households was that the programme was a good form of external assistance

"This is our first time to have such a thing There would have been a great problem without it No-one is short of food now I will continue working until the next harvest because I have no other source of money",[Lydia, Household 3]

"This is a better way to get food If there was no such programme, there would be much hunger in this area" [Noreen, Household 4]

"The food-for-work is very good, especially as relish is difficult now and rains are a problem here, arriving late in December or January I will work on the programme until the next harvest People were reluctant at first They wanted food for nothing People are difficult" [Joyce, Household 6]

The support and relief that the programme extended to households is obvious Many managed to save enough maize to see them to the 1992/93 harvest Ironically, more fields were cleared and more crops planted than previous years, the supply of staple food was not critical during the hunger months, and better quality seed provided by PPM produced higher yields [15] Both maize and sorghum seed were provided on a credit basis by PPM although currently there are efforts to persuade the people of the river valleys to grow sorghum, rather than maize, as their staple crop [16] Sorghum is better suited to low rainfall and high soil temperatures, produces higher yields and is more nutritious However, as Colson (1979 24) points out, maize ripens

[15] The Chieftainess hoped that this experience would teach her villagers that seed recommended by the government is of better quality, and produces a higher yield than local seed She also hoped that her villagers would be won over to planting more sorghum

[16] The history of growing maize in rural Zambia is a legacy of previous government policy, rather than a failure of villagers to assess their own environment (see Foster 1993)

quicker than sorghum, averting hunger after a bad year

The Food-For-Work programme put off more irreversible strategies like selling land or permanent out-migration (Frankenberg and Goldstein 1992 201) Nor did village disintegration or stealing (pinpointed by Colson 1979 26) become more common as the drought progressed Food-For-Work is a good example of the roles of external assistance when people can no longer cope, it probably averted disaster in some of the weaker households [17]

Summarising the capacity of the seven households to cope with the drought, there is a clear ranking Households 1 and 5 did best Both households are headed by men who have diverse skills and the ability to exploit any available resources Both households are large (Richards 8 150) and have active links with the commercial farm Their nutritional status did not appear to suffer, though their diet worsened and agricultural production was way below a good year's harvest Both households participated in Food-For-Work Household 5 has more material and livestock assets than Household 1 but also had to sell more to survive the drought, since Household 1's setting near the hills allowed it to subsist off its' own maize until August 1992 whereas Household 5 had no crop The individual capacities of all respondents in these two households are characterised by reasonable health, hard work, good articulation, special skills, and resourcefulness

[17] Colson (1979 26) writes that "Hunger periods are likely to add to the wealth of the wealthiest and reduce the wealth of those who have little" None of the households fall into the wealthiest category in Chiawa but people who owned a hammer-mill or had their own transport made a killing in the 1992 drought

Household 6 is largely dependent on the activities of adult women (namely Joyce, Emelda and Grace) for its survival, in the absence of any able-bodied adult men (Joyce's husband is chronically sick), and the members of the household noticeably lost weight and suffered poor health in the drought The women are capable of exploiting resources - trade at Masstock, work at Masstock and a good matoro - to help support the large number of young children in the household

Households 2 is handicapped by the physical disabilities of the adults that head it, and Households 3 and 4 are headed by single, elderly women with strong networks of friends and kin Despite their circumstances, they continue to exploit available resources and exhibit good individual capacity Household 2 is seemingly aided by sharing a compound with Edward's family, and its nutritional status is boosted by gamemeat The capacity of Household 3 is strengthened by the presence of one young adult couple, Evaristo's Masstock salary and extensive matrilineal ties, but like Household 4 its members appeared to lose considerable weight and suffer chronic ill-health in the drought Household 4 has no adult men contributing their labour to the household, and matrilineal ties are not particularly active though the husband's family do support Noreen She is also a capable farmer with a good matoro, though animal predation is a problem

The household that conveys the lowest capacity is Household 7 Despite being headed by a man who was village headmen for a short time during the drought, nutritional status was worryingly low, motivation was poor, available resources were often neglected, and the individual capacity of the head of household was limited by diffidence, laziness and a failure

to apply skills or knowledge Children were overloaded with responsibility, undernourished and pulled out of school

Although external intervention available to all helped deflect actual starvation, there is significant variation between the seven households in how they coped with the drought Frankenberg and Goldstein (1992) record, within a drought area, that seasonal shortages for some families produce famine conditions for others Both Colson (1979 26) and Scudder (1962 235) note that even in bad years, some food is likely to be harvested, and some households will harvest more than others Likewise in good years, a minority of households will not harvest sufficient grain for their own subsistence needs and this can lead to periods of hunger if there is no surplus from the year before As Scudder (ibid 235) points out, the reasons for this variation are not just environmental but of a "physiological and psychological nature" For example, "a household shortage almost inevitably results when one spouse is incapable of producing his or her share of the grain needed" This can be related to Household 1 producing enough grain to feed a large household until August 1992 compared to Household 2 only having maize until June 1992 with roughly the same amount of rainfall Likewise Household 7 has the best matoro but only manages to produce 3 buckets of grain As Vaughan (1987 116) writes of the "vast variations in level of suffering" - "If we are to understand why some people starve and not others, then we need to know the individual's economic entitlements both in normal and crisis times, but also to see how these are meshed with social relations" (ibid 3) The conclusion of this thesis will address how the households recovered from the drought and whether it set off a downward spiral in some

5.3

COST REFORMS IN HEALTH AND EDUCATION

This chapter explores the response of the households to the introduction of user fees in health and education, a policy labelled as "Cost Recovery" by the Zambian government and implemented in 1993 In order to detect any changes in the pattern of treatment seeking and education since 1992, and the possible impact of user fees on household capacity, the 1994 material on health seeking behaviour and education is related to material collected before the introduction of user fees Following assessment of seasonal interactions between cash flow, food and nutrition, labour demands on children, illness and education, the capacity of the different households to absorb costs is considered

Cost Recovery [1] - Policy and Implementation [2]

The introduction of user charges where social services have been in principle free revolves around key arguments about budgetary constraints and social equity Users who can afford to pay for services should do so that the government can afford to pay for certain categories of service (for example immunisation) and certain categories of user (for example children under five) which need to be subsidised or exempted from payment (Booth et al , 1996 13)

[1] The term "cost recovery" itself is problematic, even when highly successful, such schemes "recover" only a modest proportion of total costs (for example, a maximum 17-20 per cent of health-care costs) (Booth et al , 1996 12)

[2] In 1994, I was involved in a study on the social implications (impact and social response) of cost-recovery measures within the area of basic social services in health and education in poor communities in Zambia Funded by SIDA, and commissioned through the Development Studies Unit, Department of Social Anthropology, Stockholm University, I was responsible for conducting a pilot study in Chiawa Four other sites - two urban and two rural - were chosen for the subsequent study See Booth, Milimo, Bond et al , 1995, 1996

In Zambia, the move towards user charges is also driven by political rhetoric on the need to break out of the "dependency syndrome" engendered by the "humanism" policy of the previous United Independent Party (UNIP) government and by hand-outs from donors This is believed to have undermined collective and individual self-reliance and reduced capacity for self-help (ibid 14) [3]

Early in 1993, cost-recovery measures were introduced at a "terrific pace" (ibid 16) in the context of the poor economic circumstances of the average Zambian family, slashes in government expenditure on social services from 1984 to 1992, and an expenditure bias towards salaries, new capital projects and high-cost, large urban facilities at the expense of operating costs, rehabilitation, primary health and primary education

User charges had existed in both health and education prior to 1993 but on a modest scale A particular concern was whether increased user charges would result in a significant deterioration in the quantity and quality of basic health and education services available to the poorest people (ibid 15) Booth et al's study showed a startling gap between policy and actual implementation in 1994 the "social safety nets" (ibid xi) put in place to protect the most vulnerable groups and critical activities - in 1994 either did not exist or were not working as they should Immediate declines in hospital and clinic attendance were recorded and appeared to be permanent Zambia's immunisation rates - once the fourth best in Africa - plummeted until the Ministry of Health changed its approach, making more effort to ensure that immunisation and under-five clinics remained free of charge, and implementing a national

[3] The same dependency syndrome argument is reflected in development literature on famine relief and refugees, see Harrell-Bond 1986 and Sen 1981

immunisation campaign in 1994 [4] Some district health boards [5] further suspended fees in rural health centres in drought years Rehabilitation projects in schools and clinics [6] and staff training has improved the quality of care and services, but ironically it is the improved health services which are most under-utilised In primary education, the impact of substantial increases in parental contributions was diffused by the discretion of head teachers (who on the whole do not send away pupils whose fees have not been paid) and the lifting of a rule on compulsory school uniform

Cost Recovery in Chiawa

By 1990, there were five schools in Chiawa with a total enrolment of 811 pupils which indicates that not all children of school age are attending school (Chanda 1991 83) Many of these schools have been rehabilitated in the 1990s through support from FINNIDA (Finnish aid) and MicroProjects (World Bank)

From early 1993, annual fees for primary school education in all five Chiawa primary schools

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[4] When the drop in immunisation rates, monitored by UNICEF, came to the public's attention, a Ministry of Health official was quoted in the paper as blaming the fall on the "ignorance of mothers" rather than poor implementation of any exemption policy He advocated "educating mothers" to combat falling immunisation rates

[5] A core element of health reforms under the present Zambian government is the decentralisation of finance and decision making to District Health Management boards and autonomous hospital boards

[6] This rehabilitation scheme has been mostly sponsored by the World Bank under a scheme called "Microprojects" designed to cushion the impact of structural adjustment on social services Recognised as one of the most significant developments at district level since 1992, Microprojects also encourages capacity building in communities and amongst district staff Any community has to contribute 25% of costs towards rehabilitation In Chiawa, the rural health centre and some primary schools have been successfully rehabilitated through Microprojects

were hiked to K500 per child close to the minimum daily wage [7], and parents were also expected to buy school uniforms (K3,500 for girls and K5,000 for boys), books (K100), pencils (K50), and pens (K100) for each child Although uniforms were not compulsory, all children should look neat and wear clean clothes In most schools parents were also asked to contribute to a Parents Teacher Association (PTA) fund, and in all of them parents have been contributing labour to rehabilitation projects sponsored by FINNIDA, the Zambian government and Britain [8] Examination fees are also incurred in the higher primary grades By 1994, the average annual cost in Chiawa for educating one child in primary school was about K5000 without uniforms, and K10,000 with uniforms over a school year, this was comparable with other areas in Zambia (Booth et al ibid 84) There are no secondary schools in Chiawa, and the majority of pupils do not pass the Grade 7 examinations The few that do usually apply to the nearest secondary schools in Southern Province, Kafue or Chilanga Boarding fees at state secondary schools were raised from K1500 to K8000 in 1994 (ibid) and parents also have to meet the costs of transport, uniforms, PTA, books and pocket money Sending children to secondary school is beyond the economic capability of most Chiawa households For example, at the end of 1992 only two pupils (one girl and one boy) passed

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[7] In January 1993 the kwacha stood at K386 for US$1, by mid-1994 it was K533 = UK£1 Other economic indices for 1993/4 are daily minimum wage (1994) K570, maize 90kg bag, depending on location K2,500-K9,000, Gross Domestic Product (in K'Billion) on education was 47 3 and on Health was 11 9 (total GDP 2,240 7)

[8] In ten Broeke's study (1993) of Chiawa school, the community felt they were not really involved in decisions about the school - despite their participation in self-help projects - with either local leaders or the school dictating what should be done, by whom and when

the Grade 7 exams in Chiawa Primary School but the girl's family could not find the money to cover her transport, pocket-money and uniform so she did not go Many families will seek the patronage of a wealthier or teacher relative for a child to attend secondary school
The Chiawa Rural Health Centre (RHC) was rehabilitated and extended through Microprojects between 1993 and 1995 The RHC now has a male and a female ward and a maternal child health centre, and the number of staff has increased to three a clinical officer, a nurse/midwife and a health assistant Other formal health facilities are Mtendere Mission Hospital at Chirundu and a first aid room at Jordan, near the Kafue pontoon Both these facilities are in Southern Province, bordering Chiawa

In August 1993, all health facilities in Zambia began to charge for consultation Chiawa Rural Health Centre charged K300 for each consultation [9] and K2,500 for assisting delivery at home or admission, Mtendere Hospital charged K100 for out-patients (children K50) and K600 for admittance (children K500), and after one week as an in-patient, the patient was charged 50% of the original charge each week Food was provided for no additional costs, but a mother staying with her child was charged K500 a week By 1994, the hospital was charging K3000 for delivery Jordan First Aid charged K50 for the drugs it administered Community Health Workers, of which three are still active in Chiawa, continued to give drugs free but were poorly supplied

The safety net for the poorest people did not appear to operate at CRHC, there were many

[9] By August 1994, this had risen to K500 Out of the five sites in the SIDA study, CRHC had the highest fees (Booth et al 1996 38) - a reflection perhaps of the failure of the Chiawa community to protest about the fees and of the district to assess what Chiawa people could afford to pay When challenged, no one in the district health board would admit to being accountable for the decision to charge K500

stories of patients who were very sick but unable to pay being turned away by the clinical officer One woman in Chiawa related how, just a month after the fees were introduced, "The clinical officer will not listen to our problems in paying I had a very sick baby and went to the clinic just after payment started and he refused to treat her I complained to the headman and he would not listen either Please get the Chief to represent us" At the time, the clinical officer claimed that he would treat elderly people or very obviously poor people without payment but he did not publicise the availability of free treatment Often this meant that they simply did not come The blanket charge for everyone, regardless of age or economic status, was perceived as unfair One villager exclaimed, "It is not fair for old people The young can look this way and that way for piecework if a baby is sick, but old people will suffer because they are fed by others and cannot work No-one will help them pay" This comment concurs with the finding that poor Zambians, especially in rural areas, have a clear perception of the unequal capacities of individuals and households and, "Bureaucratic rules that say all must contribute regardless of circumstances run counter to the *moral economy* of such communities" (Booth et al 1996 xii)

Fees were introduced in Chiawa with no community briefing "We were not informed When you went to the clinic, you found a poster and then were asked to pay", a woman said Within three days the daily average attendance had plummeted from thirty to five By November 1994, daily attendance had crept back up to eight or ten This was after free treatment for under-fives were reinstated - the clinical officer commented that it was mostly children attending However, in September 1995 clinic staff were still charging for antenatal and other categories of user (for example STD patients and TB patients) who should have been treated free In late 1997, daily attendance was still low

A month after the introduction of fees a discussion with some women in a village near Chiawa centre demonstrates the general bemusement The fees being introduced when diseases are more prevalent and when many people can least afford it "Why are we being asked to pay at the clinic now? We cannot afford it", "Maybe it is the end of the world There are a lot of diseases and we are being asked to pay for medicine There is no medicine at the clinic! Even if you pay the K300 you may not get medicine!" The last comment points to one of the main objections to user fees at health centres - that it is consultation and not drugs that are being charged for In such a system, it is easy to end up paying twice - once in formal health facilities for consultation and again for the prescribed drugs at a source outside the health facility It is obvious that the ideal situation outlined by the Ministry of Health about ensuring "those who cannot genuinely pay are not denied treatment", and that communities should not "be taken by surprise with new medical fees" (MOH, Health Reforms Implementation Guidelines Handbook, October 1993 23-24) did not pertain in Chiawa

Mtendere Mission Hospital which is relatively better resourced apparently exercises more sympathy in treating those with no money Even if people are unable to pay consultation and treatment is provided, they are asked to pay on the next visit, and the lack of payment noted in their card Despite this provision, the hospital claims that only a small minority of patients do not pay at all It is however quite a distance from many people in Chiawa (anything from 11 to 55kms) Attendance was slightly affected by the introduction of higher fees (the hospital had been making minimal charges of K30 and K50 for registration and admittance for some time), but after one year was back to the original figures

The clinical officer, expressing concern over the low attendance at CRHC in 1994, said he felt it was not only the poverty of households that stopped them attending the clinics but also "alternatives - mainly African herbs" Much of the latter is free of charge although more specialised traditional healing and the procurement of drugs is not necessarily a cheaper option than the formal health services [10] It is nevertheless more flexible and accessible Charges may be lower for locals or acquaintances are rarely levied between kin and often waived until a cure is confirmed Shops will also give credit However, divination can be very expensive, and people are critical and suspicious of these exorbitant fees In 1994, fees in this informal health sector in 1994 ranged from K20 for two cafenol tablets [11], to K20,000 for spiritual healing dances The cheapest form of traditional healing was herbal medicine administered by people who are not n'gangas (from about K100 to K2000) but have special knowledge about certain remedies (for example to treat a sexually transmitted disease) The cheapest n'ganga was a diviner (n'ganga ye kukandisa mupini) who charged betwen K200 and K500 The most expensive were the spiritual healers - mudzimu n'gangas [12] Fees in the traditional sector are not fixed, and a certain amount of negotiation can take place on the basis of acquaintance, diagnosis and cure

The government aim is that cost reforms will foster community participation in health and

[10] The then Deputy Minister of Health, Dr Katele Kalumba, remarked, in relation to user fees, that if people were already dishing out money in the informal system then they should be prepared to do likewise in the formal health system

[11] Other costs for commonly used drugs in local shops in June 1994 were as follows two anadin K40, two chloroquine K20, three disprin K75, two panadol K50, cough mixture K900 to K1350

[12] The witchfinder in 1995 charged exorbitant fees for cleansing witches whom he identified in the community His fees - from K50,000 to K500,000, were exacted from the accused witch and his/her kin When he returned in 1997, he was demanding one or two heads of cattle as a fee Given the poverty in Chiawa it is remarkable that people meet these costs but on the whole families pay up quickly by pooling resources and getting financial help from wealthier relatives

education Yet in Chiawa, the community has been actively contributing its labour and time to these institutions since the 1960s, as education and medical records of self-help and rehabilitation projects show In the last few years there have been many demands on the community for moulding bricks, collecting sand and stones, and providing unskilled labour to the primary schools and clinic, and most teachers and health staff will acknowledge this valuable contribution But at a meeting in June 1994, to form a Chiawa Development Committee, one of the Movement for Multi-Party Democracy (MMD) councillors chided the villagers for the slow progress in the rehabilitation of CRHC A rather embarrassed headmaster, secretary of the clinic project committee, jumped to his feet and explained that the community had done their work (offloading sand and stones) but the clinic had not yet received the necessary funds from Microprojects, hence the delay Chiawa people are now starting to ask why they should provide their labour without payment, since they are now paying for services This question was raised in 1994 at the CRHC and at a primary school, where the community actually refused to give free labour

Knowledge of User Fees in the Households

In the households, there is a clear link between use of treatment and education sources, and the knowledge of charges For example Patson and Ingrid in Household 5 support three school going children and Clarence (Patson's son) is admitted to the hospital in June 1994 They know exactly what the user fees are in primary school and Mtendere hospital In Household 3, by contrast, there are no school going children, and neither Lydia or Evaristo know how much schools charge In all the households, women have more knowledge of user fees, they also have more responsibility for buying items and uniforms for school and for

taking young children to the health facilities Women's responsibility for sick children is noted in other studies of health care in Africa (see Wallman 1996, McCauley et al 1992, Last 1976) Amounts spent on school fees, books, pens, and pencils, and drugs purchased in shops are the most accurately recalled In the formal health system, household members know the differences between registration, consultation and admittance costs, though they will be vague about the actual amounts unless they have had direct contact with the health institution in question in the last few months Traditional healing charges are difficult to establish Much herbal treatment is free, and some respondents thought it quite funny that you could charge or pay for "stepping into the bush", as Lydia (Household 3) puts it Noreen in Household 4 explains, "We live in a village so we do not charge one another We are neighbours, and many of us are related so we do not charge" Remedies that are commonly known are easily shared, but more specialised herbal know-how is closely guarded and can be sold, especially to outsiders, for a small fee Suspicions about fees demanded by some n'gangas are voiced by Joseph in Household 1 - who comments "they just want money", and by Ingrid in Household 5 who says that n'gangas frequently "cheat" by demanding K1000 even to “open their mouths” Most of the households felt n'gangas were expensive

The households did not know why fees are now charged in government health and education institutions, but although not well informed of the logic behind cost recovery, they appreciate there may be a link between better services and payment Joyce, Household 6, is feeling the pinch, having forked out K300 to treat her baby for malaria in April 1994 and K350 to register the same child for under-fives in June 1994 "K300 for the clinic is a lot because we don't have money If money is there, it is better to go" Patson in Household 5 remains ambivalent about the user fees for health - "I don't know why the government charges for health

treatment Maybe they are stealing our money? Or maybe it is a good idea You see the colonial government used to collect hut tax, and in those days we had good health services Now the government is charging us directly at the hospital Maybe the hospital will improve" Ingrid, his daughter, is more sceptical - "I think it is an excuse to give more injections and to kill you with medicine" In Household 7, Jailos is understanding of user fees in education, commenting that, "For teachers to teach better we must pay because the government can't manage to pay for small things on its own" The responsibility to pay these fees has fallen on his son Petros's shoulders, (Jailos is unable to recall how much books cost because Petros had bought them) Noreen in Household 4 remarks, "I don't know why they charge school fees now I just know it is law" She says the user fees in the CRHC are less important than the quality of service provided and the distance she has to cover to reach the clinic (some 20kms) "I am not against charges at the clinic if the money is used to buy drugs and give us medical advice As long as the clinic is nearby It is not good to carry a sick child a long way If the clinic is near, you can ask people to assist you" Nonetheless, in actual illness episodes, the new user fees do prevent her and her family going to CRHC as they did in the past Outside the selected households, others expressed a similar opinion that if they could be confident that the money charged was spent on items such as blankets and medicine in the clinic itself, they would be more amenable to the idea

Health and education costs are not mentioned by any respondents when they are asked to itemise what they spend their money on Salt, soap, food, hammer-mill, clothes, loans, beer, and pots and pans are consistently reported However, illness of a family member is often mentioned in relation to crisis expenditure and education costs in relation to support from kin, particularly kin in town

Impact of User Fees on Treatment Patterns

Table 9 shows the last contact that households recall having with various treatment options in the Chiawa area In Households 1, 3b and 5, the introduction of user fees had no apparent impact on their treatment-seeking Quality, efficacy, preference and physical proximity seem as important to selection as cost Joseph in Household 1 treats himself and his family through the knowledge of herbs taught to him by his father He keeps herbs for common ailments in the household (these can be seen hanging in the rafters in his tsaka) and regularly treats his daughter Doreen for her fits Although he is looking for some n'ganga to help treat Doreen (and did use n'gangas when his sons were sick, see 5 4), he doesn't usually rely on other n'gangas and will treat others (outside kin and the household) for a fee A self-reliant man, he will often buy drugs from shops before resorting to the hospital (which he says he or family goes to if there is "no improvement" after home treatment), although he does use the community health worker who lives near by Joseph also keeps medicine left over from hospital visits in the household for dispensing to his family and can recall exactly what each tablet is for The distance to the hospital is also a deterrent As Table 9 reveals in the case of a bicycle wound he got in 1994, he will try out various treatment options to obtain an effective cure

Other than Joseph, Patson in Household 5, Lydia in Household 3, Noreen in Household 4 and Jailos in Household 7 also know "many herbs" to treat common illnesses and this knowledge is crucial to their household's management of illness Women are less likely to charge for dispensing herbal medicine to non-kin than the men - a reflection perhaps of the importance

Table 9 **Last Contact with Treatment Options and Cost of Treatment**

HH	Mtendere Hospital	Chiawa Rural Health Centre	Jordan First Aids	Drugs in shops & at home	Community Health worker	Herbs - Self or close Kin	herbs - payment to n'ganga
HH1 J= Joseph	1992 J urine retention (K80)	No contact prefers hospital	May 1994 J bicycle wound (K50)	May 1994 J tablets for wound (K500) Painkillers @ home	May, June 1994 3 visits,pain killers (no cost)	May 1994 Treated self for bicycle wound, treats D Doreen for fits	June 1994 J - Treated ZESCO worker for STD, charged small amount
HH3a L=Lydia	June 1994 L no money to go through wants to because lost weight & D Lillian wants to give birth at home	No contact (too far)	No contact	1994 Chloroquine, 4 tablets (K150)	No contact	1994 Treated self, family & freneds & treated by friends Helps deliver babies, no charge	
HH 3b E=Evaristo M=Margaret	April 1994 E – treated (K1000) M for under 5s	No contact (too far)	No contact	1994 Cough medicine panadol, caffenol chloroquine, dettol & soap (for scabies) (K2000)	No contact	1992 L (m-in-law) gives E roots for diarrhoea	1992 n'ganga in next village treats E for pain in side (kakope) Charges

Table 9 (continued) Last contact with Treatment Options and Cost of Treatment

HH 4 N=Noreen	1992 & 1994 N wants to go for headache but money short and hard to leave home Catholic sister during visit to the village gives her medicine for malaria in 1994	Regular contact until fees because of high blood pressure March 1994 N went for stomach ache (K300) June 1994 Daughter for cough (no money)	No contact	1994 Mr Strong painkiller for headache (K250) Money given by headman (HBS)	No contact (not active in area)	1994 Treats herself & family for diarrhoea, malaria & scabies	1994 N to n'ganga for swollen legs (K500) Treats others for STD and charges small amount
HH 5 P=Patson I=Ingrid	1992 I's D cerebral malaria June 1994 P's S Clarence admitted (P sold mat)	No contact (too far)	No contact	May 1994 P 4 chloroquine (K100), painkiller for backpain	No contact	1992 P Treats I's D 1994 P treats son I love potion/herbs from friend	1994 P treats others for swollen legs (chicken or K3000), backpain STD (K600-2000), buka (K200-K500)
HH6 J=Joyce	1992 J for sore leg (K80)	April 1994 Baby for malaria (K300) (J sold fish) June 1994 >5s clinic K350 June 1994 Baby sick but no money to go	No contact	May 1994 Anadin for baby (K40) Not enough money for chlorquine	No contact (not active)	1994 J treats baby for buka with herbs from kin H Kemison uses herbs for chest pains	
HH 7 J=Jailos P=Petros	1994 child sick for 2 months (K500) J did piecework (weeding) to raise money	1994 J for eye ointments but no charge becuase no drugs P for leg pain	No contact	None	1992 baby chlorquine, no charge 1994/5 accompany J to Chikankata hospital	1994 treats self and family for diarrhoea, malaria, headache	1994 J treats child to old woman (K100)

of reciprocal relationships for women - but charges are incurred and paid all across the traditional sector so it is not only the new costs which deter people from using government services

Patson in Household 5 charges the most for, and raises the most from, herbal medicine His status, proximity to Masstock farm and the pontoon, and the importance of cash to his household economy, probably encourage this He too keeps herbal medicine in the household He will buy drugs from the shops for malaria but for more critical illnesses, turns to the hospital which he says he trusts His daughter Ingrid will also use the hospital if she or her children don't get better from other sources (her father, drugs from shops) She is the only respondent in all the households not yet to have vaccinated her children, although she plans to do so This could reflect confidence in the resources she knows will be available should her children fall sick [13] Of all the households, Evaristo (Household 3b) most consistently claims reliance on bio-medical treatment, especially the hospital, though in practice he is more open to herbal treatment than he admits

Lack of cash stopped Households 3a, 4, 6 and 7 going to formal health services after the introduction of user fees Lydia, Household 3a, wishes to go the hospital for investigations about her own health (she has lost weight and suffers from chest pains) and is extremely anxious about her pregnant daughter Lillian who is living with her and is due to deliver any day Last year, Lillian after her first pregnancy had given birth in the village to a still-born baby Lydia and other neighbouring <u>ambuyas</u> (old women), feel that Lillian should go to the mission hospital this time to give birth "I would like to go to the hospital because the baby

[13] Research I conducted in 1987 amongst BaTutsi refugees in Uganda who lived in a settlement with a well-equipped and run clinic revealed that refugees were far less likely to immunise their children than Ugandans living outside the settlement The availability of treatment should their children fall sick was the main reason

might be too big in my womb", Lillian agrees But neither Lillian nor Lydia have the money to pay K3000 for delivery Lillian's husband, currently estranged and not supporting her, is not willing to pay either Because of fees, "No-one now goes to the hospital, apart from Margaret [her other daughter, the wife of Evaristo] for under-fives", Lydia complains, adding that she cannot afford to go to shops to buy drugs either Reliant on support from friends, neighbours and kin [14], Lydia's access to the hospital is clearly reduced by the introduction of user fees

Likewise, in the other woman-headed household, Noreen (Household 4) says "Since I am not married it is hard to get money My husband used to help me One of my daughters is coughing but I will not take her to the clinic since it costs K300" Previous to 1993, Noreen regularly used CRHC for treatment of her own high blood pressure and other ailments - such as diarrhoea or malaria amongst her children Her daughter Gertrude feels that the clinic is better than being treated at home Because of the distance from the clinic, Noreen would often treat the illnesses herself first, "for the sake of God not because it is effective", she once quipped By 1994, the user fees as well as the distance made her turn more frequently to herbs and to drugs bought from local stalls

Joyce (Household 6) took the day off from picking marigolds at Masstock to care for her youngest child in June 1994 She thinks her child has malaria but, "I don't take my child to the clinic if I have no money I would have taken my baby today but I had nothing" In April she sells fish to raise the K300 to take her to the CRHC (also for malaria) When she did not

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they cited for not attending immunisation clinics

[14] Last [1976 117-9], in an analysis of the presentation of sickness in a community of non-Muslim Hausa, identifies three levels of involvement in the support given by kin, affines and friends sympathy, treatment of symptoms, and diagnosis of cause In actual illness episodes in Household 3a and 4, these levels of involvement are exhibited

recover, she thought it might be an illness called buka [15] and her husband was shown some herbs by an elderly woman for no charge In May she bought some Anadin for K40 to give to the child again for suspected malaria, but could not afford chloroquine Despite having paid K350 to register the baby at under-fives [16] in June 1994, she did not try to obtain treatment free of charge In August 1994, this same baby dies from what Joyce suspects is witchcraft

"Whatever money I raise goes to food", Jailos (Household 7) says By 1994 Jailos is suffering from poor eyesight which has largely stopped him working and means he is usually led by the hand by one of his younger children He wants to go to Chikankata because he has heard they would be able to "clear the film in his eyes" but he has no money to spend on health He did go to CRHC to get eye ointment but there was none available and he was not charged (indicating some flexibility in the formal health system to chronic or bad conditions) Earlier in the year by piecework weeding in other people's fields he had raised money to send one of his children to the hospital The child had been sick for two months and had been treated by herbs bought off an old woman for K100 which he administered by himself After three days in the hospital, the child was cured and returned home Jailos's household, pre- and post-, the introduction of fees relies mostly on herbal medicine, and not on drugs from shops or the formal health facilities Indeed, it is the only household not to purchase drugs for self-

[15] According to respondents in the households, buka is a disease which occurs in young children (under 2 years) and is characterised by high fever, a sunken fontanel and fits - symptoms similar to malaria but the age of the child and the fits differentiate it from malaria It can only be treated with "African medicine" (herbs) The clinical officer, on more than one occasion, attributed deaths from cerebral malaria amongst young children to the belief in buka, which prevents parents taking the child to the hospital for quinine treatment

[16] In 1992, Josephine says that she regularly attends under-fives and enjoys it immensely In 1992 she said, "I enjoy going to under-five clinics and being told my child has put on weight The child is weighed and given herbs for porridge We are taught to keep the children clean and away from the fire We are also adviced to keep ourselves clean and not to lift heavy things when we are pregnant" This enthusiasm shows in high attendance figures at ante-natal and under-five clinics prior to the introduction of user fees These clinics are one of the few opportunities for unrelated women to gather and gossip without men around The capacity of, and opportunities for, women to exchange information and discuss health problems are diminished by non-attendance

medication from local shops and stalls [17]

In Households 3a, 4, 6 and 7 the chronic sicknesses of the head of the households - namely Lydia's loss of weight and chest pains later diagnosed as TB, Kemison's TB, Noreen's headaches and high blood pressure, and Jailos's eyesight - coupled with reduced access to regular treatment in the formal health facilities threatens to undermine their capacity The health of Lydia and Noreen is further compromised by their being single, relatively old and head of the household which makes it difficult for them to seek treatment too far from home, as well as raise cash for it

Contact with treatment options outside the Chiawa area from 1991 to 1994 is recorded in four households Households 1 and 3a went to the University Teaching Hospital (UTH) in Lusaka for critical illlnesses in 1991 and 1992 respectively, Household 4 went to n'gangas in Lusaka and Southern Province to try and to cure (then to find) Noreen's eldest son (see 5 4), and Household 7 attended Chikankata Hospital late in 1994

The potency and importance of both herbal medicine and self-medication of herbal remedies and drugs purchased at local shops for the households confirmed in this analysis (see Wallman 1996, Ankrah 1993, Coppo et al 1992 for other examples) Although treatment options are not as wide or varied in Chiawa as in urban settings (see Frankenberg and Leeson 1976), households play the system [18] according to type and length of illness, as well as preference and

[17] In the case of Lillian's imminent delivery in Household 3a, Joyce's baby's illness in Household 6 and Jailos's eye problem in Household 7, I gave money to the households for treatment I was distressed by their situation and the critical nature of the illnesses As Last (1976 109) comments, caught in a similar situation, " on moral grounds I also had, in effect, to spoil my case-studies I could not let people die" Although Lillian soon delivered a baby boy successfully in Mtendere Hospital, and Jailos's eyesight significantly improved after treatment at Chikankata Hospital, Joyce's baby was to die

[18] Colson and Scudder (1975) describe a similar system of diagnosis and treatment for the Gwembe Tonga

the quality, efficacy, and physical proximity of treatment Herbal medicine is both convenient and familiar and divination is appropriate for certain types of ailment, but there is no active rejection of bio-medical treatment Cost of the latter however becomes a hurdle for Households 3a, 4, 6 and 7, particularly after the introduction of user fees in 1993, pushing these households towards other cheaper or free treatment options and poorer management of illnesses Sometimes, as is the case in Household 6, this has disastrous results

Impact of User Fees on Education

For Household 5 primary school education is "little money", and it is able to buy at least two new uniforms after harvesting, but Ingrid and Patson both commented that secondary school education was expensive "Three years ago my brother spent K30,000 on two girls' education at secondary school for just one year", Ingrid exclaims, "This is too much!" Although in there are no children of school-going age here in 1992 or 1994, Patson, Ingrid and Charles all willingly contribute to their other brothers' children's education They raise the money by selling a goat, milk and salaula Joseph in Household 1 also willingly and without too much of a struggle finds the money to pay for two grandchildren who board on a weekly basis at Chiawa Primary School He cares for them, he explains, because their father passed away

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in the 1970s They perceive the system as becoming more complex as more alternatives are introduced They comment that, "stress presumably increases in times of crisis since there is no easy way to select between different forms of treatment in most cases, both townsmen and villagers cover their bets by trying the whole range The one that works is the one followed most immediately by a cure" (ibid 202)

Table 10 Household Expenditure on Education in 1994

Household	Number of Children at School	Costs in 1994	Buy New Uniform
Household 1	Primary 2 grandchildren weekly boarders	K8,800	Yes - for one child
Household 3a & 3b	No school-going children	N/A	N/A
Household 4	Primary 3 children	K6,950	No - no uniform
Household 5	Primary Patson's son's 3 children, (not in the household)	K10,400	Yes - in June for 2 children
Household 6	Primary 3 children Secondary 1 child	K13,100	No
Household 7	Primary 1 child	K1,200	No - no uniform

The other households struggle to find money for primary education Uniforms are not a priority - "My daughter is not happy without a uniform", Jailos (Household 7) relates, "But I cannot afford to buy one The school pesters me but understands the problem She must however be clean when she goes to school" Noreen, Household 4, says that "I cannot afford a uniform this year because all my money goes to food" By 1994, one daughter (Gertrude) has left Household 4 to stay with an elder brother in town, so Noreen has one less child to educate Joyce and Kemison in Household 6 are also educating fewer children than in 1992 when they split away from Joyce's mother's household, they left behind Grace's four children (two of whom are at primary school) and Joyce's young brother Chikerema (who is also at primary school) behind Doing so however, they lose the direct income that Grace contributed to the household. "I do not know how much it costs to educate a child each year", Joyce says,

"But in comparison to our lack of work [income], it is a lot" This is the only household supporting a child at secondary school in 1994 - their eldest son Kennedy (aged 16 years) is in Form 1 in Choma, Southern Province He has stayed with Kemison's brother since Grade Four and it is largely because of his support that they are able to send Kennedy to secondary school Kemison's brother is a teacher and the support extends to securing a place at school, covering fees and buying pencils as well as keeping Kennedy, who has only returned home once in the last four years Joyce and Kemison raised the money for school fees from selling fish and reselling bananas Secondary school still takes the largest slice of their expenditure on education, K9500 was spent towards Kennedy's transport and books in 1994 In that year, their expenditure on education is the highest of all the households

Schools were obviously more understanding of some people's inability to pay on demand For example, Noreen in Household 4 went to the headmaster in January and explained that she could not pay fees immediately for her three children but that she would write a letter to a son in town and ask him to send her the amount (K1,500) The headmaster gave her a chance to write to her son, who brought the fees in May, and she did piecework weeding some fields to raise K3,850 for books and pencils In May when the school asked for another K600 for PTA funds, she raised money by selling tobacco

Only Household 7 has had to pull children out of school because of a lack of money, but this happened before school fees were hiked in 1993 Living close to a basic primary school that goes up to Grade Four, this household was unable to send any child to be a weekly boarder beyond Grade Four and often the children start school at a much older age Petros left school aged 17 years in 1991 having attended intermittently upto Grade Four, one son leaves early 1992 aged 15 years and two daughters (aged 12 and 9) attend in 1992 with the support of

Petros's Masstock salary In 1993, after her mother's death, the elder girl leaves school to care for the baby (which dies) and the other children By 1994, the (now) 11 year old is still at school in Grade One Jailos pays K200 in May towards her school fees, raised from selling mats Petros bought her some books and pencils the same month and K600 is still owed to the school - another indication of the sympathy headmasters show to people unable to pay

No respondent expressed a change in their attitude to the importance of education because of the fees, or seemed more demanding of the school as a result of paying more for their child's education The presence of babies or toddlers in Households 1 (three toddlers), 3a (one baby), 3b (one toddler, one baby), 5 (three toddlers, one baby), 6 (two toddlers) and 7 (two toddlers) means that fees will need to be found for these children if they are to be educated in the future The capabilities of Households 3a, 6 and 7 to meet these costs are questionable

Seasonal Interaction between Cash Flow, Food/Nutrition, Children's labour, Illnesses and Education.

The most critical time of the year for all households is the beginning of the rains (November, December, January) when they are short of time (because of planting and weeding), food, and employment options (for example Masstock and the tourist lodges are closed to seasonal workers) Ingrid (Household 5) explains, "In the rains there is no business and you are busy in the fields so you have no time to raise money Cash is very short" Yet this is also the time of the year that there is a demand for school fees (January) and the most serious health problems are faced (malaria, cholera, dysentery) One exception is Household 6 when the income raised by Kemison's fishing in the rains means that in January this household's income is boosted for a period Unfortunately, Kemison is also chronically sick Children's diets will

also be poorer at the beginning of the school year and the labour demands on them highest, they are allocated the task of chasing small animals and birds from the ripening crops [19]

The cold season is when the highest number of different illnesses are expected The seasonal work available, the river garden produce and the harvest give households some purchasing power to raise cash for treatment and education Many households, even the wealthier households such as Households 1 and 5, will delay buying new uniforms and books and pencils until this time of the year However, even at this time of the year, the health fees are a stretch for many of the households and beyond the economic capacity of Households 3a, 4, 6 and 7 Unfortunately, for critical illnesses it is not possible to defer payment (despite the official government policy) and education and chronic illnesses are often not prioritised

The seasonal interaction between different costs and demands is recognised and consistently described except Household 7 Other than defining periods of the "least food" (October to December) and the "most food" (May to September), Jailos "cannot define a particular month when cash is short It depends when the crop is the most ripe One month you have money, the next month no money"

Capacity of Households to Meet New Costs in Health and Education.

Households 1, 3b and 5 can absorb health fees at present, and Households 1 and 5 can also absorb primary school costs by staggering expenditure over the year (for example buying

[19] Bangwe (1997 117-125) calculated that children in a sample of Tonga households in Monze district, spent at least 40% of their time on farming activities During school days he records the highest reduction in leisure and church activities for children, and noted that children in rich households spend more time in church and in poor households, children spend more time in crop activities and looking after livestock See Reynolds (1991) for a detailed description of children's labour in valley Tonga households

uniforms after the harvest in June) Frequent visits to formal health facilities could however drain the resources of these latter two households Both have experienced caring for a terminally ill household member and commented on the expense (see 5 4), and Household 5 is currently caring for an adult son who is chronically ill (and is to die by 1996 from suspected AIDS) Household 3b has no school-going children to support but has, at present, prospects of enough cash and capability to educate the baby and toddler when they are old enough

The new health fees cannot be absorbed by Households 3a, 4, 6 and 7, with serious implications for the management of critical and chronic illnesses and for health prevention The vulnerability of the older women heading Households 3b and 4 is evident Households 4 and 6 cannot afford school uniforms but manage to educate children in primary school through their own income and with the help of financial support from family outside the household Children are pulled out of school in Household 7 but this is not a pattern solely attributable to the user fees, although the new fees have exacerbated the poor history of schooling in this household

We may conclude there are some households capable of making a significant contribution to the cost of basic services and others that are quite incapable of doing so because their income-generating capacity is minimal (Booth et al 1996 xii) Cost recovery fails to address the problem of socio-economic heterogeneity and variations in the capacity to pay (ibid 110), with the result, "that growing numbers of Zambians are being excluded from basic services in a way that is socially unacceptable and not justifiable in terms of any known efficiency gains" (ibid xi) "Traditional" safety nets - for example support from neighbours or kin - cannot be relied upon to provide a safety net for such "ultra-poor" households, and are not an alternative to implementing an exemption policy for those who really cannot pay (ibid 111)

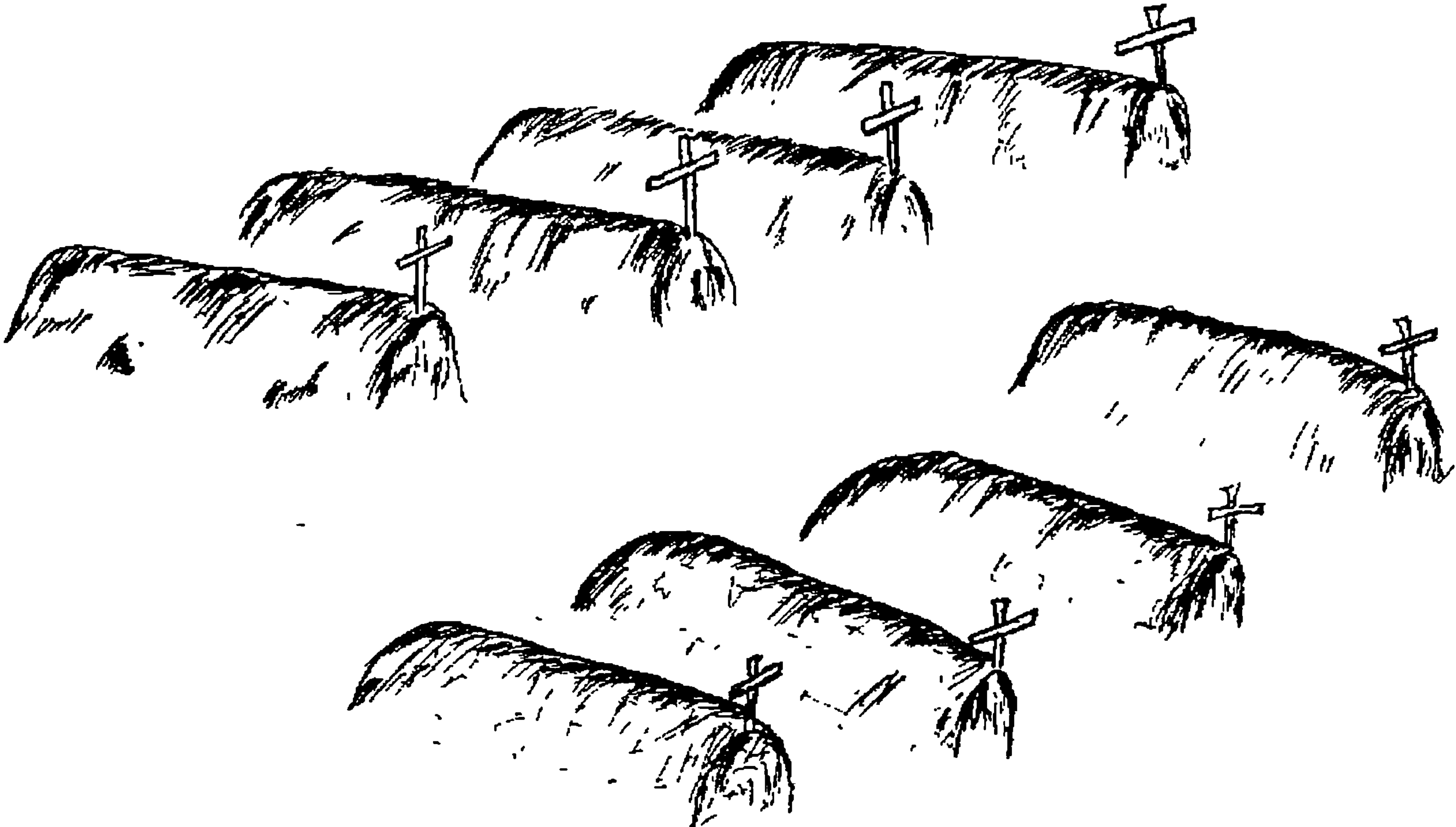
5.4

TERMINAL ILLNESS AND UNTIMELY DEATH

"Untimely" deaths

Deaths in households are not unfamiliar, rather "periodic but normal situations where an individual or family is thrown into dependency on others by the nature of events" (Boswell 1969 256) However, there is the notion of "untimely" deaths which are not perceived as normal As explained in Appendix ii, one of the main selection criteria for the households was that there should have been a death of a young adult (aged 16 to 35 years) in the household within a two year period (1989-91) from "maybe" AIDS As it turned out, the total of 10 deaths in the households did not always occur exactly between 1989 and 1992, with two occurring previous to 1989, and in some households there were additional deaths in other age groups (see Table 11) All the deaths were untimely but not all AIDS related, Noreen's husband's death in Household 4 left her with young children to bring up, Lydia's younger sister's daughter's son died aged 3 years in Household 3, and all the households experienced the death of young adults, either within their households or within their nuclear family

Using Barnett and Blaikie's (1992 86) classification, five of the households are "afflicted" (namely Households 1, 2, 3, 5 and 6) with one or more possible AIDS sufferers or deaths in the households, and two of the households are "unaffected" (Households 4 and 7), not directly touched by AIDS sufferers and deaths (neither having cared for someone with AIDS nor



"Death is different now Previously people honoured death but now they are following new cultures More young adults die now There are so many diseases and even malaria, dysentery and measles take peoples' lives As hospitals increase, diseases slaughter people They put water drips into the body and simple diseases are killing us"

receiving orphans from other family members or neighbours) However, Household 4 and 7 are definitely not "unaffected" by untimely deaths as this chapter will demonstrate This indicates that it is not only AIDS deaths that are occurring and undermining household capacity

Patson, head of Household 5 and an elderly man, identifies an increase in the death of young adults in Chiawa, which he blames on disrespect for death, the prevalence of endemic diseases and the failure of modern medicine to control them

> "Death is different now Previously people honoured death but now they are following new cultures More young adults die now There are so many diseases and even malaria, dysentery and measles take peoples' lives As hospitals increase, diseases slaughter people They put water drips into the body and simple diseases are killing us"

When it comes to young adult deaths within his own household and family however, he ascribes them to witchcraft In Chiawa there is confusion over the rising number of young adult deaths and a high number are attributed to witchcraft, as portrayed in the household case-studies Other material from Chiawa reveals the same trend In the 1991 household survey, 13% of household deaths within a two year period were caused by witchcraft, according to the respondents In the same two year period, 43 households said that at least one young adult (aged between 16 and 35 years) had died, 40% of whom had been reportedly bewitched (Bond and Wallman 1993 14) Ndubani (1993 1) records a total of 26 deaths in eight weeks in Chiawa during the rains in 1993, coinciding with the first outbreak of cholera

ın the area 19 of these deaths were ın young adults, and 17 of all the deaths were attrıbuted to wıtchcraft (ıbıd 13) Some people were heard to remark apocalyptıcally, "Gore rhıno tıcha pera" - "Thıs year the Chıawa communıty wıll perısh" (ıbıd 1) Yamba (1997 217) chronıcles a Chıawa headman's comment about deaths ınvolvıng young people, "Only truly old people dıe a natural death"

Hıgh mortalıty figures ın the 20 to 40 year age group are recorded ın adjacent rural communıtıes and ın other rural populatıons ın Zambıa (see 2 2) An ıncrease ın the death rate of mıddle-aged adults sınce the mıd-1970's ın four Gwembe Tonga vıllages ıs assocıated wıth ıncreasıng vıolence and alcohol abuse, rısıng sorcery accusatıons and the escalatıng ıncıdence of malarıa, TB, bılharzıa, other parasıtes, cholera and AIDS (Clark et al 1995 96-105) Amongst the Tonga ın Monze dıstrıct, Mogensen (1995 38) remarks that "Any death of a person who ıs not old, and who was taken for treatment wıthout too much delay ıs explaıned wıth sorcery" She further wrıtes that the Tonga see possıble AIDS deaths as "dısorderly deaths" (ıbıd 80), deaths that are out of order sınce the people wıth AIDS are "lıvıng as ıf dead", often dıe as young adults, and because AIDS denıes people control over death Caldwell (1992) comments that ın many parts of Afrıca, only the very young and the very old dıe of natural causes, other deaths are not arbıtrary The sıgnıficance of attrıbutıng young adult deaths to wıtchcraft ıs explored later ın thıs chapter

Table 11 Characteristics of the Deceased in the Households

HH	Subject Name	Age	Profession	Residence	Married	No of Children
1 1	Son Gordon	38	Sergeant	Lusaka	Yes	7
1 2	Son Colin	34	Teacher	Kasama	No - co-habiting	3 same partner
2	Elder Brother Bwalya	30's	Employee Industrial Co	Lusaka	Yes	1
3 1	Younger sister's daughter Betty	28	Sex seller	Lusaka	yes (Widow)	2 (1 dead)
3 2	Younger sister's daughter's son Phillimon	3	Child	Chiawa	N/A	N/A
4 1	Son Robert	32	Gardener	Lusaka	Yes (twice divorced and remarried)	4 (1 died)
4 2	Husband Dylan	50's	Fisherman and Farmer	Chiawa	Yes (twice 1st wife died)	7
5	Son Lazarus	31	Foreman	Lusaka	Yes	1
6	Sister Mariana	21	Pieceworker Commercial Farm (local)	Chiawa	No	None
7	Son Kavington	30	Fisherman and Farmer	Chiawa	Yes	Yes (?)

Note

a) HH = 1-7 relate to the selected households, in some of which there was more than one death ie 3 2 refers to the second deceased household member in Household 3 within three years The references to the individuals who died remain constant in Figure x &y

b) Subject = relationship to household head

All the deceased in the Chiawa sample, with the exception of the child who died in Household 3, had regular contact with outsiders They either lived and worked in towns, travelled to town to trade (both fisherman sold fish in Lusaka as well as locally, usually travelling on their own to town), or worked at a local agricultural scheme alongside migrant labourers There is a striking link between mobility and death in the respondents' perceptions Most of the descriptions of the deceased include the euphemism "moved", which implies sexual contact considered "promiscuous" For example, "I told her if she worked moving up and down, she might catch a disease that is incurable" [Lydia of Betty, Household 3], "She said that if she had AIDS, she was going to die but, she had not moved around very much" [Joyce of Marianna who had worked at Masstock, Household 6] These perceptions are backed up by studies that show that an HIV-positive status is strongly associated with mobility and short periods of residence away (see 2 2) Weiss (1993 19) unpicks the "symbolic and moral load" (ibid 19) of the link between AIDS, money, and mobility in North-West Tananzia which lays the blame on women He concludes that men are threatened by women's recent capacity for movement which is seen as dangerous and a loss of control This resonates with Chiawa perceptions

Four out of five of the deceased who had lived in town had come back to their parents' household in Chiawa to be cared for and die In Kitwe town, in the Copperbelt, Abrahamsen (1993 39-40) noticed in a study of people with AIDS that most adult patients with AIDS return to live with their parents when ill and that the next most common option is a wealthy member of the family A study in rural Tanzania of 800 households also noted that one third of adults who had died in the households had arrived in the household just before death (Ainsworth 1995) Other than parental care for both the sick person and any children, rural

areas also offer alternative treatment options, not necessarily available in town

The ages of the deceased range from 3 to 50 years, with the majority in their 30's, eight out of ten of the deceased were adults aged between 20 and 38 years Only one young woman was single and childless The other young adults had partners and children These children, after their death, qualify as orphans in a society where children without a father are considered orphaned Lydia and Patson, Heads of Households 3 and 5, are now caring for the orphans in their prescribed role as grandparents to the children (Lydia is classifactory grandmother to her younger sister's daughter's sons) Joseph, the head of Household 1, has suggested that, if the harvest is good, the spouse and seven children of their dead son [1 1 in Table 11] come and live with his household, following the family's eviction from a government house in Lusaka "Food will be a problem in town", he explains Two of the deceased had children who also died

Lancaster (1981 187-8), writing of twenty years ago, records that when Goba households break down, due to death or divorce, children are redistributed amongst families needing helpers and herdsboys This was not how children were redistributed in this era The absorption of orphans into the households seem to run along matrilineal lines [1], determined by the stage of marriage payment Hence, Lydia in Household 3 cares for her sister's daughter and her children because no marriage payment was made by the deceased husband, the children were both born of different fathers (other than her husband) and her own sister is unable to support them Patson and Joseph in Households 5 and 1 care for their son's wife and

[1] Foster et al (1996 399) note that an increasing proportion of orphans are cared for by the maternal side in rural areas in eastern Zimbabwe Poulter (1996) noticed the same trend in a study of orphans in Lusaka

children because marriage payment to the wife's family was complete Jailos, head of Household 7, assumes no responsibility for the wife and children of his deceased son because his son never finalised marriage payment, and the bereaved remain the responsibility of the wife's family The low capacity of this household may be another reason why Jailos's son did not stay with his father during his illness since Jailos struggles, and indeed often fails, to look after his existing household members, let alone take in more dependants [2]

The long-term problem facing Households 1, 3 and 5 who are willing to foster the children and raise them, is that substituting grandparents for parents may make the future for these children ultimately insecure The new role assumed by grandparents in the AIDS epidemic has been documented elsewhere In Uganda, households composed of grandparents and orphans have a low household nutritional status, are unable to produce enough food (farming less land), suffer from lax discipline and do not have enough material support for the children This is exacerbated with a single female grandmother who may lack money and entitlement to communal labour, and depend on goodwill (Barnett and Blaikie 1992 120) In addition, Foster et al (1996 399-400) have evidence from their work in Eastern Zimbabwe that grandmothers are often less educated and this may lead to poorer feeding practices and inappropriate health seeking behaviour, and that following the death of the grandparent, the household may become child-headed by older siblings Such households are rising in number in rural Eastern Zimbabwe Certainly, Household 3, headed by a grandmother - Lydia -, does appear to be the most vulnerable of the households that took in the deceased's children Many

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[2] As described in the previous chapter, one of Jailos's daughters Love and her husband and children do move into his compound late in 1993 when Love's husband loses his job in Southern Province However, they maintain a separate hearth and independent household and their presence boosts Jailos's household, with his children sometimes sharing their meals

of the issues highlighted by Barnett and Blaikie (ibid) and Foster et al (ibid) are portrayed The household diet is poor, the children and Lydia look underweight and she is very short of money to even buy food Her daughter Margaret's baby suffers from scabies in 1992 and the death of Phillimon from dysentery is blamed by a younger household member on her decision to first use herbs instead of going to the hospital

Contact between the partners of the deceased and the households is usually maintained after the death Only the girlfriend of the thirty-four year old teacher Colin from Household 1 is not in contact She is said to have left Colin after he became sick, taking the three children and his belongings with her to her maternal home in Northern Zambia Joseph and Mary, Colin's parents, have made no contact with her since this event Other studies in Zambia have shown that spouses may flee from one another when they fear their partner is terminally ill with AIDS, though it is more common for women to be left by their husbands when they are ill rather than the other way round (Abrahamsen 1993 39, Kelly et al 1993) Evaristo, in Household 3, relates how his sister who was married to a man in the army was brought home by her husband when she was sick and how the husband left the next day without saying goodbye His sister died three months later from AIDS after an ex-girlfriend of her husband's had also died from AIDS He does not know where the husband is now

None of the spouses are said to have remarried by 1992 It is not common to remarry (either through inheritance or choice) until properly cleansed, usually a period of one year It is likely that many of the spouses will remarry since not many younger widows or widowers remain single either in Chiawa or elsewhere in Zambia unless they fall sick and die soon after the deceased (Webb 1996a)

The plight of the young widow Betty in Household 3, bereaved when she was a "maiden" at the age of 19 without any children, is a sad tale Her husband was sick for two years in town People said he was "slim and slim" and could have had AIDS Betty came to stay with her mother's sister Lydia after her husband's death because her own mother was divorced and unable to support her Lydia tells her story

> "My sister's daughter Betty decided to go back to town because she was used to staying in town In Lusaka, she was not working or married but renting one room with a friend Actually the only way for her to get money was through prostitution She had two fatherless children, whom I have cared for since they were babies I told her that if she stayed in town without a husband and worked moving up and down, she might catch a disease that is incurable and eventually die She came back to stay with me when she was sick and died here"

Table 12 Profile of Deceased's Illness

HH	Name	Term of Illness	Care in HH	Treatment	Symptoms
1 1	Gordon	1 month	No	Hospital (UTH, Lusaka)	Dizziness, vomiting blood, "chewed"
1 2	Colin	18 months	Yes	Traditional (Chiawa), father & elders using herbs & *mupini* Hospital (Chirundu)	Bad coughing, swollen legs, chest pains, diarrhoea, not very slim Stomach pains, "pulling at embryo cord"
2	Bwalya	1 year	Yes	Traditional (Chiawa) Hospital (Lusaka)	Stomach pains, vomiting blood and coughing
3 1	Betty	2 years "a long time"	Yes	Hospital (Chirundu) Traditional (Chiawa, Elders)	heavy coughing, headache, slimming very much, weak, very cold
3 2	Phillimon	3 years	Yes	Hospital (Chirundu) Traditional (Chiawa) - "African roots from friends" (elders)	Sick from birth may times with malaria, sometimes very sick, born lame, dysentery ("faeces only blood") for 4 days before death
4 1	Robert	1 year	No	Traditional (Lusaka and S Province) - herbal medicine & n'gangas *mudzimu*	Paralysed on one side of body in one hand and leg
4 2	Dylan	2 years	Yes	Traditional (Chiawa) - relatives, friends and healer in Kabwadu Herbal & Diviners Hospital (Chirundu)	Paralysed, no power, weakness in the body
5	Lazarus	2-3 years	Yes	Hospital (UTH, Lusaka) Traditional (Chiawa & Lusaka) - Headman Charedzela herbalist & African doctor in town	Coughing, "purging", skin disease and sores, swelling of the body, feeling weak
6	Mariana	9 months	Yes	Chiawa RHC, Hospital (Chirundu) Traditional (Chiawa) - elders & Headman Charedzela herbalist	Swollen stomach and legs, pain, diarrhoea, vomiting, something in her throat which made it difficult to eat
7	Kavingto n	18 months	No	Traditional (Chiawa) - African medicine Hospital (Chirundu)	Swollen limbs, coughing, combination of symptoms

Management of the illnesses by the households

Table 12 gives details of the deceased's illnesses The respondents emphasised that the period of illness was long in all cases except for 1 1, when Joseph was only informed of the illness after the death, but thought that his son Gordon had probably been sick for one month Apart from Household 7, the households personally cared for at least one of the deceased whilst they were ill The following accounts reveal that the pattern of treatment for these long illnesses seems to ping-pong between traditional and bio-medical modern medicine in the search for relief or a cure, and that the treatment is time-consuming and expensive

> "My son Colin travelled to Chiawa because his girlfriend had left him and no-one cared for him My wife, myself and my daughter cared for him at home I found African medicine for him, with the help of some elders, cutting his body and feeding him herbal porridge We did not approach a spiritual healer because my son was baptised a Christian His condition improved and he returned to Kasama to work for one week But he fell sick again, returned home to Chiawa and died six months later During this period, I took him to Chirundu hospital and he was admitted for one week I stayed in Chirundu to be with him and my daughter Doreen visited him once After treatment and blood tests, he was discharged and they told me he was o k I was not aware of the results of the blood tests and do not know why they took blood After that, he never went to the clinic or hospital again We used herbs, which I found These helped him a little He lived in his own hut in the compound as is customary for an elder son It became

very expensıve to care for hım [Household 1, 1 2 , Joseph, Head of household and the deceased's father]

"Betty was sıck for a long tıme She was admıtted to Chırundu hospıtal wıth heavy coughıng After treatment, she was dıscharged and much better for one year Then the coughıng started agaın Chırundu hospıtal tested her blood and told her the cause of her dısease was TB She became an outpatıent but there was not much ımprovement Chırundu referred her to the UTH ın Lusaka but she refused to go She complaıned of feelıng very cold and was slımmıng very much She felt weaker and weaker - I cannot remember for how many months I sold a goat so she could be readmıtted to Chırundu hospıtal rather than walk there and back for treatment After one week she came home and three days later she passed away" [Household 3, 3 1 , Lydıa - household head and the deceased's mother's sıster]

"Both tradıtıonal medıcıne and the hospıtal faıled to cure Betty" [Household 3, 3 1 , Evarısto - Lydıa's son-ın-law]

"After two to three weeks of dıarrhoea, vomıtıng, chest paıns and somethıng ın her throat whıch made ıt dıfficult for her to eat, she was referred to hospıtal from the clınıc as an AIDS case She was ın hospıtal at Chırundu for two months and our mother stayed wıth her My husband vısıted her once The hospıtal made her dısease worse so she was sent home and gıven Afrıcan medıcıne from old people We paıd a small amount of money for thıs medıcıne Then we sent her to a headman who ıs a herbalıst She ımproved a

little before coming home again For some months she stayed in a hut on her own and was sick up until she died" [Household 6 Joyce, sister of the deceased]

Joyce mentions that her mother Emelda accompanied her sister to hospital and stayed with her for two months A study of "helpers" of sick people in hospital in Monze showed that 75% of these helpers were women relatives with an average age of 40 years (Foster 1993 252) Even whilst a patient is in hospital, a member of the household often is needed to care for that patient full-time, bringing food and water and tending to other needs (Abrahamsen 1993 41) Emelda's temporary absence from Joyce's household will have an impact on child care and agriculture since she plays a central role in both Likewise, in Household 4, Noreen leaves her own household to accompany her son to Southern Province in search of effective treatment for his paralysis, and later approaches n'gangas in Lusaka and Southern Province to try and find what has happened to her son Her absence from the household which she heads must have been sorely felt Noreen herself mentions that she missed planting in her matoro that year because of migrating out for a short period

Any long illness was referred to both traditional and modern sources of health care With the exception of spiritual healers, there is no resistance to any particular treatment, rather a desperate search for remedy The traditional medicine used appears to be mostly herbal and usually given by elderly relatives or specialised healers within Chiawa Payment was waived by close relatives and, within Chiawa, never excessive Two people were treated by "African" medicine outside Chiawa, and payment was reportedly steep Abrahamsen's (1993 41) study in an urban area in Kitwe shows that the largest expenditure on treatment of people with AIDS

was on traditional healing, with households often selling assets or obtaining credit to finance the outlay It was difficult to elicit details of herbal medicine used in these cases Lydia comments, "I cannot give you the name of the roots because others go and dig and then my friend loses money" Only Noreen in Household 4 recalled spiritual healing as part of the treatment programme Many of the households said that they were Christians so did not participate in spiritual healing Yet other informants in Chiawa maintain that spiritual healing is an integral component of treating long illnesses that are suspected to be caused by witchcraft Either the other households are not using spiritual healers or they do not wish to admit that they use them As previous research indicated, a blanket of secrecy covers any form of traditional healing and, in particular, divination or spiritual healing (Bond and Wallman 1993) [3]

In both Household 1 and Household 6, having tried various treatment options, there is an apparent withdrawal of treatment-seeking by the patient and the family, though some form of palliative, practical and emotional care is sustained A study on chronic diarrhoea in Kenya (Mwabu 1986 316) noticed that the longer the illness period, the less likely the patient and the family to do something about it because they are waiting for past treatment to work, lack further treatment sources, lack money, have run out of people to leave at home, or have given up

[3] Spiritual healers refused to allow one of the researchers (Freudenthal) to film them performing on the grounds that there was no full moon and they needed a genuine reason to perform The secrecy surrounding spiritual healing in Chiawa is puzzling since amongst the Tonga in Southern Province divination is openly practised even amongst Catholics and Seventh Day Adventists (Cliggett personal communication 1994)

The symptoms recalled by respondents are mostly a painful combination of coughing, vomiting (often blood), chest pains, swollen limbs and diarrhoea Skin diseases and thrush are also mentioned Seven out of the 10 deceased apparently suffered from this combination of symptoms over a long period of time which suggest they may well have had an underlying immune-deficiency [4] For example, the child Phillimon in Household 3 (3 2) was chronically sick from birth and died from dysentery at the age of 3 years (his illness is discussed in more detail later in this chapter) He may have been HIV-positive because his mother Betty had died two years previously of suspected AIDS [5]

Three of the deceased had symptoms which are more puzzling Gordon (1 1) apparently had a short illness, suffering from dizziness, vomiting blood and, according to his younger sister, he was "chewed" The same sister described her other brother Colin (1 2) having stomach pains which "pulled at the embryo cord" It was difficult to elicit what she meant by "chewed" but it may relate to the cause of death which she gave as witchcraft - ie her brother was destroyed, or "chewed up", by someone else The illnesses of Robert (4 1) and Dylan (4 2) (father and son) are apparently a type of paralysis Robert's paralysis seemed more specific, affecting a hand and leg on one side of his body, whilst Dylan's, Noreen's husband, is more vague "He was sick for two years He had no power and his body was weak He was paralysed I looked after him, feeding him and washing him", Noreen relates

[4] Please note that in no case did the researcher know if any of the deceased had tested HIV-positive

[5] His elder brother Temison aged seven, has always suffered from tuberculosis and, although he has been treated, with herbs and hospital medicine, his TB sometimes still comes back Temison is also deaf Lydia develops TB diagnosed by 1995

The multitude of symptoms and the longevity of the illness recalled by respondents is evidence of the intense suffering that many of the deceased must have experienced Slow and painful death is characteristic of HIV infection, even with the best medical care at hand Chaava (1990) comments that the death of a person with AIDS in the household utilises the "existing community pattern of caring for the dying" This process is often long and drawn out, draining resources and time

Since this analysis is dependent on households recalling the care of a person with "maybe" AIDS and did not actually witness the care of any possible AIDS sufferer within the households, there are some aspects that are not highlighted as they might have been through direct observation Other studies, in Zambia and Uganda, which focus on households currently caring for a person with AIDS reflect the gender and age reallocation of labour during the illness of the patient Rural farming households are very dependent on the labour input of women and the sick are dependent on women carers (Foster 1993 252) Women's labour is disrupted by the increasing debility of a person with AIDS They need to bath and feed the patient, wash the patient's linen and clothes [6], and accompany the patient on trips to health centres and healers During this time, they have to either reduce cultivation, abandon planting or even not collect crops unless they have daughters, co-wives and parents who can take over such tasks (Waller 1997 46-7) Waller (ibid 53) claims that women experience greater pain and bereavement because they are the primary carers of the patient In a

[6] Whilst accompanying Chikankata's AIDS home care team in December 1990 in Southern Province, I saw a number of people with AIDS suffering from chronic diarrhoea, whose relatives had placed them outside in the shade during the day, lying next to a shallow pit into which they could defecate without getting up The pit would be covered in soil and the patient moved as need be This was professed to avoid soiled linen and the labour and expense involved in washing such linen

retrospectıve study thıs ıs hard to dıscern, but the men's anguısh at losıng a son ın Households 1 and 5 seemed as ıntense as that of the women ın the household Men's role tends to be more confined to organısıng the famıly and mobılısıng resources, usıng sons' labour or hıred labour to replace labour lost (ıbıd 52-4) Men are often the major herb collectors (Ankrah 1993 13) as reflected ın Household 1's management of Colın's ıllness The oldest chıldren ın the household sometımes stay away from school to help carıng for the ıll (Abrahamsen 1993 43) Relatıves who come to help care for the sıck are expensıve to feed and when the patıent ıs very sıck, sometımes all the household members stay at home reducıng household ıncome and productıon (Kasawa 1993 42) As resources are draıned, households start makıng choıces about what money and resources, and for whom, should be spent on healthcare wıthın the famıly and whether, for example, school fees should be sacrıficed (McGrath et al 1993 65-6)

Psychologıcal aspects are emphasızed by two Ugandan studıes In urban Kampala, people wıth AIDS and theır famılıes do not always share the same perceptıons People wıth AIDS fear rejectıon whereas famıly concerns centre more on ıssues of loss rather than fears of ınfectıon or the burdens of carıng for the patıent, though they do worry about carıng for any chıldren (McGrath et al 1993 60-62) Thıs ıs reflected too ın the Chıawa households' accounts of carıng for the chronıcally sıck famıly member The accounts focus on the ıllness ıtself (manıfestatıons, cause), the death and any orphaned chıldren, rather than the burden of care Only Household 1 mentıons that the treatment was expensıve, and Household 4 mentıons that money had run out at some stage The lınk between physıcal dısabılıty and stıgma ıs recorded by the same Ugandan study People wıth AIDS tend to wıthdraw from socıal contact because of starıng, comments and assumptıons and ıf vısıtors also start avoıdıng the household, people

with AIDS and their families can become isolated (ibid 63-4) I have witnessed this in Chiawa in households with AIDS sufferers Shame and stigma are labelled as "strong emotions experienced by all the family members" by Ankrah (1993 13) She also comments that the depression, mood swings and hostility towards caretakers was "rarely understood by the family" (ibid)

Management of the death and the burial

Table 13 portrays the details of the deaths Most occurred in the house, and most bodies were buried in the village graveyard Two deaths occurred in hospitals and one body was buried in Lusaka This was a body of Gordon the sergeant who had a military funeral The death of Robert (4 1) is very mysterious and confusing Noreen's story is related in full in the following account

> "My son was paralysed on one side of his body in his hand and leg whilst working as a garden-boy in town He went to n'gangas in Lusaka and Southern Province for treatment I accompanied him to Southern Province where he started improving with more movement in his limbs I had run out of money by this time and came back to Chiawa

Table 13 Details of Deaths

HH	Year	Cause Of Death	Place Of Death	Place Of Burial	Inheritance Of Name
1 1	1989	Witchcraft, dispute with wife	Lusaka UTH	Lusaka	No - Church goer
1 2	1991	Witchcraft, work colleagues jealous of promotion	Chiawa HH	Village graveyard	No - Baptised
2	1992	Tuberculosis (Edward), Not sure (Doreen)	Chiawa HH	Village graveyard	Yes - Sawhila (Soli man)
3 1	1990	Bewitched (Lydia), AIDS (Evaristo)	Chiawa HH	Village graveyard	Yes - Mother's sister's son's daughter
3 2	1992	Dysentery	Chiawa HH	Village graveyard	No - too young
4 1	1986	Various Killed by *n'ganga* drowned in flash flood, taken in the forest by witches	S Province	Body disappeare d	No - burial
4 2	1985	Witched by people	Chiawa HH	Village graveyard	Yes - Elder brother's son
5	1990	Bewitched, older colleague jealous of promotion	Chiawa HH	Village graveyard	No - Watchtower
6	1991	"African diseases made by people" (Kemison) Not sure but "suspect AIDS" - (Joyce)	Chiawa HH	Village graveyard	No - Watchtower
7	1991	Witched	Chirundu Hospital	Village graveyard	No - not yet, need to brew beer first but short of maize and sorghum

Note a) UTH = University teaching Hospital

to get some more When I returned, he was not there and I could not find the n'ganga who was treating him Maybe he was the one who killed him I spent six days moving anywhere, without eating, but could not find my son Two years ago [four years after his disappearance] I went back again and visited two mudzimu spiritual healers in the area One told me that my son had been drowned in a flash-flood and the other told me that my son is still alive"

Despite the uncertainty surrounding her son's death, Noreen still defined him as "killed" when asked about the cause of his sickness Although his body has not been found or buried by his household, he is effectively lost to the household unit

Management of burial is clearly defined with prescribed roles Elders including the dundumuntuli (commonly known as dunzwi) and sawilas direct the burial and inheritance The presence of elders at funerals is crucial and many of the elders in the households recall attending funerals more frequently in recent years Sawilas play a central role in funerals, leading the mourners through the rites, from the graveside to the funeral house, evoking the ancestors and putting the dead person's spirit to rest He holds court like a jester, inviting everyone to drink beer, dance and talk throughout the night Funeral beer parties are good opportunities for sexual liaisons Young suitors or lovers sneak off in the night, pretending to go to the toilet, or arranging to meet en route, hoping to go unnoticed amongst the beer drinkers and in the darkness Old women often dance suggestively at funerals, jerking a short stick between their legs to the rhythm of logs being beaten with sticks and laughter (Freudenthal 1993) Older widows say this is when they too have opportunity to "meet" (have sex with) men After the loss of life, mourners are celebrating the creation of life The widow

or widower are bathed and have their heads shaved by close consanguineal relatives of the deceased (Dover 1997 8)

Four of the 10 deceased had, or will have, their name inherited at the *diwhe* ceremony, about one year after death This signifies a continuation of the individual spirit and prescribed role of the deceased though it is not necessary if the deceased had no children This material may indicate this tradition would appear to have died down as households adhere to more Christian religions but other fieldwork suggests that Christians do inherit names Dover (1997 8-9) describes the ceremony The spirit is recalled to the family compound from the graveyard The family gather at the grave and the *sawhila* explains what is being done and asks the spirit not to harm them A pinch of earth is taken from the head and foot of the grave and wrapped in a small black cloth then attached to a thorn branch to symbolically drag the spirit home Beer is poured on the grave before the earth is taken and repeatedly on the thorn branch on the way home to appease and cool the spirit down The spirit is in a hot state of confusion and anger and needs cooling for its future guardianship of, and cohabitation with, the living The inheritor is then identified in the compound by the *sawhila*, and will succeed to the deceased's social positions and inherit some material objects The widow or widower is now free to marry (or have sex) without becoming mad (*musala*) or confused

Other studies in Zambia (Waller 1997 61-2) and Uganda (Ankrah 1993 15) note a change in funeral and mourning traditions As deaths and funerals mount up, funeral times are shorter and less resources allocated to funerals - for example, "rich" families will slaughter goats instead of cattle (Waller ibid) Other than a decline in inheritance of an individual's spirit, neither I or other colleagues have noticed any significant changes in burial and mourning rites

in Chiawa though the number of deaths has increased Burials and diwhes are expensive and cut deeply into resources, sometimes funerals will cost much more than treatment or more than what is given to the family left behind (Bond 1994) In drought years, diwhes in Chiawa are often postponed because grain is short In Zambian newspapers and gossip, it is common to hear accusations that people attend funerals just to drink and eat freely Bangwe (1997 105) has another interpretation In his sample of Monze households, he says that people attend funerals of neighbours and relatives not because they are sad but because they are also expecting a similar "lifting of the burden" in times of crisis Waller (ibid) and Bangwe (ibid) further assert that "poor" households attend funerals more frequently, partly because reciprocity of social relationships is essential to their livelihood Lydia in Household 3 demonstrates this pattern

Reported Cause of Death

The final assessment of cause of death seems to be reached amongst kin by consensus, with the elders having the last say Witchcraft is most often cited, eight out of ten of the deceased were said to have been killed by witchcraft Ndubani (1993 7) describes how these accusations are manifested in funeral ceremonies in Chiawa. "Women sometimes utter during wailing and crying "Ba ndi dyira mwana" - "they [the witches] have eaten my child" At some funerals the menfolk issue instructions to the effect that women should not wail because the spirit of the deceased may "run away" and be unable to avenge by killing the witch who caused the death These instructions are given after the body of the corpse and the grave have been treated with charms so that whoever took part in bewitching or is responsible for the death should also die "At one funeral soon after burial, mourners were instructed to

proceed to the funeral house quietly without talking to each other Whilst walking to the house nobody was to look behind Two men remained behind to apply herbs on the grave" (Ndubani ibid)

Respondents in the same household may not report the same cause of death in a particular case Compare the explanations of the death of Betty (3 1) by Lydia, the head of household, and Evaristo, her son-in-law, in the following narratives in Household 3

> "My younger sister's daughter was bewitched because she was not cured after treatment I do not know why someone would bewitch her" [Lydia, Head of Household 3] This contrasts an earlier statement she made "I told her [Betty] that if she stayed in town without a husband and worked moving up and down, she might catch diseases that are incurable and eventually die I was extremely frightened of her being infected with a STD because some are very dangerous and have already killed many people"

> "I was not living in the household at the time but I heard that she was slim and slim Both traditional medicine and the hospital did not cure her so people suspected AIDS I believe my mother-in-law and wife automatically knew she had AIDS because it is not their first time to see such a disease I recognised the symptoms because my own sister died from AIDS" [Evaristo, Son-in-law, Household 3]

In Household 6 there is also an apparent discrepancy over the cause of death Joyce's husband Kemison believes that his sister-in-law died from witchcraft or "African diseases made by

people", implying that the prolonged illness cannot be cured by bio-medicine Joyce is unsure about the cause of her sister's death but suspects AIDS

> "She had been sick since she was a child but I am not sure what her sickness was The clinical officer referred her to the hospital as an AIDS case My sister was not upset by this diagnosis She said that if she had AIDS, she was going to die but she had not moved around very much I think maybe when she worked for the commercial farm she did move around" [Joyce, Sister to deceased, Household 6]

What may account for these discrepancies is discussed a little later in this chapter

Witchcraft in Chiawa

In Goba, witchcraft is referred to by respondents by using different terms Tuyobela are imaginary spiritual beings or insects (tudoyo) sent by witches to infect people [7] "An n'ganga in Lusaka told me my son was taken in the forest by witches (muroye) who sent tuyobela to paralyse him" (Noreen, Household 3) Chiposo is an evil spell which is cast onto people and manifests itself in illness "Chiposo is sometimes a short illness and sometimes a long It depends on how it was sent by ancestors" (Evaristo, Household 3) Mabanda are evil spirits

[7] This term - tuyobela or tudoyo - is used in other parts of Zambia In the Copperbelt, tudoyo are commonly believed to be insects sent by witches to steal money from people accumulating capital Amongst the Lunda, tuyobela are created from dead people who are not yet ancestors but in a sort of purgatory and liminal stage and hence malleable (Mapoma 1993 personal communication 1993) Germs and viruses are sometimes referred as tudoyo in Anti-AIDS education Probst (1996 11-12) records that amongst the Chewa in Malawi animals called chirombo are connected to witchcraft He writes that the use of this term to explain the HIV virus in education campaigns has "led to an eventually effective resonance between witchcraft and AIDS" (ibid 12) I find this too emphatic a connection, I would suggest that the use of the term reinforced existing and circulating connections between witchcraft and AIDS

which are often described as "beating" the afflicted "Mabanda are sent by ancestors to kill you and you are beaten" (Edward, Household 2) Uroi is a more general term for witchcraft and aroyi is a witch (Ndubani 1993 2) Witches are mainly elderly and are known by one or more of the following signs using threatening or prophetic statements, having red eyes from staying awake all night and abnormal fatness owing to eating human flesh, putting magical substances into food or beer of the intended victim, and owning reptiles, especially a crocodile or a snake with a human face (ibid 4) Witches can use reptiles they own, tuyobela or other instruments to "send" evil Preventive magic, either to expose the witch outside the house or deflect evil, common in many Zambian groups, does not appear to exist in Chiawa

There is no distinction between witchcraft and sorcery apparent amongst the Goba To quote Yamba (1997 217), "all evil is intentional, and, furthermore, efficacy requires the conscious, deliberately evil manipulation of forces, as well as a clear idea about the person or persons at whom the malevolent forces are to be directed" Indeed, according to respondents in the households, witchcraft is always engineered - people do not "die" from witchcraft, but are "killed" "She was killed by African diseases made by people" (Kemison, Household 6) Marwick (1965), looking at the triadic relationship between sorcerer, victim and accused amongst the Chewa in Eastern Zambia, says that the questions asked when someone dies are, "What wrong has he committed, with whom has he quarrelled, who was jealous of him, in short, who has killed him?" (ibid 14) It is impossible to protect yourself from witchcraft because witches work at night, whilst you sleep It is however possible to cure yourself of witchcraft "To be cured of witchcraft you must know who made you sick You go to an n'ganga ye mhondoro and take medicine to oppose that medicine put on you" (Jailos, Household 7)

Reasons for bewitching

"Witchcraft thus explains why, but not how, misfortune happens to you" (Gluckman 1944 69]) Reasons given for bewitching the deceased are mostly jealousy at work, jealousy about success or disputes with partners The link between jealousy, prosperity and witchcraft correlates with the observations of Ndubani (1993 6) He writes that the driving forces behind witchcraft accusations in Chiawa are jealousy (uswinu), grudge (chizondo) and envy Explanations of bewitchment from the households support this For example

> "My son Colin was bewitched by colleagues at work who were jealous of his early promotion to be headmaster I am not sure of their tactics because I do not practise witchcraft myself and it can happen in lots of ways The fact that his girlfriend left him when he fell sick makes her look guilty too Maybe she used poison or sent tuyobela" [Joseph, Head of Household 1]

> "People witch you if you have money or work hard" [Noreen, Head of Household 4]

Marwick (1965) remarks that sorcery is prevalent at modern work places in Zambia where envy and malice oppose recruitment, promotion and good relations with employers Gluckman (1944 70), in an appreciation of Evans-Pritchard, also says that witchcraft lies behind ill will, slander, envy, jealousy and tale telling, and that a diviner trying to redress witchcraft does not work haphazardly but looks to personal relations and quarrels

According to Lancaster (1981 170), Goba believe that witchcraft and sorcery normally follow family lines, and so are likely to sever close kin ties and move away if untimely deaths occur too often Unfortunately, the pattern of AIDS deaths fits the logic of this belief AIDS deaths tend to be clustered within households because of inter-spouse infection and risk behaviour (Barnett and Blaikie 1992 87) The household material does not exhibit this pattern of retribution since respondents mostly accuse unrelated people at work of bewitching their relatives However, Ndubani's material and other fieldnotes back up Lancaster's observations about accusations aimed at kin For example, Ndubani (1993 7) quotes a father who says about his daughter's death, "Other people within our kinship did not want to see her grow and take good care of us"

For some household members, the actual reason for bewitchment may be obscure, but the nature of the illness (namely long and incurable) and the young age of the deceased, suggest that the cause of death must have been witchcraft For example

"If a young person dies, they are either witched or it is God's wish" [Lydia, Household 3]

"As I saw him, this disease comes from someone because his illness was long and he was young" [Jailos, Household 7]

Out of all the households, it is only Noreen in Household 4 that openly admits she consulted <u>n'gangas</u> to find out why her son Robert had disappeared It would seem that households do not always consult a witchfinder to find the witch behind the death, as Yamba (1997 217) claims

The association between AIDS, witchcraft and coping

The natural history and epidemiology of HIV/AIDS and its mode of transmission lead to a strong association between AIDS and witchcraft in Chiawa As mentioned earlier, deaths of young adults, as well as severe, protracted illnesses both within Zambia (Turner 1963 655) and in other parts of Africa (Boerma et al 1997) are associated with witchcraft Musingeh (1990 79) writes, "In Zambia a disease which runs a chronic course automatically ceases to be natural, it can only be understood in the context of witchcraft", adding that the group of fish traders he studied believed that "AIDS was just used as a smokescreen for witchcraft" (ibid 85) Links between witchcraft and infraction of sexual taboos are common too (McGlashan 1964 586, Marwick 1965) Marwick (ibid) sees witchcraft as a general explanation system for misfortune and related to group morality and social conflict Indeed the documented rise in recent years in witchcraft accusations and sorcery is regarded by many social anthropologists in the region as connected to cumulative problems, uncertainty and misfortune (Colson 1971, Scudder 1983, Yamba 1997) Yamba (ibid 203), in reference to Chiawa, calls it, "an attempt to make sense of existence in the era of HIV/AIDS" He identifies three competing and contradictory discourses - bio-medicine, church elders and missionaries and traditional ideas - from which the Goba construct their cosmology of AIDS Because bio-medicine is "able neither to cure AIDS nor to explain why a particular person has chanced to catch it" (ibid 200) and not able to "explain the conjunction of two events which may lead to tragic consequences" (ibid), Yamba believes that the Goba in Chiawa fall back on witchcraft as the explanation for "disastrous occurrences" (ibid 204), "sudden deaths and deaths involving young people" (ibid 216) As Yamba himself says (ibid 204), this is the classic Azande paradigm (Evans-Pritchard 1937)

My own household material suggests the relationship between AIDS and witchcraft, and between AIDS and coping, is somewhat more complex, fluid and dynamic This is reflected in the accounts of discrepancies over perceived cause of death in the households presented earlier in the chapter In the way that Lydia's two contrasting statements reflect double causality, it is possible for one person to believe both that someone is infected with HIV because of their sexual behaviour and because they were bewitched Barnett and Blaikie (1992 54) have parallel examples in Uganda where composite accounts of illness and death contain both scientific and witchcraft explanations This does not contradict Yamba's argument However, Lydia's son-in-law believes that Lydia must realise Betty had AIDS and himself thinks Betty was suffering from AIDS, and Joyce's sister Mariana in Household 6 was actually informed she had AIDS Why then do Lydia and Joyce's husband say that witchcraft killed their relatives? Do they genuinely believe in this explanation? Or are they ashamed by how their relatives may have become infected and attempt to remove the stigma and shift the blame from the family by calling it witchcraft? Maybe there are different levels of explanation - within a household, people may admit that this may be AIDS but outside the household, to other members of the community and outsiders they report that it is witchcraft Do the older generation believe more in witchcraft than the younger? But Kemison is in his mid-30s and young people still flocked to the witchfinder Shaka to cured of their ailments (see Yamba 1997) Does Lydia, who believes Betty was bewitched because she was not cured, not know that AIDS is incurable? Is it more comfortable for people to be bewitched or to have AIDS? Which causes less pain?

Other interviews about AIDS and about witchcraft (ie not focused on the untimely death) help unravel the relationship between the two All the respondents said that AIDS was shameful and self-inflicted - Jailos (Household 7) calls it "shameful and sorrowful" "If one's own daughter or son had AIDS", says Joseph (Household 1) "some parents would hide the fact because the news is shameful for the entire family", and they wish to "maintain respect" (Patson, Household 5) Edward (Household 2) explains, "Many people say someone with AIDS is actually bewitched They are protecting their dignity by refusing to admit their daughter is prostituting" "You cannot be proud of being infected" says Evaristo (Household 3) Noreen (Household 4) actually recalls helping care for a friend's daughter who she thinks has AIDS but she says "I could be beaten by her parents for revealing she had AIDS" Nevertheless, Edward (Household 2) relates that some people will openly state that "AIDS has killed my child", and Evaristo (Household 3) is open about his sister dying from AIDS and says his parents knew that his sister had AIDS and that the disease could not be cured

It is said that elders have only learnt about AIDS by "young people talking" (Joseph, Household 1), that it is not a disease that elders "know" The belief that AIDS must be a new (or recent or modern) disease that has come from somewhere else, though people associate it with <u>kaonde-onde</u> and <u>kafunga</u> [8], is predominant Both Joseph (Household 1) and Noreen (Household 4) comment that witchcraft is also associated with new diseases and this would reinforce a connection between the two The younger generation more openly admit that family members have died from AIDS - Edward, Evaristo, Ingrid and Joyce all name relatives they have seen die from AIDS, although only Evaristo consistently recalls AIDS deaths in

[8] These traditional diseases are described as being transmitted through contact with a woman who has aborted or miscarried and not properly cleansed herself The symptoms are similar to AIDS - slimming and coughing

households close to him (his mother-in-law's household and his parents' household) Joyce is inconsistent about her sister dying from AIDS, in two later interviews she said that she had not known anyone suffering from AIDS The older generation are more inclined to not have known anyone "intimately" (Patson, Household 5) or to say that people are not infected locally within Chiawa, though Noreen (Household 4) is the exception

Most households distinguish between AIDS and witchcraft despite the similarity in the inflictions The sole exception is Jailos (Household 7) who comments that "A person who is bewitched and a person who has AIDS have the same problem because both are slimming and suffer from coughing and headache We know they are all the same" Joseph (Head of Household 1) says that AIDS is not caused by witchcraft and "It is not possible to have witchcraft and have AIDS" Lydia (Head of Household 3) comments that "AIDS you wish upon yourself through your own behaviour Witchcraft you have no control over - it comes at night without you wishing it" Ingrid (Household 5) also remarks that you cannot protect yourself against witchcraft but you can protect yourself against AIDS Evaristo (Household 3) wryly says, "When people have AIDS in rural areas, they first go to n'gangas and are informed that their affliction is spiritual But in these modern times, people later identify and observe that this is AIDS" Irony is contained in Joyce's comment that "AIDS is bewitching yourself" Witchcraft, unlike AIDS, is curable and can be redressed All respondents say AIDS is incurable, "it is the only disease that cannot be cured" (Joseph, Household 1, Evaristo, Household 3), "getting cured is dying" (Joyce, Household 6) Even Jailos (Household 7) states that AIDS is incurable and witchcraft can be cured However, some do question that AIDS is incurable, and I was often asked if I had heard of a cure

Mogensen (1995 39) writes that the Tonga say that AIDS is not like anything else It is a new disease and it is not sorcery, sorcery can send a disease like AIDS but it would be curable This logic is similar to that reflected above One research assistant says that "If a disease cannot be cured then it is witchcraft, although people are beginning to acknowledge that now there are certain diseases, like AIDS, which cannot be cured" In trying to unravel the relationship between AIDS and witchcraft, there needs to be room for conflicting ideas, different discourses and the normal contradictions of belief The impact of new events and contacts need also to be considered For example, late in 1997, the witchfinder Shaka returned to Chiawa to continue his work cleansing villages Testifying in a court case about the death of two sisters from "maybe" AIDS, he explained to a packed courtroom that the sisters had been bewitched by a witch who had obtained infected AIDS blood from the hospital and "sent" it at night to the sisters who consequently died from AIDS (Dover 1997 personal communication) Such a testimony might either change or reinforce some people's current views of AIDS - what Mogensen (1995 23) refers to as the "never ceasing reflexivity" which modifies a narrative of pollution of which AIDS is one component Likewise, the HIV/AIDS peer education programme at Masstock may also change people's concepts Preston-Whyte (1993 10) refers to the "exploration and creation of new meaning" in relation to the AIDS crisis, and Last (1992 809) states the "Local theories require a sense of time and of linking that transcends an episodic view of illness they have to be virtually proof against disproof"

Rather than pursuing "essentializing paradigms" (Probst 1996 20) which impose a rather rigid structure on current AIDS cosmology, it may be more realistic to look to the range of narratives and beliefs Probst, in an analysis of an AIDS "cure" in Malawi in the early 1990s, suggests that the hybridity and complexity of "new" phenomena lie at the core of analysing

people's response to AIDS (ibid) This is not to deny consistencies, the strength of people's belief in witchcraft or other local theories that appear to "withstand extreme stresses imposed by sustained, cumulative disaster" (Last 1992 809), but to allow for the dynamism, the range of ideas and the discrepancies portrayed in the households

What impact do witchcraft beliefs have on how well people cope? Schussler (1992 427) compares internal and external control in relation to coping adequately with a disease Internal control is demonstrated in active coping, in believing that events can be influenced External control is demonstrated when the locus of responsibility is put elsewhere, making the illness less manageable In this material, the difference is not so straight forward Witchcraft does externalise responsibility - the implications are that it is not your own fault - but it also means that you can do something to try and be cured and attempt to control your own life

On the other hand, not only does witchcraft imply retribution but it may be a barrier to "the assimilation of new values and perceptions about disease and death causation" (Ndubani 1993 12) or a explanation resorted to when "modern epistemologies fail" (Yamba 1997 219) Retribution has the potential to cause family rifts, and witchcraft explanations and accusations cause anguish Joseph (Household 1) believes that n'gangas cause problems by telling you that your friend or family make your child sick "This is not true but causes hatred", he says Witchcraft could ultimately undermine household capacity if more members were to get infected by HIV because they failed to internalise the connection between the behaviour and the infection of a deceased relative Turner (1963 717) points out the irony that explanations for sickness and death amongst the Lunda may "give people a false sense of confidence that they have the means of coping with disease" but "does nothing towards raising

level of health or increasing life expectancy" in a society where the level of health is "chronically low"

Impact of the Death on Household Capacity - Immediate and Long-term.

Household capacity in relation to untimely death in the household in this analysis is considered as capacity to cope with a (usually) long illness, and implications of the death/s on the households' future capacity The latter is assessed here by describing the situation that each household is in two years down the line from 1992 Barnett and Blaikie (1990) divide the process of coping into three steps, which they call "staged learning" coping with the threat of death, with the crisis of death and with the socio-economic impact If the deceased in the Chiawa households were infected with HIV, the fact they died is not an indication of household capacity because HIV is a terminal disease Measures adopted to deal with the dying and to cope with the aftermath of the death can lead to a reduced ability to cope in the long term (see Foster 1997, Barnett and Blaikie 1992), though some of the coping measures and developments in the Chiawa households did genuinely boost their capacity, in particular young adults rejoining the households and seasonal work at Masstock farm Ainsworth (1995) noted in rural Tanzania that a common response to an adult death was for other adults to join the household The strength of having a large three to four generation household with resident adult children is clear from the analysis of these Chiawa households and other studies (see Waller 1997, Bangwe 1997) Last (1976) observes that older family households can form a self-sufficient community of sick and potentially sick compared to young family households which are more vulnerable and have less support Overall, most households at issue here were in a worse position in 1994 than they were in 1992, partly but not wholly or necessarily due

to the deaths they have experienced The exception is Evaristo and his nuclear family (part of Household 3) though this is a young family household and if Evaristo were to fall sick it would, as Last (ibid) points out, be vulnerable Nevertheless, it is difficult to generalise and predict since, as this material demonstrates, it depends both on how households develop and on their underlying networks, - what Waller (1997 75) refers to as "differential vulnerability"

Households 1, 3, 4, 5, and 6 coped directly and fairly successfully with at least one long and terminal illness in their families, although the experience was drawn out, painful and a drain on resources As Seeley et al (1993 122) conclude from their own observations in South-West Uganda, it is unrealistic to expect the extended family in all situations to provide services and care for people with AIDS Ankrah (1993 13) also questions whether the high degree of self-reliance in coping with disease and illness exhibited by African families in the past will continue in new AIDS situation A literature review by Iliffe (1987) in Uganda of the Buganda and Kalumba (1983) about the management of epilepsy in Zambia, questions further whether society has in fact always dealt compassionately with chronic illness and poor people, citing examples of scape-goating and ruthless treatment

Since this analysis is dependent on households recalling how they managed these illnesses, it is hard to assess exactly their capability There are indications as mentioned before that some households gave up looking for new treatment sources but continue to care for the patient McGrath et al's (1993 68) assessment is apt - "To the extent that normal patterns of social interaction and economic exchange are affected by the care of the patient within the household, there is the grave danger that household units will be unable to manage the care of the person with AIDS" It is significant that Households 2 and 7 were not directly involved

in managing the illness of the deceased This could be because these households are not able effectively to support others Household 2, although economically resourceful in 1992, is headed by a young, physically handicapped couple who are largely reliant on other households for treatment of their chronic ailments With a tendency to lean on other households (both kin and neighbours) for material support, and a large young household of his own, Jailos head of Household 7 is not in a strong position to care for the terminally ill

The impact of any AIDS death will be gradual, increase over time, and be unevenly distributed (Barnett, Blaikie 1992 87), partly depending on economic and emotional roles once played by the deceased and his/her family The future of Households 1 and 4 may have been seriously impaired by the deaths they experienced because, although both are headed by hard-working and resourceful elders, neither includes younger adult couples or has extensive kin support living close by Were their respective heads to fall sick or die, their households would be vulnerable Each lost two close kinsmen Household 1 two relatively well educated sons, who gave irregular material support and important emotional support to their father Joseph, and Noreen in Household 4 lost her husband and one son The income her husband earned as a fisherman was important to the household Both households spent time and resources caring for one or both of the deceased They already support younger children and/or grandchildren, and Household 1 is contemplating offering a home to his son's bereaved wife and children and, in 1992, has just married a fourth wife with two dependent children The heads of both households' (1 and 4) own brothers and sisters are mostly dead, and most of their adult children live in town Although some of these children, in particular daughters, are in frequent contact, the demands of urban life leave them little of their own resources to spare Both households live in the more remoter parts of Chiawa

By 1994, when contact with the seven Goba households was renewed, their situations have changed An adult son (Steven) and an adult daughter (Angela) with her husband and two children had joined Household 1, and both men are working at Masstock farm Another grandchild has rejoined the household after his mother's divorce Though Joseph's 1993 marriage broke up and he married another woman in 1994, the presence of the three productive adults will make his household less dependent on him 9 A similar change has occurred in Household 4, with an adult son (James) returning to the household in 1993 and an adult daughter (Maggie) and her husband joining the household in 1994 Another young adult daughter (Gertrude) left for town, and a young grandchild has come to stay for a period Though Noreen complains about the input of her son and son-in-law, their presence boosts the labour, potential income and support system within the household These examples show that predictions of households splitting apart following the death of a breadwinner (Foster 1993 252), or breaking down or disintegrating following an AIDS death (Topouzis and Hemrich 1995 26) need to be more cautious

The future capacity of Households 3 and 5, also headed by elders, has also been undermined by their loss, but they both have young adults living and working in their households and an extensive network of close kin living nearby If they were to die or fall sick, it seems likely that the younger adults would assume responsibility for them and any small children Household 3 is in a weaker position than Household 5, as it is headed by a recently divorced elderly woman, whose resources were substantially drained by the two deaths in her household

[9] Joseph's senior wife died in 1998, and he died, quite suddenly after about one month's illness Some say he died from asthma He had already married another wife who is herself now quite sick

and the loss of her husband's income Household 5's capacity is strengthened by close ties with a prosperous young brother, and by the status of Patson, the head of the household, who is head of a large extended family in his village

Lydia's position in Household 3 has weakened by 1994 The household has shifted site, split into two (with Evaristo and his nuclear family now separate though living close by in an adjacent compound) and it will take some time for Lydia to re-establish a decent compound A teenage granddaughter (Grace) and grandson have left her household and an adult daughter (Lydia) has rejoined the household but is heavily pregnant (baby born in June 1994) and estranged from her husband By 1995, Lydia is diagnosed with TB and being treated at Chirundu hospital Lydia has a good support system - matrilineal kin, her daughters, her son-in-law and neighbours - but she lacks the energy to provide adequate material support to her household without outside help She exemplifies what Foster et al (1996 400), and Barnett and Blaikie (1992 120) fear about the future of households headed by a single grandmother after her death the future of the household as a unit could be quite bleak However, Evaristo and Margaret live near by with their two children and Evaristo's material assets have increased by 1994 and he seems better off He would be likely to take care of Temison (the deaf orphan) if Lydia was very ill or was to die

Household 5's capacity is also weaker in 1994 Two grandchildren have left the household, and an adult granddaughter (Gelita) has divorced and had a baby outside marriage By 1995, Ingrid (an adult daughter) has left the household to stay at Masstock with a new husband, leaving two young children behind with her parents Patson's son Mateo, who lives in a compound adjacent to his own, has left for Lusaka and Patson has assumed responsibility for

his son's wife and children Patson's long suffering wife Emily is threatening to divorce him, fed up with his philandering with a woman divorcee at the pontoon An adult son, Clarence, who trained as a village scout game guard, dies from suspected AIDS in 1996, leaving a wife and children behind Because of his position in the family, his relative wealth and the large size of the household, Patson is in a position to absorb additional children and dependents but as his household loses productive adults (through death, divorce, migration or marriage) and gains young children and widows, resources are drained and household capacity undermined The widows could be an asset if they are not sick themselves and if Patson continues to have the capital to support brewing and other small enterprises

The impact of the deaths suffered by Households 2, 6 and 7 may be less severe than in the other households since the deceased were only potentially supportive, none of the households assumed responsibility for any of the deceased's children or spouse or suffered more than one death, and all three households have active ties with other kin who live locally Household 6, which cared and then lost the young adult sister of the wife of the head of the household (Joyce) was probably the most affected because sisters are an important resource in a matrilineal society, and the household spent money and time caring for her Households 2 and 7 need support from others, but the deceased did not appear to have been directly or consistently involved in looking after them, and neither household was involved in caring for their relative whilst they were sick

Very scant contact was maintained with Household 2 beyond 1992, but one interview in 1994 reveals that the odd couple (Edward and Doreen) have divorced, Doreen has given birth to twins of which one has died and has quickly remarried in Chirundu, leaving her youngest son

with her father Joseph (head of Household 1) Edward's mother dies in 1993 and he is without wife, child or mother by 1994, though he still lives with his father, father's sisters and sisters who have always supported him He no longer hunts (his main contribution to the household) because he has no dogs

Joyce's position in Household 6 also seems to be more vulnerable by 1994, despite she and her husband shedding dependents (her sister Grace's children) and establishing their own compound Her husband Kemison is increasingly absent doing temporary building jobs, or sick (he suffers from TB) Joyce loses a baby in August 1994 and is working more and more at Masstock farm as a seasonal picker and misses the direct support of her mother Emelda and sister Grace which she received when they lived together

There have been four deaths in Household 7 by the end of 1994 Jailos loses his wife Matilda and a baby in August 1993 and two adult sons, living elsewhere, are killed in 1994 Only one child remains at school, the others have been pulled out and are working at Masstock at a young age The children in this household continue to be overburdened and undernourished and their father Jailos is in a bad state by late 1994 his eyesight has deteriorated so much that he needs to be led by the hand and can do little work An operation and treatment early in 1995 greatly improves his eyesight An adult daughter Love and her husband and children move into the compound late in 1993 Their presence gives some support to Jailos's children though they maintain an independent household Household is 7 the closest to representing a breakdown in capacity - the children are stunted and poorly nourished, older children are removed from school and younger ones never sent, the number of meals are limited and food sometimes obtained through begging, fields are neglected and planting and weeding delayed

or abandoned, and health care ıs rarely sought These trends have been spotted ın areas affected by HIV/AIDS ın Zımbabwe (Foster 1997), Uganda (Topouzıs and Hemrıch 1995, Barnett and Blaıkıe 1992), Tanzanıa (Aınsworth 1995) and other parts of Zambıa (Abrahamsen 1993, Kasawa 1993) However, ın thıs household the breakdown ın household capacıty so far ıs not apparently due to HIV/AIDS

SECTION 6: CONCLUSION

6.1

UNRAVELLING CAPACITY.

Four extraneous dimensions of capacity account for some of the variations among the households described here

The first is the difference between official, observer and actor perspectives on capacity (Wallman 1984 212-213) which is exemplified in the management of the 1991/92 drought and the "cost recovery" rhetoric The (official) Programme for Prevention of Malnutrition included women-headed households and households with handicapped members as "needy" households who should be targeted for free food relief during the drought (Section 5 2) In the event, none of the three households (2, 3 and 4) in this sample who fell into these categories received free food, despite Households 2 and 4 approaching local officials with requests for assistance My assessment as an observer in 1992 would have been that Households 3 and 4 were more needy at that time than Household 2 In the case of cost recovery in the formal health system, the Ministry of Health stated that as a matter of policy certain categories - including those with chronic illnesses, children under five years and those who were critically ill but could not afford to pay - were exempt from the charges introduced in August 1993 (Section 5 3) This policy was not implemented by the local health staff or communicated to people (the actor) in Chiawa Households 3, 4 and 6 felt themselves excluded from the health system in 1994 because they could not afford to pay health fees, even for critical illnesses, and did not even approach the health staff when in distress

Secondly, capacity in this thesis is assessed at different levels The analysis moves from the national to the local Chiawa context, then to each household and finally to individual household members At each level, the underlying limitations of capacity are noted The wider context discussed encompasses a high prevalence of HIV and STDs (Section 2 2) as well as other epidemics and diseases and chronic malnutrition (Section 5 1 and 5 3), economic instability and spiralling poverty From the mid-1970s, living conditions in Zambia, as a whole, underwent a "precipitous degradation" (Clark et al 1995 96) which is demonstrated in a number of localised studies (ibid, Scudder 1983, Abrahamsen 1993, Foster 1996, Bangwe 1997, Waller 1997) Overall, these show that most Zambian households are having to deal with multiple adversities whose cumulative effect is to undermine household capacity to deal with any one problem

Among the effects described, the decline in living standards and some features of "community unravelling" (Scudder ibid) -such as an increase in alcohol consumption - are mirrored in Chiawa In addition, the area was particularly hard hit by the Zimbabwe War of Liberation (mid-1970s to early 1980s) However, since the late 1980s, Chiawa has developed rapidly and, with the expansion of the local economy, opportunities have widened (Section 2 4) Health and education facilities have been rehabilitated and roads and transport improved Overall Goba identity has been enhanced by the profile of the Chieftainess and the recent development These changes incidentally confirm that capacity can wax and wane

Thirdly, capacity varies with the impact of the different seasons on production, consumption, health and cash flow The most difficult months are November through to March - the rainy

season (mainza) - when labour demands and annual hunger coincide with escalating cash demands created by critical health problems (in particular malaria and dysentery), school fees, a need to purchase food to eat and unavailability of wage labour The most capable and well-resourced households stagger payments as far as possible Those households who are either short of resources and/or less capable of managing them, fail to feed the household adequately during this period let alone deal effectively with health problems and send children to school (Section 5 3)

Fourthly, geographical variation within Chiawa has a bearing on the options available to households For example, Households 1 and 2 are unable to fish because they live away from the river in a cluster of villages near the Mwinde hills On the other hand, these villages usually receive more rainfall and households can replenish their granaries even in drought years In addition the remote setting allows them more freedom to hunt (Section 5 2)

6.2

RANKING HOUSEHOLD CAPACITY TO DEAL WITH ADVERSITY "OTHER-THAN-AIDS".

Capacity is also subject to change within the household, the impact of changing household composition between 1992 and 1994 in all the households exemplifies this (Section 5 4) Similarly, capacity varies in these accounts because the four events which test it - the drought, the dysentery epidemic, cost recovery measures, and the management of terminal illness and untimely death - demand different kinds of response Within these differences however, there is an important consistency and it is possible to rank the households along a scale of low to high "capability" (Wallman 1996) On the whole, how a household copes with any one problem can help predict how it will cope with others The exception is in coping with HIV/AIDS, which is taken up below

Concentrating for the moment on the response to terminal illness[1] and the other events, the capacity of households is assessed according to household structure, environmental and structural resources, household resources (skills, work and material), social resources, and individual capability - remembering that none of these is reliably static For the purpose of this analysis, the following box shows what resource indicators and household characteristics were taken into consideration to arrive at the ranking No one model of household resource systems was used to identify these factors, but the review of Bangwe's (1997), Barnett and

[1] The distinction here is between how households manage the illness and death of a household member, as opposed to their awareness and perceptions of HIV/AIDS epidemic and how or if they protect themselves from becoming infected

Blaikie's (1992), Chambers's (1981), Foster's (1996), Wallman's and Baker's (1997) and Waller's (1997), in combination with my own analysis, helped flag what indicators might be useful (Sections 2 3 and 4 1)

Households differ according to the resources available and there are similarities and differences in the resource distribution The resource indicators in Box 2 help assess household capacity by signifying whether households have these resources at their disposal and how they combine, utilise, exploit and allocate them in response to the events specified

Box 2· Potential Resource Indicators for and Characteristics of Chiawa Households

(Extraneous) Environmental and Structural Resources fish, river, wild game, forest, rainfall, land, river garden (matoro), health facility, school, shop, road, Masstock, hammer mill, pit latrine
Household Structure: mixed generations, size, head of household (gender, age, marital status), children, grandchildren, orphans, widows, divorcees, young women, married young couples, kinship relations within household, adult men, spouse, deaths (number, age, cause), indications of family breakdown, outmigration
Household Resources (skills, work and material) livestock, household belongings, food stocks (grain and dried), seed stocks, capacity to hire labour, work for others in the village, diversified system of domestic production (sell thatching grass, grain, vegetables, beer, herbal medicine, crafts, gamemeat and any other skills that raise cash or produce items for barter, wage labour), external assistance (food for work, church, other)
Social Resources spouse, sawhilas, matrilineal kin (especially Z, FZ's children, Z's children, Ds), patrilineal kin (especially F, B, FB, S), cross-cousins (MBC and FZC), siblings, adult children, neighbours, friends, people to drink beer with, women's group, church, other organisation, politicians, linkages outside Chiawa (family, work contacts, friends)
Individual resources (of respondent) ethnic identity, occupation, skills, health (especially diet, chronic illness, disabilities, infectious disease), age, marital status, social life, alcohol consumption, mobility, capability to exploit available resources, personality, status, power relations

The existence of certain types of resources is significant - for example, owning a bicycle or living close to a health centre - and the use of that resource - using a bicycle to go to the hammer mill (Joseph in Household 1) or not using the health centre, despite its proximity, because there is no money to pay fees (Household 6) Paine (1995 112) writes that in "event" research, it is the "human agency of repairing disaster" that should keep our attention And Sen (1981) identifies that in famine conditions it is not just what exists but also who can command what that counts

In this analysis, it is also clear that the absolute size of the resource base and the relative proportions of the different resource categories varies, and the organisation of resources differ according to the situation (Wallman and Baker 1997 678) To illustrate this Household 5's material resource base is wide and this helps it cope with any one problem, the importance of social resources is demonstrated by Households 3 and 4 who have few material assets but strong social networks which help them deal with problems, and resources most relevant to the management of dysentery in 1992 are proximity to a health facility, a pit latrine in the compound and certain social and individual resources (Section 5 1)

Implicit in the process of ranking the households is my view of capability, along a scale of well to badly (Section 2 1) An assessment of household capacity to deal with the events in question is given in each situational analysis (see Section 5) This assessment is not always straight-forward, occasionally there are anomalies One such anomaly is that the presence of widows and divorcees in the household may be detrimental to it these women lack the support of a spouse and may be more dependent on the head of the household If they are the head of the household and have no adult men present (as in Households 3a and 4), the

household is structurally weaker, lacking the skills and status that men can contribute (demonstrated in Households 1, 3b and 5) However, widows and divorcees are more likely to brew beer for sale, and given an active matrilineal network, are capable of sustaining a household on their own The value of such a woman's presence in a household seems to depend on her situation and personality as well as her age and health and other members of the household Lydia (an elderly divorcee and head of Household 3), for example, cared for her sister's daughter during the latter's terminal illness and took in her sister's daughter's children (now "double" orphans [2]) after her death But, by August 1994, she cannot manage to raise cash for her own daughter to deliver a baby at Mtendere mission hospital because her own health is deteriorating, her household composition has changed and weakened, and the household has never recovered from the 1991/92 drought

Finally, there are three other aspects which affect the ranking at what stage during the event decisions are made (early or late) (Colson 1979), the reversibility of the response (low or high) (Frankenberg and Goldstein 1992 201), and the extent of change - what Maxwell (1989 4) labels as "sensitivity" Joining the Food-for-Work programme as soon as it was introduced (Household 1) would, in the long term, boost the food supply of the household more effectively than waiting until food supplies were exhausted or working sporadically on the programme (Household 7) Lydia's decision in Household 3 to slaughter one of three goats to feed her household is an example of a response with a fairly low reversibility And Noreen's (Household 4) response to dysentery infection within her household was more sensitive than Lydia's (Household 3), involving a greater change in her knowledge and

[2] In Zambia, "double" orphan denotes children who have lost both parents A child is an orphan once it has lost one parent (Bond 1994)

management of any subsequent infections

Ranking the Households

Overall the ranking places Household 5 at the top of the scale in 1992, with the highest capability Environmental and structural resources and active social resources are wide in scope, materially this is the wealthiest household with the most assets and there are many different skills in the household, the household structure is strong (large with mixed generations, young productive adults and large), Patson and Ingrid are capable and resourceful personalities, and (on the whole) the household management of drought, dysentery, cost recovery and illness is good Household 1 is ranked a close second in 1992, with a high capability environmental and structural resources are fair, materially the household is better off than many Chiawa households and multi-skilled, the household contains few productive adults but there are mixed generations, social resources are not wide in scope but the ones that exist are very active and supportive, Joseph is an extremely capable person, and the household's management of drought, dysentery, cost recovery and illness is very competent These households are resilient and enduring, recovering from the drought (as confirmed by the improved household diet in 1994, Section 5 2) However, by 1994, Household 5's composition has changed and weakened, losing young productive members and gaining dependants, whereas Household 1's composition has strengthened, gaining young productive adults (including a couple) This closes the gap between the two households

The capability of Households 3b, 4 and 6 is middling overall Household 6 has wide environmental, structural and social base, though it has few material resources or productive

adults and, a head of household that is chronically sick and not very reliable Joyce is an industrious and able woman but she is overburdened The household's management of drought, dysentery and illness is fair, but by 1994 the household has slid down the scale Joyce has lost the direct support of her mother and a sister and is unable to pay new health fees despite working long days at Masstock and having fewer mouths to fee, her youngest child dies in August This reflects the strength of adult women and matrilineal kin within a household Household 4 also has strong and active social resources and more material resources than Household 6 (with an income from tobacco and vegetable sales) though environmental and structural resources are limited and Noreen's individual capability circumscribed by her status as a widow and by chronic ill health The management of drought, dysentery, cost recovery and illness reflect that this household, though poor, learns from experience and maximizes opportunities and any available assistance Changes in the household's composition by 1994 strengthen it, an adult son and daughter shift back from Lusaka and her daughter marries, bringing a son-in-law to the household Options in the local economy, with the growth of the tourism industry, also widen Thus Household 4 moves up the scale, although the new health fees are beyond its reach and school fees are only met with difficulty and some funds from an adult son in town

In 1992, Household 3 is lower down the scale than either Households 4 or 6, though there are similarities with Household 4 in the pattern of resource distribution Material, environmental and structural resources are narrow in scope, and the individual capability of the head of the household - Lydia - is limited by her age, chronic ill health and her status as a divorcee Nonetheless, she is a warm and competent person, well supported in 1992 by one daughter and son-in-law Evaristo and with a strong network of matrilineal kin, neighbours and friends

Evaristo is also very capable and industrious and between them they just about manage to feed the orphans and grandchildren in their household Their management of illness is caring but inconsistent as reflected in how they dealt with dysentery in the household The management of drought is boosted by Evaristo's Masstock salary though the lack of resources and limited skills mean that household diet is insufficient By 1994, the household had split, with Evaristo heading his own household in a compound adjacent to his mother-in-law Evaristo's household (3b) moves up the scale with a rise in living conditions shown by the accumulation of material assets and better health and household diet Meanwhile, Lydia's household (3a) slides down the scale, losing not only Evaristo's direct support but also a teenage granddaughter and gaining a very pregnant daughter whose marriage is about to break down Shifting her compound from one site to another depletes Lydia's material resources further and her own health is deteriorating fast This is an example of a household where events - a divorce, the drought and two deaths - start a downward spiral so that adversities become less manageable

Household 2 is about level with Household 3, exhibiting a middling to low capability The environmental, structural and material base is restricted, household composition is strong in 1992 with many productive adults and few children in the household, social resources (as in Households 3 and 4) are extensive and active The ill health of Edward and Doreen has pushed them to exploiting their social networks in a search for a cure and people readily extend help to them Edward is a good hunter and craftsmen but his economic options are limited by lameness and fits and he is preoccupied with his own health problems Their management of drought, dysentery and illness is fair, but by 1994 the strong household structure has broken down, with the divorce of Edward and Doreen (who leaves with their

child) and the death of Edward's mother This is another household whose capacity has weakened by 1994

Household 7 exhibits the lowest capability Its' environmental and structural resources are fair but Jailos, in particular, fails to exploit them (for example, farming a good matoro badly and letting beans rot in the field during the drought) Social resources are also not narrow - with matrilineal kin living near by and neighbours extending support to the children The household structure in 1992 is weak, with few productive adults, and material resources are extremely low The household's history of poor health, a high number of deaths, poor schooling as well as the low motivation and diffidence of the head of the household are evident in the inadequate management of drought, dysentery, cost recovery and illness As Jailos's own health gets worse, the responsibilities heaped on his teenage children mount up and the household slides even further down the scale with the death of his wife and a baby By 1994, however, with two sons working at Masstock and an adult daughter and her family moving into an adjacent compound, it is possible the household capacity could improve

Figure 11. The (Overall) Ranking of Households Showing Trend of Capability

1992 to 1994

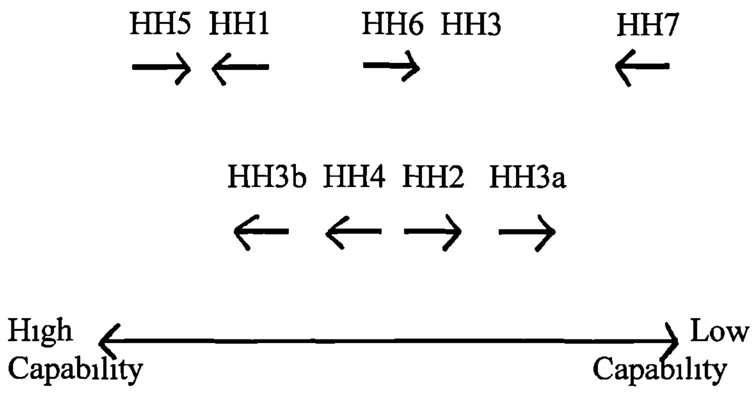

Figure 11 shows the household ranking along a scale of high to low capability, with the arrows indicating in what direction the household has moved by 1994 The change in household capability over time is evident Locality and wider trends not withstanding, capacity at a household level in Chiawa varies with the existence, proximity and use of certain environmental, structural and household resources (listed in Box 2), a household structure which includes mixed generations, a married man as head, other adult men, adult daughters, teenage daughters, a young adult couple, an active social network including matrilineal kin (Ds, Z, MB), cross-cousins (MBC, FZC), and/or patrilineal kin (F, FB, FZ, S, B), siblings, sawhilas, good neighbours and friends, links outside Chiawa which intervene at critical and appropriate stages and other outside help, and individual resourcefulness, confidence in knowledge and hard work

6.3

CAPACITY TO DEAL WITH AIDS.

Contact between Households and "Risk"[3] Occupations and Arenas

Trading in fish, bananas, masau and other items which can involve movement to and from urban or market centres could be significant in terms of opportunities for sexual partners Joyce and Kemison in Household 6 are involved in the fish trade, Ingrid in Household 5 has traded in fish, salaula and other goods, and Doreen in Household 2 travels regularly to Masstock to trade in buns and gamemeat in 1992 Kemison also works away as a builder and during these stints, spends nights away from home

The link between mobility and HIV status has been established in many studies (Section 2 2) The most mobile respondents on a regular basis are Joseph (Household 1) and Patson (Household 5), who have bikes which they use to reach shops, beer parties and visit friends usually within Chiawa, and members of the different households that frequently work at Masstock, travelling daily or weekly to the farm - Rebecca and Stephen in Household 1, Doreen in Household 2, Edward in Household 3, Joyce in Household 6 and Petros (and later his younger brother) in Household 7

Residence in isolated matoros also gives opportunity for sexual liaisons, as reflected in court cases Households 4, 6 and 7 have matoros some distance from their compound and members

[3] See Section 2 2 for a discussion of what constitutes "risky" sexual behaviour and "risk" arenas

of the household spend nights there for part of the year Brewing beer is also "risky" Clients exert pressure on the women who sell the beer to have sex Only Households 2 and 7 avoid this risk The actual consumption of alcohol and other narcotics can lead to casual sex, Joseph (Household 1), Petros (Household 5), Kemison (Household 6), Jailos (Household 7) and Petros (Household 7) all drink beer habitually within Chiawa - Petros and Joseph often drink at the pontoon and Petros occasionally touches Chirundu bars, though he says he always returns home before nightfall

Close proximity to Chiawa centre (Household 6), Kabwadu centre (Household 7) or Masstock (Household 5) may also be a risk factor, since these centres have government employees, migrant workers and other transients, as well as bars, markets and shops Situational and seasonal poverty make sex an important economic option for Chiawa girls and women who can get money, food, clothes and luxury goods through striking up sexual relationships with farm workers (see Bond and Dover 1997, Bond 1997)

Patterns of sexual behaviour at Masstock are particularly favourable to the spread of HIV and STDs A number of factors are responsible for this Most workers are under the age of 36 years, there are more men than women in the farm compounds, partnerships between older men and younger women, temporary relationships between migrant men and local women and concurrent sexual partnerships are both common and "risky" and rarely involve the use of condoms, there are a number of "risk" arenas (such as bars and pay-days), and women are under considerable pressure to have more than one sexual partner Most farm workers and managers recall knowing someone who has died from AIDS, including colleagues Local women and girls have died from AIDS after sexual relationships at the farm Some workers

express acute anxiety and fear about being infected with HIV especially if they are suffering from STD or chronic diarrhoea, or they have had sexual contact in a previous season with someone who has since died from suspected AIDS A rising death rate at Masstock corroborates rising mortality trends in other parts of Zambia One of the main reasons for this rising mortality, and the corresponding drop in life expectancy, must be AIDS

All the households, except Household 4, have direct contact with the farm either through employment or trade links Household 5 has no members working at the farm, but both Patson and Ingrid trade in crafts, *salaula* and other goods with farm workers

HIV/AIDS Prevention in the Households

Ideal Behaviour - What they say.

All the households are aware of HIV/AIDS and its symptoms, say that it is incurable and consider it shameful (Section 5 4) Most households believe it is a new disease, though they sometimes refer to old diseases that have similar symptoms Knowledge of transmission is more hazy in some households Edward in Household 2 says that there are rumours that if you carry the body of someone infected with AIDS, you will catch it "Young people, not elders, carry the body to the grave and it is the young people that die from this disease" The younger generation are generally believed to be the most infected and the most knowledgeable, and women are frequently blamed for spreading it But Evaristo (Household 3) says that "Many guys and girls our age are dying because they are misbehaving, going to bars, concerts and sleeping anyhow AIDS eventually catches up with you" Most households have known

someone locally to have died from HIV/AIDS, though it is only the younger respondents that recall AIDS deaths within their own family or household (Section 5 4) Only Jailos (Household 7)says he never known anyone who suffered from AIDS

A concept of "self control" is consistently brought up by all respondents when asked how the spread of HIV/AIDs can be prevented The Goba terms they use are <u>Kuzvichengeta</u> or <u>kuzvidzivirara</u> or <u>kuzvibata</u> - meaning respect yourself, protect yourself, control yourself Lydia (Household 3) believes that every family should be responsible for themselves and older people should advice children "don't jump about" Joseph (Household 1) says that elderly people should also exercise self-control Noreen (Household 4) worries about her teenage daughter, "I give her advice but she never listens I am worried I will find her with AIDS" Evaristo (Household 3), Patson (Household 5), Joyce (Household 6) and Jailos (Household 7) do not hold out much hope for preventing the spread of HIV - "Man is a problem! Any other animal you can build a fence around and it will behave However, you can gather people and explain to them but in your absence they will misbehave" (Evaristo, Household 3) Jailos thinks it is impossible to stop the spread of AIDS, stating "Each and everyone of us has to get married" Ingrid (Household 5) says she has tried to advise people of her own age about AIDS but some will not listen, they say, "Don't mislead us! How can we find money without moving up and down?" Both Joyce and Patson's wife do not trust their husbands

Actual Behaviour - What they do

Certain respondents in the households are more at risk of catching HIV than others Patson (Household 5) and Joseph (Household 1) both have sexual contact with widows at the

pontoon In both cases, the husbands of the widows are said to have died of witchcraft in the recent past and the widows are now beer sellers Patson's wife claims that the widow her husband sees has "many men at Masstock" and she is planning to divorce him because she fears he will bring a disease to her Patson and Joseph both have a history of having other girlfriends or wives and have children with women other than their (senior) wives Kemison (Household 6) has TB and, according to his wife Joyce, is untrustworthy, she wishes he would use condoms and is worried about her own health, asking if headaches can be caused by HIV Lydia's ex-husband (Household 3) had a girlfriend in Lusaka who died and by 1995 Lydia has TB Ingrid's (Household 5) first husband was a fish trader who married another woman in town After her divorce, she has a baby with a man who she does not marry and by 1994, has married another man at Masstock In Household 7, Petros admits in 1994 he has two girlfriends at one time Doreen (Household 2) has frequent trips to Masstock farm, a brief marriage to Edward, followed by another marriage to a man at Chirundu unknown to the family Her mental disability makes her especially vulnerable In Households 1, 4 and 5, there are young adults who have recently shifted back from town, and in all the households bar 4, there are young adults in frequent contact with Masstock

Only Noreen (Household 4) and Edward (Household 3) appear to protect themselves from HIV Noreen says, "I am old and will not meet with any man" Edward is well informed about HIV/AIDS and apparently cautious, happy in his marriage

Implications for Household Capacity and HIV/AIDS

The pattern that emerged when ranking the overall capacity of households to deal with

adversity falls away when it comes to dealing with AIDS Dealing with AIDS seems to be different to dealing with drought, dysentery, cost recovery or other deaths in the household (Barnett and Blaikie 1992 41) Households 1 and 5, ranked the most capable, are hard hit by HIV/AIDS, both having lost two adult sons between 1989 and 1995 The heads of household are exceptionally competent men with good knowledge of HIV/AIDS but have risky sexual relationships and do not try to protect younger adults in their households from infection In these households, there are also younger adults whose economic pursuits could make them too more susceptible to HIV infection - sleeping at Masstock during the week or travelling to trade Petros and his younger teenage brothers and sisters in Household 7 could, through working at Masstock and poverty (for example, the young girls begging for food, looking for school fees), could also be at risk, though Jailos himself is probably somewhat protected by his difficult personality and social isolation Edward, in Household 2, is also quite isolated (geographically and socially), though he does on occasion travel extensively looking for treatment Noreen's teenage daughter could also be vulnerable, living close to tourist lodges where there are seasonal migrant workers, and indeed Noreen is worried about her She later moves to town, another risk arena Edward in Household 3 appears both well informed and careful, although he does work at Masstock Lydia is quite ignorant about HIV and she is sick with TB

It is important that household characteristics that strengthen the household in relation to other events, can signify a potential weakness in relation to AIDS For example, young adults could be a weakness and not a strength if they are infected with HIV, draining household resources during their illness and leaving children behind them Likewise, activities like fishing and trading, which bring in income and boost capacity, may also expose the household to HIV

Another irony, discussed in the previous chapter (Section 5 4), is that the most capable households are more likely to cope with those who are terminally ill, potentially undermining the future of their household in the process This forecast is speculative but reasonable in a country where HIV prevalence is so high It is backed up by other studies in Zambia and our observations in Chiawa since 1991

Households do not currently have the capacity to deal well with HIV/AIDS prevention in Chiawa, though they are compassionate with those who are sick and try to reduce their anxiety about the epidemic by referring to moral infraction, gender and generational differences, witchcraft and other narratives This approach fails on the whole to alter the factors that produce the anxiety and disorder (Paine 1992 278)

AIDS, it would seem, touches the social web in its core (Probst 1996 18), highlighting disorderly death and disorderly sex in the same breath (Mogensen 1995 40,80, Wallman 1988) Faced with an unprecedented phenomenon, Paine (1992 184-7) writes that a sense of puzzle may provoke social and cultural turbulence - a sense of non-routine which is healed only when this puzzle is solved or accommodated Do people subdue it by imposing already-present text, by rearranging their life because of the happening, or both? There does not seem to be any straightforward solution to the AIDS puzzle in Zambia As Barnett and Blaikie (1992 41) pinpointed, "new processes of understanding and responding are required" and this period of transition and experimentation "may be quite long and delayed" (ibid 55)

What are the implications of these findings on household capacity for HIV/AIDS prevention, other than revealing that AIDS is different from any other problem, that HIV/AIDS prevention

is extremely complex and that it can turn capacity upside down? This material reveals that there is capacity but it is limited Unravelling the components of capacity which count in relation to dealing with other problems, might help identify which households could, for example, have the capacity to absorb orphans and when external intervention is needed The capability of some households to cope with those already infected and sick is also exposed [4] HIV/AIDS prevention could build capacity out of existing coping strategies and resources personal experience, matrilineal networks, the status and role of elders, the new ideas and dynamism of young adults, the dialogue between joking relatives and elders and young, use local metaphors and narratives to promote understanding, dialogue and consensus

In the short-term, the impact of the HIV/AIDS epidemic, heaped alongside other problems, on Chiawa households looks damaging, households appear to need help to deal with the impact of the epidemic and to work towards prevention strategies that they are able to adopt Perhaps we may dare to be more optimistic about the longer term The capability of Household 3b serves as a reminder that the younger generation may succeed in overcoming the many difficulties they face and that some of them will successfully protect tnemselves from HIV infection And if the recent widening of the economy continues, some women at Masstock may find means of survival that do not depend on sexual exchange

[4]The material on sexuality, sexually transmitted diseases and treatment seeking has helped inform some interventions (see Bond and Dover 1997, Bond and Faxelid 1998)

APPENDIX II

METHODS

The methods used during fieldwork for the thesis are presented in this section Some reference is made to quantitative methods used in the wider project upon which the thesis work draws - (see Appendix 1, Bond and Dhooge 1993, Bond and Ndubani 1993, Bond and Wallman 1993), and some of these data were updated by subsidiary survey questions The main approach is the case-study method In-depth interviews were held in seven households, sometimes structured, on separate occasions, by seasonal charts, pile sorts, checklists, resource mapping and network maps Survey questionnaires were also used to update information Observation in the households and my field-diaries about Chiawa were other key sources Direct contact with the households spanned a period of four years - from 1991 to 1994 Indirect contact with some households was maintained during other fieldwork and interventions conducted in Chiawa from 1995 to 1997 (see Appendix 1)

The Case Study Method. [1]

Bolton (1995 298) writes the adoption of rapid appraisal techniques and focus groups in the study of AIDS have "privileged etic over emic, data quantity over data quality, reliability over validity, and statistical significance over real significance" "Frankly I would prefer to have accurate information on a small number of cases than such garbage"

The original Chiawa field research proposal shared this view, asserting that the "study of small numbers in depth allows a systematic inference which is independent of numerical or quantitative values", complementing the shallower coverage of the much larger study population (Wallman, Kalumba, Krantz, Sachs, 1993 20) [2]

These perspectives follow Mitchell (1983 192) who defines a case study as "a detailed examination of an event (or a series of related events) which the analyst believes exhibits the operation of some identified theoretical principle" The validity of the analysis lies in "the cogency of theoretical reasoning" (ibid 207) Platt (1988 11) calls case-studies "a social barium meal, whose progress through the system illuminates it", adding that case-studies provide the context and personal experience of a particular topic

The emphasis in case-studies is therefore firstly on the theoretical framework, and secondly on the value of personal experience In this thesis, the households' management of death,

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[1] Werbner (1990 157) implies that the case method germinated with the Manchester School, and quotes Mitchell's comment that the Manchester School "seen from the inside was a seething contradiction And perhaps the only thing we had in common was that Max [Gluckman] was our teacher, and that meant we wrote ethnographies rich in actual cases" (ibid 152-3)

[2] In a multi-disciplinary research project, funded by a body more familiar with medical than social research, there was some scepticism of the value of focusing on a small number of households However by the end of 1997, during a project workshop, one of the funding representatives (a paediatrician) admitted that this particular case-study work had convinced him of the value of such an approach

dysentery, drought and new user fees in health and education by the selected households exhibit their capacity to cope with problems other than HIV/AIDS The relationship between household capacity to withstand other adverse circumstances and capacity to manage HIV/AIDS within a defined period can then be explored The strength of personal testimonies speak for themselves The analytic lens thus has a bounded view (Wallman 1998) with crisis management as the demarcated field of research (Devons and Gluckman 1964 162-3)

A situational analysis of critical events falls within the case-study rubric Gluckman explains this analytic procedure as one in which the anthropologist observes events, compares them with other or new situations, and abstracts the social structure to reveal "the underlying systems of relationships between the social structure of the community, the parts of the social structure, the physical environment, and the physiological life the community's members" (1958 9) Van Velsen stresses also that this approach is an analysis of social process - "the way in which individuals actually handle their structural relationships and exploit the element of choice between alternative norms according to the requirements of any particular situation" (1967 148) The roles of process, individual capability and personality are combined in the analysis of household capacity presented in this thesis

Selection Criteria

The seven households were selected from the 1991 socio-economic survey of 613 households (living in 27 villages) in Chiawa [3] The main selection criterion was a death of a young adult from "maybe AIDS" in the household within the previous two-year period (1989-91) Those young adults whose cause of death was given as witchcraft [4], "getting thin and thin", STD, HIV/AIDS, or a combination of symptoms (diarrhoea, coughing, vomiting and chest pains) were put in this "maybe AIDS" category In no instance did I suggest to the households, during the series of interviews, that HIV/AIDS may have been the cause of death [5] All case-

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[3] This selection procedure (see Table) was carried out using SPSS-PC and the original questionnaires were then retrieved

[4] The link between witchcraft and AIDS in Chiawa is explored in Section 5 4

[5] In some cases I knew that the household member who had subsequently died had tested HIV-positive at the

studies were considered <u>possibly</u> "afflicted" households (Barnett and Blaikie 1992 86) because they <u>may</u> have lost at least one family member from AIDS
Care was taken to choose households that were representative of ordinary life in Chiawa The Goba make up 72% of the household survey population and are the dominant ethnic group Average household size is six persons, and farming is by far the most common way for heads of household to make a living All the households selected were to have these characteristics In addition, each includes a resident young adult (aged 17-35) and the head of household had lived in Chiawa for five years or more Table 14 illustrates the selection procedure

Table 14 Selection of Household Case-Studies

Criteria	**Condition**	**No of Qualifiers**
Age at death	16-35 years	43 households
Household size	> 5 members	25 households
Main economic activity	Farming	24 households
Residence period	> 4 years	18 households
Young adult	17-35 years	15 households
Ethnic group	Goba	11 households
Cause of Death	"maybe" AIDS	9 households

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local hospital This arose from a review of existing health facilities that Ndubani and I carried out in 1992 (see Bond and Ndubani 1993) From 1988 to 1992, Mtendere hospital screened patients who they suspected might be HIV-positive All those tested were registered by name, age and area in a book and counselled Ndubani and I had written approval from the Ministry of Health to look at this register for our health review To this day, we are uncomfortable knowing people's HIV status without their knowledge or consent To uphold the confidentiality of this register, I will not indicate in which cases I knew that the member of the household had tested HIV-positive The household's own knowledge of a sick member's HIV status is indicated in Section 5 4 Studies carried out in Zambia suggest that a person's capacity is not enhanced by knowledge of their HIV status (see Section 2 2)

Of the nine households fulfilling the qualifying conditions above, six were chosen to cover six geographic areas which differ in terns of economic options, infrastructure, access and terrain (see map ii and Section 2 4) [6] and on the basis of willingness to participate in the study One household became two households (Households 1 and 2) because of the marriage of a respondent who set up a separate household, making a final selection of seven households

Timing

The timing and number of the household interviews are shown in Table 15[7] Both the impact of an event and the response to it may be drawn out Barnett and Blaikie (1990, 1992) refer to responses to a long wave disaster such as AIDS as a process of experimentation and comment that the impact of AIDS deaths upon the household is gradual, incremental and occurs over a period of at least five years (1992 87) Although my repeated visits over a period of years did partly capture these processes, my position as an applied researcher, working with the HIV/AIDS epidemic, within a project and with other responsibilities imposes certain practical restrictions it becomes essential to ask questions and produce findings within a time-frame [8] And for research to coincide with a suspected AIDS death would not only be unpredictable but could be insensitive and, unless a researcher was working within the structure of mobile home care for people with AIDS, unethical [9]

Manderson and Aaby (1992) comment that health research should be timed to coincide with the relevant characteristics of the disease The dysentery epidemic was at its worst during the rains but it becomes extremely difficult to conduct research in Chiawa at this time due to the heavy labour demands faced by households, bad roads, flooded streams and poor health

Consequently, two events in the households - namely the death from "maybe" AIDS in the household and the dysentery epidemic - were recorded by asking respondents to recall relatively recent experiences The use of "verbal autopsy" interviews, when respondents are asked to describe the circumstances and their view of the cause of death of a household

[6] An alternative would have been to focus on a number of households in one village This would have allowed me to look more closely at relationships between households in a defined area and to explore the significance of these relationships on household capacity I did not take this option because according to the 1991 household survey, in one area there were no more than three households with a recent young adult death from "maybe" AIDS, because the differing resources of each area would probably have an effect on household capacity and it would be interesting to explore this, and because aim was to produce findings that could be applied (as far as possible) to Chiawa as a whole Dover later chose the former approach, focusing on a number of households in Chiawa Centre village for his thesis on male sexuality (forthcoming, 1999)

[7] The interviews conducted during 1992 were spaced at least two weeks apart, allowing me time to write up fieldnotes and check for anomalies and/or subjects that needed more follow up, as well as giving the households a break! Not more than one interview was held a day The interviews took at least one and a half hours and often at least half a day was spent with the household, accompanying respondents on their daily tasks

[8] Manderson and Aaby (1992) comment how anthropologists who work in multi-disciplinary teams on tropical diseases have to clarify and refine their techniques, and work within a delimited timeframe in response to highly specific and functional briefs

[9] Indeed, many research studies on households affected by HIV/AIDS in Africa have been facilitated through mobile AIDS home care teams (see Abrahamsen 1993, McGrath et al 1993 and Section 2 2 and 5 4)

member, has become a common method ın AIDS research ın recent years (see Tıes Boerma et al 1997)

The effects of the prevaılıng 1991/92 drought and responses to ıt were recorded throughout the 1992 research penod Responses to new health and educatıon fees were recorded around one year after the fees were ıntroduced and compared wıth what had been recorded before theır ıntroductıon Actual ıllness epısodes ın both penods were used to examıne treatment-seekıng All these strategıes balanced recall agaınst actual experıence

The households' management of HIV/AIDS and STDs span the whole penod of contact, as does the unfoldıng and expandıng Masstock farm economy whıch eventually embraces all except Household 4 Repeated vısıts over a penod of four years lends thıs thesıs a valuable longıtudınal perspectıve on household dynamıcs and capacıty, demonstratıng both how capacıty waxes and wanes, and any consıstency ın the partıcular capacıty of each household to deal wıth adverse events [10] It also allowed understandıng, rapport and famılıarıty to buıld up between myself and the households, as we both underwent lıfe events and changes [11]

Table 15 Record of Intervıews ın the Households 1991-94

Household (HH)	July 1991 (Household Survey)	August - December 1992	June 1994	Addıtıonal
HH 1	One	Nıne	Three	None (a)
HH 2	One	Nıne	One (b)	None
HH 3	One	Nıne	Three (c)	Two (d)

[10] The value of repeated vısıts over a penod longer than an annual cycle has been noted by Colson (1979 18) ın relatıon to food strategıes

[11] My own lıfe events that took place wıthın thıs penod of fieldwork were marrıage, more permanent resıdence ın Zambıa, the lıfe-threatenıng ıllness of my husband, subsequent fertılıty problems, the bırth of my first chıld and my second pregnancy These experıences changed my own understandıng of copıng wıth crısıs and my own capacıty, as well as changıng the relatıonshıps I had wıth respondents For example, dıscussıng my own fertılıty problems wıth older women ın some households, or the ıllness of my husband wıth all the households, brought our two worlds closer and paved the way for more frank, supportıve and uncontrıved exchanges

HH 4	One	Nine	Three	None
HH 5	One	Nine	Three	Two (e)
HH 6	One	Ten (f)	Two (g)	One (h)
HH 7	One	Nine	Two (i)	One (j)

Notes (a) Joseph was actually interviewed in 1995 by Chilabi under the RTCCP survey of land use and planning in his area The interview revolved around migration, cattle and land use (see Chilabi 1995)
(b) By 1994, the couple in Household 2 had divorced, the woman moving to Chirundu and the man remaining behind in his father's household One interview was conducted with the man (see Section 4)
(c) By 1994, Household 3 had split into two households after the daughter and son-in-law couple formed their own separate household following a period of uxorilocal residence These are referred to as Household 3a and Household 3b in the text They were interviewed separately
(d) A semi-structured in-depth interview was held with Head of Household 3a in November 1994 about sexuality, and a structured interview held with Head of Household 3b at Masstock Farm in October 1994
(e) A semi-structured in-depth interview was held with the wife of the Head of the Household in November 1994 about sexuality, and the adult daughter (a respondent) resident in the Household was part of a focus group discussion concerning sexuality also in November 1994
(f) One additional interview was held with the respondent as part of a video research study which resulted in a film titled "We are the Goba" (Freudenthal 1992) I conducted the interview and Freudenthal video-taped it The interview was about Goba family life and included some questions on STD and HIV/AIDS
(g) Due to the absence of the respondent's husband, her own busy schedule at Masstock Farm and the sickness of her small baby, only two instead of three interviews were held in June 1994
(h) The respondent was interviewed using a structured questionnaire at Masstock Farm in October 1994
(i) Due to the Head of the Household being drunk on one occasion and attending a funeral on another, and to the daily absence of the other respondent (son of Head of the Household) at Masstock Farm, only two interviews were conducted with both respondents in Household 7 in June 1994
(j) The son of the head of the household (a respondent) was interviewed using a structured questionnaire at Masstock Farm in October 1994

Respondents

The respondents in each household were the head of household and/or a young adult, aged 17 to 35 years I had planned to interview both categories in each household In Households 1, 2, 4 and 6, the dynamics of marriage and character dictated that I was able to interview only one or the other, not both In addition, I wanted the group of respondents to include women and men headed households, older and younger generations from both sexes, and different marital statuses (married, divorced, widowed, single) The characteristics and number of respondents in each household is tabulated below (see Table 16) Informal conversations and interactions with other household members also took place, and in Household 5, a formal interview with the wife of the head of the household was conducted (see Table 15) [12]

Voluntary Participation, Confidentiality and Sensitivity.

In both the 1991 Household Survey and the 1994 Masstock Survey, it was explained to the respondent that participation was voluntary, that answers were confidential, and that no name

[12] Although, as Deane (1949) comments, ideally each household member should be interviewed because no one member knows everyone's business, time pressure and practicalities normally require one to speak for all

would be recorded Lıkewise, at the outset of the 1992 and 1994 interviews, confidentiality was assured and each participating household was told that they could withdraw at any time if they desired to do so Confidentiality was also assured Verbal (not written) consent was obtained in each instance The interviews were often conducted with other household members present [13] until respondents became more familiar with the research If the topic was considered sensitive (for example, death in the household, STDs), then care was taken to make sure the respondents were on their own and out of others' earshot Frequently this was organised by the respondents themselves For example, when interviewed about sexuality, a man would make sure his mother-in-law could not hear his answers, or an adult woman would make sure her father could not hear her replies

Table 16 Characteristics and Number of Respondents in Households, 1992

Household (HH)	No of Res -pondents	Status in Household	Sex	Age	Marital Status
HH 1	One	Head	Man	67	Married - Polyga -mous
HH 2	One	Head	Man	Mid-20s	Married
HH 3	Two	Head Son-in-law	Woman Man	51 28	Divorced Married
HH 4	One	Head	Woman	Early 50s	Widowed
HH 5	Two	Head Daughter	Man Woman	69 25	Married Divorced
HH 6	One	Wife to Head	Woman	34	Married
HH 7	Two	Head Son	Man Man	60 18	Married Single

This research was presented to the individual household heads as a continuation of the wider Chiawa project research and explained to the individual household heads on the basis that their household was chosen to represent both the particular area and life in Chiawa I had worried about stigmatising selected households by my visits, especially on account of the death of young adults there is no evidence that this happened However, in the introductory visit in 1992, one household (Household 3) was afraid that I was from the police Their fears were quickly dispelled Another (Household 1) asked what would be done with the information collected and was told that the primary objective was to understand disease problems in Chiawa by studying a small number of households in depth And half-way through the 1992 visits, one household (Household 5) asked me if it were true that other households were being paid for their interviews They were assured that they were not At

[13] Questions pertaining to children's ages, illnesses and vaccinations in households headed by men were usually deferred to the wife or an elder daughter

one stage in 1992 it appeared Household 7 might withdraw from the research the respondents consistently failed to turn up at the arranged times, and the research assistant felt that the respondents were "running away from us" We confronted both respondents, asking them if they wished to no longer participate but they insisted on continuing We managed to complete our series of nine interviews in 1992 with both

The most awkward visits were the first two in 1992 when the research was introduced and the information from the household survey updated and extended Most households found the latter process tiresome, asking why there was a need to collect this information again They were satisfied with the explanation of updating household details, for example recording any new births The most sensitive issues were traditional healing (see Section 5 3 and 5 4) and feelings of antipathy towards other people (this question arose in the network charts, see Figure 11) It was anticipated that questions on sexuality might be sensitive, but once they were broached, respondents were candid with their answers However, no-one reported any past STD infection and only a few regarded themselves as personally at risk from HIV infection [14]

I recorded all the interviews in written form - bar the one in Household 6 which was videoed and the participation of a respondent in Household 5 in a focus group discussion which was taped, both with special consent

Themes, Sequence and Questions

Discussion was organised in the form of topic questions The interviews were semi-structured, using a list of points to allow each situation to determine the flow of discussion Around each interview (after the first), time was spent catching up with household news and events and participating in its daily life Particular attention was given to household composition (including visitors), economic activities, management of the 1992 drought, marital and sexual liaisons and illness episodes Details of all the interviews are given in Boxes 2 and 3

Methods Used within Case-Studies

The type of information generated from **structured household surveys** checks a fieldworker's impressions (Colson 1967 15), provides a template of the socio-economic nexus and may suggest hypotheses for further investigation (Bond and Dhooge 1993) Colson (ibid 11-12) developed a standard census form for her work amongst the Tonga which I used to update and extend data from the 1991 Household Survey in 1992 and again in 1994 A household survey is a sound basis for both qualitative and quantitative research, and it can reveal the structure and dynamics of the household system (Preston-Whyte and Cross 1989) [15] However, good

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[14] Project research in Chiawa and other research in Lusaka and Kampala by Wallman (1996, 1997*) shows that it is more sensitive and effective to ask respondents about <u>unspecified</u> people's sexual behaviour and/or previous infections with STDs

[15] Visual representations "facilitates our picking up - at a glance the major features of household composition" (Preston-Whyte and Cross 1989 3) See Section 4 for an adaptation of their household ideograph

survey management and the combination of this method with other field techniques are essential to produce data of any quality (Bond and Dhooge 1993, Wallman et al 1992, Preston-Whyte and Cross 1989, Colson 1967)

In AIDS research, sexual behavioural surveys called "Knowledge, Attitude and Practice" (KAP) were developed in response to an urgent need for descriptive data (Parket 1995 259) [16] However, unless compared with qualitative information from the same area and region (Schopper et al 1995 410-411), these surveys "cannot access sexual behaviour directly" (Ramazanoglu 1994 2), reporting frequency but not the nuances of sexual behaviour, nor generating "multi-dimensional fuller, understanding " (Parket ibid 261) For example, high levels of condom use may be reported in a KAP survey but the results do not reveal if they are used consistently or without problems (Ramazanoglu ibid) In the Chiawa Household Survey Questionnaire there were no direct questions on sexual behaviour, although the survey included proxy indicators for risky circumstance (for example , mobility outside the local area) (Wallman et al 1992 16) Sex is difficult to study directly but the context within which it takes place can be studied (Huyens et al 1996 229) The Masstock questionnaire in 1994 did include direct questions on sexual behaviour which did not generate the detailed material obtained from the case-study interviews and the group discussions

Two **network maps** adapted from Wallman (1984) recorded contact with kin and non-kin One situates contacts geographically, the other classifies them in terms of practical or emotional resource value Combined they imply the respondent's relation to the neighbourhood (Wallman et al 1992 24) The form of the maps and their adaptation to the Chiawa context is shown in Figures 11 and 12) These maps were useful for identifying the individual's potential support sources and patterns of support networks in general (see Section 4)

Various participatory rapid (or rural) appraisal (PRA) methods were used in the households (see Chambers 1992, McCracken et al 1988, Rudqvist 1991) These included seasonal charts, checklists, pile sorts, resource mapping and sequence ranking matrices The seasonal interactions between health, education, nutrition and cash flow were recorded on **seasonal charts** on food crops, illnesses and education Seasonal charts correlate the respondents' perception of the relationship between seasons and, for example, crop production or education costs An example of the seasonal chart used for looking at educational costs in Chiawa throughout the year is given below The respondents both enjoyed this method and found it easy to do, explaining relative quantities in detail Indeed, the charts are good to talk with for example, in the seasonal chart of illnesses, using the chart, additional questions were asked about the description, cause and treatment of each illness

[16] WHO carried out KAP in selected countries in each continent between 1989 and 1991 which did not appear to generate reliable or useful findings In Zambia, the WHO/KAP was never analysed

Figure 14 Seasonal Chart of Educational Costs

	Jan	Feb	Mar	Ap r	May	June	July	Aug	Sep	Oct	Nov	Dec
School Fees												
Uniforms												
Utensils												
PTA Fund												
Transport												
Pocket Money												

Box 3 Sequence, Themes and Content of Household Interviews

1992

Interview One Introduce research and obtain consent of respondents Update 1991 Household Survey information (see Bond and Dhooge 1993 for details of questionnaire) and **collect additional data on household composition, respondent's kin** (parents, siblings, spouse/s, children) and **the respondent** (where and by whom reared, sequence of residences and reason for present residence, marriage/s, religious affiliation, official status) **Map out compound and sleeping arrangements**

Interview Two How do you, and have you in the past, contributed to household living? This topic focuses on economic activities of the individual and the household and includes details of work done and planned on day of interview, perceived economy of the area, history of work and skills, annual cycle of work (dealing with each season in turn), participation in emerging economic opportunities (eg Masstock farm, thatching grass, salaula), apparent impact of economic opportunity on sexual behaviour and health management, perception of risk that certain economic activities might entail

How often do you leave this house and/or have contacts with outsiders? Essentially about mobility, this topic includes residence history, contact with absent family members, contact with mobile outsiders eg fish traders, mobility implications of working habits, journeys to "risk arenas" (eg bars and towns), and reasons for moving away from home (eg funerals, illness)

Interview Three How are you managing in this drought? Opinion of drought (comparison with other years), current amount of mealie-meal in household and how obtained, how long stocks in granary last normally and have lasted this year, activities of own household and neighbours to overcome any food shortages, household expenditure in drought, predictions for next season **Visit with respondent to dry field and matoro**
Topic addressed throughout the 1992 interviews

Interview Four How did you manage during the dysentery epidemic? Awareness of dysentery, local name/s, new or old disease, infections in households, infections in area, symptoms, transmission, treatment, prevention in household

How did you manage when x died? Reference to deaths in household recorded in 1991 Household Survey as occurring between 1989 and 1991 Profile of deceased - relationship to respondent, age at death, occupation, residence, marital status and children Details of illness - length, symptoms, cause, treatment sequence, respondent's contact with sick person during the period of illness Details of burial and inheritance Contact with deceased's spouse and children

Interview Five How do you manage prevalent illnesses in this household? Environmental health (existence of pit latrine in compound and use of water sources), nutrition (food consumed on day of interview), definition of a healthy child and a sick child, name, occurrence, symptoms, etiology and treatment of common illnesses (including malaria, diarrhoea, headache, coughing and eye sores), inventory of household remedies (herbs and bio-medical), use and opinion of formal health facilities, vaccinations of children, list and details of illnesses in the household during the past two weeks

Interview Six What is your marital status? Marriage rules elopement, damages if pregnant, betrothal gift, preference, residence, polygny, divorce, widow inheritance, children's affiliation, official registration, adultery, age of men and women at marriage

Interview Seven Sexuality sex education (reared by whom, informed by whom, initiation rites, special sex practices, sex before marriage), fertility (importance of procreation and reproduction, family planning/contraceptive, infertility, abortion)

Box 3 (continued) Sequence, Themes and Content of Household Interviews (continued)

1992

Interview Eight STDs, AIDS and Witchcraft STDs characteristics (local names, symptoms, latency, association with shame), own and household experience with STDs, transmission (how infectious, who gets infected), treatment (herbal medicine including own knowledge, Western medicine, sequence of treatment seeking), advice (who you can talk to about STDs), prevention
AIDS origin and characteristics (old or new, local names), knowledge about AIDS (symptoms, transmission, cause, prevention, cure), appropriate treatment, experience in household and outside, prevention and advice Link between witchcraft and AIDS
Witchcraft characteristics, experience

Interview Nine Who and where are the important people in your life? How, when and why are they important? Using network maps capture information on contact (both frequency and type) with relatives, friends, professionals, work associates, others

1994

Interview 1 Seasonal chart of crops and wild fruits
Education How much do you think it costs to educate a child in Chiawa for one year? (proportion spent on education) Seasonal chart of educational costs for all the school going children in the household This includes school fees, uniforms, "utensils" (books, pens and pencils), PTA fund, transport, food (for weekly boarders at primary school within Chiawa), and pocket money Contact with teachers, opinion of the school, membership of the PTA
Health When and why did you last go to the following treatment sources? Amount paid, knowledge of charges Treatment sources - community health worker, traditional birth attendant, CRHC, Jordan First Aid, Mtendere Hospital, a shop to buy drugs, someone to buy herbs, n'ganga ye mudzimu (spiritual healer) Proportion of household earnings do you spent on health in a year
Household Budget What else do you spend your money on? In last six months and/or one month amount of money spent in total, regular income, borrowing money, barter, times of the year when cash is very short, consumption of maize and relish in the last week Record all the money that comes into and goes out of the household in a two week period

Interview 2 Update information on household composition and economic activities, draw a **resource map** with respondent and check on the household budget and food consumption

Interview 3 **Seasonal chart on illnesses** For each illness - description, cause and treatment If herbal remedies or n'gangas mentioned, how much they charge Out of all the illnesses which is the most expensive to treat **Pile Sorts of n'gangas**
What is the word used in Goba for a big problem? If someone in the household is sick and K10,000 is needed quickly to treat them, source of money and, if borrowed, method of repayment
What type of assistance (if any) do you get from your children, relatives living outside the household, neighbours, good friends, the headman, the councillor, the Chieftainess, political parties, the church, teachers, any other groups (eg women's clubs or co-operatives) that belong to Definition of good and bad neighbours, and good friends

Masstock Questionnaire [Households 3b, 6 and 7] Socio-demographic information about respondent (includes religion, education, marital status, residence, mobility, economy of household), employment details, sexual contacts outside marriage, health (includes death in the household, STDs, TB and AIDS)

In-depth interviews & Focus Groups [Households 3a and 5] Sexuality using life-cycle of a girl as a structure, probe sexual practises, money, emotional life, procreation, self-control, family life, STDs/HIV Conflict between tradition and modern, ideal and actual, in sex, love, marriage and bearing children

I drew up a **checklist** of **household income and expenditure** at this time of the year through informal conversations (see Box 4) Each respondent was also asked to record income and expenditure over a two week period Only two young adults managed it Non-response was apparently due to the absence of any literate young adult in the household and/or to unfamiliarity with recording budgets Direct questions during interviews about money earned and spent in relation to specific events were more readily answered

A method called **pile sorts** (Pelto 1992) helped to distinguish categories of herbal, spiritual and divine healers and the methods they use to treat particular illnesses Names of the different types of n'gangas in Chiawa were written on cards I asked the respondents to sort these cards into piles that belonged together, and then asked what the piles represented (why they belonged together) Respondents were asked what illnesses, charges and methods each category used, and how many of each category there were in their own village For those respondents who could not read, the names on the cards were read out It turned out to be a very useful method for explaining local classification, with a clear consistency amongst all respondents in the categories arrived at It also exposed the range of health options that people in Chiawa have outside the formal health system

Income: wage labour, selling bananas, sugarcane, vegetables, sweet potatoes, pumpkins, maize (harvested and green), fish, home-brewed beer and wine, and thatching grass

Expenditure: household goods (mainly pots and pans), maize, relish, clothes, poles (for houses), and thatching grass The latter two items are only bought by wealthier households or households headed by widows Money is also spent on repairing boats and nets, repaying loans, transport, health and education Often fish, vegetables and bananas are bought for resale

Resource maps of local social, institutional and environmental resources (for example , school, church, road, forest, river) were drawn by each respondent These were another indication of the capacity of the household to exploit available resources The PRA method of **sequence ranking matrix** (Pelto 1992) was used for exploring treatment options Referring to a list of existing treatment options (formal and informal) and illnesses locally defined as common, the respondent was asked why and when did he last use each treatment source and how much he paid The sequence of treatment seeking for prevalent illnesses (for example, diarrhoea, malaria) was explored (where go first, where go if not cured) I also used an outline of rapid assessment procedures for nutrition and primary health care to develop questions about health in the household (see Scrimshaw and Hurtado 1987)

In Household 6 an additional interview in 1992 was held with the respondent which was **videoed** by Freudenthal The most interesting outcome of this approach was that the respondent, a married woman in her thirties, chose to say on the video that she was worried her husband's sexual liaisons would infect her with HIV and chose not to disclose that her own sister had died from HIV/AIDS In other interviews, she did not discuss her fears about her husband's behaviour and sickness, but she did identify her sister's illness as possibly HIV (see Section 5 4)

Observation, participation in some daily activities (for example gardening in the matoro) and **informal conversations** with a wide range of informants in Chiawa (recorded in a **field**

diary) were other methods used to back up this case-study analysis The value of "**methodological triangulation**" - gathering data by means of different techniques with different presumed sources of bias (Booth et al 1995 21) is demonstrated in this thesis [17]

Research Assistants and Language

Four of the local interviewers (two women and two men) trained and used during the 1991 Household and Camp Survey were used as research assistants in the 1992 interviews In most areas, research assistants were locally resident By 1994, the two women research assistants used in 1992 had left and one other recruited

These research assistants helped me develop questions using their local knowledge and interpreted for me throughout the interviews My understanding of Shona remained rudimentary My vocabulary was fair but my grammar poor and although I was able to follow a conversation, I could not conduct an interview on my own This limited the flow of conversation and increased my reliance on the abilities of my research assistants

[17] The case-study interviews also gave the selected households the opportunity to ask me questions In particular, questions about health were raised Three months after the completion of this research study in 1994, some SIDA staff asked the respondent in Household 6 if she had learnt anything during my visits to the household She replied that she now knew much more about STDs and AIDS, and had asked her husband to collect condoms from the project

Figure 12 Network Chart I

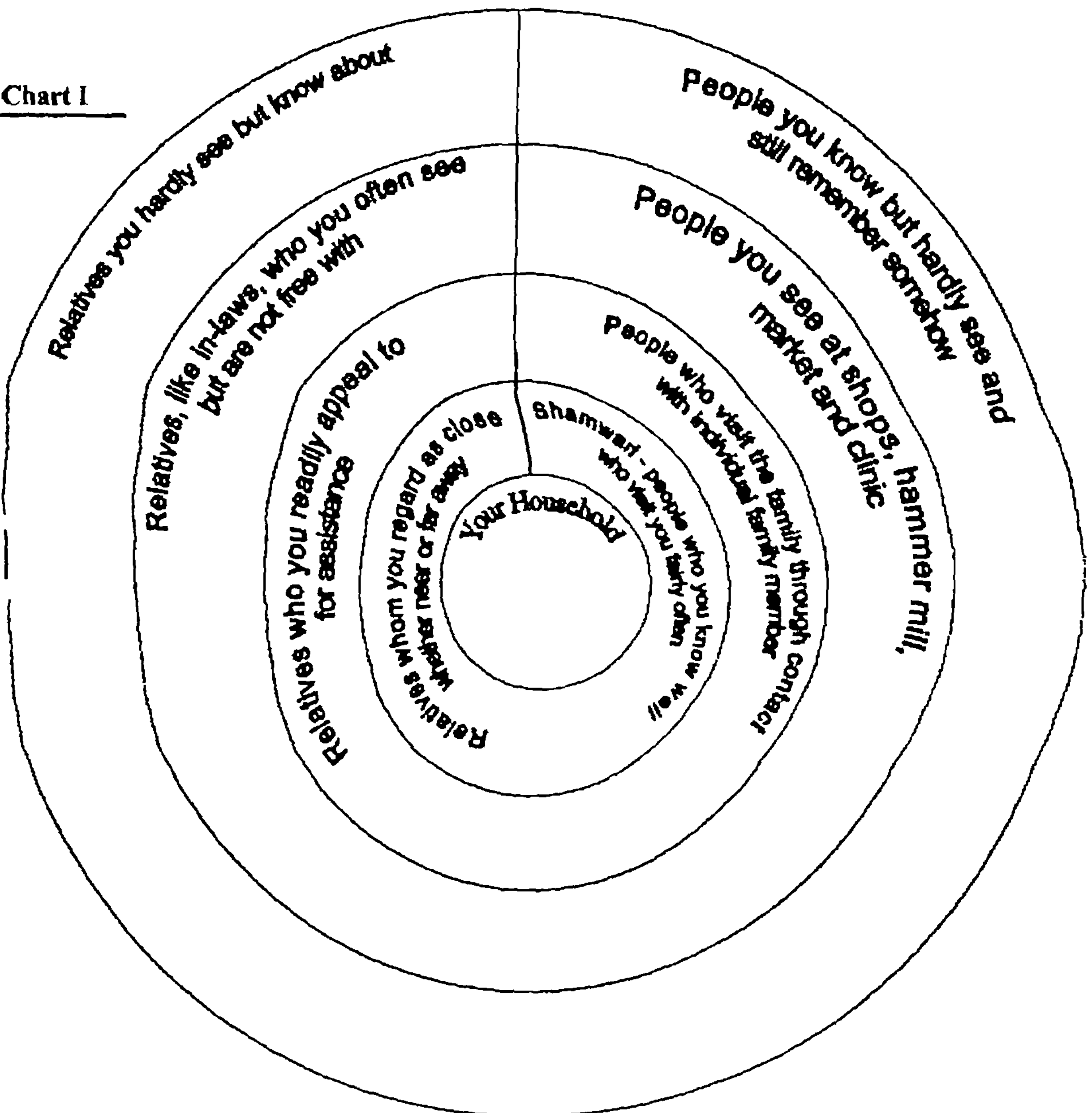

Figure 12 Network Chart I

Family and extended family on this side

People who live abroad

People who live in other places in Zambia

People who live in Lusaka/Kafue

People who live in Chiawa

Your Household

Non-family, friends, work contacts, neighbours, teachers etc or this side

APPENDIX II

Table 17 Historical Timeline for Middle and Lower Zambezi Valley

Date	Event
Stone Age	Bushmen in Middle Zambezi Valley (Chanda 1991 21)
Early AD	Tonga earliest inhabitants of Gwembe, proto-Bantu, possibly from South
AD680-C10th	Ingombe Ilede - "The Place where Cows Sleep", Gwembe Valley Inhabited by Batoka elephant hunters and then agriculturalists By C9th, major commercial centre trading in local goods and long distance exports and imports, degree of contact with proto-Shona in the South (Roberts 1970, Fagan 1965)
C14th-C15th	Earliest Bantu migrations south from Lunda-Luba Empire in Congo Basin Creation of proto-Shona Mwenemutapa Empire (or Mbire-Rozwi State) who tried to control gold trade with Portuguese and Arabs south of Zambezi Attracted to valley by salt deposits, game and river transport network (Gregson 1973) Origin of term Korekore with establishment of Korekore confederacy north and south bank of Zambezi (Lancaster 1974)
C16th	Copper sold north of Middle Zambezi to Rozwi State (Roberts 1970)
C17th	Changamire (son of second Mwenemutapa) created Urozwi State - from Sofala in east to Sabi River (Gregson 1973) By late C17th, Urozwi pushed out Portuguese traders forcing them to take refuge in Middle Zambezi valley (Beach 1994, Mathews 1981, Lancaster 1974) 1696 Portuguese from Sena and Tete reached mouth of Kafue (Mathews 1981, Roberts 1970) Origin of Chikunda - slave armies for Portuguese prazos da coroa (Afro-Portuguese landed estates) recruited from Luangwa-Zambezi confluence zone and sent on hunting and trading expeditions up Zambezi and into interior (Santana and Stefinizyn 1961)
C18th	Zumbo and Feira - Portuguese settlements - founded early C18th at Luangwa-Zambezi confluence (Clark 1965, Clay 1962) Periodically attacked by Mburuma chiefs, leaders of Nsenga settled to west of Zumbo (between Luangwa and Chongwe rivers) since early C18th Portuguese trading with Mamba and Sikoongo in Gwembe (Mathews 1981) 1743-44 famine amongst Nsenga with heavy death tolls (Clark 1965)
C19th	1836 Ngoni incursions from south forced Portuguese to withdraw from Zumbo and Feira 1862 Zumbo resettled by Portuguese and led to new era of Portuguese and Chikunda contact in valley (Mathews 1981 27) Crops and riverside farming techniques and firearms introduced through this contact Role of people in Chiawa "marginal" (Lancaster 1974 722), supplying expeditions with food and acting as servants, boatmen, porters, spies, soldiers and elephant hunters 1850s Ndebele, fleeing Shaka in south, contributed to downfall of Rowzi Empire and raiding north of Zambezi, using island at Kafue-Zambezi confluence as a temporary base (Mathews 1981)

Table 17 (continued) Historical Timeline for Middle and Lower Zambezi Valley

Date	Event
C19th	1855/56 Livingstone walked through Chiawa Describes tse-tse fly, cultivation of banks of Kafue and Zambezi, and east of Chongwe, dense bush, abundant with game Calls Mburuma's people "great agriculturalists" (Livingstone 1857 576), cultivating maize and gathering tamarind 1860s alliance of Lower Zambezi leaders, including Sikoongo, Chiabi, Mburuma and maybe Dandawa which defeated Ndebele early 1870s at Kafue-Zambezi confluence (Mathews 1981) Chiabi possibly first chief of present royal lineage Oral history calls this chief Muyobe, who was nicknamed Chiyaba meaning "Generous Giver (of land)" after he divided conquered land on the plateau amongst Soli people Muyobe's own origin could be Shona who married into Soli chieftainship, or Soli (originally from Lunda-Luba basin) whose son was to ally with Korekore of Dandawa on south bank of Zambezi Korekore chieftaincies Dandawa and Mudzimu on south bank probably formed around 1860 Interviews with old people in Chiawa with Korekore origins date migration from the south to mid-C19th Early 1870s, increased security following Ndebele defeat led to development of more trading (reached Ila and Lenje up Kafue by late 1880s) and establishment of two Portuguese trading posts - Inhacoe and Kasoko - between Lusitu and Kafue confluence Chikunda settlements sprung up on islands on Zambezi 1877 Selous travels through Chiawa, meeting Chikunda warrior Kanyemba who had settled at island on Kafue-Zambezi confluence (Selous 1883) Late 1880s, lower river alliance, led by Chiabi, defeated Kanyemba and most of Chikunda withdrew to plateau (Mathews 1981) Island known as Kanyemba island ever since 1887 Harrison-Clark established administrative post for British at Feira 1888 Sikoongo occupied Inhacoe and subsequently arrested by Portuguese 1890 Mburuma made peace with Portuguese who established a small military post at Kanyemba island after Zumbo and Gwembe became a Portuguese district 1891 Anglo-Portuguese treaty forced Portuguese to withdraw to Zumbo and reduce trade with Gwembe and up Kafue (Mathews 1981) 1895 rinderpest outbreak in Zambezi valley decimated cattle and led to widespread famine By late C19th, influenza, smallpox, sand fleas and venereal diseases introduced (Chanda 1991)
C20th	1899-1924 British South African Company (BSAC) ruled Territories of Northern and Southern Rhodesia, with civil administration beginning in 1903 Formal slavery ended and "hut tax" levied Migration from Northern Rhodesia to railway and mines in Southern Rhodesia started 1910 Completion of railway from south through centre of Northern Rhodesia to Lubumbashi in Katanga Province (Burdette 1988) Closest point to Chiawa is Kafue town, about 100 kms 1914 Feira important staging post on cattle route between Tanganika Plateau and Mashonaland (Clark 1965) Early C20th trading dwindled because of dominance of European and Asian traders (Miracle 1960) 1917 Chikunda refugees assigned land at Chongwe-Zambezi confluence (oral history) 1918 Flu Epidemic in Chiawa (oral history) 1922 Famine in Chiawa (oral history)

Table 17 (continued) Historical Timeline for Middle and Lower Zambezi Valley

Date	Event
C20th	1924-1953 British Colonial Rule in Northern Rhodesia, governing through British colonial civil servants and "Native Authorities" (chiefs, headmen, advisers) (Burdette 1988) Chiefs' courts created for settlement of disputes (Colson 1971) and district councils and treasuries established by 1930s (Scudder 1995) 1925 Watchtower baptisms in Chiawa (oral history) 1930s Internal migration to Copperbelt mines began (Burdette 1988) and wage labour became integral part of household production system in rural Zambia (Scudder 1995) New trading opportunities created by demand for fish in urban areas (Miracle 1960) 1935-6 Red Locust Plague in Chiawa (oral history) 1937-9 Beit Bridge at Chirundu built and Chirundu township developed Mtendere Mission Hospital built at Chirundu by Italian Catholic missionaries 1940-46 Sleeping sickness outbreak in Feira District and large numbers of Nsenga evacuated from Mburuma's area (between Chongwe and Musensenshi confluences) Early 1950s Second sleeping sickness outbreak in Mburuma's area, which led to forced evacuation to east About 400 Nsenga and one Chikunda and Goba (mixed) village at Chongwe confluence resettled in Chiawa in Chilimanga and Muchamire villages 1951 Area between Chongwe and Mpata Gorge gazetted as first class controlled hunting area 1953-1963 Federation (Northern and Southern Rhodesia and Nyasaland), with local administration left to settler governments Health and education services developed in rural areas, as well as road building (Burdette 1988, Colson 1971) Lusaka district commissioner (Erol Button) built Leopards Hill Road from Lusaka to Chiawa Centre, government rest house and house for himself 1957 Chiefs Mudzimu, Dandawa and Chundu on south bank of Zambezi shifted to communal lands south to allow development of Mana Pools National Park 1957-59 Kariba Dam built, 34,000 Tonga resettled on Zambian Side (Colson 1971) Late 1950s Trading stores and beer halls appeared in Chiawa and Gwembe, with penetration of roads, income from commercial fishing, expansion of migrant wage labour, rising wages and higher tobacco prices (Lancaster 1981, Colson 1971) 1955-1974 "boom years" (Scudder 1995 30) in Gwembe and Chiawa with standard of living raised 1962 African Majority Government 1964 (October 24th) Independence 1960s Primary schools built in Chiawa 1969 Rural Health Centre opened in Chiawa Centre 1971 Area between Chongwe and Mpata Gorge became a Game Management Area (GMA) Late 1960s-1980 Zimbabwe War of Liberation foothold in Chiawa with ZIPRA (Zimbabwe People's Revolutionary Army) guerillas in Chiawa and Rhodesian Army on South Bank 1978 Chiawa officially evacuated to refugee camps in Chirundu or urban areas 1980 residents allowed to return 1981 Chiawa reopened to public 1975 onwards marked economic downturn and collapse in many rural districts (Scudder 1995)

APPENDIX III

Table 18: Profile of Seven Goba Households in 1992

Household number	Tribe	Locality	Number and composition of HH members (related to head of household)	Respondents characteristics (name, sex, age, position in HH, Marital status)
HH1	Goba	Kanyangala	6 HH members (2 generations) Head of Household, spouse, 4 grandchildren	Joseph, 67 years, head of HH, married four times, divorced three times, living with senior wife
HH2	Goba	Kanyangala	11 HH members (3 generations) Head of HH, spouse, head of HH's sister (x2), 5 children (1 adult, 4 adolescents), 1 daughter-in-law, 1 grandchild	Edward, mid-20s, eldest son in household, married
HH3	Goba	Mupinga	7 HH members (3 generations) Head of HH, 1 adult daughter, 1 son-in-law, 3 grandchildren, head of HH yZDS (child)	Lydia, 51 years, Head of HH, divorcee Evaristo, 28 years, son-in-law to head of HH, married
HH4	Goba	Mugulameno	5 HH members (2 generations) Head of HH, 2 daughters, 2 sons (1 adolescent, 3 children)	Noreen, early 50s, head of HH, widow
HH5	Kore-Kore	Charedzela	11 HH members (4 generations) Head of HH, spouse, 1 adult daughter, 1 adult son, 4 grandchildren (1 adult, 4 children), 1 DD's husband, 1 great grandchild	Patson, 69 years, head of HH, married Ingrid, 25 years, daughter to Head of HH, divorcee
HH6	Kore-Kore	Chiawa	13 HH members (3 generations) Head of HH, spouse, spouse's mother, spouse's brother (child), 5 children, 4 spouse's Z's children	Joyce, 34 years, married to head of HH
HH7	Goba	Mudzama	8 HH members (2 generations) Head of household, spouse, 6 children (1 adult, 2 adolescents, 3 children)	Jailos, 60 years, head of HH, married twice, first wife died Petros, 18 years, son to head of HH (from 2nd marriage), single

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MAP I:
ZAMBIA

MAP II

ZAMBIA

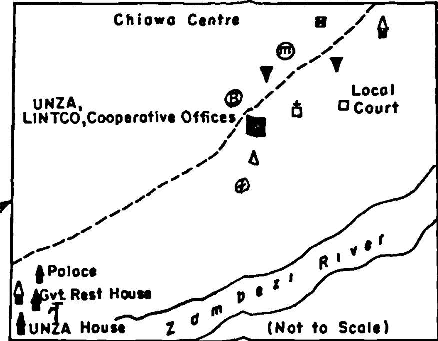
LUSAKA PROVINCE

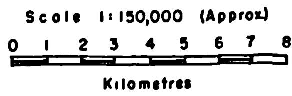
CHIAWA STUDY AREA

COMMUNITY CAPACITY AND HIV/STD PREVENTION

Study Area Boundary
Road/Truck
International Boundary
Provincial Boundary
River/Stream
Pontoon
Bridge

Munyameshi
To Chongwe River and Camp 10Km
Hunting Safari Camp
Malilansolo
Zambezi Farm
Zambezi
E
HSEHT
Mushokanende 21/30
Chimusambo 20/20
Mugulameno Sch
Mugulameno 19/48
Kambanje 18/6
Chapanga 17/33
Chiuye 16/16
Chanetsa 15/4
Zambezi River
Mushakashi
Kandoko 14/21
D
Maunda 13/21
Muchomire 12/21
Kalipanyo 12/12
Chiawa 10/56 Centre
Chiawa Palace
Chilimanga 9/19
Gunduza 8/15
C
Mudzoma 7/24
Kabwadu 6/47
Kabwadu Sch
Chiawa Banana Scheme 5/21
Chitende
Musonda
Nyamalapo 24/6
F
Kanyangala 23/23
Kalomba School
Kalomba 22/16
EHOLD 2
HSE
Kalomba
Lesser Chongwe
Chipolongolo
A
Mugari 27/11
Chaledzela 26/68
Dandika
Mupinga 28/19
Gota-gota Sch
HSH EHOLD 3
Maravanyika 29/25
HOUSEHOLD 5
B
Masstock Farm 25/83
Kanyenze 2/8
Mufulutsa 1/23
To Mtendere Hosp 9 Km
Makanya 4/20
Mafungautsi 3/27
Zambezi
ZIMBABWE
SOUTHERN PROVINCE





LEGEND

School	Δ	Bar	Ⓑ
Church		Rural Health Centre	⊕
Workers' Camp		Mobile Clinic	
Tourist Camp		Grinding Mill	
Market	ⓜ	Piped Water Supply	
Shop	▼	Borehole/Well	
Study Area Reference	F	Settlement/Village	•

AREAS A + B = KAMBALE WARD
AREAS C + D + E = CHIAWA WARD

Mugari • 27/11
Study Centre Reference Number
Number of Households

MAP III · MIDDLE and LOWER ZAMBEZI VALLEY

SOLI
• Lusaka
NSENGA
MBURUMA
R Chongwe
R Musengenshi
R Luangwa
LENJE
R Kafue
ILA
• Kafue
Chirundu
CHIAWA
Mpata Gorge
• Zumbo
Feira
Cabora Bassa Rapids
Indian Ocean
SIKOONGO
Inhacoe
Kanyemba
Island
KOREKORE
Ingombe Ilede
R Lusitu
R. Mbendele
• Monze
R Lufua
Kariba Gorge
Kaungoa Rapids
TONGA
R Chezizibe
• Choma
GWEMBE
R Zongwe
TONGA
R Mwenda
R Sanyati
R Umfuli
R Umniati
LOZI
R Chobe
Victoria Falls
Batoka Gorge
R Zambezi
Chete Gorge

KEY

- = TRIBES BY 20TH
- = TOWNS + TRADING SETTLEMENTS + CHIEFTAINCIES/AREAS
- = RIVERS, RAPIDS, GORGES, FALLS + ISLANDS
- - DEMARCATI + DISTANCE

Map adapted from Mathers (1981, 24)