Research Series in Anthropology,
University of Helsinki

REEA HINKKANEN

'SOMEONE TO WELCOME YOU HOME'

Infertility, medicines and the Sukuma-Nyamwezi

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I dedicate this book to my grandparents,
both in Finland and in Tanzania.

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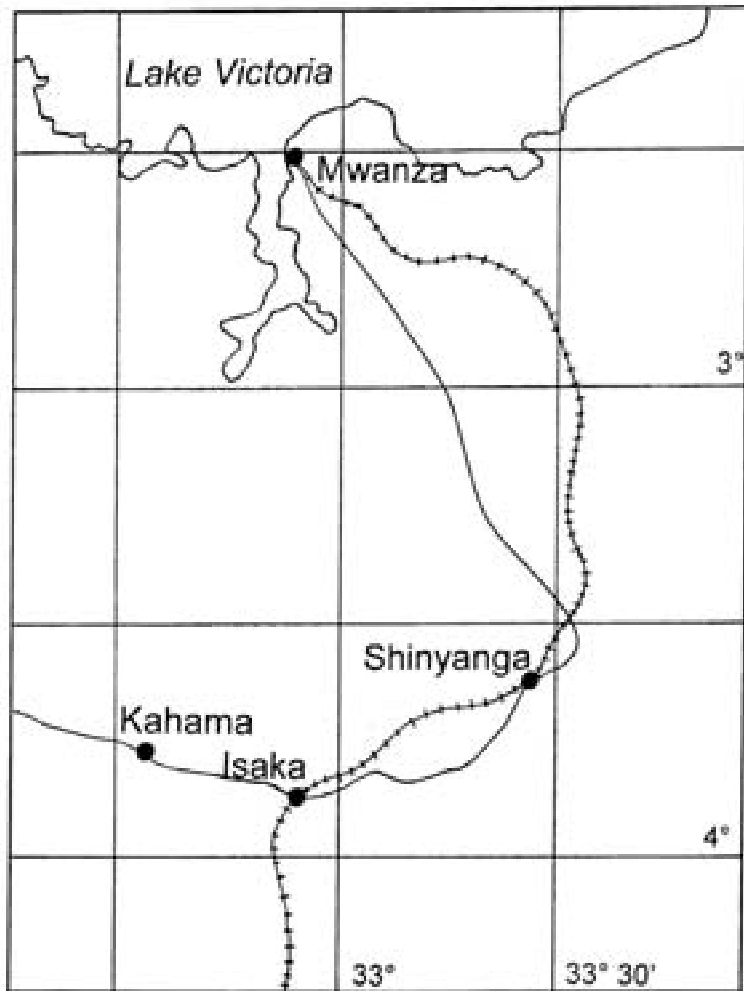

Map 1: The location of the field site

Map 2: A satellite view of Isaka crossroads

INTRODUCTION

Infertility at the crossroads

The field site of my research, Isaka, is located at the crossroads of a railway and a highway in West Central Tanzania. Crossroads (*maka*) have been a significant place for the Sukuma-Nyamwezi in the past. In 1930 Father Bösch (1930: 232) wrote:

> It would be a hard decision for a Munyamwezi to spend a whole night close to the crossroads and it would be even more difficult for him to build his house there. He would believe to be constantly prone to sufferings, illnesses and death. These are the places where *balogi* [witches] spread their magical tools and where they dance their mysterious dances.[1]

The ideas about crossroads persist. They are the places where witches leave their medicines – but also, the places where witchcraft and ancestral afflictions can be cured by bathing with medicine. It is said that there is an association of witches called *Gambosh* in the centre of Isaka and in the villages surrounding the centre there are rumours that no one can live in the centre without joining the *Gambosh* by giving something precious to the witches, like one's child.[2] The crossroads is a hard place to live in many other ways too. Because of the traffic that runs through it, STDs, HIV/AIDS and other epidemics are a major problem in the area.

---

[1] Translated by Katri Helminen.

[2] *Gambosh* is both a real village and an association of witches, which can be found anywhere in the Sukuma-Nyamwezi area (Per Brandström personal communication 20.2.2009; Stroeken 2000: 267-273).

The intersection of the railway and the highway provides us with a site where conflicting trends of African modernity become visible. The pervasive problem of continuity and change and the unexpected consequences of economic and political modernisation are a constant topic in Africanist discourse (Comaroff & Comaroff 1989; Geschiere 1997; Geschiere et al 2008; Werbner & Ranger 1996). In this study my attempt is to connect micro-level problems affecting individual lives with macro-level changes in multiple levels of political and cosmological structures. My original research interest was infertility but the socio-cultural reality I encountered during my fieldwork very soon led me to think about how the society as a whole reproduces itself. This forced me to take into account the past chiefship in the area, the changing role of medicines and their circulation, and the diviner-healers and their changing position in the society. In this work I use the metaphor of crossroads and the problem of infertility as a starting point for looking at the changes that have taken place in Isaka during the 20th century. Infertility is a window on the ideas that people have about these changes and the present situation in Isaka. In doing this, I try not to disregard the suffering of the infertile women; I have dedicated two chapters to their concerns. However, it is my position that we cannot understand the logic of illnesses, or in this case the logic of infertility, without looking into the wider social and cultural context in which it arises. In much the same way, illness episodes offer the possibility to look into the changes taking place in the society.

The Sukuma-Nyamwezi version of history

Marshall Sahlins (1983) argues that different peoples have different historicities. He talks about heroic history, which is typical of the societies with divine kings, in which the king is 'the one, who counts' (1983: 523). Such cosmologies or historicities, are not easily erased, not even by strong outside influences (see Helms 1989; Parmentier 1987). Taking this into account, my research developed into a study about transformations in the reproduction of the Sukuma-Nyamwezi community during the colonial and post-colonial periods.

The Sukuma-Nyamwezi used to have sacred chiefs, about whom a large body of literature exists. The Sukuma-Nyamwezi chiefs were never directly responsible for the individual fertility of their subjects. However, they were responsible for the abundant rains, the fertility of the land and, through the land, for the general well-being of their people. Thus the sphere of activity

of the chiefs was concentrated on the level of the social whole. This meant that they were also responsible for the illness epidemics that threatened the well-being of the people.

The colonial administrations and independent Tanzanian state have caused major changes in the position of the chiefs. The independent government of Tanzania even tried to wipe out chieftaincy altogether, although the ritual practices of the chiefs were allowed to continue in some chiefdoms. However, in the chiefdom of Isaka, the ritual practices were – for some reason – banned all together and in 2001–02 there was no living chief of Isaka.

As a consequence of these transformations, during the last decade, at the level of cosmology, the reproduction of the society has gone through radical changes. The chiefs are no longer there to take care of the rain and their people. Individual infertility is a problem and so are illnesses such as HIV/AIDS and other STDs, which have reached epidemic proportions. These are major concerns that affect individuals, families and kin groups in Isaka. In this research I will analyse the consequences of the disappearance of the chiefs and their ritual practices for solving these kinds of problems which affect the social whole.

Sacred chiefship in all its forms is holistic, which means that at the cosmological level the chief encompasses the social universe of his people. As Luc de Heusch (1988: 206) has stressed in speaking of African sacred kingship in general, the sacred king is a 'keeper of an exceptional vital force originating outside the human world.' The king 'controls fecundity and fertility through his powers over the sky' (ibid. 210). The efficacy of the actions of the sacred king lies thus in the fact that the source of his powers are external to the human world. Serge Tcherkézoff (1987) speaks of 'eternal kingship' among the Nyamwezi and how the eternity is based on the royal ancestors. One can look at the vitalizing force and fertilizing effects of the kingship as manifestations of a hierarchically ordered system of values. This system of values structures the relations between the elements of society and their relation to the whole, the Indian caste system being an elaborate example (Tcherkézoff 1987; Dumont 1980). In Dumont's (1986: 250) model, followed by Tcherkézoff, the ordering capacity of the elements is central to the hierarchy. The highest level, like the divine king, affects the whole cosmic order whereas the individual's ordering capacity is limited to the immediate social environment, such as the family. In my analysis I will look into changes in the value system under conditions in which their direct expression in social forms is not possible.

In the Sukuma-Nyamwezi case, the chiefdom, or the eternal kingship, is the ultimate value. The manifestation of this value is fertility; in the Sukuma-Nyamwezi case, through the all-encompassing rain and consequent fertility of the land (Brandström 1990b: 168). After the radical transformations of the 20th century this holistic system is in crisis. As Dumont (1986: 212) has stressed, holism and emerging individualism are incompatible. In Isaka, despite the wiping out of the chiefs, the holistic ideology did not disappear totally. My main focus in this research is to look at the consequences of the conflict between the holistic ideology and social reality. It is a well-known fact that one manifestation of this crisis is the flourishing of witchcraft, magic and diviner-healers. As a consequence of western economic and political factors, as well as the impact of Christianity, to name a few influences, there have been changes in the holistic system, with a resultant increased focus on individuals. This is certainly the case with infertility, which has become individualized as a female problem. The circulating discourse about infertility, however, also relates to higher hierarchical levels.

Statistically the Sukuma-Nyamwezi have a high fertility rate and the total fertility rate grew from 6,4 in 1973 to 7,4 in 1991-1994, after which it has begun a slow decline, although it was still 6,9 in 1993-1995. At the same time childlessness, or primary infertility, decreased and subsequent infertility[3] in the region was lower than in most other regions in Tanzania (Larsen 1996). There is no explicit circulating discourse about infertile women in Isaka. In the present social reality the consequences of infertility fall on individual women (see also Ogden 1996: 176-178). The persistence of notions of fertility, deriving from a holistic ideology in a situation where chietainship has been abandoned, has created a rupture in the system of controlling the vital forces of the society. The fertility discourse is still connected to the high hierarchical levels while at the individual level we are witnessing a proliferation of witchcraft accusations and healing practices which partly attempt to recreate the holistic relations.

Despite the fact that there is nothing special or extraordinary about the prevalence of infertility in the Shinyanga region, I encountered practices connected with reproductive problems. One eighty-year-old midwife who was still taking care of one or two births per week in her neighbourhood, received around five patients in a week – women and men – for her reproductive medicine. Men were looking for medicine which could give them back their 'strength of marriage' (swa. *nguvu ya ndoa*) and women mostly

[3] That is 'Women, whose reproductive histories indicate that they are unable to have another child' (Larsen 1996: 23).

for a cure for an illness called 'snakes blocking the conception' (*nzoka ja buhale*) which is seen to prevent them from having children. Consequently, the focus of my research is the relationship between these individualized practices of reproduction and the ideology of the reproduction of the society as a whole.

Isaka as a field

Most of my fieldwork was done in Isaka, which is situated between the towns of Kahama and Shinyanga, in the borderlands of areas inhabited by the Sukuma (north) and Nyamwezi (south). Administratively, Isaka is a ward that consists of four villages and belongs to Kahama district and the region of Shinyanga. The Sukuma and the Nyamwezi are both culturally and linguistically very similar and in the borderlands of the two areas especially they can be referred to as the Sukuma-Nyamwezi. The area has been extensively studied by Ray Abrahams, Per Brandström, Hans Cory and Ralph Tanner. In addition, Serge Tcherkézoff has made an influential reinterpretation of available ethnographic materials. The Sukuma-Nyamwezi are the two largest groups in Tanzania and together they form about one sixth of Tanzania's whole population.

The nine-month field period included some work at the National Archives of Tanzania in Dar es Salaam, at the University of Dar es Salaam Library as well as in the Missionaries of Africa Provincial House in Nyegezi, Mwanza, where some of the White Fathers' material on Africa is kept. I did five weeks of archival work altogether. While in Dar es Salaam, I was in close contact with the Department of Sociology, University of Dar es Salaam through my local advisor, Dr. Simeon Mesaki, who has done research on witchcraft among the Sukuma of Shinyanga.

The population of the old Kamba chiefdoms in the northern Nyamwezi area (pre-colonial and colonial time), like Isaka, was a mixture of mainly Nyamwezi, Sukuma, Tutsi and Sumbwa people (Abrahams 1966: 127). The ethnic boundary between Sukuma and Nyamwezi has never been clear-cut and ethnic identity is especially floating in the central areas like Isaka (Brandström 1990c: 7-8). People whose origins are in Isaka or in the surrounding areas may refer to each other as Sukuma or as Nyamwezi, depending on the context. Moreover, since the 1950s the Sukuma influence from the north has increased (Brandström 1985: 17, 32) and most of the present-day population in Isaka have come from the central Sukuma areas,

Shinyanga or Mwanza, in search of new farming land, pasture for their cattle and more recently, also for other opportunities.[4]

In Isaka I stayed with a local family with whom I lived during an earlier visit in 1997–98: a middle-aged and middle-class couple, originally from Shinyanga with six grown-up children (two daughters still living at home). As government employees (a nurse-midwife and now retired ward executive officer), they had been transferred to Isaka in the early 1990s. When I stayed in Dar es Salaam for archival work, I was also lucky to have a Sukuma family to live with, because the eldest daughter of my host family had been married in Dar es Salaam and several of the relatives of the family lived there. Therefore, I was able to observe family life in both settings and the exchanges which took place between them.

In my research I used Swahili with as many Sukuma/Nyamwezi words as possible. Most of the people in Isaka speak Swahili well and therefore I did not have problems with talking to people. Amongst themselves, however, people always used the local language, and it was also the language of divinatory sessions and rituals. That, of course, created problems for me even though I had a research assistant who translated my recordings. In this research both Swahili (swa.) and Sukuma/Nyamwezi (s-n.) dialects are presented the way they were used in communication with me.

During the British colonial period a railway was built through Isaka. It was an extension to the German built railway from Dar es Salaam to Tabora, an old commercial town established by the Arabs in the 1840s. The new railway connected Dar es Salaam and Tabora to another commercial town, Mwanza, situated on Lake Victoria. Since the construction of the railway, Isaka has been the closest train station for Kahama, which was a small township in the British colonial period 40 kilometres west from Isaka, and today has become the target of national interest because of a number of gold mines in the surrounding areas. Since the British colonial period a trunk road has also connected the towns of Tabora and Shinyanga to Kahama and in the early 1990s a highway was built from Isaka west to Rwanda. With the new highway, the amount and variety of people living in Isaka has increased; a person, who in 2001-02 claimed to be local (swa. *mwenyeji*) in Isaka, had typically stayed there for about ten years and had seen the changes that have taken place in the centre since 1992. The estimated population of Isaka in 1978 was 12 652 (after the villagization program). During

[4] The Sukuma have always moved around large areas with their herds and often outside of the Sukuma-Nyamwezi area itself. The most popular area for them to go these days from around Isaka is around Morogoro, near the coast.

Picture 1: Isaka during the dry season

the past few years, though, the population has grown fast: in 1998 it was around 15 000 and in 2002, 19 356.[5]

Isaka, as well as most other areas inhabited by the Sukuma-Nyamwezi, is part of the so-called cultivation steppe, where cultivation and grazing have to a great extent altered the natural vegetation (Brandström 1985: 5; Rounce 1949: ix). There are basically two seasons: the rainy season starts usually in mid-November and lasts until April, but rain is heavy and frequent only during the first months of the season and always unpredictable.[6] No cash crops are grown in Isaka, with the exception of rice, which is mainly sold at the local mill. Rice, maize, millet, ground nuts, sweet potatoes, cassava, spinach, as well as different kinds of beans and lentils, are grown locally and

[5] These numbers are obtained from ward level officials in Tanzania. There is no official census material from 1988 and I have not been able to get the 1988 census because they have not been saved in local offices. On 28.8.2002 a thorough census was made in Tanzania and the population in Isaka was then 19 356. This, again, is a number that I have received from the local officials.

[6] This information was received from the local elders.

local produce is sold at the food market in the centre of Isaka.[7] Almost all the people in Isaka grow at least maize and rice and some sweet potatoes; shop owners, government workers and people working for various companies rent land and hire labour in order to increase their income by selling maize or rice, or to be more self-sufficient. In the villages outside the centre, farming, often combined with cattle keeping, is the most common form of livelihood. Even though both Sukuma and Nyamwezi are principally agriculturalists, for the Sukuma livestock is very important both socially and economically. The largest herds are owned by the Sukuma living in the villages outside the immediate centre.

Almost half of the population (8912) is concentrated in the centre, in the village of Itogwanholo and the Station area, where business owners, workers and those who are still trying to find a source of living, reside. There are quite a few well-off families in Isaka; most of them are 'outsiders' – some are Arabs who own businesses around Isaka while others are mostly from the Kilimanjaro area, Bukoba or Musoma, who own most of the larger shops and guesthouses.[8] The wealthiest people have built colourfully painted brick houses with electricity and glass windows, but most of the people in the centre live in rental apartments, in buildings usually made of mud bricks and covered with tin roofs. While in 1997-98 a tin roof over a mud house was the sign of wealth, in 2001-02 people desired a more permanent type of housing, a house made of cement bricks called *block*. In the villages tin roofs are becoming more and more common although many of the houses there still have grass roofs.[9]

The largest employer in Isaka is W.F.P. (the United Nations' World Food Programme) that has its food storage facilities in the centre, through which food aid is distributed to refugee camps because of the wars in Rwanda, Burundi and D.R.C. Local people have been hired there as guards, carriers and to sew sacks. The situation in the neighbouring countries has changed and

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[7] Cotton and tobacco, which are the most important cash crops in the whole Sukuma-Nyamwezi area are not grown in Isaka. Cotton has not been grown since 1979 because the closest cotton co-operative was closed down. Unpredictable rains and lack of trees in Isaka prevent people from growing tobacco (Information from Agricultural Office, district of Kahama 13.2.2002).

[8] Most of the Arabs living in the area have lived there for a long time. One of the early caravan routes that was used by Arabs and other traders passed by the area where new railway from Tabora to Mwanza was built and some of the Arabs living in Isaka today are descendants of these early merchants.

[9] I lived fairly close to the Isaka centre, in a neighbourhood where most people were either Sukuma or Nyamwezi – some were government workers like my host family, others had small businesses and some were mainly dependent on agriculture.

in 2001-02 the UN did not need as large a work force as before. This affected many families in Isaka and jobs became increasingly uncertain as the salaries were paid according to the amount of work done. Between my two field periods in Isaka, some oil companies had established themselves in the centre and in 2001-02 the tanks of four companies were there. Young people were eager to obtain work with these new companies, but available jobs seemed to be scarce as companies brought most of their staff with them – cleaning, guarding, etc. were the kinds of jobs that were hoped to be left in local hands. An Australian-owned mining company also had started to search for gold around one of the villages and several local men were hired to do the work.

All these new companies offer work opportunities to only a small number of people and many living in the centre get their main income (or a large part of it) from some sort of business: there are numerous little shops that sell the same everyday necessities.[10] Some shops are more specialized: there are those, who sell cosmetics, pharmaceuticals, or spare parts for bicycles. There are also quite a few bars, selling either locally brewed beer or bottled beer, and four guesthouses. Young boys get involved in the transportation business, carrying people to Kahama and Shinyanga by minibuses (swa. *hiace*) and others who are not quite so lucky sell small articles like peanuts, fruit and candies in little stalls, offer bicycle rides for money, carry rice to be sold at the mill, or sell water. They can also sell charcoal or work as casual labourers, on other people's fields for money. These boys work for a *tajiri* (swa. a wealthy person), the one who owns the *hiace*, donkey and carriage or the items sold. The popular thing for women in 2001-02, was either to start one's own business in selling *wax* (Rwandan cloth) or start to sew for customers. There are also a great number of single women who, when asked, say that they have come to Isaka just to live (swa. *tumekaa tu*). Many of them are supported on a more-or-less regular basis by their male friends/customers, for example by truck drivers who pass through Isaka.

HIV/AIDS is an increasingly visible problem in Isaka and in many ways people felt that they were less and less in control of their lives. On the other

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As a member of the family and the neighbourhood, I took part in the daily life as well as weddings and funerals there, but a large part of my work was done outside of the centre, in the villages. Most of my informants were either diviner-healers or midwives or did not have any profession other than agriculture and cattle-keeping. Their lives, though, were in no way separate from the 'business centre'.

[10] During the colonial period as well as during the early years of independence, Isaka station was a busy market for Arab and Indian traders. During the villagization period, *operation vijijini*, led by president Nyerere in 1974 they were driven to Kahama and other towns, some even back home, because of new policies concerning village shops.

hand, there were some signs showing that in many respects things were actually better for people in 2001–02. In 1997, I did not have a chance to attend a single wedding in Isaka, simply because there were almost none celebrated. The dry season in 2001 proved to be the opposite: weddings were so frequent in the neighborhood where I lived that I did not have a chance to attend all of them, and midwives in Isaka were looking forward to many customers in the months to come.

Healing and Health care in Isaka

Because of its location at the crossroads, Isaka has attracted many healers. Most of them are Sukuma-Nyamwezi from Shinyanga and Mwanza, who practice local divination and healing methods, but some have come from other parts of Tanzania and have adapted to the local ways.[11] There are also many healers, several of them women, who treat people with medicine only and do not divine. They are not as valued in the community in general as the diviners but their skills in treating some diseases are acknowledged and they also give an opportunity to use local medicine for those who feel uncomfortable about approaching a diviner because of their religious commitment. Local medicine can also be purchased occasionally at the centre from vendors who travel around the district selling their medicine.[12]

The government dispensary in Isaka was built in 1954 by the British in one of the villages of Isaka, which at the time used to be the central area of the chiefdom, but today is situated fairly far away from the station area (swa. *stesheni*). In 2001-02 there were also two other dispensaries: one very small and privately owned and the other owned and run by the Lutheran Church of Tanzania, Diocese of Mwanza.[13] The government hospital is in Kahama, 40 kilometres away from Isaka. The privately owned dispensary

[11] Two of my main informants were from somewhere else: one was from Mpanda (Fipa area) and other from Ha-area. Both of them had lived in Isaka and Kahama district more than three decades though, they used local divination and healing methods, and had been married to local women.

[12] Chinese medicine could also be purchased occasionally from Isaka and popular licensed traditional medicines sold throughout the country, like *Ngoka* and *Ngetwa*, found their way to Kahama in 2002.

[13] The Lutheran dispensary in Isaka has been criticised by people for treating insiders only (i.e. Lutherans, whose numbers in Isaka are as low as 100), but on the other hand its equipment was praised. The problem was that, while it had been there it had not attracted many customers and it had to be closed down for a while, but in November 2001 it was reopened with a contract with W.F.P. to treat its workers.

in Isaka had a reputation of making false diagnoses in order to get money from their patients. This was not an uncommon accusation as the owners of private dispensaries were seen to be interested only in making money. Most mission hospitals and dispensaries outside Isaka, on the other hand, were trusted and seen to offer expensive, but the best possible care. The government dispensary also had its drawbacks, according to the people. Even though its treatments and the medicine obtained from there were in theory free of charge, the dispensary suffered from a chronic shortage of medicines. One of the five drugstores in Isaka also offered treatment for ordinary illnesses like malaria. They had no licence for this, but were very popular, even though I heard complaints about their lack of skills (see also Green 2000). For common ailments like colds, malaria and intestinal worms, people would just make use of the drugstores selling 'Western medicine'.

There has been some interaction and cooperation between the representatives of Western medicine and local healers,[14] but it is mainly restricted to meetings organized by the Association of Local Healers. This association was not too active in Isaka because of the death of their previous chairman, some structural changes, and the loss of employees that had taken place in official health care in Isaka. Mostly these two domains have been separated, but these days, because of HIV/AIDS, there is a new urgency in trying to find a way for them to work together.[15]

What is significant in the case of Isaka is that, despite its size, there have been no development projects other than the Primary Health Care Project of the local Lutheran Church and Finnish missionaries, who built a dispensary in Isaka and were responsible for the education of village health workers, diviner-healers and traditional midwives. My first field period in 1997-98 was connected to the Lutheran health care program in the area, during which time I studied divination, ideas about ancestors, as well as the health care behaviour of local women. This project was over by 2001-02 and the dispensary had been left in local hands.

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[14] This interaction was established by the staff of the Lutheran dispensary with the help of the workers from the government dispensary as a part of the project on Primary Health Care in Isaka.

[15] There is a new government policy (information from Edmund Kayombo; Institute of Traditional Medicine, University of Dar es Salaam) that traditional healers in the country should be encouraged to treat people with AIDS. This is because 1) there might be healers who have the cure for AIDS and 2) even if the treatment they give fails, the patient 'dies with hope in good care', as a local government representative in Isaka put it in a meeting of the Local Healers Association.

Synopsis of the dissertation

In the first chapter I discuss the history of the chiefdom of Isaka, which was short due to the fact that it was established during the German colonial period and abolished by the independent government of Tanzania in 1963. There has been no chief in Isaka since the death of the last chief in 1992. I argue that because of the heterogeneous nature of Isaka there may never be a chief again, but also that the absence of the chief is in a way consistent with the nature of the Sukuma-Nyamwezi chieftaincy itself.

In Chapter Two I move to the problem of infertility. I discuss the present-day desire for children in the context of family planning programmes and argue that the social consequences of childlessness are grounded in notions about descent and marriage. As in other parts of Africa, infertility is mainly a women's problem. They are the ones who suffer the consequences of infertility and they are also the ones whose bodies are the sources of infertility. I also discuss the options for women facing infertility, ranging from the scarcity of biomedical solutions for the problem to the local healing methods used.

In Chapter Three I look at an infertility-causing problem called *nzoka ja buhale* ('snakes blocking the conception'). I look at how the ideas about infertility causation have changed from ancestral causation to *nzoka ja buhale* and witchcraft. In addition I look at how ideas about *nzoka ja buhale* have been interpreted differently in different places and times and I argue that the logic of *nzoka ja buhale* can only be perceived through paying attention to persisting notions about it. Finally, I suggest that something which could be characterised as the medicalization of Sukuma-Nyamwezi illness experience has been taking place in Isaka.

In Chapter Four I discuss how the domain of chieftaincy and the domain of human reproduction are parallel to each other by discussing how the old ritual prohibitions, which concerned women and were similar to those of the chiefs, have disappeared and how certain reproductive problems persist. I use the metaphor of 'encompassed wombs' to discuss the female – male relations in Isaka, which seem to have been transformed because of the national marriage legislation and the rules of Christian churches regarding marriage. I argue that the categories of women and men have become closer to each other and as a consequence of this, and as a consequence of a relatively new interest in biological fatherhood, some reproductive problems have become interpreted in terms of 'mixing [male] blood' and there is increasing attention on female sexuality. In addition, notions about HIV/

AIDS seem to be interpreted through notions about mixing male blood and this increases the attention paid to women's sexuality.

Medicines in Isaka create relations between people. The ties formed through medicine – whether the relations between healers and their patients or healers and their students - form enduring ties which are conceptualized to be as strong as the ties formed through the other substance, blood. In Chapter Five I discuss the death of one diviner-healer and show how the medicines and the diviner-healership are reproduced through the inheritance ritual of the medicines.

In Chapter Six I return to the notion of the medicalization of the Sukuma-Nyamwezi illness experience and demonstrate how this is only one perspective on the present situation, where ancestors still have a central role in the domain of divination and healing. I discuss the ancestral calling of diviner-healers and how the profession of diviner—healers has become more and more evaluated through their ancestral connections. The chapter is centered on the analysis of a ritual in which a person was initiated into a secret society called Bumanga. Through the analysis of the blood sacrifices in connection with the initiation, I discuss the special connection that there is between the diviner-healers and their ancestors.

Finally, in Chapter Seven I discuss the ambiguity of medicine in the Sukuma-Nyamwezi society. Witchcraft also forms enduring ties between its practitioners. The story of a nine-year-old girl describes the way her illness and death (which was most probably AIDS related) was connected to witchcraft by the immediate family and by the diviner-healer treating her. As seems to be the case with the STDs, HIV/AIDS also seems to be silenced. Finally, I suggest that the diviner-healers, with their knowledge about HIV/AIDS and their ties through medicine and healing, could be a resource in the present-day HIV/AIDS situation. Through their ties they have access to people; they could educate people about HIV/AIDS and even distribute medicines for it to their customers.

1
´THOSE WHO WALKED WITH THEIR RAIN’:[16] A HISTORY OF THE ISAKA CHIEFDOM

The final form of cosmic myth is current event.

Marshall Sahlins (1983:528)

I also incorrectly supposed that failure to explicitly mention or to be actively interested in some archaic god, sacred stone, or ancient path of relationship implied that people were not engaged in constructing their social reality on the basis of these categories.

Richard Parmentier (1987: 3)

The pre-colonial Sukuma-Nyamwezi chieftaincy was a version of what has been characterized as ‘sacred kingship’ in the literature, in which the office of the chief was connected to the prosperity and general well-being of his chiefdom and its people. This system of chieftaincy went through great changes during the colonial period and was abolished soon after Tanzania gained its independence in 1961. The last chief of the Nyamwezi chiefdom of Isaka, chief Kilya, died in 1992 and no successor has been chosen for him. The central symbol of chieftaincy, the *ndezi* shell ornament, and other royal regalia, remain with the members of the royal family.

In 2002, there were rumours around Isaka that new chiefs had been installed in some neighboring Shinyanga chiefdoms. The people I discussed this with were clearly enthusiastic about the fact, but when I asked, why there was no chief in Isaka, one elder told me that ’people were not organized enough for it yet.’ However, the chiefs were in people’s minds. The elders especially remembered the times of the chiefs as the times of plenty: good rains and good harvests and general good health of the people. Yet, despite their views no chief has been installed in Isaka. One of the reasons for this is clearly the reason the elder gave me. People are not organized enough

[16] A Sukuma elder used this phrase to refer to past chiefs.

for it and they never may be in a place like Isaka, where the population is so heterogenous. However, in this chapter I argue that there is another reason for it and it has to do with the nature of Sukuma-Nyamwezi chiefship.

Why is it then, that even though there were people in Isaka who connected the present-day problems – increasing illnesses and medicines - to the lack of chiefs in the area, no one has been chosen to fill in the position of the chief?[17] I suggest that the persistence in the ideas about the chiefs' powers over the well-being of the chiefdoms and their absence in the society are interconnected and have to do with the structure of the Sukuma-Nyamwezi chieftaincy itself. This idea is based on the proposition by Marshall Sahlins (1985; 1999), Joel Robbins (2004) and others, that cultural change, whether imposed or taken upon willingly, always takes place in terms of the logic of the culture that is changing.

I will look into three major changes, all imposed on the local political system, that seem to have affected the position of the Isaka chiefs the most. One was in the beginning of the German rule, around 1901-1905, when the chiefdom of Isaka was established as an independent Nyamwezi chiefdom based on patrilineal rule of succession because of German initiative. Two decades later the British, in their turn, started to diminish the number of chiefdoms in order to make their administration more efficient (Abrahams 1967a: 49) and in 1919, the chief of Isaka was made into a sub-chief of the chiefdom of Kahama (KDB II/MF.48 D.1.),[18] yet from the local perspective this did not affect the chiefs' position in any significant way. The second major change took place in 1926 when the policy of Indirect Rule was launched in the British colony, which brought major changes into the system of exchanges within the chiefdom. And finally, there was the removal of the chiefs in 1963 by the independent government of Tanzania. All the chiefs throughout the country were removed from their offices and received no more official recognition in the system of local government. However, Sukuma-Nyamwezi chiefs were neither physically removed from their ex-chiefdoms nor from the minds of their subjects. How was, and is, the chiefship in Isaka and its 'sacredness' created and reproduced?

I will look into these changes by using Sahlins' (1985: 153) concept of event as being a relation between a certain happening and a given symbolic system. According to him, it is not the happenings themselves, in this case the colonial and government policies that give a change their effect, but the

[17] Maia Green raised this question at a workshop in 2004 and this chapter is an attempt to answer her. I would like to thank her for her valuable comments.

[18] KDB = Kahama District Book

significance that the happenings are given in the particular cultural scheme. As Sahlins has demonstrated through his famous analysis of the encounter between Captain Cook and the Hawaiians, it is these cultural schemes that are the 'true organization of practice' (ibid: 76).

According to royal myths, the pre-colonial Sukuma-Nyamwezi chiefdoms were established by outsiders. These myths tell about the extraordinary wit or magical powers through which these strangers were able to take over the land and peacefully establish themselves as rulers. This foreignness, the connection that the conquering chiefs had to the outside, to nature, was seen as the source of their regenerative powers (Brandström 1990b: 180-1).

The ethnographic accounts about the pre-colonial Sukuma-Nyamwezi chiefship (Bösch 1930; Cory 1951; 1954: 32-3; Millroth 1965: 127-131) and the rich analysis of Sukuma-Nyamwezi dual classification by Serge Tcherkézoff (1987) and by Per Brandström (1990b; 1991) point to the ways the stranger kings were domesticated in the society by making them into mediators between royal ancestors and people. They were made, in effect, 'masters of the ceremonies' that dealt with the central values of the society and they became prisoners of their position (Tcherkézoff 1987: 29, 77). A focus on the system of exchanges between the chiefs of Isaka and their subjects will allow me to account for the historical events in the chiefdom and to look into the transformations that have taken place in the position of the chiefs. Through an analysis of the events, I propose that 'the historical destiny' (Sahlins 1985: 91) of the chiefs, their absence today, is tied to the (ambiguous) determination of a sovereignty originating from outside and encompassed by the people (ibid: 75). The hierarchical position of the Sukuma-Nyamwezi chiefs, the conquerors, was reproduced through the system of exchanges between the chief and the group, in this case exchanges of women, cattle and food, which tied the chiefs to the rest of the society. The new policies imposed on the local chieftaincy from outside brought about structural changes; the chiefs became closer to their subjects than they had ever been. At the same time, the chieftaincy as a separate domain and the position of the chief within the chiefdom of Isaka was reproduced in ever new forms (cf. Sahlins 1985: 138). Finally, I will suggest that because the domain of chieftaincy was always beyond the society, the removal of the chiefs in 1963 did not affect the relations between the people and seriously endanger the reproduction of the society. By the time the last chief of Isaka died in 1992, the chiefs had become both so close to the people and so distant from them, that especially in places like Isaka, where the population has such heterogenous origins, it may prove difficult to return a chief back to his former position.

According to Maurice Godelier (1999: 35), every human society is based on two interdependent spheres: the sphere of exchange and the sphere of things that are not exchanged but kept, sacred things. The sphere of the things kept, Godelier claims, precedes exchange and provides the society with (imaginary) continuity without which 'no society can survive over time' (ibid: 35). In line with Godelier and Tcherkézoff's (1987: 81) idea of 'eternal kingship', I argue that chiefship is a central element of continuity in the Sukuma-Nyamwezi society. However, it is difficult to say whether the chiefs would be remembered if the health care situation in Isaka were better, the AIDS epidemic under control, and the rains smooth and sufficient. Without this, the continuity is imagined and increasing illnesses and the unpredictable rains remind people of the chiefs who were once there (see Armstrong 2003: 6).

Stranger chiefs, royal ancestors and land: Sukuma-Nyamwezi ideas about the origin of sovereign power

The past chiefs of Isaka are visible in the landscape of the village in which they used to have their homesteads; the royal graves are there and so are the royal wells, in which water was always plenty while the chiefs were still in power. Ever since the last chief of Isaka died, the wells have been dry during most of the year. But if lucky, one might see a lonely leopard or a python, the embodiments of the past chiefs and a source of great blessing in these locations.

The chiefly office was tied to the well-being and prosperity of the chiefdom (Abrahams 1967a: 116-117; Brandström 1990b: 180-181; Cory 1954: 5-10; Millroth 1965: 127). Similar ideas were connected to rulers in many other Tanzanian and East African societies with centralized government (Feeley–Harnik 1985; Fortes & Evans-Pritchard 1950; Koponen 1988: 194-6, 271) like the Bemba of northern Zambia (Richards 1950: 95-107; 1969), the Sambaa of eastern Tanzania (Feierman 1974: 40-64; 1990) and the Dande (Shona) of Zimbabwe (Lan 1985: 32, 55), even though there was great variation in the extent of these ideas, in perceptions about the sources of authority and its division in the society. There were no paramount Sukuma or Nyamwezi chiefs similar to the Bemba Citimukulu (Richards 1950; 1969) or the Kilindi chiefs of the Sambaa (Feierman 1990), but a large number of small and independent chiefdoms were ruled by the chiefs as 'owners of the land' and there was some variation in practices connected to the chiefly of-

fice (Liebenow 1960: 85). In addition to the Sukuma and Nyamwezi, similar systems were found, for example, among the Ha, Haya, Zinza and other peoples neighboring the Nyamwezi as well as among the Nyakyusa of Southern Tanzania (Abrahams 1967a: 173). These have been labeled as multi-chiefdom states by Richards (1960: 176) and this multi-chiefdom structure was maintained throughout the German and British administrations.

The Nyamwezi and Sukuma chiefs (*batemi*, sing. *ntemi*) were not autochthones, but often hunters who arrived from the North and West, from distant areas into sparsely populated areas, some of which were already ruled by local chiefs (Abrahams 1967: 31-2; Brandström 1990b: 181; Cory 1951: 1-3).[19] According to the royal myths of various chiefdoms, the emergence of these new chiefdoms is connected to the extraordinary powers of the conquerors, the possession of magic or the stealing of the *ndezi* ornament, a part of the royal regalia which is reserved solely for the chiefly office, through which they were able to establish themselves as rulers (Brandström 1990b: 181; Millroth 1965: 193; Tcherkézoff 1985: 81, 134 n.4). The position that the conquering chiefs had as outsiders not only made them neutral arbitrators in local conflict situations (Cory 1951:3), but more importantly, became the source of their regenerative powers over their chiefdoms (Brandström 1990b: 181).

In his analysis of dual classification in the Sukuma-Nyamwezi kingship and cosmology, Serge Tcherkézoff (1987: 81) has pointed out that even though the origins of the different chiefdoms are accredited to the foreign invaders, Sukuma-Nyamwezi society does not have any signs of major conquests. Despite the fact that the idea about the stranger kings is related to the migrations that took place before the nineteenth century, he argues that it is to be understood as a structural fact (ibid. 134 n. 4). He compares the royal myths to the myth about the origin of humanity, the killing of the monster, *Shingwengewe*, who had swallowed all mankind except for a young boy and his mother. This young boy killed the monster (who explained how his body should be treated as a sacrificial victim) and secured all the people, from within the monster's body. The boy was made the first king (Millroth 1965: 192-3). By pointing out the parallels between this myth and the royal myths

[19] The status of these autochthonous rulers was sometimes acknowledged by the conquering chiefs by giving them a position as village elders or in some cases as *batemi bahoja*, chiefs of prosperity, or *bagabe*, who continued to have an important role in the maintenance of the well-being of the chiefdom (Cory 1951: 3, 21; Bösch 1930: 503). In some cases they were given a part of the chiefdom (Abrahams 1967a: 32). During the colonial period the title of *batemi bahoja* was used for the sub-chiefs.

in which the stranger kings bring about the society through magic or theft, Tcherkézoff argues that the Sukuma-Nyamwezi do not place kingship on the same level as the kings. He makes a distinction between individual, conquering kings (1987: 82), and kingship as value, which he calls 'eternal kingship', without which the 'society is inconceivable to the people' (ibid. 81).

Tcherkézoff (1987: 30, 74, 133-4 n. 2) distinguishes between two levels of reference in Nyamwezi cosmology: that of familial ancestors, *badugu*, and that of royal or great ancestors (*bahanya*).[20] He sees the latter as a higher order of reference, which encompasses the level of the local ancestors. While the local ancestors are responsible for the well-being of their descendants, the great ancestors are connected to the welfare of the whole chiefdom, ensured through the rituals in which the king acts as a 'master of ceremonies'. Brandström (1991: 129) makes a distinction between two different principles. According to his interpretation, *budugu* refers to unity and contiguity in terms of the womb and blood whereas *butemi*, kingship, refers to a concept on the cosmological level and encompasses people through the relationship to land. According to Tcherkézoff, through his position as a mediator between the people and the great ancestors, the king was considered to be a father of his subjects. Like Tcherkézoff, Brandström emphasizes the connection that the conquering kings had to outside, a source of their power, which needed to be domesticated. According to him, however, even though the kings were referred to as the fathers of their people, they were considered as such through the land only. And, it was this position, as the owner of the land (*ng'wenekele si*), on which the hierarchical position of the king was based.

Tcherkézoff (1987: 69-70) claims that the hierarchical position of the king was tied to the (hierarchical) alteration between the black (rainy) season and the (white) dry season. According to him, during the rainy season, the black season, the king was 'covered with prohibitions' and during the white, the dry season, the king became a holder of judicial authority, of power (Tcherkézoff 1987: 69-70). Yet, he points out that the 'white' was encompassed by the 'black' in as much as the wealth that the king received as fines during the white season were supposed to be reserved for the ceremonies that ensured the well-being of the chiefdom (ibid. 70, 83). Thus, in a sense, individual kings were the prisoners of the 'black' value (Tcherkézoff 1987: 77-8).

[20] *Bahanya*= royal ancestors, twin ancestors and the ancestors of the great diviners (Tcherkézoff: 1987 133-4: n.2). According to Brandström (1991) the *bahanya* relationship is of cosmological nature.

The pre-colonial Nyamwezi (and Sukuma) chiefs secured rain, a good harvest, and to an extent the health of their subjects through an annual cycle of rituals connected to cultivation and through sacrifices to royal ancestors. In the event of catastrophes such as droughts, epidemics or warfare, they were also obliged to ask for additional help from the great diviner-healers (Bösch 1930: 128, 149-53, 263-4, 268-9; Cory 1951; Millroth 1965: 128-9). With the help of their headmen they also maintained peace and justice within their chiefdoms, imposed fines on people who violated rules, and took care of thieves and witches who endangered the well-being of the chiefdom and its people. It is said that if the rains failed, the chief was beaten until he cried so that his tears would bring out the rain, sent into exile (Abrahams 1967a: 24; Millroth 1965: 128), or sacrificed (Tcherkézoff 1985: 77). And, when the chief was terminally ill, he was strangled by his ritual advisors with the help of his first wife in order to protect the well-being of the land. His death remained a secret until his successor was chosen (Abrahams 1967a: 34; Bösch 1930: 487; Cory 1951: 5-6; Millroth 1965: 159).

Pre-colonial Kamba chiefdoms and the German occupation

The story of the chiefdom of Isaka starts with the Kamba royal clan. According to the ritual advisor (*ngohogoho*) of the last two chiefs of Isaka, during the pre-colonial era, the area around Isaka was ruled by headmen (*banangwa*) who seem to have been loosely connected to the chiefdom of Nsalala of the Nyamwezi Kamba ruling clan.[21] Ray Abrahams (1966:128; 1967a: 106 ff) has traced the history of the Kamba chiefdoms back to the eighteenth century to Chief Nkumbi, the last single chief of the whole Kamba area. Nkumbi divided the chiefdom by giving the Southern and Eastern parts of it to his sister's son, who in turn gave part of his area to his sister's sons. The seven chiefdoms formed in this way existed until the German period; Nkumbi kept to himself the chiefdom of Nsalala, which remained as the

[21] The name Kamba, according to most of my sources in the field, is a name of a woman, the mother of the first chief.

ritual centre for all the new Kamba chiefdoms. [22]

During the pre-colonial era, the tie to the land that determined the authority of the chiefs over their subjects in Kamba chiefdoms was maintained and reproduced through the system of matrilineal succession (Abrahams 1967a: 46).[23] However, the rules of succession were never strict and decisions over the successors to the office were left in the hands of the chief's ritual advisors (*bagohogoho*) and the diviners. The succession to the office of the headman was patrilineal and these positions were held by either the sons (*banangwa*) or grandsons (*bizukulu*) of the chiefs. Occasionally headmenships were given to men as rewards for their services or as recognition of their status as the first clearers of the land. The patrilineal rule protected the office of the chief and the chiefdoms from secession, because those who held territorial offices in addition to the chief were not eligible to be chiefs themselves. Also, those eligible for chieftaincy had either to be elected and succeed to the throne or to be given a share of the old chiefdom by the chief himself – they could not make claims to chieftaincy without the land upon which it would be based (Abrahams 1967a: 174-5; Tanner 1970: 9).

Francis Nolan (1977: 160) writes that the first half of the nineteenth century was a period of constant wars and invasions in the Nsalala chiefdom area. Nsalala was invaded successively by the Ha, the Bungu and the Ngoni, but was able to maintain its identity as a Kamba chiefdom. A period of stability was experienced during the reign of the famous Nyamwezi chief, Mirambo, whose influence reached the Nsalala chiefdom (ibid. 161). Mirambo never replaced the local chiefs, but extended his authority over the area through the headmen, whose nominations had to be approved by him. These headmen were involved in military matters and trade while the office of the chief

[22] The diaries of the White Fathers who were stationed in Nsalala state that in 1901 a headman of Isaka had been killed in a beer gathering and a headmen of Nsalala/Ngaya, Wimu, wanted to take the murderer to Tabora, to be convicted (but never did so). (Les Pères Blancs d'Afrique 5.5. 1901). This powerful headman would not have taken an interest in, or responsibility over, the incident if the headman of Isaka had not been under his influence. This is why I claim that the chiefship of Isaka rose from the chieftaincy of Nsalala. Abrahams (personal communication 23.8.2005) suggests that the chiefdom of Isaka rose from the neighboring chiefdoms of Kahama or Lohumbo. However, the chiefs of Isaka received their royal regalia straight from the Nsalala, not through Kahama or Lohumbo.

[23] In the Southern Nyamwezi chiefdoms matrilineal succession had already changed into patrilineal around the arrival of the Germans, which Abrahams (1967a: 38-9) credits to the caravan trade and the Swahili and Arab influence in the area, and especially to the changes in the duties of the chiefs that took place as they participated in the foreign trade. These changes, however, did not reach the Northern Kamba chiefdoms and even though there was political maneuvering by the strong headmen, the chiefly office remained in the hands of the chiefs' matrilineal relatives until the Germans introduced patrilineal rule to the area (ibid. 44-5).

became increasingly restricted to ritual and judicial duties (Nolan 1977: 163). By the mid-nineteenth century, and especially after the death of Mirambo in 1885, the Kamba chiefdoms were weakened by a series of internal conflicts between the most influential headmen (Abrahams 1966: 132-13).

Based on the accounts of the White Fathers stationed in Ngaya/Nsalala in 1893, the nominal chief of Nsalala was Chief Gagi, but it was his headmen like Wimu, Sundi, Humba and Msekera who were the ones with power (Les Pères Blancs d'Afrique 28.11.1892); they were in charge of trade that took place in their area and they did not always bring a share of their tribute (swa. *hongo*) to their chief like they were supposed to (Abrahams 1966: 133; 1967a: 42-3). The most powerful of these was the headman of Ngaya, Wimu, who was in continuous war with the neighboring chiefdoms and had great influence over the chiefly office in Nsalala (Abrahams 1966: 133-4; Nolan 1977: 157-8). Even though there seems to be no doubt about the growing influence of these greater headmen, the accounts of the missionaries were biased by Western notions of political authority (Tcherkézoff 1987: 69 ff). The assumed power of the past Nyamwezi chiefs was most probably exaggerated and, despite the changes, the chiefs maintained their position as the 'owners of the land' and the headmen were dependent on the chiefs for their authority (cf. Abrahams 1966: 132-134).

The Germans (1890 - 1916) based their administration in the Sukuma-Nyamwezi area on the already existing political system. The Germans seem to have been making use of the principle of 'divide and rule' by increasing the number of chiefdoms by acknowledging not only the pre-existing chiefs, but also by giving chiefly status to a number of former sub-chiefs and powerful headmen (Abrahams 1967a: 45; Koponen 1994: 122-124). In the eyes of the new administration, the former headmen enjoyed an equal status with the old chiefs. From Abrahams (1966: 5) we learn that the most dramatic changes in the Nyamwezi area took place in the chiefdom of Nsalala, which was divided into new chiefdoms during the years of German rule: Busangi, Lunguya, Mhalu, Ngaya, Ngogwa, Nsalala Ndogo and Ntobo. In addition to the divisions of the chiefdoms, the Germans introduced patrilineal succession to the area. All the chiefs recognized by the German administration were expected to maintain law and order in their chiefdoms and to collect taxes from their subjects (Abrahams 1967a: 46).

In 1902, a new chief was installed in the chiefdom of Nsalala. He had been chosen as a successor to Gagi, a chief who was disliked by his subjects and deposed by the German administration. The installation was witnessed by the White Fathers (Catholic missionaries) stationed in the chiefdom,

who in their account of the ceremony (Les Pères Blancs 28.7.02; 29.7.02) comment on the effects of their work on the practice of sacrifice:

> At one past three in the evening the ceremony begins and one has to say**, for the glory of our religion, without witchcraft and sacrifices, which so far have not taken place in Nsalala**. One is satisfied by giving the new chief his regalia, which are two *madezi* tied to neck and two spears, bow and arrow, which is given to his hand. The first *nyampara* [the head of a caravan, the head of the group of workmen] anoints the chief's neck with beer and butter, after which he is taken in his triumph into the centre of the village. This is followed by the reclamation of Nsabi's installation. After this, all those present, proceeded by the *wanangwa*, come to show him their respect. [24] (Emphasis mine).

The new chief received the royal regalia common to the Sukuma-Nyamwezi area and beyond and the most important among them, the *ndezi,* two of which were tied to his neck. He was honored by the presence of his subjects, among them the missionaries stationed in his chiefdom. Sacrifices were never part of the installation ceremonies, as will become clear later in this chapter.

From Bush into a Chiefdom: the early years of the twentieth century in Isaka

It was before the Germans that the chiefdom-to-be gained its name, Isaka or 'bush', where the convicted witches were killed by the headmen. The ritual advisor (*ngohogoho*) of the last two chiefs of Isaka,[25] described the origin of the name in the following way:

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[24] **28.7.1902** Vers trois heures et demie du soir on Procéde a la ceremonie et il faut le dire, **á la gloire de notre sainte religion, sand diableries ni sacrifices, ce qui jusqu'ia ne s'était pas encore fait au Msalala** [= Nsalala]. On se content de remettre au nouveau roi ses insignes qui consistent en deux madezi suspendus au cou par les laniers de peau de lion, puis 2 lances, un arc et une fleche qu'on lui met dans la main. Le premier nyampara (chef de caravane; chef du un groupe d'ouvries) oint le cou de roi de pombé [beer] et de beurre, puiss on le conduit en triomphe au milieu du village. Suit la proclamation de l'avnement de Msabi [Nsabi] et puis tout le monde present les wanangwas [headmen] en tête viennent lui faire obedience…

[25] This old *ngohogoho* of Isaka's last two chiefs narrated the history of the chiefdom as far back as he could remember from what he himself had seen or heard.

> Back then, there were different homesteads [he pointed in the direction of the centre of the ex-chiefdom], and in some of them, there were witches. Now, these witches had a habit of bewitching people who would die. For that they were scolded by the headmen and would keep a low profile for a while. Then they would start again. The headmen would again go to read the chicken [=divination] and find out that it is the same women [the witches]. The headmen would get together, catch the witches and send them to the bush, *isaka*, to the bush. They would kill them and leave in the bush there. Always the bush, every witch to the bush. Well, it became Isaka.

According to the *ngohogoho*, before the election of the first chief, the area of Isaka was in the hands of the headmen. These headmen, it seems, were at least loosely connected and ruling under the ritual centre of all Kamba chiefdoms, the chiefdom of Nsalala; the first chief of Isaka was elected from among them around the time the Germans entered the country.

The old *ngohogoho* recalls the installation ceremonies that took place in Isaka. As a *ngohogoho*, his central duty was (and still is) to sustain chiefly tradition (Abrahams 1967a: 65). In his description, he does not refer to any individual chief or any single installation, even though it becomes clear that the things he describes had actually been done and witnessed by him in the installation ceremonies for the last two chiefs of Isaka. In the past it was the *bagohogoho*, who were in control over the election of the new chiefs (ibid. 65), but in his story the *ngohogoho* gives the decision over choosing the successor from eligible candidates, to diviner-healers.

> When a chief died, the *bagohogoho* called for three diviner-healers to perform chicken divination in order to establish a new chief. Beer is prepared and while it is fermenting, the new chief is taken inside with the *bagohogoho*. The fourth day, when the beer is ready, the new chief is brought out. Some beer is put into an *isonzo* [a cup] and placed on an *ilangehe*, a tray made of *mkola* tree, with a *shilungu* and a *ndezi*, and some medicine. His *bagohogoho* spit some beer on his chest and a *ngeheka* [*ngabe* 'the man who carries him on his back'] dresses him with black clothing, and a skin of lion and a leopard, a *ndezi* on his left hand and a *shilungu* on his neck. This regalia are the ones that were used by the deceased chief, originally obtained from Nsalala. The chief now gets up on a *mkola* chair and the *ngohogoho* who stands in front of him

> with his back towards him raises his hands taking the chief's hands into them. And says 'words of importance' (swa. *maneno ya maana*) to the new chief. He asks the chief to take care of his children [s-n. *bana* = children meaning *bazengi* = his subjects], to take care of the blind and not to discriminate. 'Leave your bad soul/heart if you have one, and take up a soul/heart of the people.' This is said out in front of the people. The chief is given his new name, the name of the chiefdom, like Kilya. The people watching come forward to pay their respects to the chief, each giving him a small amount of money.

Neither the *ngohogoho* nor anyone else in Isaka could give a more detailed version of the history of the chiefdom. However, based on the narrative of the *ngohogoho* and supported by the writings of Fr. Bösch (1930: 322), who has listed Isaka as one of the 21 Kamba chiefdoms, it seems that Isaka was made into a chiefdom because of German initiative around the time that Nsalala was divided (1901-1911) and the previous greater headman, like Wimu, were acknowledged as chiefs, equal in status to the chief of Nsalala/Busangi. The chiefdom of Isaka, like all the other new and former chiefdoms, was now based on patrilineal succession due to German administrative policies.

Even though Isaka was now an independent chiefdom, it continued to claim ritual dependence on Nsalala (the chiefdom of Busangi). This ritual dependence is the only kind of dependence that there was between independent Nyamwezi chiefdoms. In this case it meant that the most important part of the Nyamwezi royal regalia, the *ndezi* (a white shell disc) of the chief of Isaka, was originally acquired for the first chief of Isaka in Nsalala in exchange for 15 or 20 head of cattle. While other royal regalia are replaceable, the *ndezi* can only be replaced by another such shell from the chiefdom of Busangi (Nsalala). Similar ritual dependence existed between Nsalala and the chiefdoms that had been separated from it during the pre-German period, but according to Abrahams (1967a: 57), not with the chiefdoms that were separated from Nsalala by the Germans. He points out that the new Kamba chiefs received their traditional regalia only much later, in some cases as late as during the first years of British rule (ibid. 46). Even though Abrahams does not state any reasons for this delay, Nolan (1977: 172) mentions that some of the headmen, among them Wimu, were reluctant to claim their new status. Wimu was concerned about his prestige among his subjects; the population of Ngaya was in decline. This was probably con-

nected to the fear of drought caused by the political changes in the area, mainly the division of the old chiefdoms accompanied by the introduction of the patrilineal rule of succession (Abrahams 1966: 135).

The enigma of the first chief

The story of the *ngohogoho* about the emergence of the Isaka chiefdom does not state when the chief of Isaka received his *ndezi* and I have no knowledge of the reactions of the commoners to the new chiefdom status and the patrilineal rule of succession. However, the claim of ritual dependence on Nsalala was a claim for an independent chiefdom status, which became crucial for the Isaka chiefdom during the changes that were brought by the British administration in 1919 when Isaka was made into a sub-chiefdom and the *ndezi* became a powerful proof of this status. Yet, the sources of royal authority of Isaka chiefs turned out to be untraceable; their authority in terms of the link to other Kamba chiefdoms was basically left untouched in the discussions I had with the present-day representatives of the chiefly family and with the *ngohogoho*, who stated that no kin relation, *budugu*, exists between the chiefs of Nsalala and the ones in Isaka. This could mean that the relationship is unknown, too distant to be specified, or that it really does not exist, which is probably the case here. In addition, the identity of the first chief of Isaka was never discussed. The story of the emergence of the chiefdom, told to me by the *ngohogoho*, always started with the headmen who ruled the area during the time the Germans entered the country among whom the first chief was elected. Then, it continued with the rule of Chief Maweta, who, however, was never named as the first chief.

In an attempt to trace the background of the chiefs of Isaka, I collected genealogies from both Kilya's wife and the *ngohogoho*. The only person they could remember and state by name from Chief Maweta's own generation or the preceding one, was the chief's mother. Therefore, despite the silence about the first chief, a gap in the story, it can be concluded that the first chief of Isaka was indeed Maweta. Had there been a chief before him, his name would be remembered, his grave would be there and he would be approached as one of the fathers of the land for blessing. The silence, or not remembering can at least partly be explained by the need to downplay the German origin of the chiefdom. Yet, even more so, a similar silence is characteristic of the Sukuma and Nyamwezi royal myths, which as Tcherkézoff (1985: 81) has pointed out, do not refer to the pre-chiefdom condition of the society.

The emergence of a new chiefdom in an area where individual histories and the independent character of the chiefdoms has always been emphasized was nothing new. However, significant transformations took place in the society. It seems probable that the first chief of Isaka, Maweta, was a man who had been given the status of a headman because of his or his predecessor's position as one of the first clearers of the land. The Germans gave him an account book, made him a medium of their administration, and with the introduction of the patrilineal rule of succession the chiefs of Isaka, like in all other new and old Kamba chiefdoms, became closer to their subjects than ever before. But, even though Chief Maweta was not a conqueror, a stranger, he was made into one with the *ndezi* that he was given from Nsalala. In the royal myth of Isaka the essential matrilineal elements and the idea of the stranger kings were preserved. The name of Chief Maweta's father is not remembered. Instead, his mother, is honored and approached as the first ancestor of this particular royal family, like in the case of other Nyamwezi royal families and clans, which are all traced down from women, from the mothers or sisters of the first chiefs, like Kamba.

The maintenance of the separate domain of chieftaincy through the system of exchanges

In his account of stranger-kings, Sahlins (1985: 73-103) looks into the similar characteristics of the ideas about the origin of sovereign power in societies ranging from Polynesia to parts of Africa and ancient Europe, in which the powers of the conquerors that were seen to be so essential to the reproduction of the society, were at the same time perceived as being too dangerous to constitute it (ibid. 90). Thus, the stranger-kings needed to be domesticated, tied into the society to establish a sovereign power. Sahlins (1985: 75) draws on Pierre Clastres' (1998 [1974]) ideas about 'society against the state'. In his analysis of the powerless power of the American Indian chiefs, Clastres (1989: 27-47) discusses how the chiefship is founded on the negation of the laws of exchange that regulate the society: the exchange of women, goods and words. In the societies discussed by Clastres, polygyny was almost exclusively the right of the chiefs and there was a 'hierarchical flow of women' from the group to the chief (Clastres 1989: 32). In return, the chief was supposed to show endless generosity towards his subjects, yet as generosity was not a sufficient compensation for the women, the character of these exchanges was unequal. However, as Clastres (ibid. 46) points out, through the flow of women, the chief was a prisoner of the group. By using ideas derived from Clastres, Sahlins (1985: 75-89) looks into the ways

Polynesian and other societies have worked through the problem of power by encompassing kingship through the realms of exchange.

Among the chiefs of Isaka, I was told, it was Chief Maweta who was the one with the most authority. In the descriptions about his rule, his authority was connected to the system of exchanges within the chiefdom which were established during the German administration. This system of exchanges - of women, cattle and food - tied together not only the chief and his subjects, but also the chief's officials (headmen; ritual advisors) as well as royal ancestors and, especially in times of disaster, great diviner-healers and rain experts from beyond the chiefdom's borders in the reproduction of the chiefdom. In this system the chiefs, who were allowed very little or no personal wealth (Abrahams 1967a: 34; Cory 1954: 17-18; Tanner 1970: 16), appeared as re-distributors of wealth (cf. Sahlins 1972: 209). In addition, all the exchanges within the chiefdom from royal marriages to the redistribution of food during famine were mediated by the chief's headmen and the ritual advisors. Thus, while this system set the chief apart from the rest of the society, and reproduced a separate domain of chieftaincy, at the same time it tied the chieftaincy to the people (cf. Clastres 1989: 46).

Chief Maweta, like all other Kamba chiefs, received tribute and labor from his subjects. A share of the crops cultivated within the chiefdom was collected by the headmen and brought to the chief annually and every hamlet under a headman was responsible for a week of labor in the chief's fields (cf. Abrahams 1967a: 34; Cory 1954: 19-20). Also a share of all the beer made in the chiefdom was given to the chief. The crops received as tribute and the produce of the fields cultivated by the people was not intended for the consumption of the royal family. A part of it was given to the chief's guests, as the chief was always supposed to eat outside and share his food with anyone present at his homestead. Some of the stored sorghum was used in the sacrifices for the royal ancestors that concerned the well-being of the whole chiefdom and guaranteed rain and the fertility of the land. Also, a large part of the crops were stored and redistributed to the people by the headmen as seeds treated with medicine for planting in their own fields and as relief food during times of famine (cf. Abrahams 1967a: 34-5; Cory 1954: 21-25). Hans Cory (1954: 25) mentions that the cattle that the Sukuma chiefs received from the fines and compensations paid within the chiefdom was tied to the chiefs' office, controlled by the village elders, and used mainly for the benefit of the chiefdom in sacrifices, as payments for the diviner-healers, and in royal marriages (see also: Tcherkézoff 1985: 83; Tanner 1970: 16). In addition, chiefs used these cattle to reward people for their

services and to feed people during ceremonies. In Isaka, the cattle sacrificed for the royal ancestors as well as the cattle paid to the diviner-healers for their medicines and services for the chiefdom, came from the chiefs' headmen and the ritual advisors. The marriages of the chiefs in Isaka also were mediated by these officials.[26]

In the pre-colonial matrilineal chiefdoms the successors to chiefship were the chiefs' sisters' sons, who often resided in other chiefdoms. They were captured by the *bagohogoho* after being chosen as the suitable successors, and brought to be installed in the chiefdom formerly ruled by their mother's brothers (Abrahams 1966: 138; Cory 1951: 9). Abrahams (1967a: 57-8) mentions that there were marriages between members of different royal families, and the information I have emphasizes that even though the sisters of chiefs were usually married to other royal families, the chiefs themselves also married local people, their subjects (cf. Cory 1951: 12). The marriages of chiefs took place through capture and bridewealth was usually paid only much later (ibid. 29-30 n.1). This system connected the rulers to the autochthonous people, guaranteed the headmen's respect to the chief as their FZS (Brandström 1991: 132),[27] and maintained the distinctive status of the successive rulers as strangers. During the German period in Isaka, the chief's marriages were negotiated by the headmen and the *bagohogoho* and the bridewealth given to the father of the chief's wife-to-be was paid by them, not by the chief himself. They collected the amount of cattle that had been negotiated and took it to the family in question. Even though Nyamwezi chiefs and especially Sukuma chiefs usually had a large number of wives, Chief Maweta had only two. According to the *ngohogoho*, both of the wives were married from other chiefdoms with bridewealth paid by his officials. Thus, even though the introduction of patrilineal rule affected a chief's position in relation to his headmen and his subjects, in Isaka chiefdom, this challenge was partly overcome by Maweta's marriages, which did not take place between himself and his subjects.

[26] I do not have knowledge about Chief Maweta's wealth in cattle.
[27] In the Sukuma kinship terminology FZS is called *baba*, father, and he is a potential heir of his mother's brother's widow. The Nyamwezi are also familiar with the principle, but it does not appear in the Nyamwezi kinship terminology (Brandström 1991: 131-2).

Into a sub-chiefdom in 1919 and the British Policy of Indirect Rule, 1926

The colony of Tanganyika was transferred to the British in 1916. Right at the beginning of their rule, in 1919, Isaka was united with the Kahama chiefdom and chief Maweta of Isaka was made into a sub-chief of Chief Ndega of Kahama (KDBII/MF.48 D.1). The members of the royal family in Isaka have never given up on the fact that the chiefdoms of Isaka and Kahama are of an equal status. Both chiefdoms had been separated from Nsalala and established as independent chiefdoms; Kahama in the eighteenth century and Isaka during the German occupation. When the situation changed in 1919 to the benefit of the Kahama chiefdom, the authority that Kahama had over Isaka was seen to be based on nothing but colonial orders and, according to the members of the royal family, it did not affect the equal status of the two chiefdoms. When confronted, the *ngohogoho* admitted that the chief of Kahama was indeed greater than the other chiefs in Kahama district, but only because the other chiefs had to go to him for the council meetings as 'the fortress [a word used of colonial administrative centres] was right at his door'. This old man compared the situation of Isaka to that of the neighbouring Kamba chiefdom of Jana, administratively another sub-chiefdom of Kahama. He said that the chiefs of Jana had been the *bahoja* (~sub-chiefs) of Kahama, because they were the ones who installed the chiefs of Kahama.

In 1926 the British policy of Indirect Rule was launched throughout the colony. This new policy made the chiefs into salaried officials of the central government with responsibilities over taxing and maintaining customary law. Already during German rule, the chiefs were responsible for turning in a part of the tribute and fines they collected from the people. The British made the system of taxation more systematic. In addition, the policy of Indirect Rule gave Chief Maweta and all the other chiefs, sub-chiefs and greater headmen, official recognition and payment (at least in principle) for their work from the Native Treasury Funds (Abrahams 1967: 48-9). According to the *ngohogoho*, this indeed was an indication of the full chiefdom status; Chief Maweta (and later the other chiefs) did not give the wealth he received from his people to his superior (chief of Kahama) like the sub-chief of Jana, but kept it to himself -- even if through the mediation of the colonial government. The amount of money paid to the chiefs was proportionate to the money they collected from their subjects as taxes and in the case of Chief Maweta, the amount was small (cf. Cory 1954: 27). Moreover, the only one to receive a salary in Isaka was the (sub)chief while the headmen

and the ritual advisors were left with no income. Under the new policy, Chief Maweta was also provided with a court, which he shared with the sub-chiefdom of Kahama, Jana. Yet, the legislative powers of the chiefs had become very limited: they were responsible for matters of Native law and for passing local by-laws; not for cases which dealt with homicide, witchcraft or Christian marriages (Liebenow 1960: 85, 88).

Chief Maweta died in 1931 and his son Ntolasi succeeded him. In 1935, when the sub-chief of Jana was dismissed and made into a headman, Ntolasi took over the court for both Jana and Isaka. Chief Ntolasi (or Ntyuki) was the son of Maweta's first wife. Ntolasi himself was still young and under close watch by the British, like all the other chiefs in the area. The sons of chiefs and young chiefs were educated in a special school in Tabora and the character and obedience of chiefs and their possible heirs was carefully observed and marked down in the district books. The chiefship of Ntolasi was a failure in the eyes of the British government and in 2001, it was clear that people preferred not to talk about him and his rule. According to the colonial records, he had been sent to the Tabora Central School for the sons of chiefs, but was judged unintelligent and sent back home, where he took over the sub-chiefdom. In 1945, he was caught for cattle theft with Kibela, the Chief of Kahama, which was considered a serious offence by the people.[28] Soon after, Chief Ntolasi was dismissed by the colonial government (KDBII/MF.48 D.1).[29]

Kilya was chosen as Ntolasi's successor. He was the first and only son of Chief Maweta's second wife, Mahabi. Chief Kilya was a tall and a slim man and 'liked to laugh with people', a phrase used for a social and generous person. He had no formal education and in line with the policy of Indirect Rule he was put in charge of the local road construction site as part of his position as a native authority. Chief Kilya's income was limited to the salary he received from the colonial government. The use of free labor by the chiefs was not allowed anymore in the colony and even though he still showed generosity by sharing food with his officials and visiting subjects, he did not have the surplus food to be distributed among his subjects in case of hunger. Instead, relief food was distributed to the people by the colonial government. His officials did not receive any payment for their duties and

[28] Unfortunately I have not been able to find ethnographic descriptions about the role of the headmen and the *bagohogoho* in the exchange systems of other chiefdoms. Thus, I have no knowledge how common this was in the area and whether it was practiced already in pre-colonial time.

[29] This is the local version: Kahama District Book only states Ntolasi as the thief.

were not able to contribute to the chief's bridewealth. As he was not supposed to pay for his own bridewealth, and it seems that because he did not have any wealth in cattle, he had to marry four of his five wives without it.[30] In addition, he married all of them from among his subjects. The first wife of Chief Kilya was married with bridewealth paid by Kilya's officers, but she never had any children with him. Because of her special status as his first wife, she continued to rule with him, unlike two other infertile wives who could not give him children and were sent back home**.** Only the last two wives had children with Chief Kilya. The last one had four children with him. No bridewealth was paid for this wife, and if the marriage had been a commoner one, the husband would not have been able to claim any rights to the children. However, this woman told me that even though her husband was deceased, neither she nor the children could return to her side of the family because the royal ancestors were too strong and would not allow it to happen. As the *ngohogoho* said: 'the tradition had come to an end'; Chief Kilya had become a wife-taker in relation to his subjects and the reproduction of chieftaincy was more tied to the subjects than ever before. However, something remained. The children of Chief Kilya belonged to the side of their father only.

As the *ngohogoho* pointed out, in terms of the ritual practices, Kilya's chiefdom and rule was as complete (swa. *kamili*) as that of his father's. The ritual sphere remained basically unchanged throughout the colonial period and even though the headmen and *bagohogoho* could not contribute to the chief's bridewealth, they could afford the occasional bulls needed in sacrifices and for the diviner-healers. Together with their villagers, they also contributed to the sorghum used in the sacrifices. Continuity in the ritual sphere was also partly due to the strategic ideas behind the policy of Indirect Rule. The new policy was designed to encourage 'king worship', which in turn was seen to discourage political competition (Feierman 1990:138).

The changes brought by the policy of Indirect Rule not only affected the position of the chiefs by bringing them closer to the people, but at the same time made the chiefs more distant, more out of control. However, when elderly people look back on the British colonial years, they agree that things were in many respects better then than they are today. Rain was good and people were healthier, with the exception of occasional epidemics and hunger. According to the elders in Isaka, these periods of misfortune were mainly due to the quarrels between the villagers. When things were

[30] During the same period, in the Sukuma chiefdom of Busanda, the chief did pay for his own bridewealth.

discussed between the villagers and the chief and rituals were performed properly, rain, sorghum and maize was always plentiful and no epidemics threatened people.

The removal of the chiefs, 1963

In 1963, two years after the independence of Tanganyika, the state was imposed on the local population in way that had not been experienced before;[31] chiefs throughout the country were removed from office. Part of the chiefdom of Kahama was combined with the Isaka chiefdom to form a new administrative unit, the ward of Isaka, and the chief and his headmen were replaced by officials of the new government/party. Chief Kilya was right there among his former subjects. The memory of the drastic change caused by the dismissal of chiefs was still very vivid in the minds of the elders in Isaka in 2001: 'We thought we would all die', said ng'wana Yona, an old midwife, who had spent the early years of independence in the neighbouring chiefdom of Lohumbo.

According to the *ngohogoho*, there were Nyamwezi chiefs who opposed the new government. Because of similar opposition around the country, the new rulers decided to remove the chiefs from their offices. Before the removal took place, all the guns in Isaka had been confiscated by the colonial officers and the removal of the chiefs from their offices took place rather peacefully, like in most other parts of the Sukuma-Nyamwezi area (Tanner 1970: 37). But people were very concerned about their future, which becomes clear from the following conversation I had with the *ngohogoho* about the changes:

> *Ngohogoho*: Chief Kilya was a man of *jadi* [the ways of the ancestors],[32] and he just watched the changes happen.
>
> Reea: How did the people (*bazengi)* react to the changes then?
>
> *Ngohogoho*: They could not do anything. They just waited to see how things would turn out.

[31] This point of view was given to me by Professor Karen Armstrong.
[32] See: Boyer 1990, ref. Green 2003: 16.

Reea: Were they content with the way things were then?

Ngohogoho: You cannot be content, because your food has been taken away. Someone else is ruling. What can you do? You have no pride left. There is nothing you can do about it.

Ray Abrahams (1967a: 180), who did fieldwork in the Nyamwezi chiefdoms during the last years of colonial rule, emphasized the secular character of the many chiefdoms of the period. According to him, while in the past it was the ritual functions that were of importance, it was the administrative and judicial services that were most appreciated by the people during the British colonial period. There were chiefs, Christians and Muslims, like the chief of Busangi who did not even practice royal rituals, such as sacrifices for rain, and yet managed to keep most of his subjects content, and other chiefs who, despite performing the rituals, were unpopular (Abrahams 1967a: 155-6). Maybe there was plenty of rain around that time in Busangi,[33] but opinions had changed and there was also doubt about the ritual importance of the chief, which was partly connected to the influence of Christianity in the area and the lessening importance attached to the ancestral influence in the lives of the people.[34] But, whether in ritual or judicial power, the chiefs were tied to the chiefdom's land and its protection and people were now worried about their survival.

Even though both Abrahams (1981: 28) and Tanner (1970: 37) mention that the independent government allowed the chiefs to continue to perform their ritual duties, these duties seem to have been judged illegal by the local government representatives in Isaka.[35] The *ngohogoho* mentioned that if gatherings of people for such ritual purposes were seen by the local officials,

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[33] And there probably was, because the rainfall in Nsalala was generally more reliable and the soil more fertile than in the surrounding areas, in Isaka for example (Nolan 1977: 159). Malcolm stated already in 1953 (1953: 7) that rainfall diminished to the South. There were localized storms, unevenly distributed, over quite small areas.

[34] Wijsen & Tanner (2000:60) write that the 'Conversion to Christianity or Islam broke the ritual link long before all chieftainships were abolished in 1963. Thus it seems doubtful whether any resurrection of chiefship would be possible which could make rather than remake any religious connection between the area and its environment, although there are contemporary movements which suggest that some may reconsider this.'

[35] Also Varkevisser (1973: 33) notes that any formal worship of chiefly ancestors was officially forbidden. Ray Abrahams (personal communication 23.8.2005), on the other hand, suggests that the absence of the chiefs in Isaka as well as the forbiddance of the rain rituals have to do with the fact that the vigilante groups called *sungusungu* originated close to Isaka and affected the chiefship there. I have no material to prove this.

the group was imprisoned and accused of opposing development. Now all that was left for people to do was to pray to God for rain (cf. Feierman 1990: 247, 251). As mzee Nyamwelu, an old diviner-healer, once told me: 'God agreed to the situation, and the rains diminished permanently'. The respect that had been shown to the chief started to disappear. Chief Kilya's last wife recalled that while some people were upset about the changes there were others, not only newcomers but also local people, who showed open contempt towards the royal family. Hands were not clapped for Chief Kilya anymore as he passed by the people on his bicycle. Yet, he was still a respected elder with a position at the local court, a well-liked man, who enjoyed drinking (free) beer with other elders.

But the ideas about chiefly authority did not vanish and the royal ancestors kept reminding people of their presence. Chief Kilya's last wife told me that once a group of women had collected firewood around one of the royal wells. The well had dried out and at night, a leopard, the embodiment of the past Chief Maweta, had appeared to the women in their dreams. The women realized that they had done wrong and had no other choice but to turn to Chief Kilya, who agreed to help them. Preparations were made: Kilya asked the women in his homestead to make sorghum flour and a basket was woven for the libations. He took the royal spears and the shield and guided the women to the well where the royal ancestor was approached and asked for forgiveness and blessing. Soon after, the well was filled with water again.

Picture 2: A royal grave

The attitude towards the chief, I was told, changed when the first drought hit the area and the rain rituals were practiced underground. A man in his forties recalled a rain ritual organized by Chief Kilya in the late 1980s, described to him by elders who had been present in the ceremony:

> In the late 1980s there were problems with rain around Isaka: the month of December had started and there was no rain yet. The elders of Isaka had gone to see Chief Kilya and told him that they would go and look for a *nfuti wa mbula*, an expert on rain. Chief Kilya had told them not to do that and said that things would get done without him. He told the elders to go and ask around for two loads of firewood, sorghum for sacrificial beer, to find someone to fix the royal drums and to find a black bull. All the necessities were collected from people, the drums fixed, and the bull was bought with money collected in the villages.

The signs were promising:

> The people had been invited to the ceremony and the night before it started to rain. In the morning the rain had stopped. Already before the meat [of the bull sacrificed in the ceremony] was cooked it started to rain smoothly and the elders consumed their meat and beer in the rain. When Chief Kilya got up to tell that the ceremony was finished, great, dark clouds appeared in the sky above them and the elders returned home with a heavy rain. It rained in all of Isaka and afterwards, during the rest of the rainy season, the rain was good.

Chief Kilya had demonstrated his powers to his subjects.

Present talk: about chiefship and presidency

I talked with a young member of the royal family about the possible installation of the new chief. He remarked that the new chief would be chosen by the royal ancestors themselves. If, as he explained, the royal ancestors would seize one of his/her descendants, the afflicted person would be given the royal regalia and become installed as a new chief. When I discussed the

matter with the old *ngohogoho* - who in the past had been involved in the election of the new chiefs - he disagreed strongly. He said that it would be up to the community to decide, who and if there would be a new chief and who he would be. The matter, as put by the elders, is thus on the shoulders of the public. Up until then, the main authority in both ritual and political matters in Isaka is the president of the state and his public servants.

Christopher Taylor (2004) discusses the comparisons made between the chiefs and presidents in pre- and post-genocidal Rwanda. Among other things, he marks how the image of the past president Habyarimana was used in a cartoon to criticize the presidency, in much the same way as the divine kings of the past were criticized (ibid. 130-132).

Similarly, when talking with village elders in Isaka, they talked about the presidents during the independence as people have been talking about the chief's powers in the past. The time of Nyerere, the first president of Tanzania after independence, elders said, was of sufficient but diminished rains.[36] The time of President Mkapa, who ruled during my fieldwork, was seen to be the time of the worst presidency during the period of independence. The rains were irregular and scarce and, as one elder pointed out to me, the second period of rains, which starts after a short break in January and February, had become absent. Unfortunately, I have no knowledge of the opinions of the people during the period of the present president, Kikwete.

Conclusion

In the late 1970s, almost twenty years after the removal of the chiefs, when Ray Abrahams (1981: 37-8) revisited his field in the Kahama district area, he noted that many of the elders in the villages continued to show respect to their chiefs. This, to Abrahams, was something that would possibly fade away after the local government started operating fully and well. In 2001-02 in the ex-chiefdom of Isaka, the young and middle-aged people of the late 1970s had become the elders, and even though many chiefs were deceased and many had not been succeeded by anyone, they still continued to occupy people's minds. Yet, even though there was some talk about returning the

[36] Stroeken (2000: 38), based on his fieldwork in the Central Sukuma area, mentions that elders complain that in the old days, when collective rituals accompanied cultivation, rains were more reliable (before independence).

chief of Isaka back to his former position, nothing has been done about it so far.

In his analysis of the conversion to Christianity of the Urapmin of Papua New Guinea, Joel Robbins (2004: 6-11) separates three kinds of cultural change, based on the works of Marshall Sahlins (1985; 1992, 1999). The first kind, which Robbins calls *assimilation*, takes place when the cultural categories that people use when they refer to the world are expanded and take in new meanings. The second, *transformative reproduction*, occurs in situations in which the cultural categories of the people cannot encompass the new situation, the result of which is the transformation of the relations between people's categories. Some sense of familiarity is maintained, but the relations between the elements have been changed and with them, the culture. Finally, there is a form of change that Robbins calls *adoption* in which the new culture is consciously taken up on its own terms, like the Urapmin conversion to Christianity. None of these kinds of changes can be explained simply as products of foreign culture imposed on the indigenous culture, because change always takes place in terms of the culture that is changing.

In Isaka structural changes were imposed on the local system. And, while the hierarchical position of the chiefs was reproduced in imaginative ways, the relationship between the chiefs and the people was transformed because of the changes. The absence of the chiefs in the chiefdom of Isaka cannot be sufficiently explained by the fact that the chiefs were removed from office in 1963. Nor is it a consequence of what Robbins (2004: 11) calls adoption, of the conscious choice made by the people to adopt western culture and to engage with Tanzanian civil society in its own terms. Not for the majority of the population at least. Instead, because the chieftaincy was always a separate domain, the removal of the chiefs did not affect the relations between the people. Thus, it did not seriously endanger the reproduction of the society. And, by the time Chief Kilya died, the chiefs and the royal family had come to appear both so close to and so distant from the people that re-establishing the chieftaincy would be difficult. Yet, for the exact same reason the idea of chiefship has not disappeared.

Although the Sukuma-Nyamwezi chiefs were responsible for the well-being of the chiefdom and its people, they were never considered responsible for the fertility of their individual subjects.

2
NO ONE TO WELCOME YOU HOME: INFERTILITY AS A WOMEN'S PROBLEM

In January 2002, I was talking to a friend of mine, ng'wana Simoni, who had two adult children from her first marriage, but who had been in a childless marriage for 15 years with her second husband. I happened to tell this woman about a young Christian woman, Anna, who was expecting a child out of wedlock (s-n. *ng'wana wa butende*) and whose parents were furious, because of the shame such a pregnancy had brought them in the eyes of their relatives, neighborhood and church congregation. Ng'wana Simoni told me how during the years she had lived with her husband without her children, who had lived with her previous husband's mother, she had had no one to welcome/receive her home when she returned from the field, tired after a day's work. 'A child is always a blessing', she said. I was struck by ng'wana Simoni's words, because she used almost the exact same phrase that Anna had used, when she had told me about her pregnancy. Anna had said to me that she wanted a child - not a marriage or a husband (who would only bring her trouble) - because she wanted to have someone she could take care of, make a good life for, and someone, who would welcome her home, when she returned home from her studies and work.

Ng'wana Simoni and Anna come from very different backgrounds. While Anna had recently finished her secondary schooling and was employed in one of the local businesses, ng'wana Simoni was a wife of a diviner-healer with only few years of schooling. While to both of them, the idea of having someone to welcome them home made perfect sense, in the case of ng'wana Simoni, this idea could be extended to notions about ancestorhood. Because she had two children, she was hoping to have someone to welcome her home as an ancestor after her death. Such an idea was - if not insignificant to her - nothing that Anna would be extremely concerned about. The negative attitudes towards Anna's pregnancy were removed within her family soon after she gave birth and her whole family welcomed the new baby with joy.

There is nothing unique to Sukuma-Nyamwezi about the idea of 'children as blessing' and the same phrase could be used by women and men around the world. Susan Reynolds Whyte (1997: 78), for example, argues that 'a woman's fertility is central part of her existence, because it creates the relations to other people that are important in the Nyole notion of person.' However, there are significant differences in the ideas about human reproduction, the importance of fertility and the effects of infertility even within single societies (Inhorn & van Balen 2002: 8). These notions and the variety in them reflect differences in kinship systems, descent ideologies and marriage practices, as well as changes in the society. They are apparent in the domain of kinship and marriage, but also in the whole cosmology and in interconnected notions about social and human reproduction. The social consequences of childlessness and secondary infertility are not understandable without an understanding of the local descent ideology and marriage practices, since the social consequences are grounded in them. I use the distinction between childlessness (primary infertility) and secondary infertility (one or more successful pregnancies),[37] because they have different consequences for women who suffer from them, and also because most of the infertility cases in Isaka as well as around sub-Saharan Africa are cases of secondary infertility (Larsen & Raggers 2001: 46). Infertility in Isaka is a problem for both childless women and women with less children than they desire, and this is so despite the national and international discourses which connect the problems of the so-called developing countries to 'hyperfertility' (Inhorn 1994: 23; van Balen & Inhorn 2002: 6-7:).

As has been mentioned before, not having children is a problem to both women and men, but it is usually women who have to live with it and suffer its consequences. The Sukuma-Nyamwezi women are no exception, because as Frank van Balen and Marcia Inhorn (2002: 7, 19) state, women in different parts of the world are affected by the consequences of infertility more than men. The reasons for this in the Sukuma-Nyamwezi case are connected to the Sukuma-Nyamwezi marriage practices as well as to the locally perceived epidemiology of infertility.

Rich and detailed descriptions and analyses of Sukuma and Nyamwezi kinship, descent and marriage can be found in several sources from different parts of the Sukuma-Nyamwezi area and from different periods of time. For the Nyamwezi there are detailed studies by Bösch (1930: 72-74, 314-323, 348-440, 535, 536), Abrahams (1967b: 43-53; 1981: 90-121), Brand-

[37] For criticism of the distinction see van Balen & Inhorn (2002: 12); Sundby (2002: 248).

ström (1990b; 1991) and Cory (1955a). And for the Sukuma, Cory (1953; n.d.2), Varkevisser (1973: 67-81; 287) and Stroeken (2000: 111-163) are excellent sources. Because of such an extensive number of sources on the subject, I will only outline the essential aspects of Sukuma-Nyamwezi kinship and marriage which continue to be significant to the Sukuma-Nyamwezi in Isaka today, and which are essential for understanding the importance of fertility and the problem of infertility for women.

I will begin by discussing the importance of children from the perspective of family planning and then move on to discuss the Sukuma-Nyamwezi notions of descent. From there I will take the discussion to the local marriage practices and their consequences for the infertile women. Finally, I will discuss the local epidemiology of infertility and its treatments.

Family planning and children as blessing

Infertility is a problem exactly in high-fertility settings and where the child mortality is high.[38] However, infertility in developing countries receives little policy attention (Sundby 2002: 247) and this is connected to the prevailing discourse of Western and local policy makers, according to whom it is the uncontrolled fertility of the non-Western peoples, which is the cause of underdevelopment (van Balen & Inhorn 2002: 6-7).

> Give birth, but not too early (under 18-20)
> Give birth, but not too often (2 years in-between)
> Give birth, but not too late (when over 35)
> Give birth, but not to too many (more than 5)[39]

This sign on the wall at the Isaka maternity clinic reflects national and international (W.H.O.) aims in family planning and safe motherhood.[40] In Isaka there are differences in the number of children between the households at the centre and in the villages. Women working and/or living at Isaka center

[38] This seems to be true in Africa but its universal validity can be questioned. In high fertility Pacific cultures children and parenthood are highly valued. Adoption is a common way of solving the problem of infertility (Marshall 1976; Shore 1976; Morton 1976).

[39] In Swahili: *Zaa lakini sio mapema sana (chini ya miaka 18-20); Zaa, lakini sio karibu mno (miaka 2); Zaa, lakini sio kuchelewa mno (zaidi ya 35); Zaa lakini sio wengi sana (zaidi ya 5).*

[40] See Roth (1996: 119) for W.H.O. and reproductive risk factors as well as for Tanzania's safe motherhood initiative (1996: 130-131).

have generally smaller families than those living in the villages. Two market women I talked with, for example, were proud of having only two children each and had no plans for more. They also said that their husbands were agreeing to this. These two women were originally not local, though, and there seems to be some truth to the local circulating discourse that especially the Sukuma and maybe to a little lesser extent the Nyamwezi value children more than other peoples in Tanzania (see also Stroeken 2000: 42). Outsiders, like the two market women, talk about the number of children in Sukuma families with a negative attitude: they say that there is no development in the Sukuma-Nyamwezi area. With this they imply that Sukuma-Nyamwezi women just give birth until they are worn out, but also that the reason for underdevelopment there lies in the large families.

Picture 3: A mother and a child

More educated Sukuma-Nyamwezi women in Isaka, and especially those having their own businesses or independent sources of income would mostly agree with this and even many younger women in the villages would agree. They say that it is the Sukuma men who want large numbers of children and that a wife has no other choice but to agree to give birth. Otherwise there is a danger that the husband may leave her or look for another wife. Many men prefer to have children with several women, whether their wives are of bridewealth or non-bridewealth marriages or occasional acquaintances,

and there is generally no lasting shame in having children born outside of official marriages (other than very devoted Christians maybe) for either men or women. Also many woman want children from the different unions they have during the course of their life.[41]

Alternatively, the wife can use her wits. Birth control pills have become accessible, even popular, in the villages and I have heard numerous stories about women in the villages and elsewhere hiding their birth control pills in the maize flour containers or other places where their husbands would never place their hands. Open confrontation with the husband is also always possible, even though often in vain; many men do not agree to modern family planning. A traditional midwife working also as a distributor of birth control pills and condoms in her village once told me how some of the women in her neighbourhood started to use birth control in order to save money, as she herself had suggested.[42] She pointed at the increasing number of tin roofs in the neighbourhood, concluding proudly, how the money that would have been spent on children was now used for development (swa. *maendeleo*).[43]

The resources that are put into family planning within the public health care sector seem extensive in the context of the small ward dispensary and the general lack of supplies and medicine in it. The women are educated in the Isaka government dispensary about family planning and, in 2001-02 at least, any woman was given information about birth control if she asked for it, and free birth control pills, shots and other devices were available for free and in large stocks. The usage of condoms is taught to men, who I was told, occasionally wander slyly into the vicinity of the government maternity clinic to ask for information and free samples. A woman who is over 35 and already has several children or is in some way not in a condition

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[41] As Stroeken (2000: 42) notes, the Sukuma are known by other Tanzanians as hard working peasants with large families.

[42] Traditionally there have been midwives in the Sukuma-Nyamwezi area. The present-day traditional midwives working in the villages have received some biomedical education. The education of midwives in Tanzania started in 1986 (Roth 1996: 160) and in Isaka some twelve midwives received education between the years 1998-2001 to serve a population of almost 20 000.

[43] See Varkevisser (1973: 106-107) for statistics about the connection between the education and wealth of the mother and the number of children. In a recent report (2004-2005) for Tanzania, it is shown how the fertility rate varies due to a number of factors. The fertility rate is lower in urban areas (3,6) than in rural areas (6,5) and highest in the poorest households (7,3). The level of education of women is also a significant factor. Women with no education have an average of 6,9 children, women with primary education have 5,6 children, and women with higher education, 3,3 children. Source: http://www.tanzania.go.tz/nbsf.html.

that favours more births, like HIV positive (usually only suspected), can be confronted rather seriously and openly by the clinic staff and told that she should not give birth to more children and therefore maybe even consider having an operation on her fallopian tubes.

I once witnessed a conversation with a young Sukuma man, who worked as a truck driver between Dar es Salaam and Burundi, and had his two wives and their children living in Isaka. The first wife was a local Sukuma woman, while the second wife was not local. They were temporarily, albeit not so peacefully, living under the same roof with the mother of the first wife when I was led into one of their family conversations. The two women had been living separately until very recently, when the husband had taken the non-local wife to live closer to him. She was still very young with two small children and seemed to have a very hard time in adjusting to the Sukuma way of life in a setting where her presence was barely tolerated. The first wife, the Sukuma one, had six children with this husband and had been married to him for more than ten years and now she too found herself in a very uncomfortable position at her own mother's house. It is not usual (nor acceptable behaviour) for a man to make two wives live so close to each other, let alone with the one woman's parent, which can be very humiliating for the husband and both wives.

'Until eggs are finished'

> The two women started to talk about family planning, after stating their regret for my childlessness. The Sukuma wife was in her late 30s, had six children and said now that she has been thinking about giving up having more. Her younger co-wife, who had two young children, also did not want more, at least for the moment.
>
> The husband's reaction was clear: he did not comment on the plans of his second wife, but was very strict about his Sukuma wife. He 'would not let her rest until her eggs would be finished'. He wanted many more children with her. That is the Sukuma way, he told me. He had been acquainted with Swedish missionaries in Dar es Salaam at one point in his life and said that he understood why they and people living in cold areas and maybe in towns cannot have too many children, but as land is free and building a mud house very inexpensive in the Sukuma-Nyamwezi area, there is no reason for Sukuma to limit the number of children. The Sukuma wife replied that she would not raise children if there were not enough money for them to go to school.

> Everyone smiled and spoke calmly, but there was tension in the air. Someone came in and the topic was changed, but clearly the conversation was not over.

A Sukuma man is said to be hard on his wife: she should give birth until her 'eggs are finished' (swa. *azae mpaka mayai yatakwisha*) and even though there is a discourse that blames men for this, it is not that rare to hear women bragging about giving birth to up to 12 children. The hard-working, meat-and-milk eating, strong and tough Sukuma(-Nyamwezi) women (as they like to see themselves) are seen to be strong enough to handle this.[44]

The present-day mother-child health educators in Tanzania encourage women to breastfeed their babies for two years if possible and at the same time to space the births so that there are at least two years between pregnancies. This is nothing new to Sukuma-Nyamwezi. Varkevisser (1974: 94) noted that women, who at that time only used traditional birth control methods, preferred to have at least two or preferably two and a half years in-between. Women, writes Varkevisser, who gave birth more often were ridiculed by others: 'she gives birth like a chicken.' This is still the case, even though I always took similar comments (slightly differently from Varkevisser) to be mostly a criticism of the men and their need to have so many children out of desire (swa. *tamaa*) that they cannot possibly take care of them all.

But, even though too many children are seen by many as a hindrance to 'development' both in the family and community context, the most pitied women and those most suspected of witchcraft are those who do not have any, or who have very few, children. This attitude is common in the villages as well as in the centre. I was once at the maternity clinic when one of the midwives speculated about the unwillingness of one of her patients to have more children, claiming that no healthy and self-respecting woman could be happy with only three children.

[44] Whyte (1997: 55) mentions that the Nyole of Uganda also value women with many children. This is the case with many other African societies.

Ideas about descent

In the early 1930s, Blohm (1933 II: 11) wrote that the desire of the Nyamwezi to have children was not entirely founded on parental love and a 'natural drive for procreation', but had to do with the idea that without children and grandchildren, men and women will not achieve the status of an ancestor. No woman in Isaka expressed their ideas about the necessity of having children in terms of their concern over their own future position as ancestors. If I asked about this directly or in more general terms, everyone I talked to agreed that unless a person has children and grandchildren from their own womb or of their own blood, they will not become ancestors, *masamva* (cf. Hendriks 1962: 2). To some women - like Anna - educated and Christian, the notions about becoming an ancestor were not significant. Yet, they recognized the influence (often in negative terms) of their ancestors. But women did not connect such notions to the importance of having children, which was usually talked about in terms of the social consequences of childlessness. This, however, does not mean that such continuity is necessarily insignificant today.

Ng'wana Simoni had two children, but neither of them had any children of their own and this was a major concern for ng'wana Simoni. This is partly because she might not have anyone to welcome her home as an ancestor after her death. Such concerns, as I have mentioned, were not significant for Anna – at least for the time being. She was still young and had many reproductive years ahead of her. However, the idea of continuity in the family line was significant for her, as it is for other young women in the Sukuma-Nyamwezi area (see also: Mgalla & Boerma 2001: 210)

Especially in the past, the importance of having children for both men and women seems ultimately to have rested in the Sukuma-Nyamwezi ideas about descent, which as Abrahams (1981: 111; see also Abrahams 1967b: 43; Brandström 1991: 136 n.15;) has noted for the Southern and Central Sukuma-Nyamwezi area, are not easily characterized by classical anthropological descent categories into patrilineal, matrilineal or cognatic. However, I argue that in this area the descent ideology could be said to have a cognatic character (see also Brandström 1991: 131).[45] Even though inheritance rules follow the patrilineal line, lineages are shallow and they are not considered to be discrete corporate groups – except to some extent in the Northern

[45] Already in 1934 Audrey Richards (1934: 273) criticized the division of societies into patri- and matrilineal ones. She argued that for the matrilineal Bemba the crucial thing in the determination of paternal authority to father or mother's brother was the marital residence connected to the different stages of marital payments and the amount of payments made.

Sukuma area (in the Mwanza area and to some extent in Shinyanga), where patrilineal descent ideology seems to continue to be more emphasized than in the other parts of the area (Stroeken 2000: 126-8). There, membership in patrilineal clans is recognized and visible in the greeting practices in which the clan of the elder greeter is mentioned and where the eldest living male member of the patrilineage holds a special position in the family, especially where rituals connected to death, sacrifices, offerings and decisions over inheritance are concerned (see also: Cory 1953: 151; Tanner 1958a: 58). However, even in the north, descent is fluid and as one elder mentioned to me, it all depends on the unity of the family and on the willingness of its members to acknowledge such a position among them.

The difference between the two areas came clear from the discussions I had with two female elders, the one originally from the Mwanza area and the other from a ward close to Isaka. The woman from Mwanza told me how the Sukuma respect the side of the father most. However, because of her family history, she was unable to mention any relatives on her father's side beyond her father's generation (cf. Abrahams 1967b: 46). The other woman, who was from Shinyanga, said that the (Southern) Sukuma respect the side of the mother most, because the relatives on the side of the father are only concerned about (bride)wealth:

> For us, the Sukuma, it is the kin on the mother's side that we respect the most…. On the side of the father, it is just like a half / partial only. They just care about their wealth, because they gave away wealth, to marry her. Then she begets children, it is like she gives birth to their wealth [swa. *ni kama anazalia mali yao*]. Now they, if it [marriage] is enough for the child [woman in marriage] and the marriage is bad, they do not listen, they do not listen her fathers [F; FBS], they just ask for their wealth. Now, on the side of the mother, they just welcome you, where would they send their wealth [children]? They just stay with it, but those [father's side] they care for wealth. But on mother's side, they do not drop you. The Sukuma have a saying: 'back just carries, it does not drop' [s-n. *ngongo gugitaka*].[46]

[46] See Stroeken 2000: 121.

Like the other woman, this one was also unable to state the deceased relatives on her father's side because of her family history.

Ancestor worship throughout Sukuma-Nyamwezi area is cognatic (see for example Tanner 1959: 114; 1967: 20). In terms of ancestral influence, the Sukuma-Nyamwezi say that everyone is a member of eight families: *Buli munhu alina ndugu inane* (Hendriks 1962: 1), referring to the families of their grandparents' parents on the side of their mother (*ku ngongo* – side of the back) and on the side of their father (*ku buta* – side of the bow) (Abrahams 1967a: 47; 1967b: 24; Brandström 1991: 121-122).[47] People usually cannot name any ancestors beyond their grandparents' parents' generation. Genealogies are thus shallow, and many people – like the two elders - do not necessarily remember the names of all of their grandparents' parents, nor those of all of their grandparents. This has to do usually with the marriage arrangements of their parents. If their parents have been married with bridewealth, the children usually remember the ancestors on the side of their father better, but this is not necessarily always so, because for various reasons, ranging from residence choices to renown ancestors and clans, the children may be more familiar with the relatives on their mother's side. Such was the case with the children of a middle-aged Sukuma woman, Rose, whose mother had been married with bridewealth, but had been inherited (s-n. *kwingilwa*) by her first husband's patrilineal male relatives twice.[48]

Rose's family

When Rose's mother Eva got married, her father received 15 cattle as bridewealth. The husband died early, soon after the first child was born, and Eva was able to choose whether she wanted to return to her father without her child, in which case her father should return most of the bridewealth, or to accept a proposition of a levirate with the deceased husband's brother. Eva chose the levirate and had three children with her second husband. The youngest one of these children was

[47] Bösch mentions that the Nyamwezi used to have exogamous clans, unlike they have today. Only the Sukuma have clans and use clan greetings. Bösch mentions that the Nyamwezi used to have four clan greetings: the name of the first male ancestor on the side of the father 2) the first female ancestor on the side of the father 3) the first male ancestor on the side of the mother and the first female ancestor of the side of mother. The most significant of these was however, the name of the first male ancestor on the side of the father. The Nyamwezi clans were exogamous so far that the descendants of the same male first ancestor could not marry (Bösh 1930: 72, 78).

[48] See Hinkkanen: http://www.avoin.helsinki.fi/Kurssit/sosAntr/materiaali/pdf/reea.pdf

> Rose. When Eva was expecting Rose, her second husband died and she was inherited again by the sister's son of her deceased husband, Dotto. Dotto abandoned Eva after they had had two children and Eva and her children moved to live with Eva's brother, Musa. Rose told me about the situation in the following way:
>
> Dotto did not like the fact that his children have the name of Musa and had made plans with his relatives to divide the children. When Eva heard about this, she started to cry and her father, who was a diviner-healer (s-n. *nfumu*), decided to take action. He prepared medicine (s-n. *bugota*) and called in all the children and spit protective medicine over them. After this, Dotto did not want to have the children back.
>
> Out of Eva's seven children three were sons. The mother's brother, Musa, took care of the family, but because the children were out of a bridewealth marriage, his duties and responsibilities – not even with medicine – did not reach further than this. When the boys grew older the responsibilities and decision-making in the family fell into their hands.
>
> All of Eva's children and grandchildren feel close to their mother and grandmother and the side of their mother, and one of Rose's children, Mariamu, was actually raised by the grandmother. However, the children of Rose have knowledge of their deceased fathers and they consider them to be their 'real' fathers despite the fact that they were mostly raised by their mother's brother.

A childless man or a woman will never become an ancestor, *isamva*.[49] The requirement of ancestorhood is for one to have grandchildren, who will remember him/her as an ancestor (Tanner 1958a: 55; 1958b: 225; 1967: 25). As a sign of the deceased person's childlessness, no stone (s-n. *shigo*) will mark his or her grave and she/he will have no one who will remember him or her after death. However, deceased women still may influence the lives of the living. Elders told me that in the past, a childless woman was treated after her death so that she would not come after her living relatives: their

[49] Fr Bösch (1930: 44) mentions that a childless man or a woman may become an ancestor because she or he has left behind younger relatives, the children of his/her brothers and sisters.

rear ends were pierced with a sword. Today no such things are practiced and deceased childless women are seen to occasionally affect their living female relatives by bringing them infertility. These deceased female relatives are called *bagumba*, the infertile ones.

In terms of descent, adoption is not an option for a childless woman or man, since the descendants have to be of the same blood (s-n. *mininga*) and womb (s-n. *nda*). And because of the cognatic stress of the descent ideology, the need for reproduction of future generations lies equally on the shoulders of everyone, both men and women. Grandchildren, the Sukuma-Nyamwezi say, are their grandparents (Brandström 1990b: 167), and this connection is played out in name-giving practices, in terms of address between the grandparents and the grandchildren, and in the joking relationship between them (Abrahams 1967b: 47; 1981: 113-114). This stress on alternate generations and the absence of corporate lineages seems to account for the importance of the fertility of individual women and men.

Children and grandchildren are wealth and they are not only the wealth of their fathers' and the side of the father, but also of their mother and her family, and especially so, if the marriage between a man and a woman has not involved bridewealth transactions. In this case, however, the children inherit ancestral connections from their father's side. Yet, it is the women who carry the most responsibility in the processes of reproduction. This is connected to notions about the roles of the man and the woman in the reproductive process, as well as to the customary marriage types in the Sukuma-Nyamwezi area.

Marriage and the social consequences of infertility

From the perspective of the community, a man and woman are considered to be married if they live together and have a sexual relationship (Abrahams 1981: 91).[50] Customarily, the kind of marriage of the couple determines the affiliation of their children as well as the rights and duties of both parties involved in the marriage. The Sukuma-Nyamwezi ideas about marriage and

[50] These arrangements can be questioned by the possible other wives and partners of the man, or his relatives, but in the eyes of the community, and even in the eyes of the national legislation, these couples are considered married. The Law of the Marriage Act, 1971 (62) states that if a man and a woman cohabit for the period of two years, they are considered to be married.

descent centre on notions about the union of two 'sides': that of the side of the 'back' and that of the 'bow'. The reproduction of kin groups is perceived in terms of an ideally unbroken chain of the unions of the two unrelated kingroups. Out of these the new generations are born: from strangers, who remain relative strangers to each other, into kin in the next generation (see Brandström 1990b: 179; 1991: 124-126, 130), from which the valuation of the connection between alternate generations follows.

Marriage exchanges and two kinds of marriages[51]

As became clear from Rose's case, the jural rights over children are determined by the form of the marriage of their parents, i.e. whether marriage involves bridewealth (*nsabo*) transactions or not. If no bridewealth transactions (s-n. *kutola butende*) take place between the two kin groups, the children customarily remain in the care of their mother's kin (see Abrahams 1967b: 44-45: 1981: 91-92; Cory 1953: 13, 46, 89; 1955a: 17, 20-22, 37).[52] The bridewealth of the male children is usually paid by their mothers' brothers and the wealth that comes in from the marriages of female children is passed on to their mother's brothers. These children can only inherit from their mother and their mother's brother (s-n. *mami*), if he does not have his own children, or feels obliged to provide for his sister's children. If a marriage involves bridewealth (s-n. *kukwa*), the legal rights over children are transformed to the side of the father. But, bridewealth legitimizes not only fatherhood but also motherhood in the eyes of the community (Stroeken 2000: 169). Both kinds of marriages as well as their consequences on the marriages and affiliation of the future generations are still generally acknowledged, and usually no stigma is attached to children born out of non-bridewealth unions (cf. Cory 1953: 91).[53] It was often pointed out to me that the pressure on women to have children born in the bridewealth marriages is greater because of the bridewealth and the

[51] For different kinds of customary marriages see Cory (1953: 41-55; 1955a:15-23).

[52] Wijsen & Tanner (2002: 51): 'More and more couples just live together. In customary law this means that the children from such unions belong to their mother's family, but this may be equally difficult to enforce when such couples do not live near the woman's parents.'

[53] Christian marriages involve bridewealth transactions. Women who are active members of their congregations (e.g. African Inland Church, Assemblies of God) and have children out of wedlock are prevented from attending the masses and participating in the communion until the birth of their child, after which they can resume their church activities if they agree to a formal apology in front of the congregation. Many villagers are not affected by this, because even those who have been baptized and consider themselves Christians are not active members of the congregations.

expectations from the side of the husband.[54]

Customarily, from the perspective of the side of the groom's family, the bride is an outsider, a stranger, who is brought in and whose reproductive potential is domesticated through the bridewealth transactions (Brandström 1990b: 179). The bride is called *ng'winga,* the one who leaves, which refers to her status as an outsider among her husband's kin (Stroeken 2000: 75). Bridewealth transactions objectify the influences from the side of the woman and the side of the man into two sides, 'side of the back' and the 'side of the bow'**.** While the woman married with bridewealth will remain a ritual stranger to her husband's family and kin, her children will be the legitimate offspring of the father and his kin group (Abrahams 1967b: 44). And, if no bridewealth transactions take place, the woman and the children will remain under the care of the woman's kin (ibid. 44; Stroeken 2000: 134-135), and the children are considered 'one sided' (Brandström (1990b: 179). The central aspect of the bridewealth transactions is not only to compensate for the reproductive potential of the woman, but also to recognize the contribution of the 'two sides' of the bride in her upbringing and nurturing. This applies also to the children if a man decides to legitimize them at any stage in their lives through payment of bridewealth (Abrahams 1967b: 45; 1981: 92-94).[55]

The transactions from the side of the man customarily involve payments to both sides of the bride's family in cattle. The great majority of the transactions go to the father of the bride or to anyone who is in his social position – in practice this person can be a woman's father's brother, paternal grandfather or her mother's father or brother, if no bridewealth was given in her mother's marriage (Cory 1953: 15, 22). A share of the bridewealth is also always given to the side of the bride's mother. In the past, the mother of the bride received a cloth and her mother's father was given a goat called 'the goat of the beard' (s-n. *mbuli ya kilezu*). Her mother's brother received a sheep (s-n. *nholo*), which was considered as a resource for any possible problems which might arise from the ancestors of the wife from the side of her mother (Abrahams 1981: 97; cf. Cory 1953: 20). In such cases, it is always the mother's brother who is asked to contribute the sheep needed in necessary offerings. And finally, her mother's mother was given a token, nowadays around 7000 Tsh. Such tokens for the side of bride's mother are

[54] Maia Green (2003: 83-4) has referred to very similar marriage practices and the consequences of non-bridewealth marriage on the affiliation of the children among the Pogoro of Southern Tanzania as the 'matrilineal option'.

[55] For legitimization of children see Cory (1953: 90-1; 1955a: 37).

often given in money these days (for comparison see Green 2003: 80).

Money is seen to be a possible substitute for cattle in marriage payments. These days all of these payments are usually made in cash, but counted in terms of cattle and other objects. The amounts of bridewealth paid in the marriages I was able to witness and get information on ranged from 125 000 to 150 000 Tsh, which seemed to be the usual amount in the village weddings, to 300 000 Tsh, which again was common in the weddings which took place among the wealthier people.[56] In 2001, one local cow was equal to around 25 000 Tsh, and a goat and a sheep were around 5 000 Tsh. There is a consensus that these estimates should be kept lower than 'market prices', which is also the case in payments made to diviner-healers. The market price for a local cow is usually around 30 000 Tsh, which at the time was equal to 300 Finnish marks (i.e. around 50 Euros).

The reproduction of the two kin groups is not accomplished properly if no transactions of wealth from the groom's kin group take place. The bridewealth is perceived as a compensation for the loss of the woman's contribution to her own kin, for her reproductive potential, and for all the nurturing that her kin has given her. It also transfers the legal rights over the woman and her children to the husband/father. Thus, if no bridewealth is given, the woman and her children remain with her own kin and the responsibilities over their well-being remain with her own kin, with her father or with her brother(s), if her father is deceased. They are the ones who will provide for the mother and the children and later, benefit from the marriages of the female children (see Cory 1953: 89). They will also take responsibility for the marriages of the male children, whose children in turn will become affiliated with their father's mother's kin. Thus, the effects of the marriage 'type' reach far into the lives of the future generations, like in the case of Rose's family and another family:

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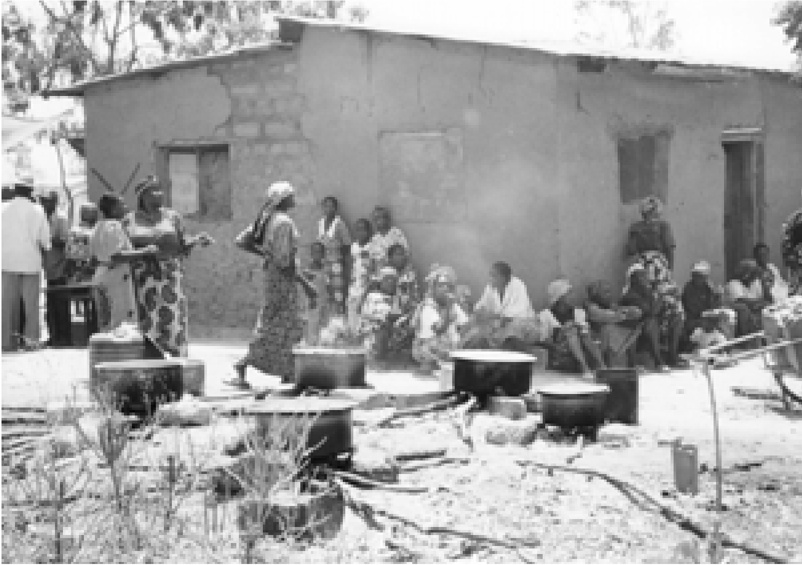
[56] The lowest amount of bridewealth (150 000 Tsh) I heard about was given in a Southern Nyamwezi/Muslim marriage. Even though bridewealth in the marriages of the Southerners is usually lower than in those of the Sukuma coming from the Central/Eastern Sukuma area (Ntusu; Bariadi), it was considered by the neighborhood as a *dharau*, something to despise, and it was connected to the fact that the woman was already pregnant with the child of the man. Thus, her relatives had to give in to a smaller amount of bridewealth. It needs to be remembered, however, that such a pregnancy is not considered shameful by anyone except by the most devoted Muslims and Christians. Stroeken (2000: 35) mentions that in his research in the Northern Sukuma area the brideprice was ten or more heads of cattle.

> A young Sukuma man was married with bridewealth in one village of Isaka in 2002. He himself had been born out of a bridewealth marriage and it would have been his father's and his father's side's obligation to pay for the bridewealth of the young man. However, in this case the father was unable to contribute to the marriage and it was the mother of the young man who provided the whole 300 000 Tsh of the bridewealth. As a consequence, all the children who will be born of the union will remain on the side of the young man's mother and their future bridewealth will be paid and received by the side of the mother.[57]

Almost anyone can pay the bridewealth for a man or contribute to a part of it, by 'throwing in' a sum of money equivalent to one cow, for example (Cory 1953: 13; 1955a: 1).[58] However, the bulk of money has to come from either side of the groom, because otherwise the affiliation of the children born out of the union would remain undecided. In a bridewealth marriage, the pressure over the woman to have children is greater than in the non-bridewealth marriages (see: Varkevisser 1973: 105) and this, I argue, has to be understood in terms of gift-exchange. The transactions of wealth from the side of the father assume a gift in return – children (cf. Godelier 1999: 101-103; see also Mgalla & Boerma 2001: 217) and this explains why it is significant also for a woman in a polygamous marriage to have children. However, women want children equally from non-bridewealth unions also and while this partly has to do with notions of decent and the need to have descendants for women, it is also connected to the changes in the inheritance practices. Unlike in the past, if an inheritance case is taken to court these days, the children born out of a non-bridewealth union will be determined to be the beneficiaries of the father and if they are minors, their custody will be given to the side of their father. This, I was told, has led to women wanting children out of non-bridewealth unions, but it also is said to have its other side. If custody over children in court is given to the side of the father automatically, as people say, the side of the mother, who have taken care of the children, remains unrecognized.

[57] See Cory 1953: 23.

[58] The bridegroom is usually responsible for paying the bridewealth of his second and following marriages (Cory 1953: 15).



Picture 4: Wedding preparations

The social consequences of childlessness

The future of an infertile wife is very precarious and she may face a polygamous marriage, divorce, or widowhood without property, and finally in old age, with no one to take care of her, in which case, she is a perfect target for witchcraft suspicions.[59] The social consequences of childlessness or secondary infertility should be understood as a consequence of the descent ideology and local bridewealth practices, and also in terms of the suspicions which rise from a lonely woman without children and grandchildren to take care of her.

Raising other people's children is not a solution for most of the problems faced by infertile women. Most married infertile women bring up their husband's children from other marriages and they can rely on their help as well as on the help of their co-wives' children. I never met a family in Isaka in which there were no children, and in all the families I knew, at least some of the children in the family were considered to have been fathered by the husband, as men have ways to give proof of their reproductive capabilities (see also Gijsels et al. 2001: 214-215). I heard about married Christian couples who did not have children of their own, in which the husband did not have other wives and had not, because of Church rules I was told, divorced

[59] Stroeken (2000: 120) '… the wife's outsidership never fully disappears. Problems such as infertility and divorce reintroduce her status as ng'winga.'

his spouse. These men were all priests, preachers, or other Church officials, and usually raised their relative's children.

Polygamy and Divorce[60]

Divorce and polygamy are common, but not automatic consequences of a woman's childlessness (see also Mgalla & Boerma 2001: 196, 215-216).[61]

> Mama Yoseph had been married to her husband for over ten years, but they did not have any children together, even though they were living with her husband's children from his previous marriages and his marriage with mama Yoseph's junior co-wife, whom her husband had married because of her childlessness. I met her for the first time in 1998, and one day she told me how no one could guess that some of the children in the homestead were not hers by birth. Moreover, she said, it did not matter to her or to anyone else. Yet, everyone in the neighborhood knew about her childlessness. She was a respected and liked woman in her neighborhood, and people were sorry for her. However, the fact that her husband had not already divorced her amazed people and her future prospects were speculated upon in the following way:
>
> That woman, she is very sad. You can see, they have plenty of wealth, but she does not have a child there. Her husband has children, **but she works there** [for her husband] **for nothing, just to eat and to fill her stomach**. The day the husband dies, they [his relatives] will drive her away, and she will leave without even a shilling. You [she] can think otherwise [but…].[62] (Emphasis mine).
>
> Mzee Yoseph divorced his wife in 2000, and she had returned to live with her father. According to neighborhood gossip, the cause of the divorce was witchcraft accusations made by mzee Yoseph's new wife, whose first child had been taken ill soon after its birth.

[60] For customary reasons of divorce and for divorce as a consequence of infertility for the Sukuma see Cory (1953: 58-81, 25-34, 74-5). In the Nyamwezi case infertility is not a sufficient legal cause for divorce (Abrahams 1981: 99; Cory 1955a: 32).

[61] Whyte (1997: 56) mentions for the Nyole of Uganda that if a woman is barren or has very few children the husband usually gets a second wife.

[62] Swa. *Hata huyu mama anasikitika kabisa. Unaona wana mali nyingi, lakini hana mtoto pale. Mwanaume ana watoto, anaonekana anafanya kazi ya bure pale. Ni kula tu, kushibisha tumbo lake. Siku mwanaume akifa, wanamfukuza, anatoka bila ya hata shilingi hii moja. Labda wewe una imani tu.*

Permanent infertility is not a diagnosis that a childless woman will easily accept, however, and women spend years trying to find a cure for their problem. Such attempts, if not successful, usually often lead to a divorce or to a polygamous marriage.

> Mama Zawadi, i.e. the mother of Zawadi, had been in a childless marriage for several years, before her husband divorced her in the mid 1990s. She told me that her husband had taken her to 15 different diviner-healers, none of whom were able to help her with the problem. Finally, the husband had decided that he had spent enough on his wife and divorced her. Soon after, this woman was remarried to a man who took her once again to a diviner-healer and the cause of her infertility was divined to be her ancestors on her mother's side. The required offering of a live sheep was made and the woman gave birth to a child and named her Zawadi, 'a gift'. In the conversation I had with her, she never doubted her first husband's fertility.

The situation seems to be slightly different in families where male infertility seems to be the probable cause of childlessness, that is, in families where there are several wives and no children. However, in such situations, men are often said to have borne children outside of the bridewealth marriage. The situation is also different if the childless wife has a steady income, as was the case with one of my diviner-healer informants. A divorce and polygamy is not only a problem for permanently infertile women but also for those who have become infertile even after having children, like in the case of ng'wana Simoni, who did not have children with her second husband. However, in her case, she was not divorced by her husband and neither were his other wives. None of them had any children with him and even though it was never expressed in public, the reason for the husband's patience with the infertile wives most probably had to do with the fact that there was clear evidence that the problem lay with him, not with the wives.

In the case of a childless marriage and divorce, the bridewealth which has been paid for the woman and her reproductive potential has to be returned to the husband and his side. This is an economic burden for the wife's family, especially if she is not remarried (for comparison see Feldman-Savelsberg 2002: 216), which is a possibility as a childless woman is not among the most attractive of future spouses.[63]

[63] Unlike among the Nyole of Uganda (Whyte 1997: 59), the amount of children is counted away from bridewealth in the case of divorce among the Sukuma-Nyamwezi.

Widowhood and Inheritance.
Customarily married Sukuma-Nyamwezi women are entitled to their husband's property only through their children. Divorced or widowed infertile women often face a future without property unless they are able to get a share of their father's or their brother's property, or have their own sources of income. The widows with children, who at least ideally can enjoy the benefits of their late husbands' property through their children, have the option to remain living within the homestead of their husband even if they do not agree to be inherited by his close male relatives (usually brothers, classificatory brothers or especially in the past by their husband's FZS). Unlike the practices connected to the inheritance of descendants, the inheritance situation of childless women has not been affected by the national legislation. I followed closely one case of an infertile woman in Isaka who tried to get a share of her husband's property through the national legal system.

Infertility and inheritance

> This woman's husband had died several months before and the homestead of the deceased had been given to his younger brother, since his children (from other wives) were all minors. This woman had been married to her deceased husband for almost twenty years and was his first wife. When I first talked to her about her situation, she said that she would only need a plot of land from her deceased husband, and continue to live peacefully in the homestead. Her male relatives, however, were of a different opinion and obviously knew more about the national legal system and soon this woman changed her opinion; she would not settle with only a plot of land. Instead, because of her status as a first wife, she wanted the whole homestead and the property of her deceased husband under her name. No one saw any basis for her claim, not even the judge of the local court, because of her childlessness. This woman and her family took the case to Kahama court (invoking the national legislation on inheritance) and the case was not over when I left the field. However, it is very probable that in her case the result in Kahama court would be the same because she was childless and had been married under the customary law.

As in the case of this woman, many childless widows face the future without property and they have to rely on their own relatives for support.

Old age and witchcraft suspicions

Elderly and widowed or divorced women usually live with their grandchildren, who help them with the household tasks, and they are supported by their male children. In the case of childless women it is not certain that there will be any one to support them in their old age. And, even though one has children, it is not certain that they take care of their aging mother. I heard elderly women complain that their sons did not provide for them and this was also stated as a reason for having many children. As I was told, no one can ever tell whether one's children will take care of their aging parents (for a comparison, see Vuorela 1987:179).

I never met an elderly woman who lived alone. Usually they had their grandchildren to live with them, but I met two elderly women who lived together in Isaka without relatives. Both of these women were alleged witches and they lived under the constant suspicion of their neighbors. Everything they did was interpreted in the framework of witchcraft. If they greeted their neighbors cheerfully, it was interpreted as a sign of their attempt to hide their true being, or if they gave their neighbors food as a gift, the food was never consumed by the receivers. If they approached their neighbors for a request of food or something else, they were never denied it, even in the face of a lack of resources, because of fear. Their presence was tolerated and they were not directly accused of any particular case of illness or death, but they were watched over in the neighborhood and they themselves knew about it (for a comparison, see Reid 1969: 57). Like these two women, a woman living alone without her grandchildren or children will easily become a target of witchcraft suspicions. This is true especially for infertile women, because they are seen to have a motive, their envy of children, like in the case of mama Yoseph. And they may face the real consequences of this: direct accusations of witchcraft, ostracism and even witch murders occur from time to time in Isaka and the Sukuma-Nyamwezi area in general (see for example, Mesaki 1993: 200-227; 1994).

Local epidemiology and the available treatments for infertility in Isaka

What is significant about female infertility in Isaka and in the Sukuma-Nyamwezi area in general is that the help-seeking behavior connected to it is almost solely confined to the domain of 'traditional healing' (cf. Inhorn and van Balen 2002: 11) and it can be connected to all possible causal fac-

tors acknowledged by the Sukuma-Nyamwezi lay and specialized medical knowledge. Elders in Isaka say that in the past most persistent illnesses and misfortunes, among them female infertility, were connected to ancestral causation and dealt with through a range of offerings. In the case of female infertility, these offerings were usually made to a woman's matrilineal female ancestors. Today, most chronic and potentially life-threatening illnesses are seen to be caused by witchcraft (s-n. *bulogi*), especially in the form of harmful medicines but also of ancestral manipulation, for which medical treatment and witchcraft removal rituals are used for cures. This shift also characterizes ideas about the sources of female infertility and is clearly visible in the therapeutic practices offered for infertility by local specialists, especially by diviner-healers, who are most commonly approached when there are suspicions of witchcraft.

A Women's problem

Infertility is a women's problem because it is usually connected to women's bodies (cf. Inhorn 1994: 3).[64] The male contribution was also clearly something that would never be suggested in divination, even when childless married couples are divined together. A male diviner-healer, who was not a Sukuma-Nyamwezi himself but had been living in the Central and Western Sukuma-Nyamwezi area since the 1970s, told me that the Sukuma-Nyamwezi would never admit to male causation. However, most women and men in Isaka mentioned to me that even though it was extremely rare, it indeed was possible that the man might be infertile.[65] As my herbalist informant mentioned to me, a man may be born with one seed only and this causes him to be sterile. The major problem with the men, however, was potency for which men sought herbal and other treatments (see also Roth 1996: 239-242).[66] Such suspicions were sometimes expressed in neighborhood gossip, but they never were expressed in public and male infertility was taken care of through other means. It seems that the 'female factor' has become more emphasized during the past decades. The sources from the more Southern areas especially suggest that male infertility/sterility was perceived as a possibility behind a couple's inability to conceive:

[64] Varkevisser (1973: 94) mentions that if a married couple did not have children, the wife was blamed.

[65] The situation seems to be similar to Egypt, where among the urban poor the acceptance of male infertility in theory does not mean that it is accepted in practice (Inhorn 1994: 77).

[66] Another cause of male sterility was said to result from dropping a male baby's umbilical cord on the ground. See also Roth (1996: 238-242) and Mgalla & Boerma (2001: 195-196) for more information on male infertility and problems with potency.

> If a couple has not been able conceive their first child during the first years of their marriage, the husband turns to his own and affinal relatives and they go to see a diviner to consult about the sources of the problem: **whether it originates from the side of the wife or from that of the husband**. When they arrive to the diviner's homestead, the husband gives him a rooster and the men from the side of his wife give him a hen. If, in the divination, the glands of the rooster, which produce semen seem to be normal, it is concluded that the man is capable to procreate. And, if there is something wrong with the ovaries of the hen, the problem is seen to lie on the side of the woman. (Blohm 1933 II: 11). (Emphasis mine).[67]

Most of my informants agreed that a woman can be born 'without eggs' (swa. *hana mayai*) or with 'only one egg', in which case conception is impossible and there is no treatment for this condition.[68] Often no other reason was given for this but the will of God. Permanent and untreatable infertility was also seen to be caused by such powerful witchcraft that it would permanently 'destroy the eggs'. Permanent infertility may also result from the actions of a powerful deceased female member of one's matrilineal kin from one's grandparents' generation and beyond, who had been infertile herself. The name used for these deceased infertile women was *bagumba*, the infertile ones.

The most common cause of treatable female infertility (both primary and secondary) according to most of my specialist informants is a problem called *nzoka ja buhale* ('snakes blocking the conception'),[69] which is connected especially to menstrual pain, but also to abdominal pain and pelvic pain outside menstruation. *Nzoka ja buhale* is seen to cause miscarriages and to prevent conception temporarily, or even permanently, if it is not treated properly.

Another possible cause of infertility, which according to some people is also mentioned to be a possible cause of *nzoka ja buhale,* is witchcraft (s.-n. *bulogi*), either in a form of medicine (feeding and trapping) and/or through

[67] Translated by Michael Vischer.

[68] For other accounts of local interpretations of female infertility see Roth (1996: 225-238, 297-301), who divides the causal factors into spiritual and physical risks to fertility; see also Varkevisser (1973: 94-99).

[69] Stroeken's (2000: 180) translation.

the victim's ancestors, which makes the assault graver and harder to cure.[70] An untreated *nzoka ja buhale* was also seen to cause a problem called *nda ya pinda ngongo* ('a pregnancy that has gone to the back'), which makes the pregnancy disappear after clear signs of pregnancy have already been manifested.[71] This, problem differs from other kinds of female infertility caused by witchcraft, which is seen to destroy or remove the woman's eggs. It is said that a woman gets pregnant and everything is fine during the first months of the pregnancy, but later, often in about the fifth or sixth month of the pregnancy it disappears, i.e. it goes to the back. And, the womb, (the fetus), does not return until proper medicine has been administered. However, most commonly *ya pinda ngongo* was accounted for directly by witchcraft. The cure in witchcraft cases is found in the removal of witchcraft substances from one's body with medicine and/or by a counter-ritual performed in the case of ancestral manipulation.[72]

A woman's matrilineal female ancestor can bring her infertility, in which case the cure is most commonly found in an offering of a live sheep, provided by the woman's mother's brother to the particular ancestor. Alternatively, if the woman is a devout Christian (especially if she is a member of Protestant or Pentecostal congregations) or if there is no money to organize the ceremony, only medical treatment offered by herbalists may be used (cf. Varkevisser 1973: 98). The diviner-healers and most people I talked with about this do not see it as sufficient therapy, however.[73]

Infertility may also be a sign of one's ancestor's wish for its' descendant to join a secret society of which the ancestor had been a member in the past. The most common of such secret societies in the Isaka area, and the one most commonly connected to female infertility, was a secret society called Buswezi. Jinn-spirits were also seen as a possible cause of infertility, not

[70] I use the word witchcraft here to refer to the use of malevolent medicine as well as ancestral manipulation, for which the Sukuma-Nyamwezi use the word *bulogi*. This translation is common in the literature on the Sukuma-Nyamwezi. Unlike in Wijsen's case (1993: 81), my informants did not make a distinction between sorcerers and witches.

[71] See Roth (1996: 297-309) for more on *ya pinda ngongo*.

[72] What is interesting about *ya pinda ngongo*, is that Varkevisser (1973: 103) discusses it as a consequence of the use of traditional contraceptive medicines, not by someone else, a witch, but by the pregnant woman herself. Thus, this practice has been connected to situations of unwanted pregnancies. No such usage was mentioned to me. Instead other abortive medicines were mentioned which, however, were judged by most people as 'witchcraft' practiced by the woman on her unborn child.

[73] Wijsen and Tanner (2000: 72) mention that infertility in the Sukuma area is commonly connected to a woman's patrilineage or that of her husband. The information I have contradicts this as the ancestors troubling women through infertility are usually female and from the side of their mother.

only for Muslims but for Christians and 'ordinary Sukuma-Nyamwezi', as non-practicing Sukuma and Nyamwezi like to call themselves.[74] The treatment for Buswezi includes initiation into the society and jinn-related infertility can be treated by either exorcism or by establishing a relationship with the spirit through sacrifice.

A curse (s-n. *izumo*) also was seen as a possible cause of infertility.[75] This kind of curse is given by a woman's close relatives and can only be lifted through words; it gets its power from the ancestors, unlike a 'Swahili curse' (*laana*), which was said to be caused and removed by medicine. However, even though *izumo* was acknowledged as a possibility, it was only mentioned after I asked about it straightforwardly. A woman's mother or father, even grandparents and FZ (s-n. *sengi*) are seen to have the ability to curse, but this was seen to take place very rarely. Such suspicions and accusations were not actually uncommon, especially those which were connected to elderly female relatives, but they were perceived and talked about in terms of witchcraft, *bulogi*. This means that the moral justification and motivations behind the curse were considered highly questionable and the act itself as malevolent.

In addition to the causal factors mentioned above, which were generally agreed upon by each of my informants, one of my Traditional Birth Attendant (TBA) informants, mentioned that too many thoughts (swa. *mawazo*) can make a woman unable to conceive, which she saw as the reason behind most of the women's problems with having children. Unlike the diviner-healers, both TBAs also mentioned that an abnormal position of a woman's cervix, *ngongo,* 'back' (s.-n. *-telelu ngongo;* swa. *mgongo/ndomo uko upande*) can prevent her from conceiving.[76] This can be easily fixed with a hand by a specialist like them, but additional medication with *nengo* may also be needed. This is because the problem can be caused by *nzoka ja buhale*, which has become chronic, or by sexually transmitted diseases. Sexually transmitted diseases (s-n. *bunyolo*, swa. *magonjwa ya zinaa*), especially gonorrhea and syphilis, were generally considered as a possible cause of infertility, even though only two of my specialist informants mentioned them as such. They are generally not talked about directly, and some spe-

[74] I was once present in a divination séance in which a non-Muslim and non-Swahili speaking woman was possessed by jinn-spirits. Whyte (1997: 47) also mentions for the Nyole of Uganda that jinn-spirits may affect non-Muslims

[75] See Varkevisser (1973: 48) for *kuzuma*, to curse, and Tanner (1958a: 60-61), who mentions that a mother's curse is more powerful than that of the father.

[76] *Mgongo* = back; *ndomo* = mouth.

cialists referred to them as *michango*, which are transmitted through sex. My herbalist informant, for example, mentioned that such *mchango*s, like *ja buhale* could affect the position of a woman's cervix (swa. *mgongo uko upande*; 'back is on one side'). Symptomatic STDs are generally seen to be best treated with biomedicine, but the diviner-healers and herbalists treat the consequences of STDs, especially those of gonorrhea, which is seen to destroy a woman's eggs. Most of the specialists did not refer directly to STDs, but mentioned that they have the medicine to cleanse (swa. *-safisha*) a woman's eggs. Even though some of the characteristic symptoms of *ja buhale* could be connected to STDs, no such connection was made. Only one of my male diviner-healer informants, who was most direct about STDs, mentioned that *ja buhal*e could be caused by STDs, but at the same time he made it clear that *ja buhale* and other *nzoka*s which have to do with reproductive health are a different thing from STDs.

Diagnosis and treatment

The causes of women's infertility and the required treatments for it, whether primary or secondary, are thus perceived somewhat differently depending on the specialists treating them. Among my main informants there were one herbalist/Traditional Birth Attendant (TBA, swa. *mkunga wa jadi*), one Traditional Birth Attendant and four diviner-healers (s-n. *bafumu)* as well as three mid-wives working within government health care. All of them had experience in dealing with women who had suffered from impaired fertility.

Both of the female traditional birth attendants, like the ten or so other TBAs working in Isaka under the traditional midwifery license, had gained their position through at least some training in biomedical midwifery, which however does not usually include any training in female reproductive problems. However, both of the TBAs I worked with used medicinal treatment for reproductive problems; one used herbal treatments and the other used biomedical treatments.[77] The main difference between the services offered by the diviner-healers and the herbalists is that help-seeking today in the case of reproductive problems in most cases starts with the herbalists. However, if no cure is found with them, the next step is to approach a diviner-healer, who makes inquiries about the nature of the problem and the treatments needed in divination and then either treats the patient him/herself or refers her to another specialist.

[77] She gave out contraceptive pills, which after they are taken and then stopped, makes a woman pregnant easier.

The scarcity of biomedical options[78]

The colonial regime of the British was concerned about the increasing prevalence of STDs in the Sukuma-Nyamwezi area and there was concern for the sterility it causes (Kahama Epidemiological Survey: 144). In addition, they were interested in establishing Maternity and Child Welfare clinics (the closest one to Isaka being one in Kahama 40 kilometers away) and in the 1930s there was a person called Dr. Firebairn stationed in Tinde, who took care of the complicated births in the chiefdoms close to Tinde, namely Lohumbo and Usanda (Maternity and Child Welfare – Tabora Province: 55; 69-70) (Isaka is not mentioned), but he did not take care of the problems with infertility and there is nothing in the records that mentions any interest in dealing with the problem of infertility.[79]

In present-day Isaka biomedicine wasn't usually seen as an option for female or male reproductive problems. A major reason for this is that at the ward and the district level no such treatments were offered within government health care, except for the treatment of sexually transmitted infections, which seems to be the case in many other parts of the non-Western world (cf. Inhorn & van Balen 2002: 10; Sundby 2002: 252). The Sexually Transmitted Infections mentioned by the dispensary staff were *gonorrhea* and *syphilis*, which were seen to be as common in the villages as in the centre of Isaka and it was pointed out that if these are left untreated, the result could be infertility.

In Isaka I was told that there was treatment available at the Kahama hospital, which is located 40 kilometers away from Isaka, mainly by their gynecologist. However, at this district hospital, at the Mother Child Health-section, I was told that no treatments were available in the hospital for women or men suffering from impaired fertility.[80] The same applies at the government dispensary in Isaka, only with lesser resources and lesser diagnostic means because of the lack of laboratory testing, to my knowledge, at least during my field period. There were many undiagnosed cases of both female

[78] See Wijsen & Tanner (2000: 43-47) for a discussion on the failure of western medicine in the Sukuma area.

[79] See Roth (1996: 92-106) for a detailed discussion of women's and children's welfare during the British colonial period.

[80] Infertility ranks low in priority compared to maternal morbidity, complicated deliveries and HIV/AIDS, etc. (cf. Sundby 2002: 252, 255).

and male STDs as a result.[81] For things other than curing STD's, it would be necessary to send the patient to a gynecologist and the closest available one on the government side was said to be in Mwanza, 250 kilometers away from Isaka. Alternatively, gynecologists could be found at the private hospitals such as the Kolandoto mission hospital (African Inland Church) in Shinyanga or Itigi (Pentecostal). In these hospitals (which were closer than the Mwanza hospital) I was told by a government mid-wife, both fallopian tube operations as well as hormonal treatments are available. A similar situation is common throughout sub-Saharan Africa (see for example Mayaud 2001: 94; Sundby 2002: 249).[82]

When I asked about the usage of biomedical options from a government dispensary worker in Isaka during the first weeks of my stay in 2001, she replied that people indeed were using them, because as she said, the Sukuma would do anything to have children. She told me that even if the expenses in the private facilities were high, it would not matter to people in the villages because they own large herds of cattle, which they would sell without hesitation in order to get children. I did hear a few stories about some women in Isaka who had been treated with biomedical treatments, some successfully, while others had been told that no treatment would bring them help. All of them were from the station area and were wives of fairly successful businessmen or people with government positions, along with the wife of a local reverend. I did not personally meet anyone who had gone through the treatments and it is my impression that most women would not consider a biomedical treatment as a realistic or meaningful possibility. Even though this is related to the fact that the services are distant and expensive, it has more to do with the fact that female infertility and other reproductive problems are seen to be best treated by the local herbalists and diviner-healers. This has to do with ideas about their causation.

Price alone is not the reason for the choice to use traditional specialists, although I was told by the government midwives in Isaka that the infertility treatments are expensive in private hospitals. For example, the hormonal treatment was estimated to cost around 30 000 Tsh, not including travel, lodging and food expenses. These costs can more than double because the

[81] Varkevisser's (1973: 99-100) data shows that some women, those with most education, who experienced problems with their fertility, sought help primarily within biomedical health care. Unfortunately, Varkevisser is not more specific about the kind of treatments that were available at the time.

[82] Sundby (2002: 249) describes the situation in Zimbabwe and Gambia by claiming that not only is biomedical care difficult to get, but also difficult to get to.

patient needs someone to take care of her while she is treated. In Isaka people's wealth in cattle was not so visible because the owners of large herds of cattle keep them in more suitable areas for herding. However, if necessary, they do not hesitate to sell their cattle and use the money for hospital treatment. If this is not done -- especially in the case of reproductive problems -- money spent on reproductive problems is not seen as a worthwhile expenditure. Moreover, the treatment costs for infertility at a local diviner-healer or herbalist can also be significant. For example, one of my healer informants mentioned that the combined treatment for the abnormal position of *ngongo* (cervix) and *nzoka ja buhale* would cost 6500 Tsh. If the treatment proves successful, a payment of a cow or a bull is made to the practitioner depending on the sex of the child born with her medicine, as in all the cases of successful infertility treatments. The expenses for the treatment of a witchcraft-related problem would be much higher because of the nature of the medicines used, and especially, if counter-medicines are asked for. Failure to finish the payments is generally seen to make the medicine and treatments useless. The major difference between the costs of the local and the biomedical treatment is, as people often point out, that with local healers, the majority of the payments are due only if the treatment is successful unlike in the hospital, where you have to pay even if the treatment fails.

The women I knew, who were either childless or had suffered from impaired fertility, have not looked for any biomedical treatment, with the exception of some of them having been treated for STDs in the Isaka dispensary.[83] Of course, exceptions can be found in Isaka, like the wife of one of the shop-keepers, who according to gossip, went to Nkinga hospital and was told that her uterus was abnormally small and that she could never have any children. Or, like two other women I heard about, who had gone to private health facilities and had been given hormonal treatments and then became pregnant.

The lack of resources and lack of interest for treating infertile men and women within the government health care seems to go hand in hand with the dominant development discourse in Tanzania (to some extent global),

[83] The 'hierarchy' of dispensaries and hospitals in terms of trustworthiness and availability of medicines and treatments from the perspective of the majority of people in Isaka in 2001 from the bottom up: Dispensaries in Isaka: Isaka private dispensary; Isaka government dispensary; Isaka Lutheran dispensary (many would not consider this because of relatively high costs); Private dispensaries: Kagongwa dispensary; Mission dispensary in Mpera; Hospitals: Kahama (gov.) hospital, Shinyanga hospital (AIC), Nzega mission hospital, Mwanza (gov.), Nginga mission hospital; Muhimbili government hospital in Dar es Salaam, KCMC Lutheran hospital in Moshi.

which connects poverty with overpopulation, and overpopulation with women's lack of education and knowledge about family planning. The scarcity of biomedical options is, however, something, which should and could be fairly easily fixed, as Sundby (2002: 257) suggests, especially at the very local level of care, at the dispensary level.

Herbalists: *Nengonengo duhu*

A woman in her 80s worked as a midwife in her homestead with the help of her grandchildren.[84] In addition to midwifery, which she had learned from Kolandoto mission hospital, she specialized in traditional reproductive medicine also, for which she was at least as famous for as for her midwifery skills. In 2001, she was mostly treating people with her medicines, because her old age did not allow her to deliver more than a couple of babies every month, and most of these deliveries were those of her close neighbors and relatives. However, every week a good number of customers came after her reproductive medicines: women with their menstrual problems and difficulties in conception as well as men with potency problems. This woman's mother had been a healer, an herbalist, from whom she had learned a great variety of medicines and treatments, especially for reproductive problems.[85] And, like her mother, she recognized the support of her ancestors, whom she saw as the source of all her knowledge and skills in traditional medicine. The presence of ancestors was clear in the main building of her homestead, where she kept a bee nest for them, from which she collected ancestral honey for her medicines. The woman described to me how she makes inquiries about her patients' problems.

> Bibi Yona: First you'll see if her back[86] [swa. *mgongo* =uterine cervix; s-n *ngongo*] is all right. If it is, you only give her medicine. But, if you

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[84] She had become acquainted with biomedical midwifery in her youth, during the colonial period, when her parents had sent her to get training in midwifery in the Kolandoto mission hospital in Shinyanga. After she got married she left her job, but when her husband died in the mid-1990s, she went back to it, but now under the title of a traditional midwife, working from her home. The other traditional midwife, on the other hand, had been trained as a traditional midwife both by her father's sister, who was a well-known TBA, and by the government midwifery teaching. She did not claim to have knowledge of traditional fertility medicines, but she passed them on to her customers who needed them from two of her relatives, who were specialists in medicine. She also recommended traditional specialists to her clients in need.

[85] See Reid (1969: 96) about 'lay practitioners' like bibi Yona among the Sukuma.

[86] Back (s-n. *ngongo*) is a term also used of the kin on the side of the mother, the side of the right; the kin on the side of the father, the side of the left, is *buta*, bow.

> see that it is not, if it is 'shoti' [~not in a right position, swa. *iko shoti*], you'll start treating her back [uterine cervix], you'll straighten it, and then you'll give her medicine.
>
> Reea: Where does it come from, the problem with the back?
>
> Bibi Yona: It is just '*shoti*', the waist aches, because the back is on one side.[87]

The inspection and correction of *mgongo*, back, or *ndomo*, mouth, both words which this woman used to refer to a woman's cervix, is something that bibi Yona had learned from her Western teachers at the Kolandoto mission hospital during the 1940s. She told me that every time a woman comes in for medicine, she starts with the inspection of the *mgongo*. If nothing is wrong with it, she suspects *ja buhale* and administers an fertility medicine, *nengo,* to the woman.

After the treatment for *ja buhale* is over, she said, most women will give birth to a good number of children, more than most, with no further problems. However, the treatment does not always succeed and she had the knowledge to take it further. She said that if the medicine for *ja buhale* did not work, the problem would be caused either by a woman's ancestors or witchcraft, in which case the treatments and medicines used would be different. For both ancestor and witchcraft-related problems, bibi Yona would take her patient to a crossroads at night. The patient should undress and, following instructions, the patient would prepare herself a bath with medicine. After bathing, the patient should get up and leave the crossroads without glancing back, because the treatment would have no effect if she did.

In addition to the herbalists like bibi Yona, many – if not most – adult women know about some herbal medicine for reproductive problems. The knowledge of these people can vary from one or two medicines such as roots, which can relieve menstrual pain or ease conception, to an extensive knowledge of reproductive medicine and treatments (and other afflictions as well). However, people usually turn to others, and preferably to recognized specialists, to obtain the medicine rather than to use their own. This

[87] *Swa. Kwanza unaomwona kama mgongo uko sawa, kama uko sawa, unampa dawa tu. Lakini ukiona mgogo uko shorti unaanza kutibu mgongo, mpaka uunyoshe, ndiyo unampa dawa sasa. Wanakunywa. Ile shida ya mgongo unatokea wapi? Utakuwa shorti tu, inaumwaga kiuno. Shauri ya mogogo uko upande.*

is because the medicines from home are seen to be less effective (if effective at all) than the medicines obtained from elsewhere.

Diviner-Healers: ancestral knowledge

Unlike the herbalists, the diviner-healers are seen to excel in their work because of their ancestors who have preceded them in the work and from whom they get the capabilities and knowledge needed. The ancestors give the diviner-healers the ability to see or 'read' the patients' problems through divination, and to guide the proper course for the treatments. The ancestral influence is very visible, for example, during divination séances, in which the diviners speak with the voice of all the parties involved in the particular illness episode: with that of the patient and that of the causal agent, the witch, and depending on the kind of method used, even with foreign spirits, such as jinns (cf. Stroeken 2000: 338, 339). Likewise, the knowledge of the medicines they use and the efficacy of their treatments are seen to come from their ancestors through dreams and possession.

This kind of knowledge is seen to be necessary especially in the case of illnesses and misfortunes that are caused by ancestors and witchcraft. Even though the herbalists do treat such problems, medicines alone are generally not seen as a sufficient treatment for them. Moreover, the herbalists are seen to lack the ability to diagnose such problems, to see what lies behind the mere symptoms (Hinkkanen 1999; Stroeken 2004). This view is not shared by everyone, but most people would agree with the diviner-healers who emphasize that, unlike the herbalist's knowledge, their methods of divination and healing are trustworthy and scientific (swa. *kitaalamu*) because of the ancestral source of it.

The herbalists would not fully agree with these notions. They recognize the limitations of their abilities, but they, like the female herbalist, point out that their medical knowledge is also derived from their ancestors (see Tanner 1967: 43). And, even though they do not divine, they have other methods of finding out what the problems of their customers are all about: their experienced eyes, ears and hands and the medical treatments they use do bring relief to their patients' problems. Not all people feel they can visit diviner-healers. For example, a number of Christian denominations such as African Inland Church and the Pentecostal churches[88] do not allow their members to visit diviner-healers or to be divined. For these people, some of whom however visit diviners in secret, the herbalists offer treatments which

[88] Pentecostal Church and Assemblies of God.

do not go against their religious affiliation (for comparison see Whyte 1997: 30). These men and women, like everyone else in the Sukuma-Nyamwezi area, consider ancestors and witches as possible agents of misfortune, and often see themselves as probable victims of both. This has to do with the distance they have chosen in relation to their ancestors as well as (in many cases) their relatively comfortable position in the society, which attracts the envy of those who are not doing as well as they are and of those who consider themselves as potential beneficiaries of their wealth.

The treatments offered by Sukuma-Nyamwezi diviner-healers differ with respect to the symptoms and causal agent behind the affliction. And usually, the guidelines for the treatment are presented already in the divination itself.[89] The details of the treatment, its estimated costs and ways to manage them, are discussed and negotiated after the divination is over in an informal conversation between the customers and the diviner-healer. The diviner-healer can direct the customer directly or at any later point during the treatment to another specialist, either a biomedical practitioner or another healer, if he/she thinks that his expertise is not sufficient for the particular case. However, diviner-healers themselves say that the fact that a customer comes to be divined means that his or her ideas about the cause and treatment of the problems do not coincide with biomedical options. Their customers usually connect their problems to witchcraft or, more rarely, to ancestors or (foreign) spirits (mainly jinn) and they want these causal factors to be considered in their treatment.

I worked closely with four diviner-healers in 2001-02, three of whom I already knew well from my previous visit to Isaka in 1997-98. They were all in their late forties or older, three of them were male and two female. The methods and specialties of several diviner-healers in Isaka have been discussed at length in my master's thesis (Hinkkanen 1999: 66-81). Every one of these four diviner-healers both divined and treated their patients, but their methods of divination and the treatments that they were most famous for varied. None of them was specialized in treating infertility and other reproductive problems, but all of them diagnosed and treated such cases, especially one of them, whose specialty was *samba* medicines, which are used in attracting renown and the attention of other people. She was famous for her medicine for attracting marriage partners for both men and women, but especially women.

[89] For description of divination séances see Hinkkanen (1999: 70-81); Stroeken (2004); Tanner (1969: 280-2).

Conclusion

Infertility is a problem for individual women because of the local marriage practices, descent ideology, and notions about the continuity of life (ancestorhood). These local notions and valuations go against the prevailing development discourse in Tanzania and beyond, which connects underdevelopment to the 'hyperfertility' of the population (Inhorn 1994: 23; van Balen & Inhorn 2002: 6-7). The more educated and the more independent the woman is, the more inclined she is to agree with modern family planning methods, and the number of her children may be lower than those women who do not share her background. However, primary and subsequent fertility are both a problem for all women, because even the more educated women will rarely settle with less than three children. Like in Sub-Saharan Africa in general (Feldman-Savelsberg 2002: 215; Sundby 2002: 247), infertility in Tanzania and in the district of Kahama, where Isaka is located, remains an unrecognized public health problem and the women suffering from it largely get their support from the domain of traditional healing. Infertility is also a problem in Isaka in a new way and this is connected to infertility causation and the increase in secondary infertility caused by sexually transmitted diseases.

In the following chapter I will look into infertility causation and into the changes that have taken place in them during the past decades. Infertility is a women's problem because it is almost solely connected to female bodies.

3
INFERTILITY CAUSATION: THE LOGIC OF *NZOKA JA BUHALE*

Infertility is a problem for Sukuma-Nyamwezi women in Isaka today because of prevailing and emerging ideas about infertility causation. Changing notions of infertility causation can be understood as cultural responses to the epidemiological and social situation in Isaka. Much like the concerns of the Bangangté of Cameroon over women's fertility, they reflect a worry over social reproduction (see Feldman-Savelsberg 1999) and over the continuity of life in the Sukuma-Nyamwezi way. In comparison to the old ethnographic accounts from the beginning of the 20th century and even in more recent accounts, there seem to be two major differences in ideas about the causation of procreative failures. Firstly, even though male causation in Isaka was acknowledged as a possibility, it was seen as an extremely rare occurrence. It was also clearly something which could be suspected in the neighborhood gossip but never brought out in public or suggested in divination, unlike in the Southern parts of the Sukuma-Nyamwezi area during the pre-colonial and colonial era (see Blohm 1933 II: 11; Bösch 1930: 449; Brandström 1990b: 174). The same applies to the Nyole of Uganda (Whyte 1997: 18), for example, and to many other African societies (see Inhorn 1994: 3; Inhorn & van Balen 2002:19). This situation seems to be connected to a second change that has taken place in ideas about infertility causation and illness causation in general, which could be characterized as a shift from ancestral causation to other causal factors, and with it, to an emphasis on women's infertility.

Through his analysis of the ethnographic material provided by the early missionaries (see Blohm 1933; Bösch 1930; Millroth 1965; Tanner 1959), Serge Tcherkézoff (1985: 60) has discussed how in the early 20th century Nyamwezi ideas about illness and misfortune were unified. As much as well-being (*mhola*) - health, prosperity and fertility - was seen to be derived from familial ancestors, illnesses were perceived as failures in *mhola* caused by ancestral interference (see also Brandström 1990b). Accordingly, the

practices of diviner-healers, divination and healing, were based on the same values and constituted 'a single and unique route'. The therapeutic practices were aimed at what Tcherkézoff has called the 'domestication of the dead' through consecrations and sacrifices to ancestors (see also Tanner 1958a: 52; Varkevisser 1973: 95-98 for ancestor caused infertility).

In comparison, *nzoka ja buhale* ('snakes blocking the conception')[90] and witchcraft were considered to be the two major sources of female infertility in Isaka in 2001-02. Most people in Isaka - women, men, specialists and non-specialists alike - agreed that the most common cause of female infertility these days was *nzoka ja buhale*, which was often characterized as 'just an illness', but was seen to have various potential causal factors especially by the specialists in medicine. Both *nzoka ja buhale* and witchcraft, the latter of which was seen to be one of the potential causes of *nzoka ja buhale* and a separate causal factor of female infertility, are treatable through medicinal means. This shift was also affirmed by female elders and male elders in Isaka, who told me that in their youth most cases of female infertility were connected to women's matrilineal ancestors (see also Tanner 1967: 17).[91] This was so even though other possible sources like *nzoka ja buhale*, witchcraft, the breaking of the sexual prohibitions (*miiko*), and a curse (*izumo*) were acknowledged. In 1969, Reid (1969: 190, 228) mentioned that sterility, abortion, and difficult labours were frequently perceived as caused by ancestral intervention.

Christopher Taylor (1992) has analyzed transformations in Rwandan therapeutic practices through the cosmological notions about the importance of the proper flows and blockages of fluids such as rain, blood and liquid foods in the reproduction of the society. The imagery of the flow of these 'fecundating fluids', he claims, has persisted from Rwandan divine kingship (which was abolished in 1975), into the popular healing of the 1990s with significant transformations. These Taylor connects to the commoditization of Rwandan society, to Christian/Catholic and Western individualistic influences, and to biomedicine (ibid. 10). The commodification of the society, he argues, was visible in the healing practices and ideas about illness causation in the 1990s. This was especially clear within one of the healing cults in Southern Rwanda in the transition of ideas about illness causation from witchcraft accusations to suffering because of one's own witchcraft desires.

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[90] Stroeken's (2000: 180) translation.

[91] Reid (1969: 78) mentions that during her fieldwork period in the late 1960s, male impotence and female sterility were frequently attributed to ancestors. She also mentions that a person's *nzoka* can affect a person's fertility.

According to Taylor (1992: 175ff), this cult was attractive to people whose lives were significantly shaped by the commodity logic, but who still felt 'subject to the moral constraints of the gift logic' (ibid. 188). While Taylor's analysis centers on the consequences of the transformation from gift to capitalist society, he also addresses these changes in terms of the increasing influence of Western individualism on a holistic cosmology (1994:3-4). 'Cosmomorphic circulation' is a characteristic of holistic cosmologies (cf. Barraud et al. 1994: 106) and these notions have largely persisted in Rwandan therapeutics despite major transformations in ideas about illness causation. Even though the Rwandan healing cults of the 1990s helped people to live by commodity logic, the therapeutic practices still largely affirmed 'the importance of an unblocked body' (Taylor 1992: 199).

In this chapter I pursue the understanding of the underlying logic and the logic of change (cf. Augé 1985; Taylor 1992) in the ideas about infertility causation, through the ideas about the causation of *nzoka ja buhale*. This will offer insights into the problem of women's infertility in Isaka, into the ways ideas about illness change, and more generally into the concerns of the people in Isaka at the turn of the twenty-first century, which will be addressed in the chapters to come. Very much like the Rwandan ideas about illness causation and therapies, the Sukuma-Nyamwezi notions about *nzoka ja buhale* and its treatment, and infertility and illness causation in general, reflect major transformations. Interestingly, both the emphasis on female causation as well as the increase in *nzoka ja buhale*, seem to parallel the assumed, but not statistically demonstrated, epidemiology of female infertility in Isaka, that is the increase in (often secondary) infertility caused by sexually transmitted or other infections in the female reproductive tract.[92] The connection of STDs to infertility in general was something that was not explicitly stated to me in Isaka. This may be due to the fact that I never asked my specialist informants about them directly. The STDs are mainly beyond the scope of this study even though studying them from the local perspective would be a significant contribution to the study of infertility in the Sukuma-Nyamwezi area.[93] *Nzoka ja buhale* was also perceived differently by differently positioned individuals. While the specialists – diviner-healers and herbalists – connected the recent increase in *ja buhale* to women's increasing promiscuity, the majority of women of reproductive age did not

[92] The increase in witchcraft related infertility parallels the change which has taken place in all ideas about the causation of illnesses.

[93] For information about STDs and local healers in Sukuma area, see Pool & Washija (2001: 241-255).

make such connections, but saw *buhale* as something a woman gets during her birth from her mother or from witchcraft. And, even though *nzoka ja buhale* was perceived to be transmitted (swa. *kuambukizwa*) through sex, especially by specialists treating reproductive problems, it was not generally seen to be connected to the sexually transmitted diseases. Only one of my diviner-healer informants mentioned that *nzoka ja buhale* can be caused by syphilis and gonorrhoea. Through the present-day notions about *nzoka ja buhale* and through the structure of the process of determining the causes of infertility, this chapter lays out some of the central changes and continuities in these ideas and, through them, points to some of the major concerns of the people in Isaka in 2001-02. Before describing the case of mama Maria, which will introduce the concept of *nzoka ja buhale,* I will present an account of the propitiation ceremonies to matrilineal ancestors in the case of infertility, in order for the reader to appreciate the changes which have taken place in notions of infertility causation.

Offering a sheep to matrilineal ancestors

> Ng'wana Kashinje: If she was late in giving birth she goes to a diviner-healer to see [to be divined]. He/She [diviner-healer] says that there is a relative of her, those ancestors they have held her in order for her not to give birth. Now, it is needed now that they go now the relatives to a diviner-healer, who goes to do what, to propitiate. They go to make *maholelo* [s-n. offerings] there at the door. They sit there at the door. The one who makes the medicine sits there at the door, like this one here [pointing to the door way].[94]
>
> Reea: And the one who has difficulties in conceiving she also sits at the door?
>
> Ng'wana Kashinje: She sits at the door. They put beads on her or they put others in her hands. Or, else a sheep. Or, sheep, they bring a sheep. They wash it with water. They have put water in a thing and they put

[94] *Swa. Kama alichelewa kuzaa anakwenda pengine kwa mganga kuangalia. Anasema kuna ndugu yake ile mamizimu yale, yamemkamata asizae. Sasa inatakiwa sasa waende sasa wandugu mganga zake ndiyo anakwenda kumfanya nini, kuhoja. Wanakwenda kutengeneza maholelo hapo mlangoni pale. Wanakaa hapo kwenye mlango. Yule anayemtengenezea hii dawa anakaa kwenye mlongo kama hapa.*

> medicine into the water. They just know it [medicine] themselves. They start to wash the sheep, they wash it with this [right] hand. For the ancestors of that side. On the right side [the side of the mother]. Then she starts to wash it and there is also cow's fat or that of the sheep. They smear it [on the sheep]. Now then they make offerings [s-n. *kuhoja*], *Ee wanahoja* [ee, they make offerings, they placate].[95]

In the past the offering of a live sheep to the ancestors as described to me by ng'wana Kashinje, who had experienced it herself, was the most common form of dealing with ancestors who held the child back. This sheep is called *maholelo*, the name for all living and non-living offerings to ancestors, and more specifically, a *nholo ya kifujo*. The live sheep are always offered to female matrilineal ancestors. As one of my informants said, the female ancestors on the side of the mother 'do not want blood [shed]'. This sheep was and is usually offered by the mother's brother of the afflicted woman because he is the one who received a sheep as a part of the bridewealth received by the woman's relatives for this exact purpose. The offering, as described by ng'wana Kashinje, takes place at the doorstep of the house that belongs to the family of the afflicted woman. Thus, she always goes to her own relatives for such offerings. The ancestors afflicting the women are usually from the side of their mother, from the side of the right as ng'wana Kashinje put it, which is played out in the washing of the sheep with the right hand. The sheep itself is not killed, but it is supposed to live with the woman and to follow her anywhere she goes. I heard stories of sheep following the women to the places where they fetch water and eating from the same plate as the women did. These offerings still take place, but have been on the decline for decades as new causes of infertility have taken precedence and because the most common cause of infertility today is *nzoka ja buhale.*

[95] *Swa. Anakaa mlangoni. Wanamwekea usahanga au wanamwekea mwingine mikono. Au pengine kondoo. Au kondoo wanaileta kondoo hiyo. Wanaiosha na maji Wameshaweka maji kwenye kitukitu tu wanaweka na maji na dawa tu nyingine, wanajua tu wenyewe. Wanaanza kuoshea kondoo wanaioshea kwa mkono huu. Kwa mizimu ya huku. Upande wa kulia. Halafu anaanza kuioshea, anaioshea na mafuta yapo ya ng'ombe awe ya kondoo mafuta. Ndiyo wanaipaka. Ndiyo sasa wanahoja. Ee, wanahoja.*

Interpreting symptoms

Mama Maria's case

Mama Maria, a woman in her early 30s and a mother of five children, was taken ill in January 2002. I had been away from Isaka and upon returning home, I heard about her illness from her sister-in-law, and went to pay her a visit.

Mama Maria told me that for some time now **she had felt weak in the mornings and had had occasional fever. In her stomach, she said, she felt grumbling (swa. *vuruguvurugu*) like snakes moving wildly. She had had menstrual problems and she was bleeding more than usual.** Because of the problems with her period, she had used medicine prepared by her sister-in-law for *nzoka ja buhale*, and it had helped her for a while. However, a week earlier, her condition had suddenly become worse and she had been unable to walk. Her husband had gone to find a car to take her to a health station in Kagongwa, about 20 kilometres from Isaka, where she had spent three days on an IV drip. She had felt better and returned home, but soon after the problems had started again. **She had begun to shiver, her head had hurt and her heart was pounding (swa. *kushtuka*).** She had gone to Kahama hospital, where they had checked her heart and lungs. She had no fever and they had told her that nothing was wrong with her. Despite the diagnosis, she had been given some pills, but she had not been told what the medicine was for. Using them had not helped her, and she had thrown them away.

Two days later I went to see mama Maria again. I met her drinking milk with her children. She smiled at me and told me that she had begun to feel better. *Bado lakini*, 'but, not yet', she said, letting me know that she had not yet fully recovered. **Her feet had started to trouble her**, and she showed me how they were swollen. She had been given some medicine for them by a neighborhood healer and it had helped some. She lowered her voice and told me that **she had started to suspect witchcraft**; someone in the neighborhood must have trapped her (swa. *kutega*) with medicine.

A week later I met mama Maria sleeping under a tree. She got up to greet me. **Every part of her body, she said, was aching: her feet, her**

waist, the other side of her lungs and her head. Also her throat felt tight (swa. *kubana*). Three days earlier, she said, her husband had taken a hen along, and had gone to consult a diviner in the neighboring ward of Lohumbo. The diviner had seen everything. He had seen how the illness had troubled her for quite a while, and how it had **spread in her body**. He had also seen that she had been treated with strong medicine, which, however, had not cured her. This is because she had been bewitched through both trapping and feeding (swa. *kulishwa*). Mama Maria connected the trapping to her swollen feet, and the grumbling in her stomach to the medicine, which had been fed to her. The diviner-healer had said that she would not get pregnant now, and even if she would, she would just miscarry. She had been given new medicine, two kinds. They were beginning to help her, but because the illness had troubled her for so long, the specialist had said that recovery also might take some time. 'If the medicine will not help me', mama Maria said, 'I will die'.

The next time I visited mama Maria, her health had not improved, on the contrary. She felt miserable and I could tell that her whole family was very worried now. **She was menstruating almost all the time, and had only short breaks of a day or two in-between. She had fever again, and her lower back was hurting. Urinating, she said, was painful, but there was no blood in the urine.**[96] She was convinced, however, that the medicine was working; it would just take a while, because she had been sick so long. Relapses like this, she said, could be expected.

Some days later, I saw mama Maria's sister-in-law, who told me that mama Maria's health still was not good. Her husband had gone to a couple of other diviners for consultations and started to bring medicine for his wife from a diviner-healer working in the Nzega district, about five kilometres from Isaka center. His divination, this woman told me, had been the most accurate one. The new medicines, I was told, were to remove the witchcraft substances from her body and to treat *ja buhale*. But, the medicines did not help, and mama Maria's condition got worse. Finally, she was taken to stay with the diviner-healer who had prescribed the medicine. She was still there when I left Isaka in March 2002. (Emphasis mine).

[96] Blood in the urine is usually connected to bilharziasis.

Symptoms and causal factors: Specialists' perspectives

The specialists in Isaka explained the characteristic symptoms and consequences of *nzoka ja buhale* in the following ways:

> (diviner-healer/female/50):
> It prevents conception. A woman may have become pregnant. She miscarries, and does not feel good.
>
> (herbalist/female/80):
> When you reach your days [menstruation], it really hurts. And there is medicine. It is made and she drinks it. It helps with the pain. When the pain eases, and she has her period again, if God is willing, she will get many children.
>
> (diviner-healer/female/45):
> It is a dragging/hauling that one can feel in ones stomach and waist. She can feel/have strong menstrual pain, strong urine, only little faeces. When the menstruation stops, you have become white, because of blood loss. Before using medicine, the sick person cannot have children, but when cured, she will have many.

Nzoka ja buhale often manifests itself already during a girl's adolescence as menstrual problems. A woman may also get *ja buhale* in her later life, in which case the symptoms are similar. Any pain during the menstrual cycle is a reason for concern, and an indication of *ja buhale*. As ng'wana Shija mentioned, before medical treatment, the woman will not be able to conceive or carry a pregnancy to term.

Nzoka ja buhale is only one of the many kinds of *nzoka*s, 'snakes', which are connected to health problems of women, men and children, all of which are recognizable through their specific symptoms.[97] Similar concepts as the *nzoka* of the Sukuma-Nyamwezi are generally familiar to people around Tanzania and East Africa (see for example Davies 1992: 381; and Reid 1969: 69 for the Sukuma-Nyamwezi) and the Swahili word, *mchango*, is used in Tanzania as an umbrella term for these ideas; the ideas about *nzoka* disorders have been and are influenced by other similar ideas. Sukuma-Nyamwezi are famous for their medicine throughout Tanzania and many herbalists/

[97] For other descriptions and discussions of different *nzoka*s, see Reid (1982: 131-2); Pool & Washija (2001: 244-6) and Stroeken (2000: 180-1).

healers make their living by selling their own medicine in market places in different parts of Tanzania. They describe the different *mchango*s and/ or their characteristic symptoms which their medicines can treat in large advertisement boards. The concepts of *mchango* and *nzoka* overlap when people translate ideas into Swahili and they use the term *mchango* for all *nzoka* disorders. Yet, people maintain that there is a difference between the two. What is significant is that *nzoka*s are seen to be treatable only with 'traditional' medicine.

The most common *nzoka* disorder is probably *nzoka ja mu nda*, 'snake of the stomach' (~swa. *mchango wa tumbo*) which is often referred to as ordinary *nzoka*, and was seen to be caused by the consumption of dirty water or food, for example, and to manifest itself through all kinds of stomach problems (see Reid 1982: 131). In addition to *ja buhale* some other *nzoka*s have to do with female reproductive problems, like *nzoka ja ihuzi* and *nzoka ja kukinda*, both of which were seen to cause miscarriages. *Nzoka ja kukinda* was connected to sharp, piercing pain (swa. *kuchoma)* in the woman's lower back or 'feminine parts', which causes the foetus to abort. Some specialists saw *nzoka ja ihuzi* as a woman's problem, which a woman inherits from her matrilineal female kin, while others mentioned that it could also harm men's potency.[98] Some people also connected these two *nzoka*s to an untreated *nzoka ja buhale*.[99]

A mother's *ja buhale* can lead to a possibly lethal infants' illness called *nzoka ja hantwe*, 'snakes in the head'. *Ja ha ntwe* was seen to cause stomach problems, restlessness and fever convulsions, which may lead to the infant's death. Some people used the Swahili word *degedege* interchangeably with *ja hantwe,* but mentioned that *degedege* is only connected to infants' fits and fever convulsions. Others saw *degedege* as a 'Swahili' disorder caused by witchcraft and as an altogether different thing from *ja ha ntwe*. Male *nzoka*, i.e. *nzoka ja kigoosha*, was usually translated in Swahili as *mishipa,* 'hernia', and it was connected to male impotency (swa. *uhanithi*). Only bibi Yona, a mid-wife/herbalist, mentioned that if a man has the male *nzoka* his testicles rise up, and this can cause the man to have only one seed, in which case '**his wife** cannot have children' (emphasis mine). The Swahili equiva-

[98] One woman mentioned that it was originally a Sumbwa prohibition for pregnant women. *Ihuzi,* she said, means 'to kill' in Sumbwa and if a pregnant woman sees a *kajenje* bird while pregnant, she will miscarry.

[99] Others connected these two *nzoka*s to *nzoka ja buhale* and to menstrual pain, which can cause miscarriages, and some said that they come from one's kin, usually from the side of the mother.

lent to *nzoka*, *mchango*, was also generally used for sexually transmitted diseases, which people characterized in Swahili as the *mchango*s, which are transmitted in relationships between women and men.[100] This connection was not made with the concept of *nzoka ja buhale*, however, which was always kept strictly separate from sexually transmitted diseases (see also Roth 1996: 236).

The following description of the symptoms of *ja buhale* differ from the accounts of the other specialists.

> (Diviner-healer/m/55):
> It [*nzoka ya* buhale] burns inside the stomach, in the female parts. The eggs are removed [because of it].

Like the others, this man also connected *ja buhale* to menstrual pain and mentioned that if untreated, such symptoms can become chronic (swa. *kukomaa*), which may, or may not show bodily symptoms such as pelvic pain and pain in the lower back. If untreated, all the specialists mentioned, the symptoms of *ja buhale* will usually shift from menstrual problems to pelvic pain and to the feeling of something moving inside the stomach, and it will become chronic [swa. *kukomaa*]. This may lead to a woman's permanent infertility. However, as the two female specialists emphasized, if the treatment is not late, the cured woman will have more children than most.

There were some significant differences in the ideas of the four diviner-healers and two midwives in the ideas about the sources of *ja buhale*. While all of them perceived *nzoka ja buhale* as the most common cause of female infertility, the female specialists emphasized that in most cases it is something that a woman is born with, if her mother has had it. This is so even if the *ja buhale* of the mother has been treated successfully. Such a child usually gets *nzoka ja ha ntwe*, 'snakes in the head', as an infant. *Ja ha ntwe* is potentially lethal to the child, but like *ja buhale*, it is considered to be easy to treat with the right medicine. However, even though an infant's *ja hantwe* is taken care with medicine, it may, or usually does, resurface again in adult women in the form of menstrual problems, i.e. as *nzoka ja buhale*.

A herbalist (female/80) perceived *ja buhale* mainly as something which a woman is born with, and even though she mentioned that it can be caused

[100] The official term in Swahili for sexually transmitted diseases is *magonjwa ya zinaa*, i.e. 'illnesses of adultery'.

by a woman's promiscuous behavior, she saw that in most cases a woman does not contribute to it in any way herself:

> Herbalist (f/80): This problem [*ja buhale*], it really bothers people.
>
> Reea: How does one get it?
>
> Herbalist (f/80): By spending time [swa. *kutembea* = to wander, roam, walk; here: to have sex] with many men, but not that much. The *mchango* of women can become when only as a child, when she reaches her first period. Now, when has she been with men? It is just a *mchango*. And the medicine is one, herbal medicine [swa. *dawa ya miti*], she drinks it and she gets better. If the treatment is late, it will be hard for her to get well.[101]

This woman said that *ja buhale* is 'just an illness' (s-n. *busatu duhu*), which some women have and others do not. Even though she mentioned that a woman can get *ja buhale* by sleeping with many men, she emphasized that most women get it because of their childhood *nzoka ja ha ntwe*, that is, from their mother. However, she connected young women's sexual behavior to the recent increase in young women's infertility in Isaka. In the following, she is referring both to the consequences of STDs and *ja buhale* on women's' fertility:

> Now, others like to walk with men a lot, and reproductive matters [swa. *uzazi*] they put aside. Now, when she tries to get pregnant, she will get problems, because she has paid no attention to it [*uzazi*]. There are many [women], many come to see me in one week, five. When one comes she goes to tell the others. She forgot it [*uzazi*] aside for a while and did some harm to it. Now she comes to get treated.[102]

---

[101] *Swa. Kwa kutembea na wanaume, lakini sio sana. Ule mchango wa akina mama unaanza hata mtoto, akifikisha tarehe tu. Sasa ametembea sana na wanaume wapi? Ni mchango tu. Dawa ni moja tu. Dawa ya mti anakunywa ana pona. Kuchelewa kutibiwa. Kupona kwake shida.*

[102] *Swa. Sasa wengine wanapenda sana kutembea na wanaume, sasa uzazi wanaweka nyuma. Sasa akija kufuatilia uzazi, atahangaika, kwa sababu kuusahau kabisa. Wako wengi, mimi hapa wanakujaga wengi, kwa wiki moja,. watano., Akija moja anakwenda kuwaambia wengine. Aliusahau kwanza kidogo, alishauharibu kidogo. Ndiyo anakuja kutibiwa.*

Three diviner-healers (m/55, m/60 and f/50) also made the connection between sexual contacts and *ja buhale* and explained it to me in terms of 'contraction' (swa. *kuambukizwa*). While the emphasis in their explanations was always on women's promiscuity and its consequences on their own fertility, all of them explicitly mentioned that if a woman slept with a man (including her husband) who had a male *nzoka* (*nzoka ja kigoosha*), the woman would contract *ja buhale* from him.

All of the specialists agreed that *ja buhale* or its characteristic symptoms could also be caused by witchcraft, whether through feeding malevolent medicine or trapping the victim with it. Like in the case of other potential causal factors of *ja buhale*, witchcraft related *ja buhale* was seen also to be something that would be transmitted to the woman's child in birth, even if it had been treated. One diviner-healer (f/45), however, mentioned that witchcraft was usually just a woman's pretext: 'one can always say blame it on witchcraft, but it is only women's promiscuity.' Unlike the other specialists, this female specialist perceived the connection between *ja buhale* and sexual contacts in terms of 'mixing [male] blood', which was generally seen to be the cause of other reproductive problems such as *kusangilija,* which causes difficulties in labor, and *mako*, which is seen to affect the health of infants, both of which point to a woman's contribution only. In addition, a female diviner-healer (50) mentioned that a woman's matrilineal ancestors also could cause *ja buhale.* All the other specialists and lay people (mostly women) I talked with, however, denied such a possibility. They maintained that while ancestors can close up a woman's reproductive potential (swa. *-funga uzazi*), this would not take place through or as *ja buhale.*[103]

A male diviner-healer (55) was the only one of my informants who made a connection between *nzoka ja buhale* and STDs. According to him, *nzoka ja buhale* could be caused by untreated STDs. Like other diviner-healers I worked with, he saw that *ja buhale* affected a woman's fertility by 'removing/displacing the eggs' (swa. *mayai yanatoka*), that is the ovaries of the woman, which could be returned by the usage of medicine. In comparison, sexually transmitted diseases (s-n. *bunyolo*; swa. *magonjwa ya zinaa*) - gonorrhoea (swa. *kisonono*) and syphilis (swa. *kaswende*) – and witchcraft, were seen by him to harm/destroy (swa. *-haribu*) the eggs and the medicine was needed to cleanse (swa. *-safisha*) them. However, there was nothing left to be done if the medicine used in witchcraft was particularly strong or if *ja buhale* and

[103] Cf. Stroeken (2000: 180-1), who writes of the Northern Sukuma area, that *ja buhale* is connected to ancestral presence in the female body and is taken care of by sacrifices to maternal ancestors.

STDs went untreated for a long time. In such a case the woman will remain infertile for the rest of her life.

The female herbalist (80), who was probably the most experienced in the treatment of reproductive problems both because of her old age and because reproductive problems were her specialty, mentioned that *ja buhale* could also cause the 'pregnancy, which has gone to the back' (s-n. *nda ya pinda ngongo*), which the other specialists connected to witchcraft in the form of fed medicine only. She also connected the problem with the abnormal position of a woman's cervix (s-n. *ngongo*) to an untreated *ja buhale*, and to other *mchango*s, with which she referred to other *nzoka*s such as *nzoka ja kukinda* and *nzoka ja ihuzi*, which are seen to affect a woman's reproductive health, but also to sexually transmitted diseases. Thus, in such cases, the treatment for both *ya pinda ngongo* and *gwatelelu ngongo* (i.e. 'back/cervix, which is on one side'), would require the treatment of *ja buhale* (or the possible other *mchango*), after which, as she always remembered to point out, the woman will have more children than an average woman.

Nzoka ja buhale requires a specific kind of fertility medicine, *nengo*, for the cure. These medicines can be bought from people who sell medicine at the weekly market, but often women turn to a knowledgeable female relative or to herbalists. A diviner-healer can also be consulted for the symptoms, but they are more difficult to approach, and women married with bridewealth should never consult a diviner without their husband or at least their husband's consent. Married women should not preferably consult an herbalist either, but they are more easily approachable. Moreover, even though an untreated *ja buhale* is seen to have potentially very serious consequences, it is considered to be easily treatable. A diviner-healer would be consulted only after the medicinal treatment has failed, or the symptoms suggest that something more serious, usually witchcraft, might be behind the problems, like in the case of mama Maria. In such a case, the witchcraft substances need to be removed from the victim's body through medicinal treatments after which, medicine for *ja buhale* is used. The treatments for witchcraft related illnesses always end in the healer making scarifications on the patients' body into which protective medicine (s-n. *lukago*), is put, and in a prayer to the ancestors for their future protection.

Today, women usually seek treatment for the symptoms of *ja buhale* alone from herbalists like ng'wana Yona or other women who know them. However, two of the diviner-healers mentioned that both the husband and the wife are treated together. One diviner-healer (m/50) mentioned that this is done if the husband's promiscuous behavior is seen to be the cause of the

problem. Yet, even if this is the case, the man is treated only for one day, while the woman continues using the medicine until she conceives. In addition, this specialist told me how he always advises both the woman and the man not to sleep around in the future. Unlike this man, a female diviner-healer (f/55) mentioned that if a couple comes to get divined together, both of them are always treated together, and that the treatment for the man is for one day only.

Everyone has their own kind of medicine and even though I am familiar with some of the ingredients used, I have an agreement with my informants that I do not give out the ingredients. Medical knowledge is secret knowledge, something handed down to the specialists from their ancestors and it should not be given out without proper payments. If it is, the medicine is seen to lose its power. The healers are also aware of the present-day interest in 'traditional medicine' as a potential cure for HIV/AIDS and other illnesses and they do not want to give out such knowledge without any gain.

Table 1: Specialists' perspectives on nzoka ja buhale and infertility causation

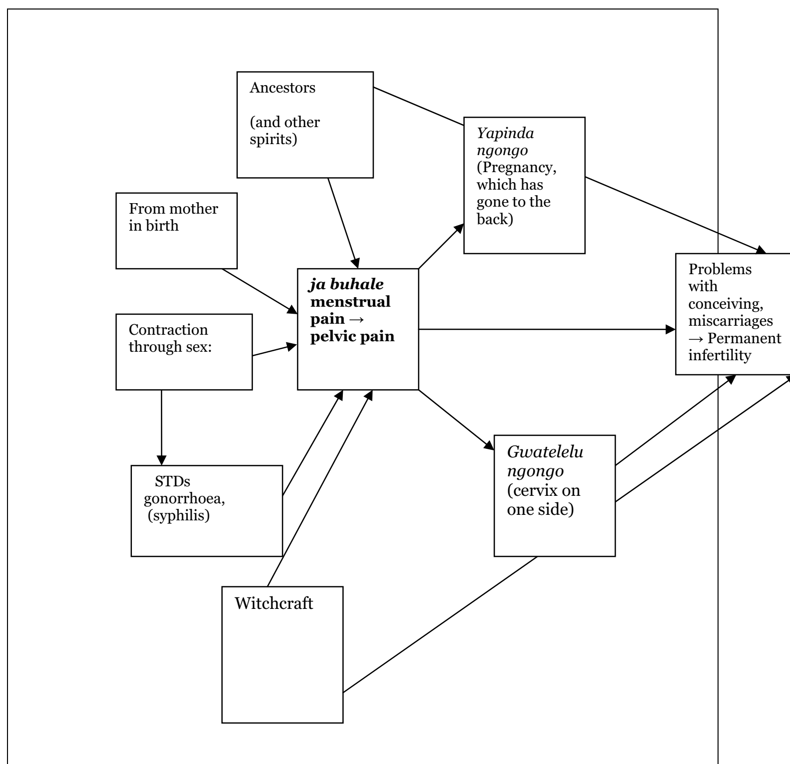

Table II: Some specialists' perspectives on nzoka ja buhale

	Cause	**Symptoms/consequences/treatments, other remarks**
f/80; herbalist	• sleeping with many men, contraction • something a woman is born with	• Pre-menstrual pain • May lead to infertility, treatment with nengo (two kinds) and after successful treatment more children than most.
f/50; traditional birth attendant	• Something that a woman is born with	• Menstrual pain and problems with getting pregnant
f/55; diviner-healer	• Something that a woman may be born with, from having a childhood nzoka ja ha ntwe • Sleeping with many men • ancestors • witchcraft	• Woman's eggs disappear because of ja buhale, and she cannot give birth. One needs to drink medicine (two kinds) urinate and then the eggs start to come back. Both man and woman treated together. • In the case of ancestral causation a dedication of sheep to maternal ancestors needed and if the cause of ja buhale is in witchcraft, different medicines should be used.
f/45; diviner-healer	• Sleeping with many men (mixing blood) • Something that a woman may be born with • Witchcraft	• Pre-menstrual pain, strong urine and little faeces. • Treatable with medicine and when cured, more children than most.
m/50; diviner-healer	• Transmitted through sexual relationships with other men or from one's husband who has had other women. • Something that a woman may born with • Caused by STDs • Witchcraft	• Pain in the abdomen and female parts. • Eggs disappear causing infertility • Both man and wife are given medicine and told not to continue to have sexual relations with others.
male/60; diviner-healer	• Contracted/transmitted through sex from other men or one's husband who have a nzoka • From one's mother at birth	• Woman's eggs are destroyed • Black medicine needed
f/45, dispensary mid-wife	• Something that a woman is born with	• Menstrual pain, if untreated may lead to infertility

What is a nzoka? From ancestral presence to just an illness

When I asked my informants, both specialists and lay people, about the nature of *nzoka,* the answers always referred to the symptoms of the different types of *nzoka* afflictions. *Ja buhale* was talked about as certain interrelated symptoms and as 'just an illness' (s-n. *busatu duhu;* swa. *marahdi tu*). It (as well as other *nzoka*s) was perceived as something which some people had from birth and others did not, and which could be transmitted in birth, contracted through sex, or brought about by malevolent medicine. The presence of a snake or snakes of any kind in the human body was denied by all of my specialist informants, but the progressive movements of the different *nzoka*s in the human body were described carefully. For example, in the case of *nzoka ja ha ntwe,* the child gets stomach problems, vomits (swa. – *tapika*) and cries (swa. *-lialia*) a lot. Without proper medicine the *nzoka* progresses in the child's body from the stomach, where it causes problems, up towards the head. The child will suffer from fever convulsions and die as the *nzoka* reaches the head, and the beating of the fontanel ceases. Witchcraft substances are said to spread in the body in a similar fashion (see Stroeken 2000: 334), and *ja hantwe* can be caused by medicine also, which however, is often seen to be fed to the child's mother even before she was pregnant (i.e., *ja buhale*). Unlike in the case of a child, the beating of the fontanel in an adult's head is a certain sign of witchcraft and of the threat of death caused by malevolent medicine.

The concept of *nzoka* and the *nzoka*-related illnesses have been interpreted in various ways by different researchers in different times. The way the people themselves describe *nzoka*-related illnesses as 'just illnesses', and the way they are treatable through (traditional) medicinal means, has led some researchers to perceive them in terms of 'natural causation'. Marlene Reid (1982: 31-32), whose material is from the 1960s from the Northern Sukuma area, presents *nzoka* as something that each person is born with. A *nzoka*, she writes, is a thing within the human body which reacts to outside influences, whether it is food, drink, cold weather, etc. The particular *nzoka* of the person either agrees to or reacts against such influences, and in the latter case the *nzoka* causes different kinds of ailments in a person's body. Reid mentions that if a person listens to his or her *nzoka,* illnesses can be avoided. If illnesses should surface, they need to be treated with medicines according to the nature of the particular *nzoka* the person has. Others have connected *nzoka*s to both natural (menstrual problems) and spiritual (witchcraft, mixing blood) causation, in the way Roth (1996: 229-238) dis-

cusses ideas about *mchango*-related infertility in Shinyanga. In addition she discusses the ideas connected to *nzoka ja buhale* (Roth 2001: 231) and mentions that it is caused by a woman's or by a man's promiscuity (1996: 236).[104]

Koenraad Stroeken (2000: 180-1) links *nzoka ja buhale* to ancestral causation. Stroeken introduces the ten different kinds of *nzoka*s that he came across as both the particular symptoms felt in the body and the ancestral presence within it.[105] In his description *ja buhale*, and female infertility in general, is connected to maternal ancestors, and treated accordingly, with the dedication of a live sheep (*ng'holo ya kifuho*) to them. Pool & Washija (2001: 245; see also Mgalla & Boerma 2001: 191) on the other hand, interpret the *nzoka* in more abstract terms: 'Although people describe *mchango* or *nzoka* in realistic terms (as a snakelike creature that lives in each person's abdomen), it is more likely to be seen as a metaphor for the balance between health and disease than as a living creature' (Pool & Washija ibid.: 245).

The connection to 'natural causation' was already made by father Bösch (1930: 449-450) in the early twentieth century, and he discusses 'natural ways to fight infertility' in the following way:

> This medicine is made by a healer, who knows which root to use in the particular case in question. The healer calls **both parties, the husband and the wife,** to his homestead and the wife brings a certain vessel, ***nsuha*,** with her for the medicine as well as a hoe and two bracelets made of white beads. These bracelets are brought in order to make the medicine strong and 'white'. When the woman comes, she sets the vessel on the ground on top of the hoe. She is given medicine (*irujo*) that makes her vomit in order to cleanse her body. Then the medicine is set in between the wife and the husband and the man starts preparing the medicine, takes some of it and puts it into a calabash and the wife continues the work. The healer then gives the wife two roots from one tree and asks her to tie them together with a rope made of a *mhoja* string. The woman then ties the one bracelet onto the healer's wrist and

[104] Ideas about illness causation can vary even within single societies. While the other *mchango* is central in Roth's (1996; 2001) analysis, the *nzoka ja buhale* was central in my field data.

[105] According to Stroeken's informants in all snake-afflictions caused by ancestors, the most common locus of the snake is 1) in the stomach (ja m u nda), 2) in the head (ja ha ntwe) 3) in the chest; 4) in men (child's testicles have not descended) 5) in the tongue, 6) in biting 7) filarial lymphangitis 8) in the womb (ja buhale) 9) in diarrhoea and 10) in the kidneys (Stroeken 2000: 348).

> the other one to the calabash. Then the healer adds some water into the calabash. He shakes it and tells the woman that she needs to **drink the medicine until it will cure her.** The couple goes home, where the woman **puts the medicine under their bed** and when it runs out, the healer brings more. **After the woman has conceived, the rest of the medicine should be saved until the baby is born and used to protect the child from colic**.[106] The rest of the medicine is thrown away by the healer. (Emphasis mine).[107]

In the material edited by Blohm (1933 II: 11) there is an example about the divination and treatment of a couple's problem with having children, in which case the treatment was restricted to the administration of medicine and strong advice was given to the woman for her future sexual behavior:

> The diviner then advises the husband and the woman's relatives to tell the wife that **she should no longer betray her husband** and that they should go to another specialist for medicine. The husband and the wife then go to another diviner-healer, who, after hearing about the nature of their problem, **gives them medicine in a calabash, which they are supposed to drink at home.** When, after the treatment, the woman gets pregnant she is told **not to have relations with men**, because **that which moves, *npuka mu nda*, would get angry and destroy the life.** (Emphasis mine).[108]

Blohm's material connects the *nzoka* to the breaking of prohibitions which concern pregnant wives. The link, which is made between the woman's problems with conceiving and betraying her husband in the beginning of the account, most probably does not refer to the consequences of a woman's adultery on her fertility, or at least not in the form of breaking a sexual prohibition. This is because in other parts of the ethnographic account (Blohm 1933 II: 7), it is mentioned that women's adultery is not considered to break a prohibition (s-n. *ngilo*) unless she is pregnant. Thus, it is more likely that the healer in question was referring to the usage of medicines which prevent pregnancy.

[106] Colic: cf. *nzoka ja ha ntwe.*

[107] Transl. by Katri Helminen.

[108] Transl. by Dr. Michael Vischer and Hanna Hinkkanen.

The variety in the interpretations of the *nzoka* related illnesses are not only connected to different ethnographic settings and different time periods, but also to the researcher's own classification attempts, which (more or less implicitly) reflect Western notions about rationality and irrationality, about the relation between cause and effect, and subject and object, which do not apply to holistic cosmologies like that of the Sukuma-Nyamwezi (Barraud et al. 1994: 1-6).

Even though the distinction between natural and spiritual/supernatural causation springs from the local concept of 'just illnesses', and from the fact that *nzoka ja buhale* is often treatable by medicinal means only, it limits the understanding of the concept of *nzoka* and *nzoka* related illnesses. As Marc Augé (1985: 6) has pointed out, such a classification is based on Western ideas about the relation between cause and effect and it directs attention away form the cultural whole in relation to which ideas and practices connected to illness should be considered. Moreover, in Isaka 'just an illness' was used to imply many different kinds of illnesses and causal factors. It could refer to illnesses that are seen to be treated best with biomedical substances, like adult malaria or STDs, of which everyone was familiar and which were connected to reproductive problems especially by younger people. Moreover, 'just illness' can be used in cases when the ideas about the actual cause are not willingly shared with others. This was often the case with illnesses that were connected to witchcraft, with no hesitancy about the causal factor or often even the malevolent person behind the illness, which may or many not have been detected in divination.

Sergé Tcherkézoff's (1985) analysis of Nyamwezi illness experience and therapeutic practices in the early twentieth century offers the possibility to make sense of these conflicting views, and offers insights into the logic of change and continuity in the ideas. Tcherkézoff looks into the ancestral causation of illness and the therapeutic practices connected to it as an essential part of the relationship that the Nyamwezi have with their ancestors, and claims that the unity of the sacrificial practices (*kuhoja*) is found in the Nyamwezi conception of the soul (*moyo, ng'holo*, *nzoka ja mu nda*), which links the living and the ancestors (ibid. 59; Millroth 1965: 113-115).

Berta Millroth (1965: 113; cf. Tanner 1959: 110) has laid out what she calls the Sukuma 'doctrine of the soul'. Referring to earlier sources, she writes that 'The Sukuma speak of the soul of a living person as *moyo*, that is, the principle of life.' The soul, the heart, is maintained by breath, which is in every part of the body, and comes inside the heart when a man dies. In the Southern parts of Sukumaland, she continues, people talk about *nzoka ja*

mu nda, the snake of the stomach' and when someone is lethally ill, but the death takes a long while, it is said that the *nzoka* has difficulties in leaving the body (Millroth 1965: 113). Tcherkézoff (1985: 61) adds to Millroth's description the way the souls of the deceased are seen to take a material form in snakes: pythons (*sato*, royal ancestors), spitting cobras and puff-adders, which come from the ground to wander among the living.[109]

Tcherkézoff's (1985) analysis is restricted to the illnesses and therapeutic practices which are directly caused by ancestors and dealt with through sacrifices, which may take many forms, but of which Tcherkézoff talks about as 'the domestication of the dead' and 'the expulsion of illness/evil'. With regard to the blood sacrifices, he writes that the heart (s-n. *moyo*) and the soul (s-n. *myuye*) are about the same principle of life, which fuse in death and they are related to the blood in the body, because as Blohm's informant mentioned, *moyo* is everywhere where there is the beating of the pulse. In sickness the heart is attacked first and then 'the soul diminishes'.

Even though Tcherkézoff's analysis does not take into account illness causation caused by factors other than ancestors, I claim that, much of it remains in present-day ideas and practices connected to not only *nzoka ja buhale*, but to the ideas about infertility and illness and health in general. This is so even though direct ancestral causation, and interconnected therapeutic practices such as the offering of the sheep, have largely been replaced by other causal factors, and today *nzoka ja buhale* and other *nzoka*s are not essentially about ancestral presence in the human body for most people in Isaka.

The herbalist (f/80) hinted at something while we were discussing the children's' illness, *nzoka ja ha ntwe*, which is seen to be caused by its mother's *ja buhale,* the symptoms of which are convulsions and the ceasing of the beating in the infants fontanel. What is it then, I asked her that beats or does not beat in the child's head? She glanced at me, as if I was not too sane, and said, 'It is our well-being (swa. *uzima*), is it not?'

The descriptions from the past, from the Nyamwezi area, do not point directly to such connections. But, what my material, combined with Stroeken's material from the mid 1990s and the old ethnographic material from

[109] In this case they (souls of the dead) were seen to occasionally enter the bodies of people in the form of a 'breath of air' (*lyaga*), causing illness, even death**.** Comment: People in Isaka did not connect the ideas about the 'breath of the air' to ancestors. However, during the time of the year when measles, which is called *lyaga*, wind, is thought to spread in the air, protective medicine was placed above the doors in many homesteads in the villages. Also, whirlwinds are connected to witchcraft, which are seen to paralyze people.

Blohm and Bösch clearly show, is that whatever the changes in the ideas about *ja buhale* are, they are not simply about a change from ancestral to 'natural causation'.

From symptoms to diagnosis

When people in Isaka talk about their own health problems, about those of their relatives and friends, or gossip about someone's illness in the neighborhood, there are two things that characterize these talks. Firstly, symptoms get a lot of attention. When one visits a sick friend, relative or neighbor, the sick person gives a detailed description of her/his symptoms as a part of the greetings (cf. Stroeken 2000: 113), for example, lack of joy and appetite and whether or not she/he has fever. The visitor will also get a performative description of any pain, discomfort or other significant symptoms which the patient is experiencing and how these symptoms have progressed in the body: usually, especially in case of serious and persistent illness, from the legs or stomach upwards towards the heart/soul.

Biomedicine is seen to divine (s-n. *kulagula*; swa. *kuagua*) through laboratory testing, while diviners use their ancestors (s-n. *masamva*) for measuring (swa. *vipimo*) (Hinkkanen 1999: 121-123).[110] The diviner, with his/her ancestors, is seen to have an access to the real, to the truth (Stroeken 2000: 319,321,326; 2004) about the causation of the particular illness or misfortune and the necessary remedies, like biomedical specialists through measuring. However, people often consult other diviners to make sure that the outcome of the divination is credible.[111] Both ways, ancestral (swa. *kijadi*) and biomedical (swa. *kihospitali, kizungu*), are seen to have their limitations, but the limitations of the biomedical methods are generally acknowledged to be greater. This is because the diviner-healers are seen to be able to divine and treat 'ordinary illnesses' (s-n. *busatu duhu;* swa. *magonjwa ya kawaida*), even though many of these – unlike *nzoka*-related illnesses – are

[110] There is a wide range of possible divination methods ranging from chicken divination to divination in spirit possession, which in the Isaka area is often combined with the usage of divination objects called *mhigi.* A particular diviner's repertoire is usually connected with the secret societies that she or he belongs to. For descriptions of the divination methods see Hinkkanen (1999: 66-70; Stroeken 2000: 315-370; 2004).

[111] The divinations offered by local specialists cannot be characterized as a dialogue between the customer and the diviner-healer (Hinkkanen 1999: 30-33, 66-81; Stroeken 2004) like among the Nyole of Uganda (Whyte 1997: 67-70), for example. The verbal part played by the customer during the divination séance is generally minimal.

generally perceived to be best diagnosed and treated by biomedicine. But, 'they cannot measure witchcraft in a hospital', people say. I have heard numerous stories about a patient going to the hospital, where she or he has been measured thoroughly, but nothing has been found. Yet, the patient feels that something is wrong, often something moving and spreading in his/her body and slowly making the patient weaker and weaker. Such cases, however, are not automatically connected to witchcraft. Yet, even though certainty and truth about causation can only be found in divination, the symptoms do give indications (or raise questions) about the possible causal factors or agents. This was the case with mama Maria's illness.

All of the specialists I talked to explicitly mentioned that it was possible that a woman gets *ja buhale* from her husband, who has slept with another woman, who has had a *nzoka*. However, the emphasis was always on women's promiscuity and the female specialist (age 45) connected *ja buhale* to women's promiscuity only, to 'mixing [male] blood'.

Unlike the other specialists, a midwife (age 45), who works within the government health care sector and a traditional birth attendant (age 45) who has learned reproductive medicine from her female relative, connected *ja buhale* to menstrual pain only. The other symptoms such as pelvic pain, and 'something moving inside the stomach', which the other specialists saw as possible symptoms of *ja buhale* or of chronic *ja buhale,* the government midwife connected to the consequences of STDs and the traditional midwife to either *nzoka ja mu nda* (snakes in the stomach), or to witchcraft, that is to malevolent medicines which have been fed (s-n. *–lishiwa*; swa. *lishwa*) to a woman. The non-specialist women – young, middle-aged and old - with whom I talked about *ja buhale*, generally shared similar views with these two specialists, depending on their background. Most of them did not connect *ja buhale* to sexual contacts.

Even though mama Maria's worries and help-seeking did not centre on her inability to conceive, her story is a good example of the interpretation of symptoms and help-seeking behavior in the case of *ja buhale* -- or any other illness or misfortune for that matter. In principle, it follows a pattern which is common not only throughout sub-Saharan Africa (Whyte 1999: 25-28; Davies 1992: 383-4) but throughout the world.

The symptoms, which can be connected to *ja buhale*, are tied to causal factors and agents loosely and therefore, they can lead the thought of the afflicted and her family in several different directions. The significant thing in the case of *ja buhale* is that, if there are no reasons for witchcraft suspicions and the treatment with medicine works, the causal factor is not relevant for

the treatment; the exact same medicine (of which every specialist has their own version) is seen to work for *ja buhale*, whether it was contracted in sexual contact or something that the woman has been born with. Thus, in this respect, it is the symptoms which matter and determine the treatment needed and herbalists do not need any knowledge about its causation. The same applies to diviner-healers in the case of an 'ordinary *nzoka ja buhale*', even though they are not usually approached for it because their expertise is seen to lie elsewhere.

This, however, does not mean that the causal factor is irrelevant or that people – the woman with *ja buhale*, her relatives, friends and neighbors (if they know about it) and the herbalist treating her - do not speculate about the causation of the symptoms. The connection, which is made between menstrual pain and its chronic version, which is manifested as pelvic pain, allows not only the connection to *ja buhale* and to its possible causal factors, but also to sexually transmitted diseases.

Every adult in Isaka is aware of STDs, but not necessarily about the connection to female infertility. The biomedical practitioners in Isaka mentioned that most people are aware of the connection, especially younger women. People are generally familiar with syphilis and gonorrhoea, which are only diagnosed by their symptoms, even at the local dispensary. This means that many STD cases go unnoticed and can cause serious damage, even permanent infertility, to a woman without ever showing any secondary symptoms or symptoms which are generally connected to STDs like vaginal discharge. Most of the specialists I worked with were aware of the connection between STDs and female infertility but only one diviner-healer (m/50) expressed this directly; in addition to *ja buhale*, he saw gonorrhoea and syphilis as other major causes of female infertility in Isaka today. The herbalist did not talk about the connection directly, and referred to STDs as *mchango*s, which the women get from sleeping around, which she could treat. Like the herbalist, the female specialist (45) mentioned that she could treat women's eggs if they have been harmed because of her sexual misconducts, with which she was referring to STDs. The male diviner-healer (60), on the other hand, did not see STDs as a possible cause of infertility, but connected the consequences of both men's and women's sexual misconduct to women's fertility, to *ja buhale*.

If, however, suspicions about a possible causal agent arise, a diviner-healer is usually consulted. When symptoms show persistency despite the use of medicine, or when there are certain symptoms, such as mama Maria's swollen feet, which raise suspicions, the sick person and those who are tak-

ing care of her will usually start to suspect witchcraft. When this is the case, people usually turn to diviner-healers, who are seen to be the only ones who can detect the causal agents behind illness. People usually try out several diviners in order to see whose divination is the most accurate. Most people consider them also as the only people who can successfully treat such problems. As Stroeken (2004: 29*ff*; cf. Whyte 1999: 4) has pointed out, the truth is out there, and a wrong diagnosis is usually only a sign of a particular diviner-healer's lack of ancestral support, which can be momentary, or it is possible that the particular diviner is a fraud (swa. *mwongo*). In divination the specialists 'read' the causal factor behind their client's problems, but they also prescribe the specific and necessary rituals and medicinal treatments. In case of witchcraft-related problems, they prescribe the medicinal/ritual means to remove the witchcraft substances from the patient's body. They are also needed to determine the actual details of ancestral consecrations, even though in the case of the offering of the live sheep for the maternal ancestors their presence in the ceremony is not necessary. However, herbalists generally have knowledge about such medicine. They are approached especially by Christians, who do not visit diviners against the church rules. A middle-aged woman, who knew reproductive medicine, told me that in such a case she would go to a diviner on behalf of her female customer; the diviner would look into the cause of the problem, after which she would make the medicine needed. Also, the female herbalist knew the necessary medicinal treatments for witchcraft and ancestor-related infertility, but she said that either the customer goes to get divined herself, or she tries out the proper treatment, starting usually from the treatment of witchcraft.

Unlike the case with the Nyole of Uganda (1997: 16), the Sukuma-Nyamwezi think that symptoms are important in defining what is happening to the afflicted and in the attempt to find a cure for it. This applies also to divination (usually cases of witchcraft or ancestral interference), in which the symptoms hold center stage. Through his or her ancestors (or other spirits) the diviner speaks **as** the patient (cf. Whyte 1997: 63), as if she was describing her own symptoms and the divination proceeds back and forth between the symptoms and the diagnosis, which gets clarified stage by stage through the described symptoms.

In divination the reason is often found to be witchcraft. As the male diviner-healer (age 50) pointed out, people, who seek divination these days are convinced that they are bewitched and often do not settle for any other outcome in divination. Witchcraft diagnosis means that the medicine for *ja buhale* alone will not suffice as the witchcraft substances need to be re-

moved through specific medicines/rituals, and afterwards the patient needs to be treated with protective medicine (s-n. *lukago*). Herbalists also treat witchcraft cases, but they usually tell their clients to first go and get divined, or rely on the interpretation of the patient's symptoms. After the witchcraft substances have been removed, the medicine for *ja buhale* will work.

The identity of the target of mama Maria's witchcraft suspicions never became clear to me. Maybe she did not have anyone in particular in mind. There were two things to which her suspicions were probably connected, however. Firstly, mama Maria already had several children, even though they still were a fairly young couple. Also, she and her husband had just started to build an extension to their house which was covered with a tin roof, still a relatively rare luxury in that part of Isaka. Therefore, there was reason for envy -- as there almost always is.

What is interesting is that even though the usual diagnosis at a diviner's these days is witchcraft, in the case of *ja buhale*, they mainly connect the increase in it to transmission through sex, not to witchcraft. If anyone, the diviner-healers and also the herbalists in Isaka do know what is going on with the people and in the society around them. They are up to date and ready to take on new ideas and influences. However, they are not beyond society and their reasoning and thinking, as much as anyone else's, is based on the cultural categories they have at hand.

Sexual transmission and witchcraft: STDs, *ja buhale* and witchcraft

The following case describes the connection between STDs, *ja buhale* and witchcraft from the perspective of the afflicted and shows how STDs and the connection between them and infertility seem to be silenced in Isaka.

> In 1997, when I met ng'wana Simoni for the first time, she was experiencing occasional fever, weakness, and pain in her waist and back. She was in her late-forties and thus almost beyond her reproductive age. She had two adult children, a male and a female, with her previous husband, but none with her present husband, with whom she had been married for 15 years. When her children had been old enough to live away from their mother, they were given to their paternal grandmother, a common practice in the Sukuma-Nyamwezi area. Soon after, in the mid-1980s, ng'wana Simoni got divorced and became ill. She

went to be treated by her mother's brother, who was a diviner-healer, where she met her second husband. Soon after her treatment was over, they got married, but she did not conceive again.

In 1997, ng'wana Simoni told me that she had been through many divinations (s-n. *-lagula*) because of her problem, but so far, no diviner-healer had been able to do anything about it. She had also used medicine for *nzoka ja buhale,* several times with no result. And, because of the persisting symptoms she had been experiencing - fever, pain in her waist and 'feminine parts' - and after a consultation with her husband in late 1997, she had gone to one of the dispensaries in Isaka. At the dispensary she had been given some medication, which, she said, had not brought relief to the symptoms she felt. One of the diviners she had consulted with her husband, had seen that the cause of her problems was her maternal ancestors, and ng'wana Simoni told me that this seemed to be right. A preliminary offering of beer (s-n. *walwa*) had been performed for her maternal female ancestors, but her relatives (especially MB) had not had an opportunity to prepare the offering of a live sheep (s-n. *ng'holo ya kifujo*), which the ancestors also demanded.

In 2001-02, ng'wana Simoni was almost 50 years old and did not consider having a child as a possibility anymore. The offering of the sheep, she told me, had never been completed. The pain in her waist and fever still bothered her from time to time, and she was still using medicine for *nzoka ja mu nda*, for these symptoms, which she said, did help some. Towards the end of my stay, we talked about her problem again. In reflecting on the past events and recent experiences, her ideas about the causal factor had changed:

I did not have children with my late husband. The main reason for this was that I was bewitched by my mother-in-law, [the mother of] the man whom I left, my first husband. She did not want me to give birth to many children. Why? I do not know.

When I left him, I was ill for one year until I went to get cured by my mother's brother. I met my second husband there. My mother's brother gave me medicine, he fixed things for me, I got cured. I got married.

> **Goodness, how my stomach was aching back then. It was like a thing that started here [pointing at the side of her stomach] and circled around and ended up here [other part of the stomach], like a stone. You could see it yourself. If you go to a hospital, they make tests and do not find anything. They tell you that you do not have a problem, but you see/feel it and you get thinner. Until this day, I have not given birth again.**
>
> God gave me two children, a boy and a girl. Their father is dead. When I left, she [1stHM] went after him [1stH]. She started to bewitch him. She is still alive, and has killed so many people. I got away, I went home, and she turned to her son, killing him. I do not know why. Her husband [1stHF] returned home and she killed him also. She was left with children, her grandchildren. Some grandchildren, children of her other children, have also died, all together five people. They have no ability to kill her… I'm telling you, God has helped me when I just left there. Until this day I praise the Lord. (Emphasis mine).

During the twenty years that ng'wana Simoni tried to find help for her problem, with and without her husband, she must have thought about all possible alternatives for the causes and treatments for it, and most of them were suggested to her by diviner-healers and other specialists; if it was not a *nzoka ja buhale*, it could have been caused by ancestors. Or if not the ancestors, maybe it is someone who wanted to harm her, possibly her co-wives, who had been several during her marriage to her second husband and all her juniors, occupying a somewhat inferior position in the homestead. She may also have thought about STDs, about which, and their connection to infertility, she may have heard from the clinics. She never referred to such a possibility in our conversations, however, and usually such connections are not explained to patients at the health care facilities where they mainly concentrate on medicinal treatment of visible symptoms.

Finally, she was reunited with her son in 1999 and heard about the number of deaths that have taken place after she left her children and in-laws. Another possible reason for her condition, her mother-in-law, occurred to her. Despite this, during the time I spent in Isaka in 2001-02, she did not seem to be interested in doing anything about this. She considered herself to be beyond reproductive age and was counting on her son for her future and hoping to have grandchildren. Her son was not married, and

even though her daughter had been married for some years, she had not become pregnant -- another source of worry for ng'wana Simoni.

> Ng'wana Simoni: This child of mine, the boy, until this day he says that he has seen his father, when he was already dead. His father came to tell him that he was the only one [male child] left and that was why he was approached now. My son decided to come to me. That is right; he says that he actually saw him, his father. He had been bewitched, and his grandfather also. When he [S] came here, he had not stayed even for a year, when another father [SFB] died there again.

What catches attention and is significant in the account of ng'wana Simoni is the fact that she never referred to STDs as a possible source of her infertility. This, and her present ideas about witchcraft induced infertility, may be the result for the fact that the visits to the dispensary and the medicine she received from there did not help her and the symptoms continued. However, a similar kind of silence was characteristic of the talks I had with the diviner-healers even though they talked about the sexual transmission of *nzoka*s openly. In the case of diviner-healers this may be due to the fact that the *nzoka* diagnosis is potentially much more beneficial to them than the STDs, for which people in general seek treatment from the dispensaries. However, similar silence characterized the talk around infertility in general. This silence may be due to the fact that I did not explicitly ask my informants about the connection with STDs and infertility, but as will become clear in chapter 7, a similar silence is characteristic of HIV/AIDS in Isaka today.

The 'medicalization' of the Sukuma-Nyamwezi illness experience?

The male diviner-healer (age 50), who was not a Sukuma-Nyamwezi himself, but had lived most of his life in the area, loved to classify and make lists of different illnesses, their causations and treatments. One time he gave me an estimate that only something like one out of every thirty cases of female infertility would be due to direct ancestral causation. If nothing else, this estimation gives a general idea of the lessening potential of ancestral causation in Isaka. Not many of his customers had come to see him for infertility. Of the three infertility cases he had treated in 2001, in one he had given

fertility enhancing medicine, *nengo*, to a female patient, one was a case of *ya pinda ngongo*, and one, however, was a case of ancestor-related infertility.

Overall, the changes in ideas about infertility causation and therapies could be cautiously characterized as a shift from ancestral causation and sacrificial practices to the realm of medicine/magic, *bugota.* This is because all of these problems, which potentially lead to a woman's infertility, are treatable through local medicinal means, even though STDs are seen to be best treated with biomedicine. Moreover, witchcraft-related infertility is often connected to the use of malevolent medicine. Something, which could be called the 'medicalization' of the Sukuma-Nyamwezi, seems to have taken place. The phenomenon of the increasing use of medical ingredients as opposed to ritual treatments is also pondered upon among the local people and is seen to be an increasing trend - as a means of finding an easy way out and of disregarding the old ways.

The decrease in ancestral causation has taken place in all ideas about illness causation. Yet, as has become clear from the previous discussions, the change cannot be understood in terms of a change in causal factors/agents only. While ancestral presence in the human body and ancestral interference in the form of different *nzoka* disorders is not what defines *nzoka ja buhale* for many young and middle-aged women in Isaka, the connection to the maternal side of the woman as the source of fertility is there. This is maybe most obvious in the idea that after a woman is successfully treated for *ja buhale,* she will have more children than most women. In addition, there is the connection with the mother and the child since the mother's *nzoka ja buhale* causes the infant's *nzoka ja ha ntwe.*

Susan Reynolds Whyte's (1997) analysis of the changes in the ideas about illness causation of the Nyole of Uganda between the 1970s and 1990s recognizes the influence of biomedicine, especially biomedical substances, on local ideas. The material Whyte presents shares similarities with the Sukuma-Nyamwezi case, which in the case of Nyole, Whyte describes as a shift in emphasis from an *explanatory idiom*, i.e. the importance of the recognition of the causal agent, and therapies that address the problems in social relations, to an increasing emphasis on a *symptomatic idiom*, to treatment of various symptoms with medical substances, whether traditional or biomedical (ibid. 23; 203). She argues that especially at the onset of illness, which does not seem life-threatening, the Nyole draw on the symptomatic idiom. This means that the actions directed to alleviate the problem are based on the recognition of the particular symptoms for which medical substances, whether those of biomedicine or of local herbalists, are seen

as a possible cure. Only when the misfortune or illness shows persistency even after treatment or the symptoms begin to appear as signs of a possibly more serious illness, does the explanatory model and the questions about the causal agent(s) become relevant to the person suffering and those who are responsible for him/her. When this is the case, the next step taken is to approach a diviner in order to acquire knowledge about the sources of the particular problem, whether in spirits, sorcery or curses, and the causal agent. The treatments in this case require specific rituals, which are targeted not to the symptoms of illness, but to the relations between the sufferer and the causal agent in question. What Whyte (ibid. 23) argues is that the existence of alternatives, when people try out different plans of action, itself creates uncertainty, because 'there are no standard treatment guidelines for choosing a correct response to a particular problem.'

Whyte's analysis centers on a 'pragmatic view of uncertainty' (1997:18-21) which she applies both to the explanatory as well as to the symptomatic idiom. Whyte is careful not to connect the pragmatic view of misfortune to the increasing exposure of the Nyole to Western culture or the world system because, as she puts it, this would imply that there are significant differences in people's mentality (ibid. 204). Instead, she argues that even though the explanatory idiom still persisted in the early 1990s among the Nyole, the increasing influence of biomedicine and biomedical substances purchased from medical stores means that the symptomatic idiom (both traditional and biomedical spheres) has become a much more attractive option to the Nyole than before. And despite the difficult situation within the health care sector since the 1980s, this has **increased the feeling of security** among the Nyole (emphasis mine).

A similar increase of biomedical substances sold in the local pharmacies has taken place in Isaka. And, as among the Nyole, they are an attractive option in the midst of the health care system, which does not function properly and where there is a chronic lack of medicines. However, people acknowledge that there are illnesses which cannot be taken care by biomedical substances and *nzoka*-related illnesses are among these. The treatment of *nzoka ja buhale* and *nzoka ja ha ntwe*, among other *nzoka*s, is left to the 'traditional' specialists, and as I have mentioned before, the help-seeking usually starts with a herbalist or someone else who knows the medicine for these illnesses. It is only when the medicines do not work that a diviner is approached.

What I am calling the medicalization of Sukuma-Nyamwezi illness conceptions does not mean an overall shift from an explanatory idiom to that

of the symptomatic idiom. This is so even though ancestor-related illnesses have become a much less frequent diagnosis; witchcraft is considered to be one of the most significant causes of grave illnesses and it is the most common diagnosis that the diviner-healers seem to give in divinations. The situation seems to be similar among the Nyole of Uganda, where an explanatory idiom persists despite the attractiveness of substances. This is the reason I have chosen to speak cautiously about the 'medicalization' of the Sukuma-Nyamwezi illness experience. Cautiously, because ancestors are in many ways present in the process of divining and healing witchcraft-related illnesses. For example, at the end of each healing session in which the witchcraft substances have been removed from the patients, a prayer to the ancestors is performed in order for them to bring their blessing and protection for the patient in the future.

The influence of biomedicine seems to be most clear in the notions about the sexual transmission of *nzoka ja buhale*, which is promoted by the diviner-healers, even though they keep *nzoka ja buhale* separate from STDs. Whyte talks about the idiom of personal responsibility (Whyte 1997: 23), which she argues has been introduced to the Nyole area with the advent of AIDS. It seems that the diviner-healers are suggesting the idiom of personal responsibility to their patients with the idea about sexual transmission of *ja buhale,* but it is not accepted by the women themselves, who do not consider that *ja buhale* is transmittable through sex. And, as has been mentioned before, *ja buhale* is treated with the same medicine, whether it was contracted through sex or transmitted from one's mother at birth.

Diviner-healers know what is going on around them. They are aware of the increase in STDs in the area and the ideas about *ja buhale* being contracted may be a consciously-made connection in order for them to have customers, because STDs are usually treated biomedically. This maybe partly so, but it has to be kept in mind that *ja buhale* is mostly treated by herbalists and without consultations with diviner-healers unless witchcraft is suspected to be its cause.

Finally, I want to point out that what I call the medicalization of Sukuma-Nyamwezi illness experience does not mean that the feeling of security has increased in the area, like among the Nyole of Uganda. This is because medical ingredients can be used both to heal and to harm.

Conclusions

The ideas about *nzoka ja buhale* have persisted and, as has become clear, have been and are creatively re-thought and moulded – especially by the diviner-healers – in a changing epidemiological and social situation.[112] The present-day ideas about *ja buhale* differ from most accounts of *nzoka ja buhale*, its nature and causation, from different decades and different parts of the Sukuma-Nyamwezi region. While to many in Isaka *ja buhale* was 'just an illness', something very close the to the biomedical concept of disorder, in the past (and even today in the Northern Sukuma area), *nzoka*-related illnesses seem to have been connected to a disturbed ancestral presence in the human body, which, however, as Bösch's account demonstrates, could be taken care of by medicinal means. The concept of *ja buhale* has allowed, and continues to allow, different interpretations in changing contexts and by differently positioned people. Yet, despite the variety, fluidity and even creativity in these ideas, certain notions seem to characterize them. Thus, while changes in these ideas about *ja buhale* mirror major outside influences and transformations in the society, they also reflect the persistence of central cultural notions. The rationale of *ja buhale* and infertility causation can only be fully understood by paying attention to these continuities.

STDs and the connection between them and infertility seem to be silenced as has become clear from the example of ng'wana Simoni. Even the diviner-healers were not willing to talk about them directly, but for example, mentioned that they can treat cases where a woman's eggs have been destroyed. Young people seem to be aware of the connection and it may well be that in the future the connection becomes part of the circulating knowledge around Isaka. This means that the local dispensary would become a place where people can get information about STDs and their connection to infertility as well as the means to diagnose them properly. There is certainly a need for it as the old small railway station is growing into a city with a lot of traffic going through it. As Whyte (1997: 232) argues at the end of her book, as long as the health care system is poorly organized, the explanatory idiom persists. However, it should be remembered that there are still diseases which are not treatable by biomedicine, and *nzoka hantwe* in the form of colic, for example, is one of them.

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[112] As Stroeken (2000: 50) mentions, to keep their customers diviner-healers have to be innovative and they are often among the first to anticipate new trends.

4
MIXING BLOOD

Like most Sukuma-Nyamwezi elders, ng'wana Kashinje liked to tell stories. The story that gave this 80-year-old woman most pleasure and to which we returned over and over again, was about her first marriage to a Kamba chief, her *chiefu*, as she used to call him with affection.

When she was only 'waist length' (i.e. five or six years old) the chief, who was already an old man, had seen her playing at her parents' homestead. He had asked his headmen to make inquiries about her character and about her family's background.[113] Everything went well, and the chief had sent two cattle through his headmen to her father to seal the marriage plans. Three years later, the headmen had come for a visit, to see how she had grown. The amount of bridewealth was agreed upon and her father received 32 cattle. The day she left home, her parents told her that she was going to live with her paternal grandfather, whom she had never met, and she was led to the chief's homestead by his second wife. --- At this part of the story, ng'wana Kashinje usually giggled with tears in her eyes: 'I thought he was my grandfather!' --- One morning, some years later, she woke up next to her grandfather. She was embarrassed, but decided to confess to his second wife what had happened to her. She waited to be scolded, but to her surprise, the old woman laughed heartily. She told ng'wana Kashinje that she had been carried to her husband's bed asleep. 'Did you really think that he was your grandfather?' she had asked her.

Ng'wana Kashinje had been the last one of the chief's 21 wives. The chief died a year after the morning encounter. After the mourning period, which

[113] Chiefs' marriages were always organized, from betrothal to bridewealth transactions, by his ritual aids, *bagohogoho*, and his headmen, never by the chief himself. In commoner marriages, delegates from the side of the man approached the girl's family to make similar inquiries about the background of the girl's family (Cory 1953: 42; 1955a: 15). These inquiries are still made if the geographical distance between the two families is not too great. It is considered important to know whether there are hereditary diseases in the family (epilepsy and leprosy are considered as such), about the relationship between the mother and the father of the bride, as well as about the respectability of the family in general. In Christian marriages, betrothal and these inquiries are made through church elders.

for the widows of a chief lasts a year, she was soon remarried. Her second husband took her to Bukoba -- far away from her own family again.

Ng'wana Kashinje considered me as her granddaughter, and because of the joking relationship, as her close female friend, *shoga* (cf. Abrahams 1981: 114). This is why she could talk with me about sex and marriage openly and therefore, as an elder, also teach me about such matters. In the talks I had with her, ng'wana Kashinje emphasized her innocence and ignorance over sexual and reproductive matters in her youth and early marriage. She had been too young to have a child with the chief and it took a long time before she got pregnant with her second husband. He took her to several healers and when she finally got pregnant, she did not realize it until she went into labor. Because she was married so young and always lived far away from her own mother and grandmother, she had never had anyone to teach her about such matters properly. However, with her stories, she was now teaching me and her female grandchildren, who occasionally entered the room to listen to her stories, about marriage and about proper relations between women and men.

I shared a similar, if not as close, relationship with two other female elders. Like ng'wana Kashinje, the other women told me about their own marriages: about the sweetness of the early married life, but also about hardships they had encountered and the ways they had endured them. When their husbands had had casual relationships outside marriage(s), they had not confronted them. Even though such behavior had annoyed and hurt them, they had just 'watched' (swa. *kuangalia*; *kutazama*) their husbands or at most, run away to their mothers to wait for them to come after with apologies and gifts. It was casual relationships that annoyed these female elders and not polygynous marriages, which were and still are common, especially among the wealthy cattle owners and diviner-healers. These women connected the difficulties they had had with conceiving children and carrying pregnancies to term to either the accidental breaking of prohibitions (s-n. *miiko*) or to their maternal female ancestors.

In contrast to the past, these female elders saw the present-day relationships between men and women, and especially the sexual behavior of women, as a source of increasing worry. And, it was not altogether ungrounded. Even though the local gossip most probably greatly exaggerated the extent to which women had multiple relationships, many young and unmarried women did engage in reciprocal relations with local men as well as business men and truck drivers. In private, some women told me about their husbands' wanderings (swa. *matembezi*), and even about the sexually trans-

mitted diseases which their husbands had brought them. Yet, the concern centered on women's promiscuity (swa. *umalaya*) and its consequences.

This chapter is about one possible reading of the present-day situation in Isaka, mainly derived from the discussions I had with the Sukuma-Nyamwezi elders. Why are the eyes on young women then? 'Mixing men' (swa. *kuchanganya wanaume*; s-n. *kusangilija bagoosha*) and 'mixing [men's] blood' (swa. *damu*; suk. *mininga*/ nya. *magaji*) were seen as the causes of not only female infertility and miscarriages, but also a cause of potentially lethal children's illnesses. These present worries of the elders are connected to the changes that have taken place in Sukuma-Nyamwezi society and the development of trade in and through Isaka during the past decades, and they have to be understood in the context of the present-day social reality, the epidemiology of female infertility and the impact of HIV/AIDS in Isaka. However, they are grounded in cosmological notions about woman's role in the reproductive process: in 1) procreation, in 2) nurturing children and in 3) marriage.

If an element is defined by the place it occupies in relation to the whole, as is the case in holistic and hierarchical societies like that of the Sukuma-Nyamwezi, two different elements – in this case men and women - cannot hold the same place (Tcherkézoff 1987: 11). What I will argue in this chapter is that because of reasons ranging from the influence of capitalistic logic in Isaka to the national legislation on marriage and inheritance, the categories of men and women have become too close and consequently there is increasing attention on female sexuality. The hierarchy in male-female relations, for which I use the term 'encompassed wombs', has become naturalized and reproduced in new forms.

Wild fertility and encompassed wombs

In the past, Sukuma and Nyamwezi chiefs and pregnant wives had similar prohibitions (s-n. *miiko*). During the rainy season, the black season, or their 'period of gestation' as Stroeken (2000: 57; 205) has called it, the chiefs (and other members of the court) were not allowed to have sexual relations outside the court and were not to spill blood (Cory 1951: 36; Stroeken 2000: 176, 205). Breaking these royal prohibitions would have caused drought and famine in the whole chiefdom. The adulterous behavior of women married with bridewealth was not only a legitimate ground for divorce and compensation/revenge (Abrahams 1967b: 44; Cory 1953: 60; yet Blohm 1933 II: 7),

but also a cause of reproductive failures: infertility, miscarriages and complications in labor.[114] Chiefs and pregnant women were also not to cross chiefdom borders without serious consequences. In the case of a pregnant woman, the harm would be done to her pregnancy, unless protective measures were used:

> Ng'wana Kashinje (f/80): Today, things… I mean, they have become things of today. But in the past, if someone was pregnant, she could not go to other places or cross a river. You know this river, Manonga?[115] A woman cannot just cross it, if she is pregnant.[116] If she wants to cross, she has to stop there [at the riverbank], because it was another chiefdom there [on the other side], of another chief. In the past, the chiefs were still there. Here she leaves the other chiefdom and there she enters the other chiefdom. She has to stop there [at the riverbank], to take what? To take a stone, to put on her back.[117] She puts the stone on her back and then she enters the river. Then, when she reaches the other side, she lets the stone fall down. *Mwiko* [swa. = prohibition, suk. *ng'wiko*, pl. *miiko*] now, *mwiko* has ended. She can just go.[118]
>
> Reea: But, why? Why the stone on her back?
>
> Ng'wana Kashinje: I do not know. That was the way things were. If she did not do it, she might miscarry. It was the law, the law of the past.[119]

[114] An old source suggests that pregnant women should not have sexual relations with any man, including their husbands (Blohm 1933 II: 7).
[115] During the colonial period, Manonga River marked the Eastern border of the Isaka chiefdom. On the other side of the border were the chiefdoms of Lohumbo and Jana. Today the Manonga River continues to mark the ward border, and the Eastern border of the Kahama district.
[116] In the translation I have maintained the present tense she used even though she is talking about the past.
[117] Women carry infants and small children wrapped in a cloth on their back.
[118] In Swahili: *Siku hizi mambo… maana, yamekuwa ya kileo. Lakini zamani mtu akiwa na mimba, hawezi kwenda sehemu nyingine. Au kupita mto. Unajua huo mto, Manonga? Hawezi kupita ka mtu ana mimba. Kama anataka kupita, anasimamia huko. Maana, nchi nyingine huko, ya ntemi mwingine. Zamani walikuwaga bado watemi. Huko anatoka kwa ntemi mwingine na anaingia kwa ntemi mwingine. Lazima, atasimama huko, achukue nini? Achukue jiwe, aweke mgongoni. Ndiyo anaingia kwenye mto. Anapokanyaga sehemu ile, ndiyo anaachia lilo jiwe, linaanguka. Mwiko sasa, umeisha mwiko. Anaweza kwenda tu.*
[119] *Hata mimi sijui. Tuliyakuta haya sisi. Akiacha, pengine mimba inaweza kutoka. Ilikuwa sheria, sheria ya kizamani.*

Ng'wana Yona (h/f/80), added another prohibition which applied to pregnant women. In some Sukuma clans woman's ancestors on the side of the mother do not allow a pregnant women or a woman who still carried a child on her back, to run away as a consequence of a domestic fight: 'If you run away, you will miscarry'. Both ng'wana Kashinje and ng'wana Yona had experienced the consequences of breaking these prohibitions. Ng'wana Kashinje had once left her second husband, with whom she was living in Bukoba in the 1950s, and had taken a ship to Mwanza to visit her mother in Shinyanga. On the ship she felt terrible pain in her stomach, started to bleed heavily and a small creature (swa. *kadudu*) had come out. She had not known that she was pregnant. Ng´wana Yona, on the other hand, went to visit her mother when she was only two months pregnant with her first child. Soon after she arrived at her parents' homestead, she miscarried. Only then, she said, had her mother told her about the prohibition. Because her mother did not know about her pregnancy, she had not told her daughter about it. Ng´wana Yona: 'From then on I knew [better]. Even if I missed home, I shouldn't go. Not until I had given birth.'[120]

Like the regenerative powers of the stranger chiefs, the 'wild fertility' of women was perceived as something that needed to be guarded and domesticated by men into legitimate fertility through bridewealth transactions (cf. Brandström 1990b: 171). Other researchers have also pointed to the parallels drawn between Sukuma-Nyamwezi chiefs and wives in Sukuma-Nyamwezi cosmology (see Brandström 1990b; 1991; Tcherkézoff 1987). There is a similar cosmological structure as well among many other African groups with divine kingship (see Feldman-Savelsberg 1999: 11, 177, 179). As Brandström (1990b: 179) points out, this imagery of the domestication of women finds its parallels not only in the stranger kings, but also in the transformation of bush into arable and fertile land by male labor.

Such notions about the domestication of women and female fertility are also reflected in ideas about the procreative process (Bösch 1930: 494; Brandström 1990b: 171). And they continue to be reproduced today in the explanations for the causation of reproductive problems such as female infertility, miscarriage and complications in labor, but also for infants' ill-

[120] Another prohibition, which was mentioned as applying to women of certain Sukuma clans, was the prohibition to make mud walls, swa. *kupiga lipu*. See Varkevisser (1973: 110-112), Reid (1969: 79) and Roth (1996: 171-176) for more about the prohibitions. Varkevisser mentions that women need to honor the prohibitions of both their husband's clan (patrilineal) and that of their own, while my informants connected the prohibitions either to the side of their own mother or father.

nesses, because of the intimate relation that exists between a woman and her small child. In the past such problems were mainly connected to breaking sexual prohibitions and to ancestral causation. And even though, as ng'wana Kashinje and other elders point out, such prohibitions have largely been forgotten, the present-day circulating ideas about the causation of reproductive problems reflect the same values. Today they are expressed through notions about the consequences of 'mixing men' in terms of 'transmission/ contraction' (swa. *kuambukiza*) and male 'blood incompatibility' (cf. Roth 1996: 237).

Ideas about mixing blood reflect the structure of male – female relations. Both Tcherkézoff (1987: 36-38) and Brandström (1990b; 1991), from two different theoretical positions, have approached the Sukuma-Nyamwezi female – male relations through Sukuma-Nyamwezi dual symbolism, which among other things connects women to the right side and men to the left, unlike most other Bantu groups in Africa (Abrahams 1967a: 5).[121] Tcherkézoff emphasizes holism and hierarchy in the male-female relations and connects them to other oppositions in pre-colonial Nyamwezi society in the following way: male: bow : patrilateral : left : inside: head : even numbers : east : white // female : back : matrilateral : right : behind : odd numbers : west : black (Tcherkézoff 1987: 38). Brandström's analysis stresses opposition and complementarity in male – female relations, giving more weight to the complementarity. Brandström (1991: 132) states: 'In relation to the 'cultural order' of men with married women and children, both of the 'bow' and 'back', left is the superior value. But in relation to the 'natural order' of a threatening but fertile outside, this order of value is reversed.'

In short, Tcherkézoff (1987: 45-46) claims that the position of women and men in the Sukuma-Nyamwezi cosmology is reversed according to levels of reference. At the local level, that is, the level of the familial ancestors, women occupy the sub-ordinate and men the dominant position in relation to the social whole. This subordinate position of women is clear in everyday life, from the greeting practices in which women kneel down in front of the men to prevailing notions about the women's role in the procreative process and procreative failures. At the global level, that is, at the level of collective ancestors, the situation is reversed and women are perceived to hold a superior position. This position is visible, for example, in the twin ceremonies (*bukango*; *mabasana;* in the past *bagota*) in which the central positions are held by women (see Bösch 1930: 217) and in any major rituals which

[121] According to my field material, the Fipa of Tanzania seem to make a similar distinction.

involve ancestors and in which the presence of at least one neighborhood female elder (s-n. *ngikulu*), who has 'given birth to twins', is considered essential. This, to Tcherkézoff, is the structure of the Sukuma-Nyamwezi male – female relations and unlike Tcherkézoff's critics have claimed (cf. Stroeken 2000: 86-88), this structure should not to be considered as static, but as processual (cf. Sahlins 1985: 77).

Brandström's (1990b; 1991) analysis stresses complementarity and opposition in the female-male relations, giving most weight to the former. In his analysis, it is the context which engenders the reversal of value. It is important to note that the opposition includes not only men – women, but chiefs – commoners and also elder – younger. However, male – female encompasses the elder – younger distinction, because, for example, the Sukuma older sisters greet their younger brothers with the clan greeting, which in other contexts is used to greet one's elders. Thus the position of the women in relation to men in reference to the domestic (culture) context springs from notions about women's 'wild fertility' and outsider-ness, which is never fully domesticated, as even women married with bridewealth remain ritual strangers to their husbands' kin (Brandström 1991: 125). This outsider-ness, which justifies male superiority in the domestic context, is valued in reference to nature/wilderness and is valued as the source of the authority of chiefs and twins, for example. Yet as Brandström stresses, in the domestic context, the complementarity of the sexes is appreciated as the source of life, and moreover, the subordinate position of women is contested by women. The oppositions inside:outside; homestead:wilderness; male:female, Brandström argues, are structurally 'unresolved issues' and basic contradictions, which enable the society and the Sukuma-Nyamwezi culture to reproduce itself symbolically (1990b: 170, 178; 1991: 130, 132). Koenraad Stroeken (2000: 63, 87) has added to this discussion the ambiguities which are generated by the fact that a woman, who is a stranger (suk. *ng'winga* – the one who leaves; nya. *nke wa mwana*) in her husband's homestead and family, occupies the very core of her husband's homestead and the continuity of the husband's lineage depends on her. Moreover, he adds, in much of the discourse men appear as the 'undomesticated souls'.

Victor Turner (1974:25) speaks about how researchers have to be careful which metaphor they use in their ethnographic accounts. I have chosen to use 'encompassed wombs' to describe the hierarchical relation between the categories of men and women in the past as well as today in order to emphasize the way the wombs and wild fertility of women should be domesticated.

Very much like in the chiefdom context, in which the hierarchical position of the chief was maintained by the system of reciprocities within the chiefdom, the hierarchical relation between women and men was maintained through the transactions of wealth in marriage, which are directed both to the side of the woman's father and that of her mother. The future fertility, or the procreative potential of the woman, is thus domesticated or encompassed by the side of the man and, if no bridewealth transactions are made, the fertility of the woman remains untamed and her children remain 'one sided' (Brandström 1990b: 179; 1991:122).

Even though, as Brandström points out, the subordinate position of women in everyday life is contested by women, this does not necessarily mean that such contestation is 'outside hierarchy' (Tcherkézoff 1987: 6). As Louis Dumont (1980[1966]: xxx) has stressed, the dominant ideology is never perfectly realized in actual life. It is only an egalitarian (and individualistic) ideology, which makes us expect this, because it 'only appears on a single level'. Thus, in every society there is always room for other ideologies, contestation and other choices, which however, are overshadowed (encompassed) by the dominant ideology, in this case holism, and derived from the cultural categories that people have at hand.

However, in relation to reproductive failures in Isaka in 2001-02, women's contestation was possible to a limited extent only. The views about women's (active) contribution in reproductive failures are often contested in individual cases of persistent reproductive problems and children's illnesses and deaths, as I discussed in connection with *nzoka ja buhale*. This is because the symptoms of the disorders allow a diagnosis of witchcraft, which is the most common diagnosis that the diviners give. But even when this is the case, the blame usually falls on other women, because it is the women who are perceived as more prone to witchcraft practices and who have more to gain through them than men.[122] These ideas should not, however, be seen as a product of male dominance/power as such. Nor should women's contestations such as witchcraft accusations, which direct attention away from them and to other women, be perceived as active and conscious resistance - even though this might be true in some cases. A holistic and hierarchical cosmology allows and encompasses all these interpretations. The symptoms of the current disorders allow us to see how the notion of 'encompassed wombs' is reproduced in a new form and, through this, the relation between the categories of men and women is maintained.

[122] The victims' own responsibility for their fate may still figure in - and often does (cf. Stroeken 2004).

Procreation and flows of life-substances

The sources of human life in Isaka were perceived in terms of a flow of life from both the side of the father, 'the side of the bow' (s-n. *ku buta*) and the side of the mother, 'the side of the back' (s-n. *ku migongo*). From the side of the father, it is seen to be transmitted through a man's semen, which was referred to as seeds or more often and interchangeably as man's blood (swa. *damu,* suk. *mininga*/nya. *magaji*) and nurtured by the womb (s-n. *nda*) of the woman. Thus, in terms of contribution to procreation, the two kin groups involved are acknowledged as both givers and receivers of children (for comparison see La Fontaine 1988: xxiv). In these accounts the stress was always on the role of the womb (and female eggs, i.e. ovaries/blood) as a recipient of male seed/blood and a growing ground for the foetus (cf. Stroeken 2000: 160), if not as an altogether passive container as in the account of Bösch (1930: 494) (see also Brandström 1990b: 170; 1991: 125; Blohm 1933 II: 10). The following quotations give an idea of this:

> Ng'wana Masanja (d-h/f/55): **That, which creates the child… you have to call it blood, it comes from that man**. And, the woman, maybe there has only been five days [after her menstruation]. Six or seven days, she has been over it just recently. Now, *uzazi* [~reproductive potential] is still open. Now, if she meets with a man, the blood of the man, it connects with the blood of the woman. **It** [the blood of the man] **begins to do what, to create**. Eggs begin to be developed now, because her *uzazi* is still like this [~open]. If God is willing, you are [she is] already pregnant. (Emphasis mine).

> Bibi Yona (h/f/80): If a man puts the seeds [swa. *mbegu*] into a woman, it is needed that the woman… you know, us women, we follow the date [swa. *tarehe*], the date of women. Now, there are those days, if you know them. There are others, who know if they want to become pregnant [that] there are certain days when you need to do love [swa. *mapenzi*] with your man, because if you wait for too many days, the seed cannot stay there.

Feldman-Savelsberg has commented on similar 'school book' descriptions of the reproductive process which she received from her Bangangté female

informants during the early phases of her fieldwork. She mentions that it was only much later during her fieldwork when she started hearing other kinds of stories, such as descriptions about 'foetuses stolen from their mothers' wombs' (1999: xiii). As the quotations above point out, the distinction between 'scientifically based' and local (cultural) explanations (which for Feldman-Savelsberg might be unintentional) is both unnecessary and false. This is because such 'scientific' ideas are everywhere and are always culturally shaped and made sense of locally (cf. Sahlins 1995: 148*ff*). All the women I talked with connected a woman's reproductive potential not only to 'her days', that is to her menstruation cycle, but also to her 'eggs' (~ovaries, swa. *mayai*; suk. *magi*).[123] If a woman is sexually active and her eggs are unharmed or treated successfully with medicine, she can have as many children as she has eggs. For example, the notions about eggs sit comfortably with the ideas about the womb as a recipient and container as well as with the ideas about the causes of procreative failures; it is usually the eggs, harmed or removed because of witchcraft or *nzoka ja buhale*, which are seen as the cause of a woman's infertility.

Most people talked about male seeds (swa. *mbegu*; s-n. *mbiyu*) and male blood interchangeably, but emphasized the blood aspect like ng'wana Kashinje in the above quotation. This differs with Stroeken's and Roth's accounts. Notions about blood in the procreative process and reproductive problems does not figure in Stroeken's descriptions at all, only semen (s-n. *wine*) (2000: 165) and in Roth's blood only figures in ideas about the causation of *mchango*, which most of her informants described in terms of male **and** female blood incompatibility (1996: 236-8). The connection between male sperm (s-n. *wine*)/seeds (swa. *mbegu*), male blood and men's reproductive potential was not as clearly spelled out as in the case of women, menstrual blood and eggs. But for example, bibi Yona, a midwife and herbalist who specializes in reproductive medicine, mentioned to me that it is possible that a man only has one seed, in which case he cannot have children.[124] Ethnographic sources from the Northern and Central Sukuma area point to the practice called *kulela nda*, watching or feeding the foetus by the seed/blood of the man during the pregnancy, which is seen as necessary for the child's health. Cory (1953: 92)

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[123] Eggs may sound like a recent innovation in the notions about reproduction, but already Blohm (1933 II: 10) mentions that in the case of infertility, the diviner-healer inspects a chicken and if the testicles of the chiken are fine the reason is not on the side of the man and if the ovaries of the chicken are in good shape, he accuses the women of adultery and tells them to go to another healer.

[124] She never explained the logic of one seed to me in more detail.

connects this practice to non-bridewealth unions, in which the father of the woman makes sure that the sexual partner of the woman comes to watch her womb during the last months of the pregnancy. Likewise, Stroeken (2000: 166) points to the necessity of such practices. He remarks how married women, who had had sexual relations with a man other than their husband, had to maintain sexual relations with the other partner, and connect their own husband to the pregnancy through the use of medicine called *kusangilija bagoosha*, 'mixing men' (see also Roth 1996: 281).

The few female elders I asked about *kulela nda* (both from the north and from more Southern parts of the Sukuma-Nyamwezi area) generally acknowledged that this practice would be beneficial for the development of the foetus, if not (absolutely) necessary. Most of them expressed their ideas about this in terms of 'this is what is said' or 'this is what I have heard'.[125] One woman, who had been born and raised in Mwanza district, for example, told me about her first-hand counter-experience. She had gone to stay with her mother for several months because her husband was working away from home. Soon after, she realized that she was pregnant. Without any further assistance from her husband, she had carried her pregnancy to term and gave birth to a healthy male child. Another woman, told me that in the past if the husband was absent, pregnant women would just stir and drink *uji*, thin porridge made of sorghum or rice flour. Today, she said, there is even less need for such a practice because pregnant women drink tea.[126]

Blohm's (1933: 11) material suggests that the ideas about feeding, at least throughout the Sukuma-Nyamwezi area, are not necessarily all that old. In connection with the ideas about pregnancy, Blohm writes that a *ng'wiko* (s-n. prohibition) applies to pregnant women who should have nothing to do with any man – husbands included - during the pregnancy, because otherwise, '*npuka ya mu nda*' (snake of the stomach) would get angry and destroy the life.' The absence of the ideas about feeding (and the central role of male semen/blood in Blohm's and Bösch's account) could be connected to the differences between the more Northern and Central/Southern parts of the Sukuma-Nyamwezi area, and to a somewhat different emphasis in ideas about descent. However, even though there has been variation in the ideas

[125] This way of expressing these ideas might have resulted from the fact that I asked these women about this practice. Roth (1996: 281) mentions that she did not encounter this idea during her fieldwork, and I am certain that if I had not read about it previously, I would not have encountered it myself.

[126] I do not have much material about this connection between liquid foods and blood during pregnancy, but similar feeding continues after the child is born, when mothers are given liquid foods and soft (*laini*) food, until the child's umbilical cord drops off.

about procreation in the past among men and women in the different parts of the Sukuma-Nyamwezi area - as much as there is today - the centrality of the female body and the womb in the reproductive failures characterizes all of these notions.

Kusangilija, **mixing**

When I asked one of my diviner-healer informants about the logic of the causation of *nzoka ja buhale*, unlike my other diviner-healer informants, she connected it to a woman mixing the blood of different sexual partners: '*Damu hizi zote zitapatana kweli*? 'Can all these bloods really be compatible?' she asked rhetorically. Even though ng'wana Shija was the only one of my specialist and lay informants who talked about *ja buhale* in terms of 'blood incompatibility' (see Roth 1996: 237), the idea about the consequences of 'mixing [male] blood' was generally connected to two other reproductive problems which were seen to affect especially a woman in labor (*kusangilija,* 'mixing'), as well as breast-fed children and children who were still in close physical contact with their mother (*mako*, 'dirt').

I met ng'wana Paulo for the first time when she came to be treated by a diviner-healer I was working with. She was in her mid-forties and had been married to her husband, ng'wana Mbeshi, for almost ten years, but they did not have any children together. Ng'wana Mbeshi had never had any children with her nor with his second wife, both of whom he had married with bridewealth. The situation of these two women was highlighted by the fact that ng'wana Mbeshi's third wife, whom he had married relatively recently, had recently had a child. Ng'wana Paulo and her co-wife were now more worried about their future then ever before. One day ng'wana Paulo told me about her co-wife's pregnancy and the difficulties which occurred during the labor:

> **When she got pregnant**, she [third wife] went to Kahama [where her parents lived]. When she left, **she went to another man**. She stayed there for almost two months. **The man was** fooling around, **sleeping with other women**. Her husband [ng'wana Mbeshi] pitied her, went to get her back and she returned. When she went into labor he [husband] was not here. I was the only one home. **She had to tell me.** I went to look for medicine and made it for her. When she finished drinking it, she gave birth to the child. (Emphasis mine).

Ng'wana Paulo refers here to a reproductive problem called *kusangilija*.[127] According to her, the womb/fetus (s-n. *nda*) of her co-wife 'had gone up' (swa. *-panda juu*) during the labor and both women knew that unless something was done, both the child and the mother might die. If there was hesitation about the necessity of the feeding of the fetus, all of my informants – young and old – agreed that the blood which creates the child should be of one man only. If the blood of the child gets mixed with the blood of another man, the woman and the child may die in labor because the fetus will not descend, but instead, rise up (swa. *kupanda juu*). But, if the woman in labor confesses the name(s) of her lovers and/or she is administered the right medicine, for example medicine prepared from the leaves of the mi-lama- tree, she will deliver successfully (cf. Bösch 1930: 452).[128] If, however, a woman who has been cheated by the woman in labor shows up during the childbirth, the woman in labor will die. In ng'wana Paulo's story, her co-wife-in-labor connected the symptoms to her liaison with another man while she was pregnant, and she had no other choice but to tell it to her senior co-wife.

Female bodily fluids are not seen as ritually polluting to men and there are no prohibitions, strictly speaking, connected to menstruation.[129] Menstruating women are not secluded from everyday life, they can handle fire and they can cook, even for men. However, intercourse is avoided during menstruation, even though this is generally perceived in terms of un-cleanliness of the sexual act and not as something that is absolutely prohibited, or a potential source of any physical problems for men. Blohm (1933 II: 7, 25) mentions intercourse during menstruation as a ritual prohibition (s-n. *ng'wiko*), but today it seems to have become interpreted in terms of the proper flows of blood, from men to women only, like among the Pogoro of Southern Tanzania (Green 2003: 86).

I was told by several women that these days even the midwives in the clinics and hospitals know the medicine for *kusangilija*. If necessary, they ask the woman in labor to confess the names of her sexual partners, which itself is seen to bring immediate relief, after which they bring their patient

[127] Varkevisser (1973: 117) talks about the consequences of adultery in birth as *lwikilo* (a child who wants to emerge from the mouth). See Roth (1996: 152-3, 350-358) for *usangilija.* Also Reid (1969: 79) mentions that having lovers during pregnancy is forbidden to all Sukuma women.

[128] Bösch (1930: 452) mentions that difficult births are connected to the breaking of a ritual prohibition (*mgilo*) or adultery.

[129] However, menstrual blood and women's underwear can be used in medicines to make a woman infertile.

the proper medicine. Bibi Yona, who had studied and worked in the Kolandoto mission hospital in the late 1930's, told me how women who had complications were asked by the midwives working at the hospital: *Wangapi*? *Wawili*? 'How many? Two?' and made to confess the number of their sexual partners. She told me how she had been surprised to find out that *kusangilija* was not a Sukuma thing only, but that Europeans had it as well. The midwives working within the biomedical sphere at Isaka dispensary and at the Nzega district hospital said that the confessions of women during difficult deliveries were common and that they listen to them in order to help the woman to calm down and deliver safely. Some of them said that they also allowed the usage of the medicines for *kusangilija* if the women assisting the woman in labor have brought them along, even though they did not administer the medicines themselves.

Maia Green (2003: 86) has discussed a similar reproductive problem called *mapinga* among the patrilineal Pogoro of Southern Tanzania, whose ideas about the reproductive process seem to have much in common with those of the Sukuma-Nyamwezi in Isaka (ibid. 85-89). And the Bangangté notions about the consequences of women's adultery are very similar when they talk about the blood of men 'fighting' (Feldman-Savelsberg 1999: 87). Like in the case of the Pogoro ideas about *mapinga*, the symptoms of *kusangilija* which led to death of the woman in labor were considered as proof of adultery committed by a married woman according to the material offered by father Bösch (1930: 452). Such death, Bösch mentions, led to revenge. However, the material from Blohm (1933 II: 13) leaves out the possibility of other options for difficult deliveries, namely ancestors, who are holding the child, and Tanner (1959: 113; 1967: 18) states that such occurrences were connected to the refusal of the child to accept the power of his/her ancestors.

In Isaka, ancestors were not held to be a possible reason behind a difficult labor, whether or not the mother and/or the child survived. Yet, there was another option to mixing blood. If the confessions and the medicine do not bring help, and the woman dies (and/or the child) in labor, her relatives can, and usually do, go to a diviner to find out the reason behind her death. In such situations, several male relatives of the deceased woman (depending on the situation, and possible suspicions, the relatives may include her affinal relatives) approach the diviner, with a female chicken. In such a case, the cause of death will be, and I can say without exception, connected to

witchcraft practiced on the pregnant woman.[130] But, even witchcraft-related problems in labor do not have to lead to a woman's death. Ng'wana Kashinje once told me about the improved safety in present-day deliveries in comparison to the past in the following way:

> They trap people, on what are they… on these roads. Now, those who are pregnant they pass there. Others trap them. Like in the past, these things existed. In the past there were no hospitals. They gave birth at home. They used only local [swa. *kinyeji*] knowledge. They had problems while in labor and they will call for him [healer] to give her medicine... That healer, what does he do? He comes and gets money there… Nowadays, if they [healers] do such a thing, what do they get? They have become less and less. If a woman sees that she has problems [with giving birth], she goes to a hospital. If she is not able to give birth, she will be operated on. Now, you [healer] will remain with your medicine.

Ng'wana Kashinje is talking about greedy diviner-healers, who in the past used their medicine to trap (swa. *kutega*) pregnant women. Trapping is a common type of witchcraft in which medicine is induced into a victim's body by placing it on the path where the intended (or unintended) victim will pass and step on it. According to ng'wana Kashinje, these women then had complications during labor and needed the same diviner-healers who induced the problem to help them out.[131] Even though ng'wana Kashinje mentions the diviner-healers, the usual suspects today include the woman's co-wives, especially infertile ones, who are seen to have all the reasons to envy, and potentially the most to gain by such an action. I do not have the

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[130] See Reid (1969: 185) for a case of sorcery related difficulties in delivery. Reid (ibid. 190) also mentions that sterility, abortion, and difficult labors are frequently perceived as caused by ancestor intervention by traditionally oriented Sukuma and that traditionally difficult labors are attributed to the expectant mother's adultery during pregnancy (ibid. 229).

[131] Even though the solution today, as ng'wana Kashinje says, can be a cesarean, it is not a realistic possibility for everyone in Isaka. It takes money, connections and an experienced midwife to be able to get to Kahama, which is the closest place where cesareans are made, fast enough for the mother and the child to survive. Most births in Isaka today are taken care of by the midwives, either at the dispensary clinic or in the villages by TBA's. Yet, many births take place at home with the company of one or several experienced female relatives who are not necessarily equipped to make decisions about when to leave for a hospital if the labor is delayed. Even the midwives are unable to do anything about the situation if the husband does not have the means to get his wife to the hospital, or does not consider it necessary – which could be the case if he suspects his wife to have committed adultery.

version of ng'wana Mbeshi's third wife about the story told by ng'wana Paulo about her difficult labor. Soon after the birth of the child, ng'wana Mbeshi had taken the mother and the child to live elsewhere. Ng'wana Mbeshi's relatives hinted to me that this was because of the fear of witchcraft on the part of the other two wives.

While *kusangilija* in Isaka was seen to affect equally women who were married with or without bridewealth, and the reasons behind it in both cases could be connected to mixing blood or witchcraft, the situation seems to have been slightly different in the past. In non-bridewealth unions, no shame or blame was connected to such a death, except for the husband, who had to pay compensations, *sango*, for his sexual partner's death:

> If the woman dies [in labor], women bury her in the village. They cut open her body and remove the child and all the innards. Only the empty corpse remains. Everything is put inside the grave. If the woman who has died in this way, if she is only a sexual partner and no bridewealth has been paid, the man pays to her relatives blood money: 15 pieces of cloth, two cows and two slaves. They go to the chief, to fix the payments. They say: 'We have been cheated out of a life by this man (Blohm 1933: 13).'[132]

Unfortunately, the old ethnographic material does not give any clues about whether the problems in labor were connected to *kusangilija*, that is, the mixing of male semen/blood. The word *kusangilija*, however, does not appear in any of the older ethnographic literature (see for example Bösch 1930: 452), as it does in more recent ones (Roth 1996: 354-358; Stroeken 2000: 166), which refer to it in terms of mixing the male semen.[133] It seems possible that these ideas about mixing have stepped in, while the ideas about the consequences of breaking sexual prohibitions, *miiko/migilo*, are waning. The consequences of women's sexual misconducts have become perceived more in terms of proper flows of procreative substances. The situation seems to be similar in the case of a possibly lethal children's illness called *mako*.

[132] Translated by Michael Vischer.

[133] Stroeken (2000: 166) notes *kusangilija baagosha,* i.e., 'mixing men' as a remedy.

Mako: the dirt[134]

Breastfeeding and the intimate physical connection between a mother and a small child is perceived as a source of potential danger to the infant's health. I was told that if a woman who is nursing her child has sexual relations with men other than the child's father, the child will be affected by the 'dirt', *mako*, of the act. Bibi Yona pointed out to me that *mako* is essentially about the same thing as *kusangilija*. She, like the diviner-healers and other people I talked to, connected it essentially to the harm that an adulterous woman does to her child through the mixing of the blood of another man with that of the child, whose blood is of another man.

> **Bibi Yona (h/f/80):** The dirt [swa. *uchafu*] of the man, you, the mother of the child, you do dirty/polluting things [swa. *mambo machafu*] outside with other men. That man did not give birth to that child, it is not his blood. It has to harm him/her [the child]. The child is still nursing, nursing the dirt of another person.

While *mako* was generally connected to mixing male blood, it was also mentioned that a woman can harm the child through physical contact, through touching and carrying the child on her back. A male diviner-healer, mzee Nyamwelu, described the symptoms and proper treatments for *mako* in the following way:

> **Mzee Nyamwelu** (d-h/m/60): You have had a child safely, and you start to think that your husband is no good for you anymore and you run to other men, to bush. When you return from there, you do not know what medicine to use, to make for the child. Now, you are alarmed by the blackness of your child's skin. In addition the child gets illnesses and becomes very thin.[135] If you do not hurry with the medicine,

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[134] Reid (1969: 45-6) mentions that if a child dies within six months or even a year from birth, the death is connected to angry ancestors, *njimu*, which trouble only women. See also Stroeken (2000: 172), who mentions that such deaths of young children are connected to infertility and to the matrilateral ancestors. As Roth (1996: 50) mentions, adults are never seen to die because of their ancestors.

[135] The symptoms of *mako* in children are very similar to those of another children's disorder called *lyusi*. *Lyusi*, which is seen as less dangerous to the child's health, is the consequence of a woman breastfeeding her child while pregnant. Some of my informants connected *lyusi* to the heat, *busebu*, of the pregnancy, and others to the mixing of blood of the two children through the milk of the mother.

> *makile*, the child dies. It is just your own stupidity, because you have liked the men of the outside. It is your own fault if you do not know the medicine. It exists.

Men's sexual behavior was not seen to affect their children at all, or it was mentioned that it can have some affect, but it would not be of great significance, like the harm caused by the mother. This was explained by the lack of physical closeness between the father and the child, but it clearly has to do with ideas about the flows of procreative substances also. For example, mama Neema (f/35) mentioned that the adultery of a father can only harm the child if the child is already sick with *nzoka ja hantwe* or another illness. Hans Cory (1949: 23) has given the following account of *mako* and the medicine used for it, called *makile* from the Sukuma area:

> Among the protective medicines the *makile* medicine serves a special purpose. It is supposed to protect a child against the evil influence, which the **adultery of its parents** has on its health. The *makile* medicine is used until the day the child is weaned.
>
> If after an act of adultery **the father** returns home, he takes some mud from the wall of his house and mixes it with a few drops of his urine. He first rubs his hands with the mixture and then his sexual organs. Thus cleansed, he can take his child in his arms without endangering its health. Sometimes a wife will hand the baby to its father as soon as he enters the house. If he refuses to take it in his arms, she is sure that **he has a bad conscience. He has forgotten to apply the *makile* medicine.**[136] (Emphasis mine)

Cory continues that in some parts of Sukumaland, **both** parents take *makile* medicine as soon as the child is born, and this way, make sure that no harm will come to their child from their extra-marital relations.

The information I have on *mako* is in one important sense very different from the accounts and interpretations given by Cory and that of Bösch (1930: 269), whose description of *mako* is very similar to that of Cory. In

[136] 'He has bad consciousness because he has forgotten to apply the medicine'… Such behavior is considered as a failure to take care of the child, as adultery of the woman is today, because it is an important part of the nurturing process.

my data, the women's sexual misbehavior/adultery and mixing male blood is seen to be relevant, not that of men (see also Roth 1996: 196; Stroeken 2000: 165-6).[137] Even though Cory's account does not make such conclusions, it is possible that women's adultery has been perceived as being more dangerous than that of the husband even in the past, because all the other examples about the consequences of illegitimate sex in the early descriptions from the ethnographic area concern women (see Blohm 1933 II: 10; Bösch 1930: 452). However, in Isaka the male contribution to infant *mako*, for example, was either altogether denied by my diviner-healer informants and other people, or belittled.

It seems that in the past complications in labor as well as *mako* were considered essentially as consequences of breaking sexual prohibitions and the polluting effect of such acts. Overall, in the whole range of reproductive problems from *nzoka ja buhale* to *mako*, there seems to be an emphasis on the active role of women, on the consequences of their sexual misconduct for reproductive matters in Isaka today. This emphasis and the emphasis on the notions about mixing blood are related to the effects of the changes in marriage practices and the incidence of HIV/AIDS. Such interpretations are possible because of the persisting notions about male-female relations (encompassed wombs) and about the female body in the procreative process. These ideas are often challenged by women. In the case of the symptoms of *kusangilija* and *mako*, there is always the other option – witchcraft – which, however, usually points to the active role of other women in illness causation: co-wives, mothers-in-law, neighborhood women, and significant others.[138] Thus, like in the case of *ja buhale*, it is the women who are the usual suspects.

Southern influences, national legislation and attention on women

In Isaka the flows of wealth, which are considered essential to the reproduction of Sukuma-Nyamwezi society, are perceived by the elders as having gone wrong in all spheres of society, from the absence of the chieftaincy to the lack of reciprocal relations between neighbors. This is also the case

[137] Stroeken's (2000: 165) informants connected *mako* to the levirate and to the past practice of the withdrawal of the 'child in-between.'

[138] Most lethal things are connected to witchcraft, so if a child dies, it is not usually connected to 'just illness' in a Western sense.

with transactions of wealth in marriage. These changes are connected to major outside influences, to the capitalist economy, and also to national legislation.[139] Both of these influences, it seems, are more pronounced in Isaka than in the more rural parts of the Sukuma-Nyamwezi area. These influences are also visible in the ideas about the causation of reproductive illnesses and have contributed to the increasing attention on women's sexual behavior and to the ideas about 'mixing men' and 'male blood'.

In places like Isaka where the presence of money and commodities is both very visible and remarkable - almost by any standards - but the opportunities for prospering are scarce, there can be no doubt about the 'blocking' impact of the capitalist economy on almost everyone and on all spheres of social life. Money does not flow like other forms of alienable wealth. Women especially feel that they have a right to hold on to the money they have earned. Unlike men, who have obligations towards their family and kinsmen, Sukuma-Nyamwezi women, who are customarily entitled to the produce of their own labor (cf. Cory 1953: 82-3), have potentially much more access to money in Isaka than in the more rural areas. This is usually so, even in cases where a woman is the head of the household.[140] Both men and women in Isaka were often talked about as having an egoistic desire, *tamaa*, for money, commodities, and to a lesser extent, sexual pleasure (see Hasu for the Chagga 1999: 361), but it is seen as a more intrinsic and more dangerous quality in women than in men because of the perceived consequences of women's sexual misconduct. This *tamaa* was said to make women engage in multiple relationships, and to be careless about their reproductive potential and the health of their children.[141]

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[139] For example, a Sukuma male elder complained to me how there are no *njigu* payable these days. *Njigu* was a payment made by the lover of the woman to her father if the woman died in pregnancy or childbirth. This rule was followed in Sukumaland proper, but not in Unyamwezi, where it was abolished before British rule (see Cory 1953: 96-99; 1955a: 39).

[140] The Sukuma-Nyamwezi women who are the heads of households do re-distribute their wealth, but do so much more cautiously than men. This is partly connected to the prevailing notions about witchcraft. In Isaka this was true also for gifts of food, which are the customary prestations of women. Especially elderly women, who pass on gifts of food to their neighbors, are most likely to be perceived as witches. Such gifts are never used, but buried in secret.

[141] Stroeken (2000: 165, see also 225) mentions that 'According to Sukuma women their sexual ethos stands out from that of neighboring people such as the Haya, Kerewe, Zinza and Jita.' He also mentions that committing adultery is a taboo (*ngilo*) for both men and women and a legitimate ground for divorce. According to my material, it is the woman's adultery which is a legitimate ground for divorce and a source of concern these days.

Young people's *tamaa* was also seen to have led to the lessening importance attached to bridewealth marriages. The Sukuma elders who have moved to Isaka from the Mwanza area often pointed out to me how their female children and grandchildren were starting to get married like the Nyamwezi. Young women, they said, had begun to disregard the true Sukuma ways, and allow themselves to be just taken for free, *bure*, without any bridewealth. They referred to non-bridewealth unions as *dharau* (despise/disrespect) referring both to the attitude of the man towards his partner's family as well as to that of the woman towards her own kin. In this talk they linked the Nyamwezi (Southern) and modern influences (see Stroeken 2000: 137), like they did when they pointed out that food in Isaka is not shared among neighbors but is eaten in hiding, because - as they said - that is the Nyamwezi way.[142] The changing marriage practices, perceived increase in both non-bridewealth unions and divorce, were not troubling only these Northerners, however. Bridewealth marriages are the ideal first marriage for everyone even though non-bridewealth unions clearly evoked more unease among the Northerners.

Challenged bridewealth

The perceived decline in bridewealth unions as well as the *tamaa* and the sexual behavior of women were also connected to the impact of the national legislation on customary marriage and inheritance practices. In matters of marriage and inheritance, both national legislation and customary practices are recognized, in principle, in the Tanzanian courts. This 'system' is anything but unitary and it leaves much room for negotiation and manipulation.

The thing that seems to be the source of most complaints, insecurities and conflicts in the legal system in Isaka is the challenge that the national legislation concerning marriage and inheritance (as well as the marriage rules of Christian denominations) poses for the significance of bridewealth transactions.

These conflicts are seen to arise from the combination of the matters of inheritance and marriage. And, I suggest, there may well be a connection between these concerns and the attention on women. The Marriage Act of 1971 recognizes a marriage certificate, not bridewealth, as a determining

[142] Stroeken (2000: 47) mentions for the Northern Sukuma area that a small brideprice indicates promisquity.

factor in the legitimacy of a marriage.[143] Most people in the villages still do not get married officially, but the marriage legislation states that if a man and a woman have co-habited for a period of two years, their marriage is to be considered legitimate (The Marriage Act 1971: 62). Inheritance legislation is, if possible, even more diverse in Tanzania than the marriage legislation. In principle, customary inheritance laws should be applied to the local population, but courts can make an exception if a person proves to lead a modern/Christian way of life. In this case, statutory law is seen to apply to him or her.[144] Even though, in principle, there should be as many customary inheritance practices as there are different groups and communities in Tanzania, the inheritance rules of patrilineal societies, under which the Sukuma and Nyamwezi have been placed, were unified in 1963 under the Local Customary Law (Declaration) Order (No. 4) of 1963.

In principle the National Marriage Act of 1971 applies throughout Tanzania, and only certain sections of it allow for variation in practices according to local customs. This means that practices which are customarily acknowledged by the community should be taken into account in the court of law, within the limits allowed by the national law. The customary practices relating to marriage and inheritance were codified and written down for the Sukuma and the Nyamwezi in the 1950s by Hans Cory (see Cory 1953; 1955a) based on the discussions he had with Sukuma and Nyamwezi chiefs and elders. It is difficult to say to what extent these codified versions have actually been taken into account in the primary courts during the late colonial period and after independence. Ray Abraham's first-hand knowledge from the Kahama district suggests that the rulings on cases which were heard in chiefs' courts were each considered individually. And, versions codified by Cory were not necessarily considered to have any authority over the decisions.[145] Today, the local magistrates, who like most government officials in Tanzania are not originally from the area where they work (see Wijsen & Tanner 2002: 140), are advised by court elders (swa. *wazee wa mahakama*) about local customary practices.

It seems that the national marriage and inheritance legislation has had more effect on people's lives in Isaka than in many rural communities and

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[143] See the Marriage Act of 1971; and also, the United Nations Human Settlements Program Report: 'Rights and Reality: Are Women's equal rights to land, housing and property implemented in East Africa' (Unhabitat.org/publication/hs66702e/rr_chp4.pdf).

[144] There are also Islamic laws of inheritance (as there are for marriage), which apply to the Muslim population.

[145] Personal communication 15.11.2005

this is probably connected to the heterogeneity of the people's background and to the consequent lack of means of dealing with social conflict at the neighborhood and village level (see Wijsen & Tanner 2002: 143).[146] In the eyes of the national legislation, the rights of a father over the custody of his children, and the rights of the children over their father's inheritance, are not dependent on bridewealth transactions. I was told that today in court all the children of a man are considered as his potential heirs. The children born of bridewealth unions have precedence over their father's inheritance, but anyone who is recognized by the community or by the relatives as the child of the deceased man is entitled to a share of his property.[147] This is perceived as a source of major conflicts and witchcraft practices/accusations in Isaka today. Among other things it said to have led to situations in which women who are (both customarily and under national legislation) only entitled to enjoy their husband's property through their children, want and need children with any man in order to secure their future through their children.

The significance of bridewealth has also been challenged in other ways. For example, in the past, the bridewealth was returnable in the case of the death of the husband (the amount depended on the number of children born into the union) (Bösch 1930: 412; Abrahams 1981: 99), if the wife did not agree to be inherited, and in the case of divorce. Today bridewealth is considered as returnable only in the case of divorce (cf. Cory 1953: 28-29) and people do not oppose this. Death is an accident, they say (cf. ibid. 35). A more dramatic challenge comes from the marriage rules of some of the Christian denominations. Even though many of the people I worked with had been baptized, and many were practicing Christians, Christian perspectives on marriage, reproduction and sexual morality were a concern for a small minority only. These were people who were usually members of 'born again' sects and in every way – professionally and otherwise - distanced from village life. Church rules on marriage, however, affected most Christians, and they were interpreted in a peculiar Sukuma-Nyamwezi way. The marriage rules of Christian denominations, such as the African Inland Church and the Pentecostal churches, undermine bridewealth even more. Even though it is considered as an essential part of Christian marriages, it is not returnable upon the dissolution of marriage, even if the wife leaves her

[146] Unfortunately, I do not have any material from actual cases of divorce or inheritance in Isaka.

[147] I was told that, if a man takes such a case to court, and has started paying the bridewealth earlier, he will be ordered to finish paying it. However, if payments have not been made previously, the father will usually be given custody over his children.

husband and has not had any children with him (cf. Cory 1953: 18). Even though from the church perspective this rule should be read as a discouragement – or rather a prohibition – of divorce, people interpret it through the significance of bridewealth.

The 'wild' situation within the legal system, has challenged the flows of wealth, which were the basis of the reproduction of the familial domain of the society (cf. Tcherkézoff 1987: 30) and maintained the hierarchical relation between women and men in Sukuma-Nyamwezi society. Consequently, it is one more way in which the categories of women and men have become closer and female sexuality is perceived as getting out of control. This is a concern for everyone – other women and men, wife givers and wife takers, young and old, all for different reasons.

Despite the impact of national legislation, there is a remarkable persistence in customary practices of marriage and inheritance. Bridewealth transactions are still considered as essential to a legitimate marriage, even if their significance can be challenged in the court of law. Most custody or inheritance cases are not taken to court, but only those in which no agreement can be found. Moreover, I was told that fear of witchcraft from the other party involved in a conflict situation makes people drop their cases or keeps them from taking their cases to court altogether. While this reluctance is connected to feelings of mistrust towards the local court magistrates and the legal system, another significant factor seems to be the fear of witchcraft from the side of the other kin group involved in the case.

Attention on male semen/blood:

Because of the challenges that the legal system poses to customary marriage practices, the identity of the genitor in the procreative process has become an issue in a way it has never been before for the Sukuma-Nyamwezi. However, because of the customarily determined two options in the affiliation of children, this change makes sense to people, and it seems possible that it could be connected to the notions about 'mixing blood' as the cause of reproductive problems.

The fact that ng'wana Paulo's co-wife's son was the only child born from ng'wana Mbeshi's three marriages had not escaped the neighborhood women -- there was speculation about the sexual behavior of his wives, and I was told that there had been neighborhood gossip about the identity of the genitor of the child. However, the fatherhood of ng'wana Mbeshi was never doubted, not by ng'wana Paulo nor anyone familiar with the family. This is because there was nothing to doubt. The child had been born into a

bridewealth marriage and bridewealth is seen to fix, not only the jural ties between the father and the child, but also the descent of the child: the ancestral connections of the child from the side of the father. 'They [ancestors]', I was told, 'follow the wealth' (Swa. *Inafuata mali /Itapita ile ya mali tu*).[148]

In the non-bridewealth unions and casual relations between women and men, the identity of the father is connected to the transmission of seed/blood from his side.[149] If a woman has had several partners, it is said to be the man who 'started putting the blood in' who is the father of the child. Ng'wana Kashinje told me how the mother of the child always knows who this man is because 'women follow their days'. They calculate when the conception took place and thus know who the genitor is, and this knowledge may prove crucial in the later life of the child. Bibi Yona, however, connected *kusangilija* to the fact that in such a situation the knowledge about the genitor remains unknown.

A woman may keep the name of her partner a secret if the knowledge might put her or him in an uncomfortable position but she never has any doubts about his identity.[150] Even though customarily the jural rights over the children remain with the side of the mother, the ancestral connections to the side of the father are acknowledged and, in practice, they often become highlighted. If the identity of the father is kept a secret by the mother,[151] the paternal ancestors are often seen to approach their descendant in the form of illness, in order to make themselves known. This can take place already when the child is only an infant, but more often later in his or her life. The source of the problem is revealed in divination and the afflicted descendant tries then to persuade the mother to reveal the identity of the father. A mother usually agrees to this for the sake of the well-being of her child. The paternal relatives of the child are then asked to assist in the proper sacrificial practices to the newly revealed ancestors.

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[148] Cory (1953: 92) notes that if a wife conceives a child during the absence of her husband, he can refuse to acknowledge the child as his own. In the case of ng'wana Mbeshi, the absence of other children may have influenced his acknowledgement of the child as his own. Abrahams (1981: 99) writes that in bridewealth marriages 'customarily a man has rights over his wife's children, irrespective of their actual paternity…'

[149] Tanner (1958a: 55-6) claims that the ancestorhood of the father is dependent on the payment of bridewealth. This no longer holds true. Malcolm (1953: 68-69), on the other hand, is more in line with my material; as his informant put it: 'Even if the bride-price is not paid and and my grandchildren belong to their mother's family, they could not forget me because they are my blood.'

[150] The effects of the possible mixing of men and male blood, can be taken care of by medicine.

[151] This secrecy often takes place in Christian families.

Based on his material from the Northern Sukuma area, Stroeken (2000: 170) claims that in conception, the semen from a man does not transmit a patrilineal link or soul to the child. The material that I have from Isaka contradicts this. The ideas about the procreative process and the contributions of women and men in it seem to reflect variations in the Sukuma-Nyamwezi ideas about descent and marriage. Especially the Sukuma who originally come from the Northern parts of the Sukuma-Nyamwezi area, like bibi Yona, emphasize the strength of male blood more than the people from the Central parts. She connected the strength of male blood to the strength of ancestral connections from the side of the father, *ku buta.* The strong ancestors, I was told, are those of the side of the father, while those from the side of the mother, *ku migongo,* were generally seen as less influential, not only in the lives of men, but also of women.[152] The situation is somewhat different in the Central Sukuma-Nyamwezi area, and even though the emphasis is usually on the relations on the side of the father if bridewealth has been paid, the side of the mother, *ku migongo*, is seen as more influential in the lives of the people than in the more Northern areas. However, I was not able to detect any significant differences in the ideas about the causation of procreative failures. What is significant is that the strength of the connections on the side of the father are perceived in terms of the strength of male blood -- the blood, which creates the child.

> Bibi Eliza (f/65): Strong blood comes from the side of the father. This is because father, father is the one who, well… We women we are the receivers.

And as bibi Eliza continued, the strength of blood is also connected to the strength of the ancestors on the side of the father, and to the potentially malevolent powers of father's sister (s-n. *sengi*) over her brother's children:

> And, ancestors are also strong on the side of the father.[153] Now, father has his sister, and his sister, if you do her wrong... If she says a word, it will get you – and fast - because of her blood.[154]

[152] The ancestors, which affect and afflict men, are generally seen to be male and those from the side of his father. Similarly, the ancestors affecting women are generally female and from the side of the mother.

[153] Swa. *Damu kali kwa baba, kwa sababu baba ndiye yule anaye naanii, ee… Sisi wanawake tunawekewa.*

[154] Swa. *Na mihoga yote kali kwa baba Sasa baba atakuwa na dada yake, sasa dada yake, ukimkosea…Akisema neno, itakupata. Tena halaka sana. Kwa sababu damu yake.*

Paternity has become an issue in a way it was not before, because of the two options in the customary marriage. Yet, the attention on mixing male blood springs at least as much from the persistent notions about the consequences of adultery and from the present-day relations between women and men in Isaka.

Overall, it seems that the focus on young women in Isaka today, the persisting attention on women's sexuality and its consequences on her pregnancy and the health of her children, the attention paid to the female body as a cause of couples' reproductive failures, and even the increasing deaths in the society, reflects the interaction of persisting notions in a rapidly changing society. The effects of these major influences become exaggerated when they are combined with the present-day epidemiology of female infertility and HIV/AIDS. This is because the local interpretations of symptoms and consequences of not only the infections, which lead to infertility, but of serious and potentially lethal infants' illnesses (among them AIDS) as well, are often connected to female causation. These interpretations in turn become affirmed through the present-day social reality in Isaka.

HIV/AIDS and eyes on women:

One of my old male informants, mzee Labani, had passed away just a few months before I returned to the field in 2001. I was told by the neighborhood women that several months before his death, he had started to waste away and his skin had turned black. When I asked about the reason for his death and the blackness of his skin, these women answered that they did not know. Their answer did not surprise me, as it was the usual way of talking about the causes of serious illnesses and deaths, many of which I saw as probably AIDS related. Such claims are, no doubt, connected to the idea that outside the divination context, one can only make guesses about the causes of serious and lethal illnesses.[155] Yet, I had previously noticed that in such cases 'I do not know' usually implied conviction about the causal factor, namely witchcraft.

HIV/AIDS as such is not a major concern for most people living in Isaka, and this is in no way connected to its low prevalence, because the impact of HIV/AIDS in Isaka is, without any doubt, tremendous. The extent of the impact of AIDS in Isaka can only be estimated, however, because a great

[155] See Stroeken's (2004: 29*ff*) discussion about the 'search for the real' in Sukuma divination.

majority of AIDS cases remain undiagnosed and thus, unreported (See National AIDS Control Programme 2000: 4).

The Report of the National AIDS Control Programme (NACP) of Tanzania estimated that in the year 2000, 60 000 new AIDS cases occurred in mainland Tanzania (National AIDS Control Programme 2000: v). Such estimates are based on the reported AIDS cases received from the district hospitals, which are then multiplied by 5, to account for all the estimated cases. The number of reported cases in 2000 in the Kahama district hospital was 6 (ibid. 36), and no figures exist from Isaka because laboratory testing for HIV was not available there in any of the dispensaries. However, as is the case with all sexually transmitted diseases, the spread of HIV/AIDS is estimated to be much more rapid in the crossroads of major transportation routes, like Isaka, where the mobility of people is great. In the end of 2005, a UNAIDS report estimated that 7% of the adult population in mainland Tanzania were infected with HIV, and in cities and towns the prevalence was 11%, twice the levels of rural areas.[156]

There is a general consensus in the villages surrounding Isaka that even though there is such a disease as UKIMWI (HIV/AIDS), it does not really affect ordinary villagers. The reasoning behind this is that the women in the villages are not promiscuous like the women in the centre. From the village perspective, it is only the people living in the station area - prostitutes, business men, truck drivers - who are potential victims of UKIMWI. And, even the deaths in the station area – and especially by the people whose close relatives have died - are mostly connected to witchcraft, which, unlike UKIMWI, is perceived to be the true problem in the area. HIV/AIDS in Isaka, however, is far from silenced. People talk about increasing illness and deaths, about the increasing use of malevolent medicines -- and about the lethal consequences of women's promiscuous behavior.

While blood as a life-substance and blood as an idiom for kinship (for comparison see Green 2003: 86) has been a central concept in the Sukuma-Nyamwezi thought even in the past, the emphasis that was always put on mixing male blood - and not semen - as a source of reproductive problems seems to be peculiar to notions about reproductive problems in Isaka. Unfortunately, this emphasis is something that I saw in my material long after I had returned from the field. Even though I have nothing but my instinct to back me up, I am wondering if the notions about blood may have been influenced by the health education and HIV campaign discourses about the

[156] UNAIDS/WHOA AIDS epidemic update, December 2005: http://www.unaids.org/epi2005/doc/EPIupdate2005_html_en/epi05_05_en.htm

spread of HIV/AIDS through sex and blood.[157] Or rather - to re-phrase this - it would be hard for these local notions about illnesses, which are connected to illegitimate sex, to remain unconnected and uninfluenced by the health education about HIV/AIDS and its transmission.

The connection between AIDS and witchcraft springs, at least partly, from the symptoms: swelling, lesions and the slow wasting of the patient's body, which have been interpreted as signs of witchcraft, even in the past.[158] This seemed to be the case with the death of ng'wana Labani. Two of the diviner-healers I worked with knew the deceased and were familiar with what had happened to him. The one *nfumu* told me that he had been bewitched by his mother because he had killed his own sister and taken over the property which she had inherited from her deceased husband. The other *nfumu* connected his death to envious (swa. *wawivu*) neighbors and mentioned that ng'wana Labani had shown off his wealth, which had cost him his life. One of the women in his neighborhood, however, hinted to me that ng'wana Labani's death could have been caused by *mako*. Her subsequent explanation about *mako* tells how an adulterous woman can not only bring illness and death to her infant children, but also to her husband (see Stroeken 2000: 165). Moreover, the woman can not be affected by the adultery of her husband:

> Bibi Eliza (f/65): You go to other men. You do harm, do you not. And the child comes to you and you hold him. Or he [the child] goes to sit on your clothes, and you have done your bad things there. Or else, your clothes were.. there on the mountain, where do you get a bed? You go and put down your clothes there, do you not? You protect yourself with the clothes and go home and the child touches you. It cannot be good there. You do harm. And not only for the child, but also the

[157] In some other contexts, wealth is seen to fix the harmful effects of the contacts of different bloods. In a birth-giving situation, for example, the midwives used to be given a small token of money after the delivery to remove the harmful effects (*salala*, ~curse) of the blood of another woman. Rubber gloves, which have been introduced to the village midwifery in the late 1990s because of AIDS, are seen to prevent the blood from entering the midwife's body. But, if the person helping the woman in labor is of the same blood as the one giving birth, her mother, aunt or her grandmother from either side, the rubber gloves are not seen as necessary.

[158] This became very clear to me in a conversation, which took place in a meeting between local health care representatives and the members of the local healers association (*Chama cha Waganga wa Kinyeji*), in which the past connection that was made between the symptoms of *safula*, hookworm disease, and witchcraft, was discussed.

man, your husband, he gets problems. These things, *mako*, they get to him. His health will not be good. He feels cold and other people will know [why].

Reea: Does the woman get any problems?

Bibi Eliza: What kinds of problems would she get? If she is not careful, it can kill people. **His** [other man's] **blood is bad. If there is a man who goes [sleeps] around with bad blood, he kills people**. If the blood is not bad, he [husband] will live, but his health cannot be good. They [child & husband] will be weak. Goodness, he has become black! Even the child can change color.[159]

Reea: But if it is the husband who is having other women?

Bibi Eliza: **If a man has other women, it does not bring harm to his wife.** If it exceeds a lot, he may bring some harm to his children, to children only. But **he cannot harm his wife.** The children get a little ill, because of their father's wanderings. (Emphasis mine)

The described symptoms, which from the biomedical perspective could point to AIDS, are interpreted through ideas about *mako* and mixing bad male blood. In the case of the death of mzee Labani, no one – not the wife, not the neighbors nor the diviner-healers – ever hinted to the possibility of UKIMWI, nor, for that matter in the case of most deaths which took place in Isaka during my stays there. This is so, despite AIDS education attempts at the dispensaries, in the villages, and in the church preachings, which reach the majority of the population both in the centre and in the villages.

[159] Swa. Bibi Eliza: *Unakwenda kwa mwanaume* mwengine. Si, *unafanya vibaya. Na mtoto anakuja, sasa unamshikashika tu. Au anakwenda kukaa kwenye nguo yako, na ulikwenda kufanya mambo yako mabaya kule. Au pengine nguo yako ilikuwa, huko mlimani kule utapata kitanda? Si unakwenda kutandika nguo yako huko. Sasa unajifinga na huo nguo na kuja nyumbani,, mtoto ankukalaganda sasa. Haiwezi kuwa nzuri hapo. Unaharibu kabisa. Sio ya pande moja ya mtoto, pia mwanaume mume wako, anapata shida. Hayo mako yenyewe yatampata. Afya yake itakuwa ya hivyohivyo tu. Anajisikia baridi, ikifanyaje anjiona baridi. Na watu wengine watamjua tu.* Reea: *Na yule mama hapati shida lakini?* Bibi Eliza: *Yule apate shida gani sasa? Asipokuwa unangalia, inaweza kuua. Damu ya huyo ni mbaya, mtu akitembea ana damu mbaya, anaua watu. Kama damu siyo mbaya, ataishi hivyohivyo, lakini hali yake haiwezi kuwa nzuri. Watakuwa wadhaifudhaifu. Mbona amekuwa mweusimweusi tu!.Hata mtoto anaweza kubadili rangi..*

Yet, this woman's account is all about sex, blood, illness and death.

Even though no one connected mzee Labani's symptoms to AIDS in public, this does not mean that such connections were not drawn, as everyone is aware of the illness. However, the notions about the epidemiology of actual HIV/AIDS are culturally mediated. In 2001, there was a seminar in Isaka, which was organized at the ward level for the members of the local Healers' Association (*Chama cha Waganga wa Kinyeji*) with representatives of local government and the government dispensary. The purpose of the seminar was to re-discuss the healer's involvement in treating AIDS patients, because of the new government recommendation. Up until then, the diviner-healers had been advised to pass suspected AIDS cases to biomedical practitioners, and were warned against giving the patients false hopes and 'stealing' their money by connecting their patients' condition to witchcraft. Now, the government message was that because of the lack of sufficient care for the AIDS patients, the diviner-healers should be welcomed to contribute to their care. The message was that the comfort, care and even – as the government representatives said – false hope, which the diviner-healers can give their customers, can only be of help to those who are fighting with AIDS.

During the seminar, the medical officer of the dispensary made a presentation about the epidemiology of AIDS, and asked the ten or so healers present about its causation. The healers gave all the right answers, and only the possibility of mosquitoes spreading the disease seemed to raise questions. Two days after the seminar I went to see one of the healers who had been present in the seminar. He said that the seminar had been a good one and he was clearly excited about the new opportunities which the co-operation with the representatives of biomedicine might bring him. However, he added that it is ridiculous to say and think that an illness which spreads through blood could remain in a human body for years without showing any signs (cf. Wijsen & Tanner 2000: 48). Such a notion was generally accepted among the diviner-healers in Isaka; the case of the death of a 9-year-old girl called Eliza is an example that will be discussed in the last chapter.

Conclusion

The material presented in this chapter is only one possible reading of the situation in Isaka. Some people, especially diviner-healers, emphasized women's ignorance of the right preventive and curative medicines, while others complained that these days women can do just about anything and then try to

fix the consequences of their behavior with medicine. Sometimes, however, women's sexual misconduct was referred to as witchcraft, *bulogi,* practiced by women on their unborn children, on the children they breastfed and even on their husbands. This was connected more to the potentially lethal consequences of women's actions, and not so much to their deliberate behavior.

Like the prohibitions which applied to pregnant wives in the past and many of which have become forgotten - but from which there were always ways out, as with the carrying of the stone across the river - the significance of bridewealth transactions in marriage has been challenged by the national legislation. However, despite this, the structure of male-female relations persists. Bridewealth is still considered the essential requirement of a legitimate marriage and there is an increasing attention on women and uncontrolled female sexuality and mixing male blood as a source of, not only female reproductive problems, but of infants' illnesses and even the deaths of their male partners. The attention on women's sexual behavior today and the ideas about 'mixing' and its consequences are essentially about the persistence of male – female relations, and the enduring structure of encompassed wombs. The categories of men and women have become too close and as these elements cannot hold the same place, the male and female relations have acquired a new form.

New entities and pressures on the society are interpreted through already existing notions, which in this process acquire new meanings. Ideas about nurturing children and *mako*, which is connected to the ill health and death of infants, and even of men, and the increase in *mako* which points to women's promiscuity, is a good example of this process. Unlike Taylor (1994), I take these notions in Isaka and their impact on ideas about illness causation to be more about the persistence of a holistic ideology than about the acceptance of Western individualistic values (and capitalist logic). Yet, as I have pointed out, such symptoms also allow other interpretations and capitalism and individualism do impact on social reality in Isaka.

Feldman-Savelsberg (1999) connects the worry of the Bangangté in Cameroon over infertility to a worry over cultural identity in the face of socio-economic change. In Isaka, the worry over infertility and the elder's worry over women is not only worry about the reproduction of the society, but about survival in a much more concrete way, and the circulating ideas point to women's contribution. However, as has been said before, such an interpretation is rarely connected to an individual case of reproductive failure or a child's death. The circulation of ideas about 'mixing' is possible because of the structure of 'traditional' health care and such ideas are confirmed by

the social reality in Isaka, the epidemiology of female infertility and AIDS. However, these things also allow a connection to medicine: to the women's ignorance of the right medicines, as mzee Nyamwelu said in his quotation about the cause of *mako*, but more often to witchcraft, in the form of malevolent medicine and ancestral manipulation. Within the realm of medicine, and especially malevolent medicine, most attention centers on female elders like ng'wana Kashinje, bibi Yona and bibi Eliza, who worry about their children and grandchildren dying, but who are often blamed for witchcraft practiced on them. In the next chapter I will discuss how medicine ties people together like kinship.

5
MEDICINE AND THE RELATIONS BETWEEN PEOPLE

The talk about medicine and about how the usage of medicine is out of control has to do with some of the changes which have taken place in the Sukuma-Nyamwezi area during the past decades. As discussed earlier, the status of the chiefs was changed by the colonial government and they were finally removed from office by the independent government of Tanzania. This gave room for the institution of traditional medicine to flourish and, as has been pointed out, the numbers of diviner-healers has been on the rise ever since the changes in the status of the chiefs (Tanner 1969; 285; Tanner 1970: 23). This, however, has not increased the feeling of security among the people because of the ambivalent nature of medicines and those who hold them.

In the past, I was told, while the chiefs were still in power there were only a few diviner-healers around the Sukuma-Nyamwezi area (see also Reid 1969: 98). These healers, and the secret societies into which they were connected, were not under royal control (Tcherkézoff 1985: 60), but were tied to the system of exchanges in the different chiefdoms and into their well-being through the exchange of cattle. For example, as the elders told me, in the case of a drought, a chief sent his headmen and ritual aids to four different healers in the four directions of the world and they went with cattle to seek help and chose a diviner-healer who would be most suitable for the problem at hand. The situation today is very different as the numbers of diviner-healers flourish and their position and reputation in the society is dependent on the amount of their customers and followers and their connection to secret societies. And, as Reid (1969: 98) mentions already in 1969, people did not consider these present-day diviner-healers to be as good as the ones of the past.

'It is forced [swa. *imelazimishwa*]', said an 80-year-old woman to me as we were watching a sudden and exceptionally heavy rain shower pouring down into her maize garden in the middle of the rainy season in 2001. She

explained to me how the rain, in addition to being unpredictable, was too hard and always very local these days. This, she connected to the use of medicine, which she saw as being on the increase. As she explained, rain is increasingly made with medicine, which makes it hard and local, unlike it used to be during the times of the chiefs, when it was soft (swa. *laini*) and covered whole chiefdoms.

As I discussed in Chapter Two, it seems that something, which can be called the 'medicalization' of the Sukuma-Nyamwezi illness-experience and therapeutic practices, is taking place (see also Roth 1996: 201). This is, no doubt, connected to the impact of biomedicine and biomedical substances on local perceptions and practices (Whyte 1999: 23, 208-212). Even more significantly, I argue, it is connected to the consequences of more profound changes that have taken and are taking place in the Sukuma-Nyamwezi society, and in Isaka. The phenomenon of the increasing usage of medical ingredients as opposed to ritual treatments is pondered upon among people and is seen as an increasing trend with its pros and cons: as a means of finding an easier way out of illness and misfortune, but also as a source of increasing illness and suffering in the society. But, this is not the whole story.

People in Isaka talk about medicine and it is not limited to the realm of illness and health. The following quotation is from the same female elder, who explained to me how female widows were - and are - handled ritually after the death of their husband.

> The relatives [of the deceased] gather together, you pick out one who is gentle. Now, you will be asked: 'you there, whom do you want?'. Now you can choose, because you came in [to the marriage to husband's family] a long time ago, that is you have learned to know them. There are others, she can do this: "they should sweep my body" [swa. *wafagie mwili wangu*]. Others are just... they can just fix my body... many like it like this. Or they can just plan: she would be with him for one month. But these days, medicines have become so many. Others they do not care, they just get married. They use medicine there is no harm. But in the past, according to law in the past… That is a person to marry you according to law in the past, the child of your *wifi* [HZ] or your husband's younger brother, or his elder brother, these two people. He marries the wife of his *mjomba* [MB]…

This woman was of the opinion that the medicines have become too many in the present-day society. In her memories, the use of medicine was more restricted, because, for example, people followed the ritual prohibitions more carefully and there were also not as many witches around as she felt there are today. In contrast to the ideas about the increase in medicine, some of the diviner-healers I worked with complained that people these days do not know enough medicine and therefore cannot treat even basic ailments like *mako* on their own. Thus, what is of interest here is why people talk about medicine and what does medicine mean to them in the contemporary society? I attempt to look into this question by examining how medicine is active in the relationships between people and how it affects those relations. Tanner (1969: 276) claims that medical knowledge is the diviner-healer's economic capital, which requires an equivalent economic return. There is more to this as I will attempt to show; the ties formed through medicine are not only about material wealth, but wealth in relationships with people.

Sukuma-Nyamwezi concept of medicine/magic, *bugota*

The word *bugota* has the same meanings as are attached to the Swahili word *dawa*. Medicines have the power to transform human beings from one stage to another: to heal, to make rich, to make ill and to kill (cf. Green 1996: 488). Thus, as Green (1996: 488-489), Marshland (2005: 124-125) and Sanders (2001: 169) have discussed, there are similar notions among the Pogoro and Nyakyusa of Southern Tanzania and the Ihanzu of Central Tanzania. The term medicine is used for substances ranging from the *bugota* for malaria purchased from a drug store, to *bugota* which is used for winning dance competitions around the Sukuma-Nyamwezi area, to various *bugota* used in different forms of witchcraft and counter-witchcraft medicines (see also Hatfield 1968: 83).

Picture 5: A medicine cabinet

The medicines are an inanimate power, which, in principle, is available to all people and which people can manipulate according to their own needs and purposes (Hatfield 1968: 83-4; see also Brandström 1990b: 175). The Sukuma-Nyamwezi concept of medicine, *bugota*, has been discussed in detail by Hans Cory (1949) and Colby Hatfield (1968) and their classifications of different kinds of medicines are very similar and based on the local classifications. According to Hatfield (ibid. 83-4), the Sukuma-Nyamwezi themselves classify medicine under four broad categories: curative, protective (s-n. *lukago*), assertive (s-n. *samba)* and aggressive (used in *bulogi*, witchcraft).[160] Medicines generally have two substances: the basic ingredients – often medical plants or roots - of the medicine in question and *shingila*, the thing that makes the medicine work (Hatfield 1968: 84), or as Cory (1949: 16) has put it, gives them their 'magical' character. The following examples are medicines used by one of my diviner-healer informants:

> *Bugota* to protect oneself from witches and cheaters
> Effect: if witches and cheaters try to enter your home, it [home] will turn invisible
> Preparation and usage: you use *bugali*, stiff porridge [made of maize], left out from a marriage or a funeral. You take this *bugali* and mix it with the liver of an elephant (*shingila*). Then the mixture is given to those to eat [whose house is to be protected]. Before eating it these people have to wash the dish from which the *bugali* is eaten and the next time it can be washed only after three days. Other dishes [used for meat and vegetables] can be washed normally.
>
> *Bugota* called *njima*
> Preparation: first you dig some roots and mix them together with the *shingila* of this *bugota*, i.e. chicken feet. These are grinded until they are powder. After this you go to a crossroads, from where you collect sand and add it to the *bugota*. It needs to be prepared at 11.00 p.m.
> Usage and effect: This *bugota* is used in dance rituals where there are many witches. It is used during the dance, when you pray for all the witches to fight amongst themselves so that they will have to leave the village or die.

[160] Hans Cory's (1949: 13) classification is: protective, assertive (bring success), creative (fertility medicine) and aggressive (witchcraft). Marlene Reid (1969: 102-106) classifies medicines under curative medicines, love potions (*samba*), ceremonial medicines and protective medicines.

The first one of these medicines is classified under protective medicines, *lukago*, which are one of the most used medicines in the Isaka area because many people feel the need to protect their houses, businesses and wealth from the attacks of witches and thieves. The second medicine – even though more aggressive than the first medicine – is also classified locally as protective because its' purpose is to keep the witches away from the dance competition.

Medicines, whether curative, assertive, protective or aggressive, are usually internalized in the patient's body (for comparison see Green 1996: 490). They can be mixed with food like in the example above, they can be rubbed onto his/her gums, they can be used in bath water or inhaled, or they can be smeared into two symmetrical incisions, which are made into different parts of the patient's body. In addition, they can be worn close to one's body as protective amulets, like in the case of children's medicine for *nzoka ja hantwe*. For example, in the case of witchcraft-induced illness, the patient can be cleansed from witchcraft by bathing with medicine at the crossroads where the harmful ingredients are thus left, after which incisions with protective medicine are made to protect him or her from future attacks by witches.

Picture 6: Incisions made in a patient's body

What is significant is that people use the same word *bugota* for both the biomedical substances and the substances acquired from diviner-healers. As Marsland (2005: 125) has discussed in the case of the Nyakyusa, the two can be separated by using the terms, medicine of hospitals (swa. *dawa ya kihospitali* or *dawa ya kisasa*, modern medicine) and local medicine (swa. *dawa ya kinyeji*). The efficacy of these two is connected to the classification of different illnesses, out of which some are seen to be best treated by the medicine of hospitals and some with the local medicine. But, the practitioners of modern medicine are perceived as *wataalamu* experts, with their own line of expertise. As one of my diviner-healer informants once said to me, biomedical practitioners use their equipment for measuring the medicines used as well as measuring the conditions of their patients, while the measuring of the diviner-healers is based on their ancestral connections (Hinkkanen 1999: 127).

Everyone, it is said, uses local medicine. People in the villages use medicine to protect and enhance the efficacy of their fields as much as the businessmen in the centre use medicine to protect their businesses and to attract customers. These kinds of usages, as Sanders (2001: 169) has discussed in the case of the Ihanzu, are not seen as morally questionable, while the medicine used in witchcraft is. The line that separates the two, however, is rather thin as it is between the witchcraft medicine and counter-witchcraft medicine. The medicine called *njima* is a good example of this. One can, for example, protect one's field or business with medicine, which is understood to kill anyone who tries to get access to them without permission. People in the villages say that everyone who lives in the centre of Isaka has used witchcraft to be able to live there. This is not so much connected to the usage of medical substances in witchcraft as it is to a practice called *ndagu*,[161] a kind of pact made with the help of a local specialist in divination and healing in which someone promises something that is precious for him or her to the witches, like his/her own body part or even one's child in return for the success in their business or other line of work. Once, someone told me that everyone living in the centre has given up one of their children to the witches.

People in Isaka talk about medicine and witchcraft a lot, but medicine also ties people into enduring relationships. In the following sections I will discuss how medicine ties people together like blood. This is partly connected to the fact that homemade medicines are not seen to be as effective as the medicines of others and sometimes not effective at all.

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[161] See Sanders (2001: 170) for a similar concept among the Ihanzu.

Kinship in medicine

I am in bush,
I pound medicine.
Well, my husband,
We have separated.
Everyone has their luck,
And me,
my luck is
medicine.[162]

This song was sung and translated to me by an 80 year old Sukuma herbalist and midwife, who had started treating people after her husband had died a few years back. Medicine to her, as for many other Sukuma-Nyamwezi women and men, is a source of livelihood and a means to achieve a significant position in the society.[163] In this section I turn to the special status that the diviner-healers continue to have in the society by looking into the way the idea of 'kinship' is creatively used by Sukuma-Nyamwezi in connection to *bufumu*, diviner-healership and medical knowledge.

In summer 2001, a male diviner healer in his sixties had a proposition for me. He told me how, when he studied his profession in the 1950s with a famous Sukuma healer, he lived at the healer's homestead, working hard, doing all kinds of tasks given to him. In addition, he had paid two cows for the tuition when it was over. This, he said, meant that these secrets he

[162] Swa. *Niko porin; naponda dawa; Haya baba; Tumeachana; Kila mtu ana bahati yake; Ya kupatia mali; Na mimi, ndiyo bahati yangu; dawa.*

[163] What is notable about the female diviner-healers is that they are usually fairly independent, often the heads of their own households. Such was the case with my female diviner-healer informants. One of them, for example, was not married and lived with her adult son, his wife and their baby and, another one, even though she was married, was, in practice, the head of her homestead. Her husband had another wife in Shinyanga and only occasionally visited the homestead, in which she had all the authority in the decisions about agricultural work, building, cattle, etc. And, everything she had, she had earned though her practice. While female diviner-healers often seem to take up their profession after a divorce or the death of their husbands, in a situation when they are responsible for their homesteads, male diviner-healers seem to establish themselves in their work through marriage. Two of my male diviner-healer informants were non-Sukuma-Nyamwezi and both of them had married local women. For example, one of them had married a woman of the local royal family as well as a woman from Shinyanga, whose father was a healer himself. It was clear that he had learned a great deal about local healing through his wives and acquired new patients in Shinyanga through his marriage to a woman in Shinyanga. This marriage practice is comparable to that of the past chiefs.

had learned could not be given out freely. Also, he continued, since I was in Isaka alone, without my husband or my parents' support, I should work with him, like he had worked with his teacher. This way, he said, I would become something big (swa. *mkubwa*), by the time I wanted to go back home again; a son of a chief, he told me, and a poor boy, had once helped each other and both became very successful.

I wasn't eager to be in the position of the poor boy; even if I could afford to do as the diviner-healer suggested, I had no intention to, because I did not want to become a student of one diviner-healer only, nor did I want to concentrate solely on diviner-healers' work. Remembering his temper, I tried to think of a comfortable solution. He noticed my hesitation and came forward saying that he did not expect me to give him cattle, but maybe occasional help. His wife had run away and I might want to help him to sweep his yard or give a little something to him every now and then so that he could get some tobacco. And then, he said, we could proceed slowly with our discussions and our relationship. I agreed with him, and that day, before he sent me away, we had a brief discussion about the rain rituals and I left him some money for a bus ticket to go and see his relatives.

Hans Cory (1949: 29) mentions that in the distant past the profession of Sukuma-Nyamwezi diviner-healers was inherited, but in the 1940s this was so only rarely. The main differences these days, at least compared to direct inheritance, are: 1) the fact that the profession of diviner-healers is seen to be the result of an ancestral calling, and not dependent or in any way connected to one's father's profession. Fathers can teach their knowledge of the medicines to their children, but usually this takes place only after some signs of the ancestors' future demands on their child. 2) Most diviner-healers-to-be take formal training in the profession (in medicine, art of divining, etc.) either before starting to practice or while already practicing, and often not from their father or kinsman, but from a stranger who, through this relationship, which is based on sharing the medicine and medical knowledge, becomes their 'father'.

Among Sukuma-Nyamwezi, knowledge of medicine, or 'magical knowledge', is never given without payments to non-kin (Cory 1949: 30; Tanner 1957: 345). All the adults know at least some herbal medicines (swa. *miti shamba*) that they have been taught usually by their grandparents or parents and these include, for example, medicine for 'snakes of the head' (s-n. *nzoka ja hantwe),* a common ailment in children. The knowledge of these medicines can be given to one's children and in some cases to very close friends, in which case something in return is expected. But when it comes

to 'socially significant' medicine or 'magic', like among the Wogeo of New Guinea (Hogbin 1970: 175), it is left only in the hands of the specialists.

In the ethnographic literature on the Sukuma and Nyamwezi divining and healing practices, some attention has been directed towards the relationship between a diviner-healer and his student, the relationship which is indeed very central in the reproduction and continuity of traditional medical knowledge, as well as to the role of the diviner-healers in the society. Hans Cory (1949: 30) has written about the relationship between a Sukuma diviner-healer and his student in the following way:

> … there does exist an indication of how the connexion between teacher and pupil is regarded by themselves and outsiders. **The pupil calls the teacher "father" and the teacher calls the pupil "son". These terms remain in use for life;** they generally indicate that the magic power is a potentiality, which is fundamentally transferable only to persons of similar blood and with similar ancestors.'[164]

I assume that the idea expressed by Cory is based on his claim (1949: 29) that in the distant past medicine was inherited from father to son. I have no material to argue against this, but as I will attempt to show, these days these relations are not understood in terms of shared blood, but of another substance, namely medicine. This relationship is rarely referred to in an abstract manner, but it can be called *buhemba* and translated into 'kinship in/of medicine' (swa. *undugu wa dawa*). Mostly it is spoken of by referring to the healers' students and patients as *bahemba,* 'children of medicine' (swa. *watoto wa kidawa*) as opposed to 'children of kin', 'of blood' or 'of waist'.[165] This relationship attracts outsiders' attention first because of the use of 'ordinary' kinship terminology: the diviner being the father (s-n. *baba*) or mother (s-n. *mayu*) of the student, who is considered to be the child (s-n. *nhemba*) in this relationship. When people talk about their kin relations, about going to a healer or about studying to become one, one has to be extremely careful to ask for clarifications on the exact quality of the relationships, as this is never brought out by people unless clearly requested. Therefore, the relationships produced through contacts in medical knowledge are

[164] Emphasis mine.
[165] Even though the term 'kinship in blood' sounds very similar to Western lay ideas about biological/natural bases of kinship, there are significant differences. For example, bridewealth is seen to fix ancestral [blood] ties.

valued highly and perceived to be very similar to those of 'kinship of blood' as 'ordinary' bilateral kinship, *budugu*, is referred to when comparing it with the kinship in medicine, *buhemba*.

Healer–customer relations

> A definition from a diviner-healer: ***bahemba*** = 'children who come from [learning] medicine, or from giving them medicine to drink or from curing them.'

When a diviner-healer (or someone practicing healing with herbal medicine) has cured someone, the patient is obliged to pay a certain sum of money (or cattle), which has been determined before the treatment begins. For example, in the case of cured *nzoka ja buhale* and a successfully born child, the patient (actually her husband) should pay the healer a cow or a bull depending on the sex of the child, or the equivalent in money.[166] After the payments are made, a *buhemba* relation, which is based not only on the payment but especially on the shared medicine, is established; the healer now becomes the *mayu* or *baba* (mother or father) of the patient, *nhemba* (child).[167] This relationship is extended also to other relatives of the two parties, whether 'of medicine' or 'of blood'. Therefore, a child, whose parent had been successfully treated by a certain healer, would call this healer his/her *guku* or *mama* (grandfather or grandmother), and relate to him/her accordingly. Or the wife of a patient (if not treated together with her husband), would call the diviner-healer her father-in-law (s-n. *baba buko*). After the relationship has been established, the patient has a right to come to the healer for free medicine and treatment, but respectively, the healer has the right to trust on the help of his/her *nhemba,* in agricultural work, in organizing ceremonies, and in digging and preparing the medicine, which is a very time-consuming task. This kind of relationship is not formed with all the patients and often it is not a very active one. Usually it becomes significant only after the successful treatment of serious misfortune or a long-term illness, during which the patient has been staying in the diviner-healer's

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[166] 25 000 Tsh and up in 2001.

[167] The use of this word for child, *nhemba*, is usually restricted to the domain of medicine/healing. In *budugu*-kinship a word for child is *ng'wana.* Sometimes people use the word *nhemba* when exchanging greetings and asking if the children are well: *Bahemba bali mhola?* [cf. *Bana balimhola?*]. This is the only term which is different from *budugu*-terminology.

care. A good example of this is the relationship which is established between a healer and the patient and her whole family in the case of help in female reproductive problems:

> Mama Dotto was pregnant with her fourth child when she realized that something was wrong; the outward signs of pregnancy had disappeared after the first half of her pregnancy. She and her husband went to be divined and they were told that the fetus had gone to the back (s-n. *nda yapinda ngongo*) and it could be cured by medicine only. They paid 1000 Tsh and were given the medicine and after some months a healthy child was born. Mama Dotto and her husband gave the diviner-healer a cow as the child was a girl and became her children, 'children of her homestead'. When the child was taken outside for the first time the diviner-healer was needed at the ceremony and chose the name for the child. These days Mama Dotto and her husband have eight children and after the birth of the fourth child the diviner-healer, their 'mother', has been needed in the ceremonies that have followed their birth. If Mama Dotto would ever have problems again with having children, she would not have to pay anything for help from this healer.

An 80-year-old midwife and herbalist explains how the children who are born with fertility medicine, *banengo,* are treated after their birth:

> If a child is born with medicine (for example to cure *nzoka ja buhale*), the healer who has treated the mother goes to take the child out for the first time. This takes place when the umbilical cord of the child has dropped. The healer takes the umbilical cord and places it in a hole, which is made into the wall of the house so that the mother would have more children.[168] The healer goes to the house with the medicine the mother has been using, puts it into water, and places the child on her mother's back, who then walks outside with the child for a while.[169] Then the healer washes the child with the medicine and leaves the medicine for the mother to use in the future. As for the child, the healer leaves medicine for *nzoka ja hantwe*, which the mother rubs on her breasts when she nurses the child. The name for the child is given

[168] This was done for all umbilical cords in the past, but these days only to the children who are born with medicine.
[169] The mother is not allowed to carry the child on her back before this.

> by the healer. Afterwards, only the payments are due and when they are finished, if the mother should ever have problems with pregnancies, she will not have to pay anything anymore: 'She has become like a child of home'.

Herbalists and traditional midwives teach the patient the ingredients of the medicine they use in curing the patient's problem, and therefore transmit a part of their knowledge permanently to the patient, and through him, to his relatives. This usually takes place after the treatment and the payments are over, but sometimes the knowledge can be exchanged for money without any further communication between the two parties involved. If a *nhemba* or a member of his immediate family should fall sick again, they will most probably go somewhere else for divinatory consultation, but would return to their 'father/mother in medicine' for treatment.

The diviner-healers receive three kinds of payments from their customers. The first payment is the one for divination, which is usually 500 Tsh or 1000 Tsh depending on the popularity of the diviner and the method he uses. For example, a male diviner-healer who uses two methods in divination has different prices for both: chicken divination for 500 Tsh and divination in spirit possession (jinn) for 1000 Tsh. He explained the difference by the fact that spirit possession is very demanding on the diviner's body and takes much longer to prepare than the chicken divination. If the customer decides to stay for treatment, a payment for 'digging the medicine' (s-n. *kusimba miti*) is made after some serious negotiations. This payment and the sharing of medicine establishes a relationship between the healer and the patient and with it the diviner-healer takes up the responsibility for the well-being of the customer and promises to treat him as well as he is able to. The full price of the treatment depends on what is expected of the treatment and who is giving it. Generally, the whole price of any ordinary ailment, like swollen feet (caused by witchcraft) or a child's fever convulsions (s-n. *nzoka ja hantwe*) would be around 10 000 Tsh or 15 000 Tsh at most and this price very often includes a long period of treatment and a stay with the diviner-healer, when it is considered necessary.[170] Only the final payments for a successful cure 'seal' the *buhemba* relationship. Very expensive treatments are usually the most dangerous and morally ambivalent ones,

[170] Diviner-healers differ in opinion on this matter: most of them these days prefer to send their patients home with medicine and directions for its usage if the illness is not considered very serious. This is done mainly to avoid extra costs.

like counter-witchcraft (150 000 Tsh or even more for a successfully-killed witch) (see also Varkevisser 1973: 54). In addition, a protective treatment for a whole household (people, cattle, buildings) would be very expensive. All the payments can be made either in money or in cattle or even in agricultural produce, if agreed. The worth of one cattle in this context varies from 20 000 Tsh to 50 000 Tsh depending on the reputation of the diviner-healer. A famous healer would expect to receive an excellent animal, worth much more than 20 000 Tsh, or two cheaper ones. The *nhela* does not have to be paid immediately after the treatment is over, but if it is postponed for too long there is a danger that the illness or misfortune returns to trouble the patient.[171]

In principle, *buhemba* relations are restricted to the domain of local healing. However, it is a common practice to give something, money or a gift, to a biomedical practitioner who has treated oneself. For example, a midwife who worked at the local dispensary would receive *kangas*, cloths the women wrap around them, as well as permission to use the fields of her customers after successful births. This was a usual practice but there is another side to it. What people say these days is that you cannot get proper treatment from the government dispensaries and hospitals unless you give out *hela ya chai*, 'money for tea', bribes to the practitioners, and I heard stories about nurses knitting inside the dispensary while people, who could not give out any money are dying on the steps of the government dispensaries (not in Isaka, but elsewhere), even though, in principle, the dispensary care in 2001-02 in Tanzania should have been given for free. While in the domain of traditional healing, the *buhemba* institution is, or should be, a guarantee of good care and of long-enduring relationships between the healer and the customer, in the domain of biomedicine this does not hold true and people complain about the present-day unofficial system.

Healer–student relations

If a patient is suffering from an 'ancestral call' to become a healer and decides to stay with a particular healer in order to become his trainee and learn the profession or a part of it, the payments for teaching are agreed upon. In the 1950s when the male diviner-healer in his sixties studied the profession, the price for a full education was two cattle, but these days it

[171] A threat felt by patients is that the healer may make the illness return, but also the returning illnesses are seen to be caused by the healer's ancestors who will make the medicine and treatments ineffective. Also, there will be no other treatments (for free) before the first one is accomplished.

is generally more than ten. After some preliminary exchanges take place, a *buhemba* relationship is established between the diviner-healer and his new student similar to that between a patient and a healer; the student becomes now a full-member of the diviner-healer's homestead and his/her child, *nhemba*. The contents of the teaching vary, depending on the kind of *bufumu*, diviner-healership, in question and on the extent of the student's needs: whether knowledge over herbal medicine only, or a certain divinatory method with the whole of the healer's repertoire. The students do all the heavy things attached to a healer's work, like the pounding of medicine, and they do a lot of work in the homestead, but actual healing is mainly done by their tutor and especially in the beginning the students are only allowed to watch and listen (see Reid 1969; 101-102; Tanner 1969: 277). Later, when they have shown their sincerity in learning they are given small tasks in healing, like making incisions on patients' bodies. Divination is always done by the parent in medicine if he or she is present at the homestead.

After the teaching is over and at least part of the payments are made, an initiation ceremony is organized for the student. In the ceremony he is incised with medicine and given a new name, the name of his/her new ancestor in medicine. The new diviner-healer has become a full member of the particular *nhemba* family and to some extent a 'descendant' of particular great diviner-healers (s-n. *batale*), those who in the past established the particular line of divining or a secret society that the new diviner-healer now enters and whose names he is supposed to mention in his prayers. Even after the student moves away and starts to practice independently, mutual help between the healer and the *nhemba,* as well as the whole family or kin group of healers, ideally continues to be extensive, including the sharing of knowledge, medicine and aid in healing and divining (each other and patients) for free. Also, a *nhemba*, whether a patient or a student, is not allowed to marry or have sexual relations with his/her parent in medicine nor any of one's close 'relatives through medicine'. This is one of the most important ritual prohibitions of the profession and breaking it is said to turn the ancestors against them: to bring the powers of the diviner-healer to an end as well as to return the illness of the patient or the ancestor-originated problems to the student.

The following story is about a female diviner-healer who had earlier practiced independently but decided to join a *buhemba* family after the deaths of her parents and her divorce:

> Even though this woman was already practicing as a diviner-healer, she decided to turn to a famous healer in Mwanza, who became her teacher and father, *baba buhemba*: 'I wanted to have my father to whom I could run in case I had problems'.[172] The tutoring lasted for some years and in the early 1990s she was incised with medicine and given a name after one of her new ancestors in medicine. She was now ready to practice independently. It took her a while to finish off the payments for it, but in year 2000 she was able to complete the payment of all the required 12 cows. When I met her in 2001, she was waiting to be fully incorporated into the profession (swa. *kukabidhiwa*), when her *baba* would have time to come and 'finish things for her'. This will include incisions made on her body and putting medicine into her homestead for blessing and protection. Meanwhile she practices her profession as usual and is considered a member of this particular *buhemba* family, and she is in close contact with her relatives in medicine, who live near Isaka. She has had three students of her own and one of them, who is about to set out to practice independently, carries the name of his 'grandfather in medicine'. These *nhemba*s of hers help her in several ways: they come during the early rainy season to dig for medicines and to prepare them for their *mother* and they help with agricultural work and to take care of her increasing number of cattle. As she never had her own children they give her the kind of support that she probably would have missed out on otherwise. The patients she receives and has staying with her for a prolonged treatment also help with the household work and agricultural work, even after being cured.

In Isaka this female diviner-healer was a recent stranger and her active relations were almost solely with the people to whom she was related through medicine. In 2001, she had been living in Isaka for two years, but did not have much to do with her neighbors or with any of the local healers. And it seems she does not have any intention to do so either. Professionally, this gives her some advantages, as she is approached for divination by many of the local people who do not want to use the diviners already familiar to them. She was especially popular among other diviner-healers in Isaka who wanted to learn about the causes of the problems they had faced in their work. She herself would never turn to them, as she said, always with a great

[172] Swa. *Nipate baba yangu kumkimbilia.*

deal of contempt in her voice, and she most certainly did not appreciate the local ways of divining.[173] If she needed divination she turned to her brother in medicine, who lived close by, and in serious trouble, she said, she would go to her *baba*, father, in Mwanza. The disadvantages were at least as many: she was not aware of all the local interpretations of the illness causation and this seemed to trouble her. She was also always on guard, suspecting her neighbors of evildoings. She was married and her husband was even more of an outsider than she, not a Sukuma or a Nyamwezi. He was also mostly staying with his first wife elsewhere. Therefore, as the female-diviner often put it herself, because she had not given birth to children of her own, the only people she could trust were those to whom she was related through medicine.

Below, this woman describes the difference between *budugu* and *buhemba*. Her's is a rather extreme version of the difference because she has not given birth to any children of her own and has received a great deal of financial support from her children in medicine, and many of her customers were wealthy businessmen wanting to be more successful through medicine:

> There is really no difference [between *buhemba* and *budugu*], it is all in deceitfulness and stupidity. A child of 'kinship of kin', he/she can help you and truly is yours. But then, there are occasions when a child of kin can take your medicine and bring you a lot of problems. Even though you gave birth to him, from your waist, he only despises you.
>
> Then there are those who bring wealth. Before, I was without a single goat, wasn't I? I did not have any chickens. This house I built for my *bufumu,* diviner-healership. I grow crops for my *bufumu* and there they [neighbors] see me I do not even have a child of my own. Even if I did have a child, my progress [in terms of material wealth] will be good, because of my *bufumu*. I truly have respect for [medical] roots.
>
> Say, that child of medicine, he brings things into your homestead. But the child of kin, he comes to stay at home, but refuses to do any work. But the one who comes with his problems, first, he is cured and then he owes me. If a person has had problems with his business and if he becomes more successful [because of my medicine], I get quite a lot of

[173] Swa. *Wanapikaga tu mhiginamhigi na mimi mhigi sipikagi. Sasa, tutaelewana wapi?* Free translation: They just divine with *mhigi* [divination in which certain divinatory objects are used] and I do not use *mhigi*. How could we find common ground?

> money. And my own child, the one I gave birth to, what does he bring me? Or, he might even fail to study at school and become a failure [swa./s-n.. *limekuwa hilohilo*] But the child who works here, who suffers here, when he gets something, he shows his respect to me and my development will just develop [swa. *maendeleo yangu yataendelea tu*].

This woman mainly talks about her patients here, not her students and this in part explains the overwhelming business orientation in the extract.

In practice there are always those *nhemba*s who do not respect their teachers, but if they do not owe anything for their tutoring anymore, the tie between the healer and the student can be forgotten. Similarly, a person can always leave his natal family and close kin, often without a spectacle. The mutual responsibilities simply cease. Women who get married do this in a legitimate way: it is generally acknowledged that a married daughter will not easily bring wealth to her natal home after she is married.[174] Men, who for some reason want to get rid of the family connections and responsibilities, can always move to other areas and especially for the Sukuma, who have been on the move with their cattle, this has always been a very common practice; one can always find new attachments and relations to trust in other areas. But, one can never get away from one's ancestors, especially if they are the strong kind, also a *nhemba* can be a distant and non-active member of the kin group of medicine, but is always in contact with the group through the medicine and their common ancestors in medicine, the 'great ones' (s-n. *batale),* from whom, in addition to their own ancestors, they get additional power and blessing for their work.

The *buhemba* relations are essentially about enduring relationships and continuity in medical knowledge and medical practices. The following is a case study of the inheritance of medicine of a diviner-healer. It shows how the medical knowledge and medical ingredients are passed on in the society and how the inheritance ceremony is a major ritual in which the whole community participates and which guarantees the continuity 'in medicine' after the death of an individual diviner-healer. The significance of the ritual and everything that went on during it in the community illustrates the importance of medicine in the society.

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[174] This is not always so though, and it should be understood more as a general comment about the relationship between a son and his parents-in-law as well about the relations with the in-laws in general. Daughters often take care of their parents with the help of their husband and are expected to do so even if against any real possibility.

Inheriting medicine

One of the first things I heard when I arrived in Isaka for the second time in 2001 was that one of my old diviner-healer informants, ng'wana Masele, had died three months earlier. He was the first diviner-healer I had been introduced to during my first trip in 1997. He had taught me a great deal and I had also become friends with his first wife. She and her late husband were Northern Sukuma from Mwanza. The following is an extract from the song which was sung in the inheritance ceremony, *isabingula*, which took place a few months after his death and in which all the medicine and medical paraphernalia he had owned were to be ritually treated (suk. –*sabingula*). Afterwards, a successor to his medicine would be found.

Gatumba gune gujimila badugu bane.
Uyo natumamilaga gane.
Uyo nagatumamilaga na mamilemo bule.
E gete nisulelagi.
Ganisulelagi
E gete nisulelagi.

My bag has disappeared my folks
The one I used.
The one I used in my work in vain
Please, find it.
Find it for me
Please, find it.

The song was sung at the grave of the deceased during the *isabingula* ceremony, when the deceased was 'greeted' with a libation of beer. It expresses the state of disorder that follows the death of a diviner-healer, and it is about the necessity to find a successor for the work that he had been doing – continuity in the profession and in his kin group 'of blood' as well as 'of medicine' (*buhemba*). The *isabingula* ceremony tells about the special status of the diviner-healers in Sukuma-Nyamwezi society; this status is visible in the practices and symbolism of the death and inheritance ceremonies, which differ from those for the death of ordinary people. In addition, what I was told is that mortuary and *isabingula* ceremonies, such as the ones made for my deceased informant, were not usually made for ordinary healers, but only for significant ones, like this man.

The most persistent impression that I have about ng'wana Masele from my first field trip in 1997 is that, even though he was a respected and devoted diviner-healer, he was always looking for other possibilities to acquire new business opportunities. His homestead was located by the main road, fairly close to the station area of Isaka, where they had moved near the construction of the new highway. In 1997, ng'wana Masele appeared in many ways to be the most successful man in the neighborhood where he lived, but his business in divining and healing did not flourish that well, even though he was advertising his practice with a sign by the main road. In his old homestead he had concentrated on his work as a diviner-healer and, as he told me, had been successful and made a good profit. He had then decided to invest in a new homestead and also to move into other business arenas; for example, he was half-way through building a large mud house to rent out apartments for workers coming to Isaka in search of job opportunities. He also had a small shop where his wives sold everyday necessities and some of his medicines. While doing business, he continued to divine and heal, because as he himself put it, his ancestors would not let him stop divining, and would make him very ill if he ever tried to do that.[175] Back then he used to divine, and to some extent even treat, his patients in one of the rooms of the newly-built blockhouse. He told me several times how his ancestors did not like him to divine or even sleep inside this house, under a tin roof, and how he should build a special hut for his work as well as decent ancestral huts (suk. *numba ja masamva*) for the ancestors both on his father's and mother's side, since he had left the old huts behind when he moved. In his opinion, the lack of patients followed from the fact that he had not been paying enough attention to his ancestors.

When I entered ng'wana Masele's homestead in August 2001 for the first time in four years, it was very quiet. All the doors in the homestead were locked and the rental rooms in the new block house and in the old mud house seemed to be empty. Even the huts that had been built for his ancestors were falling apart, but the sign board that had his name and profession on it, used to attract customers, had not been removed yet and was a very clear sign of his continuing influence over the homestead and the neighborhood.

[175] Ng'wana Masele's divinership was the kind that is generally known as *bufumu bu mihambo*, the most respected kind in the northern parts of the Sukuma-Nyamwezi area. He had also been initiated to the valued healers' associations called *Bumanga* and *Ilungu*.

The death and funeral of ng'wana Masele

The special status of a diviner-healer is reflected in the funeral and mourning practices. While in the case of the death of an ordinary person, the first sign of it is the women of the homestead crying (cf. Bösch 1930:480; Cory 1953: 152), in the case of the healers, crying out loud is not allowed.

> Ng'wana Masele's classificatory brother: …anyone who has held [swa. *kushika*] medicine, and when he has left the earth, it is not allowed for a person to come in crying [out loud]. He can come singing and when he arrives at the grave, he takes that small drum [next to the grave] and picks up a stick and plays the drum… You sing, but tears come out of your eyes.

All this is because the diviner-healers are *basebu*, hot and dangerous, like the chiefs used to be in their time. The heat of the diviner-healers, as I was told, is connected to the ownership of medicine. It is medicine, *bugota*, which makes them *basebu*.[176]

Ng'wana Masele died far away from home, on the way from one mission hospital to another, accompanied only by his first wife, and his death was announced in Isaka before his body was returned home.[177] In the immediate neighborhood all agricultural work ceases for three days, and those who were close to the deceased should leave their work places also, while others join in mourning as soon as their responsibilities allow them (cf. Bösch 1930: 484). For three days and two nights, life in the immediate neighborhood centers on mourning.

Long before his death, ng'wana Masele had expressed his wish to be buried under a *male* tree, in the centre of his homestead.[178] Usually the burial takes place within a few hours from death. If the deceased and his/her family were practicing Moslems it should take place during the same day as the death, but for others, the best time depends on the arrival of those people

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[176] Also twins and widows (the latter before ritual treatment) are *basebu* as are children who are born with teeth in their mouth.

[177] In the case of more distant villages, someone is sent to deliver the message for others and relatives living in other parts of the Sukuma-Nyamwezi area or Tanzania are informed about the death through letters given to bus drivers or by sending someone over.

[178] The *male* tree is used to make ancestral huts (s-n. *numba ja masamva*) and ng'wana Masele had also divined under it during his last years. I was told that the tree grew in the middle of the homestead when ng'wana Masele moved there in the beginning of the 1990's; it was not planted.

whose presence is considered important, even necessary. For example, if the deceased was a member of a certain association/secret society, the living members of the association should be present at the funeral in order to prepare the proper burial medicine (swa. *dawa za kuzika*). In any case, a healer cannot be buried without other healers and quite a few of the local healers were present at the funeral. Ng'wana Masele's body arrived at the homestead the day after the news about his death and he was buried almost immediately. His relatives from Mwanza did not get the message about his death early enough and could not participate in the funeral.

In the burial only adult men are present and women remain inside wailing (Abrahams 1967b: 76). The relatives present at the funeral were two of his sister's sons, his wives and an old friend, the first man he learned to know well in Isaka. His body was kept inside until the moment of burial and then taken outside while people were singing. Male neighbors were responsible for digging the grave. In the case of a diviner-healer a round and deep hole is dug and someone from the particular healers' association or 'family in medicine' goes into the grave to receive the deceased.[179] He places him sitting on a one-legged stool (s-n. *lisubu*). Ng'wana Masele was buried with bangles around his wrists and ankles that were dedicated to his ancestors on both his father's (left hand and ankle) and mother's (right hand and ankle) side. This had been a mistake, since they should have been saved to be kept as family paraphernalia and given to anyone in the family of whom the ancestors might demand their use again. But as his body had been swollen, they had not been able to remove them. Also, there had not been anyone present who could have removed the bangles; it should have been done by his elder brother. The medicines had been put into both his hands, and a skin of a red [brown] cow that had been killed for the occasion was also put into the grave and buried with him.[180] The grave was covered with earth and the cow's dung was spread on it. Finally, two hoes (suk. *magembe*) were placed on top of the grave for three days, until the end of the mourning period. To mark the grave, a stone, *shigo*, was placed on it,[181] and near the stone was placed a small drum with medicine sewn in it, which had been played by the deceased every morning to attract customers.

[179] In this case it was someone from the 'family in medicine', but I do not know exactly who.

[180] The cow should have been black, though.

[181] This stone is only placed on the grave of those people who have begot children.

Death and disorder

> Ng'wana Masele's classificatory FBS: When the deceased leaves this world, lets say that all the things of here [deceased's homestead] became black [s-n. –pi], the day he died. All the things were destroyed [swa. -*haribika*, s-n. -*bihaga*], they became black.
>
> Ng'wana Masele's FBS: Diviner-healers, in general are *basebu*, hot. Even if he is alive, he is *nsebu*. He had been treated [incisions] with medicine. That is why they do *isabingula* for him, different from the ordinary ones.

After any death a state of disorder takes over the whole homestead and the spouses of the deceased become *basebu*, hot. The state of heat of the spouses is removed three days after the burial and until then they have to remain inside accompanied by only those whose spouses have died and who, thus, have been *basebu*, hot, themselves.[182] The state of disorder in the homestead is removed through the *isabingula* ceremony in which the future of the children of the homestead, the re-distribution of wealth, and the future of the widows are decided upon. Until then, the homestead, everything in it, including everything the deceased had used - his medicine (s-n. *bugota*) and family paraphernalia (s-n. *shitongelejo*) - remain in a state of disorder, black. Even the patients and students who had been using ng'wana Masele's medicines could not use them until the *isabingula* had been accomplished. For both Sukuma and Nyamwezi, the *isabingula* ceremony usually takes place on the last day of the mourning period (Abrahams 1967b: 76; Cory 1953: 152). However, in the case of diviner-healers the liminal period is longer: in ng'wana Masele's case the *isabingula* took place five months after the death even though it was planned to take place sooner. The relatives of ng'wana Masele were late in organizing the ceremony. The longer liminal period has to do with the fact that the healer himself is considered *nsebu*, hot, and therefore in this case the purpose of the ritual is also seen to be different from the ones performed for ordinary people: 'It is a ritual/offering [swa. *mitambiko*] for the work that the deceased had done, in which his medicine is made usable again.'[183]

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[182] Some of my Sukuma informants were of the opinion that the *busebu*, heat of the widows, lasts until their future is decided upon in the *isabingula* ceremony. Thus, according to them, the widows of the diviner-healers and chiefs are *basebu* for a longer period than the widows of ordinary people.

[183] As reported by ng'wana Masele's classificatory older brother.

Preparations

Relatives from Mwanza gathered at the homestead around two weeks before the *isabingula* ceremony was supposed to start. Ng'wana Masele's father's brother's son [parallel cousin] had arrived even earlier. He had been invited to take on the responsibility for the whole ceremony and the proper redistribution of his 'brother's' [classificatory brother] wealth. There is no official or marked succession to the status of a lineage elder, but in practice this man had become the head of the family, as the previous generation had passed away and his older siblings did not care for the position. The first ones to follow him were ng'wana Masele's siblings: two sisters and his only [full] brother. This brother, who was quite a lot younger than ng'wana Masele, had been unofficially nominated beforehand as the future guardian of the homestead. Ng'wana Masele's father and several of his siblings were already dead. His mother was still alive, living in Mwanza, but I was told that because of her old age, she would only join the others for the actual ceremony, not for the preparations. The sisters were needed for making the sacrificial beer; it could only be made by close relatives, preferably the deceased's mother, his mother's brother's wives and his sisters.[184] Since the mother would not be there, the two sisters expected help from their MB's wives because they had never made this kind of beer before their brother's death.

A huge barrel, filled with water was already boiling at the homestead, close to one of the large ancestral huts, *iduku*, when I arrived there early in the morning. There were two kinds of beer to be made: the ordinary kind, used in all the celebrations, called *kindi* (made of maize), and the sacrificial beer, *suizo* (made of sorghum). While the sacrificial beer would be prepared by the female relatives of ng'wana Masele, the ordinary beer, *kindi*, would be prepared by people from the neighborhood. In all the preparations, though, neighborhood elders would have to be present. Two female elders (s-n. *bagikulu*) and one male elder (s-n. *namhala*, pl. *banamhala)* had come for the job. They had been chosen from the neighborhood (s-n. *zengo*) of the deceased because of the ritual knowledge and authority they had. Also, their knowledge of the local ways of doing things was valuable to ng'wana Masele's relatives.

[184] The explanation given to the role of mother's brothers' (*mami*) wives in the ceremony was that "a person's MB is his/her mother".

A woman somewhere in her 70s or 80s was in charge of everything. As she put it, she had 'given birth to three twins'. This meant that she had had twins: *kulwa* and *dotto*, as well as a child that had been 'born feet first': *kashinje*.[185] Also the two other elders, a man and a woman had given birth to twins, and all had been initiated into the secret society of twins (suk. Mabasana/ nya. Bukango) for this reason. Ng'wana Masele's mother's brother's wives never showed up to help. Ng'wana Masanja had brought with her a tray (s.-n. *ilangahe*) with three calabashes: one for each twin. It had been placed by the small ancestral hut (s-n. *numba ya masamva*), close to the fireplace where the beer was made. Later these would be taken inside a larger hut (s-n. *iduku*), devoted to ng'wana Masele's paternal ancestors together with sacrificial beer. These calabashes can only be owned by those men and women who themselves have given birth to twins. These elders and their calabashes are of essential importance to the ceremony to get blessing (swa. *baraka*).

The water was boiling now and millet flour (s-n. *gudungu*), which had been grinded by ng'wana Masele's classificatory brother and his sisters in a traditional way on a grinding stone, was added to it. The work could have been done by anyone, I was told, but the most important thing was that everything should be done together (kin and neighbors) (swa. *kushirikiana*). Therefore, for example, even if the homestead in question had an elder who had gone through an initiation of Mabasana/Bukango, she would not be made responsible for making the sacrificial beer, but an elder from the neighborhood would be invited. The mixture was boiled until it became thick porridge, after which the female elder fetched the tray with the "three twins" inside, carried it to the *iduku* and placed it behind three earthen pots, which had been put there for it. The hut (s-n. *iduku*), which had been used by the deceased as a place for divination and healing, started to emerge as the centre of the anticipated ceremony.

A diviner-healer had arrived at the homestead earlier. He was from Kahama. He was originally from Mwanza, though, and belonged to the

[185] Twin ancestors are considered to be the most powerful ones. Kulwa, Dotto and Kashinje are also used as proper names for "twins". All these children are *basebu*, hot and their birth is seen to endanger the fertility of the land. Therefore when twins are born, special ritual measures have to be followed in order to remove the heat, which is the responsibility of the members of Mabasana/Bukango associations (see Cory 1944 for twin ceremonies).

same 'kin in medicine' as ng'wana Masele. He came with a young man, his *nhemba*, who was dressed in black while the healer himself was wearing all white. We were all inside the *iduku* when the diviner-healer came in. He sat down with us and gently asked us to leave the *iduku* for a while. I was told that he was doing 'things of medicine' (swa. *mambo ya dawa*) to protect the beer, so that no one could harm it. He was finished in no time and we returned in to fill the three clay pots with the beer. The male elder was standing outside with the large beer barrel filling a plastic bucket with beer by using a calabash (s-n. *lukulu*). The female elder took the first bucketful and poured its contents into two of the pots. The next person to go was ng'wana Masele's classificatory brother, then ng'wana Masele's older sister, following her, ng'wana Masele's first wife and another of the female elders (and finally me).

The diviner-healer was asked to join everyone else in order to discuss whether everything was going the right way. Everyone took part in counting the days in order to figure out when to continue with beer and when to start the actual ceremony. Beer making would continue in four days and the celebration would start after seven days.[186]

The first night of the ceremony

I arrived at the homestead in the afternoon, as I had been invited, seven days after we had started the beer making. I met the elders again in the beer making. There was also a new man, a neighborhood elder (with no twins) to make the ordinary beer. The preparations of the ordinary beer (s-n. *kindi*), had started already in the morning and it was time to spread it on the ground on top of plastic covers. Afterwards we prepared *kimela* (water and sorghum, which had been sprouted and dried afterwards), the 'thing that makes the beer strong', for the sacrificial beer, which was poured into the pots, inside the ceremonial hut (s-n. *iduku*).

It was already dark. From the distance we heard the sound of drums and singing as the diviner-healer and his group of people (wife and

[186] I was not able to join in the other beer making session.

students) were approaching the homestead. I was surprised that they were arriving from the north, because I knew that the healer's homestead was in the west. The reason for the diviner-healer coming from the north and covered with darkness was to give them protection from possible enemies. The group was welcomed with women's ululations and everyone joined in the dance, forming a circle next to the *iduku*. The two first songs were initiated by the diviner-healer and his people, but the third one was initiated by ng'wana Masele's sisters. People were having fun: ng'wana Masele's FBS, who had been a dance association leader (s-n. *ning*i) in his youth, was really enjoying himself and everyone thought his exaggerated dance moves were just hilarious. The songs themselves were connected to the *isabingula* ceremony. Dancing as well as beer-making went on until it was time to eat.

The *kimela* had been cooled down and it was carried inside the ceremonial hut. A female elder took part of the contents of the pots away with a calabash and put some of it into twin calabashes and placed them back onto the tray. It was late and some of the men were resting inside the hut (brother; 3 father's brother's sons). Dancing went on: a young man from the diviner-healer's people was leading the singing and beating a small Bumanga drum. Close relatives and the healer's people were supposed to go on until the morning and the beer making would be finished during the early hours of morning. Well before sunrise, the beer making went on. There were people lying all around the yard on mattresses when we started to squeeze the beer through empty rice sacks with the elders and ng'wana Masele's wives joining us.

The first day

While the beer was still being stirred later in the morning, the neighborhood elders started arriving at the homestead. Male elders (s-n. *banamhala*) gathered together in a circle and the healer in charge said a few things about the procedures. Almost immediately, ng'wana Masele's two sisters' sons started to carry ng'wana Masele's paraphernalia out of the block house, and placed them outside next to the ceremonial

hut.[187] Most of the stuff was in rice sacks and people gathered around the growing piles to watch. When all the sacks were out, the healer initiated a dance on both sides of the pile – the healer's people danced on the northern side in a half-circle and others, mainly ng'wana Masele's close relatives (W, Z, B; FBS), on the opposite side.

A white male goat (s-n. *mbuli yape*) was carried to the circle by one of ng'wana Masele's sisters' sons and the healer received it next to the ceremonial hut on its southern side, close to where the relatives of the deceased were standing in a half-circle. The healer had brought with him a large stick (s-n. *shigiti*), into which some of the medicines of ng'wana Masele were attached in small calabashes. The *shigiti* was placed next to the door of the ceremonial hut. Three people held the animal approximately half a meter above the ground; the healer squeezed the goat's mouth with his right hand,[188] ng'wana Masele's FBS held the front and his old friend the back feet of the animal. Ng'wana Masele's child in medicine took a long knife and stabbed the goat in the stomach with it, making it bleed into a wooden tray (s-n. *ilangahe*) containing medicine and water.[189] This ritual killing of the goat was not directed to ng'wana Masele or to his ancestors, but to those 'great ones', those ancestors who were the first members of the 'medicine family' in which ng'wana Masele (and the healer-in-charge) belonged.

Afterwards, ng'wana Masele's younger brother and one of the sisters opened all the sacks. Other relatives were standing in lines where they had gathered for the song and dance before the killing of the goat. The healer made short cries as if he was possessed and started to spill the mixture from the tray onto the paraphernalia with the leaves of a *milama* tree.[190] There were medicine calabashes (s-n. *mitumba*), bags of medicine, animal skins (cow, goat, leopard, hyena, horns), fly whisks

[187] All the paraphernalia had been kept in the ceremonial hut by the deceased and had been removed from it into a *block* house after the relatives realized that the ceremony would be postponed.

[188] The squeezing of the mouth, I was told, is done in order for the blood of the animal to come out with hard pressure.

[189] The kind of medicine used in this mixture is not general knowledge. I never had a chance to ask the healer himself about it either. The healer's child was the one to do the stabbing, because he had been initiated to medicine. The healer did not do it himself because he thought that it would good for his *nhemba* to learn to do it.

[190] As explained by FBS: The healer starts the treatment, because *yeye ndiyo mkubwa*, 'he is the great one'.

(s-n. *sing'wanda*), rattles (s-n. *nzege*), earthen pots used in protection for huts, and other amulets devoted to his ancestors (s-n. *shitongelejo*) - those that weren't buried with him mistakenly - like cowry shells (s-n. *simbi*) in chains – everything that he had been using in his work as a healer along with the family paraphernalia. The *milama l*eaves were given to ng'wana Masele's child in medicine and he continued with the job: the purpose of this was to treat all the deceased's possessions, 'to make everything white', like the goat that had been killed for the purpose.[191] While this was still going on, ng'wana Masele's elder sister, herself a healer practicing in Mwanza, started to tremble and yap. She moved around talking incomprehensibly and fast; she had become possessed by the ancestors on her mother's side, those who were responsible for her own and her deceased brother's healership, *bufumu,* who were of Taturu origin. The other sister and brother became possessed afterwards and almost as soon as it had started it faded away. After all the other things had been sprinkled, ng'wana Masele's three drums were brought out and treated the same way with the mixture.

Picture 7: Opening of the medicine and paraphernalia sacks

[191] As explained by FBS: "Because its [goat's] skin is white, also its blood is white."

The healer led us to the grave at the centre of the homestead under the *male* tree and everyone gathered around it. When the group reached the grave, shoes were taken off and ng'wana Masele's younger brother took a spear in his right hand and stabbed the goat's stomach with it, which had been brought with us. He sprinkled its contents over the grave and women ululated.[192] This man was still holding the spear when the elder sister became possessed again. She climbed on the grave and moving 'mechanically' circled around it speaking with the already familiar high pitched voice and foreign language (Taturu), making clicking sounds with her tongue, shivering, weeping. Her younger sister followed her shortly afterwards. The healers and ng'wana Masele's FBS listened carefully: the ancestors on ng'wana Masele's mother's side demanded *lwanga* (a mixture of water and sorghum).

After the ancestors had left the women, ng'wana Masele's FBS and the healer started to dance by the grave. A dish with sacrificial beer (s-n. *suizo*), was brought to them and ng'wana Masele's younger brother was the first to make a libation from a small woven basket (s-n. *isonzo*), which had been filled with the beer. It was the time to greet the deceased. He spat the beer into the 'four directions of the world' and was followed by the elder sister, a practicing healer herself, the widows and then other healers -- anyone could go. All the people making the libation climbed up on the grave first, took some beer in their mouth from the *isonzo*, made the libation to the four directions and what was left in the small basket was thrown onto a small stone (s-n. *shigo*) on the grave. A drum was beaten and the two sisters were dancing on the grave. Another dish containing a mixture of crushed sorghum and water (s-n. *lwanga*) was brought. *Lwanga* had not been planned as part of the procedures, but was specially requested by the deceased's maternal ancestors. Some of the people were spitting the *lwanga* while others just poured it on the headstone of the grave two times.[193] All the same people who went with the beer also did this and some people would both spit into the air with *lwanga* and also pour it onto the

[192] Usually after a ritual killing, the intestines of the animal slaughtered for sacrifice are used to divine in the presence of all the diviners whether or not the actions taken in the ritual have been successful. In this case I was told that the diviner-healer-in-charge had already divined beforehand at his own homestead that everything would go well, and therefore there was no need for further divinations in this ritual.
[193] Both these practices are called *–fuha* in Sukuma-Nyamwezi.

> stone. Ng'wana Masele's daughter approached the grave with her infant child. The child was taken to the grave and his feet were washed with *lwanga* in order to give him blessing from his mother's father and for him not to be bothered by his grandfather for not being at the grave to remember him.
>
> The healer started to lead the group away from the grave, dancing to the beat of the drum. Ng'wana Masele's sisters were suddenly joking around, and the atmosphere had changed completely in just a moment from grief and the formality of the ceremony to laughter and joy. People returned to form a circle around the paraphernalia next to the ceremonial hut and continued to dance around them. The healer took medicine out of a small basket (s-n. *isonzo*), and spilled it over the things. People started to disperse, to wait for food.

Inheritance of and succession in medicine

The one thing that was decided upon by the male relatives of ng'wana Masele from his fathers' side during the ceremony was that the heir to ng'wana Masele's medicine and paraphernalia was his younger and only full brother; he was considered the only eligible heir. In this, the patrilineal rule of inheritance seems to be followed as in the case of other property, because ng'wana Masele's elder sister, who herself was a practicing diviner-healer and present in the ceremony, was not considered as a possible heir. Neither was his first wife, who knew all her late husband's medicines and had helped him in treating people. Her knowledge was not considered to be enough for her to be qualified for succession because she lacked the 'ancestral backup'.[194] Even though the decision had been fairly easy to make, almost every member of the family seemed to have doubts over ng'wana Masele's brother's medical knowledge. Ng'wana Masele's FBS expressed these doubts one time when I was discussing the matter with him and the first wife: 'He [the brother] agreed to take the medicine with him, but he has not been through any training. Does it make someone a doctor if he takes care of someone for a day or two?' Therefore, even though the brother had what the first wife lacked, the ancestors' support in his work, he had not studied medicine and

[194] Also, the first wife could not be considered a 'child in medicine', nhemba, of her husband, even though he had taught her a great deal, as their marital/sexual relationship rules out this possibility.

healing with anyone, and therefore did not quite meet the other requirements. He might not be able to make any use of his inheritance.

Things would have been different if ng'wana Masele's students had come to the ceremony because the successor would have been chosen from among them. All the *bahemba* would have been given the possibility to win the inheritance for themselves through a competition, in which they are made to name one after another all the medicine that their deceased father in medicine used. In such a case, the one who knows the most will be chosen as heir and he/she will inherit all the medicine; no shares are divided for others. But there was only one *nhemba* present at this ceremony and he had only partly studied with ng'wana Masele. Another *nhemba* was ill and could not come to the ceremony. If there is no 'natural' heir for the medicine – none in the family nor *bahemba*, the teacher/father, *baba,* the one who taught the medicine to the deceased, is consulted. In this case someone from the [blood] family will be chosen as a heir and sent to the old teacher to be taught and to become worthy of the inheritance. Because these medicines and the knowledge of making them had already been paid for, they could not go back to the father of medicine of ng'wana Masele.

Conclusion: Order restored?

The central purpose of the rituals connected to death is to restore the state of things that existed before the loss of the member of the kin group and community (for comparison see Middleton 1982: 134). In the Sukuma-Nyamwezi case this restructuring takes place in several steps, of which, it seems, the final one is the *isabingula* ceremony, which seems to have slightly different meanings for both Sukuma and Nyamwezi. While in the Nyamwezi case the stress is on the actual redistribution of the deceased's possessions, in the Sukuma case, as in the ceremony described in this chapter, the stress is on the ritual treatment of the deceased's possessions. But, as in the case of this particular ceremony connected to ng'wana Masele's death, both aspects were clearly involved because the ritual treatment makes the redistribution of medicine and other things possible.

Ng'wana Masele's mother never showed up in the *isabingula* ceremony, neither did the other relatives on his mother's side. This, I heard later through gossip, was connected to the fact that ng'wana Masele's mother was suspected of her own child's death. A witch, people say, never turns up at the funeral of his or her victim.

As has been discussed, the sharing of medicine and healing tie people together like blood. However, it is not only the substance – the medicine – which connects people together. A significant part is also played by the transactions of wealth, which take place after the student of a diviner-healer becomes established as an independent healer or after the patient of the diviner-healer has become cured. These transactions of wealth seem to find their parallel in the transactions of bridewealth which, however, contribute to blood kinship in the second generation, unlike in the case of *buhemba* relations. The ties formed through sharing of medicine and healing are extensive and are a source of security to the patients of the diviner-healers.

The death of an individual healer breaks up the continuity in medical knowledge until a successor has been chosen for him and the medicine and the ritual paraphernalia have been ritually treated in the *isabingula* ceremony. This break is ideally only temporary, however, and the continuity and order are restored ceremonially. After this the *buhemba* relations become active again. In the case of ng'wana Masele, however, it is not certain that the continuity was established as the inheritor was not – according to the relatives of the deceased – necessarily a good candidate to continue the line of medicine and medical knowledge.

6
ANCESTORS AND MEDICINE

The importance of ancestors in the lives of the Sukuma-Nyamwezi has waned with the disappearance of the chiefly system and the influence of Christian and modern ideas (see Varkevisser 1973: 98).[195] This is clear in the ideas about illness and infertility causation, which in Isaka are presently only rarely connected to ancestral interference unlike they were in the past (Tcherkézoff 1985: 59; Tanner 1955: 274; 1958a: 52; 1969: 285). Tcherkézoff (ibid.) has pointed out how illness episodes used to be the central occasions for ancestor worship among the Sukuma-Nyamwezi in the past.[196] However, there is one domain in the society where ancestors still play a central role and this is the domain of medicine (s-n. *bugota*), and diviner-healership (s-n. *bufumu*). Ancestors are essential throughout the careers of the diviner-healers, from the early stages of ancestral calling to the maintenance of their abilities and customers (see for example Tanner 1955: 275; 1958: 59; 1967: 47; 1969: 275). This connection is established by becoming a diviner-healer and maintained through occasional prayers, offerings and sacrificial practices, of which the blood sacrifices are the most dramatic and valued displays of the connection between the diviner-healers and their ancestors.

The profession and expertise of a diviner-healer is usually both ascribed and achieved but the stress is always on the former unless the legitimacy of one's profession is questioned by outsiders. This distinction is a matter of emphasis and it depends on whether the trade (knowledge and practices) is acquired from one's ancestors through dreams and possession experiences, what Colby Hatfield (1968: 97) has called inspirational, or by studying healing and divinatory techniques from another healer for a fee (Stroeken 2000:

[195] See: Feierman (1990: 12) for a similar disappearance of the chiefs and the decline of sacrificial practices among the Sambaa of Tanzania. Wijsen & Tanner (2002: 55) connect the decline in the ancestor cult to the disconnectedness of present families.

[196] Tanner (1958a: 53) however mentions that in the 1950s ancestor worship only took place when the descendants were in trouble, unlike in the past, when ancestors were remembered on a regular basis. He suggests that maybe ancestral ceremonies were never practiced on a regular basis (Tanner 1958b: 229, 1959: 116 and 1967: 23-4). However, he notes that by 1967 collective ceremonies for ancestors had virtually disappeared (ibid. 35).

315). Most healers experience both. However, only those diviner-healers who have an ancestral calling – and therefore their blessing – are usually considered to be true healers (cf. Reid 1969: 94: see also Whyte 1997: 61 for the Nyole of Uganda), and this special connection with the ancestors - as Stroeken (2000: 238) notes – '... can only be received as an exterior overtaking.' Thus, with the numbers of *bafumu* on the increase, especially in places like Isaka where the influence of modernity is very visible (cf. Tanner 1957: 349; Tanner 1959: 120; 1967: 51), and with the significant role that healers have in the local health care system, it is not an exaggeration to say that the ancestral influence in the lives of the Sukuma-Nyamwezi is still strong. As one of my diviner-healer informants once said, the numbers of diviner-healers in Isaka are so high these days that there are not enough customers for all of them. I also noted the increase in their numbers between my two field periods in 1997-98 and 2001-02.

The connection between the rapidly changing society and the flourishing of traditional institutions was predicted for the Sukuma by Hatfield (1968: 295*ff*) and has been noted in other parts of Africa by such authors as Comaroff and Comaroff (1989: xi-xxxvii), Moore and Sanders (2001: 1-27) and others, who have discussed the phenomenon of witchcraft in its modern context. For example, Sanders (2001: 160-183) discusses the connection between the consequences of structural adjustment and witchcraft among the Ihanzu of Tanzania. Something similar can be seen in the context of diviner-healership in Isaka in their competition for customers in which the strength of their ancestral connections, which is an important sign of their authenticity (Stroeken 2000: 324), is a key factor. This, however, is not to say that the stress on ancestral connections is a product of modernity. Rather, it has always been a significant part of the profession (Tcherkézoff 1985: 63), but it has clearly become highlighted in novel ways in the present context of competition over customers. While at the same time, the diviner-healers I met are interested in co-operation with the representatives of biomedicine, they see that their expertise (swa. *utaalamu*) lies in their ancestral practices (Hinkkanen 1999: 121-123). In the past becoming a diviner-healer was basically the only option for the ordinary Sukuma-Nyamwezi (non-royal) to enhance one's position in addition to the ownership of large herds of cattle (Tanner 1967: 44). Today in Isaka all kinds of other possibilities exist, ranging from different kinds of businesses to positions in local politics. Thus, why are the numbers of diviner-healers so high these days and why and how are the ancestors still central in their occupation?

Misfortune for blessing

Becoming a diviner-healer can be described as a process with three stages (see Cory 1960; Tanner 1957; Hatfield 1968; Hinkkanen 1999): 1) an initial 'call' from one's ancestors, usually in the form of a prolonged illness followed by a divination over its cause; 2) an apprenticeship with a diviner-healer, and finally 3) practicing the profession independently and acquiring students of one's own.[197] In practice, things are more complex. Every diviner-healer has a slightly different background, but what most of them share is the original demand from the ancestors to become diviner-healers.

Diviner-healership runs in the family. The ancestors that contact their descendants in the case of any misfortune in the case of commoners are usually from mother's side/female for women and from father's side/male for men. Exceptions to this rule are more general in the case of diviner-healers than among ordinary people's misfortunes and once a diviner-healer is fully established, she or he generally sees the support coming from both sides. The symptoms brought by the ancestors who want their descendants to continue their line of work can vary from general misfortunes to restlessness and sleeplessness, different illnesses, visions through dreams, and infertility (see also Hatfield 1968: 158-9), and many diviner-healers claim to have symptoms caused by their ancestors since early childhood. The ancestors who contact their descendants this way have themselves been diviner-healers in the past. They usually belong at least to one's grandparent's generation, like in the case of ordinary ancestor-related misfortunes, but usually they are genealogically much more distant (s-n. *bakulugenzi*) (ibid. 1968: 166). For example, in the case of one male diviner-healer the ancestors affecting his work were the following ones:

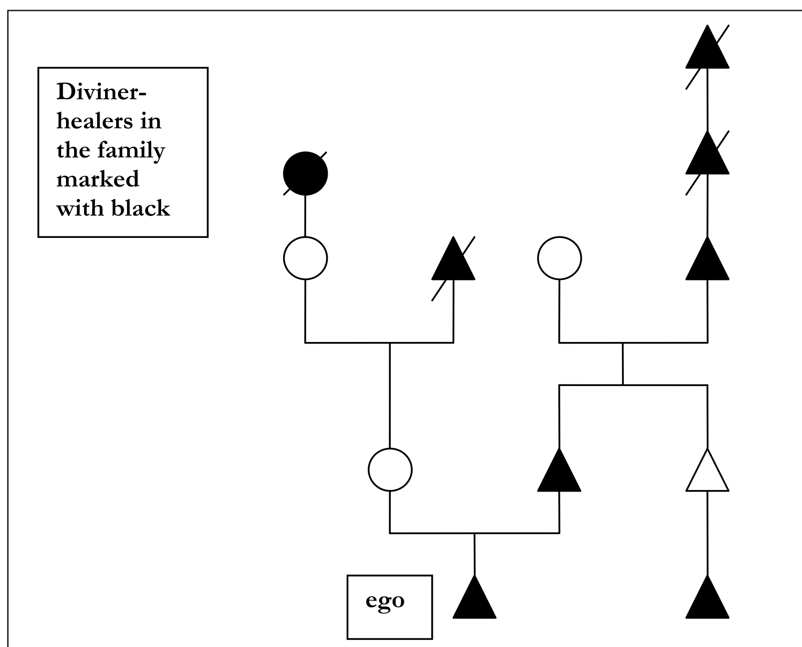
On the side of his mother:
mayu nkulu – mother's mother's mother
On the side of his father:
Baba nkulu – father's father's father
Guku nkulu – father's father's father's father
guku – father's father

- From *Baba nkulu* on the side of his father and *guku nkulu* on the side of his father he had inherited the ability to divine with *mhigi*, with chickens, with the aloe plant, and the need to join the *bumanga* association

[197] I am now discussing only those specialists who both divine and heal.

- *Guku* – grandfather on the side of his father (alive) – had taught him to divine with chickens and the aloe plant

- *Mayu nkulu* – brought him dreams



The following stories of a middle-aged male diviner-healer, his young son, and a female diviner-healer are essentially about the presence and extraordinary influence of the ancestors in their lives and they are not only structurally, but also in many details, similar to the other stories of diviner-healers I have heard in Isaka.

Ancestral connection: Father and son

The problems of a man in his forties started only when he was an adult. This man had started his work as a diviner-healer a few years back, and he recalled that it was around 1995 when he was approached first by his ancestors.

Reea: What kinds of problems did you get?

Diviner-healer: I was sick, my head was aching and my whole body did not have, what? Strength. It bothered me. I felt like something was stuck here in my throat.

Reea: Did you go to be divined?

D-h: No, I did not. I just continued to live with my problems. Then one day - it was night time, month of December, 1994 - I was bothered a lot with my throat. I went after *minyaa ya porini,* [aloe plant called in Swahili *minyaa ya walaturu*], I chewed them and I got better. And things went on like this. But my father advised me: You child, it would be better if you would go to be divined by those who follow such [ancestral] things. Things do not seem good. You cannot even work. I did not listen to his advice.

Reea: You did not agree with him?

D-h: No, I did not. I felt it would be only a nuisance. You see, then it happened. It was around year 1995, maybe 1996. We were doing the agricultural work as usual. But later, during the harvest time, I felt that all my strength was finished. It was finished. One day, I was cutting the millet, but when I reached the field, I saw it as too much of a work. I could not do it and I returned home. I thought I should delay going to the rice fields, it was too much work as was harvesting the maize at home. A man came by, a younger uncle (classificatory) of mine [and he said to me]: These things are going wrong. Let's go to see local healers so that they can look at the things, how are they going. He took me along and I went with him to see a local healer.

He [the diviner] told me everything, all the problems… as if we had had him staying at our homestead. And he said, you need to bring your ancestors close to you, those who are distant, *wakulugenzi*, those who died a long time ago. They need you to live with them at your homestead.

I started to look for a [sacrificial] goat. We invited people to do the offerings. The offerings were to build these houses [of ancestors] and

> the [ancestral] gate/door. They sacrificed a goat at the gate by suffocating it, so that it cannot breath, to die just like that. Later, they read the explanations from inside [divined by using the goat's corpse].

The divination said that the offerings were finished, but the man should still start the work of a diviner-healer.

> D-h: I just continued as usual. I said to myself, maybe I am being lied to. I stayed like this until after some time, I started to feel that my body parts did not have any strength. They did not ache, though. I felt that staying at the homestead was hard and I just wanted to walk in the bush. I could not calm down. At nights, I had troubling dreams and I decided to go to a diviner and I got everything [from the divination]: the problems with my body and the dreams.
>
> One day I had a very bad dream. I dreamt that a snake had tied itself around my legs. I was next to my child, and I threw him badly [out of the bed]. I was afraid at nights. I was told that I still owe them [ancestors].

This man was not the only one in his family who was approached by ancestors. At the time he had been doing the offerings to his ancestors his baby son had a lot of problems. He was sick and he cried a lot:

> D-h: One day his [child's] mother took him. He was something like four months old. She went to the market place. When she reached the market place, he [the baby] started crying. They were just the two of them. Other people tried to hold him, but it did not help. It was not until they came back [when he calmed down]. Here at the homestead, there was his grandmother, the mother of his mother. She took him, but it did not help. Myself, before they even reached home… just the noise, to hear that he was crying. I became possessed [by ancestors]. And, only after I held him, he calmed down. I carried him and he calmed down.[198]

[198] This is exceptional because as Varkevisser (1973: 158) notes, fathers usually give up their children to their mothers as soon as they start crying.

D-h: There was another day, she was putting out a meal, when he started crying again. His mother stopped eating and held him, until I decided to hold him. Right away, when I held him, he started to laugh. Everyone was amazed. We went to a diviner and we were told: you have to make sacrifices on his behalf. He [child/ancestor] is angry; why have we forgotten him. He was still so young. **We were told that he is a child who has been born with a job, a job of a *nfumu*, diviner-healer.** This is what bothered him. (Emphasis mine).

Reea: Is he going to study things of diviner-healers later on?

D-h: Yes, when he will be old enough. **It is his ancestors, who will decide,** it is he [the child] himself, who will decide. (Emphasis mine).

This man and his son were both troubled by their patrilineal ancestors, who wanted them to become diviner-healers. The connection that the two have through their ancestors could not be more clear than in the way the father described the way he became possessed when his baby son was crying and how, when he held him, the child calmed down. Much like in the case of this child, the following story of a middle-aged female diviner-healer tells about an early ancestral calling. However, it is only when they are adults that the children can take up the profession.

A female diviner-healer and her *ngumba* ancestor

This woman's problems started already before she was born.

Diviner-healer: My mother told me the following: When she was pregnant, the pregnancy lasted for 15 months. I was not born. If the contractions started, they went away and another month passed by without them. Finally, they [husband and wife] started to go to see diviners. [They were told]: Go and do this – it did not help. At first they were told that it is your ancestors who trouble you. Go and pray to them, they have held the child back – and a healthy child, a female. They went and made the offerings to the ancestors on the side of her [mother's] mother. They offered a sheep and called it with a name - in vain. And they continued [to visit diviners]. My father said: my wife will die with the child. She will die with the foetus, my wife.

> Finally, they decided to do what, to go to a hospital. In the past, hospitals were far away. They failed to go and they decided to go to a healer who lived close by. They went. When they arrived, they were divined and told that they had come because of the wife's problems. She is pregnant, but will not give birth. [For] what troubles her, you should go and pour millet at the crossroads. You should call her ancestors, on the side of the father and on the side of the mother.
>
> They went with the millet. They went together. When they left there, the contractions started. The child started to come out. And they had been told: when the child is born give her the name of her, *mama nkulu* [mother's mother's mother's mother]. Call her with the name.
>
> Then, at night after she had given birth and everything had been cleaned – I [baby] had no idea what was going on – they rested and they ate and went to sit by the fireplace, outside. And the child is inside. Suddenly they heard me cry. She [mother] sent another child: go and see my child, maybe I have placed her badly on the bed and she has fallen down. She went and saw that on the bed a python had come. It had curled itself under the baby. The child ran and said: mother, there is something there. The child has been eaten.

The python, and two other types of snakes, is considered to be the embodiment of an ancestor.[199] The baby's father went after a diviner and was given advice on how to treat the ancestor:

> Diviner-healer: And my father ran to the diviners. He [came back and] said, no, you should leave it [python] there. The python was there and I was on top of it. It rested. I had cried when it curled under me. As he [father] had been told, they ground millet and spit it [on the python/ancestor]. They let milk for it, they put out cow's milk and put flour into it and placed it under the bed. My mother put her mattress outside. They were afraid to sleep inside. They went to sleep in the other buildings. Father said to them: come inside to sleep; you have done wrong. What [do you think] is going to eat you? Mother came to sleep inside on the floor. The python is just on the bed.

[199] There are three kinds of snakes which are connected to ancestral spirits: python, spitting cobra and puff-adder (Millroth 1965: 119)

> In the morning, in the early morning, something like at five o' clock, the python left me alone in the bed. Itself, it went under the bed, to the pots [with milk and flour]. It curled itself down there, stayed there, slept there, and the next day it started to drink the milk. It stayed there for five days. That day it left me alone.
>
> The next day I was brought out [for name giving] and I was given the name of my *mama nkulu*, the (classificatory) grandmother of my grandmother. She was an ancestor who had been a great healer.
>
> The python had been inside for five days. Afterwards, it curled around the homestead … It stayed outside for six days. On the sixth day they welcomed it inside the goat shed: Welcome our guest, your food is inside. They welcomed it by spitting on it with milk and millet. Your food is inside, you can choose yourself. It stayed there; it stayed there for two weeks. On the third week it caught a male sheep. It ate slowly, it took it three months. It shitted, it dropped its skin and went outside. When it left it started to wander around the homestead. They gave it milk and suddenly they noticed that it had disappeared.
>
> I grew up. When I turned seven years old, it came the time to put me in school - studying time. When you [I] reached the school, when they wrote something on the board, you do not see. You fall asleep. And you get hit. When you leave the school, you feel just fine. Now, when I had been born, a *lupingu* [a triangle shaped part of a shell disk, which is a *shitongelejo*, an offering to ancestors] had been put on my neck and when I went to school I did not wear it [it was not, and is not, allowed to wear such ancestral things to school]. It was this way until my mother went to see them and said to them: you will hurt the child. She cannot even see the board. It would be better if she could wear her *lupingu*. They agreed and I started to study with it. I studied for nine years.

The ancestors forced her to leave the school. She told me how she had been driven out by them when she was around sixteen years old. She returned home to her parents and the ancestors left her at peace until she was married soon after. The ancestors did not like her husband:

> Diviner-healer: When I got married, again, they did not like my husband. If you go inside, you feel that he smells. Fighting. It [husband] hits you, you leave… you go home, at night. You stayed up the whole night. You have left him there, fighting. The home was broken.

Her parents returned the bridewealth. She stayed with her parents for six years and was remarried. She was married with this second husband for five years, but because she did not get any children, she was driven away by him and his family. She had visited many diviners and was told that she was troubled by her ancestors. They had told her the kinds of medicines she needed, but when she made them, she could not use them because of their smell: 'They [ancestors] did not want them [medicines].' Her mother and grandmother had talked about her condition:

> The one who is troubling her was a true healer, but she did not have any children. Her children were children of medicine. If she gets hold of her really, she will not get any children.
>
> There I was. The house was broken and I refused to marry again. They [ancestors] started to run me around and bring dreams.

Now alone, this woman started to divine to people without any preparations: if someone came to see her with a problem, the ancestors started to talk through her, telling the problems of the customers. What is it like when the ancestors get hold of you, I asked the woman:

> .. your reason disappears, it climbs, something climbs to your head... They tell you to go some place and really, you go and fast. Then they make you stop, we have brought you here and you to start to dig for medicine.

This is the way she ended up in Isaka, driven by her ancestors, and as she said, she lived there for a while 'with just her [medical] roots' and only later found her present husband, who was approved of by her ancestors.

Heroic stories

The story of the male diviner-healer tells about his reluctance to acknowledge the possibility of ancestral interference in his life and the reluctance over becoming a diviner-healer. Even though many diviner-healers are often suspected of being in the business for wealth only, from the perspective of the diviner-healers themselves, the situation is different. The work of the diviner-healers is considered to be hard, demanding and sincere. In addition, the line in the *isabingula* song from the previous chapter, 'being a diviner is to tolerate a lot', expresses the idea that this profession is not considered something chosen out of personal interest or as a means to accumulate wealth but as something you do and have to do, no matter what, because of the demand and support from your ancestors, *masamva*.[200] And, as the diviner-healers mention themselves, unless they follow their ancestors' wishes, the illnesses and misfortunes that were originally brought by the ancestors, will return (see also Hatfield 1968: 64, 129).

The above stories and the other stories I have heard tell about the hardships that the ancestors have brought to their descendants. The female diviner-healer's angry distant female relative, who had not had children herself, brought her problems and made her infertile, and the father and his son were as troubled but in different ways. It is interesting that in the story of the father about his son, he says that it was his son who was angry because he had been forgotten during the period when he, the father, had been making sacrifices to his ancestors. The tie with the son and the ancestor troubling him could not be clearer. All the stories share an aspect which could be called mythical or, as I have chosen to do here, heroic. They are about extraordinary happenings which have taken place in the lives of these people and about the unusual character of these men and women which springs from their strong ancestral connections. As such, they resemble mythical stories about the first great diviners or chiefs, who came and settled down in the Sukuma-Nyamwezi area in the distant past. The hardships, the route from suffering to blessing, which these present-day diviner-healers and diviner-healers-to-be have experienced, resemble those of their distant forefathers in medicine as well as their own ancestor's experiences and it is this connection which is brought about in the stories, and which makes them special in the eyes of their customers and ordinary people in general.

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[200] All the ancestors can be addressed either individually by their proper name, or generally as *batale* (great ones), *badugu* (relatives) or *bakulugenzi*, but only the active ones are called *masamva* (Hatfield 1968: 59).

There are also other ways to deal with ancestral interference. Ancestors are generally seen to stay away from Christians. One woman, for example, told me how in her family there had been great healers in the past and how she - if she were not a devout Christian - would be a diviner-healer herself. God, she said, is stronger than her ancestors. Many people, however, mentioned that if the ancestors are strong, as the ones of diviner-healers are generally seen to be, no Christian church and devotion can stop them. I heard stories of people who had left the Church in order to fulfill their ancestors' wishes (see also Hatfield 1968: 165), because their ancestors have been extremely strong and because Christian denominations do not approve of local divinatory practices, let alone accept diviners as their members.[201] Islam, on the other hand, is much more tolerant of them. In the official Christian discourse, the ancestors are described as *mashetani*, spiritual beings, whose existence is not denied by the churches, but who are seen as the embodiments of the Devil. I once discussed this with a very devout member of the African Inland Church and her answer was very revealing about a Christian's ideas about the ancestors. She asked me rhetorically, whether someone could say that their grandparents had something to do with the Devil.[202]

Acquiring secret knowledge: Initiation into secret societies, Bumanga

Starting to work as a diviner-healer can be enough to please the ancestor with a sufficient offering, like in the case of the male diviner in the previous section. Sometimes, however, the first step towards diviner-healership is with some kind of offering or blood sacrifices to appease the ancestors, who demand their descendant to take up their old profession. Once the primary sacrifices are over, most diviner-healers do not feel the need to turn to their ancestors on a regular basis for success and support in their work. However, they are dependent also on the support of the 'great ones' (s-n. *batale*), the distant great healers, who were the ones to establish the particular *buhemba* group, or secret society.

[201] Cf. Hatfield (1968: 276-7). Wijsen (1993: 113) mentions that many Christians visit diviners even though it is forbidden by the Church. They may confess it to the priest after they have done it.

[202] Wijsen (1993: 80) mentions that ancestors, *majini* (s-n. *masamva*), have been identified by Christian and Islamic concepts of devil and angel. I did not hear the connection made between angels and ancestors, however.

One of the demands of the ancestors that is related sometimes with becoming a diviner-healer is joining a secret society, of which the ancestors themselves were members in the past.[203] This, for example, has been the case with the female diviner from the previous section who has been initiated into four different societies during her career. The Sukuma-Nyamwezi have a great variety of secret societies and voluntary (or commoner) associations that vary in their purpose and membership requirements (See: Abrahams 1967a: 6, 25-6; 1967b: 63-66; Brandström 1996:11-20; Cory 1954: 73-92). In the rural parts of the Sukuma-Nyamwezi area, to this day, most people belong to at least one of these associations and societies, and often to several. Brandström (1996: 10) has observed that their numbers have increased with the number of Christian associations, political parties, etc. and, for example, in Isaka, new kinds of organizations of mutual assistance amongst neighborhood women have emerged.[204] In this section, however, we are dealing with the societies which are formed around secret knowledge of medical substances and healing techniques. Their members can be just ordinary people, diviner-healers (Cory 1954: 87-92; Abrahams 1967a: 25) and, in the colonial and post-colonial period, even chiefs (Stroeken 2000: 179). Chiefs were traditionally denied access to secret societies because it was considered important that they stayed neutral in the Sukuma area proper, but they seem to have been members of the secret societies in the Unyamwezi even in the past (Abrahams 1967b: 65). The Sukuma-Nyamwezi have no particular illnesses or misfortunes that connect the members, as is the case with the Ndembu drums of affliction (Turner 1968: 55-88). The common denominator for the members is the fact that their ancestors used to be members of the particular society and wanted their descendants to become members also (cf. Tanner 1969: 278); this holds true for the Ndembu drums of affliction also (Turner 1968: 53).

Because of the great number of diviner-healers in Isaka and the variety in their backgrounds, all the secret societies that are known and popular in

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[203] Bösch (1930: 188) mentions that sometimes the membership in secret societies is mediated from parent to child and sometimes it is ordered by a *nfumu*, who says that a person needs to join the secret society in order to be cured.

[204] There are also associations that are joined for communal work; the most famous and most influential of these, *basumba batale*, only exist in Sukumaland proper (Abrahams 1967a: 6; Cory 1954: 72; 77-8; Varkevisser 1973: 58-64), but other kinds of associations for communal work exist in the Nyamwezi area also (Brandström 1990a: 11-16), although not in Isaka. There are also the *mbina*, popular dance societies, which were active in Isaka in 1997-8, but not in 2001-02, as well as neighborhood associations for male (*banamhala*) and female (*bagikulu*) elders. These can be found in Isaka.

the central Sukuma-Nyamwezi area flourish there. The most famous ones are Bumanga, Buswezi, Busyembe, Ilungu and Bukango/Mabasana, the last one being the society of the parents of twins. The female diviner tells about the secret societies she has joined because of her ancestors' demands:

> Diviner-healer: I danced [swa. *nilicheza,* was initiated into] Bumanga already when my mother was alive, my father was already deceased. When I started diviner-healership, to divine people, the diviner-healers came to organize it. They [ancestors] had closed me. They did not allow people to come to me. They did not even let cattle and goats come in. If you looked [was divined] you are said there was Bumanga. They danced [initiated me] on the side of my father. They danced Bumanga. They danced [for] the side of my father. On the side of my father then, there was also Ilungu. And they came to dance it [on my behalf].

Such initiations are relatively expensive and she told me that for each of these two societies she paid five cattle with the help of her mother, who had cattle which she had inherited from her deceased father. From other informants I have gathered that the amounts paid are generally the same. After these two initiations were over, there was a period when her ancestors were pleased and she concentrated on her work as a diviner-healer:

> I rested. I rested for some years, but then they caught me again, these Bachwengele, on the side of my mother. I was initiated again. Itself, it cost two cattle. Then came the Bachwezi [also on the side of the mother] and for them I also paid two cattle. These cattle I gave myself. My mother had already passed away. And I quit, until today. I do not owe them anymore.

The secret societies have no geographical limits and the ties attached to them are not perceived to be as tight as those attached to the relationships that are formed through individual diviner-healer – student and patient interaction. This is because their members are so very numerous and their organizations are geographically much more extensive, spreading in some cases over the whole Sukuma-Nyamwezi area and even beyond (Hatfield 1968: 70, 74). The most famous and most valued of these societies is generally considered to be Bumanga and, according to Cory (n.d. 1) and his Nyamwezi inform-

ant, Bumanga in Nzega is considered to be the first association organized for ancestor worship, and it is also called the eldest *bufumu*, the eldest diviner-healership.

Bumanga is known throughout the whole Sukuma-Nyamwezi area and in the Sumbwa and Konongo areas as well. The structure of its organization and the content of its ritual practices vary in different areas and even its origin is attached to different geographical areas (Cory n.d. 1). I.M. Pambe (1978: 276), who did his research among the Northern Sukuma, connects the origins of Bumanga to the east of Sukumaland proper, to the Balaturu in the east, to this day perceived by the Sukuma-Nyamwezi as the homeland of some of the greatest healers, and among them the founder of the Bumanga association, 'a hero magician', Ibambangulu.[205] On the other hand, in the Northern Nyamwezi area, around Nzega, the origin of Bumanga is said to be south of the Nyamwezi area, in Ibembambashi,[206] and its founder is said to be Malema, who himself was a Konongo (considered as one of the subtribes of Nyamwezi by Abrahams 1967b) and a 'great teacher' whose student, Nyamizi, brought the association to the Nzega area (Cory n.d. 1: 1). For the Sumbwa, Nyamwezi-related people west of Kahama town, the founder of Bumanga was called Mbula ('rain') and Muleka ('orphan') (ibid.:8). Therefore, the names of the founders and the places of origin of the society are always local as are the structures and contents of the ceremonies (Hatfield 1968: 13).[207]

The Bumanga secret society could probably be described as one of the least secret of the secret societies of the Sukuma-Nyamwezi, as many of the parts of its initiation ceremonies are open. What these associations share in common is that they all have myths of origin about the founder of the association and the greatness and superiority of its medical knowledge. For example, in the case of Buswezi – another secret society - the origins are attached to the ancient and mythical Interlacustrine Chwezi kings (see for example Berger 1981: 45-66; Cory 1955b; Curtin et al. 1990: 152-155; Stroeken 2000: 371-376).

I was able to witness a Bumanga initiation ceremony in which the aim was to initiate the main initiate into diviner-healership of the Bumanga association. He had already been initiated to Bumanga in his childhood, but was now to be initiated into it for the second time in order to become a

[205] See Stroeken (2000: 235) on the legends about Ibambankulu.

[206] In the borderlands of Ufipa, Unyamangona and Ukonongo.

[207] Roth's (1996: 214) informants connected the origin of Bumanga to the north, to Mwanza.

diviner-healer. The origins of Bumanga, according to this group attached to the Isaka area, were not explicitly told to me, as I was given no names of the founders of the society, the 'great ones' (s-n. *batale*). But, as the main initiate told me, it is seen to have originated among the Balaturu:

> They are a mixture: they were people who used to move a lot. Some of them were from the west, but mostly they were from the north… there is the great one of the north there, he was from the area inhabited by Balaturu. He died there.

This ceremony had very little in common with the descriptions of the Bumanga ceremonies by Hans Cory (n.d. 1) from Nzega and Mbogwe (Sumbwa area). This follows not only from Bumanga always being based on local tradition, but also, and I think even more importantly, from the fact that the existing descriptions are from ceremonies that have been organized for first-time initiates: people who have been bothered in one way or another by their ancestors in order for them to be initiated into the society in which their ancestors were members.

Offerings and sacrifices in a second initiation[208]

The diviner-healers, as much as ordinary people, have various ways to establish and maintain a harmonious relationship with their ancestors. The following is a general discussion of the offerings and sacrifices which take place during a Bumanga ceremony. The Bumanga initiation contains all the different forms of offerings (s-n. *maholelo, shitongelejo*) to the ancestors practiced in the Sukuma-Nyamwezi area. For the most important forms of offerings and sacrifice, like the ones in a Bumanga initiation or even in the case of the consecration of a *maholelo* sheep, goat or cattle, a diviner-healer should lead the ceremony. Only a specialist can act as sacrificer, as a mediator between the *sacrifiant* and his/her ancestors, as they are the ones who have their own ancestors' support to do it as well as the knowledge needed.[209] I have chosen to concentrate especially on the blood sacrifices (s-n. *shitambo*). This is because they are the most valued and complex kind

[208] I save the word sacrifice for blood sacrifices since the Sukuma-Nyamwezi themselves make a distinction in their language between an offering (s-n. *maholelo*, *shitongelejo*) and blood sacrifice (s-n. *kitambo*).

[209] For sacrificial terminology see Hubert & Mauss (1964 [1898]: ix, 10) and Valeri (1985: 37I).

of communication with the ancestors (cf. Tcherkézoff 1985: 81). These ceremonies are directed by specialists, *manga*s,[210] of the Bumanga, one of whom is the *manga ntale* (great *manga)* and the other(s) are his aide(s) (suk. *muhekela*). The blood sacrifices in the ceremony are made on behalf of the main initiate (sacrifier or *sacrifiant*) for his *manga* ancestor and they are accomplished by the *manga*s (sacrificers). In the following, I give a general account of the Bumanga based on the ceremony I was able to witness and on the discussions I had with people about the ceremony. Some significant details have been excluded from the description to protect the privacy of the *sacrifiant*.

All ceremonies which are directed to ancestors and their preparations require the presence of the main initiate's relatives as well as the neighborhood elders. The first necessary step, which starts around two weeks before the ceremony, is the making of sacrificial beer, *suizo*. The beer should be prepared by a female elder who has been through twin ceremonies or at least under her guidance, and the presence of this woman is necessary during the whole ceremony. The beer, while fermenting, is kept inside the room where the main initiate sleeps. This, as I will discuss later, is one of the ways to establish the connection between the *sacrifiant* and the offering, the beer.

A good omen for the ceremony is the appearance of a white snake in the initiand's homestead. Such snakes are left in peace and some offerings are made to them. Also before the ceremony, the initiates may visit their ancestors' graves. Such visits are accompanied with *lwanga* [a mixture of water and crushed sorghum] in an *isonzo* cup. The area around the grave is first swept and weeded and finally the ancestors are greeted by spitting the *lwanga* into the four directions of the world and they are prayed to for their blessing for the ceremony to come.

The Sukuma-Nyamwezi are generally not attached to the graves of their deceased relatives (with the exception of chiefs), because as a person initiated to the Bumanga said, 'the ancestors are present everywhere', and prayers can also be performed at the homestead. The most common place for this would be at the door of the house in which one sleeps, but praying can also be done at the ancestral huts when leaving some food there for the ancestors, or at a crossroads. In prayers, it is important to mention *Liwelelo* (Universe) and all the ancestors collectively, as well as to address the important ones by name. The minimum paraphernalia needed in praying is simply an

[210] The word *manga* is also generally used for very successful diviner-healers (see also Reid 1969: 98).

isonzo filled with *lwanga*, but sometimes praying can be attached to a gift of meat or milk, depending on the background of the ancestors in question.

The ceremony can start only when the sacrificial beer is ready and the leaders of the ceremony have appeared at the homestead. There are certain other people whose presence in the ceremony is required. In the ceremony I witnessed, the people whose presence was obligatory and preferred were certain relatives from the side of the main initiate's father, because the ceremony was directed to the ancestors on the side of the father,[211] as well as neighborhood elders who have been through twin ceremonies, or as it is usually expressed, have given birth to twins, *mabasa*. In the ceremony I witnessed, the following people were present (those, whose participation was seen as necessary are highlighted):

The elders of Bumanga association: *manga ntale* (great *manga*) and ***muhekela*** (his aid)
Main initiate (ego)
Other initiates
Ego's father's sister (obligatory since the father of the main initiate was deceased)
Ego's father's sister's son
Ego's older brother
Ego's younger brother
Two neighborhood elders who have been through twin ceremonies
Other neighborhood elders
Initiate's mother's sisters
Other women affinally related to ego

If there is an initiation ceremony in the family, very often all the children of the main initiate are initiated also, just for practical reasons - as I was told. They explained that they do not have to worry about it in the future if it should become a necessity, or to organize a costly ceremony then. Even unrelated children (and adults) from the neighborhood can be initiated at the same time.[212]

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[211] In his manuscript Cory (n.d.1) writes that Bumanga deals with maternal ancestors only. I have had talks about Bumanga with informants from different parts of the Sukuma-Nyamwezi area and none of the people I talked with agreed on this, making it very clear that the ancestors can be from both sides, but that the ancestors who demand the initiation had themselves been members of the association. This difference could be the result of the changes over time.

[212] This route into diviner-healership is not very common. Most often the inspirational diviner-healers start their practice without formal initiations, like the woman, whose story is included in this chapter, and only later are they initiated into the secret societies.

In terms of authority in the kin group, the practice of offerings and sacrifices connects well with the cognatic stress and the lack of fixed lineages in Sukuma-Nyamwezi practices of descent and succession; there is no absolute monopoly over the ceremonies directed to the ancestors. Even though the presence of one's father or father's sister is crucial in the major ceremonies directed to paternal ancestors, adult men are responsible for the ceremonies directed to their paternal ancestors in their homesteads as their fathers are/or used to be in theirs. Women, on the other hand, often go back to their maternal relatives, to their mother's brothers, in order for them to complete the ceremonies for their maternal ancestors.[213] This is different from the practices of the patrilineal Tallensi (Fortes 1965) and other groups, whether patrilineal or matrilineal, who have the so-called ancestral cult. However, in the major ceremonies which involve sacrifices, the presence of a diviner-healer or a specialist in the particular secret society is necessary. This is so because a mediator is needed between the ancestor(s) and the sacrifiant and because great dangers can follow if the procedures are not performed correctly.

Sengi, father's sister, is one's father, as the Sukuma say, and her presence in the rituals organized for the paternal ancestors of her brother's or sister's children is very important, especially if the father is absent. To a lesser extent this is also true for father's sister's son, who in Sukuma kinship terminology was called *baba*, 'father', by his mother's brother's son in the past.[214] This terminology most probably results from bridewealth practices and the debts and dependence which it is seen to create between the members of the immediate family (for comparison see Whyte 1997: 157). Father's sister's son is someone whose presence was considered by some of my Sukuma informants as necessary in the rituals directed to one's paternal ancestors, and by others, necessary if father and father's sister are absent. Similarly, in the case of ceremonies directed to maternal ancestors, the presence of the main initiate's mother and mother's brother would be necessary.

The night before the ceremony some ritual paraphernalia and the sacrificial animals are taken inside the house, into the bedroom of the main initiate, where the sacrificial beer has been kept.[215] This is done to establish the connection between the ritual paraphernalia, the sacrificial animals and

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[213] Even though it is preferable that a father takes part in his son's ceremonies, it is necessary only to have a representative of his paternal relatives there (preferably FZ or FZC) and in minor ceremonies only the presence of one neighbourhood elder is needed.

[214] Father's sister's daughter was called *sengi wa kabili* (second father's sister).

[215] According to Tanner (1967: 40) all ancestral consecrations have the same phases, which were also present in this particular Bumanga consecration.

the *sacrificiant*. In the main building of the homestead, in the room where the main initiate sleeps, a tray (s-n. *ilangahe*) with four calabashes is placed next to two beer pots. All four calabashes are dedicated to the main initiate's twin ancestors. In the *ilangahe* there is also a small basket made of husks (s-n. *isonzo)* filled with a mixture of water and crushed sorghum (s-n. *lwanga*). There are also two goats which are going to be sacrificed during the ceremony the next day. They are tied to the left bed pole with a rope that has *milama* leaves and a stick (s-n. *nanga kodizinza*) used by *manga*s tied to it.

During the ceremony, it is important to take all the ancestors of the main initiate into account. This is done, for example, by wearing the *shitongelejo* ornaments and other ritual paraphernalia which have been dedicated to the ancestors. On the morning of the ceremony, the main initiate is dressed with the ritual paraphernalia, which he/she has either inherited from his deceased relatives or purchased from the marketplace where specialists in divination and healing sell such things. There is really no difference in value between the paraphernalia inherited or purchased. It is rather the wearing of them and their dedication to the ancestors which makes them valuable (see also Hatfield 1968: 67; Tanner 1969: 277; Tcherkézoff 1985: 72-3). They are worn because the ancestors of the main initiate wore such things in their time. The initiate is wearing a black cloth dedicated to his ancestors while the already established *manga*s are wearing all white.

A fire is established in the centre of the homestead. Above the cooking stones the *nanga kodizinza*, the stick used by the *manga*s, is placed. This can either belong to the *manga*s themselves or to the main initiate, if he/she has inherited it. The *manga*s arrive at night on the day before the ceremony.

The ceremony takes a whole day. As in other rituals ranging from funerals to marriages, the male participants stay outside, while the women remain much of the time inside, separate from men, in the main building of the homestead. The sacrificial beer is tasted, first from a calabash and then from a plastic cup, and the female participants sing songs connected to the ceremony - songs, which are familiar to people from similar ceremonies and which deal with the procedures of the day:

Yakumya itakaliga badugu bane;
Buli ya kuweleleo makoye shido;
Baba Welelo nose ukwiyobya bumwene;
Makoye shido…

Wonders will never end, my folks
The things of the world are just trouble.
Father Universe, in the end you will talk to yourself,
Just trouble…

The ceremony continues with the preparation of the place where the main initiate can practice divination. Next to the two existing ancestral miniature stone huts, the two elders dig holes with a traditionally-shaped iron part of a hoe, and into the holes they place some medicine and two stones. Three spears (suk. *lichimu*, pl. *machimu)* are erected next to these huts. Along with the spears, a stick with an iron bell (suk. *nanga kodizinza)* is erected at the place. Everyone has taken off their shoes. Those to be initiated are watching and the main initiate standing next to the men digging occasionally burps loud - a gesture indicating the presence of his ancestors in the body. Other participants, who are related to the main initiate patrilineally, may also become possessed.

While the *manga*s work with the divination spot, the women start cooking inside. Like in other ceremonial contexts, all the cooking is done by neighbourhood women, as the women of the household and the female relatives of the main initiate are not allowed to do it. The food prepared is stiff porridge made of maize flour (s-n. *bugali*) and vegetable relishes, cooked with ground nuts – Sukuma delicacies. Next, the first sacrificial victim is brought out of the house.

Everyone (initiates, neighbors and relatives) stands at the entrance of the room where the goats had been kept and the two goats are freed from the rope that was holding them to the bed. The tray (s-n. *ilangahe*) with calabashes for the twin ancestors and a woven basket (s-n. *isonzo*) for the sacrificial beer had been brought inside the room. The first person to come outside of the house is the neighborhood elder who had been through twin ceremonies. She comes out with the *ilangahe*. She is followed by *manga ntale*, who carries a one-legged stool (s-n. *lisubu*) with him. The stool carrier is followed by a neighborhood male elder, who holds and pushes the goat, holding its rear feet up, and finally another elder, who is holding the *milama* leaves in his hands. The *muhekela* follows these four at their side holding a knife in his hand. The rest of the group follows them in a line to the yard, next to the ancestral huts and the newly-built setting for divination. The tray, the stool and the leaves are put down and the initiates form a loose circle.[216]

[216] The goats had been taken inside the same way the day before.

Sacrificing the animal is done in a special Bumanga way for an ancestor who was a *manga* in his time. The color of the sacrificial animal is significant and it is determined beforehand in a divination. It should be of the color that the particular ancestor, to whom it is dedicated, used in the past. As will become clear in the later discussion, the colors of the sacrificial animals, together with the knowledge of the main initiate's particular ancestor's name, are considered dangerous and they should not be revealed to outsiders. While other sacrificial methods are suffocation or stabbing the animal in the heart, the Bumanga sacrifice takes place by making the goat stand on its rear feet, by opening its stomach with a knife, and by pulling first its intestines out and then, at the end, the heart. Every scream of the victim is mimicked by the *sacrifiant* and the other initiates. Finally, the *manga ntale* who does the sacrificing takes the heart and touches the foreheads of all the participants with it. The corpse of the goat is dropped onto the *milama* leaves and neighborhood men are left to do the skinning.

Not all the sacrifices and offerings made during the day of the Bumanga are directly connected to the Bumanga initiation. While the skinning is done, others can go to do other offerings to please the other ancestors, to take care of the other animals of the homestead, the *maholelo* animals, whether sheep, goats or cattle, dedicated to the paternal or maternal ancestors. The *maholelo* animals are named after a certain ancestor and are consecrated to them by placing them for the night next to the bed of the person on whose behalf the consecration is done, by anointing the animal with fat and *lwanga* the next morning, and by naming it after the particular ancestor (cf. Bösch 1930: 93; Millroth 1965: 164; Tcherkézoff 1985: 74-75). The *maholelo* animals which were present in the ceremony were central to the ceremony in order for these particular ancestors to know that they are not forgotten. They are left to live with the person on whose behalf they are offered, never killed on purpose for any reason, replaced after their death, and never eaten by the person making the offering or his/ her family, but by their joking partners, *bapugu*. In the case of women and in the case of matrilineal ancestors, the animals consecrated alive are sheep, and for patrilineal ancestors and for men generally, goats and sometimes even bulls, if the person doing the offering is wealthy in cattle.

After the care of the *maholelo* animals is done, the goat sacrificed is used to divine the success of the procedures. The divination shows whether the ancestors are pleased or not and whether there are still things to do. For example, it may be necessary to make another sacrifice to the ancestor. But, before this takes place, the group has a meal; women and men eat separately

Picture 8: A goat sacrificed. The color of the goat has been changed to hide the identification of this particular sacrifice

as is done both in ceremonial contexts and in everyday practice. Then it is time to take care of the second goat, which is also taken care of the same way as the ancestors did in their time. For example, if the ancestor in question was a rain maker, the animal is taken to a well to be washed before it is sacrificed. In this case the second goat is fetched from inside the same way that the previous one was earlier: first the tray with the calabashes, then the stool, the goat and the *milama* leaves. Then it is taken to the well.

After the washing is over, the goat is laid down next to the remains of the corpse of the previous goat, on top of the *milama* leaves. The heart of the first goat had been placed into the *ilangahe*, but it is taken away now, as the new animal victim enters.

The second goat is killed the same way as the first one by the *manga ntale*, with the initiates watching in a circle. The cries of the goat are again mimicked by the novices. Finally the blood bursts out of the goat's stomach and the heart is pulled out and is used to touch the foreheads of all the initiates.

The skin of the first goat is tightened with sticks to dry next to the place where the sacrifices had taken place, and its meat is boiled on a newly-lit fire on the northern side of the large ancestral hut in the middle of the homestead. This time men, not women, do the cooking, outside. The two *manga*s call for the initiates. The main initiate and other initiates gather around these two elders in front of the door to the main building of the homestead.

During the ceremony, the *manga ntale* prepares the vehicles for divination, which are used by the *manga*s, and the preparations are finished with the drinking of beer in the presence of the initiates. Shortly afterward, the stool and all the vehicles for divination are placed next to the second goat's corpse, which has been skinned. The goat's intestines are laid out and the reading of the victim starts. The divination gives indications about the success of the procedures and guidelines on how to treat the meat of the second victim.

A meal where men and women share the food follows and then the main initiate is made to sit down on the *lisubu-* stool against the wall next to the shrine with small ancestral huts, and then stand up again. The *manga ntale* stands in front of the main initiate, whose hands he holds up. All his ancestors are asked to bring their blessing and the *manga ntale* announces the main initiate's new Bumanga name.

Bringing the ancestors close

A man who has been initiated to Bumanga told about the ancestral connections and the need for offerings and sacrifices to them in the following way:

> Ever since they [main initiate's ancestors] died no one has cared for them, no one has been to the place where they died or to their graves, nothing where they are. You have left them like that… Therefore, you will have to go to pray, to live with him [ancestor] at your homestead. To live with him, to bring him home, the relative, who brings you trouble. When you have done that, he will not give you problems anymore.

According to the Sukuma and Nyamwezi, sacrifices have three aspects or qualities - although only one of these aspects can be most prominent in any given type: 1) bringing the ancestor home, 2) remembering, and 3) thanking them with a gift.[217] The two goats sacrificed during the ceremony were killed in a way that is particular to Bumanga only, and only when someone is initiated into it the second time, to become a *manga*. The one goat had been born at the *sacrifiant*'s homestead and the other one had been bought for the ceremony. In addition to sacrifices being considered as gifts, the other two aspects of Sukuma-Nyamwezi sacrifices, remembering and bringing the ancestors home, are interconnected and reflect the stress on the continuity between the ancestor and the sacrifier. The kind of offering (which is determined in divination) always depends on the magnitude of the misfortune brought by the ancestors, but also on the kind of ancestor that brought it. The killing of the goats in the initiation was done at the homestead to honor the ancestor who had been a *manga*. It was a **gift** of food, but also to a great extent it was about **remembering** the particular ancestor and his ways and about bringing him to the vicinity of the homestead, or as the main initiate said, **bringing him close** (swa. *kumsogeza*) (Emphasis mine).[218]

Large ceremonies, which include blood sacrifices, are not very common. Many people just wait as long as possible to see whether the problems they

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[217] It is almost impossible to make a clear categorization of the Bumanga sacrifices. Most of the aspects of the main classes of sacrifices that Valeri (1985: 39-42) distinguishes in Hawaii on the basis of their occasion and aims can be found in the Bumanga blood sacrifices; they were made in connection with an initiation ceremony, they can be seen as 1) life-cycle sacrifices as well as 2) sacrifices related to work and apprenticeship. They were also about 3) expiation and purification as their central importance is in appeasing the ancestors who are upset because of being forgotten and returning the state of order and well-being (mhola). They were also about 4) propitiation, because they were made in order to guarantee the blessing of the ancestors in the future. 5) They were also divinatory sacrifices, because the corpse of the victim (goat) was used to predict, not only the success of the whole ceremony, but also the future of the homestead in which they were performed.

[218] Whyte (1997: 62) also speaks about the domestication of ancestors when they settle spirits.

have been experiencing will disappear without the ceremonies (cf. Stroeken 2000: 239). If the problem they are experiencing because of their ancestors is not very difficult, they may just choose to live with it. The reason being partly the fact that ceremonies like Bumanga take a lot of time away from other things, as well as a lot of money or cattle.[219] There are ways to avoid doing sacrifices: one can try to use medicine in order to cure misfortune caused by ancestors, or move, hoping that in a new place, in a new homestead, there will be no more trouble from the ancestors.[220] These things do not usually bring help, especially if the ancestors are strong like the ones of the main initiate (and if they are not strong, they do not even bother their descendant). However, the avoidance of sacrifices is not only, and not even primarily, caused by the considerable economic input needed. There are also always dangers connected to these kinds of ceremonies if things are not done properly (cf. Stroeken 2000: 240).

There are three interconnected reasons for this: 1) If things are not done the 'way the ancestors did them in their time' it might bring about the ancestor's anger. 2) The fear of witchcraft is a reason to avoid sacrifices: the knowledge about one's ancestors, the nature of sacrificial procedure and the color of the sacrificial animal can pass into the hands of someone hostile and malevolent, who uses these contacts in bewitchment of the most dangerous and lethal kind (cf. Cory 1960: 16; Stroeken 2000: 100, 239). This is because if any mistakes have been done during the actual sacrifice, the ancestors are more easily persuaded by a witch. But most importantly, said a person who has been initiated into Bumanga, making blood sacrifices is dangerous because 3) the **'goat sacrificed is both your ancestor and the same blood as you are'** (Emphasis mine).[221] This person, who had been initiated into Bumanga explained all this by saying that the goat sacrificed is seen to represent both the ancestor, to whom it is directed to, and the goat that the ancestor used in sacrifice. He gave me an example:

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[219] The main initiate paid five goats and the costs for beer and food served during the ceremony.

[220] People disagree over this; some say that ancestors can be appeased by using medicine or by moving, but most people think that these can only help with problems caused by witchcraft, and the only thing that helps with ancestor-caused affliction is sacrifice.

[221] I discussed all this material especially carefully with one of my diviner-healer informants. He denied the identification of the victim (goat) with the ancestor and said that blood sacrifices should be seen as gifts of meat only, but in a way agreed about the result of the double identification by explaining that the blood of the ancestor is said to be the same as the sacrifiers', because 'When the sacrifice takes place there are always people listening when the names of the ancestors are mentioned, and if they are evil they can memorize the names to harm you. They can go and get *the same kind of goat* to promise the ancestors for more if they help him.'

> Let's say that your second grandfather (*guku wa pili*) fought in a war and was caught by the enemies. **He prayed to one of his ancestors, and at the same time to a certain goat**, and promised him a present when he would be safely back home (emphasis mine). When he returned home, he went to the crossroads and sacrificed a white goat (sacrifice called *manha*). This is what you, as his descendant should also do.

This double identification (Hubert & Mauss: 31; Sahlins 1978: 46) - the identification of the victim (goat) with the *sacrifiant* and of the victim (goat) with the ancestor - then, is what makes the sacrifice efficient and at the same time extremely dangerous. But why is it so, and how does it come about?

The ritual connection between the *sacrifiant*, the sacrificial animal (as well as other ritual paraphernalia like the twin calabashes), the sacrificial beer and the particular ancestor is accomplished by keeping the victims (goats) inside the main initiate's (or *sacrifiant*'s) bedroom and by tying them to the bed with the branch of *milama* leaves during the night before the ceremony (Tcherkézoff 1985: 81; cf. Millroth 1965: 141, 164). According to Valeri (1985: 45), offerings (victims) need to share a common quality with the deity they are offered to 'that justifies their association with this deity'. The specific colors of the goats as well as the specific sacrificial methods make this connection. In other kinds of blood sacrifices, the killing of the victim is done the way the ancestors did it in their time. In the case of Bumanga sacrifices, the actual killing method was particularly brutal and not only from an outsider's perspective; some of the Sukuma present in the ceremony were clearly revolted by it. This, I assume, does not have anything to do with the fact that the *manga* ancestor was killed in this way and the main initiate mentioned that it is done to honor the extreme hardness of a *manga*'s work. Neither was I given an explanation for the mimicking of the dying goat's voice. Hubert and Mauss (1964: 33) have discussed how in the Hindu sacrifices the death of the victim was lamented. Similarly, both the prolonged death of the victim in the Bumanga sacrifice and the mimicking of the voice of the dying goat were a display of empathy for the dying animal.

The purpose of sacrifice is to establish a proper social distance between the *sacrifiant* and the ancestors who have been troubling him. The idea expressed by the manga about the shared blood expressed the intimate connection that there is between the *sacrifiant*, the victim and the ancestor in

question. This connection, which makes the sacrifice dangerous, is achieved because, through the sacrifice of the mediator (the victim), the proper relations between the ancestor in question and the *sacrifiant* are re-established. However, if something goes wrong, the consequences may be lethal to the *sacrifiant*. As Hubert and Mauss (1964: 31) have argued, the *sacrifiant* runs the risk of sharing the fate of the victim.

Through the Bumanga initiation I was able to witness the particular sacrifices performed, and through the sharing of blood the main initiate established an active and proper relationship with his ancestor. From this particular ancestor, the main initiate can now expect support and blessing for future work, but most importantly, guidance in the matters of medicine, divination and healing. The main initiate expects to gain this information through dreams and by being possessed by the ancestor while divining. In addition to this, the main initiate established a relationship with a particular secret society, and this was possible only because of the ancestor who had been a *manga* in the past and because of the five goats he paid for the *mangas* who came to perform the ceremony. The initiation gives the main initiate access to medicine as well as access to divination and healing methods used by the *mangas*.

Conclusion

The whole process of becoming a diviner-healer can be seen as a kind of offering to the ancestors (Tanner 1967: 46): remembering, thanking them with a gift, and bringing them close. By taking up the profession, the diviner-healers follow their ancestors' wishes and become – ideally – the devoted servants of their customers. Kinship in medicine, the *buhemba* connections, bring a sense of security for their customers and their students, and form enduring ties based on sharing the medicine. However, because of the nature of medicine and because of the ambiguous position of the diviner-healers in the society, the *buhemba* connections do not bring a sense of security in the society as a whole.

The importance of ancestors, both in the daily dealings of the people and in the case of sickness, has waned during the past decades and in Isaka it is mostly the diviner-healers who share an active relationship with their ancestors. Already in 1957 Ralph Tanner (1957: 349) had noticed that the numbers of diviner-healers were larger in Mwanza town than in the rural areas. The same holds true for Isaka – a rapidly growing town. The most

probable reason for this is that the diviner-healers are more numerous in the areas where there are more customers and where the social suffering of people is more numerous and thus there is a need for diviner-healers. However, because of their great numbers they have to display their relations to their ancestors to convince their customers of their abilities.

Wijsen (1993: 83) suggested that indigenous religion may be forgotten for now, bur will be remembered when people are in trouble and churches and Christianity offer no solutions. The churches in Isaka and elsewhere do not deal with many of the problems that their members have, and most significantly, they do not generally offer medicine or ritual cures for their members. The Pentecostal churches may be an exception to this with their spirit exorcism services. In addition to the lack of medicine and healing in the churches the scarcity of biomedical opportunities in Isaka may be a significant contributor to the persistency of the popularity of diviner-healers and the trust in their ancestral connections. It is to be seen whether the ancestors will hold a more significant role in peoples' lives in the future if the scarcity of biomedical treatments and biomedical substances persists.

7
MEDICINE AND AMBIGUITY

Sukuma-Nyamwezi notions about the nature of the sacrifices and the meanings attached to them contribute to the authority of the diviner-healers. However, like ordinary people, diviner-healers do not generally approach their ancestors if things go well in their lives and there is no need for it. As the female diviner in the first section of this chapter said after she was finished with the initiations into the secret societies, she did not owe her ancestors anymore. However, she and diviner-healers in general often pray before divination in order to be able to 'read' the oracle right, and after the healing procedures, so that they are successful in all ways possible. And prayers and offerings are also made if there are any other misfortunes or hardships in the course of their work as diviner-healers.

Medicine and prayers for success and wealth

In the fall of 2001, one of the female diviners I worked with experienced hardships. Her health was not good and she thought that her business was not flourishing as much as she wanted; she hoped to have more customers in order to build a new house in her homestead. She had invited one of her relatives in medicine to help her with the problems. In the ceremony I was able to observe how both the diviner-healer and her spouse were incised with a number of different medicines and in the end, the diviner-healer taking care of the procedures prayed for blessing and wealth for both from god and their ancestors in medicine.

Medical treatment and the ancestral blessing

The procedure is to take place next to the ancestral huts dedicated to the diviner-healer's paternal ancestors in the front yard of the diviner-healer's homestead. The diviner-healer wears a black cloth from the waist down, showing her bare back and breasts and sits down on a one-legged stool (s-n. *nzule*). She takes a fly whisk (s-n. *singwanda*) into her left hand for

Picture 9: Incisions made into a healer's body

her paternal ancestors and a rattle (s-n. *nzege*) into her right hand (for her mother's side), the latter of which was the kind that the members of the Buchwezi society use.

The stool is placed in front of two ancestral huts. In front of the ancestral hut to the left of the diviner-healer there is an iron stick (s-n. *nanga kwa kuchuma*) and a spear of the Mangati (s-n. *lichimu lya Bamangati*) and in front of the other ancestral hut, a spear of the Nyiramba (s-n. *lichimu lya Banyiramba*), a spear of 'the women of the west' and an iron stick. Next to the ancestral hut on the left is a tray (s-n. *ilangahe*) with the calabashes for the twin ancestors on which the *isonzo* cup was placed.

The man, who is a relative in medicine of the female diviner-healer - her classificatory son in medicine - is also wearing black and he starts to make the incisions into the woman's body. This took much longer, and the incisions were much more numerous, than I have witnessed when other healers treat illnesses and place protective medicine into a patient's body. This, as was explained, was because the 'customer' in question was a diviner-healer and thus more medicine, and of a much stronger kind, was needed than usual.

During the procedure of making incisions and putting in the medicine the two were silent. The healer who did the work started from the breast to the back of the customer's back, on the sides of her body and finally the head and the tongue. The medicine used was not protective medicine, *lukago*, which is usually used when scarifications are made (cf. Reid 1969: 103), but as I was told, they were the medicines of the diviner-healers for their ancestors, for them to climb to the 'customer's head and to bring her *ndagu*, the ability to divine. The medicines used were of the following kind:

bwituro – medicine for business
kinugilo – medicine for wealth
udula – medicine to bring customers
nyankala – medicine to bring wealth and customers
watembe – medicine to bring cattle
nyantidima – black medicine, for the diviner-healership to be strong

At the end of the procedure, the female diviner-healer stood up on the stool on which she had been incised, held the little fingers of her son in medicine, who prayed to the universe (s-n. *Liwelelo*), the great ones of the four directions of the world, their common ancestors in medicine, as well as her and

his own ancestors, for them to join together, to come into their bodies and to help them in their diviner-healership. After the treatment of the female diviner-healer was over, her spouse received a similar treatment, which also ended in a prayer.

Ancestors, medicine and ambiguity

When one travels around Isaka and in the Sukuma-Nyamwezi area in general, it is easy to distinguish the homesteads of the diviner-healers from other homesteads. This is because they are basically the only people who have a number of ancestral huts in their homesteads. These are a clear sign of their devotion to their line of work, and a sign of their ancestral blessing, which is the basis of their expertise and which, it seems to me, has become more important because of the competition that exists among the diviner-healers.

As I have mentioned, ordinary people are always suspicious of the diviner-healers and may consult many of them in the course of their illness or misfortune episode. This is because the diviner-healers of today are seen to be entrepreneurs and they are often suspected to be even liars and cheats. The elderly informants I talked with were of the opinion that things were different in the past, during the time of the chiefs, when diviner-healers were scarce and they were TRUE diviner-healers as one of my informants put it (emphasis hers). Thus, it seems that with the steadily increasing numbers of diviner-healers, the quality of their work is questioned more and more. While the ideal diviner-healer is a devout servant of the community, working with the power of his ancestors, the quality of a diviner-healer's work is also often measured by the number of his/her patients, and by the external signs of his wealth, ranging from cattle to the number of buildings in his/her homestead, and for male diviners, by the number of their wives.[222]

The diviner-healers themselves do not necessarily feel a need to downplay or hide their interest in material wealth: cattle, goats, wives and money. However, such material wealth is seen to come to them from the ancestors and from the universe, wonder, the unexpected and the inexplicable as Per Brandström (1990b: 172-3) has translated the word *Welelo* or *Liwelelo*. The diviner-healers clearly occupy an ambiguous position in the society. Their increasing numbers do not bring a sense of security to the people of the

[222] In 1969, Tanner writes that diviner-healers could not benefit materially from their work except in secret. This no longer holds true.

area, but actually quite the opposite: it has made people more and more suspicious of their profession. Diviner-healers themselves are perfectly aware of this and of the competition among themselves. The ancestral support has become the measure of their commitment to their work, with its visible signs ranging from the number of ancestral huts in their homestead to the number of secret societies they have joined.

The paradox between the notion of a devout servant of the community and the entrepreneur, with which the diviner-healers themselves have to cope, was clearly seen in the case of one of the diviner-healers in Isaka. This healer's homestead was very large, consisting of several houses for his wives and his patients and students. There were many ancestral huts. He owned a tractor and a car – both rarities among even the wealthy businessmen of the centre of Isaka - and he received a great number of patients, most of whom, however, were not local, but came from a great distance – even from Maasai areas far east from Isaka. However, the local people felt uncomfortable about his business and he was always suspected of the misappropriation of his abilities. The diviner-healer himself must have been aware of the way he was perceived. He was a Muslim and he had built a mosque in the vicinity of his homestead for the community. He also owned a mill, which was for the use of the community, and during my fieldwork he also held a large ceremony for his twins, which was open for the whole community. Despite his attempts, local people were not only suspicious of him but afraid of his powers and medicine. This healer had a large amount of patients and students and, together with his wives and children, the homestead resembled a small community. It was hard not to compare the homestead to a small chiefdom in which the chief stands at the centre, respected by his followers. Both his patients and his customers, whether female or male, bowed deep down in front of him, like was done for the chiefs in their time.[223]

[223] In 1997-98 it was not uncommon to see diviners wearing a *shilungu*, a white shell disc on their wrists. In the past this shell disc used to be worn by both chiefs and commoners, especially diviner-healers, but the ones worn by the chiefs were called *ndezi*. When back in 1997-98 I asked about the shell discs from my diviner-healer informants, they would reply that they were *ndezi* and if I asked them whether the *ndizi*s were only reserved for the chiefs, they would deny this saying that the diviner-healers had always worn *ndezi*s, but as one of them put it, they had done it in hiding in the past while the chiefs were still there. However, in 2001-02 I did not see any diviner-healers wearing *ndizi/shilungu* anymore. I received no explanation for this difference, however.

Women, medicine, witchcraft and HIV/AIDS

Medicine ties people in good and bad ways. A girl returned to Isaka from the secondary school for a vacation. I asked her how the school had gone and she told me that everything had gone well, except that she and her school mates had not been sleeping at nights. The reason for this, she told me, was that some of the girls at the school practiced witchcraft on their classmates, something which they had learned from their grandmothers. These girls, she told me, stayed up all night doing their witchcraft things, and others were unable to sleep.

As in the case of diviner-healers and their customers and students, witchcraft is also seen to tie people in enduring relationships. I have been told that if someone wants to learn witchcraft, she should approach an old woman who has the reputation of being a witch with small gifts at first, to establish the relation, and later, the student of witchcraft should give something very precious to him or her (one's own child for example) in order to join the association of witches called *Gambosh* (see Roth 1996: 76).[224] But, as the story of the secondary school girl tells, such knowledge is also seen to be transmitted within one's kin. The members of *Gambosh*, I have been told, gather together at nights to eat meat and to dance naked, and they are invisible to ordinary people. Only specialists in such medicine, including diviner-healers, can see them at night.

Witchcraft, *bulogi*, can be connected to almost any kind of physical and mental disorders (Tanner 1970: 19-20), but its characteristic symptoms are the feeling of something moving or spreading in the body and the slow wasting or swelling of the victim's body or body parts. It is usually connected to the use of harmful medicines (cf. Reid 1969: 52), which can be introduced into the victim's body through either food (s-n. *-lishiwa*) or by 'trapping' (s-n. *-bandya*) the victim with medicine (cf. Mesaki 1993: 206; 1994: 48-9; Reid 1982: 133-134; Varkevisser 1973: 50).[225] However, witchcraft can also take many other forms. For one thing, any purposeful and morally questionable action which leads to another person's misfortune, illness and death, can be considered as *bulogi*. Thus, a parent's and grandparent's curse (s-n. *izumo*) can be interpreted as witchcraft as much as the perceived consequences of a woman's 'mixing [men]', *kusangilija*, for her pregnancy or for the health of her child. The strongest and most lethal witchcraft is seen to always require 'ancestral manipulation', i.e. the witch's connection to the victim's ancestors. However, any ordinary feeding or trapping of medicine requires at least the

[224] Swa. *Chama cha wachawi*, the association of witches.

[225] See: Reid (1969: 73-76) for a list of other kinds of witchcraft-related illnesses.

lack of support of the victim from his/her ancestors in order to work well. This is one of the reasons why witchcraft is seen to work so well these days, because people are not paying attention to the relations with their own ancestors (see Reid 1969: 77-78).

Witchcraft is not a new phenomenon in the Sukuma-Nyamwezi area (Abrahams 1994: 13-14; Bukurura 1994: 65; Mesaki 1993: 209-212; 1994: 50; Tanner 1970: 15). While both men and women are seen to have the ability to bewitch, the usual suspects these days are women, usually middle-aged and older (Abrahams 1994: 19-21; Mesaki 1994: 54).[226] Women were seen to possess such medicines and be more inclined to use them than men in the past as much as today. This is because, they say in Isaka, witchcraft practices have increased during the past few decades. Witchcraft has largely replaced ancestral causation in the case of serious and persistent illnesses (Tanner 1970: 24), and researchers such as Tanner (1970), Abrahams (1994: 13) and Mesaki (1993: 212-213; 1994: 51-53) have noted an increase in both witchcraft accusations and violent actions against witches since the 1960s. The increase in witchcraft accusations and counter-actions has been connected to the socio-political changes in the area; to the eroding of the system of traditional authorities, and to the fact that national governance does not give any tools to address witchcraft anxieties (Mesaki 1993: 212-123, 219-220; 1994: 54-57; Tanner 1970). Such anxieties have also been seen to have escalated because of the villagization program in the 1970s (Abrahams 1994: 14-18; 1998: 24-52; Mesaki 1993: 218; 1994: 55) and more recently by the impact of HIV/AIDS on local communities (Stroeken 2004: 34). Recent studies on Sukuma witchcraft by Stroeken (2000; 2004) emphasize the universal character of the experience of bewitchment, the connection between the accusations directed at women and women's cosmological position in the society, and the therapeutic aspects of divination in dealing with the victims' anxieties (see also Mesaki 1994: 56-7).

Witchcraft, HIV/AIDS and medicine

Even though Isaka is seriously affected by HIV/AIDS and even though people have knowledge about UKIMWI (AIDS), many people, especially those living in the villages surrounding the centre of Isaka, did not consider it as a major threat in their lives and in their neighborhoods. To many, a much greater concern than UKIMWI was a perceived increase in the use of malevolent medicine/magic (witchcraft) in the area.

[226] Varkevisser (1973: 51) contradicts this by claiming that during her fieldwork in the late 1960s both men and women alike were feared as possible witches.

Borrowing the notion of 'entrenchment of witchcraft' from Mary Douglas (1991), Maia Green (2005: 7) has argued that, despite the persisting interest in witchcraft in anthropology, the phenomenon of the entrenchment of witchcraft and its social consequences have remained largely un-researched. She (ibid. 17) argues that, on the one hand, there is an overt emphasis in anthropological studies on the rationality and meaning of witchcraft and, on the other, the unwillingness of anthropologists to question the institutions of the people they study, which has led them to forget the bigger picture. Green discusses the ways the witchcraft suppression movements in the Pogoro area of Southern Tanzania have been accepted, even promoted by the local government, with the justification that they contribute to public good because they are targeted to both the suspected witches and their victims. However, despite the neutralizing and equalizing aspects inherent in the witchcraft suppression processes, their outcomes contribute to the entrenchment of witchcraft in the Pogoro area. As Green has demonstrated through her in-depth analysis of Pogoro witchcraft symbolism (Green 1993: 120-140; 2005), witchcraft cannot be understood in isolation from the cultural context which produces it. The concept of entrenchment is a useful tool for understanding the story of a nine-year-old girl, whose presumably AIDS-related illness and death came to be connected to her mother's father's witchcraft by her immediate family and by the specialist (diviner-healer) treating her.

Had she not been a child..

> Eliza, a nine-year-old girl, came along with her mother to stay with her maternal grandmother and her sister in Isaka in November 2001. I had heard from Eliza's grandmother that the child's health was not good and that the reason for their coming to visit her was that it had deteriorated. However, I had not expected to see her so weak. She was very thin, had a persistent cough, and she was too weak to do anything but to sleep. And, as she told me, she could not eat because she had painful *madonda*, blisters, in her mouth.

After seeing Eliza's condition I suspected that her illness was connected to AIDS because of her family's recent history. I had learned to know Eliza's family through her grandmother in 1997. Eliza's grandmother and her family were Christians and Eliza's father owned a small business close to Isaka.

When I returned to Isaka in 2001-02 the grandmother, bibi Eliza, told me about the deaths which had occurred in the family while I had been away. Of Eliza's four siblings, three had died over the past years, and now Eliza and her mother were seriously ill. 'I should be dead, not my grandchildren', the old woman said to me in great sorrow.

> The day Eliza and her mother arrived in Isaka, I was told how Eliza had been taken to a health station two days earlier, where she had been given medicine for her lungs. The dispensary staff had advised Eliza's mother to take the child to the Kahama district hospital because they suspected that she might have TB. They said that she would need a chest x-ray and a test for typhoid. Because Eliza's father had traveled to see his own mother, who, I was told, was alone (widowed) and seriously ill, I promised to cover the hospital expenses. The expences would be more than Eliza's mother could afford alone because a private facility would have to be used for testing.[227]
>
> Two days later I went to see Eliza's grandmother to hear about Eliza's condition. She had been taken to Kahama, and the tests had been made. They had been told that it was not the lungs that bothered her, but 'just an ordinary illness', *ugonjwa wa kawaida,* as her grandmother told me. Eliza and her mother had gone to stay at their home.
>
> A week later, I traveled to pay Eliza and her mother a visit. Eliza's mother told me the news of the past days. Upon returning home from the hospital, she started to give Eliza the medicine they had been given. Also a man from the neighborhood had visited them and told her that his wife's brother had had a similar illness and that he could probably heal the child. Mama Eliza (Eliza's mother) had agreed. The man had come to see Eliza and said that she had *nega*. Mama Eliza filled in the details about *nega* to me. *Nega,* she said, is only treatable with local medicine: 'It grows to the patients' rear end. It itches at first and hurts when the person defecates. It grows and finally appears in the throat and makes the person unable to swallow. It lessens the blood and may kill, unless treated in time.' These symptoms, Mama Eliza had thought, fit those of her daughter; there was something in the child's throat, she said, which made it difficult for her to swallow and returned the swallowed food back to her mouth.

[227] The district hospital used private facilities for such testing, but the results and the treatments were given out from the government hospital.

All the medicines Eliza was using were shown to me. One of the medicines which Eliza had received from the district hospital, a blue and white one, had made the child cough and Eliza's mother had thrown it away. The other two were vitamins, multi and B. The medicine for *nega* was mixed with honey and spread onto the patient's neck.

The man with medicine had started the treatment on Wednesday, but Eliza's condition had only worsened by Friday evening. She had become listless and had not reacted to anything. Her mother had tried to get a car to take them to Kahama hospital, but failed because it had been past ten o'clock at night and no traffic was allowed into Kahama after dark. Mama Eliza had prayed all night. In the morning the man had come again to treat Eliza and said: *Ni lenyewe*, 'that's what it is', meaning that this was how the illness usually progressed. Later that day Eliza had started to feel better; she was able to get up and even took some steps.

Soon after, I traveled to Dar es Salaam. Eliza died before I returned to Isaka, a month later. I went to give my condolences to her mother, grandmother and her sister. Eliza's aunt (MZ) told me that Eliza had died seven days earlier. Eliza's mother could hardly talk from crying: 'I have buried two children this year.' Her grandmother was silent and calm, but withdrawn. I was told that before Eliza died, they had taken her to a female diviner-healer in Isaka, about whom they had learned from me. This woman had treated Eliza for two weeks. For her last four days Eliza had eaten nothing. Finally, she wanted to return to her grandmother's house, where she had eaten a little and where she died the next day.

A week after I had given the family my condolences, I went to see the diviner-healer who had treated Eliza. I hesitated to ask her about Eliza, but this woman, who knew that I was friends with the family, initiated the talk. 'The child died of hunger', she said to me. She told me how she had first given Eliza only medicine, which her aunt and her father had fetched for her, after they had come over for divination. After Eliza had used the medicine for a couple of days, she had asked to be taken to the healer who had prepared it. She told me how she had been terrified of the child's *madonda* and started to treat them. Her 'water' (swa. *maji*) had run out and she had advised her family to take her to Kahama hos-

pital for a drip. They went and when they returned to the homestead of the diviner-healer, Eliza could walk by herself. After two days, however, Eliza stopped eating. Finally, the diviner-healer told me, the child had said that she wanted to go to her grandmother's, where her family had taken her, thinking that she might eat there.

Eliza had said to the diviner-healer that she would not get better:

D-h: She had big words; you would have thought she was a grown-up. She had become so thin. Had she not been a child, you would have thought it was UKIMWI.

Reea: If it wasn't UKIMWI, what was it?

D-h [smiling hesitantly]: Maybe children also? [Pause] She had been bewitched.[228]

Eliza had told the diviner-healer that the bewitching had taken place in her younger sister's *kilio*, burial. Her grandmother (FM) had induced harmful medicine in her food there. This old woman, said the diviner-healer, had also killed Eliza's three siblings.

Just an Illness?

I cannot be certain that Eliza's death was connected to HIV/AIDS even though this is probable, considering the fate of her younger siblings and her mother's illness. No one in Eliza's family ever mentioned UKIMWI to me in relation to her or her siblings' deaths. Nor do I know whether an HIV test was ever done for Eliza, even though this is likely, as she visited the district hospital and the private health facility. If the test was taken, it is not certain that any of her family members ever found out the result. At the time, positive results were not told to the patient and the patient's family got to know the result only if they requested it from the hospital staff, often - I was told - in exchange for 'tea money', *hela ya chai*. As the positive status of the child implies that the parents also have HIV/AIDS, it is possible that Eliza's mother was never given the results, but as Eliza's grandmother told me, her

[228] Swa. *Labda na watoto pia… Alikuwa amelogwa.*

child had 'just an illness'. However, even if the tests were taken and the results given to Eliza's mother, and even if the parents connected Eliza's illness and her younger siblings' deaths to UKIMWI, they never told this to Eliza, her grandmother, the diviner-healer and the anthropologist. All this silence (my own included) and uncertainty is effective and gives room for other interpretations, like the *nega* diagnosis given to Eliza by the neighborhood man.[229] When the medical treatments Eliza had received from the district hospital and from the neighborhood man for *nega* failed, the family decided to turn to a diviner-healer.

When Eliza arrived at the diviner-healer's homestead with her father, mother and sister, the diviner-healer had been shocked to see the young girl's condition and she had thought about the possibility of UKIMWI. She, like all the other diviner-healers I worked with in Isaka, knew about HIV/AIDS and that it spreads through sexual intercourse and blood. This is because some of them, especially the active members of the local Healers Association, receive knowledge about HIV/AIDS in seminars organized for them by local biomedical representatives and the local AIDS commission, and because the position of the diviner-healers in the society requires them to be alert and to know what is going on around them. The seminars organized for the healers seem to concentrate on the sexual transmission of UKIMWI through blood, which makes sense locally, and this information seems to be largely interpreted in terms of the already existing notions about the spread of illnesses through blood and the consequences of (often women's) illicit sexual relations.

When the diviner-healer said to me: 'Maybe children also…?' she was wondering whether a child of Eliza's age could already have had sexual intercourse with someone. The sexual transmission of an illness made sense to her and to the people in Isaka in general. This is probably connected to local notions about illnesses such as STDs, *kusangilija* and *mako*. However, what did not make sense to this diviner-healer was that such a lethal illness as HIV/AIDS could remain in the blood for years without showing signs. These local ideas and the official HIV/AIDS advice that was given in Isaka at the time did not provide them the tools to perceive the appearance of the disease in a child of Eliza's age. Consequently, as was the case with Eliza's family (or at least some of her family members), the diviner-healer perceived witchcraft as the only possible explanation for a child of Eliza's age.

[229] According to Per Brandström (personal communication 20.2.2009) the silence about HIV/AIDS is changing with the availability of antiretroviral drugs.

Conviction about witchcraft

I was never told the outcome of the divination which the diviner-healer gave Eliza's father and mother's sister. This diviner-healer never discussed any divinations with me unless I was present for them.[230] It is clear, however, that the divination connected the child's problems to witchcraft. This is because from the later conversations with Eliza's grandmother and her mother and with the diviner-healer, I learned that at least some of Eliza's family members probably suspected witchcraft long before they came to the diviner-healer. The fact that they took her medicine to Eliza and returned for the treatment later is a clear sign of their satisfaction over the divination.

Because of the vast literature on Sukuma-Nyamwezi witchcraft, I only briefly touch on the logic of paternal grandmother's (and mother-in-law's) witchcraft here. They are among the usual suspects of witchcraft these days.[231]

By the time I had the conversation with the diviner-healer about Eliza's treatment and death, I had posed the question about the rationale behind a grandmother's (and mother's) witchcraft to many people in Isaka. The diviner-healer was the first one to have spelled it out to me in connection with Eliza's death. She told me how Eliza's paternal grandmother despised her own son, and her daughter-in-law (Eliza's mother), she added, was harsh, *kali sana*. The diviner-healer had seen her hitting her oldest daughter while they had been staying at her homestead: 'It is witchcraft from within, truly. It is in the family.'[232]

The logic of a paternal grandmother's witchcraft is connected to the Sukuma-Nyamwezi cosmology, system of marriage, and descent ideology, as well as to the position of paternal grandmothers in the present society and to the epidemiology of HIV/AIDS. As Eliza's maternal grandmother said, she should be the one who is dead, not her grandchildren. While no one would easily suspect a mother's mother of witchcraft,[233] a father's mother is a very likely thought, and the illness and deaths in Eliza's family support this view from the local perspective: the father and the oldest daughter, who lived with her maternal grandmother, had been unaffected.

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[230] While such behavior is considered to be unethical, some diviners, like this diviner-healer, also claim to have no recollection of the séance afterwards.

[231] In addition to fathers' mothers, the suspected women are often co-wives, female neighborhood elders, father's sisters, mothers-in-law and mothers of male children.

[232] Swa. *Ni uchawi wa ndani kabisa. Iko kwenye familia.*

[233] People say: *'Sio rahisi'* 'It would not be easy [likely]' about a maternal grandmother's witchcraft.

What people say these days is that it is the men who have the responsibility to take care of their aging, widowed mothers, who took care of them when they were young. The men these days are said to only care about themselves and their wives and children. The old women are left with their female children (and grandchildren). Female children, however, are not expected to care for their mothers, because their allegiances lie with their husband and children, especially if bridewealth has been paid for them. In such a situation these old women are seen to turn against their sons by bewitching them and/or their wives and children, like in the case of Eliza's family. Thus, even if Eliza's parents or the father knew that Eliza had UKIMWI, the paternal grandmother's witchcraft made sense to Eliza, to Eliza's grandmother and to the diviner-healer.

The structure of divination and healing does not allow the diviner-healers to suggest any other alternatives than witchcraft. This is also connected to the fact that the diviner-healers are entrepreneurs and with all the competition in Isaka, they want to keep their customers, and witchcraft can be a very profitable diagnosis for them. However, both this situation and the customers' conviction about witchcraft have to be understood in the context of the historical changes which have taken place in the area.

Medicine in historical context

In 2001-02, HIV/AIDS was not perceived as a major disruptive event by the majority of people in Isaka (cf. Hasu 1999 for the Chagga). While this is partly connected to the fact that the full impact of AIDS had not yet been felt in the villages surrounding Isaka by 2001-02, it also has to be understood through the Sukuma-Nyamwezi historical imagination. The medicine, the diviner-healers and the networks which are based on the sharing of medicine in Sukuma-Nyamwezi society play a significant role in the perceptions of the people about what is going on in the society around them.

The present situation is something about which the Sukuma-Nyamwezi elders could say: 'we saw this coming' – and they do. In 2001-02, the Sukuma-Nyamwezi elders in Isaka complained that wealth, cattle and money does not circulate like it used to in the past, not like it did when the chiefs were still there.[234] However, there is one realm where wealth certainly circu-

[234] For comparative analyses, see Barraud et. al. (1994: 106-107) on 'cosmomorphic circulation' in holistic/hierarchical societies and Taylor (1994; 2004: 129-133) on the persistency of such ideas in the former kingdoms of Rwanda.

lates in the Sukuma-Nyamwezi area and in Isaka today. And that is the realm of medicine/magic. The diviner-healers and the secret societies have never been under royal control. During the pre-colonial and the colonial period, individual great diviner-healers were tied to the maintenance of the well-being of the chiefdoms through payments of wealth from chiefs' officials. However, with the changing position of the chiefs, not only were there less means to deal with the suspected witches in the local communities,[235] but also the position of the diviner-healers changed and the cosmological emphasis in the society was placed increasingly on medicine/magic, *bugota*.

One day in 2001, when I was discussing the causes of women's reproductive problems with one of the female elders, she shook her head and said:

> But these days, *hiii-ii*, people have learned medicines, Leah [Reea]! They do not care. But before, they used to be scared. These days, medicines [*bugota*] have become many. You know Leah, in the past many illnesses did not exist… That is, it seems, many of these illnesses are caused by trapping [one form of witchcraft], so that healers [*bafumu*] would get money.

It is not insignificant that this view, which connects the present-day increase in illnesses to diviner-healers' medicine, comes from an 80-year-old Sukuma woman. While her view about the misuse of the diviner-healers' present-day position would be shared by almost anyone in the society, younger people point out that the female elders, like ng'wana Kashinje, contribute as much - if not more - to the prevailing situation of increasing illness.

Ever since the late British colonial period the numbers of diviner-healers have been on the rise (Tanner 1970: 23). However, what people in Isaka say is that the **great** diviner-healers disappeared with the chiefs (emphasis theirs). While medicines are seen to be becoming stronger and more out of control, the individual diviner-healers of today are generally perceived to be not only small and insignificant (swa. *wadogowadogo*), but many of them also are seen to be greedy (swa. *-enye tamaa*) and liars (swa. *waongo*),

[235] Pre-colonial and early colonial chiefs and their headmen convicted the accused witches to ostracism or to death, or the chief could take them into his court to benefit the chiefdom with their abilities. All the wealth of the convicted people was taken in by the chief and redistributed properly. The colonial legislation took the authority to deal with the witches away from the chiefs. The vigilante groups, called sungusungu, which were established in the Kahama district of Tanzania, have been connected to witch ostracism and killings in the area.

which implies that they lack the necessary ancestral support. Moreover, the ambivalent nature of medicines and those who 'hold them' - the fact that the medicine can be used for both good and malevolent purposes - makes the diviner-healers and the networks of medicine in general appear as a source of insecurity in the society at large. Such views about the consequences of the unfolding of history have become intensified and have more significance because of the deterioration of government health services, connected to the structural adjustment in Tanzania (cf. Green 2000), and because of the present-day lack of means to deal with the HIV/AIDS situation.

Conclusion

In Chapter Four I discussed the increase in medicine and the ways medicine ties people together. The combination of medicine and witchcraft ties people together both in both good and bad ways. The relationships formed through witchcraft are a great source of worry in Isaka and they are the opposite of the well-being and security created through the *buhemba* relations. In this chapter I have discussed the local logic of the entrenchment of witchcraft through the case of young Eliza. However, turning back to Chapter Four and to the concern over increasing medicine, I argue that the entrenchment of witchcraft is only a part of the larger whole - the entrenchment of medicine in the Sukuma-Nyamwezi society.

Like Eliza and her family, the majority of people with HIV/AIDS in Isaka turn to a specialist in divination and healing at some point of their illness, and a great majority of these encounters end up in confirming the customers' earlier witchcraft suspicions. Increasing witchcraft is a reality not only for the customers, but also for the specialists, and they interpret the symptoms of AIDS and the official HIV/AIDS advice locally, like their customers. However, many of them have more access to biomedical advice on HIV/AIDS than the average local person and the diviner-healers I worked with were clearly concerned about the situation with UKIMWI.

As in the past, the diviner-healers are still considered to be the 'seers' in the society and their position has allowed them to stretch the cultural categories they work with. Because of this, and because of the knowledge they receive about HIV/AIDS through the seminars, they could make a difference with HIV/AIDS, but they are in a difficult position. Despite their increasing knowledge about HIV/AIDS, the majority of encounters they have with their customers end up with the customers' conviction about witchcraft.

This is because of the structure of the institution of divination and healing, the increasing conviction about witchcraft among their customers, and the general mistrust towards their practices, all of which tie their hands.

In 2001-02, as Eliza's story illustrates, the lack of means to deal with HIV/AIDS in Tanzania, and the fact that an HIV/AIDS diagnosis was not given to the patients, contributed to the entrenchment of witchcraft in the area. While this situation is changing, the impact of HIV/AIDS is also becoming more and more felt in the villages surrounding Isaka. I have no knowledge of how the people in Isaka interpret the present situation. It is probable that there has not been a major change in local perceptions about the connection between increasing illnesses, deaths and medicine, and the situation will most probably continue to be such until the HIV/AIDS situation is under control. Meanwhile, the diviner-healers, who have access to people and to the prevailing notions about HIV/AIDS, are a valuable resource in the fight against HIV/AIDS. However, the limitations of their position have to be not only acknowledged, but also challenged.

Some diviner-healers are critiziced and regarded as untrustworthy because they are said to be in the business only for the money (cf. Mesaki 1993: 221-228). The ambigious relationship between medicine and witchcraft can be seen, however, as the main cause of the inability of the diviner-healers to influence the situation with HIV/AIDS.

CONCLUSIONS

I have looked into the relationship between biological reproduction and social reproduction in Isaka through an analysis of infertility problems as they are experienced in Isaka today. Despite the influence of a capitalistic logic in Isaka and the impact of Western individualism, a holistic value persists and is recognizable in the local cultural logic.

There has been no chief in Isaka since the death of the last chief, Kilya, and as I discussed in my first chapter, this is an issue that is debated among elders. As I point out, there may never be a chief because of the heterogenous nature of Isaka. There are not many people who would want the chief back in power, but there is also the talk among the members of the royal family that one of the grandchildren of Chief Kilya may become possessed by the royal ancestors and be established as a chief. This, then, would take place in much the same way as the diviner-healers are established in their communities.

During the colonial period, what Tcherkézoff (1987) calls the white value of the chiefs was deliberately taken away from them because their judicial powers were restricted to almost nothing. However, the black value, the ritual powers of the chiefs, were maintained and even enhanced during the colonial period. When independence came and the chiefs were removed from their office, they maintained their ritual powers in some chiefdoms, but for some reason they were removed from office completely from Isaka and the rain rituals were practiced in semi-secrecy. By the time Chief Kilya died, the hierarchical distance between the chiefly office and his people was diminished so that it may be hard to re-establish a new chief even as a ritual head of the community. Yet, something remains.

The Sukuma-Nyamwezi discourse about rain and well-being connected to political authority makes sense to many of them, and the idea of the sacred chiefship echoes in the comments that people make about the present-day political system. In 2001, President Mkapa passed through Isaka on his way to the district capital, Kahama. He stopped for a moment to give a short speech to the people, who had been waiting for him for hours in the sunlight. I was not present, but I was told later that the president had talked

about selling yet another of the gold mines of the district to a foreign mining company. The response of the woman who told me about the speech was that everything is given away and nothing stays with the people. This well-educated, second-generation Christian woman concluded by saying: *Mwisho, tutakufa wote*, 'In the end we are all going to die'.

When I left the field in 1998 and told the people that I was going to return after some years to do research, the answer that some people gave me shocked me. They said, 'you are going to meet us dead.' And, indeed when I returned to the field some of my previous informants had died during my absence. Despite this, the situation in Isaka was different in 2001-2002. There was more food around and the dry period of 2001 was a period of weddings, as opposed to 1997, when it was the time to deal with the alleged thieves and witches in the most cruel ways.

The major purpose of marriage is to have children born of the union and this is not possible for all. Even though the national discourse encourages married couples to practice family planning and restrict the number of children, there are couples who cannot have children and this is a major problem for them. The blame for childlessness usually falls on the women. This has to do with the local epidemiology of infertility, which connects fertility problems mostly to women these days, unlike it seems to have been in the past. In addition, the need for children for both men and women, and in both monogamous and polygamous marriages, is connected to local notions about descent and forms of marriage practice. Also, unlike in the past, the women are more dependent on their children today because they cannot be certain that they will be taken care of by anyone other than their children when they are old. I was given this reason also for the large number of children in families, because some of the children, as people told me, can turn out to be 'failures', which meant that they will not take care of their aging mothers, as especially the male children are supposed to do.

The ideas about the sources of infertility in Isaka still largely conform to the values that Tcherkézoff (1985) saw in the old ethnographic material. Thus, even when infertility causation is mainly perceived and talked about in terms of 'just an illness' and treated with local medicines, the treatments are about the ancestral source of life and well-being, the influences from the side of a woman's maternal kin/ancestors on her reproductive potential, and the proper role of women in the reproductive/procreative process.

The present-day ideas about *nzoka ja buhale* (snakes blocking the conception) which I have analyzed in Isaka differ from earlier interpretations of *nzoka ja buhale*, its nature and causation from different decades and parts

of the Sukuma-Nyamwezi area. While to many in Isaka today *ja buhale* was 'just an illness', something very close to the biomedical concept of disorder, in the past and in different locales, *nzoka-* related illnesses were connected to the disturbed ancestral presence in the human body. The concept of *nzoka ja buhale* has allowed, and continues to allow, different interpretations in changing contexts. Thus, while changes in these ideas about *ja buhale* mirror major outside influences and transformations in the society, they also reflect the persistence of central cultural notions and valuations. The rationale of *ja buhale* and infertility causation can only be fully understood by paying attention to these persisting notions and valuations.

Today in Isaka there is a clear emphasis on infertility, which is treatable and caused by medicines, unlike in the past, when infertility was mostly connected to direct ancestral interference. I talk about the medicalization of Sukuma-Nyamwezi illness experience even though I talk about it cautiously. I do not connect it directly to the impact of biomedical substances in the area, as Susan Reynolds Whyte (1997) connects the shift from an explanatory idiom to that of a symptomatic idiom in her work.

Changes in ideas about reproductive problems reflect major transformations in the society. However, ideas about illnesses and therapeutic practices are always changing. In Rwanda, as Taylor (1992: 17) has demonstrated, they have been affected by factors such as cash cropping, wage labor, biomedicine and Christianity, but, as Taylor stresses, they have changed according to the Rwandan cultural logic. The worry over female infertility in Isaka can only be fully understood through the logic of change in the ideas about its causation.

In the past, Sukuma-Nyamwezi women and chiefs had similar ritual prohibitions. Much like the chiefs, married and pregnant women were encompassed by the bridewealth paid by their husband's father. The women were also encompassed by the ritual prohibitions which were connected to their pregnancies. These ritual prohibitions, as my informants mentioned, have been largely forgotten by now, but the reproductive problems which concern pregnant women and infants have much the same ritual prohibitions. Thus, the notion of encompassed wombs still concerns women even though the national legislation on marriage and the church rules of marriage undermine the significance of bridewealth. Even notions about HIV/AIDS, the impact of which has not been fully recognized in Isaka, are perceived in this context.

In 2001-2002 there was talk about increasing illnesses and medicines. Traditional medicines are not only seen as efficacious substances because

they derive their power partly from the ancestors. Their circulation in the society ties people together like blood. This can be seen in the relations between the healers and their customers as well as in the relations between healers and their students. This tie, effected by medicine, is sometimes even more valued than the relationships with one's own children. The inheritance of medicine after the death of a diviner-healer is a major ritual in which both the possessions and the practice of the diviner-healer are put into the hands of his or her follower. In this way order is maintained and the medicines of the diviner-healer become usable again. The ties formed around medicine are both a source of security and insecurity in the Sukuma-Nyamwezi area because of the ambivalent nature of medicine.

Despite the influence of medicine in the lives of the Sukuma-Nyamwezi of Isaka, the ancestors still hold a central position in the lives of the people. This is especially true for diviner-healers, whose abilities and powers are measured by the power of their ancestral connections. In the past, there were few diviner-healers and they were tied to the system of chiefship, but after the chiefs were removed from their office and already in the late colonial period, the numbers of diviner-healers began to rise especially in the urban milieus. The same is true for Isaka in the 21th century, where the number of diviner-healers is constantly rising.

Significantly, one of the male elders in Isaka pointed out to me that the rains did not show up during the second period of the rainy season. In the eyes of the people the white period in the seasonal variation of the Isaka area is taking over the black period of rain. This is a great concern for people and elders connect it to the absence of a chief in the area. The chiefs were the immobile figures at the centre of society and the well-being of the chiefdom was in their hands. The chiefs had similar ritual prohibitions as the pregnant women and I argue that the two hierarchically separate domains - that of the chieftaincy and that of the familial domain - are parallel to each other. This means that changes in the one domain affect changes in the other. This is one reason for the present-day concern that women have about their fertility and the general concern over their sexual misconduct. Women and men, much like the chiefs and their subjects, have become closer to each other, and now the distinction between the two categories is maintained in novel ways. The dissolution of the ritual cycle connecting the chief and women has caused a transformation in the practices of maintaining hierarchical relationships. Instead of circulation of wealth and substances, the encompassement of female wombs occurs through the attempts to control individual women's sexual behavior.

I began this study with a reference to crossroads. Besides the geographical one, the present-day people of Isaka live at the intersection of two mutually conflicting systems of value. While the keepers of the vital force of the social whole, the chiefs, are not there anymore to guarantee the well-being of the people, people still talk about them and some wait for their return. But the value of individualism has gained ground and challenges these ideas. Cosmic fertility, based on the ritual relationship between the people through their chief to the royal ancestors, has been partially replaced by an emphasis on the individual female body as the source of fertility. The tension between the holistic and individualistic ideologies manifests itself in the different practices emerging from the same value of fertility, having different scopes of encompassement. The efflorence of diviner-healership and the entrenchment of medicines can be understood as a consequence of this tension, and the location of well-being in individual bodies affected by diseases has increased witchcraft as a consequence.

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GLOSSARY

baba (s-n.)	father (also in Sukuma kinship terminology FZS)
baba buko (s-n.)	father-in-law
bahanya (s-n.)	great ancestors
bakigulu (s-n.)	female elders
bakulugenzi (s-n.)	distant ancestors
banamhala (s-n.)	male elders
banangwa (s-n.)	headmen
batale (s-n.)	great ones
batemi bahoja (s-n.)	chiefs of prosperity, sub-chiefs
bazengi (s-n.)	members of neighbourhood; chief's subjects
bizukulu (s-n.)	grandsons of the chiefs
bugango (nya.)	twin ceremonies
bugota (s-n.)	medicine
buhemba (s-n.)	kinship in medicine
bunyolo (s-n.)	sexually transmitted diseases
bure (swa.)	for free
busatu (s-n.)	illness
busebu (s-n.)	heat
damu (swa.)	blood
dawa (swa.)	mediciene
degedege (swa.)	infant's disease; cf. *nzoka ja hantwe*
dharau (swa.)	disrespect
dotto (s-n.)	twin
Gambosh (s-n.)	association of witches
gwatelelu ngongo (s-n.)	back/cervix which is on one side
haribu (swa.)	harm; ruin
hiace (swa.)	mini-bus
hongo (swa.)	tribute
iduku (s-n.)	ancestral hut
ilangahe (s-n.)	tray

imelazimishwa (swa.)	it is forced
isabingula (s-n.)	inheritance ceremony
isaka (s-n.)	bush; the name of the field site
isonzo (s-n.)	cup
izumo (s-n.)	curse
jadi (swa.)	traditional; the way of the ancestors
kamili (swa.)	complete
kashinje (s-n.)	child born feet first
kaswende (swa.)	syphilis
kihospitali (swa.)	biomedical
kindi (s-n.)	ordinary beer
kisonono (swa.)	gonorrhoea
kizungu (swa.)	European; biomedical
kuambukizwa (swa.)	to be transmitted
ku buta (s-n.)	side of the bow; side of the father
kuchoma (swa.)	burn
kuhoja (s-n.)	to make sacrifices; to placate
kukomaa (swa.)	to become chronic
kulela nda (s-n.)	feeding the fetus
kulishiwa (swa.)	feeding
kulwa (s-n.)	twin
ku ngongo (s-n.)	side of the back; side of the mother
kupanda juu (swa.)	to climb up
kusangilija (s-n.)	mixing
kutega (swa.)	to trap
kutembea (swa.)	walk; roam; to have sex
kutola butende (s-n.)	to be married without bridewealth
kwingilwa (s-n.)	levirate
laana (swa.)	curse
lagula (swa.)	divine
laini (swa.)	soft
lichimu (s-n.)	spear
lukago (s-n.)	protective medicine
lyusi (s-n.)	childrens' illness
mabasana (suk.)	twin ceremonies
magaji (nya.)	blood
magembe (s-n.)	hoes
magi (s-n.)	eggs; ovaries
magonjwa ya kawaida (swa.)	ordinary diseases

magonjwa ya zinaa (swa.)	STDs
maholelo (s-n.)	offerings
maka (s-n.)	crossroads
makile (s-n.)	medicine for *mako*
mako (s-n.)	dirt
mami (s-n.)	MB
manga ntale (s-n.)	great manga
masamva (s-n.)	ancestors
mawazo (swa.)	toughts
mayai (swa.)	eggs; ovaries
mbegu (swa.)	seeds
mbiyu (s-n.)	seeds
mbuli ya kilezu (s-n.)	goat of the beard, goat given to bride's father in marriage transactions
mchango (swa.)	cf. *nzoka*; a disease category
mhigi (s-n.)	divinatory objects
miiko (s-n.)	prohibitions
mhola (s-n.)	well-being
mininga (suk.)	blood
mishipa (swa.)	hernia
mitambiko (swa.)	offerings
mjomba (swa.)	MB
mkola (s-n.)	tree used in building ancestral huts
mkunga wa jadi (swa.)	traditional birth attendant
moyo (s-n.)	heart
muhekela (s-n.)	*manga ntale*'s aide
mwenyeji (swa.)	local
mwongo (swa.)	fraud; liar
myuyeye (s-n.)	soul
nda (s-n.)	womb
ndezi (s-n.)	white shell disc used by the chiefs
ndomo (s-n.)	mouth; cervix
ndugu (pl. *badugu*) (s-n.)	kinsman (abstr. *budugu*)
nduhu (s-n.)	only
nengo (s-n.)	fertility medicine
nfumu (pl. *bafumu*) (s-n.)	diviner-healer
Ngetwa (swa.)	licenced traditional medicine
Ngogwa (swa.)	licenced traditional medicine
ng'holo (s-n.)	soul

ngongo (s-n.)	back; cervix
ng'wana (pl. *bana*) (s-n.)	child
ng'wana wa butende (s-n.)	child born out of wedlock
ng'winga (s-n.)	bride
nhemba (pl. *bahemba*) (s-n.)	child (in medicine)
nholo ya kifujo (s-n.)	offering of a live sheep to matrilineal ancestors
ngilo (s-n.)	prohibition
ngohoghoho (s-n.)	ritual advisor of the chief
nguvu ya ndoa (swa.)	potency
nhela (s-n.)	payment
ningi (s-n.)	dance association leader
nlogi (pl. *balogi*) (s-n.)	witch
nsabo (s-n.)	wealth, bridewealth
ntemi (pl. *batemi*)	chief
numba ja masamva (s-n.)	ancestral huts
nzege (s-n.)	rattle
nzoka (s-n.)	snake; a disease category
nzoka ja buhale (s-n.)	snakes blocking the conception
nzoka ja hantwe (s-n.)	snakes in the head
nzoka ja ihuzi (s-n.)	reproductive problem
nzoka ja kigoosha (s-n.)	male reproductive problem
nzoka ja kukinda (s-n.)	reproductive problem
nzoka ja mu nda (s-n.)	snakes of the stomach
-safisha (swa.)	to clean
salala (s-n.)	curse
samba (s-n.)	medicine for luck
sato (s-n.)	python (royal ancestor)
sengi (s-n.)	FZ
shigo (s-n.)	stone
shilungu (s-n.)	white shell disc worn by diviner-healers and commoners
shingila (s-n.)	magical ingredients of medicine
Shingwengwe (s-n.)	mythical monster
shitambo (s-n.)	blood sacrifices
shitongelejo (s-n.)	family paraphernalia
shoga (s-n.)	female friend
stesheni (swa.)	station, station area
suizo (s-n.)	sacrificial beer

sungusungu (s-n.)	village vigilantel group
tajiri (swa.)	wealthy person
tamaa (swa.)	desire
tapika (swa.)	throw up
uchafu (swa.)	dirt
uhanithi (swa.)	impotency
uji (swa.)	thin porridge
umalaya (swa.)	promiscuity
utaalamu (swa.)	expertise
uzazi (swa.)	reproductive matters; reproductive potential
vuruguvurugu (swa.)	grumbling
walwa (s-n.)	sacrificial beer
wine (s-n.)	sperm
ya pinda ngongo (s-n.)	pregnancy that goes to the back

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