

Negotiating Futures in the Time of AIDS: Contests over Inheritance

In Southern Province, Zambia

Emily Frank

**Submitted to the faculty of the University Graduate School
in partial fulfillment of the requirements
for the degree
Doctor of Philosophy
in the Department of Anthropology,
Indiana University, Bloomington
September, 2006**

Accepted by the Graduate Faculty, Indiana University, in partial fulfillment of the requirement for the degree of Doctor of Philosophy

Doctoral Committee

Richard Wilk, PhD

Phyllis Martin, PhD

Philip Parnell, PhD

Sarah Phillips, PhD

Anya Royce, PhD

April 7, 2006

2006
Emily Frank
©ALL RIGHTS RESERVED

*For Judith Mwanza
1967-2004*

Acknowledgements

I would like to thank several people for their support and insights during this project. Richard Wilk, Philip Parnell, Phyllis Martin, Sarah Phillips and Anya Royce all offered excellent guidance and support and showed supreme patience in reading early drafts and offering valuable suggestions. I would also like to thank the Wenner Gren Foundation, the Department of Anthropology and the International Studies Program at Indiana University for funding my dissertation research in Zambia and making the project possible. In addition I would like to thank Elizabeth Colson for beginning research on the Tonga in Zambia some sixty years ago, and continuing to provide guidance and support for younger researchers working in the area today. Dr. Colson has conducted sensitive, ethical and locally relevant research in the Tonga community for decades, paving the way for the researchers who followed her. Perhaps most importantly I would also like to thank the people living in Nkondonzobvu and Choma Zambia for patiently sharing their lives with me and helping me to understand the challenges and changes their lives are undergoing because of the AIDS pandemic and economic upheaval. And lastly, I would like to thank Jon Unruh, for reading each word of my dissertation at least five times and offering unflagging support throughout the entire process. Without the support of all of these people I would never have been able to complete this project, their help has been invaluable.

Emily Frank
NEGOTIATING FUTURES IN THE TIME OF AIDS:
CONTESTS OVER INHERITANCE IN SOUTHERN PROVINCE

I examine how local decision-making with regard to inheritance has been inextricably altered by and incorporated into larger discourses on international AIDS prevention and modernity in Southern Zambia. I illustrate how the processes of inheritance and approaches towards HIV/AIDS and its prevention have been permeated by local and global notions of modernity in Central and Southern Africa, mutually influencing local perceptions and reactions to each. Within this work I demarcate AIDS as a social process moved beyond the boundaries of a biomedical discourse to openly illuminate the archaeology of meanings incorporated into the framing of AIDS and the AIDS prevention industry. I also examine how Western based NGO initiatives to promote certain behaviors and activities surrounding both inheritance and AIDS prevention, are re-worked at a local level as Zambians pursue or reject a ‘modern’ and ‘global’ identity. The issues of AIDS and inheritance have become intertwined for Zambians precisely because the debates surrounding ‘appropriate’ behaviors are scripted in identical fashion – ‘becoming civilized and healthy’ or ‘remaining primitive and infectious.’ Through the examination of how these seemingly disparate social processes have become inseparable, provides a critical lens into how Western notions of modernity have permeated highly personal and charged Zambian domains, fertility and sexuality.

Local renderings of the AIDS pandemic and conflicts over inheritance have become a manifestation of the ways in which Zambians wrestle with an identity of modernity, struggling to make it their own, in a universe where the myth of modernity stands strong. Contests over inheritance have become the sites of struggle between local

communities and the state for control over gender roles and women's sexuality. AIDS widows emerge as a contested category in this struggle, as these women struggle to create new options for survival and new roles of womanhood within a devastating pandemic.

Table of Contents

1. Introduction: Ethnography in the Time of AIDS	1
2. Chapter One: Arriving At Modernity	14
3. Chapter Two: Field Sites and Methods	55
4. Chapter Three: Linking the Past to the Future	89
5. Chapter Four: AIDS as Social Process	118
6. Chapter Five: Inheritance in Southern Zambia	152
7. Chapter Six: AIDS and Rural Inheritance	196
8. Chapter Seven: Constructions of the Urban Widow	246
9. Chapter Eight: Conclusions: Returning to the Data	281

List of Figures

1. Figure One	Page 15
2. Figure Two	Page 17
3. Figure Three	Page 43
4. Figure Four	Page 50
5. Figure Five	Page 62
6. Figure Six	Page 71
7. Figure Seven	Page 76
8. Figure Eight	Page 80
9. Figure Nine	Page 86
10. Figure Ten	Page 94
11. Figure Eleven	Page 104
12. Figure Twelve	Page 111
13. Figure Thirteen	Page 127
14. Figure Fourteen	Page 130
15. Figure Fifteen	Page 131
16. Figure Sixteen	Page 133
17. Figure Seventeen	Page 160
18. Figure Eighteen	Page 190
19. Figure Nineteen	Page 193

Introduction: Ethnography in the Time of AIDS

It is difficult to know where to begin the story of AIDS and inheritance changes in Southern Zambia. I do not want to tell another anthropological story of Africans as victims, nor am I content with a story of innovative survivors in the face of incredible odds. Neither story captures either the devastation that the AIDS epidemic is causing throughout southern Africa, nor the everyday acceptance and dignity with which the local population adjust their life to catastrophic circumstances. The story I need to tell is somewhere in between and yet beyond both of these meta-narratives.

The scope of my original dissertation fieldwork included only a peripheral glance at the AIDS epidemic. Like many scholars who work in Southern Africa, I did not want to deal with the AIDS question. Other scholars had told me “Yeah, AIDS is the gorilla in the backyard of my research, but I can’t quite bring myself to study it.” Or “AIDS is so depressing, how can you bring yourself to look at it?” Or “Do you really want to keep hearing these stories day after day? What do you get out of it?” The response to these comments has become for me “How can you not deal with AIDS if you are working in southern Africa? The disease and the subsequent industry that has arisen around its prevention touch virtually every dimension of life. To not take into account how it affects the human or social dimensions of research is to ignore one of the most profound forces for social change in the last one hundred years.”

But as I embarked on my initial research my impulses were the same as those of other scholars. It is too difficult to work with people who are dying or who have just lost someone. It is frightening to work with illness and death. It is hard to talk about and difficult to become emotionally involved with people who will not be around when you

return the following year for fieldwork. On top of that I was going to have two small children with me. What were my responsibilities to them?

After the results of my initial fieldwork two years earlier in 2002, I decided to examine how inheritance practices are changing in southern Zambia as particular families migrate to the frontier. I was hoping to see how family groups that had moved away from extended kin network in the Gwembe Valley of Zambia to begin a new life in a frontier zone of the Tonga Plateau were changing their inheritance practices. I thought I might find that families seeking to diminish the impact of extended kin networks by moving several hundred kilometers away would be more likely to take up inheritance patterns that favored nuclear family arrangements, rather than customary extended kinship networks.

Inheritance favoring nuclear family kinship is supported by national legislation and has a host of governmental and nongovernmental support systems to ensure its compliance. Customary inheritance, favoring extended kin networks, is still widely practiced in rural areas, supported by many local headmen, courts and chiefs. Because people are dying at a younger age, I supposed that, the way people were thinking about distributing their property would be affected, challenging the two dominant inheritance patterns, the Intestate Succession Act that distributes property to nuclear families, or the customary patterns that return household property to the deceased's kin. What I found was a far more complicated story than one of migrants opting for nuclear family based inheritance structures. Instead I found an unfolding process that highlights a breakdown in customary support systems, a restructuring of inter-generational power, diminishing economic opportunities, and ongoing conflicts about which family members count. And

it all takes place against a backdrop in which one in four to five people within the age range of 15-49 is HIV positive, sick, or dying.

I arrived in Zambia in December of 2003 with a five-month old baby and enrolled in a Tonga language program that required language courses everyday from eight a.m. to four p.m., five days a week. I needed someone to help me take care of the baby, so I hired Judith, a Tonga, thirty-six years old, separated from her husband who already had a one-year old grandson. She lived in the worker's compound of a white owned commercial farm where her mother and brothers worked. She had been born on the farm and spent most of her life there. I found her bright, eager, and absolutely wonderful with my baby.

Every day Judith, Nicolas, and I would set out to language course, she holding Nicolas in her lap, and me negotiating the pick-up truck over wet and muddy roads to the Catholic Diocese retreat center outside of town, where language classes were held. We spent those morning rides, and the subsequent rides home, discussing life in Zambia, being a woman, motherhood, and how to negotiate childrearing, men, and earning money. I learned a great deal from Judith. She shared with me how she married at fourteen, and quit school over the protests of her mother, how she had three children and how her relationship with their father had then dissolved. Her only son, Crispin, had just won an award for having the highest academic test scores in Southern Province, and had been awarded a special scholarship to attend a prestigious private school in Livingstone for his secondary education. She was very proud of him. Judith was a bright, vivacious, beautiful woman. I frequently asked her why she did not get remarried, as I imagined, many men in the compound found her highly desirable. She would always look at me and say "No, *Bina* Nicolas (the mother of Nicolas). I will never get remarried. Men are very

dangerous for me.” I tried to figure out exactly what she meant by this but she never elaborated.

At the end of March, three months after I had arrived in Zambia, I completed the language class and was about to embark on my long-term field research. The rainy season was ending and I wanted to be residing in the village full-time by mid-April. I had done initial research in both an urban location, the town of Choma, and a small rural municipality on the boundary of the Kafue National Park¹ Surprised by the contrasts in inheritance patterns that I found, I decided I needed to work in both settings in order to fully understand inheritance practices. I asked, then finally, begged Judith to come with me to live in both Choma and on the frontier. I offered her a substantial raise. My son was so happy with her. I felt like she understood him better than I did and loved him at least as much. While I had been attending the language course, Judith would call me over during class breaks and show me the newest thing Nicolas had learned – things that I had failed to notice. She taught him how to eat *nsima*, the local staple food, and one day she hurried into the classroom with Nic in her arms because he had a fever. She was certain we needed to return home immediately to care for him. She had become a close and cherished friend. She helped me understand the subtle nuances of life for a Tonga woman in her thirties. I didn't know how I could make it without her. So, finally she consented to leave her home, where she was living with her mother - the home where she had been born, married, and the home where she had raised her children.

Fieldwork on the frontier was arduous. It was a four and a half hour journey from the nearest town over deeply rutted, or almost non-existent dirt roads. Once in the village,

¹ The largest national park in Zambia, Kafue is about the size of the Netherlands. My rural field site is a village that had grown up on the edge of that national park in what had formerly been a Game Management Area.

food supplies were limited, electricity and running water absent. The sun was fierce, there was virtually no shade, and the days were hot, dusty, and windy. We slept in tents, showered and drank water we hauled from the village borehole, cooked and ate local food over a fire, augmented with canned food hauled in the back of our 4X4. We would stay out in the village for two weeks at a time, then go back to town for a few days to refuel, buy supplies, patch up the vehicle, and get some rest. After about a month in the village Judith began to show signs of wear. I asked her how she was doing and she would smile at me and answer vaguely that she was ok, and just wanted to work. She continued to be a marvelous guardian for my son, but her spirits seemed down and her energy was flagging. I thought it was due to the stress of a new environment, away from family and friends.

On trips to town I put Judith on a bus and sent her up to visit her family for a few days. She would come back to Choma a few days later and we would once again embark on our journey out to the village. One day, on our agreed upon return time Judith was not at the bus stop. I thought perhaps she had just missed the evening bus and would come the next morning. The following day she still did not show up. I phoned a doctor friend of mine who treated patients at the clinic Judith attended and asked her if she knew where Judith was. She told me that Judith had been in yesterday with a “bad” malaria and she had started her on malaria treatment. The doctor said that Judith would need a week to recover and suggested that I go out to the village without Judith and call back in a week to come and get her.

I did just that. When I called back however, my doctor friend told me that Judith was quite ill, and had just been sent to the local mission hospital. It was not clear what

she had, but the prognosis was not good, and they were not sure if she was going to live. Surprised and confused, I drove a hundred kilometers up to the mission hospital to see Judith myself. I found her brother and he helped me negotiate the multiple buildings that make up the Monze Mission hospital. We found Judith in the women's ward, shoved in a corner, naked, on a bed with no sheets and one ragged, wool blanket. Judith was delirious. Her breasts had sunken in, her ribs were protruding and her eyes could not focus. As I held her hand and tried to talk with her, Philip (her brother) assured me she was ok, and she was going to get better. She just had malaria and the quinine they were giving her was making her sick he explained. We both knew he was lying. At this point the nurses spotted us on the ward, demanded to know what we were doing, and quickly ushered us out the door. As we walked back to my car, Philip kept repeating that Judith was going to be just fine. Tears flowed down both of our faces.

After seeing Judith in the hospital I visited an Irish doctor I knew, who was working at the hospital. I told him Judith was there and seemingly not doing well yet receiving no treatment. He told me "Oh well, she's probably HIV positive and there's nothing we can do." I pressed him and he told me he would look into it, run some tests, and see if they could diagnose her. A few days later I returned to the field without Judith, but feeling somewhat reassured that she would begin getting treatment and would recover...at least for now...even if she was HIV positive....something, of course, she had never told me. Four nights later, as I lay in my tent in the village with my two children sleeping at my side, one of our local research assistants came and told me a letter had arrived for me from Choma, on a truck that had driven in to pick up maize in the village.

I got up and thanked him, took the letter from him and read the news that Judith had died and the funeral had taken place that day. She had died “from fevers people get from AIDS.” As my children slept, I sat outside my tent and marveled that I, someone who knew about AIDS, had even lost many friends in the US to AIDS, could have lived and worked with someone, seen them almost every day for five months, and not known they were HIV+ as they died in front of my eyes. The next morning when I told some of the local people we were working with that Judith had died they all said “Oh yes, we could tell she was not healthy. We could tell she was sick. She must have died of AIDS.” I asked them how they knew, if Judith had ever said anything or done anything. They all responded the same way. “We see lots of people who are sick. You can recognize easily when someone is sick. They do not look right. Judith – her skin was not right. She had the marks of someone with AIDS.”

I returned to town, knowing I needed to go visit Judith’s mother and brothers. I still had a number of Judith’s personal items in my house and wanted to return them. I packed up her clothes, and her other personal possessions and went to where Judith had lived. I found her best friend, Omega. When Omega saw me she immediately began to cry, saying “We have lost our good friend Judith, it is very sad. You want to see Agnes (Judith’s mother). I will take you.” So we went to the house Judith and her mother had shared. It was a two-room mud house with a thatched roof. Agnes was seated on a grass mat outside the house, weeping, when we arrived. Various extended family members were scattered around the yard, talking quietly. Agnes invited me in and handed me a low wooden stool to sit on. She sat on the floor with her legs stretched out in front of her. Omega sat at her side, holding her hand and consoling her in Tonga. I told Agnes how

sorry I was about Judith and how she meant so much to me. I handed her the bag that contained Judith's possessions. Agnes began taking out Judith's things one by one, looking them over, smelling them, handling them gently. Finally, she looked at me and wailed over and over again in Tonga "You took her, you took my baby to Choma and now she is dead, she is gone, you took her." I sat there for about fifteen minutes - an eternity, while Agnes railed against me. There was no Kleenex, no tissues. We all wiped away our tears with the back of our fists, but they kept coming. I had lost a friend and a cherished nanny. Agnes had lost a daughter, her social security network, and the inheritor of her spirit. Before I left Judith's house, her mother introduced me to Judith's youngest daughter - a girl of about sixteen. She was going to quit school in Lusaka so that she could stay with Agnes in the house. Agnes couldn't live alone.

For weeks afterward I lay awake at night in my tent asking myself what I should have done differently. Should I have recognized that Judith was sick earlier? Should I have forced her to seek medical attention? Why did I ask her to go to the village with me, where life was more difficult? What should I have done? How could I have prevented this from happening? How could this have happened so unexpectedly? There are no clear answers to these questions. The answers are perhaps not what are important here. Instead, only that the questions I asked myself must be similar to the questions that hundreds and thousands of mothers, brothers, fathers, sisters, husbands, wives, and children are asking themselves everyday as they lose family members to AIDS - many times not knowing that the loved one who passed away was even sick. Other times knowing full well, but denying the reality, feeling overwhelmed, not knowing what, if anything they can do. Judith's experience is all too common in southern Zambia.

Unraveling her medical history after her death, I discovered that Judith had been treated for both pneumocystic carinii pneumonia and TB around nine years before her death. The World Health Organization guidelines state that if someone has both of these diseases in quick succession it is almost one hundred percent certain they are HIV+. She had been given an HIV test at the hospital and it was positive. The actual cause of her death is unclear, but doctors in Zambia have told me that it is not uncommon for people with AIDS to suddenly fall ill with high fevers and die shortly thereafter. For these doctors, death in this manner is considered a blessing, because while the family may be shocked by the sudden loss of a loved one, at least the patient does not have to suffer long. Death comes quickly.

I learned that many of her friends were also sick and had banded together into a group that provided each other with micro loans to begin small businesses – mainly, going up to Lusaka and buying *chitenge* cloth wholesale, or other small items, and selling them in the compound for a bit of profit, or growing and selling vegetables. These small-scale activities augmented their incomes from their regular jobs and helped to support a host of family members and orphaned children. I learned that many of these women were supporting orphaned nieces and nephews throughout Zambia. They would take long trips up to the Copperbelt, or over to Eastern Province to deliver money to these children and check on their well-being. One of Judith's business partners was widowed with four children and had just agreed to take on five more children living one hundred kilometers to the south. She did not know how long she would live, but there was no one else who could look after her sister's children. She was the only one left. These women all knew the others were sick, but didn't talk about it. Instead, they got on with the business of

making money and securing futures for those close to them, knowing their time was limited. In the meantime they watch each other die, and wonder who is going to be next. Anti-retro viral drugs became available outside of Lusaka and the Copperbelt on a limited scale two months before I left Zambia. Had Judith lived, she may have been one of the lucky one hundred people in her town to receive the drugs, but given that there are about fifty thousand HIV+ people in her area, her chances of receiving treatment would not have been good.

In many ways it took Judith's death to make clear to me how wide ranging and insidious the AIDS pandemic is. Like everyone else I had read the numbers, and knew the statistics were horrific. Only when I saw AIDS happen up close did its far-reaching impacts on a variety of social levels become clear and clearly unacceptable. After Judith died I placed AIDS at the center of my research on inheritance. Instead of nodding quietly when people told me that someone had died after being "sick" for a long time I asked them directly about AIDS. I asked them what they thought about AIDS. I asked them what they knew, how they felt, what they thought their options were. Widows who had lost husbands to AIDS, confessed to me their fears of having sexually transmitted diseases. We discussed the symptoms in hushed tones in darkened huts. My research assistant, an AIDS counselor by training, would provide suggestions and advice.

I did not go out seeking people who were sick or HIV positive, yet when people learned that we were talking about AIDS, men and women came to us quietly, asking us where they could be tested. They told us of how they themselves became infected, when they became ill, and who else had died. They explained symptoms and asked what could be done. Women who were ill would find me and my research assistant and secretly ask

that we bring birth control pills, so their husbands would not get them pregnant again, pushing their already precarious health over the edge. I spoke to women forced into prostitution in order to feed their children, feeling helpless about maintaining a “healthy” status. Women told me that if they slept with a man with a condom they would only get 5,000 Kwacha (about \$1), but if they agreed to have sex without a condom they could get up to 20,000 Kwacha.

One day, after I had been in Zambia about seven months, I arrived at a house in Choma to do an interview. My research assistant accompanied me. Outside in the yard we found a woman in her early thirties lying on a mat – clearly unwell. I knelt down beside her and asked her what was wrong. She explained to me in Luvale – a language spoken in the western part of Zambia and one that my research assistant spoke – that she had TB and she was very sick. She told me she had become ill after she had given birth to her second child. When she became ill, the man who fathered the baby had left. No one had seen him since. I asked her if I could meet her baby.

Her mother called one of the children playing in the yard over to where we sat. The child had a small bundle on her back. We unwrapped the bundle and found a tiny child that was starving. He looked up at me with droopy eyes, clutching his wrinkled hands close to his chest. I asked how old the baby was. The woman told me this was her seven-month old baby. She had only been able to breast-feed him for three weeks after he was born. Then she had fallen so ill she could no longer nurse him. They had been feeding him only *nsima* since that time. Overcome by the situation, I cancelled the interview. My research assistant and I rushed to town where I bought formula, clean water, and bottles for the baby. I returned to the woman lying on the mat, showed her

how to measure the formula in the bottle and how to mix it with clean water. When we gave the baby a bottle he sucked greedily. The woman lying on the mat sat up for the first time, and she smiled at me.

I returned to the house week after week, bringing with me cans of formula and containers of clean water. I had talked with medical personnel about the baby. I knew he was severely malnourished and not likely to survive. Some of the medical personnel had even told me it would be kinder to walk away and let the baby die quietly – not to get anyone’s hopes up. For some reason, this time, I could not just walk away. I visited the baby and his mother and grandmother almost every week for three months. I learned about all the other family members, some who had already died. The woman on the mat was recovering. We told her she could get an HIV test and maybe receive free Anti-retroviral drugs. She said she thought when she tested positive for TB that meant she could not be HIV positive. My research assistant explained to her that it was likely the opposite, but that if she got medicine she could be healthy for a long time. The baby grew stronger and smiled up at me when I held him.

Two weeks before I was to return to the US, I spent the last of my fellowship money on six weeks worth of formula. I delivered it to the family and explained that I would be leaving, but that if they kept feeding the baby formula for the next six weeks, in addition to regular food, he would be ok. Then perhaps, they could transition him to cows milk when it was available. As I was cleaning out my house and packing up my final possessions, my research assistant came to me and told me the baby had died. She said the baby had not gotten any formula for the last week because the grandfather of the baby had found the formula and sold it for beer. She explained that the family knew the baby

had been sick for a while and no one thought he would live. It was ok she assured me, these things happen.

I am not sure what these two lives lost tell me. I do know that “these things” happen in the time of AIDS in southern Africa. I carry these two images with me as I try to negotiate somewhere between and beyond tragedy and triumph, outside of resistance and adaptation, to the reality that exists inside the AIDS pandemic in Southern Province, Zambia.



**Judith with Nicolas
February, 2004**

Chapter One: Arriving at the Modern

....the discourse on modernity has continued to occupy African studies over the last 60 years in various forms and with a different accentuation (Probst, et al 2002)

Introduction:

Modernity has been a seductive topic for Africanists since the inception of African studies, and arguably since the beginnings of regular contact between European and African society. Progress, contagion, culture, and civilization have been pitted against each other in a crude sort of measure that has always justified Northern domination, exploitation and intervention. Modernity and modernization are vague terms generally used to indicate how industrialized, organized, and ‘technologized’ a particular society is in relation to the North – assuming that a European-like industrial revolution is a necessary step to be followed by the rest of the world if they are to break out of a primitive and dark existence.

Yet, as time has marched forward, it is no longer only the North that continues to impose the measuring stick of modernity into Africa. Today Africans themselves identify strongly with the trappings of modernity. In Zambia, residents of urban centers see themselves as modern, global citizens, embodying a new age of globalization and market capitalism. Villagers living in Zambia’s rural Southern Province are hungry for the material, technology, and science of modernity even while they may openly denounce “modern” ideas from the West as breaking down community life. Modernity has become as seductive to Zambians as it is to us. They too hold themselves up against the measuring stick, seeing how they measure up, noticing that they do not but still trying to create a modern identity in spite of structural and material inadequacies. Let me be very clear about what I mean here. I am not suggesting that somehow Zambians are

primitive or backward or less civilized. But they continually use these terms to describe themselves and fellow Zambians. Moreover, their pursuit of particular livelihood strategies enables them to be perceived by themselves and fellow Zambians as either a “modern” Zambian or a “traditional” villager.

As James Ferguson suggests in his ethnography of ex-copperbelt workers in Zambia, a modern identity, a position as a modern nation on a global stage is something that preoccupies a Zambian imagination. The material trappings of modernity have become ever more illusive in light of structural adjustment strategies, in a way, making claims to a modern identity more loaded, and more vital than ever. And unlike the Modernity that has preoccupied the West, which has directed its gaze internally, for Zambians, the quest for modernity is concurrently directed both inward and outward. For example, editorials, public speeches, radio talk shows, and NGO workshops in Zambia continually illustrate an anxiety, or preoccupation with the appearing or acting modern, or behaving in what is perceived as a civilized or progressive way.

The Post Newspaper – Lusaka

“Tribalism” by Kennedy Choongo: March 17, 2006

Please allow me to express my opinion on the existing tribal tendencies prevalent in all political parties. The initial step in solving any problem between two or more people is for them to accept that the problem exists. Secondly, each one of them must be willing to make the first step towards solving it.

Tribalism has replaced racism of the colonial days. Some tribes feel they are superior to others and cannot be led by others. Tribe is defined as “a group of (especially primitive) families or communities, linked by social, economic, religious, or blood ties and usually having a common culture and dialect and recognized leader.” Are the happenings in Zambian politics a reflection of a group of primitive-like creatures each trying hard to prove that it is superior? I hope not.

Tribalism is dangerous and primitive. We can do better as Zambians than engage in the dirty vice.

Figure One

The anxiety about appearing or being modern along with major concerns about changes in inheritance and the AIDS pandemic then becomes the framework for which the lives of people from Nkondonzobvu and Choma will be told. I went to Zambia to understand how conflicts surrounding inheritance were capturing or reflecting changes in inheritance and kinship structures among the Gwembe Tonga who had migrated north to a frontier area. I undertook this research with the intention of building on the long-term anthropological study of the Gwembe Tonga, begun by Elizabeth Colson and Thayer Scudder (e.g. Colson: 1968, 1970, 1988, Scudder: 1985, 1962) Colson and Scudder began researching how the building of the Kariba dam and the flooding of the Zambezi river valley in the mid 1950's had disrupted the lives of the Gwembe Tonga people living in the area. Colson and Scudder, followed by other scholars such as Lisa Cliggett (e.g. Cliggett 2000, 2005), Samuel Clark, and Rhonda Gillette-Netting, have traced, and carefully documented the life histories and cultural, social, and economic changes of many of the dislocated families.

When I first began my research in Zambia I did not understand why the conversations I began on inheritance always ended as conversations about AIDS. How was it that these two seemingly separate social issues became so constantly and consistently intertwined? There are two answers to that question. The first one is that at this time any analysis of social change in Southern Africa must now encompass impacts of HIV/AIDS because the pandemic has so radically altered daily life. The second answer is that conversations about inheritance and AIDS have both become ways of discussing, articulating the tensions within, and accessing a modern identity. In a very real and symbolic sense dying of AIDS is dying 'modern,' 'mobile,' 'global.' Local renderings of

the AIDS pandemic and conflicts over inheritance have become a manifestation of the ways in which Zambians wrestle with an identity of modernity, struggling to make it their own, in a universe where the myth of modernity stands strong, but where its reality becomes seemingly more elusive everyday.

Why this is not just a story about AIDS



Figure Two – Map of Zambia
 1. Nkondonzobvu 2. Choma 3. Kariba Dam

There has been a great deal of work done on the AIDS pandemic and its social and economic impact in Africa. This work (Nguyen; forthcoming, Shoepf et al; 2004, Campbell; 2003, Farmer 2003 and 1993, Setel: 1999, etc.) has taken enormous strides in recent years to put social analysis back into our understanding of the AIDS pandemic in Southern Africa. As these scholars make so clear, AIDS must be moved beyond the realm of biomedical pandemic and into the realm of social process. But unlike the work by these and other eminent AIDS scholars, I did not go to Zambia looking for AIDS. AIDS found me, in much the same way as it has found the local population. I did not only interview people who were HIV positive or were somehow formally connected with AIDS prevention campaigns. Instead, I tried to find how AIDS and the threat of AIDS circulate through everyday life, changing meanings and altering realities.

This is not a dissertation about AIDS written from a public health perspective. Many of my informants did not know if they had AIDS, had never been tested, and were never going to be tested. For residents of my rural field site, Nkondonzobvu, testing required a several day commitment. In 2004, residents of Nkondonzobvu would have to make a twenty-four hour return trip to town that would give them five hours in town to “conduct business”. After traveling all night they would arrive in town mid-morning. They would then have to walk a couple of miles to the testing center in town to take the two tests used to confirm seropositivity. They would then depart on another truck leaving for Nkondonzobvu mid-afternoon of that day, and return home late in the evening. They would then have to make the same trip again several days later in order to obtain the results of the test². Residents, particularly women, did not have the money to pay for

² During the time I was in Zambia in 2004 people were given two tests when they went in to an AIDS testing center. The first was a rapid test, the second was a test called ELISA, which was considered more

transport, nor could they afford the time away from their families and agricultural duties most of the year. In fact for much of the rainy season, the roads between Nkondonzobvu and ‘town’ were nearly impassable and public transport was sporadic. If people needed to go into town they either took small back paths on bicycle or foot. For the first nine months I was in Nkondonzobvu and Choma, the Anti Retro Viral therapies (ARV’s) used to treat people with AIDS were not available, so there was little reason to find out if you were HIV positive.

For the urban residents of Choma who did live near a testing center, testing was not really that much more common. When I asked people if they had ever gotten tested for HIV, including people who were AIDS counselors, they would always say something to the effect of “well, no, I know its a good idea but I have not done that yet. Maybe someday if I get sick...” The people I encountered who had been tested had done so when they had been admitted to the hospital for another illness, or when they had undergone treatment for tuberculosis. While in Zambia I met only one person who had gone to a testing center to get an AIDS test, while he was still healthy. He was the lead doctor for HIV/AIDS treatment at Choma hospital and the hospital’s chief administrator.

Pilot programs in the distribution of free anti-retroviral (ARV’s) drugs were just beginning in Zambia as I was concluding my fieldwork in October of 2004. Since that time the Zambian government has made ARV’s free and available on a wider scale (Noble, 2005). This is offering some people hope and it does provide many possibilities for the future. However, at this time the distribution of ARV’s is extremely limited and not seen as a real option for much of the population. For example, in the town of Choma

reliable. Results from the ELISA test are available within three days, not immediately. I have been informed by Zambian doctors that testing methods have improved and now a person can take an AIDS test and find out immediately if they are HIV positive.

in the Southern Province of Zambia, the Choma Hospital was designated as a distribution center for ARV drugs. Only four hospitals in the province had been designated as having adequate facilities for distribution and monitoring of ARV's. The Choma hospital is the only qualified medical establishment to distribute ARV's in an area covering around 350,000 people. It is estimated that the number of people who are HIV+ in the Choma area is around 80,000 (personal communication, Dr. Andrew Mukelabai, Choma Hospital, August, 2004.) The program at the Choma hospital has enough ARV's to distribute to 100 people living with AIDS. At the time of my departure the hospital AIDS program was distributing ARV's to fifty people, many who were active in Choma's AIDS activist organizations. In other words, the medicine was being made available to people who had already publicly claimed, or had been forced to claim, their status as HIV positive individuals. On March 29, 2006 the Panos Institute reported that the United Nation's attempt to put three million people living with AIDS on antiretroviral drugs by the end of 2005 has fallen short of its goal. The World Health Organization has reported that only 1.3 million people in poor countries were being treated by the end of last year (Panos Institute, 2006). People's fears about inadequate or interrupted treatment seem well founded.

AIDS in my story is the illness that is not named, not known, not located. There are AIDS activist communities in Zambia – the town of Choma has one. The activist communities are groups of people who know they are HIV positive, yet still determined to live their lives, and determined to be open about their HIV positive status. Many of them are young people, in their late teens and early twenties. Members of these activist communities attend “living positively” meetings where they meet weekly with other

people who are HIV positive, to exchange stories and strategies for maintaining a healthy lifestyle, organize dramas about the risks of HIV/AIDS, and organize small-scale NGO's or community groups, to pool resources, or obtain access to donor funded activities and supplies. Some of the people I knew had become involved in this community in order to access resources when they found out they were HIV positive. But for most people, AIDS is the phantom, this ever-present force, lurking around the corner. Maybe the individuals I spoke with on a daily basis are infected with the HIV virus, maybe they are not. But they are not going to find out unless they are forced into it. AIDS and the formal structures surrounding its prevention are something that most of my informants only engage peripherally, if think it might get them something. These are not AIDS activists. AIDS instead functions as a list of symptoms that either consumes a person or does not.

Living “out” about your HIV status was a lifestyle in 2004, before the availability of ARV's, and declaring yourself positive opened up some avenues for resources while closing others. It became a way of defining issues, declaring freedoms, resisting traditions or accepting defeats. AIDS was a disease brought on by the traditional and the modern, in other words, propelled both by what Zambians define or scorn as customary practices or traditions, as well as the mobility, education, and economic conditions brought on by seeking to create a Zambia that plays as an equal in global markets and global politics. Yet, by openly claiming it, individuals firmly moved themselves forward, out of tradition, embracing the trappings of modernity. This is AIDS from within, the phantom AIDS, that permeates community life.

Finding Zambian Modernities

In order to analyze the intersection of AIDS and inheritance practices in Southern Province, Zambia I am drawing on ethno-historical literature about the Gwembe Tonga, literature about African modernities, globalization and modernity literature, and literature about African colonialism, and social analysis of the African AIDS pandemic. The links between these disparate literatures form the anthropological basis of my analysis and are centered around the discussions of modernity. The conflicts surrounding inheritance practices and the manifestation of AIDS and the AIDS prevention campaign in Zambia take on a distinctly modern dimension. The manner in which these phenomenon are played out in Zambian daily life provide a vivid picture of the disjunctures, the peculiarities, and localities of one particular African modernity, a Zambian modernity. The interweaving of AIDS and inheritance conversations by Zambians boldly display how the unique story of African modernity has not yet ended, even while certain artifacts of the post-modern landscape are invading the African terrain.

Zambians are well qualified as Africans in the struggle with a ‘modern’ identity. As Ferguson contends, “The overdramatic, and exaggerated narration of the rise of industrialism and urbanism here reflected the extent to which the Zambian experience captured something in the modernist imagination and came not only to exemplify but to epitomize the revolution that was understood to be taking place in Africa “ (Ferguson, 1999:4). Throughout the sixties and early seventies Zambia was not seen as a “basket case,” but was considered a middle-income country with prospects for full industrialization. Ferguson cites figures that show that in 1969 Zambia’s gross domestic product (GDP) was one of the highest in Africa (Ferguson, 1999:6). Yet today Zambia is

on the World Bank and IMF list of highly indebted poor countries (HIPC). Instead of heading toward modernization wrought on by an industrial revolution, Zambia now faces the impact of structural re-adjustment, including severe food shortages, and a rising mortality rate. Moreover, Zambia is regularly offered as an example of the failures of structural adjustment programs (for example see Saasa; 2002, Suri 2004). In other words, it is widely recognized that structural adjustment programs imposed by the IMF destroyed key industries in Zambia, forced tens of thousands of people into unemployment, drove up food prices, and made daily survival more difficult.

People are giving up trying to find skilled jobs in towns and “returning” to rural areas to try to make a living at small-scale commercial and subsistence farming. The reason I put quotes around “returning” is because many people moving to rural areas have never lived in these rural areas before. But they are now moving to rural areas to which they are linked by family or extended kinship ties. Zambians refer to it as “returning” home, but for many, this return is their first attempt at making a rural lifestyle work. While Ferguson was doing his fieldwork along the copperbelt in the late 1980’s he commented that the most striking aspect was the sense of “enduring decline – not just a temporary patch of hard times but a durable and perhaps irreversible trend” (Ferguson, 1999:13). Fifteen years later, economic conditions continue to stagnate, and rates of infection by AIDS continue to rise. Yet, the myth of modernization provides a useful lens through which to understand the Zambian life experience as expressed in the AIDS pandemic as well as changes in inheritance, precisely because the myth of modernization lays down the categories that continue to shape people’s expectations, experiences and interpretations.

When sitting around the fire at night in our homestead in Nkondonzobvu, Benard, our host, would bring out photographs of his now deceased uncle. In these photos Benard's uncle appeared as a well-dressed, prosperous gentleman, complete with three-piece suit, shopping in London, or reclining with his European friends. Today, while relatively prosperous by local standards, Benard lives in a house he built for himself, out of clay gathered from termite mounds and a roof made of thatch. His fifteen children attend a school where the majority of "community teachers" never received any teacher training and the building does not have enough seats, classrooms, or school supplies for its students. Benard is keenly aware of the loss of his community's future, yet he feels powerless to stop it. He longs for a *past* where a trip to London would be a possibility, a good education for his children a given, and electricity and medical care were not distant realities. Yet, instead of believing he has the power to create this future for his children, he struggles against a belief that this type of living will only continue to recede further into the distance. In addition, when he brings out these photos he is reminding both me and himself that his material surroundings are not an adequate reflection of how he sees himself. He struggles with the incongruence of a self-identification as a modern individual with what he perceives as a very lack of modern materiality from which to reaffirm that identity in a larger context.

African Studies Pursues the Modern

While modernity retains an important position throughout much of social science, with continued conversation and theoretical efforts to explain how social groups are modern or what modern (or even post-modern) life means to individuals, sub-Saharan Africa and the scholars who study there seem to perceive the concepts of modernity as

more dangerous, powerful, and central to explanations of social change (see for example Comaroff and Comaroff; 1999 and 1993, Geschiere, 1997). I believe this is caused in part, because of the profound failure of modernization or development projects throughout the colonial and post-colonial periods in Sub-Saharan Africa. I see two distinct types of discussions about modernity that were in operation during my fieldwork. The two meanings or two types of modernity often become jumbled or overlap in attempts to render an African reality intelligible both to Africans and scholars and development specialists from the outside. There is a formal economic or development model that speaks to industrialization, economic growth, privatization, and structural adjustment. Then there is a discussion about modernity grounded in the social change, the lived experience, and the cultural internalizations or rejections of the foundational ideas of modernity – civilization versus primitiveness, progress versus stagnation, and modernity versus tradition. How Africans are making sense of their lived experience, embodied through a promise, then a failure of what pursuing a course toward modernity could provide, is what has concerned the social scientists discussed here.

Probst et al (2002) point out that the pursuit of the modern by scholars of Africa can be understood as characterizing three distinct phases, divided roughly between modernity as contagion, modernity as necessity and finally, modernity as contingency. Portions of all three of these arguments continue to be rehashed and reformulated today in development agencies and scholarly endeavors. The notion of ‘modernity as contagion’ led by functionalists such as Malinowski, and other important Southern Africa scholars (e.g. Richards 1932 and 1939, Gluckman, 1961, Elizabeth Colson, 1971a and 1974, and Isaac Schapera 1934, Wilson 1945,) was constantly seeking the underlying

order in African societies that made daily life function smoothly, and sought to understand the ways contact with European societies was fundamentally altering the African social organization. Modernity was a frightening process that posed a threat to the traditional African way of life.

Elizabeth Colson and Thayer Scudder's work among the Gwembe Tonga has become emblematic, not only of the problems of development, but of the social devastation wrought on by the unthinking march toward technological modernity. When the Kariba dam was built across the Zambezi River in the 1950's entire villages were buried as a colonial government sought to bring modernity and electricity to Central Africa. The residents and their descendants have never recovered. Understanding and documenting how the Gwembe Tonga have, or have not managed to accommodate the invasion of modern technology has made them subjects of one of the most important long-term studies of a society in the field of anthropology. (For example see Cliggett: 2005, Colson: 1971 a and 1971b, 1974, Colson and Scudder: 1988, Morgan and Colson: 1987, and Scudder: 1985)). An irony of working with the Tonga in Southern Province is that they have seen themselves become subjects of the discussion of negative outcomes of technology and modernity. Yet, not surprisingly, this does not make any of them (like many of us) less attracted to the material trappings technology and modernity promise.

Discussions about how modernity was affecting Africa were reformulated as the colonial era ended. Probst et al (2002) contend that these reformulations that cast modernity as "necessity" emerged out of the broader "modernization theory" and was led by scholars like Clifford Geertz, and David Apter. These authors focused their analysis on the new political elites that arose out of independence movements, the emergence of

nation states and how “traditional” African social orders would shape the political and economic futures of the new African nations. Modernity was seen as generic, the trajectory taken by European nations during the industrial revolution that would now be open to newly industrializing African nations such as Zambia, Uganda, and Cote d’Ivoire. Modernity was a social quest, something nation states sought, in order to reap the rewards of a bright technological future. Newly formed nation states were open to opportunities for re-definition, ‘advancement’, and a new position in the global order. Arguably, this perspective continues to dominate the public face of many donor aid programs that maintain a focus on technological solutions (see Ferguson 1990), while continuing to ignore, or sideline the ways in which local barriers to technological solutions lie far outside the realm of these expert interventions.

As ideas about ‘modernity as contingency’ arose in African studies scholars like Terence Ranger (1975), Jean and John Comaroff (1992, 1993), and others highlighted how while many societies in Africa reflected some of the material trappings of modernity, they continued to use their own logic. In other words, African societies did not “modernize” and look or act like their neighbors to the North. The trajectories they took in a post-colonial era were constituted on their historical past, local and global economic conditions, social order, and political economies. These same theoretical strands are found in a number of projects that seek to understand how the ‘global’ has become incorporated into the local and then cast back out again – illustrated in works by Richard Wilk on the Kekchi Maya in Belize (1995, 1997), Kajsa Eckholm-Friedman, Jonathan Friedman (1995) on social life in Hawaii, and Steven Kemper (1992) about advertising in Sri Lanka. There was no wholesale adoption of Western culture, and

European ways of being and knowing. The terms ‘modernity’ and ‘modernization’ became as problematic as the terms ‘tradition’, ‘tribe’ and ‘identity’.

Probst contends that modernity now appears “as a contingent process with nevertheless definite effects in the domains of cultural practice.” (Probst, et al, 2002:11). Modernization no longer remains within a temporal domain, but has now expanded to include the spatial dimensions of modernity, the multi-directional flows of capital, people, and technology, where a location is interpreted through the global and back again. Probst warns us that the danger of this approach, and other globalization literatures outside of African Studies, is that the category “local” becomes an easy substitute for “traditional”. I take heed of this danger in my analysis, and see modernity operating as a multi-dimensional force in my field sites. The Zambian preoccupation with what is modern and what that modernity means reveal itself in an identity that is performed or rejected, and understandings that are mapped into personal biology, mental pathways, and material trappings of everyday life.

How did this modernity arrive in Africa?

The notions of modernity arrived along with missionaries, businessmen, explorers and government bureaucrats who formed colonial society in Africa. While the official era of colonialism has ended, the cultural categories colonialism brought with it remain. The endurance of these categories is caused in part because those from the North continue to re-inscribe them daily through interpretations, interventions and portrayals of the continent. These categories also endure because they have been internalized by local populations, and have been embedded in their own understandings of themselves in relation to the rest of the world.

It is impossible to ignore the presence of the colonial legacy in Zambia. The physical and cultural skeletons remain, perhaps more so in Zambia than some other places in Africa. For example, people still refer to first and second (and third) class shopping areas in town. White Zambians are expected, and given, deference and often more prompt service in government and commercial transactions. Moreover Zambians categorize their own customary practices as repugnant and backward, needing to be abolished, and their fellow countrymen needing to be “civilized” and educated. These categories, the ones that determine who is “civilized” or which groups of people are worthy of better service, practice behaviors that embody repugnancy or progress, form the basis of many of the early colonial debates that manifested the modernization platform in the colonies. As these ideas have been grafted onto an African landscape they have taken a peculiarly local dimension that leads to contradictions, misconceptions, and dysfunctions in everyday life. The pursuit of the modern, and the quest for national progress, shape Zambian daily interaction with the AIDS and legal structures propelling ‘new inheritance’.

Many scholars have criticized the underlying social evolutionary basis of modernization theories. When the skeletal framework of social evolution is brought to the fore, social scientists and policy makers are challenged to examine how these preconceived notions, the reified constructs that form the basis of our understandings of how modernization should work today and how modernity should appear, emerge from a particular historic framework and not from any natural ordering of the world. The social evolutionary concept of progress has been a powerful force in creating and reinforcing European notions of civilization and normalizing the historical trajectory of

industrialization in Europe as universal. Analysis by believers in modernization theory such as Myrdal (1957) and Levy (1972) suggested that “traditional” societies would be transformed into modern societies as they progressed along a temporal scale of becoming increasingly civilized. According to this popular understanding, Zambia was supposed to be well on its way to leaving behind its trappings of tradition. In the nineteen-fifties and nineteen-sixties Zambia was becoming increasingly urbanized, with more and more people relying on wage labor in a formal economy, the copper mining industry was growing and a Zambian middle-class was emerging. Kenneth Kaunda, the first president of an independent Zambia, reinforced the idea of Zambian nation by incorporating the slogan “One Zambia, one people” – overriding ethnic divisions that supposedly reinforced ‘primitive’ tribal divisions. Modernization as presented by scholars such as Myrdal and Levy seemed to be working.

Ethnographic examples illustrating how this “modernization” did not ‘work’ in Africa are not examples of a failure by Africans to modernize, but a failure of the theories of modernization to capture what is occurring outside of Western Europe. In order to move beyond the historical limitations imposed by using a social evolutionary model of modernity African scholars such as Comaroff (2002), Knobl (2002), and Gikandi (2002) employ the term “modernities” to reject a notion of a unilineal path into a Western-type modernity. These authors recognize that for most people living in Sub-Saharan Africa the material trappings of modernity are receding into the distance. While African leaders have been forced to follow structural adjustment initiatives, and economic reforms, these prescriptions toward economic recovery have not resulted in ‘modern’ nations with strong economies, but increasing poverty, disease, and marginalization. The idea of

specific “modernities” builds upon larger discussion of the global and the local as discussed by Gupta (1998) and Burawoy (2000) that stress the importance of dissecting the interrelationship between local manifestations of global or modern processes.

There are multiple modernities operating simultaneously in Africa, emerging from an African context as well as being imported daily by international donors and UN agencies. This discussion about modernities builds on conversations central to anthropology that seek to move the focus away from a Western center to capture the gaze from the periphery. Scholars such as Said (e.g. 1979) and Appadurai (e.g.1993) illuminate how beneath the categories of ‘modern’ and ‘traditional’ or ‘civilized’ and ‘primitive’ lie the framework that maintains a North-South hierarchy, continually reinforcing the trajectories and behaviors of the European subject as superior and normal. These discussions serve as a reminder that modernity emerged as a construct to help illuminate the world of the colonizer, by constructing a colonized other off of which the colonizer can be projected. In order to make the conversation about modernity useful to Zambians the term ‘modern’ must be moved beyond capitalism, nation state, and Western science and technology. In order to make the discussion more relevant to Africa we must look at the institutions, ideas, and practices that citizens of Africa regard as expressions of modernity.

Perhaps this is one of the many reasons that the Zambian state plays a minor role in this ethnography. For Zambians grappling with the meanings of modernity the Zambian state appears to send few messages of its own about the future these days. Most seem to come heavily filtered through the donor funding agencies or the International Monetary Fund re-structuring programs. I believe it is important to point out how

powerful the international agencies and bilateral donors are in urging specific paths of action within Zambia. Consider what Oliver Saasa (2002) claims about the role of the World Bank and the IMF in Zambian government.

While strictly speaking, donors and multilateral agencies are rarely discussed as ‘interest groups’ in matters regarding public policy making, their strategic role in influencing the direction of the reform process in Zambia justifies their privileged treatment as special actors. This is particularly so when economic reform and poverty issues are addressed...(Saasa, 2002).

For many Zambians, pathways to a modern identity do not reside within the model of the nation state. The category of citizenship and membership in a larger Zambian nation no longer holds much hope for the creation of a modern African and Zambian identity like it once did. Perhaps the category has become bankrupt like the state itself. Zambians pursuing a modern identity are seeking an identity more mobile, more global than one rooted in a concept of the Zambian state.

Yet, the Zambian state is not completely absent. As Das and Poole point out, the “the sovereign power exercised by the state is not only about territories: it is also about bodies (Das and Poole, 2004). Containing the AIDS pandemic and promoting Intestate Succession are about controlling bodies, or more importantly, determining who has the power to control and contain bodies. While the legislation that propels statutory inheritance laws, and the activities that seek to contain the AIDS epidemic may originate in large part from international donors, the Zambian state orders and frames their appearance within the Zambian public. It serves as an authorizing agent, demarcating how messages will be sent out and distributed to its communities. Local communities can reject NGO efforts to define inheritance in a particular way, or avoid NGO sponsored AIDS programs. However, it is the Zambian state that has the power to determine which

inheritance practices are “legal” and therefore allowable. The Zambian state becomes enmeshed in debates and contests locally.

The idea of modernity as presented by Western donor agencies, the World Bank, and the IMF function in myth like fashion in places like Zambia. They present a clear and straightforward path toward “development,” with the underlying presumption that with development comes the material trappings of modernity, including economic opportunity. When reading statements from the IMF about country compliance I am struck by how rational and easy it all seems. The prescription of privatization, and economic austerity seem to lead directly down the road to economic recovery. Yet, Zambians know the prescription does not always work. Many of my Zambian informants complained that even with a solid secondary education it was unlikely for many graduates to find jobs. I met secondary school teachers in town that engaged in sexual liaisons for money in order to support themselves and secondary school graduates working as domestic staff. These individuals considered themselves lucky because they at least had regular income.

Probst, et al argue that “...modernity is neither a value-neutral analytical category nor a substantive reality. However, just because ‘modernity’ seems primarily an interpretive device for social self-reflection, it cannot and, perhaps should not, be dismissed that easily” (Probst, et al 2002:14). Thus, while we cannot ‘see’ the material trappings of modernity on the ground in Nkondonzobvu in the same way that we can ‘see’ the material trappings of modernity in Lusaka, it is no less powerful for the residents of either place as they try to locate themselves, and negotiate their own identities in the world. The myth of modernity is so powerful precisely because it remains a myth, a dream not yet realized, a hope to be achieved, or a promise whose time has

passed. In other words, the idea that somehow Zambia can take its place as an equal member in the international arena, and that Zambians live in a place where economic opportunities are available and daily life is improving for most people is not true. Yet, at one time all of this was promised to Zambians, and many Zambians in the 1960's and 1970's believed this promise to be true. They once could have been "modern", it seems that many of them are asking "where are we going, or what are we now in light of the economic and social reality?" I met one well-educated Zambian in Lusaka. He was visiting his brother who was a professor at the National University of Zambia in Lusaka. He told me that he was a "street adult," like the street children he explained to me, except that he was an adult, with a college education, with no job and nowhere to go.

For most Zambians, their experience as modern individuals is an ambiguous, contested, and incomplete experience, re-interpreted through realities that are decidedly 'not modern.' When we examine how Zambians practice and live modernity we see how HIV/AIDS and the social process it has become, as a peculiarly "modern" phenomenon, that owes its identity as much to the socio-historical conditions from which it emerged as to the pathology that effects human cells and immune systems. Concomitant to this, the Intestate Succession Act that regulates inheritance arises from these very same frameworks, with a common discourse that weaves through very different social issues. As Zambians decide how they will act out the process of inheritance, or respond to the threat of HIV/AIDS, "the modern" can be accessed or dismissed.

Inheritance and AIDS: The Conversation

Conflicts over inheritance in Southern Province are often defined through the traditional versus the modern. I am using 'traditional' here in a way that captures how the

Tonga use it to describe their own positions, while borrowing heavily from the ways Giddens (1990) uses traditional in his discussion of its role in opposition to modernity. For the Tonga, “being traditional” means giving primacy to extended kinship obligations and larger community, or village relationships. Being traditional also means speaking Tonga (as opposed to the “town” languages of Bemba or Nyanga), practicing Tonga rituals of marriage, polygamy, inheritance and childbirth. This echoes Giddens description of traditional relations that embed individuals into a larger network of relationships based on rituals that connect a past to a present and help to inscribe these within the future (Giddens, 1990). Giddens claims that;

tradition is a mode of integrating the reflexive monitoring of action with the time-space organization of the community. It is a means of handling time and space, which inserts any particular activity or experience within the continuity of past, present, and future, these in turn being structured by recurrent social practices (Giddens, 1990: 37).

In addition to Giddens’ discussion, Wilk (1997) points out that those individuals or groups who are categorized as traditional are being defined oppositionally to that which is the ‘modern’ and often cases, the more exploitive or dominant identity. The Tonga who declare themselves as “traditional” or “rural” (which often becomes the local code word for traditional) are staking an oppositional space for themselves, in order to define themselves against what they see as the dangers or excesses of modernity.

Among the Tonga, the predominate ethnic group in Southern Province, traditional inheritance says that when a man dies, his wife or wives and children are to be inherited by a surviving member of his family, often times his brother. At her husband’s funeral, a woman has historically had to go through a ritual sexual cleansing, where she has sexual intercourse with the designated inheritor. The Tonga believe that this is a necessary step

in cleansing the surviving spouse/s of her husband's ghost. With rising HIV rates many communities maintain that they no longer promote sexual cleansing, instead offering alternative rituals for cleansing a woman of her husband's ghost. After being cleansed a woman or women will be married to the brother, and moved into his homestead, along with all of the household property.

A woman can choose not to be inherited, but her children's labor and the property of the homestead are considered to ultimately belong to her husband's matrilineal kin as long as the full bride-price or *lobola* has been paid to the woman's family. It is the responsibility of these kin to look after the well being of the woman, her children, and the deceased's property. If the woman were to decide to remarry she would forfeit her right to any use of that property and could be in danger of forfeiting the right to her own children's labor. Many Tonga women have always refused to be inherited, particularly if they have adult sons who they can turn to for support. For an elderly Tonga woman (beyond child-bearing years, or a woman with married sons), refusing to be inherited is considered completely legitimate, it is considered a widow's right. As long as she remains unmarried her in-laws will continue to provide support (socially) for her and her children.

Today many men never complete their *lobola* payments, either because of increasing economic insecurity, an early death due to AIDS, or a combination of these factors. I interviewed many informants who had been married to men for only a few years before their spouse succumbed to an AIDS related illness. In many cases, particularly in urban areas, young widows in this situation lost all of the property accumulated through marriage, while at the same time their spouse's family refused to 'inherit' them or offer

them any support because marriage payments had not been finalized. This is the very situation that propelled the establishment of statutory inheritance laws. When widows lose all their property and access to customary support in this way, customary law is manipulated to support illegitimate property claims against powerless widows.

In 1989 the Intestate Succession Act was passed in Zambia. This legislation holds that when a man dies without leaving a will, which occurs in the overwhelming majority of cases, the property does not revert to the deceased's matrilineal kin, but stays within the household. The surviving spouse retains control of the family house and furniture, as well as receives twenty percent of the remaining property, including liquid assets such as savings, pensions or livestock. She holds another sixty percent of the property in trust to help her raise the children, which then passes on to the children when they become adults. The remaining twenty percent is to be distributed to other dependents and adult relatives, including matrilineal in-laws. Intestate Succession does not cover land held under customary tenure, the land distribution system in Nkondonzobvu and Habulungu³.

The Intestate Succession Act is in direct conflict with the traditional structures of Tonga inheritance, but it was enacted, in part because it was perceived that traditional inheritance structures were breaking down. It was becoming increasingly common for women to become widowed and for family members of the deceased to come in and remove all of the household property, including the tin sheets covering the roof of the house, and leave the surviving children and wife behind with no support. The Intestate Succession act makes this activity, known as "property grabbing," illegal, and provides widows with legal support to help them maintain access to the household property after the death of their spouse.

³ Eighty percent of land in Zambia is held under customary tenure (Shezongo-Macmillan, 2005).

There were important social and legal factors that led to the creation and adoption of the Intestate Succession Act. On June 21 in 1985 the Zambian government ratified CEDAW (Convention on the Elimination of all forms of Discrimination Against Women), and admitted that Zambian women had faced discrimination in their daily lives (WILDAF, 2003). In 1985 the Zambian government established a Gender in Development Division (GIDD) to address problems of discrimination facing women. These two events helped to galvanize support for recognition that the customary laws regarding inheritance could be viewed as “repugnant” to natural justice⁴. Women could not be considered property if Zambia argued that it recognized international standards of human rights and the objectives laid out in CEDAW. Women’s rights groups and international NGO’s began to argue for legislative change that would recognize women’s full rights to property (LRF, 2005).

Despite being passed as law some sixteen years ago, the Intestate Succession Act has not been widely adopted or enforced but instead, is still regularly contested. Schezongo-Macmillan points out that many Zambians believe that if women own property they may become too proud and undermine their husband’s authority (Shezongo-Macmillan, 2005). When Intestate Succession was first debated on the floors of the Zambian parliament many MP’s claimed they would not support the Act because women would start killing their husbands to access their property. Fears of husband killings have not diminished in the popular imagination. One of the most popular songs on the radio during my fieldwork in 2004 was a song about a woman killing her husband

⁴ In most African common law jurisdictions, customary law can only be accepted if it meets a test derived under colonial provisions. These provisions require that if a rule of customary law is proven to exist, the court must consider whether that rule is judicially enforceable, or whether it is repugnant to natural justice, equity, and good conscience (Mwenda et al 2005).

in order to access his property. In July of 2002 I had a conversation with the head of the National Law and Development Association in Lusaka who suggested that the Intestate Succession Act might have to be repealed as it was so widely contested.

Many people reject the “new inheritance” because it disregards family structures, and disrespects elder family members, and the contributions of extended kinship networks. Multiple NGO’s have taken up the cause of supporting the Intestate Succession Act, arguing that it promotes women’s rights, helps combat the spread of AIDS, and provides more economic equality for women. What the NGO’s do not say, and perhaps do not know, is that many women who step outside of traditional structures and refuse to be inherited, can be abandoned by community and extended kin networks. When they run into economic troubles they are forced to remarry or engage in liaisons with men to increase access to resources. These sexually based relationships are as likely to be vectors for AIDS transmission as relationships in which the women are inherited. When women make a decision to pursue either traditional inheritance or the Intestate Succession Act, they are in a very real sense having to choose between a “traditional” and “modern” identity. By making this choice they are committing to a specific set of relations and lifestyle while forgoing others. Proponents of customary inheritance (both men and women) often argue that when families follow customary procedures women and children are cared for. They also are quick to point out that property grabbing is not customary inheritance.

AIDS As a Disease of the Modern

The HIV/AIDS pandemic has hit Southern Africa hard. Botswana, Zimbabwe, and South Africa all estimate the rate of HIV positive people living within their borders

to be above twenty-five percent (UNAIDS, 2004a). Zambia is not far behind. In 2003, UNAIDS put the rate of HIV positive people in Zambia somewhere between fifteen and twenty five percent with higher rates existing in urban areas (UNAIDS, 2004b). Life expectancy has plummeted from 60 years to 37 years (UNAIDS 2004a). In characterizing the AIDS pandemic in sub-Saharan Africa UNAIDS states:

HIV infection is becoming endemic in sub-Saharan Africa. Current high prevalence levels mean that even those countries that do eventually reverse the epidemic's course will have to contend with serious AIDS epidemics for many subsequent years. *The havoc wrought by AIDS will shape the lives of several generations of Africans* (UNAIDS, 2004a: 1 emphasis added).

It is difficult to determine exact percentage of people living with HIV, due to the difficulty in reporting because of social stigma, lack of health facilities, and inadequate reporting structures. Many African leaders want to minimize the number of people 'officially' affected/infected by HIV/AIDS within their borders so that their workforces are still seen as vital, and their industrial sector worthy of foreign investment. As Zambia tries to revive its copper export industry and lure foreign investors to the Copperbelt and the newly expanded tobacco industry, the Zambian National Government is no exception. In a conversation with Stephen Lewis, the UN Special Envoy for AIDS (2005), he expressed concerns for Zambia's ability to effectively combat the AIDS epidemic it confronted, and he had long-term concerns about the future of the country.

AIDS and the prevention industry have also taken on a peculiarly modern role in Zambia today. International AIDS policy, made in the US and other locales in the West, molds local delivery of services to prevent or treat AIDS (or mostly ignore it) in African communities in ways that bring a global discourse into the very personal and local domains of sexuality and fertility. Parameters and frameworks used to define HIV/AIDS

as a disease have arisen out of Western mis/understandings of illness. These parameters have rejected African understandings that AIDS is a disease of poverty, defined it principally as a sexually transmitted disease that have drawn on colonial stereotypes of African sexual excess and sexual perversion and has privileged biomedicine and biomedical understandings. According to international AIDS policy HIV/AIDS is a biomedical problem, something that happens to individuals and needs to be controlled by changing individual behavior or removing (through quarantine in some cases) infected individuals. By defining HIV/AIDS in this way biomedicine and a medicalizing discourses have been promoted in opposition to more holistic or culturally oriented approaches to illness and misfortune, as well as social scientific approaches that ground the disease into a wider context of material inadequacy and social instability. Finally, the very mobility of the AIDS pandemic, traveling along the major transport routes of sub-Saharan Africa that move goods, commodities and modern conveniences from the center to the periphery, crossing ethnicities, national boundaries, and social classes, defies more localized and traditional understandings of the pandemic.

Locating the Phantasmagoric, Dis/Embedding the Symbolic

In Europe and North America, people grapple with identities of modernity and post-modernity, trying to locate themselves within an increasingly fragmented, and specialized world. A Zambian struggle with identity is one enacted in an environment where the material trappings of modernity and post-modernity often exist off in the distance, out of reach, while the categories themselves continue to order their world. This requires a more nuanced, subtle, and diffuse empersonation⁵ of modernity, precisely

⁵ I borrow the term “empersonate” from Setel’s 1999 work on AIDs in Tanzania and Taussig’s 1993 work on terror and fear in colonial Latin America. These scholars argue that “empersonation intentionally evokes

because the tools and costuming are not so readily available. A successful empersonation or a claim to modernity can sometimes bring the material trappings one step closer. But if the empersonation fails, an individual risks being labeled uncivilized, ignorant, and in a sense, pre-modern. Choosing options around inheritance or deciding how to live ones life with the threat of AIDS are ways an individual can empersonate or prove their modernity. Anthony Giddens' 1990 discussion on the consequences of modernity illustrate how it became possible that these two different social issues have become a manifestation of a struggle over modern or traditional in Southern Zambia.

Giddens claims that modernity makes place become increasingly *phantasmagoric*, which he defines as “locales [which] are thoroughly penetrated by and shaped in terms of social influences quite distant from them. What structures the locale is not simply that which is present on the scene; the ‘visible form’ of the locale conceals the distanciated relations which determine its nature” (Giddens, 1990: 19). If we look at the Intestate Succession Act through the lens of the phantasmagoric, it brings into stark relief the way outside notions of “modern family life” have been placed in a Zambian landscape. State propelled legislative changes were derived to create economic equals of men and women within the confines of a marital relationship, and to create stronger nuclear families. Promoting a nuclear family model over extended kinship networks further destabilizes already economically stressed extended family support networks, but the nuclear family remains the model associated with modernity (see Wilk 1997). The local population becomes a more readily compliant global workforce, increasingly reliant on wage labor

the word “impersonate,” with its connotation of social relations of conscious and unconscious mimesis in the mediation of the somatic and the cultural.” (Setel, 1999:35). Setel goes on to point out that in Tanzania (as in much of southern Zambia) children learn to imitate one’s elders of the same sex, and their ability to imitate successfully is central for becoming a person. I use the word “empersonate” here in much the same way as I would use the word “perform.”

when/if international corporations return, if there are no extended kinship networks to rely on. When speaking with NGO's working on promoting Intestate Succession Act they repeatedly emphasized that polygamy should be outlawed and it soon would be.

Appearing to have a modern workforce and economy seem to be a central goal of the Zambian government and the small but growing business sector. Statements like the one in Figure Three that emphasize national stability, democracy in tandem with the ability and desire to develop a modern economy are common place in Zambian newspapers, on Zambian websites, and in Zambian business venues.

Zambia is arguably the most attractive investment country in Sub-Saharan Africa. The reasons for this are varied but include: A wealth of resources in agriculture, tourism, large and small-scale mining, and related value industries. A stable Westminster style democratically elected government which has coped fairly well since 1991....and a continued development of a body of laws necessary in a rapid transition to a modern economy.

(Andrew Chipwende, CEO of Zambian Privatization Board, 2004)

Figure Three

The phantom of the international corporation, the international donor, and foreign investment loom large in rhetoric that propels national level legislative reform, and then works its way into local modes of survival. Those reliant on strong extended family networks and subsistence farming have less need for wage labor and have other resources to draw upon during lean times. For example, Gloria, one of the women who regularly helped out in our homestead, had been sent to live in Nkondonzobvu, to reside with an ailing aunt. Her parents and siblings were living in a village in the Gwembe Valley and were suffering from food shortages that year. Gloria helped to care for her aunt in exchange for food for herself as well as some additional food for her family in the Valley.

Gloria was also actively seeking a husband in Nkondonzobvu. She ultimately wooed and married a successful store-owner, becoming his third wife. Through this marriage she will be able to secure access to local resources, opening up possibilities for her own brothers to migrate and settle in the area.

Polygamy is also viewed as a way of opening up livelihood possibilities and economic diversification. One of the wealthier men in the village of Nkondonzobvu had four wives. Two wives he kept with him at his main residence in Nkondonzobvu. He had another wife who resided in a village some distance away, helping to maintain the family farm there. He also had a fourth wife who worked in a hotel in the town of Choma. He referred to her as his “town wife.” All of these women were quite aware that they were helping to develop a broad base of economic activities, ensuring the sustainability and future of the family unit. As the state actively works to make these particular models of family life invisible, outmoded, or only worthy of intervention in ways that diminish its power, the same conceptual base of ideas from far away framing local realities comes into play. It serves to define certain types of behavior as primitive or backward, even while they may provide valuable survival options for many Zambian families.

Applying the phantasmagoric to the AIDS pandemic allows for a focus on the ways in which policy makers from the West have constructed interventions surrounding the pandemic that directly affect daily livelihood strategies in African villages. Western based pharmaceutical companies resisted making ARV’s available and affordable early on in the pandemic, preventing local populations from directly controlling or containing the disease, leaving local populations feeling powerless. When these same companies complain that it is reckless to give Africans drugs because they will not take them

properly and create stronger, and more resistant strains of HIV, they are taking incompletely filtered stereotypes of African reality to contain and control African dimensions of agency and treatment in the face of the pandemic. Prevention campaigns that focus on individual behavior change purposefully render the critical economic crisis propelling the pandemic, invisible. The phantom of Western donor governments has determined the fate of many by its policy response to AIDS (For other discussions on how international donor policies have exacerbated the AIDS pandemic see also Farmer 2005, Schoepf 2004, Hunter 2003.)

In phantasmagoric fashion the Western sponsored, funded, and created NGO's have created and propelled both the AIDS prevention programs and the legal support programs encouraging women to embrace new inheritance laws, weaving together the local and the global so that the two are virtually indistinguishable. Organizations such as YWCA, CARE, KARA Counseling, and Zambian Law and Development Association (LADA) are managed by either Westerners or locals educated in the West to carry out modernizing, civilizing projects like AIDS prevention and the Intestate Succession Act. These two projects are often interwoven into a single message; if an individual pursues or promotes traditional inheritance s/he is promoting the spread of AIDS, if s/he pursues Intestate Succession then economic security for women and children, will be secured. The "shameful" practice of polygamy will fade away, and children will have better opportunities for education, become better prepared for the work force and secure a better future. This message is sent out on multiple levels, through chiefs to headmen, and through neighborhood groups in shantytowns to individual women, public service messages heard on the radio, and large billboards on the main roadways through Zambia.

The NGO's that promote these messages bring with them the material trappings of modernity, including T-shirts with catchy slogans, four-wheel drive vehicles, offices in town and cell phones clipped to their belt.

What these messages conceal are two important features of Giddens' modernity, 'expert systems' and 'disembedding mechanisms.' I will first focus on how expert systems operate in a Zambian context. Giddens employs the term 'expert system' to describe technical accomplishment or professional expertise that organize large areas of the material and social environments in which we live today. He argues that most laypersons consult "professionals," lawyers, architects, doctors, and so forth, only in a periodic or irregular fashion. But the systems in which the knowledge of experts is integrated influence many aspects of what we do in a *continuous* way (Giddens, 1990). I would argue that for Zambians, the NGO's that promote Intestate Succession and AIDS prevention operate as interlocutors to expert systems even while an African experience with expert systems is a disjunctured and incomplete experience.

Most Zambians interact with expert systems in a much more minimal way than populations in the North. Interaction or integration with expert systems on a daily basis is not continuous, but disjointed, and often dysfunctional. After repeated breakdowns in the institutions created around expert systems in Africa, Zambians do not inherently trust in their expert knowledge, but tend to regard them with suspicion, and unease. Expert systems are more frequently viewed as a coercive force, brought in from the outside to change lives and close off livelihood strategies. While meeting with AIDS activists in Choma I commonly heard how KARA counseling, the main counseling and support service for those living HIV positive, had at one time provided resources for infected

people. They talked about how they used to be able to count on occasional disbursements of mealie meal, cooking oil, and other basic foodstuffs. But the food disbursement program had stopped when the Irish nun who ran the program had left. Many of those that had “come out” as positive had done so because they could access these much needed resources. When the program ended these same people were left with nothing, but increased visibility and potential for anti-AIDS stigma. For Zambians then, when NGO’s promote livelihood solutions that compel individuals to disembed from local communities and to engage in expert systems on an individual level, these messages are received uneasily by Zambians.

Pursuing Intestate Succession poses similar risks by promoting individuality over community structure and safety. Many women who try to take in-laws to court for property grabbing found themselves victims of corrupt officials or police officers that believed customary procedures were the appropriate inheritance procedures (see Mweenda et al 2005, Shezongo- Macmillan 2005). Having made their complaints public these women now face no further legal recourse, and are ensured a bad relationship with their former in-laws. Many will fear bewitchment or other forms of violence. Tales of corrupt police forces or inadequate victim support services for women pursuing inheritance cases are common in towns like Choma. For women in places like Nkondonzobvu, even reaching a victim support unit is often very unlikely. The women I knew in rural areas who were willing to pursue Intestate Succession were women who either had strong economic ties in town and had significant economic assets along with adult sons, in other words a relatively strong support network already in place. Or they were women that would claim themselves HIV positive thus, garnering them some

community support without tying them to the traditional inheritance framework. The latter only worked if a woman were to remain unmarried. In both cases, though, the woman was disembedded from community relations and had invested in some ways, in expert systems, either legal or medical or both.

Voluntary Counseling and Testing Centers (VCT's) provide an avenue for demonstrating how prevention efforts organized around biomedicine and individual behavior confront and conflict with a lived Zambian reality. As pointed out previously, most Zambians I spoke with said that people avoid testing centers and claim that even going to a testing center will insure one's conversion to a seropositivity. At the testing center they will become infected with the disease because that is where the source of the disease lies. While visiting a testing center may not actually alter healthy cell production in an individual, in many senses, when an individual voluntarily goes to a testing center they are changing an identity. They are 'becoming' HIV positive, and when an individual becomes openly HIV positive they are in a very real sense, becoming modern. The nurses I interviewed who worked at testing centers substantiate the conversion of identity that goes on with an open acknowledgement of being positive. The individuals who go to a testing center are viewed by others in their community (as well the nurses who test them) as those who have exhausted all of their economic and social resources. Their families are no longer able or willing to support them, many of them have lost their jobs because they are sick, accused of or believed to be suffering the affects of incurable witchcraft. The resources that they could rely on as good members of their Tonga community, or their identities embedded in traditional networks of kinship and community, are no longer functional. By going to a testing center they are hoping to draw on resources based on

impersonal relations, placing science and personal biology over community and community based identities. When an individual becomes HIV positive, or wishes to step outside traditional inheritance frameworks, they are pushed directly into a world in which the expert system (either medical or legal) dominates. The choice whether or not to use expert systems is viewed as either embracing or rejecting tradition and community or modernity and civilization.

A Modern Death?

Monica is a friendly, warm woman. I had first met her at a clinic in Choma when she agreed to talk to me about what life was like living with AIDS. At that very first interview her energy and openness were contagious. She laughed and joked, as well as told us about how she had found out she had AIDS. My research assistant knew her well, and teased Monica – saying “look, this one, she is still fat. Ahhh, she is very healthy – because look at how fat she is.”

After Judith died, I asked Monica if she wanted to help me to take care of my son, working at my house, or coming with me when I had interviews in the shantytowns. She readily agreed. She had a nine-year old daughter and an elderly mother. They were all living together in a small one-room house in the shantytown. Monica’s mother was the only one bringing in money on a regular basis.

I asked Monica one day if I could pay for school fees for her daughter to go to school. I would help her pay for the uniform and the books if she would enroll her daughter in school. She told me her daughter wasn’t going to school. She said her daughter was sick, and still being treated for TB. They didn’t have the money to send her to school and she wasn’t really well enough to go, besides, there was not much point.

Monica was a lively asset to our household. She would attend monthly “Living Positively” meetings at the KARA counseling center, meetings where she would get together with other women living with AIDS. They would offer support, advice, etc. As well, they would receive guidance and counseling on how to “live” positively - taking care of themselves, eating well, only having protected sex, etc. I would often pick her up from meetings at KARA and she would be gleefully clutching a giant package of condoms while the other women in her group would be making jokes about “how busy” Monica was going to be that weekend.

One day I was driving Monica to Mass on a Friday afternoon. The children were snuggled around her and I was thinking about the groceries I needed to pick up in town. She suddenly looked over at me and said “he died yesterday – at the hospital, alone.”

“Who died?” I asked

“The man who was the father of my nine-year old daughter. The man who gave me AIDS. He died alone in the hospital yesterday. He was sick for a long time. He got many women sick. And then he had to die alone in the hospital.”

She said the last sentence with a bit of satisfaction. People do not die alone in the hospital in Zambia unless they are shunned by friends and family. Virtually everyone who can, prefers to die at home, surrounded by family and loved ones.

She looked at me for a long time. She had gotten some satisfaction out of the fact that the man who had infected her with AIDS had died alone – he had gotten his comeuppance. Yet, at the same time, she now had to face her own mortality squarely in the face. If the man who had given her the disease had died it was only a matter of time before she and her daughter succumbed to it as well.

Monica’s Snapshot: Figure Four

Women’s Bodies and Risk

It is interesting to see that in discussions on inheritance and preventing AIDS that it is women’s bodies that often become the contested terrain. Campaigns that seek to eliminate customary inheritance practices focus on the “repugnancy” of sexual cleansing. The Women and Law in Southern Africa (WILSA), Zambia chapter argues that many of the rituals involved with customary inheritance are oppressive and describe sexual cleansing as “a perilous way of cleansing the ‘ghost’ of the deceased person” (WILSA Zambia, 2001:5). Conversely, many of the older women I interviewed saw the breakdown in traditional marriage and inheritance problems as being caused by sexually promiscuous women. When women thwarted arranged marriages and refused to be inherited they brought danger and death to the community, they were the ones responsible for the AIDS pandemic.

In her discussion about AIDS prevention in Kenya, Booth (2005) discusses how nurses working at the Casino clinic, a clinic for sexually transmitted diseases located in Nairobi, continually berated women for being “dirty” and allowing themselves to become

re/infected with gonorrhoea. At the same time, these nurses openly discussed women's lack of agency in negotiating sexual access to their bodies. While both the process of inheritance, and HIV/AIDS affect both men and women, men are largely left alone, their position uncontested. That this phenomenon occurs is not surprising. As pointed out by Hodgson and McCurdy (2001) women are often singled out when their behavior reflects the contestations and contradictions of power within families, communities, nation-states and global arenas. Vaughan (1991) demonstrates how controlling women during the colonial era in British Central Africa was seen as central to controlling African men's labor and maintaining social control.

As the social arena shifts in Zambia, and as the role of the international donor and the international prevention campaign is weighed against a Zambian struggle to survive we see women and their role becoming the focus of concern, the arena for struggle and control. Whether Zambian women are accused of killing their husbands, Tonga women accused of becoming witches, or young women being accused of causing "all of the coughing and death", the social anxiety regarding the future are found in discussions of women's bodies and biologies.

Conclusion.

For Giddens, traditional and modern are discrete categories, the traditional being rendered obsolete by the modern experience. Yet in Zambia these categories lie side by side, with their contents blending across borders in daily interactions and personal experiences. If nothing else, the inability to either control inheritance or stop or slow the spread of AIDS with programs coming from the West, demonstrates the tenacity of

“tradition” in the face of large-scale projects established to compel compliance, and propel populations into a more modern way of life.

The AIDS prevention campaigns, as well as the medical establishment that surrounds AIDS treatment, rest on precepts of modernity which are not connected to the past in any way other than that which can be authenticated by knowledge. The rejection, restructuring, and reformulation of meanings that have taken place within local communities is not surprising. Nor is it surprising that locals view these campaigns, and coming out as HIV positive as a way to gain access to resources, to come out as “modern” as well as positive. Coming out as positive is a process that elevates the individual above community, disembedding her/him from the ‘traditional’, and from the community relationships where the past and the present is continually used to reaffirm the future. It does this in exactly the same way as the pursuit of the Intestate Succession Act. The widow herself is elevated above the level of the community and extended kin networks. By giving herself and her interests primacy over community she moves herself out of the role of social minor and community responsibility and becomes an individual agent.

It is important to note here that I do not see the categories of tradition and modern as categories descriptive of daily life in Zambia. Instead, I believe they function as tools, employed by individuals when making strategic decisions about their positions within, and access to resources within their communities. I do not wish to dismiss entirely the debate about the role of the tradition, and modern in Africa, but instead, to recognize the domains for what they are, incomplete, partial descriptive renderings of activities and the

ordering of life, with their locus having arrived from outside an African condition, instead of being generated from within.

Before we lay the question of modernity to rest we must re-examine the landscapes of Africa to take note of how the ‘consequences’ of modernity continue to creep forward and form alternative categories and meanings for everyday life. Through this analysis I will show how the very notions of ‘modernity’ that the North has supposedly left behind, the pursuit of civilization, progress, and ‘science’, continue to be perpetuated through donor funded policy programs, and in particular, those surrounding issues such as AIDS and inheritance. Western cultural investments in these categories allow them to be perpetuated and used to justify social inequalities. African’s investment and recreation of these categories envisions possibilities where there seem to be none, and room to maneuver inside a pandemic with what appears to be a very tight space. Concepts are captured by individuals in Zambia and recast upon themselves and the rest of the world with new meanings.

In Nkondonzobvu, Intestate Succession seemed to challenge gender roles, pose a threat to family structures, endangered community cohesion, and it lacked relevance. In Choma, following the Intestate Succession Act was presented as the logical thing to do, the “modern,” sensible thing to do to prevent AIDS. Yet, further investigation in both field sites revealed that in urban *and* rural settings a mix of practices could be found. Some people opted for a completely “traditional” inheritance practice and other chose a “modern”, state legislated inheritance procedure, while many more people mixed and matched the two systems based on personal circumstances. AIDS, or the threat of infection from the disease was often used to expand the options available to those

involved in inheritance. How the same processes used for inheritance could be described so differently by village and urban residents became the focus of my further investigations and will be presented below.

In the following chapters I will present how the people of Choma and Nkondonzobvu are grappling with the startling social upheaval caused by a horrible pandemic and disastrous economic conditions. Unfortunately, these particular crises are not unique to the people of Choma, Nkondonzobvu or even Zambia, but pervade much of Sub-Saharan Africa. There is specificity here though. As I stated earlier, this is about a Zambian modernity, specific to its own socio-historical dimensions, and wherever possible, I will ground this in specific Zambian realities, all of which cannot easily be transferred to other places.

In most of the stories told to me by Zambians I have substituted real names for pseudonyms in order to protect the individuals involved. But some of the Zambians I interviewed asked that their real names be used, and watched me carefully as I wrote them down. In these instances I honor their requests and use their full name. I believe the stories contained within this work are important to Zambians. Recording their stories and marking their names are small steps toward giving them a voice and allowing their perspective to be heard.

Chapter Two: Field Sites and Methods

Introduction

The original scope of my research included inheritance practices in the rural frontier community, Nkondonzaobvu. As I set out to conduct field research I intended to investigate the way conflicts over inheritance change as individuals migrate due to diminishing economic opportunities. I believed that this research scope would provide evidence into how the Tonga were experiencing or expressing a general shift from a more matrilineal to patrilineal social organization (for further discussion on this see Cliggett 2000, Cliggett 2006). Because of the recent migration I believed that learning how motives for migration supported either matrilineal or patrilineal kinship would be possible. Nkondonzobvu seemed a perfect field site to explore this topic, as the area had been virtually uninhabited before the 1980's. The people living in the area today had migrated there either from nearby villages on the Tonga Plateau or from farther away in the Gwembe Valley, but the circumstances of their migration are somewhat different. The residents who had migrated into the area from nearby Plateau villages (from within the local Chieftaincy) are considered "locals", while those that migrated to the area from the Gwembe Valley are considered the "migrants". The two groups themselves make this distinction and while they live side by side, virtually everyone can identify who is a migrant and who is not.

Cliggett (2000) and Unruh et al (2005) argue that the migrants from the Gwembe Valley moved to the Nkondonzobvu area in part to reduce financial and resource obligations to their extended family members, and to keep resources within their nuclear family. Their research suggests that migrants coming from the Gwembe Valley are

causing a change in perception about obligations expected from extended kinship networks, by placing much more reliance on nuclear family arrangements. Indeed, many people in Nkondonzobvu say that they want to keep wealth within their nuclear family, pointing out that the work they have done to build up farming operations there has been done without the help of extended kinship networks. A local Zambian scholar who is himself from the Gwembe Valley suggested that those who moved to the frontier area of Nkondonzobvu were from the more “entrepreneurial” and better off families in the Valley (Bennett Siamwiza – personal conversation 2002). Results from research undertaken by Cliggett (personal conversation 2004,) Colson, and Scudder (1991) reach the same conclusions. Colson’s research on changing economies and beer consumption in the Valley demonstrate the changes in the structure of social life in the Valley as many families left the area to pursue other livelihoods on the Plateau.

Emigration of whole families to other districts increased. In 1982 and 1983 four senior homestead heads in the Gwembe Central census village emigrated to the plateau to pioneer new land in the western part of Southern Province...Other men planned to follow them. Those left behind bemoaned the loss of village vitality with the departure of so many families” (Colson, 1988:37).

Unlike families who had migrated from the Valley, families who had migrated to Nkondonzobvu from within the area were not be able to avoid extended kinship obligations because their kinship network was still close by. This also meant family support networks were still nearby if they needed assistance. Arguably, those who migrated to the Nkondonzobvu area from the Gwembe Valley were willing to take a greater risk than those who had strong family and social connections close by. I hypothesized that migrants in Nkondonzobvu had moved in part to diminish pressures for financial support from extended kinship networks, and this would be reflected in their

inheritance practices, concentrating more wealth in nuclear families by following state inheritance laws instead of customary inheritance practices.

Unlike the situation in the Plateau, land in the Gwembe Valley is extremely scarce and in most areas, highly degraded (Cliggett, 2005, Scudder 1991, 1962, Unruh, et al 2005). Frequently, people frequently are not able to grow enough food for the year and rely on food assistance from the government and international donors. The options for livelihoods in the Valley are extremely limited and in most areas, are becoming more precarious. The Tonga living in the Plateau area have historically been better off (see Colson, 1962) with more options for maintaining subsistence. These contextual features contribute to the difference in the type of migration experienced by Plateau and Valley migrants to the Nkondonzobvu area. People migrating from the Valley are leaving behind an area that provides at best precarious options for survival.

After several in-depth interviews with headmen, widows, and other villagers in the Nkondonzobvu area, I discovered that migrants and non-migrants had virtually identical approaches to inheritance. The categories I had thought were relevant were not. Many villagers did indeed want to reduce their obligations to extended kin, including obligations for food, labor, or money. Yet actually doing so was problematic, for both people with relatives nearby and far away. People risked serious social sanction from family members and many community members if they followed the state sponsored inheritance law and left most of the wealth to nuclear family members. Ignoring extended kinship networks was seen as betrayal, even though many people considered customary inheritance practices out of date and unfair. Virtually all discussions surrounding inheritance included discussions about AIDS, and women's economic role in marriage, a

decline in women's morality, as well as changing family dynamics and family resource allocations.

It would be misleading to suggest that I changed my fieldwork question only because the distinction between former Valley Tonga and Plateau Tonga inheritance practices was not what I thought it would be. This certainly made me re-examine and refocus my hypothesis. However, I was also influenced by more practical matters. Primarily, an extended rainy season in 2004 delayed my fieldwork in the village by over a month. Instead of being able to begin living in the village in early April, I was instead forced to wait until mid-May. Because I did not have an accessible rural field site I was impatient to begin more in-depth research. I began investigating inheritance practices in the town of Choma. I chose Choma because this was "town" for most residents of Nkondonzobvu. Choma had many Tonga living there, including one of the wives of Chief Cikanta, the leading traditional authority of Nkondonzobvu. I believed this would be the best location to capture what urban Tonga were thinking about inheritance, while still maintaining at least sporadic contact with the residents of Nkondonzobvu.

After some initial interviews with people living in Choma I was surprised at how differently they talked about the debate between customary and state inheritance practices. The people residing in Choma argued that customary practices were "primitive" and only practiced in the rural areas. Yet, many of them mentioned practices they used in inheritance that were exactly like "customary" practices. For example, most women who had been widowed in town had gone through an elaborate cleansing ritual, had brewed beer a year after the death of their spouse to signal the final resting of the deceased (an element common among many ethnic groups residing in Zambia), and had

expected in-laws to contribute to the support and education of their children. Other women in Choma who would never consider being “inherited” watched as their property was taken from them by their former in-laws and never considered going to the police or declaring this process as “property-grabbing.” Nearly every woman or man I spoke with in town said that they followed state inheritance laws because customary inheritance structures were outdated and backward. Yet, when asked them to describe many of the features of their particular experiences with inheritance, they described customary inheritance. People claimed that they were following statutory inheritance law; but their actual practices were a mixture of procedures encompassing customary and formal state laws. Of course this is often the case, and Elizabeth Colson had emphasized how Tonga inheritance had been changing in response to legislative and economic changes since the 1940’s (Colson, 1953). The mixture of customary and formal practices was not surprising, but confusing. What was surprising is that just as in Nkondonzobvu, I found that discussions of inheritance always led to the topic of AIDS, AIDS prevention, and the economic role of women in marriage, or women’s morality.

I came away from these interviews wondering what “customary inheritance” actually was and what about it made it so easily linked to issues of women’s morality and the AIDS pandemic. It became clear to me that AIDS is such an overwhelming social phenomenon, that people do not talk about social change without talking about how AIDS has influenced that social change. The links between AIDS and inheritance were not initially obvious, even to locals themselves. For example, if I asked people if property is distributed differently if someone dies of AIDS they all said no. They also did not think that their own sero-positivity status affected the way they thought about inheritance, even

if they knew they were HIV positive. Nevertheless in conversations about inheritance, AIDS was often brought up in relation to ‘tradition’ and ‘being civilized’. I wanted to understand links, so I altered my fieldwork questions.

After discovering the similarities and contrasts in the way the residents of Choma and Nkondonzobvu were talking about and practicing inheritance I decided to examine how local decision-making in regards to inheritance has been altered by and incorporated into the discourse on international AIDS prevention and modernity in southern Zambia. I decided to explore how this decision-making challenges traditional gender roles and ideas within two Tonga communities, as well and to show the unintended ways AIDS and AIDS prevention campaigns enter daily life. The residents of these two communities were inundated with messages about AIDS and AIDS prevention on a daily basis from both local and non-local sources. They had recast these messages into the ongoing debates about how to practice inheritance.

The Tonga communities where I worked represent a microcosm of the social, legal, and economic changes affecting many areas of sub-Saharan Africa. The case study is relevant to all of the societies encompassed by the “matrilineal belt,” an area that extends from Congo down through Central Africa. One of my study communities was urban, the other rural. The differences in ideas about inheritance were striking, yet, the practices, more similar than originally appeared from initial interviews.

Zambian economy and the impacts of structural adjustment

In chapter one I discussed in general terms the economic crisis facing Zambia. I discuss it in more detail here precisely because conflicts over inheritance are conflicts over labor and resources. People are using inheritance claims as a way to access any

resources they can. It is in an environment of economic crisis that property grabbing, a perversion of customary law, has become a justification by the desperate and the selfish. I provide some of the details of the Zambian economic collapse here because it helps illustrate the larger context within which Zambians contemplate their futures and determine their options for survival.

Zambia's economic crisis began in the mid 1970's with the worldwide decline in copper prices and an increase in oil prices. But because Zambia was considered a "low-middle" income country at the time of the decline of copper prices the national government was able to borrow heavily from the International Monetary Fund (Saasa, 2002: 25). The copper market did not recover as the Zambian government had thought it would and throughout the seventies and early eighties the country fell deeper into debt. Today Zambia carries one of the largest debts of any country in the world. In 1992 the debt in Zambia was \$3.7 billion and in 1995 Zambia registered negative GDP of 2.3 percent (Saasa, 2002).

These dismal macroeconomic conditions were exacerbated by inefficient business structures, lack of educated and qualified personnel, and increasing government corruption. The decline in GDP was also accompanied by rising unemployment, and a decline in real wages. Saasa contends that crushing poverty is a major obstacle for Zambia and must be given top priority. He contends that "the majority of people in Zambia suffer from weak purchasing power, homelessness, and insufficient access to basic social services and necessities such as education, health, food, and clean water." (Saasa 2002:27). Importantly, the decline in employment opportunities in the formal sector has occurred at a time when the labor force is on the increase. It is not just a

perception among graduates of secondary school that they cannot find a job. In 2002 the formal sector provided jobs for around a half a million people. The labor force numbered thirteen million (Saasa 2002: 28). It goes without saying that most people, urban or rural, male or female, make their living in the informal sector.

In 2000 Zambia began to register some positive economic growth. However this has not yet translated into real benefits for most Zambian people. The “trickle-down” theory is not working here. The poverty statistics for Zambia are stunning. In 1998, seventy three percent of the population was considered poor. Thirty-six percent of urban residents were considered extremely poor (which means they were unable to meet their basic needs) and seventy one percent of rural residents were considered extremely poor (Saasa 2002:29). Zambia has become widely recognized as a place where structural adjustment programs have failed, and where their outcomes caused undue burden on the general population (e.g. Saasa; 2002, World Bank; 1990). And unlike many sub-Saharan African countries facing perpetual economic decline, Zambia has not been at war or fighting an insurgency, but has enjoyed relative political stability. What articles like those presented in Figure Four make clear is that Zambia has followed all of the rules but

**From “Zambia’s Economy Growing but Poverty Prevails”
Afol News, December 2001.**

Substantial progress was made in implementing structural reforms, the agency [the IMF] states. All in all, the IMF was most content with the reforms’ progress in the country. Zambia has made substantial progress with structural reforms in many sectors over the decade of the 1990’s. In contrast to early 1990’s, Zambia today has an open economy where prices are largely market determined and a greater part of the previously state-owned enterprises have been restructured and divested to the private sector including the all-important copper company.

The use of these accomplishments is however questionable. Even the IMF admits these accomplishments had been overshadowed by limited success in significantly reducing the incidence of poverty.

Figure Five

with devastating results. There are no job opportunities, virtually non-existent government services, and instead of hope, there is despair. For nearly all of my informants, the idea of “job opportunity” was either finding a way to access land and grow subsistence crops and perhaps a limited amount of cash crops (such as cotton, or maize), or scrambling to enter the informal economy by selling small food items at the market place, like hard candy, fish, or buns.

Urban Vs. Rural – Methods and Data

When I began doing work in Choma I encountered some methodological challenge I had not prepared for. Ferguson (1999) describes how relationships built while conducting fieldwork in an urban area are different from the types of relationships built when living in a village. At first I was not sure how to approach these differences and was concerned that this would make the types of data I was gathering in each location categorically different. After all, within a few weeks of settling in to Nkondonzobvu I was able to recognize virtually everyone in the central market place, and had spoken to many of these people individually. I learned people’s social position. If someone misrepresented particular events to me I later often heard other versions of these events from other villagers. I had multiple opportunities to learn what had occurred in a particular situation.

When I first arrived in the village I heard one series of events about several ongoing inheritance conflicts, but after awhile the same people I had first interviewed would come back and amend their story, filling in gaps, painting a more complex and nuanced picture. I knew people by reputation, history, and observation of daily behavior as well as through formal interviews. Because of this I was able to appreciate the

difficulties and daily struggles people on different sides of a conflict might have. For example, I learned that someone might be pursuing customary inheritance patterns, not because they wanted to, but because the rest of their family felt they should, or were refusing to share food and property with relatives because of a long-standing conflict. I only was able to catch glimpses of this type of information among my rural informants.

During my three continuous months of fieldwork in Choma, I visited many of the people I interviewed on a number of occasions, bringing them food, or stopping by to say hello, but my interactions with them were more formal and fragmented. I did not get a sense of the each person in Choma as much as I did in Nkondonzobvu. The background context to their lives remained murky. Most interviews in Choma took place inside an individual's house or at the Shampane Clinic. These interviews were private and therefore the discussion much more contained. Many times I would begin an interview in Nkondonzobvu but these interviews would quickly evolve into general discussions involving many people as neighbors and family members dropped in. This rarely happened in Choma. In Nkondonzobvu I relied on the local population for assistance with food, water, housing, and general survival, making power dynamics between us more equal. I needed the residents of Nkondonzobvu and they knew it. In Choma I was able to buy food at a supermarket, go home at night to my house, outside of the shantytown. I had enough money to be able to buy my safety, security, and medical care. Most residents of the shantytown did not. I felt that our encounters tended to emphasize power differences instead of diminishing them.

Working in Choma also had a number of advantages. It was easy to find a large number of people to interview. I was able to integrate into and work with community

groups established to help HIV positive individuals or widows. I interviewed people from a variety of social and economic backgrounds and was able to verify local perceptions of law and dispute resolution at an official level. The actual offices and functionings of the Zambian government are more present in the daily lives of Choma residents. The state apparatus is more visible. Messages regarding statutory inheritance laws and AIDS prevention were seen on roadside signs, pamphlets, and easily accessible newspaper articles and advertisements.

Ferguson's characterization of fieldwork in Kitwe – one of the major towns in the Zambian copperbelt - resonates with my own experience in Choma. Ferguson characterizes his ethnographic project with urbanites on the Zambian copperbelt as follows.

This is not a community study, and there is no presumption of *getting to the bottom of things*, grounding the interpretations in whole lives known in their totality. I knew my informants in the way most urbanites know one another: some quite well, some only in passing, others in special-purpose relationships that gave me detailed knowledge of some areas of their lives and almost none of others. Like other Copperbelt residents, I was obliged to hazard various ideas about the larger configurations that framed people's lives. Theorized and elaborated, these ideas became an ethnography, a map that might help one to get around in a confusing environment. But the confusing environment in question is less a particular locality than a much broader set of puzzles; the map I offer here is not so much for getting around Kitwe as for getting around the whole terrain of urban Africa that continues to be haunted by ideas of modernity that are harder and harder to make sense of in relation to the actually existing present (Ferguson 1999:21 italics added).

Like Ferguson, I learned detailed fragments of people's lives, but I did not learn the whole. By talking with, observing, and interviewing many people in Choma, patterns emerged; themes and frameworks began to take shape. But much was concealed from me, by both the individuals themselves and the fragmented nature of our encounters. And like Ferguson, the end results form a sort of map that evolved as a series of questions,

patterns, and shared perceptions arising out of multiple interviews and multiple interactions. The map provides a guide for navigating through the terrain of AIDS, modernity, and inheritance but as this terrain is rapidly changing, the map can only guide.

Another important conundrum I faced when choosing Choma as a field site to contrast with Nkondonzobvu was how to deal with the ethnic diversity of Choma compared with a relative ethnic homogeneity in Nkondonzobvu. In Choma it is very common to find marriages that cross ethnic lines. These are not remarkable to locals. Choma is a town created through the colonial project, which means that most people living in the Choma area had migrated there, or their parents had migrated there for work. No one I interviewed had family that had lived in Choma for more than one generation. In other words, most people generally had long-term ethnic ties somewhere else. As well, being a “town” resident superseded other identity markers. For example, I was told by many Tonga living in town that speaking Tonga identifies an individual as rural, something people in the United States might refer to as a “hick.” These people would insist on speaking to me in Nyanga or Bemba (the town languages) or, better yet, English. For them, this demonstrated to others that they had traveled to other areas in Zambia or were educated.

Virtually all Zambians will tell you that ethnicity is not very important and will recite to you the slogan “one Zambia, one people”. On many levels ethnicity is not important in daily life for Zambian people. People in Choma have marriages that combine any and all ethnic groups. It is not uncommon for people to have married partners from Zimbabwe or Malawi. It is also not uncommon to find people who identify themselves as a mix of ethnicities, although most people generally choose one.

Ethnic flexibility has historically characterized this part of Zambia. Elizabeth Colson argues that prior to the colonial the Tonga often absorbed people as they have come into their communities. She claims this was caused in part because of a non-hierarchical political structure that does not have a centralized authority. The Tonga were surrounded by more hierarchical groups prior to colonial domination, and were vulnerable to raids, losing people and livestock to neighboring groups like the Bemba and the Lozi (Colson 1974). The Tonga were compelled to be open to outside influences in order to ensure their survival. Therefore, a man coming from Malawi and marrying a woman from Zimbabwe but living in a Tonga village will have children that are considered Tonga. Ethnic flexibility appears to continue today. This is notable, because in many other areas of Africa (and the rest of the world) the end of the Cold War caused an increase in ethnic identity and inter-ethnic tension. This is not happening in Zambia.

This fluid ethnicity initially surprised me. I had previously worked in Ethiopia and other places in the Horn of Africa in 1999/2000. In many places on the Horn, notions of ethnicity are anything but fluid. Many people spend hours tracing their ancestry back with others in order to “locate” each other. When two people meet their “home region” is one of the first things assessed and further negotiations and interactions are affected by the response. In contrast, among the Tonga if you are identified with a clan that is familiar to the Tonga or related to one of the Tonga clans, you can be quickly placed into the structure and “understood” within an ethnic context.

The ease with which outsiders are given a place within locally recognizable categories was encapsulated in my own experience. One day, while returning from a long day of interviews my research assistant and another Tonga woman were in the back of

my car discussing which clan I was most suited for based on my personality. After a few moments discussion my research assistant told me that I should identify myself with the Masange clan. This is the name of her father's clan, represented by the dog. She told me I would not want to be her mother's clan because its symbol is a goat and she thought the dog more appealing. The fact that I can be assigned a clan quite casually, sitting and chatting in the car, was striking to me. It suggested that they were willing to at least partially include me. I was categorized, given a locally recognizable identity.

Flexible ethnicity and identity is very much a part of the Zambian experience. However, the longer I stayed in Zambia, particularly 'in town,' where there are people from many ethnic groups, I learned ways that ethnicity and self-identity are subtly employed to increase access to resources or opportunities. I draw this conclusion from two major examples that I will outline here, and countless smaller ones that I will not.

In Choma I did a lot of participant observation with a group of widowed women who had formed a club in order to provide mutual economic support. The coordinator for the Widow's Club is a Luvale. She herself never made any reference to her ethnic group, but my research assistant identified this woman as Luvale by her name. When I asked the coordinator if there might be widows that I could interview individually regarding inheritance issues, she gave me a list of ten names. Nine of the women on this list were Luvale and none were Tonga even though I had specifically expressed interest in learning about Tonga systems of inheritance. It became clear through the course of interviews that the widows in the club believed that being aligned with me or even talking to me could give them a special opportunity for assistance. In many ways they were right. I tried to help as many people as I could in small or large ways.

When I said to my research assistant that I wanted to speak with more Tonga women, she pointed out that the coordinator, being Luvale, would of course give us mostly Luvale widows to talk with, hoping to help out people from her area. The women on the list I received from the coordinator were not necessarily the most disadvantaged in the club. It took me several tries to get a more ethnically diverse list of potential interviewees from the Widow's Club, and with each attempt I became more adept at sidestepping intervention by the coordinator.

The second example comes from an experience I had with a particular informant named Grace. Grace fabricated the events surrounding the death of her husband and her subsequent inheritance by another in order to elicit my sympathy. I discovered her fabrication precisely because of her membership in a particular ethnic group. Her last name indicated she was of the same ethnicity as my research assistant's fiancé. My research assistant's fiancé knew Grace through her previous husband because they were from the same area in Kaoma, a Luvale town in the northwest of Zambia. He knew the details of her husband's death as well as her current living arrangement. He was also able to provide details about many of the Luvale women I interviewed and he knew many of the Luvale living in the shantytowns of Choma. While the Luvale would not live in the same area, or perhaps not even interact regularly on any sort of social level, they knew generally who the other Luvalas in the town were and they formed a very loose social network that was tied to the home area.

These two examples illustrate the way that ethnicity is important, and in the absence of extended family networks close at hand, ethnic groups can form some a social security network. Yet, I still believe it is possible to compare interviews regarding

inheritance between rural and urban residents, despite some ethnic diversity. The stories women told me about their experiences with inheritance did not diverge along ethnic lines. Most ethnic groups in Zambia are matrilineal and therefore, share common customary ideas and patterns around inheritance. Even women from patrilineal groups such as the Lozi or the Bemba had similar experiences with inheritance. As well, in the NGO literature, customary inheritance is treated as a uniform process, with no recognition among ethnic lines. I believe this has helped to create a structure around which inheritance stories come to be told. Differences in inheritance practices are not really noted as ethnic differences, but differences between Intestate Succession and customary inheritance. These are the two categories that have emerged as the framework for the discussion. Differences in ritual cleansing procedures, types of burial, and mourning practices are all relegated to the realm of “customary”.

Description of Field Sites



Figure Six: Nkondonzobvu School

Nkondonzobvu is at the edge of Chief Cikanta's region bordering the Kafue National Park (see Figure Two). Residents describe Nkondonzobvu functioning both as a municipality and as a village. This means that there is a large area called Nkondonzobvu. Within that there are 31 smaller village units led by a headman that oversee the affairs and land distribution of fourteen families. Within the larger area known as Nkondonzobvu, there is a village unit named Nkondonzobvu which is geographically, more or less, at the center of the municipality. Nkondonzobvu is considered a frontier area and is not found on any national map of Zambia but it is part of Kalomo district. The area has yet to be subject of a formal census, and government intervention in the area is minimal. There is little official recorded information on the area.

Geographically, the area is described as moist miombo woodland and often receives higher than average rainfall for Southern Province. Corridor disease (a fatal cattle disease) has plagued much of the Plateau in Southern Province since the 1990's, requiring cattle to be vaccinated regularly. In Nkononzobvu cattle owners who are unable to vaccinate their herds regularly face loss of their stock. However, the area is known for its ideal farming conditions (Cliggett, 2000). Rains are more regular on the Plateau as compared to the Valley and soil quality is good. In addition, there is still forest to be cleared for new fields to feed expanding families.

Most farming households in Nkononzobvu grow either maize or cotton or a combination of the two crops. Women maintain household gardens for vegetables to augment household diets and budgets. These crops generally include tomatoes, rape, onions, and sometimes bananas, cucumbers and groundnuts. According to Unruh et al (2005) and Scudder (1991) this part of the Plateau is considered a "food surplus area."

In many years the Tonga communities living in the Gwembe Valley require food aid shipments, and will experience drought conditions. During these same years, in the Nkononzobvu area there are high yields, allowing farmers to sell large amounts to traders coming from town. In fact, employees from international cotton companies are found on the roadways out to Nkononzobvu after the rainy season, working to restore the roads so that the large cotton trucks can travel into the area to pick up the harvest. After harvest many male household heads have extra cash to invest in their homestead, purchasing additional livestock, household building supplies, or new farming equipment and fertilizer. After the harvest in 2004 many village households went on a bit of a shopping spree. Women and children proudly showed off new clothes and shoes, and

many men bought metal sheets to roof their houses. Most children were attending school. Men spent long hours in the village center consuming *chibuko*, *kicasu*, or other types of homemade alcohol.

The general economic prosperity and availability of land that had made the area attractive to migrants from the Gwembe Valley beginning in the mid-1980's.

Nkondonzobvu lies in an area that was designated as a Game Management Area under the colonial era. It is still officially a Game Management Area and therefore, settlement is not allowed. In the early 1980's there were conflicting announcements regarding the area. While it appears that the area never "officially" reverted from a game management area, President Kenneth Kaunda announced on national radio that the area was open for settlement and land was available. Two local Tonga chiefs (Chief Cikanta, and Chief Siacetema) were eager for new settlers because it increased their own local power locally as well as their national profile and influence.

Settlers from the Gwembe Valley began to move into the area as early as 1983. Today there is still some migration from the Valley because of the land available at the very edges of the game management area. However, land in Nkondonzobvu is becoming increasingly scarce. More often than not, new migrants come up from the Valley and call on family connections or clan ties to try to influence a settler with a plot of land to give them access or rights to part of that land (see Unruh et al, 2005). It is also not uncommon to find young women like Gloria, sent from the Gwembe Valley to live with distant relatives in Nkondonzobvu. They are supposed to find a husband to support them and make sure they get enough to eat. Some of the women I met in this situation seemed quite eager to form unions and were content being second, third or fourth wives, even in

situations that did not seem to offer long term stability because of problems with or resentment with other co-wives. These young women often had children from previous unions and were anxious to find support for their young children.

For the former Valley residents who migrated early to Nkondonzobvu, this continuing migration from the Valley causes unease and discomfort. Many complain that while they may have extra land now they want to guard that land for their sons and not give it to distant relatives. Many recent migrants are “borrowing” land from a distant relative, hoping for more land to become available soon. Headmen are continually trying to determine the land needs of long-term residents with growing sons, and more desperate recent arrivals.

Bush Meat Trade

Nkondonzobvu is perhaps not a “typical” rural community in southern Zambia for two important and interconnected reasons related to its close proximity to Kafue National Park. The area became well known for its established bush meat trade in the mid-1980’s. There were organized gangs of poachers from as far away as Angola camping in the Park, allegedly protecting themselves with rocket launchers and AK-47’s. Locals also hunted in the park, although according to villagers, local poachers had to be careful to not infringe on the territory or trade of the organized poaching gangs. People in Nkondonzobvu said that the poaching gangs were dangerous and would kill you if you were caught poaching in their area. When pressed about the history of the bush meat trade most villagers claim that poaching on a small scale had gone on for generations in the area. The Lozi and the Ilha of the surrounding area were characterized by locals as skilled hunters. The presence

of more organized poaching gangs from outside the area was a more recent and dangerous phenomenon, raising the scale of poaching to a major commercial activity.

The very first time I arrived in Nkondonzobvu in 2004, the heart of the village held a nearly deserted marketplace. One woman was selling some homemade buns from a small wooden stand and two shops were open, selling a general selection of items needed by villagers including batteries, soap, toothpaste, pots, and chitenge cloth. I was told that just six months prior to this the village center had been bustling with commercial activity. In the past, the town was filled with bush meat traders coming from all over Zambia. They would buy bush meat and bring it to Lusaka or other urban areas throughout Zambia and sell it for large profits. But the bush meat trade had been closed down and the connected commercial activity had virtually ceased. When I asked villagers why there was no longer a bush meat trade, they initially told me “we got tired of feeding them [the poachers]. We stopped selling them food so they had to move on.” As I stayed in Nkondonzobvu I learned that indeed villagers had stopped feeding the poaching gangs from far away, but local poachers had been persuaded to stop because of intervention by a large NGO. This NGO provided various incentives (including provision of seeds, lower rates for fertilizers, agricultural training, etc.) in order to get local poachers to stop hunting and focus more energy on farming.



Figure Seven: Sign outside of CONASA office in town

According to local gossip, many of the most prominent residents had been deeply involved in the bush meat trade but were happy to agree to stop because they had already accumulated quite a bit of wealth, and were able to set themselves up comfortably as farmers. Moreover, the presence of Community Based Natural Resource Management and Sustainable Development (CONASA) ensured services for the community. While I was there, the community was busy building a school and a clinic, along with housing for staff. The money for materials had been provided by a World Bank Development project. The area had recently received a number of boreholes, making fresh clean water readily accessible to many homesteads in the area. I heard that the bush meat trade was still

going on, although now on a much smaller, covert scale. One former poacher who had been trained by CONASA to patrol and prevent local poaching, mentioned to me that he often checked and raided trucks coming into the area from outside, looking for bush meat. He said he always hoped to find bush meat on these trucks because he knew who the local bush meat traders were but did not want to check on them.

The presence of a vibrant bush meat trade directly affected how residents of Nkondonzobvu now react to the threat of HIV/AIDS. The structure of the local bush meat trade facilitated a lot of formal and informal prostitution. Many of the bush meat traders were women. These women would come into the area with limited cash. Some sold *salaula* (second-hand clothing), and/or sexual services. These women traders would have sex with poachers and other members of the community. When they collected enough money they would buy bush meat and return to their home areas to sell it. Reportedly women would come from as far away as the Angolan border area, Lusaka and the Copperbelt. In addition, local women would often brew beer and have sex for money with members of poaching gangs to stretch their household budgets when finances were tight. Many villagers complained about this phenomenon during the bush meat trading days, and remarked that they were happy it was “over” now that CONASA was around. However, the end result is that much of the population has had unsafe sex with multiple partners and the likelihood of someone being infected with HIV is likely much higher in Nkondonzobvu than in other rural communities.

Because the bush meat trade brought in so many people from the outside, demands for goods from town was quite high relative to other rural areas. Many locals from Nkondonzobvu would travel back and forth between Kalomo and Choma, the urban

centers each within a half days drive, or less often to Livingstone or Lusaka. People had money and were mobile. Local men and women were quite familiar with town and “town life” and were generally regarded as much more “cosmopolitan” than other rural residents in the area.

The historical interchange between rural and urban communities in Southern Africa has been well documented (e.g. Bozzoli and Nkotsue; 1991, Epstein; 1958). In the case of Nkondonzobvu, the continual flow and exchange between rural and urban communities is even more pronounced than these classic examples. Residents of Nkondonzobvu define themselves as rural people, yet, their daily interaction with poachers, development agents, cotton company representatives and others, creates an atypical ‘rural’ lifestyle compared to many other rural communities in the area. Nkondoznbvu is located in a rural area but most of its residents have had regular and sustained contact with urban areas and people from throughout the country.

The education level of adults (particularly men) is relatively high. Many of the men I met had attended and graduated from secondary schools in towns or along the Copperbelt. Virtually everyone over the age of twenty-five that I came in contact with remembered living somewhere else in Zambia or at least Southern Province before moving to Nkondonzobvu. Many people in the area carried on extra-marital sexual relationships and considered this normal behavior. I would characterize a typical Nkondonzobvu resident as fairly savvy, well-traveled, quite familiar with all of the trappings of modern life, and much more likely to be HIV positive than members of more isolated rural communities.

More services are coming in to Nkondonzobvu. However, residents do not have electricity and are not likely to have it in the near future. There is clean drinking water year around from boreholes, but many residents complain that the boreholes are too far away from their residences to use regularly. Because CONASA has effectively eliminated large scale poaching, many residents quietly complain that not as many consumer goods are available as there used to be, and transport is more irregular.

Choma

The railway line that runs through Choma was the transportation link between Northern and Southern Rhodesia during the colonial era and was a vital to its economy. The train station originally took crops and raw materials from large commercial farms owned by Whites to Lusaka, or further south into what was then Rhodesia. During the colonial era, Choma was quite prosperous. Today, large commercial farms continue to lie along the rail line, facilitating transport of large farming equipment and crops, but Choma does not enjoy the prosperity it once did.

Recent official populations estimates for the town of Choma are difficult to come by. Local government officials say the population is about 56,000. Yet the area encompassed by this official population estimate presents an inaccurate local understanding of what constitutes 'Choma'. Aid workers, clinical officers and community activists consistently say the population is around 200,000. This includes many unofficial settlements in shantytowns – where the majority of people are living. These areas are on the margins of 'Choma town', and are ever increasing in size. Official population of the district of Choma is currently 204,898 (Geohive, 2004). The district includes the town and many surrounding rural communities. Choma has a large bustling downtown area

with a central marketplace adjacent to the railway station. There are also several smaller market centers scattered around the town serving specific neighborhoods.



Figure Eight: Mwapona Compound

Most of my Choma informants lived in shantytowns. In Zambia the word “shantytown” is used to describe informal and unplanned urban settlement as it does in most of the rest of the world. Initially I was surprised to learn that many of the shantytown neighborhoods in Zambia had been formally recognized by the local government and received services such as running water or electricity. This did not change their designation as “shantytown” in local parlance though. Older shantytowns have been in existence for over thirty years but the residents do not hold title to their property. The more recently constructed or settled shantytowns do not have access to

running water or electricity. Households in these areas rely on water from shallow wells dug in their yards, and if their children attend school it is more likely a “community” school, where teachers are supported by the local neighborhood and not the Zambian national government. The majority of my interviews and ethnographic observations were done in either the Mwaopona compound, a recent shantytown with no government services, or Zambia compound, a better established shantytown with a wider variety of economic conditions and government services. Many residences I visited had running water and electricity. Others had access to a neighborhood tap or borehole.

Important changes had occurred in Choma since I was there doing my pre-dissertation research in 2002. Twenty-five white farming families who came from Zimbabwe had altered the social and economic landscape considerably. These families had been given a \$25 million dollar loan from the American tobacco firm Universal Tobacco. They had been tobacco farmers or farm managers in Zimbabwe, and were uprooted by the land takeovers under the Mugabe government in 2000. The presence of the white farmers and large-scale tobacco production attracted outsiders to work as farm laborers. The tobacco enterprise had also brought in a great deal of wealth and the increase in the number of white families had tightened somewhat looser racial lines. Older, white Zambian residents on the one hand seemed happy to expand their social circle but wary that Zimbabwean farm owners would destroy the fragile balance that seemed to exist between farm laborers, government, and farm owners.⁶ Some of the older

⁶ In August of 2004 there was a case in the Choma court for insult. The case was brought by a laborer on one of the Zimbabwean farms. Allegedly, the owner had called the worker a “baboon” when he failed to lock a gate. During the trial the courthouse was packed with both Zambians and white farmers anxiously awaiting the outcome. The case was dismissed after the claims by the laborer were unsubstantiated, but it sent a strong message to the recent arrivals from Zimbabwe, that their welcome within the community was limited, and strict codes of behavior had to be adhered to.

white Zambian residents said that Zimbabwean farmers did not treat their labor force fairly and were harsher managers. The influx of income was noticeable in Choma. Local stores carried more goods, newer cars traveled the roads, and construction of several commercial establishments catering to whites and upper class blacks was underway.

Choma has a large understaffed and under equipped hospital. In July of 2004 the Zambian government designated it as one of ten official sites where anti-retro viral drugs could be administered. There were also several community clinics in Choma and a well-established government sponsored child and maternal health program. In theory people suffering from TB or in the advanced stages of AIDS could receive community support and visits from community health workers and access to free or subsidized medicines. In reality these services were incomplete and inadequate. Still compared to rural areas the residents of Choma had a wealth of medical support services.

AIDS and AIDS support groups are active in Choma and becoming more visible. Voluntary testing for HIV and TB are possible, and encouraged through many public service campaigns. KARA Counselling is the NGO that provides the most visible AIDS support in town. It has a well-equipped office in the small upper-class neighborhood in town and regularly holds workshops and support sessions for people living with AIDS. There are also a number of smaller neighborhood groups, supported in varying degrees by international organizations. These smaller groups offer meeting places for young people to learn about AIDS, and sometimes have food disbursements to distribute to people living with HIV/AIDS. Residents of Choma recognize that organizing around AIDS is a way to access donor resources. The group of widows I worked with regularly pointed out to me that many of the women in their organization were supporting AIDS

orphans. They actively recruited women who were supporting a lot of AIDS orphans, even if these women were not themselves widows. The director explained to me that having a lot of members supporting AIDS orphans would be a good way for them to receive funding from the national government or maybe an international NGO. This did not mean that residents were eagerly lining up to discover their HIV status at testing clinics. They were not. But the international AIDS prevention campaign was very visible.

Initial Field Assessments

The shantytown areas of Choma are readily accessible during the rainy season, at least on foot. I hired a research assistant who had been trained as an AIDS counselor and TB health community worker at the local clinic.⁷ She had worked on several social science research projects in the previous few years, had undergone training courses in collecting social scientific information and had come recommended to me by other scholars that had done AIDS research in the area. She volunteered at the local clinic and knew most of the more active members of the HIV positive community.

With her guidance I began to integrate into the HIV positive community in Choma and we set up twenty semi-structured interviews at the Shampane clinic, the local medical clinic for residents living in four of the larger, lower class sections of town. I interviewed ten HIV positive patients and ten with women who had been recently widowed. All interviews were taped and transcribed and were conducted mostly in English, with my research assistant translating some sections of the interview. In these interviews I wanted to learn what people knew about the Intestate Succession Act, and what they thought appropriate inheritance practices were and were not. In the case of

⁷ It is estimated that seventy percent of patients suffering from TB in sub-Saharan Africa are also HIV positive (UNAIDS, 2004). People often discover they are HIV positive after they fail to recover from a bout of TB. TB and AIDS services are often linked.

HIV positive people, I wanted to learn how they discovered their HIV positive status, and to reflect on if this had altered their own perspectives on inheritance. During interviews with widows I asked them to describe what had happened after the death of their spouse, their ongoing relations with their in-laws, and the distribution of property.

During these initial town interviews I discovered that people living in Choma articulated ideas about inheritance entirely differently than people living in Nkondonzobvu. People living in Choma embraced the Intestate Succession Act, and said they refused to follow customary inheritance patterns, despite pressures from relatives, (most all did have some customary practices in their experiences), and talked about “customary” inheritance patterns, particularly those practiced by the Tonga, to be “primitive”, and causing the spread of AIDS. When I brought up customary inheritance practices many people would give me a sort of knowing look and say something about how people living in the countryside are not yet quite ‘civilized.’ In spite of this, most of the people I interviewed in Choma were in a more precarious economic position than those living in Nkondonzobvu, and many women had lost all of their property upon the death of their spouse. When they had refused to be inherited and move to the countryside they had watched as their in-laws had taken away all of their property. Even though these informants would identify themselves as urbanites, town people, as I began taking life historical data I found that many of my interviewees had lived in a variety of urban and rural settings during their lives.

In contrast to the structured interviews I initially used in Choma, general discussions with villagers, and headmen seemed more appropriate for as an initial entry into Nkondonzobvu. Despite continued heavy rains, at the end of March, I decided to

chance a journey out to Chief Cikanta's palace and then on to the village of Nkondonzobvu, where we hoped to work. The road to Chief Cikanta's was badly eroded, but passable. We passed groups of men working on the roads, trying to restore bridges or place logs onto the road so that the cotton companies could begin sending trucks to the area.

When I arrived at the palace I found a large crowd of men waiting outside to see the Chief. I was surprised and pleased when the Chief agreed to meet with us right away. I explained my project and asked permission to work in his Chieftaincy. He lectured me at length about how unworkable the Intestate Succession Act was in rural areas like this one. Chief Cikanta himself had formerly been a banker in Lusaka, but had given up his city job in order to take over the Chieftainship when it had been offered to him a few years ago. He thought the Intestate Succession Act was an important law for city life, but thought it was useless in the bush. Still, he assured me he was committed to ensuring fair treatment to people in inheritance cases.

The road beyond Chief Cikanta's palace was largely washed away. I forged ahead, but a journey that would generally take about four and a half hours in the dry season took two days. When I arrived in Nkondonzobvu I interviewed several key community members about inheritance, including two headmen and three prominent villagers regularly involved in dispute resolution. I held general discussions in the village so that people could learn about the intended project. I explained my project to villagers and headmen and listened as people discussed and argued amongst themselves the merits and drawbacks of the Intestate Succession Act. Local leaders brought me government pamphlets explaining the inheritance law. Most people seemed to think the Intestate

Succession Act was a “town” law, not relevant for their lives, even though they recognized the drawbacks of customary inheritance.

Ethnographic Challenges within the AIDS Pandemic

After I had stayed in town for awhile, I began accompanying family and loved ones to funerals- packing as many people as possible into the back of my vehicle. One day toward the end of my fieldwork I took my research assistant and several of her friends to the funeral of a colleague who had been suffering from AIDS for a long time. His death was expected. He died at home surrounded by loved ones. We sat in the hot sun outside the morgue on the hospital grounds for a long time waiting for the body to be prepared and loaded onto the back of a pick-up truck to be taken to the public cemetery. The widow sat in the only available shade, quietly weeping. Her three children were huddled around her. The people I had brought with me alternately told morbid jokes about the deceased and those charged with carrying his coffin to the truck, and crying, while softly singing hymns. When we finally arrived at the cemetery with the body, I looked out at a vast stretch of freshly dug graves. It was a Wednesday afternoon. Four other funerals were going on as we pulled into the cemetery. Grave-diggers were furiously digging fresh graves. As the pallbearers dragged the casket out of the truck to place it on the ground, the casket dropped. The body fell out and people laughed. The deceased’s children screamed. The voices of preachers at other services mingled with our own. It was hard to tell who was attending which funeral. The sun was hot and sweat poured down our faces. This was the landscape of the AIDS pandemic

Figure Nine: AIDS Landscape Snapshot

Ethnography within a plague is done in a rapidly changing social space.

Informants are often under severe stress, experiencing ongoing economic decline, illness, death, or loss of support networks. The social landscape around them is changing. Their understandings of life and death, value, and direction are all constantly reworked to fit into circumstances that have yet to be fully revealed, fully understood, or fully assimilated. I once again turn to Ferguson (1999) and his descriptions of ethnography on the Copperbelt in order to better articulate my own experience working with issues surrounding inheritance and AIDS in southern Zambia. Ferguson describes the social

environment in which he was working in Kitwe in the mid 1990's as one that was rapidly changing, filled with bitter disappointments and people scrambling to find new ways of meaning and new ways of surviving. The end result for an ethnographer is that you are unable to locate a community that is a knowable entity, a complete social field.

It was not simply the urban nature of the fieldwork setting, though, that accounted for the difficult and disorderly character of my ethnographic object. Equally important was the economic crisis that my informants were experiencing. With their jobs disappearing, their real incomes being cut in half and then cut in half again, their future plans and expectations being shattered, Copperbelt residents in the late 1980's did not inhabit a stable and well known social order. They did not know what was happening to them and did not understand why it was happening...When I tried to get from them an insider's view of their social world, what I found resembled less a stable, systemic world order of knowledge than a tangle of confusion, chaos, and fear (Ferguson: 19, 1999).

As an ethnographer in these situations you must work beyond the ruptures, the confusion and chaos, and sift through the resulting pieces to find the patterns and the messages left in their wake. To merely look at the "data", to distill out the major themes, does a disservice to the complexity of the situation, and the enormity of the upheaval within which the AIDS pandemic is occurring.

There are many loose ends in my fieldwork, as there are many loose ends in the lives of those with whom I lived, worked with, and got to know. I do not want to render the loose ends invisible and draw neat conclusions about the topic. Instead, I want to capture some of the complexity, and fragmentary pictures I gained in the field. Within the body of the dissertation I have included what I am calling "snapshots". These are intended to be a view of the AIDS pandemic and its subsequent impacts on the inheritance practices from the inside. They are parts of conversations I had, actions I witnessed, and pieces of life from Southern Zambia. Their messages are complex, and

sometimes ambiguous, real, yet perhaps not fully understandable for those of us who stand safely outside of the overwhelming reality of the AIDS pandemic. I have included these snapshots as a way to at least partially overcome writing to one of the major metanarratives of an African experience – that of heroic survivors or hapless victims. The people of Southern Zambia that I met were far more complex than either of these two narratives would allow me to illuminate. Their social reality is shifting rapidly, and its revelation, at this time, perhaps not fully graspable.

The story of AIDS and inheritance is still being uncovered, still transforming. I have used a variety of field methods in multiple contexts and tried to collect data in many different ways, gathering up the pieces of people's experiences so that they can be viewed from multiple perspectives. This data will guide us through the social conflict surrounding AIDS and inheritance, drawing on the ambiguous and complex understandings of modernity and progress that permeate much of the southern African experience. This work is a beginning, to be used as a guide for myself and others, as we try to make sense of the profound social changes that are occurring because of the AIDS pandemic, and their ramifications for future generations.

Chapter 3

African Modernities from a Colonialism: Plagues from the Past

The African entered the modern European discourse as an apparition that continuously forced advocates of modern reason to either re-evaluate or discard their cherished ideals” (Gikandi: 2002:138).

Introduction

Western notions of modernity, civilization, and disease prevention, like those perhaps unwittingly promoted by AIDS prevention and debates around inheritance have a historical context. They have emerged from a colonial project and play out in a familiar arena of ‘civilized’ versus ‘primitive’ under both a national and international gaze. In other words, there is a subtext in AIDS prevention campaigns that informs local populations how to be modern, civilized, and healthy. The same subtext appears in the national campaign to promote acceptance of the 1989 Intestate Succession Act. And this subtext has a long history in the region, a history of both engagement and resistance by local populations. That the campaigns of inheritance and AIDS prevention overlap on an official level, and then are recast and sent out in forms of resistance on a local level should not surprise us.

What I believe is happening in Zambia is similar to what Wilk (1995) discusses in his work on beauty pageants in Belize. In the arena of cultural hegemony, Wilk sees the power of globalization, a hegemonic master narrative coming from the West, as structuring which types of difference is rendered visible and which is rendered invisible. Wilk calls these “structures of common difference” (1995:118). These global structures work as a way to code and categorize local and national difference, and in this way make it domesticated so that the difference cannot threaten the global order.

In Zambia, like other former colonies, the colonial project sought to lay down categories, in order to structure, categorize, and code local populations. As was highlighted earlier, this process of categorizing and structuring the colonial world as either primitive or modern, civilized, or barbaric, and progressive or backward justified colonial domination and ensured a moral and social primacy for the colonial masters. The categories were always more effective at ordering reality for colonial officials than they were for ordering the reality of the colonial subjects upon which they were imposed. But the remnants of the colonial categories continue to affect Zambian daily life today. Some of the foundational elements of colonial categories circulate today in AIDS prevention and inheritance projects by continuing to give primacy and legitimacy to biomedical constructions of disease and nuclear non-polygamous family units. In this way, the categorical remnants serve as structures for the debate. They have determined how the debate will be framed. Discussions about which types of inheritance practices should be employed become contests over whether or not someone has a modern family versus a ‘primitive’ traditional family. In order to receive assistance from international AIDS prevention campaigns national governments and local NGO’s supporting people living with AIDS are required to condemn “traditional” practices and promote individual behavior change, ignore or de-legitimize claims of witchcraft and community rupture. So, while the colonial state was never fully effective in enforcing a full internalization of colonial categories the categories continue to resonate, their echoes heard in state rhetoric and national campaigns.

What is striking though is how much of the current ‘official’ debate on AIDS prevention and inheritance practices resemble colonial rhetoric. In many senses, it almost

seems as if although colonialism ended, the conversation regarding African bodies and African health did not change much. This only adds strength to the argument that this is a story, not about AIDS, but about categories, and how they have emerged from a specific historical context to frame an ongoing crisis on the African continent. This chapter will have two main themes. First I will examine the socio-historical context in which these categories came to Africa and were used by Europeans to frame African individuals and African societies. I will also show how Africans answered back to the colonial efforts to categorize them. Second, I will provide some examples from NGO's and international organizations working in the AIDS and inheritance domains. These will show official African interpretations or utilization of the colonial categories to further the modernization efforts today in Zambia. One of the most compelling facets of this discussion for me is that the conversation around AIDS and inheritance today seems to have continued almost uninterrupted when we view it through this lens. It demonstrates how powerful these categories work in framing day-to-day life.

When AIDS is treated as a social process the wider social history is revealed to illuminate ways Western biases in tandem with local interactions have made it easier for the virus to spread at alarming rates across the continent, creating the social catastrophe present today. Cooper and Stoler (1997) point out in their discussion of colonial projects that colonial categories did not disappear once colonialism ended. Instead, they are alive and well and being reworked within a post-colonial context. The AIDS pandemic and prevention campaign is bundled within these categories, both locally and globally. It is within these categories that it is determined how many condoms is it appropriate to distribute to a single individual within a month, whether or not someone is worthy of

receiving treatment, or which types of medicines are considered “necessary” or “optional” for African people living with AIDS. Of course, while the details I provide here come from southern Zambia, they are not unique to this location, but are merely representative of the larger AIDS prevention campaigns throughout much of the world.

Colonial Africa became the stage in which European powers played out their own ideologies on how the world should operate, seeking to understand and justify the inequalities present in their own countries. Economic exploitation and social engineering worked together to justify the foundations of the colonial state. But as Stoler and Cooper point out, what Europeans encountered in Africa was “not open terrain for economic domination, but people capable of circumventing and undermining the principles and practices on which extraction or capitalist development was based” (Cooper and Stoler, 1997:5). Therefore, the categories of modernity that operate in Africa are hybrids, mutually constituted by Europeans and the local populations that they sought to dominate. The African categories that define modernity and progress are multiple sided categories, open to a variety of interpretations depending on where an individual stands. As I present how the AIDS pandemic and the inheritance debate have been encompassed by, or given structure from the African categories of modernity processes I will show how contrasts in an African and Western world approach to these categories has created very different results.

Overlapping Categories – Mutual Derivation

Ideas about citizenship, health, and progress are central to nation building projects and central to conceptions of modernity (e.g. Foucault; 1990 and 1994, Parker et al 1992). As nations seek their foothold and their legitimacy, in a global venue, national

images of marriage, kinship, inheritance and family relationships must conform to and submit to global notions of 'modern', 'healthy', and 'civilized'. Extended family networks are perceived as undermining the creation of citizens that need to participate in formal capitalist economic structures. Extended families might be unwilling or unable to intersect with formal national institutions like a health care sector, and could fall through the cracks of a national construction project. Extended kinship networks do not help project the notion of modern nationhood or modern national populations filled with willing laborers. Struggle over identities surrounding AIDS and inheritance takes place within the very structures through which a nation and a people find themselves being measured, charted, and categorized as 'worthy of civilization' by bilateral and international donors, missionaries and international charities.

Gikandi (2002) points out that questions surrounding the African's position towards modernity have been around since the beginning of the modern era. He argues that the questions such as "did the African belong to the province of modernity, built around notions of rationality, the language of rights and morality? Or were Africans, by nature, located outside the integers of modern culture?" (Gikandi, 2002:139) continue to permeate scholarly and policy assumptions about Africans today. He argues;

For in spite of our comfortable assumption that such distinctions as traditional and modern society, modern and post modern polis, colonial and postcolonial cultures, do not tell us anything more than the self-reflective desire by the West to master its others in order to understand itself, the problem of modernity and the opposition it generates remains the most powerful explanatory mode in which the politics of culture in Africa can be apprehended (Gikandi, 2002:141).

Gikandi claims that the notion of modernity has not been laid to rest in Africa, and that it remains the most salient concept for understanding African life. I think it is important to point out that the myth of modernity continues to be as important to the West in

definitions of Africa as it does to Africans themselves. Perhaps when seeking justifications for intervention or non-intervention it is even more important to the West. Bilateral and multilateral donors continue to invest heavily in the power of science and technology, maintaining a faith that these remain the most appropriate solutions toward African development conundrums.

Excerpt from “**Archaic Zambian laws on the way out**” by Richard Mulonga
Sunday, July 6, 2002 Times of Zambia

....Laws on marriage, succession or inheritance, custody of children and property rights are some of the articles under the customary law which need to be updated in conformity with current socio-political and economic trends of Zambia and the world at large. Many judgments which had been passed based on laws of Zambian customs had resulted in considerable injustice to persons whose rights were subject to it.

The succession of estate of the deceased is one part of customary law which had seen most individuals suffer at its hands. The intestate succession act which was enacted in 1989 proves beyond every reasonable doubt that customary law affects many people. The Act was made to terminate an inhuman practice and tragedy called property-grabbing where most widows and their children had their rights violated.

Figure Ten

The outcome is that the legacy left to Africans/ists by colonialism is contradictory. It is one in which Africans are theoretically excluded from modernity, but politically forced to adopt its institutional apparatus, the nation state. The nation state is required for entrance into the arena of international politics. Yet, for many citizens of Africa, their nation states seem to be failing. But being a member of a nation state is what is required for being recognized or visible in an *international* arena. Where does this leave Africans as they struggle for identity, recognition, and legitimacy when struggling with inheritance or facing the threat of AIDS? I believe it leaves them in the awkward position of having to choose an identity vested in the ‘new traditional,’ in other words, an

identity recreated out of a mythical ethnic past, or an identity based on what the international NGO has prescribed as being the path toward salvation, fitting in with “the rest of the world”.

Nation State as Category – Past and Present

This is a story about globalizations and localities. The state may seem to get lost in this story but that is because in part, the state has been increasingly relegated to the margins in Africa, left to the sidelines as donors deal directly with local populations. It is difficult to see the Zambian state as much more than a mouthpiece for Western donor agencies, trying to make the country look modern and palatable for foreign investment, while at the same time complying with the structural adjustment programs to allow it to rise out from under the burdensome identity of a Highly Indebted Poor Country (HIPC). The state’s essence as a vehicle through which modernity can be indexed, documented, and portrayed becomes its essential function.

Discussions about modernity and the state like those found in Scott (1998), seem to ring hollow in this instance. The high modernist projects that seek to order nature and people, labor, and social organizations, do not seem to be coming from the Zambian government. My experience in Zambia left me feeling that the state is an empty shell. When people talk of the government in Zambia they talk about what it used to be, the services it used to deliver, the values it used to stand for. The people calling the shots in Zambia today are the international donors, and whenever possible, these donors reach out through international organizations to other NGO’s and local communities, bypassing national level government. Donors argue that this is done in order to limit losses due to corruption, make their interventions more locally relevant, and build local level capacity.

While there are international donor projects to help re-invigorate the ministry of health, and to develop ‘democratic governance’ on a national level, these projects have limited impact on people’s everyday lives.

In Zambia the contradictions of being the inheritors of a nation state that has been deemed ineffective or backward within a globalization discourse becomes internalized in many ways. Individuals struggle with representations that cast them as ‘backward’, and their nation state as ‘failed’ while seeking to claim legitimacy on ‘modern’ terms that were perhaps always intended to remain an illusion within the African continent. As the HIV virus spreads into bodies and takes over cells, individuals and communities contend with explanations that blame their very ‘primitiveness’ for the spread of the disease, while donors simultaneously refuse to provide the “modern” material support to contain it. In this instance, crisis is the only time the West will ‘help’ Africa, so crisis becomes *modus operandi*, a constant symptom of post-colonial life. And so crisis becomes the way that Zambians can negotiate their terms of modernity as Gikandi suggests when he contends that crisis becomes both the mediator and the thing that is mediated in the post-colonial African state (Gikandi, 2002:147).

When Europeans first began having sustained contact with Africa, they saw it as a dark land, filled with wild animals, jungles and a few “natives”. These had to be identified, located, categorized, segregated and mapped, recorded and rendered accessible to an officializing European gaze (Comaroff 2002). Then the wilderness and its inhabitants had to be pacified, making it more pliable to British (or French, Belgium, etc.) commercial ventures. Part of the commercializing project of these far reaches of empire was bringing civilization to the unruly natives, in order to enrich the natives along with

the mother country. This was done through both official colonial state and missionary efforts.

The missionizing projects brought about by Christian missionaries served the colonial state by bringing forth, and enforcing European notions of civility, purity, discipline, and the pursuit of the individual. The mission projects reinforced the individual as both a biological and legal entity. Burke points out that mission schools promoted personal hygiene as a path to civilization (Burke, 1996:39). By changing behavior an individual could physically and metaphorically wash their sins away. Missionaries saw modernity as an inevitability, part and parcel of the colonial project. Bringing Christianity to the locals was viewed as a way of arming the members of 'traditional societies' with the necessary moral tools to bring them out of their primitive, sinful pasts. In Africa, missionary projects operated as agents of the colonial state promoting a notion of civilization in an evolutionary manner. The more civilized a society became, the more modern. More modern meant more Christian. Thus, modernity was a moralizing discourse in Africa. An individual must deserve to become modern by behaving in a moral and civilized way. The reinforcement of individual identification over community identification were an important method for disembedding individuals from traditional social networks, so that they could be supplanted with new Christian networks and organizations.

The present day version of this model of morality and health is enacted quite explicitly at numerous healing churches found throughout Zambia. While in Choma, I was invited to a healing ceremony at a local Zambian congregation in one of the shantytowns. A woman had fallen ill after she had allegedly practiced witchcraft for a

number of years and had used poison to kill all of her children. People claimed she had done all of these things in order to enrich herself, but now she was suffering. She was going to renounce her witchcraft in a public ceremony at the church and receive healing from a visiting pastor. I did not attend the ceremony for a number of reasons, (including that many people had told me it was likely her children had died of AIDS and I did not want to publicly support or encourage in any way, links between witchcraft and AIDS), but was told by all who attended or heard about the ceremony that her ‘healing’ was an enormous success. My research assistant claimed that just one day after the healing ceremony the woman was walking through the marketplace, healthy and apparently filled with God’s spirit.

Hunter and Vaughan argue that missionaries and colonial administrators had inherently different but equally problematic and unrealistic visions of African sexuality. Missionaries saw African “traditional” society as inherently dangerous and sinful and something that needed to be transformed. They blamed polygyny for the spread of sexually transmitted diseases and African women were seen as having uncontrolled sexual appetites. Only through tackling the ‘sin’ of African lifestyle, could the African be cured of disease. During the Victorian era, missionaries described African sexual practices and behaviors that were wildly different from those of ‘cultivated’ Europeans. For these missionaries, African sexuality carried the same metaphorical meanings as the continent itself, dark, primitive, uncontrolled, and excessive. On the other hand colonial officials tended to view African sexual behavior as essentially innocent but something that had been corrupted by colonial contact (See Hunter, 2003, Vaughan, 1991). In both cases, African sexuality was an object of concern, regarded as distinctly non-European,

and in need of containment, either through moral conversion, or protection from the ravages of modernity. In her discussion on the history of controlling sexually transmitted diseases, Hunter (1997) points out that colonial administrations believed that the laws in the colonies, particularly those regarding sexuality, had to be much tougher than the laws in the home country because ‘primitive’ practices required harsher enforcement. The arguments locate the source of a dangerous African sexuality differently, but the outcome is the same. African sexuality needs to be controlled.

I am continually surprised by how strongly this type of moralizing discourse still operates in Africa in regards to sexuality and social organization. In Livingstone, Southern Province, the Law and Development Association (LADA) put on a workshop about the intersection of gender, human rights, and legal systems for the local chiefs. Among other objectives, the workshop was designed to promote understanding and adoption and compliance of the Intestate Succession Act in rural areas. Much of day three of the five-day workshop dealt with the ‘Repugnancy Clause’. The Repugnancy Clause in the Zambian legal realm is designed to determine which customary or historical practices should be disallowed. A practice is defined as repugnant if it offends a “sense of rightness and decency or is contrary to fundamental human rights” (LADA 2002:25). At the workshops the Chiefs were asked to brainstorm about common practices in the past in their areas that had recently been deemed “repugnant” and were no longer allowed. Among the items listed were most practices associated with customary Tonga inheritance. During this discussion Chiefs were warned “it was either they adjust themselves to march with the world by striking down repugnant practices, or they would

be repugnant themselves and rendered irrelevant to their communities” (emphasis added LADA, 2002:26).

Apparently, it was not important to the representatives of LADA that most members of rural communities felt traditional inheritance was the most humane practice, not to mention, the only one that made sense within their local circumstances. Traditional inheritance represents immorality and impedes progress. Within the structure of difference, it has been classified as dangerous and outdated. Today The Repugnancy Clause is a continuation of a colonial administrative perspective that deemed some traditional customs as so primitive and immoral that they had to be outlawed, while encouraging the creation of new native practices.

The attitudes of the missionaries and colonial administration did not effectively stamp out existing African notions of morality. Comaroff points out that the moralizing project of colonialism was always central, but also incomplete. He argues that this incompleteness was inherent in the design and operation of the colonial state. He contends that the state in colonial Africa was always more of an aspiration than a reality, and that despite a rhetoric of universalizing modernity, the colonial regimes were concerned with the production and management of difference.

...imperial regimes abroad were always caught up in doubling: while they spoke of transforming colonized peoples into civilized – that is, ‘modern’ – right bearing citizens, they dealt in heterogeneity by naturalizing ethnic difference and racial inequality. This...is the base contradiction of colonialism. Its telos pointed towards secular modern *citizenship* (and eventually nationhood), its reality towards a world of ethnic *subjection*. In the optic of empire, ‘natives’ were always subject/citizens-in-formation (Comaroff, 2002: 114-115).

African populations were located within colonial categories so that they could always only aspire to ‘goodness’, ‘civilization,’ and ‘modernity’ but these would always remain

out of reach. Moreover, according to Comaroff's perspective, they were never really intended to 'arrive', only buy into the myth enough to be docile colonial subjects. The colonized were presented with images of themselves as ethnic and racialized subjects, in which the artifacts of "tradition" – the material representations of their daily lives - were documented, categorized and put on display at home and abroad. As Comaroff contends, the colonized in Africa were labeled as "the antimoderns, condemned for the foreseeable future to the primal mire of customs" (Comaroff, 2002 :119).

The colonial state effectively operationalized the categories of modern, antimodern, progress, savage, civilized, morality etc. into daily African life and brought to the local population through the various bureaucrats, personnel and systems supporting the colonial state (i.e. anthropologists, administrators, missionaries). And while Comaroff may question the actual governing ability of the colonial state, the state transmitted its messages about modernity along the various pathways of knowledge and power. By judging how pervasive a Zambian anxiety about their position as modern individuals is, I argue that these colonial categories have become internalized on a certain level. Local populations, at least imperfectly, internalized these messages as they themselves took up the quest to move beyond their "antimodern" identity and to join the rest of the world. And it is to the modern versions of these messages that I turn below.

The African Body; Site of Colonial Intervention.

Megan Vaughan (1991) demonstrates that the British colonial state, medicine, and its associated disciplines, were instrumental in constructing 'the African' as an object of knowledge to be classified and categorized. Burke's (1996) work on soap advertising in Rhodesia demonstrates how the African body as a site of intervention was quickly moved

beyond just a medical realm. The body of the African individual became a central piece of the colonial project. The African body itself was labeled as dirty and diseased, in need of intervention. The colonial processes that established the medicalizing and controlling African bodies continue to influence management of the AIDS pandemic today. Of course, as in other realms, the African answered back. Africans did not accept the labels applied to them, but once again, the process served to structure the discussion.

Foucault (1979) would argue that one of the functions of the modern state was to make the Africans subjects, as well as objects, allowing them to police, categorize, and classify themselves. Vaughan questions the completeness with which the colonial state was ever able to do this. As indicated above, the colonial state was more concerned with creating African 'others' and African objects than creating African subjectivity. I agree with Vaughn on this point but would draw attention to Luis White's [2000] work, *Speaking with Vampires* to demonstrate how the structures created by the colonial medicalizing discourse created internal African categories that objectified the medicalizing and individualizing processes themselves. There is subjectivity in African medicalizing discourse, it just does not operate in the way that Foucault suggests. White's work illustrates the strong resistance Africans put up against the invasion of biomedicine and the creation of themselves as objects in need of intervention, a resistance that does not seem to have diminished much over time. While Africans may have become medical objects under the colonial gaze, they, in turn, objectified the members of the colonial medical establishment. It is important to remember that these categories have always been deeply contested and transformed in local contexts.

How did ideas about Africans as diseased, dirty, and in need of medical intervention become naturalized, laying down a legitimate site for colonial intervention and the civilizing process? Illustrative of attitudes of modernity as contagion, Vaughan argues that during the interwar period colonial officers suggested that “[t]he differential incidence of many diseases was attributed not to the material conditions of industrialization and urbanization but to the ‘maladaption’ on the part of Africans” (Vaughan, 1991:12). Colonial administrators argued that because Africans were only partly and imperfectly modernized, they were more susceptible to disease. The implication being here, that if they successfully modernized they would then become more like whites and less susceptible to disease. ‘Tradition’ had kept Africans isolated and safe, modernity had exposed. The contests between ‘African as traditional’ and ‘African as morally corrupted by modernity’ flowed throughout the many official channels of the colonial project in different ways. As discussed earlier, missionaries saw modernity as corrupting African sexuality, anthropologists and colonial administrators saw modernity as destroying the African traditional way of life, yet the colonial project itself was justified as a means to bring the benefits of civilization to Africa. I believe that the medical discourse that focuses its intervention on individual African bodies is critically important precisely because it singles out and objectifies individuals and individual behavior.

Civilization as Contagion and Christianity as Cure

For our discussion on AIDS, Vaughan’s analysis of the medicalizing and sexualizing discourses surrounding the treatment of the syphilis epidemic is particularly illuminating. She argues that “Freud is hard to avoid in any discussion of the ‘colonial

encounter' in Africa, not because colonial Africans were closet Freudians, but because colonialist discourse is so thoroughly sexualized itself" (Vaughan, 1991:129). Vaughan points out that it was not really until the 1950's and 1960's the secular medicine reached most of the African population except under the guise of eradicating or controlling one of the great epidemics. Therefore, most Africans exposure to biomedicine was through missions, which gave them an explicitly Christian view of healing (Vaughan, 1991:56). As stated earlier, because of the attitudinal biases of missionary and secular medicine, they had a different approach toward controlling disease. Secular views promoted an ethnic model of collective pathology, whereas Christian medicine promoted notions of individual sin and healing.

From *Kanyaka "The Light is on"* – A study about Stigma in Zambia sponsored by KARA Counseling, ICRW, and ZAMBART (p.33)

Will People who have HIV and AIDS enter the Kingdom of Heaven?

During a focus group discussion, urban traditional healers held a very heated and circular discussion about sin and HIV/AIDS sparked off by the question about innocent victims. The debate moved from pastors regarded as contaminated by their HIV infection to the question – “will people who have HIV/AIDS enter the kingdom of heaven?” Initially, the view was that they would not but then some participants raised the issues of being infected “by accident” (for example, in a barber shop), through your husband’s behavior, from parents (if a child). Indeed, however one got infected with HIV, thinking that you would not get into heaven is very demoralizing, and surely if one does not look after those with HIV/AIDS then YOU will not enter the Kingdom of God. “After all, Jesus came to heal the sick, and we should love on another as he loves us.”

Figure Eleven

In 1908, during the height of a syphilis outbreak in Uganda, Lambkin, a colonial administrator working in Uganda, blamed the syphilis epidemic on Christianity. He argued that Christianity had broken down traditional authority (read patriarchy here),

allowing a moral degeneration and a disintegration of tradition. Baganda women were no longer as tightly controlled (Vaughan, 1991: 133). His concern about the role of Christianity in promoting a sexually transmitted disease was obviously met with opposition among missionary medical personnel. Vaughan says that Albert Tucker (a missionary doctor working at the time in Uganda) responded to Lambkin in an article published in *Lancet* of that same year where he argues that “only through the introduction of Christian morality and its appreciation of female chastity would the Baganda be saved from dying out as a ‘race’” (Tucker 1908 cited in Vaughan, 1991:134). For the African woman in Lambkin and Tucker’s scenario there are two options, either embrace tradition and remain under patriarchal control or embrace Christianity and remain chaste. This choice bares a striking resemblance to the options given women today in choosing a type of inheritance. She can either embrace tradition and hope that her community support network will provide for her because she has behaved according to the morality code of tradition, or pursue Intestate Succession and prevent the spread of AIDS to others or the threat of becoming infected with the disease herself. The resemblance does not end there. According to Vaughan, syphilis in the medical missionary discourse was rarely named, or named only in “hushed tones” (Vaughan, 1991: 136). In Susan Hunter’s discussion on the history of the syphilis epidemic we discover that initially, after a cure for syphilis was found, many colonial administrators and missionaries argued against administering it in Africa. They claimed that if treatment were readily available, Africans would continue their excessive sexual behavior and not discover the necessary “shame” to allow them to curb their sexual appetites (Hunter, 2003: 171).

The framework of the Lambkin and Tucker debate, representing the two main strands of thought about disease and contagion in Africa above underline much of the debate surrounding AIDS today. It takes almost exactly the same shape, including the “hushed tones” used when missionary medical personnel talk about someone who has AIDS and the reluctance to provide Africans with treatment options. When I first arrived in Zambia I began taking language classes at the local Catholic Diocese. The class was filled with missionaries from various Christian denominations. Early on, while talking to a very young American couple over lunch, I asked them why they were taking the language course and what they were doing in Zambia. The husband replied that they were there to “spread the word of Jesus so that the people could learn about the Lord and stop the spread of AIDS.” They had arrived in Zambia from Texas a few weeks earlier and were going to be running a mission project in a large sugar-cane producing town. They were going to start an “after school Christian group,” hang out with local high school kids and talk to kids about abstaining from sex until they got married. They and their bosses (also in the class) argued that they would have a better chance at getting through to young people because they were so young themselves, and therefore, it would be easy for the high school kids to identify with them.

A few weeks later, I was having a conversation with a mission doctor about AIDS among the workers on the farm where I lived while taking language classes. There was a mission family from Iowa also living on the farm, bringing messages of Christian spirituality and Christian morality to the local workers. The mission doctor who worked regularly trying to attend to sick workers reflected that she thought Christianity was a large part of the problem in spreading AIDS. She claimed that before missionaries came

and imposed their morality onto the Tonga that the Tonga were by and large polygamous, but relatively faithful within that polygamous unit. Now they all had been told that polygamy was bad and sinful so they only married one wife, but still had multiple sexual liaisons outside of marriage, and this is what was causing the spread of AIDS. She believed that the Tonga had not really given up polygamy but instead structured their polygamous relationships differently in order to conform to the Christian ideals presented them. This had caused the structures around sexual relationships to become confused, more fluid. Christianity had broken traditional controls and caused chaos.

The argument appears to have transformed little since the turn of the 20th century. For Lambkin and the mission doctor I lived with in Zambia, the spread of sexually transmitted diseases was exacerbated by the imposition of Christian morality onto ‘traditional’ moralities, causing changes in behavior, in other words, modernity as contagion itself. Tucker and the two young missionaries in my Tonga language class saw that the only sure way to avoid AIDS was by adopting a Christian lifestyle and a Christian morality, something more modern and less sinful than their traditional lifestyle. I think this reflects more of a ‘modernity as cure’ response to disease. If given a slightly different twist it is also the same approach utilized by most Zambian national AIDS campaigns. The ABC approach, the basis of most international AIDS campaigns, Abstinence, Be Faithful, use a Condom draw on monogamous, “Christian” nuclear family images. Of course, what all of these notions draw attention away from is the cultural and economic contexts within which AIDS and sexual behaviors exist.

Gazing Back

Above I show how the notions of civility and purity from a colonial era continue to echo throughout present day national discourse surrounding disease, intervention, and civilization. Luis White's discussion of vampire stories in Central and Southern Africa during the colonial era helps us refocus and find an African perspective, giving us a glimpse into African understandings of themselves as victims, and citizens within the global and medicalizing process of colonialism. White argues that Vampire stories are a particularly good vehicle for understanding African realities during the colonial era because:

The inaccuracies in these stories make them exceptionally reliable historical sources as well: they offer historians a way to see the world the way the storytellers did, as a world of vulnerability and unreasonable relationships. There stories of bloodsucking firemen, or game rangers, pits and injections, allow historians a vision of colonial worlds replete with all the messy categories and meandering epistemologies many Africans used to describe the extractions and invasions with which they lived (White, 2000: 5).

White's work puts in historical context how fears of European medicine found credibility and wider resonance in Africa. She presents vampire stories as a common genre that permeated British East and Central Africa. She chooses vampire stories because "oral African vampire rumors can be read alongside medical writings about triumphant drugs and vanquished superstitions to illuminate the context in which Western biomedicine was practiced" (White, 2000: 90). White's vampire stories resonate with Michael Taussig's (1983) exploration of devil fetishes in Bolivian mines and the folk stories of the *chupacabra* told throughout Latin America. The stories that emerge as local populations struggle with invasion, extraction, and oppression carry similar themes. The vampire stories that were told in Central Africa are all about individual Africans

victimized by bloodsucking, people turned into zombies and forced to labor, and injections and extractions of bodily fluids. These acts were done at the hands of white colonial officials, or medical personnel trained by white officials. White says these stories represent how daily life under the extractive process of colonialism was lived and felt. I notice in the stories she presents that the individual is the focus or victim of extraction, never an entire community, demonstrating the salience of how medical processes under the colonial state in Africa focused new attention on the individual and the body. These stories represent an important counter-narrative to the histories of disease eradication and demonstrate how biomedicine deeply penetrated African anxieties.

White argues that the fear of colonial medicine was not unique to Africa but likely arrived from India where there was a widespread belief that the hospitals were torture chambers designed to extract a medicine based on blood in late 19th century, particularly among plague victims on the west coast, (White, 2000: 10). Stories like these spread to Africa with the arrival of colonial merchants and Indian traders and continued until the end of the colonial era. In colonial Northern Rhodesia, (what is now Zambia) it was believed that African blood was necessary to cure European diseases. Many Zambians today fear going to testing centers to have their blood withdrawn because they are not sure what the blood will be used for. Others fear that white doctors will take their internal organs and sell them on the black market to sick white people. It is clear that these stories have a strong historical context that plays directly into how Zambians today participate in the AIDS prevention efforts.

White urges us to not be content with an explanation that vampire stories are merely ways to show African anxieties about the extraction of blood, but instead to see

how colonial medical stories and vampire stories are about the same thing but from different perspectives. She explains that colonial doctors claimed a space for themselves within imperial science. Their writings describe many of the tools and technologies used in vampires stories. Africans recast these technologies into their own perspective on imperial science and technological invasion. The scientific writings and oral vampire stories are not 'about' the same events and experiences in any firm chronological sense but they are about the same procedures and technologies. Vampire stories provide a glimpse into the way colonial medical care was both negotiated and undermined by Africans (White, 2000: 92). Taking this position allows us to see how the categories of modernity that arrived on the backs of colonialism have become the hybrid categories in which Zambians negotiate their identities today.

As evidence that Africans tried to control the medicalizing process of colonialism and put their own understandings/interpretations on it White notes that "Dispensary patients routinely took three days' supply of tablets at once, put ointment on body parts for which they were not intended, and argued with every nurse who offered a cure that made no sense to them" (White 2000: 93). White goes on to say that even when ointments and tablets had meaning because they were dispensed by white doctors and nurses the meaning was never the same as the missionaries intended. The same thing happens today. I was asked countless times for aspirin or Ibuprofen when I was in the field. When I gave them out in small quantities they were used to cure a variety of illnesses, most of which I was not familiar. There are also many local understandings of tuberculosis and AIDS and why they happen, what causes its spread, and local ways of protecting oneself. In these local understandings of tuberculosis and AIDS biomedical

treatments are never considered sufficient for treating the illness, although they can be used as part of a larger treatment. Messages sent out by health officials are often discounted or re-interpreted to fit into larger community anxieties about failing morality and social disruptions.

These days TB is more common because people don't listen. They misbehave, they sleep around, and drink a lot, smoking. That is why we can't control the disease now. You find a young girl sleep with an elder man and the young man sleeping with an elderly women.
- From 48 year old HIV negative man, ex-TB patient. Interviewed for *Kanayaka: The Light is on*

Figure Twelve

Medical anthropologists have argued that during the colonial era, Africans chose treatments, tablets, and the placement of stethoscopes, because of their own etiologies of disease. For example, illnesses believed to be caused by excessive cold might best be treated by pills that were hot in color, like red or pink. White contends that the reinterpretations were debates about the nature of curing itself and reflected divergent ideas about sickness, health, and healing that did not readily conform to the dichotomies between Western and African medicine, both of which changed rapidly in the twentieth century (White, 2000: 93). Obviously these reinterpretations continue. While in Zambia I learned of a project led by a medical anthropologist from the University Teaching Hospital in Lusaka meant to uncover local understandings behind pills, capsules and tablets to see how AIDS treatment might be most effectively delivered. The project involved taking these medicines in a variety of shapes and colors to a number of traditional healers and people who had been diagnosed with AIDS. The interviewees

were asked what pills they thought would be the most powerful because of color, shape, etc. or if there were other meanings attached to pills of certain sizes, materials, etc.

(Personal conversation with Virginia Bond, Medical Anthropologist, University Teaching Hospital, Lusaka 2004).

White's work on vampire stories vividly details the deep mistrust Africans had for biomedicine and medical procedures performed by whites. In her work she shows how many Africans believed hospitals were a regular site of abduction. Many believed that human blood was used as medicine or that white doctors drank African blood. Women were reluctant to enter the hospital to give birth because they did not want strangers handling the placenta, a powerful tool in witchcraft. It is clear from these accounts that Africans relationship with biomedicine has always been problematic and fraught with incongruities. Biomedicine singles out and treats individuals and symptoms separately from community relationships. This is inherently contradictory with African understandings that do not separate disease from community relationships and illness from social networks. Yet, too many current medical campaigns in Africa ignore this history and continue on with the great meta-narrative of healing through Western science, which continues to be received contentiously on a local level.

During my field research I attended a meeting called by female farm workers on a commercial farm. One female worker on the farm had aborted a pregnancy in secret. Many of the Tonga workers on the farm believe that secret abortions are the cause of TB and the spread of AIDS. They told me that if a woman has aborted a pregnancy and not gone through appropriate cleansing rituals and seclusion she will infect all of the children she touches with TB or AIDS. This perception was one I encountered many times in my

fieldwork, not just among the Tonga. The female workers on this commercial farm knew which woman had the abortion, but, because of “insult” laws⁸ no one wanted to risk accusing the woman of abortion. Instead they wanted the local white doctor to examine all of the women on the farm and announce who had recently terminated a pregnancy. The elder women on the farm gathered all of the female laborers at the meeting (including the woman who had terminated her pregnancy in secret) and invited the doctor. People were angry. They were convinced that their children were going to start falling ill because this woman was walking around freely instead of remaining secluded inside of her house. They demanded that the doctor examine all of them right at that moment and then announce publicly who had aborted the pregnancy. The doctor refused. Instead she reminded the women that they had all attended a community meeting the year before where they had been told by the local TB specialist (a Tonga woman and a practicing nurse) how TB was caused and what could be done to prevent it, as well as how they could protect themselves from it. She reminded them that germs are the cause of disease, not abortions, and they had nothing to fear. She reiterated how AIDS was transmitted.

The women were still not satisfied. The doctor said that she would call in the TB specialist from the local mission hospital again and the women could ask her questions. The women grudgingly agreed. The next day the TB nurse came and spoke to the women in Tonga about TB and explained that abortions could not cause AIDS or TB. She answered all of the women’s questions. When she left, the elder women of the farm

⁸ Insult cases are common throughout Zambia. A person can be taken to court and fined if they are found guilty of insulting or injuring the reputation of another person. People are commonly taken to court for calling someone “stupid”, accusing them of being a womanizer, or even identifying someone as having AIDS.

announced that the nurse knew nothing because she had been trained by white people and they all knew white people did not get sick anyway. This is merely one of countless examples in which the categories and reasoning coming from a European notion of disease and illness were understood by local populations but deemed irrelevant. The European explanation for the disease did not respond to the Zambian defined concerns or needs. That the medical information was presented by both a European doctor and a well-respected woman from within the same ethnic heritage did little to change their opinion.

The Voices of Modernity

I have shown how the colonial social project and the African resistance to it worked to create the categories out of which day to day Zambian life is interpreted today. I want to make clear that the juxtapositions between the categories of ‘tradition’ and ‘modernity’ or ‘civilization’ and ‘primitive’ are employed today in adopting strategies for maintaining control over assets through inheritance, and confronting and contending with the AIDS pandemic. Individuals may find themselves of having to choose a modern or traditional identity, or they may have one chosen for them. How successfully they perform or operationalize an identity can determine the resources available to them. One can either resist or embrace what are locally understood as modern and traditional identities. Biomedicine and the formal structures of nation state have arisen from the colonial era to become the arbiters of a modern identity in the AIDS pandemic.

But who delivers the messages of modernity to Zambians today? As I have alluded to in this chapter, donor funded NGO, international charities, and mission groups play a large role in sending out the new messages to populations. They are virtually inescapable. There are weekly programs about legal issues on the radio sponsored by the

Zambian Law and Development Association. Countless public service programs about AIDS prevention fill the radio and newspapers or sponsor AIDS dramas in the shantytowns. Many of these organizations are doing valuable and important work, providing services, which are desperately needed by both victims of property grabbing and sufferers of AIDS. I do not wish to diminish the quality or necessity of the services provided by these programs, but they do promote a particular view of personhood and identity in Zambia that builds on stereotypes of rural and urban, educated and uneducated, customary and state legislation. For example, in an interview I held with a court clerk in Choma he explained the following to me when I asked him about chiefs and headman compliance with the Intestate Succession Act.

Emily: Do you think all the chiefs know about the law?

Clerk: They are because they are being trained also.

Emily: So, they are being trained.

Clerk: Well, not really being trained but they have had visitations from certain authorities to tell them about what they should tell their people and how they should understand their tradition and the law. And where there is a distinction. And where there is some conformity. And maybe where there is misunderstanding, what they are supposed to do.

Emily: I have had many chiefs tell me, "Ah, the inheritance law, it is for city people, it is not for rural people. For rural people it does not make sense at all." What do you think about that?

Clerk: Ah, where is the problem, it is education. There are many people, even this time, find rural areas to teach people about what is involved in the inheritance law.

Emily: So you think it [the Intestate Succession Act] makes sense for rural people as well? I had one chief tell me, 'Ah, what do I do if there is just one cow and I have to divide it up, do I cut off the leg, and the tail and give this to one person? How do I divide it so everyone is happy?'

Clerk: Yeah, but anyway it depends. If one is flexible in reasoning one should understand what one should do. If there is only one cow, one goat, one pig, one sheep, what should I do because maybe there are five children and two wives. How are they going to share

this? See, it just requires a simply minded person to understand it simply and easily, what should we do.

Emily: So, you think they are just being stubborn when they say things like that?

Clerk: Ahh, you can't change anything there. If they want, when that cow starts producing progeny they can say that one will have this one [meaning offspring of the cow] and so on. They can start giving each other like that. (From fieldnotes, May 5, 2004).

The court clerk, like many urban educated Zambians I interviewed, saw the problem lying not in lack of economic opportunity, or lack of cultural salience, but merely lack of education and merely "being stubborn." Rural and uneducated people could change if they wanted to, but change for them was unwilling and unlikely. Rural and uneducated become the present day primitive and backward.

In a radio script entitled "Women, Property and Inheritance" developed by Farm Radio Network to be distributed to radio stations throughout Zambia the host and her guest tell women they can avoid property grabbing by encouraging their husband to write a will, registering and receiving title for the family home, and consulting a lawyer or a paralegal (Developing Countries Farm Radio Network, 2005). While all of this is good advice for urban educated women it makes little sense for women living in shantytowns or rural areas. In rural areas land is held under customary tenure and people do not have titles for their property, there are few paralegals and even fewer lawyers, and wills did not seem an effective barrier against witchcraft or extended kinship threats of withdrawing support if a woman refuses to acquiesce to her in-laws desires.

Educated Zambians, or these voices of modernity, almost appear to actively deny the economic and social conditions facing much of the country. They promote a position that rural people do not want to change, or uneducated people just need to take advantage

of the available services and their rights will be protected, while denying the widespread reality of legal corruption, or the many voices that continue to suggest maybe Intestate Succession is not the right law for rural life. I believe it is actually more complex still.

Chapter 4

AIDS as Pandemic and Social Process

“Response to AIDS is political everywhere, in Africa, no less than in the West. Knowledge is socially situated, built on previous knowledges with the power to define how we know, and to determine what facts shall be considered “real” (Schoepf, 2004).

Introduction

It is one thing to say AIDS operates as a social process, it is another thing entirely to grasp fully what that means. Of course, it is relatively obvious how HIV is quicker to invade weakened bodies which do not have enough energy stores to fight off infection. It is easy to see how the virus can move into full-blown AIDS when the body has suffered years of malnutrition and illness. It is clear that the disease progresses more quickly when there is not sufficient medical care, an unstable government, or structural adjustment programs which make food and basic necessities expensive. But beyond that, how does AIDS change the way people live? How does it affect people who do not have the disease? The affects of AIDS are more than increasing workloads, more than careful or fearful decisions made about whom to marry, or even when or if to marry, more than taking on and caring for orphans. AIDS has invaded the realm of everyday decision-making regarding nearly every facet of people’s lives in Southern Africa. Susan Hunter’s work argues convincingly that epidemics have been one of the most important agents for social change since the inception of humanity (Hunter, 2003). As we look how the AIDS pandemic works in everyday life this becomes very clear.

In this chapter I will discuss how AIDS and its subsequent prevention campaigns are working in both a biomedical and social realm, and how these two realms mutually constitute and inform each other. I will show how the AIDS pandemic has become a part of everyday living that is propelling social change and upheaval in everyday lives. I will

do this by drawing on ethnographic examples which demonstrate the way people operationalize the categories of tradition and modern to negotiate strategies surrounding AIDS and inheritance. I will illustrate how communities and individuals have employed strategies that are structured by local and global notions of modernity, mutually influencing local perceptions and reactions. Conceptions of AIDS must be moved beyond the boundaries of a biomedical discourse to openly illuminate the archaeology of meanings incorporated in the framing of AIDS and the development of the AIDS prevention industry. These are not neutral processes, but social phenomena fully invested in ideas central in the conceptions of ‘modernity’, ‘civilization’, and ‘progress.’

Scholars are beginning to demand that social scientific analysis take a stronger role in halting the progression and impact of the African AIDS pandemic (e.g. Farmer; 2005, Kalipeni et al, 2004; Hunter 2003). In particular, areas such as land tenure and property rights are being analyzed within an ‘AIDS as social process’ framework (Aliber et al, 2004). However, with the exception of macro-economic impacts and birthing options, academic literature does little to analyze how the AIDS pandemic has compelled social transformations at a community level, on issues such as inheritance, marriage patterns, kinship networks and family organization. AIDS literature has become a separate subset, a topic in and of itself, for anthropological inquiry. Works by authors such as Setel 1999, Treichler 1999, and Booth, 2004 provide critical insights into how the AIDS pandemic has been socially constructed and managed in both the North and the South. Further anthropological inquiry needs to move beyond the construction of the pandemic itself, to examine how societies are reorganizing in the face of a plague.

The bifurcated nature of analysis – “either AIDS as biomedical”, or “AIDS as social”, but rarely “AIDS and (a particular social process) “ occurs in part, because social scientific renderings of AIDS were sidelined early on in terms of confronting the pandemic, and biomedical definitions were favored and began to dominate (Shoepf, 2004). Initial research agendas on how the illness attacked individual immune systems, and where or how the disease originated eclipsed research on the social factors that would increase or impede the disease’s spread (e.g. Fox; 1992, McClure and Schulz; 1989, Sharp, et al; 1994) ensuring that early intervention efforts reflected a biomedical approach focused on individual behavior and later, individual treatment. How communities were responding on a social and organizational level was considered marginal to understanding how to halt reproduction of the disease inside bodies. It is important to point out, that the link AIDS has with inheritance, while unique to particular features and circumstances, is similar to a myriad of other social processes undergoing transformation in sub-Saharan Africa. Arguably, the social process of AIDS influences all other social processes occurring in the region.

HIV/AIDS and its context in Southern Africa and Zambia

AIDS, the disease itself, as well as our understandings and response to it, did not just suddenly appear on the social landscape when the first AIDS case was officially diagnosed in New York in the early 1980’s. Our understandings of AIDS did not come about in a social vacuum, but have been created out of a long history of meanings about illness, sexuality, contamination and disease, categories that have themselves been shaped and utilized throughout history to structure differences and construct boundaries. Treichler (1999) contends that AIDS has become an “epidemic of signification” by which

she means that the AIDS epidemic is cultural and linguistic as well as biological. Moreover, our ideas surrounding the disease continue to change over time as the pandemic progresses with different outcomes in different parts of the globe. Many of the ideas that underlie Western understandings of, and reactions to illness, disease, and pandemics find their base in the Enlightenment where ideas of modernity, knowledge and social control first coalesced (Foucault in Rabinow, 1984). These understandings and reactions influence the shape of particular epidemics. Current Western ideas about how to control or contain disease arise out of a decidedly 'modern' context that maintain nation states as the dominant form of global organization in which states control and regulate their populations. Creating specialized personnel and medical apparatus demarcate the channels within which 'diseased' citizens access and receive care, and therefore, become visible at a state level. Labeling a particular disease 'epidemic' or 'pandemic' is an important political process on both a national and international level, similar to labeling something a 'genocide.' As soon as the term 'pandemic' or 'epidemic' are employed a series of measures to control and contain the epidemic are operationalized. People who have the disease are categorized and counted, their numbers sent out in regular reports. Individuals that are stricken by epidemics become something to be controlled, contained, and measured, and determined which characteristics put them into a 'group at risk'. Their images are sent around the globe so that others can view them with pity and send aid.

The AIDS pandemic in sub-Saharan Africa has been both constructed and filtered through this process and in some ways, has shaped the very progress of the pandemic itself. People living in Africa have been cast as either victims or perpetrators of the disease and the rest of the world has vigorously flung itself into managing the "AIDS

crisis". Many people in the North shake their heads in disgust and disbelief at AIDS statistics in Africa and remark that "clearly people in Africa do not understand, they mustn't realize that AIDS is a deadly disease, because if they did, wouldn't they just stop having unprotected sex?" Yet, many Africans will complain that AIDS projects receive lots of donor funding while their children continue to die of malnutrition, diarrhea, and malaria. They demand to know why AIDS projects are fundable, but access to clean drinking water is not. Their questions deserve good answers which donors cannot always provide.

AIDS prevention is big business throughout Southern Africa. For example, the Zambian government developed a strategic plan for addressing HIV/AIDS in 1986. The National HIV/AIDS Strategic Framework that was in effect during my fieldwork was finalized in 2000 and received ninety-two million dollars from the Global Fund to Fight AIDS, Tuberculosis and Malaria in April 2002 (USAID: 2003). In 2002 the National AIDS Council (NAC) was established to solicit AIDS funding from donors. In 2003 USAID/Zambia provided \$25.5 million toward fighting AIDS, promoting abstinence and prevention programs, treatment programs, social marketing of condom programs, anti-stigma and discrimination programs, and voluntary counseling, testing and treatment programs (USAID, 2003). In 2004, the United States pledged \$57.9 million and in 2005 it pledged \$84.7 million. In 2004 and 2005 around one quarter of the funding was designated as funding for antiretroviral treatment, most of the rest was in prevention and care programs (AVERT, 2006). There are many national governments and international NGO's working in Zambia to halt the spread of AIDS. The three biggest funders of AIDS prevention have been the Global Fund (a program run out of the United States), the

George W. Bush government's President's Emergency Plan for AIDS Relief (PEPFAR) and the World Bank (AVERT, 2006).

There are similar levels and types of programming by international donors that occur in most of the other countries in the Southern African region. In a study of response to HIV/AIDS in Botswana, Lesotho, Mozambique, South Africa, Swaziland, and Zimbabwe, Zungu-Dirwayi et al (2004) found that all of these countries have developed strategic plans for combating the spread of HIV/AIDS. Botswana and South Africa have dedicated the most resources and have the most comprehensive plans, but also have the strongest economies. As in Zambia, the authors of this study warn that with the exception of Botswana, AIDS services such as voluntary counseling centers and prevention of mother to child transmission programs (PMTCT) are largely absent and access to any care or testing facilities in rural areas is difficult to find. These authors also suggest that donors need to play a more supportive role within the framework of a national strategic plan, as opposed to funding their own projects (Zungu-Dirwayi et al, 2004). But more importantly, it must be understood that there is an entire regional bureaucracy dedicated to directing, managing, containing, and defining the regional AIDS pandemic. Sometimes it is difficult to distinguish local response and local goals above the clamor for recognition in the fight against AIDS.

The impact of the disease is gendered in Southern Africa, as it is throughout the world. It is estimated that for every ten men who are HIV positive in the nine countries that comprise Southern Africa, thirteen women will be positive (UNAIDS, 2004a). Moreover, despite widespread public service campaigns trying to dispel the notion, older men are still raping young girls in order to cure themselves of AIDS. In most places,

women still do not have the right to control access to their bodies or the power to demand that husbands and boyfriends remain faithful or engage in protected sex. In Zambia one study found that only eleven percent of women thought they had a right to ask their husband to wear a condom, even if they thought he might be HIV positive or unfaithful (*Economist*, 2004). National level policies in the region send out problematic messages that place the responsibility of containing the disease on women, while denying them full 'adult' status under the law (e.g. Mthethwa, 2005). As Booth (2004), Treichler (1999) and others point out, the categories of victim and perpetrator, 'carrier' and 'at risk' are based on gendered and ethnic stereotypes, located firmly within local relations of power. African women are cast as either helpless victim or an immoral transmitter, their bodies mere vessels for the disease that will be passed on to men or innocent unborn children. At the same time they are identified as the category most "at risk" and those that can 'control' the spread of the disease by insisting that the men who have sex with them use condoms. Discussions about men's sexuality is notably lacking, while women are frequently cast as money grabbing, loose, and eager to engage in casual sexual liaisons for economic gain. During my fieldwork, a local popular radio station dramatically announced that it had 'been discovered' that women in Zambia were much more concerned about money than love, and spent the rest of the show taking calls from Zambian men who eagerly shared their tales of how they had been tricked, fooled, or taken advantage of by women seeking economic gain. When men's sexuality is discussed, most men and women remark that casual liaisons are a way of life for Zambian men, and there is nothing that can be done to change that.

Biologically, bearing children stresses women's immune systems, making them more susceptible to disease. Throughout the course of my fieldwork, when a woman would fall ill and fail to recover, other women would often point out to me that the signs of illness and inability to recover had begun when a woman had become pregnant with her most recent child. While imparting this information, women would often point out to me that the dying woman had felt she needed to have a child in order to secure her relationship with her boyfriend or new husband. In other words, Zambian women know that pregnancy can add intolerable stress to an already weakened body, but also recognize the conundrum women face. For women, children create stability and security within relationships, the children legitimate the woman's space or support within a relationship. But they may also destroy her health. Finally, as family members fall ill, it is left largely to women to care for them, stretch household budgets to buy medicine or more nutritious food, and take on the rearing of additional children.

Outcomes from the economic downturn in Zambia have influenced the AIDS pandemic in many ways. On a national level, the health sector has had to face severe budget shortages and cutbacks in personnel. Like many other sub-Saharan African countries, the public health sector simply does not have the capacity to effectively establish, manage, and maintain public testing and counseling centers, or sufficient treatment programs. Structural adjustment programs cut the few public services offered, and those established in the seventies and early eighties have dwindled. Internal migration and displacement have increased as people leave their homes in order to seek livelihoods elsewhere. Extended family networks are stretched to the limit. In 2004, the Zambian government spent \$129 million servicing the \$6.8 billion it owed to the IMF,

more than it spent on either healthcare or education (AVERT, 2006). Communities and support networks are dispersed. Prostitution and survival sex increases as people struggle to maintain minimal living standards. The links between poverty and AIDS have been well documented so will not be repeated here (Mendel; 2001, Haacker, 2004 Poku and Whiteside; 2004, Farmer 2005).

In Zambia the issues of AIDS and economic downturn are central concerns of the popular media and national government as well as the international donors. Take for example the headline page from The Post Thursday September 9, 2004 which had one article entitled “Post editor takes HIV test” by Amos Malupenga and beside it another article entitled “I’ll ask Zambians for more sacrifice after HIPC – Levy” by Brighton Phiri. In the first article the editor of the Zambian Post said he could not campaign for testing if he himself had not been tested, so he took an HIV test and had the results published in the newspaper (he was negative). When discussing his decision to get tested M’membe (the editor) explains

They say if you are in harmony with yourself, you may meet a lion without fear because he (the lion) respects anyone with courage or confidence. Moreover, I don’t see anything in this to fear because life itself is a terminal illness. We will all go at some point. It’s just a matter of prolonging our stay on this planet, whether we are positive or not (The Post, September 9, 2004).

This somewhat ambiguous call to testing is followed by an article in which Levy Mwanawasa, president of Zambia called on Zambians to make further sacrifices, even after the country completes the goals laid out under the HIPC plan. Mwanawasa claims “We will ask people to sacrifice more after reaching the HIPC completion point because it is just a facility that gives government a relief on debt repayment,” and goes on to explain that the country still faces severe economic problems.

Snapshot: Options

Philip Mwaaka is a distant relative of one of the wealthier families in the village. He had arrived in Nkondonzobvu from the Gwembe Valley in the late 1990's, procured a loan from an uncle, and managed to borrow land from his relatives, which he is currently farming. He has four wives and twenty-four children.

Mr. Mwaaka has had a run of bad luck. His relatives say he cannot work very hard because he has epilepsy and it makes him sick, so he cannot provide for his wives. This season he did not have enough money to vaccinate his cattle against Corridor Disease and lost his entire herd. His grain bins are only half full and when I ask his wives how they are going to feed their children until next year they shake their heads, saying "we will struggle." Mr. Mwaaka openly admits he does not have enough food to feed everyone in his family until next year and he does not know what he is going to do.

Three of his wives brew beer and there are always men – usually drunk, around the Mwaaka homestead. I often see two of his wives in the market center selling beer to locals and traders. There are rumors of course that they do more than sell beer. More than once I have overheard older women talking about Mr. Mwaaka's lack of ability to 'satisfy' his wives. His first wife sells bread in the marketplace and also works at the school as a local community HIV/AIDS educator. She does not sell beer. She and other educators in the village have held community meetings about AIDS, how it is transmitted, and prevented, and she has also helped introduce AIDS education into the school so that children learn about it.

One night the men from the homestead where I am staying come home late – after midnight. This is unusual as none of them drink alcohol, and they usually spend the evenings at home with their wives and children. The next morning they tell me they spent several hours down at Philip Mwaaka's homestead. He wants to kill himself. He cannot feed his children. His wives are prostitutes, everyone in the village mocks him.

They manage to talk him out of suicide in the short term, returning to his homestead several evenings that week, having long talks with him, trying to help him find solutions to his problems. His wives keep brewing beer and are seen more frequently, and for longer periods of time in the market place. I often see them walking off with men who are strangers in the area. It seems the destruction of the homestead is inevitable. AIDS, starvation, unemployment, sickness, suicide – Mr. Mwaaka faces these likelihoods daily and wrestles with his options.

Figure Thirteen

Testing and Treatment

State provision of ARV therapy began at two hospitals in Lusaka and Ndola in late 2002. Just a year later, President Mwanawasa announced that he planned to have 100,000 people accessing treatment by the end of 2005, as part of the 3 by 5 initiative.⁹ To further boost treatment efforts, the government has declared HIV/AIDS a national emergency, with effect from August 2004 to July 2009 (Noble, 2005).

While most people in both urban and rural areas seem well versed in basic facts about AIDS; i.e. how it is transmitted, what it is, how to prevent its spread, even eager to talk about it, and able to identify many friends and family who have died of the disease, voluntary testing facilities are inaccessible for people living in rural areas, and not well attended by urbanites. Many of my informants contend that there are frequent rumors circulating that when a person goes to get a test to determine their HIV status, they become infected. It is for this reason that highly public “tests” like those of the editor of the Post discussed above, are taking place. The fear of testing centers is fueled by the fact that the few people who do get tested in Zambia and much of Southern Africa are already in the advanced stages of the disease. When they do go to a testing center they are hoping that the indication of their positive status at an official testing site will make them eligible for some type of assistance.

Unfortunately, this is rarely the case. Most people I spoke with asked what they would do once they found out their status. They said that even if the government gave out treatment for free they thought it was unlikely that these programs would continue for long. Besides, they would continue, why should they find out if they have a virus if they do not feel sick? For most, marriage, and prospects of short-term survival are far more

⁹ The three by five initiative is a target set by UNAIDS and WHO to deliver anti-retroviral treatment to three million people by the year 2005. As of the time of writing (in 2006) only around 1.3 million people receive access to ARV's. The Zambian government declared AIDS a national emergency in a bid to boost treatment and prevention efforts (AVERT, 2006).

pressing goals than management of a long-term disease, for which treatment is not readily available. As an AIDS activist who works in Namibia told me, “AIDS is not the biggest concern on people’s event horizon. When so many things can end your life why worry about a disease you may get that will maybe kill you in ten years?” (Personal Conversation, R. Lorway, November 2005).

Snapshot of Lucy

Lucy is dying. She is HIV positive and has had several relapses of TB. She is in and out of the hospital regularly. She is thin, broke, and raising her two children who are six and thirteen. Lucy lives in the Zambia compound shantytown, in an ‘apartment’. This means she lives in one concrete room attached to four other concrete rooms occupied by other families. There is no water, no electricity. She sleeps in the room with her two sons. She does her laundry, cooking, and living in the small dirt yard she shares with the other residents of the “apartment complex” – notably, all female headed households. She has been too ill to work regularly for some time. Her husband died six years ago – at the age of 32. She has brothers and sisters in Choma but they are not able to offer her much in the way of support. She has an elderly mother that does help her out whenever she can but that is not often. Lucy’s oldest son is HIV positive. Her six year old is not, because she fell ill (for the third time) with TB when she was carrying him and discovered she was HIV positive. She got into a mother-to-child transmission prevention program. Her husband died shortly after her second son was born.

Lucy is fairly active in the AIDS community. She regularly attends ‘living positively’ meetings and is active in community groups that spread the message about AIDS. As well, she is part of a large informal support network that exists among people who are positive. When someone gets too sick to care for children, or go the market, others try to take care of children, do laundry or augment meager food supplies. I go by her place on occasion and drop off sugar, kapenta, rice, and tomatoes, and sometimes cooking oil.

Lucy falls ill in July. I hear she is in the Choma hospital and so is her son. I go to find her mother to drop off some food and find out how the healthy six-year old son is doing. He seems fine and demands that I bring him a toy car to keep. I promise him I will. A few days later I stop by with my research assistant after I hear Lucy has been released. She is characteristically bright and positive even though she looks very thin and tired. She thanks us for the food. We chat for a while. Then she begins to tell us of her son’s hospital experience. How he screamed for her for days, could not be separated from her. He was sure that when they both went into the hospital they were going to die.

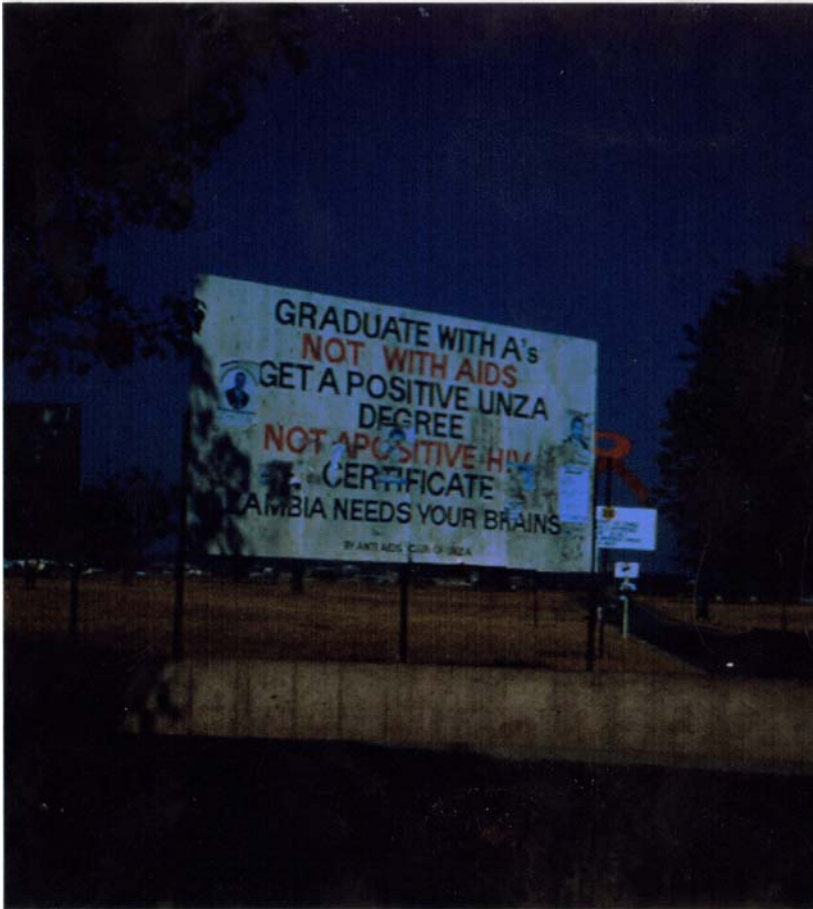
They were never going to return home. He was terrified. He had refused to speak since they had returned home yesterday. He glanced at me and Florence warily from the side of the yard. But, Lucy explained, now he had gone on anti-retrovirals. He might get well enough so he could go back to school.

Figure Fourteen

In order to qualify for ARV's a person must not only be HIV positive but also have a viral load that is at a sufficiently high level. It is not enough to get tested and be at the early stages of the disease to qualify for treatment. In this scenario, it makes little sense to an average Zambian to get tested for HIV if s/he is feeling healthy. Many HIV positive people I spoke with found it simply unbelievable that they would want to/ or have the means to be on anti-retroviral drugs for the rest of their lives. During interviews, HIV positive informants would tell me that they could imagine taking ARV's for a while if they got really sick, but as soon as they began feeling better they would no longer need them. Some doctors I spoke with in Zambia fear that attitudes like these will create a situation in which the HIV virus becomes stronger and more resistant to treatment. These attitudes will take time to change¹⁰.

Prevention Campaigns

¹⁰ There is some evidence that this may be changing. Donor funded programs in the distribution of ARV's have begun on some large-scale commercial farms in Zambia (June 2005). Workers who are being treated with ARV's have improved their quality of life and are reporting these improvements to other workers. Commercial farms provide ideal conditions for intervention as testing, follow-up counseling, and regular medical care are easier to provide. Research as to how locals receive these programs and subsequent alterations in social life are vital.



University of Zambia

Figure Fifteen

With the advent of the AIDS pandemic, ideas regarding African sexualities, primitiveness and backwardness informed early prevention efforts. Cultural characteristics took center stage as the cause of the rapid spread of the disease, while socio-economic factors were sidelined. Prevention efforts modeled after AIDS prevention campaigns designed for urban homosexual men living in the US and Europe were transplanted into cities like Lusaka, Choma, and Ndola. When these campaigns failed, ‘backward cultural practices’ were blamed and AIDS prevention messages became stronger. In a 2004 newspaper article entitled “Health Workers blame cultural practices,” the Malawian author discusses the attempts made along the Zambia/Malawi border to

transform the cultural beliefs that are spreading AIDS, and goes on to say that AIDS activists are “waging strong campaigns against wife inheritance, and other customs which promote the spread of HIV” (Banda, 2004). On the highway between Lusaka and Choma there are several billboards that say quite simply “AIDS Kills”, there is another in Lusaka that contends “sex kills.” Prevention campaigns, organized in the West, were based on ideas of individual action, agency, and education. The philosophy behind these campaigns is that if we can educate populations about AIDS we can slow or stop its transmission. Both implicit and explicit in these campaigns are the ideas that monogamous relationships, ideally ones constructed around a nuclear family, are the appropriate, even ‘normal’ options, that sex is something that should only be practiced within the confines of marriage, and that men and women have equal ability to control who has access to their bodies. Even though these ideas run directly counter to reality in Southern Africa it is virtually impossible to escape the presence of AIDS prevention campaigns. Their messages about safe sex and preventing the spread of the disease are everywhere. In the rural community where I was working, there were no less than four trained AIDS educators.

The international AIDS campaign messages, based largely on the US funded ABC model (Abstain, Be Faithful, use a Condom) are mixed in with religious messages that AIDS was sent by God as a punishment to sinners, or conspiracy theories that question whether or not AIDS was started by the US Central Intelligence Agency to kill Africans. There are multiple sources for AIDS messages that are oftentimes contradictory or confusing. These messages swirl around in local conversations and concerns about morality, and determinations of who is at risk. Moreover, the messages sent out by

organizations like Planned Parenthood claim that the best way to avoid AIDS is by not having sex – at all! In a pamphlet written by Planned Parenthood of Zambia, distributed at clinics throughout Choma entitled “Facts about AIDS”, there are important messages dispelling myths about how AIDS can and cannot be contracted. The pamphlet presents routes of transmission, through a blood transfusion, through sex with an infected individual, and through a woman to her unborn baby. It then goes on to present how the virus that causes AIDS cannot be transmitted through casual contact such as kissing, shaking hands, sharing food, etc. After telling readers that they should use a condom each time they have sex the next page shows a woman pushing a man away who is trying to cajole her into his bedroom. This page says “The best way to avoid getting the virus that causes AIDS is by not having sex.”

Sources of HIV/AIDS –*The Post*, May 10, 2004

Editor, I will be very pleased to be allowed to make a comment on the subject raised by honourable Mundia Sikatana that overnight prayers are the source of HIV/AIDS. I am greatly disappointed and ashamed with a number of the zeal without knowledge popularly known as Pentecostals whom by pretext of being ‘holier than thou’ are able to cast and ignore Mr. Sikatana’s remarks that all night prayers are a source of HIV/AIDS.

Brothers and sisters in the Lord, let’s not be too holy and show ignorance with what’s happening and pretend as though it’s like from the pit of hell. Immorality is rampant in the house of God than it is in the world. This is not an issue of whether Sikatana is a Christian (born again) or not. Immorality is there in the Church. It’s time for the so-called men of valour to know that there is not a feeling in humans stronger than that of sexual satisfaction.

Figure Sixteen

The above editorial is a response to a comment made the previous week about the how overnight religious events could not be a source of HIV/AIDS. In response, this writer counters the idealism and ignorance of Christian leaders who tout that a moral and

Christian lifestyle is the way to avoid AIDS, by suggesting it is foolish to believe that people gathered together, for whatever purpose, overnight, would not engage in sexual activity. Sex and risk are tied together, pitted against the supposed “safe” and “moral” zones constructed by Christian rhetoric. Sex becomes equated with immorality, which becomes equated with risk and death. This conversation completely ignores the fact that protected sex, no matter where it takes place, greatly reduces the risk of contracting HIV/AIDS. This occurs in large part because condoms and Christianity do not mix well in many communities in southern Africa, and “safe” or protected sex are not talked about in a Christian context. An individual would only have “protected” sex if s/he were having a casual and (therefore) immoral sexual encounter.

That AIDS prevention campaigns have not worked well in Sub-Saharan Africa is not new/s. Many scholars have focused on the inadequacies of Western treatment models that focus on individual behavior change and biomedical treatment to the disease and other sexually transmitted infections (e.g. Campbell, 2003, 2004, Lurie et al 2004). Their work argues that focusing on individual behavior change and relying on individual education to seek treatment ignores the role of community cultural and social ideals that shape sexual identities and approaches to health treatment. Ultimately, the programs that focus on individual behaviors do not work in the ways in which they were intended by program designers, and therefore, oftentimes not as effective as their program designers desire. The psychosocial and larger socio-economic contexts presented by these authors provide an important piece in the puzzle of what is lacking in current AIDS prevention campaigns. What is less visible on the social landscape is how these messages are being internalized and reworked by local populations. People’s actions reflect their own

perceptions on opportunities and strategies for their own self-preservation and livelihoods. There are many goals in a person's life, such as having children, securing one's position in a relationship, or securing adult status, that cannot be achieved, if one simply "does not have sex."

Resisting Prevention?

There are a number of small AIDS prevention and social support programs operating in Choma. In my conversations with many people who are living with AIDS, they describe HIV/AIDS service programs as often being inconsistent, or around only for a short time. People know that organizing around AIDS is a viable way to access donor funding and many people come together in attempts to do this. There are some long-term efforts in Choma and Nkondonzobvu though which run primarily through two organizations, KARA Counselling and CARE.

CARE USA funds a food relief program in Nkondonzobvu and other rural communities. It provides supplemental food and inputs to people suffering from TB or HIV/AIDS. CARE has also trained four AIDS counselors in Nkondonzobvu. These counselors told me that they try to offer sex education classes in school and teach people about safe sex options. Two of the counselors I spoke with explained that it was difficult to talk with their children about sex and they believed that most people in the area already knew about the disease. One of the counselors I spoke with was an outspoken proponent of Intestate Succession and frequently spoke with headmen about women's rights in inheritance cases and effective ways of combining community needs with the statutory legislation.

KARA Counselling is the most visible AIDS prevention presence in Choma. It was founded in 1989, and became a legal entity in 1991. It was founded by an Irish priest working in Zambia and is based its activities around promoting a society free of suffering and stigma from AIDS. Its slogan is “Positive and Fully Alive.” On a national level KARA works in several important areas often ignored by other AIDS prevention campaigns. It offers psycho-social counseling services for people living with AIDS, provides health education, and promotes anti-stigma campaigns, along with efforts to change behavior. In Choma the services offered by KARA include voluntary counseling and testing, training of home based care workers and provision of home based care, support clubs for people who test positive, and a hospice that provides palliative care for those that are chronically or terminally ill (KARA Counselling, 2006). Sadly, the hospice has only twelve beds and cannot meet the actual demand. Stigma also works to keep people from using the KARA services as much as they should. Knowing you have AIDS and actually engaging in a formal AIDS prevention or support campaign are very different. Most people are still very distrustful of prevention or support campaigns, even good ones like those sponsored by KARA Counselling.

Following the logic of the prevention campaigns, a rational individual would receive education of how the disease is transmitted, then choose one's own sexual partners, limit polygamous marriages, and upon the death of a spouse perhaps due to AIDS, remain single or at least stop having children. In many rural areas of Southern Province, virtually the opposite happens every day. These educational approaches to disease prevention and behavior change ignore the larger social processes that propel the disease and make the disease difficult to avoid. They overlook how men and women believe that children

provide social security for old age. They ignore the importance of proving ones fertility (for men and women) in gaining adult status. They also ignore the livelihood strategies that are made possible through customary inheritance and marriage options, the very approaches that are openly maligned in the AIDS prevention campaigns.

In many instances, instead of slowing the epidemic, early prevention campaigns encouraged stigma in Southern Africa and made those with the disease go into hiding. The disease became associated early on with immorality and punishment for not living properly. People with AIDS were portrayed as thin, unhealthy, and nearing death. Bond et al (2003) found that even displaying certain types of knowledge can fuel stigma in Zambia. For example, if a woman knows that HIV/AIDS can be transmitted through breastfeeding it is assumed that she is HIV positive (Bond et al 2003:37). Schoepf (2004) points out that the biomedical model used to understand AIDS incorporates capitalist economic assumptions about health resulting from a chosen lifestyle. This results in the view that individuals who have the disease are often perceived by others a dangerous and in need of containment.

A number of times while doing research in Zambia I heard stories from informants about communities in neighboring Botswana (where the HIV prevalence rate is estimated at forty percent) in which the local headman requires every member of his village to be tested. If someone is found to be HIV positive they are thrown out of the village, and left to fend for themselves. Whether or not these accounts are true is less relevant here than the perception of the way individuals who are HIV positive have been treated, cast out and cut-off from extended support structures because they are a danger to the community. Individuals told me this story many times implying that the headmen

were taking appropriate actions, which would control the disease. By ejecting dangerous individuals, the community could be saved. From this perspective, knowing for certain ones status or being “out” about one’s status is potentially more dangerous than not knowing. If a person falls ill and AIDS is not explicitly identified as the cause then that person has more power to call upon extended support networks based on norms of providing assistance to the sick. This is true even if people suspect someone may have AIDS.

Stigma towards those living with HIV is still a hurdle that needs to be overcome, but attitudes appear to be changing in Zambia. Many HIV positive people I spoke with in urban areas claimed that they are less afraid to reveal their status now, because so many people are suffering from the disease. They said that this was not the case a few years ago. In rural areas people will claim a positive status if they believe it will provide access to resources (as in the case of the CARE food disbursement program), but are generally more reluctant to seek biomedical treatment or go for testing. As treatment options become more widely available and HIV positive people are able to live longer and more productive lives, stigma will likely continue to decrease. People who are public about their status as HIV positive and living busy and productive lives are providing courageous and important examples to other members of their community. If being diagnosed with HIV is no longer viewed as a death sentence, people will be more willing to be tested and perhaps, change their behavior.

Pitting the ‘modern national citizen’ against the ‘traditional villager’ has been enacted out quite explicitly in AIDS prevention campaigns, most vividly in messages about family structure, marriage, and inheritance patterns. Prevention campaigns become

more problematic when they ask people to rely on what are defined as ‘traditional support structures’ on the one hand, while denying the very structures that help to maintain them on the other. Inadequate and slow government and international support for treating the disease and the many opportunistic infections that go along with it, make local populations feel helpless and abandoned. On the one hand ‘backward’ cultural practices, like traditional inheritance practices that include sexual cleansing, wife inheritance, and polygamy, are blamed for the spread of the disease. On the other hand, ‘traditional’ community ties and extended family support systems are seen as the best way of helping those sick, infected, or orphaned.

Community AIDS workers, or people who volunteer to deliver medicine and food to people too sick to work or walk to the clinic to receive medical attention in their area, are a fixture in many of the poorer neighborhoods in Choma. These programs, promoted by international donor agencies, emerged out of a notion of ‘traditional’ African support structures, and have become inexpensive ways to maximize health services. People are put in a double bind, and they know it. To many residents of Choma it appears that when it suits international donors to rely on ‘African tradition’ to limit their own involvement and responsibility, they will.

Everyday Living and the Consequences of AIDS

Above I give the statistics of the AIDS pandemic in Zambia and have discussed intervention efforts, and the various general local responses to the epidemic and its treatment options. Now I would like to turn to ethnographic examples of how AIDS becomes a factor in everyday lives, even when the disease is not actually present on the scene. These two ethnographic examples unwittingly capture the very essence of the

ongoing contests between adopting a 'traditional' or 'modern' identity and how the presence of AIDS becomes a decision making factor in everyday life.

Rockford

We will now turn to the story of Rockford, one of the most dynamic people in the community of Nkondonzobvu. He is young, smart, handsome, and hardworking. When I met him he was farming a large plot of land, had a large herd of cattle, with enough money to vaccinate them against Corridor Disease, and owned one of the better-stocked shops in the village center. He made weekly trips to town, and seemed to be gone from the village as much as he was there. But when he was there, visitors from NGO's or other important outsiders frequented his homestead. During my stays in Nkondonzobvu I lived on the adjacent homestead to Rockford's and he worked with other scholars in the area on a related project. I saw Rockford almost daily when he was living in Nkondonzobvu and when I worked in town he frequently came by for a visit.

When I first began work in the village Rockford joined in a lengthy lively conversation between me, one of his elder brothers, and a local development agent hired by the CONASA project. All three men were Tonga and all were married with children. At the time of the conversation Rockford had one wife. Throughout this conversation he and the other two men emphasized the transformation in gender and power caused by the new inheritance law. These men argued that when you married a woman, if you no longer think of her as property, to be married off to one of your relatives when you died, then the fundamental basis of your relationship had changed. This was worrisome for a lot of men, making them afraid that women would only marry them for their money, and would then want to kill the men off in order to get access to their resources through inheritance. But

Rockford and his friends all believed that it was important that the fruits of their labor be given to their wife and children. All men emphasized how they and their respective wives were ‘a team’.

During this conversation Rockford insisted that he was only ever going to have one wife, because if he had more than one wife he would simply have to have more children, and that would cost him more money. Besides, he loved his wife. When I returned to the village three weeks later to establish my long-term field site, Rockford had married a second wife and by the time I left the country six months later he was in negotiations to get a third wife. I asked him what had happened, how could he have engaged in such a passionate defense of monogamy three weeks earlier, and then pick up a second wife. He just smiled and looked sheepishly down at his ‘Women for Change’ T-shirt, one he wore regularly, having received it for successfully completing a workshop on gender empowerment in town.

One weekend, Rockford hitched a ride into town with me and my family to stay at our house and according to him, to “do some business.” He was wearing his usual ‘town outfit’, which consisted of a stylish long-sleeved button down shirt, dress pants and dress shoes, eye glasses, and a cell phone. We parted ways for the afternoon and evening and when I returned to my house in town I found Rockford sitting in a chair reading *Expectations of Modernity* by James Ferguson. We then launched into a conversation about life on the Copperbelt. Rockford had been raised by one of his elder brothers on the Copperbelt, in the town of Ndola. He went to secondary school there and then got a job as a mechanic and a driver for one of the mining companies. He loved his life there he

told me. It was very good, and he had very nice things, nice clothes, and a good place to live with his brother, and a great social life. His older brother was a police officer.

In the early nineties his brother became ill. He suffered a long illness and died. Rockford and his family believe his brother died of AIDS. After his elder brother died, his two other brothers called him to the family farm outside of Nkondonzobvu to talk to him about his future. They told him he could no longer live in Ndola because life was too dangerous there. He protested. He did not want to live in the village. They told him he did not have a choice. He had to come home to the village and start farming in Nkondonzobvu. They would give him a plot of land. I asked him why he did not just say “No.” He smiled at me and said “Ahhh, *Bina Nicolas*, you don’t understand, when your whole family tells you that you must do something, well, you just do it. You don’t have a choice.”

During the entire course of my fieldwork and beyond, Rockford grudgingly resided in the village. He told me he found living in the village dull and that was why he visited town whenever he had the chance. One day when we were talking he told me he thought he might have to divorce his first wife because she never wanted to leave the village, but his second wife would be eager to live in town. He did not know how much longer he could put up with village life. I believe that circumstances have now changed for Rockford. On last report he had given up plans of ever living in town, instead opting to be an influential man in the Nkondonzobvu area. He had opened up the first barbershop in the village. He had also bought a DVD player and was going to start playing movies in the village for money, with electricity from his generator. He had built

his wives one enormous house and was expecting his first child from his second wife. He and his brothers were called on often to mediate conflicts in the area.

Rockford had fully embraced what many might call a modern lifestyle, or at least 'town' life. He left village life early to go live in town with his older brother. Before moving to the village as an adult he had had very little exposure to village lifestyle, farming, and livestock production. He completed his education and had a good job in the Zambian industrial sector. He was one of the few people in the village who could drive. He could also speak English, Nyanga, and Bemba. He had a dazzling wardrobe, which he loved to show off when he was in Choma, and was quite comfortable negotiating urban social contexts. But the urban lifestyle, and the material trappings of modernity represented there had been deemed too dangerous by his elder brothers. The temptations were too many.

Even though no one knew for sure that Rockford's older brother had died of AIDS, his family thought he would get the disease if he continued to live in town and engage in the 'town lifestyle'. So they forced him to move back to the village and adopt what they considered a more 'traditional' lifestyle. This lifestyle consisted of farming, raising cattle, and having wives and children who reside on a large family homestead in a village. For Rockford, this adoption was gradual. At first he insisted he was going to remain monogamous, that his village life was only going to be temporary. He succumbed to social pressure and took on more than one wife, increasing his social status in the village and embedding him deeper within the village culture. He then gave up his plans of returning to town and began to take on the 'traditional' role of a respected and propertied male in an African village, mediating conflicts, offering advice to local headmen, lending

assistance to villagers in need. For Rockford's family, one that was very well educated and wealthy by local standards, safety was to be found in 'tradition', danger in the 'modern'. Rockford had fought a battle for a modern identity and had lost, but in the process had learned to accommodate his forced 'traditional' lifestyle into his expectations of modernity as much as possible.

Muzi

My next example is a young woman I interviewed in town. For me her story is symbolic of the many ways categories of 'tradition' and 'modernity' can overlap, and weave young women into a trap with AIDS and inheritance which allow them little room to maneuver. It also demonstrates clearly, how different actors in inheritance conflicts can use categories of 'tradition' and 'modern' to their advantage. If Muzi, the main character of this story, had been more savvy, better educated, or had better social networks, this story would have had a different ending. However, like many young women in Choma, she was distant from strong family networks, was not well-educated, and unable to emerge from her marriage and sudden widowhood with any long-term support. Muzi completed grade one in a village school. Her father died when she was in grade one and after her father died she was unable to complete any more school.

I met Muzi through friends and contacts. She was a young Tonga widow living in Choma, in a very poor section of Mwapona compound. She lived with her grandmother and her young children. In my interview notes I had indicated that it was likely that Muzi was HIV positive but did not know. According to local gossip her deceased husband had been known as a 'player' around town and had been sick off and on for the last few years.

When we first arrived at Muzi's grandmother's house for the interview there were a lot of people around, mostly women in their forties. They seemed anxious to contribute

to the interview but Muzi seemed extremely uncomfortable. We finally told Muzi's neighbors that we would like a little privacy. Most of the neighbor women drifted off and Muzi began to tell us her story.

She was born in the Kalomo district, the district to the south of Choma district, in the village of Mwatajela in 1983. She had two children, both girls. The first was born in 2000 and the second was born seven months ago in 2004. She came to Choma in 2000 from Maamba (a nearby Tonga village). Muzi explains that her grandmother came and got her in Maamba saying 'let's stay in Choma', because her grandmother needed someone to come here and stay with her. It is not uncommon for grandchildren to move in with their grandparents and help out. Children and young adults tend to move through relatives' households quite frequently, staying with one set of relatives for some time before moving on to another. This type of movement is related to a larger Tonga philosophy that no child is ever an orphan because all Tonga adults are parents to all Tonga children.

Muzi's husband was the father of her second child. I remember thinking during the interview that I should probably ask who the father of the first child is, but Muzi seemed uncomfortable talking about it and I opted not to, wanting to allow her to preserve her dignity. When I asked Muzi to give me details of her husband, how old he was, where he was born, she told me she did not know. She explained to me that she never really found out. She thought he was born in the 1960's sometime and she knew that he was a Tonga because of his last name. She married her husband in 2002.

I asked her how she met him. She said that he found her at her grandmother's house. He was a neighbor. He had a job as a lorry boy at Choma garage, which means he drove trucks for the large Indian owned and operated auto repair and supply store in town. When I asked Muzi how her husband died she said he died in the evening. He came back from work. He ate some *nshima*. They then went to sleep. A few hours later he woke up complaining "of heart beat". He died at 5:00 am just like that. He died in 2003 when she was three months pregnant with their child.

I asked her to describe to me the funeral because it is the process of funerals and burials that prompt the most critical decisions regarding inheritance. She told me the funeral was held at the home here where she was staying. Then she went to the graveyard with her husband's family. At the graveyard she had to run around the grave, and then lie on the ground for a few minutes. Then she ran back to the house with her sister-in-law. The following morning the elder-sister to her husband 'cleansed her' through a process of *kujuta*¹¹ and then they covered her in mealie meal. Then Muzi bathed herself in regular water. That night her in-laws gave her herbs to bathe in and she had to do that for the next seven days.

The funeral was held right away as opposed to waiting the traditional one-year period. Often times when a Tonga dies, the burial occurs within a few days of death but an official funeral is held six months to a year later, giving family members time to travel and gather, and to give in-laws time to discuss who might inherit a wife and where

¹¹ *Kujuta* is used to 'cleans' a widow of evil spirits. *Kujuta* means to slide, and literally, one person slides across another person. *Kujuta* is done when sexual cleansing is not possible or not recommended, but is usually not considered sufficient for cleansing. If someone has *kujuta* done then they must also perform other rituals to complete cleansing, such as slaughtering a goat, brewing beer, or in Muzi's case, being covered in mealie meal and performing ritual bathing.

property and resources might be distributed. In this case, the funeral was held immediately, indicating likely that little discussion took place.

I asked her where she was living at the time of her husband's death. She said that she was living with him in his house in Mwapona compound. But after his death the relatives claimed that she must have killed her husband because the death was so sudden. They used this as a reason not to give her very much property and to throw her out of her husband's house. She inherited only one pot and one blanket and was not offered any support for her unborn child. After the funeral her grandmother came and got her and brought her back to the house she is residing in now. Muzi said that the relative to the husband of her sister-in-law was now living in her husband's house. The in-laws said because Muzi was the one that killed her husband there was nothing that they could do for her. Her husband had a pension from his job at Choma Garage, which legally should have gone to his wife and child (as well as the house). But the deceased's sister-in-law went to the garage first and told the supervisor that Muzi killed her husband and did not deserve the pension. So the supervisor gave the pension to the sister-in-law instead.

I heard of several instances in which in-laws made successful claims on pensions by accusing the surviving wife of wrongdoing. This is illegal, but effective, as the accused generally does not want to face further public sanction and lose whatever property she may have received from the inheritance. Moreover, two informants who faced similar situations in Choma told me they had gone to victim's support at the police station and had been told to go home and let the in-laws take what they wanted or face further harassment. The tactic of accusing the wife of wrongdoing also works as it plays into larger social fears about women using men for economic gain, and the general moral

ambiguity that surrounds the Intestate Succession Act. Many people simply are not sure that a wife should have rights to her husband's property, particularly when marriages are short lived and wives are young. According to Muzi the sister-in-law continues to tell everyone that Muzi killed her husband so none of her former in-laws will give her any assistance, and even though she asked to be inherited, no one offered.

Muzi's story is filled with confusions and contradictions like many stories of inheritance. She came to Choma from the village, and she brought with her a child. When a 'town' man with a regular job proposed, she quickly agreed to marry him, likely seeking support and security for herself and the child she brought with her from the village. But she married a sick man who likely hid his illness from her. After he died she was easily victimized because she was young and from a rural area and had not developed a strong set of social networks in town. She had no one to help counter claims that she may have caused her husband harm, or support her own legal rights. His family managed to swindle her out of much needed support for her and her unborn child by denying her rights to property under the Intestate Succession Act, claiming that she had killed her husband, presumably through poisoning or witchcraft. What I find quite insidious about this story is that many people in Choma assumed Muzi's husband to be HIV positive and given the situation, it seems highly likely to me that his family knew, or at least suspected he had AIDS. In the past he had long-term sexual partners that had died after protracted illnesses that looked like AIDS. Yet family members were able to employ what are classified as 'primitive' accusations of witchcraft in order to justify their own breaking of 'tradition' by refusing to inherit Muzi, while at the same time denying her

property under the identity of ‘modern’ wife. In my interviews with Muzi, AIDS was not mentioned. But it swirled around her story and possibly propelled her into destitution.

Conclusions

People in Zambia know about HIV/AIDS. Many of them understand the statistics and see the prevention campaigns. They know how the disease is transmitted, and they know about condoms and safe sex. When people in Zambia leave for Botswana to find work where the rate of HIV infection hovers around 40%, Zambians joke that they are going there to die, to ‘get a death sentence.’ They know the risk of infection is high. But how do you avoid AIDS when the disease itself seems to invade every aspect of ones personal relations?

My examples here are meant to demonstrate the ways AIDS influences outcomes in everyday decision making, even when the disease itself is not at center stage. AIDS or the threat of AIDS serves as a justification for adopting lifestyles, altering marriage patterns and changing life goals. In Rockford’s case he tried to model the message of modernity promoted by AIDS prevention and inheritance campaigns. He was determined to only have one wife, live in town and contribute his labor to the large multi-national copper companies, leave any and all property to her, and remain faithful. Ultimately social and family pressure prevailed. He was compelled to adopt the trappings of a ‘traditional’ life, one he had never known. He took on multiple wives, gave up his livelihood in the formal cash economy, and lived on a homestead with his adult brothers and their families. They are continually working as a family unit to increase their economic and social status in the village, through networking, exchanging favors, and pooling resources.

More significantly though, Rockford had originally intended to live his life according to the lifestyle suggestions presented in AIDS prevention campaigns. His lifestyle choices were the ones that are supposedly representative of a modern and moral life. He was going to work in the formal sector, marry one woman, have children, educate them as well as possible, and gather material possessions which presumably would then be redistributed to his family when he died. However, this lifestyle was determined too dangerous, and unmanageable by his family members. Instead, he was pressured into adopting the lifestyle often maligned by AIDS prevention campaigns, a polygamous, rural based lifestyle, largely outside of the formal economy. Rockford himself is not any more or less 'modern' or 'traditional'. His attitudes in many ways would be considered quite progressive in a Zambian social context. However, the risk prevention strategy chosen by his family members, have pushed Rockford into a lifestyle considered 'traditional' and in need of 'transformation' and 'civilization' by many of the AIDS prevention projects that believe they are intervening in order to protect Rockford's (and the many others like him) health.

Muzi, on the other hand was only in pursuit of stability. She was shuffled off to her grandmother's house after she had her first child. She too married a man in pursuit of a monogamous, nuclear, family arrangement. But when her husband suddenly died she found herself forced out of any social or economic rights by a simultaneous employment of both tropes of 'tradition' and 'modernity' by her in-laws. For 'traditional' reasons she was deemed un-inheritable, to claim either her rightful place under traditional or modern inheritance practices. She got lost somewhere in the margins, unable to successfully negotiate either a modern or traditional space for herself.

The situation in which Muzi found herself is similar to the situation many young Zambian 'town' women find themselves during the AIDS pandemic. They become widows at an early age, with young children. They do not have the social networks in place to ensure that the traditional support systems, such as wife inheritance or financial support by in-laws, that would commonly be utilized for older widows. Moreover, they often lack the education, and other social networks that would allow them to pursue their legal rights under Intestate Succession.

It also appears that their rights and position as widows is somewhat ambiguous in the eyes of fellow community members. Women in Muzi's position often do not have community support, their motives for marriage are viewed with suspicion, and their claims for support met with cynicism. There is an underlying sense among many people in Zambia that women in Muzi's position are there because somehow young women today are immoral, and dangerous, and their motives suspicious. Because they are widows at such a young age, they become (as Mary Douglas might suggest) "matter out of place." Instead of falling into a social category in need of support, young widows become a category defined as socially risky, and therefore, one to be avoided.

Chapter Five: Inheritance in Southern Zambia

“The old men tell us that if wives take the property of their deceased husband the elder men of the community will bewitch them. And we tell them “Fine, you can bewitch them, but you will still not get their property and you will die poor men!” (Charles Diinda, Lawyer and Activist for the new inheritance law, speaking of his trips into rural Tonga areas promoting the state inheritance law. Diinda is himself Tonga, originally from a small town outside of Monze in Southern Province, Zambia, 2004).

“Well, now here in Nkondonzobvu, right now, if a woman dies, the wealth of the woman goes to her relatives, it does not go to her husband. If the husband dies, the wealth goes to the wife and the children. So, for now, we husbands, we are just workers. We don’t want to be workers for someone whom we paid a lot of animals.” (Vice headman in Nkondonzobvu, April 2004).

“This new law, aaargh, women are killing their own husbands so they can inherit. They want the wealth from their husbands so they are killing them. So, us men, we are not safe” (Headman, Nkondonzobvu, May 2004).

Introduction

When describing customary inheritance in this chapter I invoke the category of ‘tradition’ because this is the way Tonga would describe their customary inheritance practices. Someone who follows ‘customary’ inheritance is following a ‘traditional’ life course. What I do not mean to suggest is that either ‘customary’ or ‘traditional’ inheritance is static, nor are practices that seek to follow the Intestate Succession Act, which I categorize as “modern” inheritance. Elizabeth Colson began writing about the changes in Tonga inheritance, influenced in part by colonialism and changing economies, in 1950 (Colson: 1950). At the time of her writing she discussed how inheritance had been changing for some time among the Tonga, as well as writing about the cultural structures that would change if the Tonga were to start writing wills. Some fifty-five years later, many of the same debates as laid out by Colson continue to take place among the Tonga. However, the situation has become a higher profile issue because of the 1989 Intestate Succession Act that directly challenges the “civility” of Tonga inheritance, together with the presence of AIDS, which causes the untimely death of many men and women, leaving many more young women widowed than in the past.

Both types of inheritance are in a constant state of flux and transformation allowing them to keep pace with whatever the current understandings of ‘traditional’ and ‘modern’ happens to be.

In this chapter we will turn to ethnographic examples, conversations, and local documents to examine how inheritance is locally managed. My intention here is to present a general picture of inheritance that show how patterns of customary and statutory inheritance fit in to the Tonga landscape. While in the field I was told numerous ‘official’ explanations of how inheritance should go, in either a customary or a legislative manner. I will present these explanations here while also using ethnographic examples to illustrate how actors try to pursue one course or another. Inheritance laws have always been interpreted locally, altering to fit within local relations of power. In Africa, inheritance has often been viewed as the primary vehicle for creating and maintaining extended kinship ties (fictive or otherwise). Customary inheritance patterns among the Tonga seek to do this as well. It is clear that one of the primary reasons many Zambians are uncomfortable with statutory inheritance laws is because they serve to codify which kin relations should be the most important (those within a nuclear family framework) while isolating or minimizing other relationships.

Proponents of both customary and modern inheritance have compelling reasons for why they believe their form of inheritance is the best, providing the greatest advantages and the most humane efforts in what is typically a sad and difficult situation. When family members negotiate inheritance issues it is important to remember that there are a number of different actors that have different vested interests in particular outcomes. Moreover, an actors’ interest varies not simply according to the kinship

position that person holds, but also the larger social context (e.g. rural or urban, healthy or sick, wealthy or destitute) within which negotiations take place. Actors often try to weigh out actions that would achieve short-term material gain and security against long-term social security. When inheritance issues are being worked out, they are taking place in a variety of personal and social contexts in which a number of actors are negotiating the best outcomes for themselves and their families. Because of the severe economic crisis most Zambians find themselves in, the stakes in charting a course for inheritance, are quite high. Both on the level of ‘official’ explanation and everyday manifestations categories of ‘modernity’ and ‘tradition’ come into play – consciously and unconsciously by the participants.

As Laslett (1969) and others have pointed out, family structures, and then by extension, inheritance, have long associations with the categories of tradition or modern. The “modern” family is defined in nuclear terms and has been associated as a necessary ideological and social precursor to industrialization in Western Europe (See Goode: 1963, Laslett: 1969). As African nations are either compelled through structural adjustment, or in efforts to attract foreign investment, try to create “modern” labor forces, nuclear family structures become privileged in national discourse and national legislation.

AIDS serves as a backdrop in many of these conversations. Sometimes people explicitly acknowledge that someone died of AIDS. Other times it is clear that someone did not die of AIDS, but as people change behavior in the face of the pandemic the disease still resides in the background and helps shape options. During my fieldwork it seemed clear to me that people knew social norms were changing because of AIDS, but they were not exactly sure in what direction things were changing. Anxiety about AIDS

and a disrupted social order appeared frequently in conversations about young women's sexual behavior (i.e. that women were only after men's money and would only begin a relationship with a man so she could have access to his money, or that women would go out, drink beer, become pregnant and then have a secret abortion – a taboo activity that then causes many people to become ill). At times I wondered if this were a 'liminal' period for social behavior, a space in between or a transition zone in which more options were open because people had not fully settled on what were the appropriate, or best practices for dealing with death and inheritance in a time of AIDS. I am quite certain inheritance practices will continue to change, and that Zambians will soon express openly how AIDS has changed their conceptions of what to do in these situations. As of the time of my fieldwork, AIDS was still being whispered in the background for most, as explanations, and options were being 'tried on' to see if they fit. This sense of both confusion and clarity will arrive as I lay out the multiple inheritance scenarios below.

By examining how the cultural and historical messages embodied in the definition of AIDS and its emergent prevention industry were structured through a particular social lens, I will be able to lay the foundations upon which the ongoing inheritance debate in Zambia intersects the local and global manifestations of the AIDS pandemic. Discussing inheritance in this way compels me to depart from more familiar framings of inheritance that is often centered around links with marriage, resource distribution, and corporate groups. While these more traditional understandings of inheritance are useful, and even relevant in this case, they do not capture the entire picture, which in this instance is the way local populations are incorporating global discourses on disease and prevention into seemingly unrelated social processes. I have deliberately chosen to locate the discussion

of changes in inheritance practice beyond readily understood paradigms of legal pluralism (e.g. Collier; 1973, Griffiths; 1997), shifting structures of kinship organization (e.g. Mair; 1974, Radcliffe-Brown; 1952) or political economy (e.g. Parpart, 2000) to create a framework for understanding the inheritance debate in Southern Province, Zambia that invokes paradigms of modernity, and social constructions of disease. This more multivalent paradigm offers a way to draw together local, state, and global level processes and perspectives. In this way, the local does not become merely descriptive of more general social processes. Instead, dissecting how the “local” is a larger representation of a multi-layered, multi-directional process, we are able to better understand how global constructions and renderings of disease are impacting daily life on a large scale in sub-Saharan Africa.

The inheritance question - Southern Province

The ongoing debate about inheritance practices in Zambia is embodied through a series of contentious practices that fall loosely on a scale of what most Zambians would consider either traditional and modern, or perhaps rural and town. Many people in the areas I worked in described the Tonga as maintaining some of the more “traditional” inheritance practices, as evidenced through their continued use of the levirate system. During interviews, members of many of the other matrilineal based ethnic groups in Zambia (e.g. Luvale, Tumbuka, etc.) claimed that their groups used to practice wife inheritance, but they do not any longer because of the threat of AIDS. The explanation that AIDS is the reason wife inheritance was stopped is notable because in most of these ethnic groups wife inheritance stopped prior to the wide spread appearance of AIDS, likely ending because of national level economic and social changes. When I was told

that wife inheritance was no longer practiced in any groups except the Tonga (and “a few others closely related to the Tonga” they would often add) because of fears of AIDS, I was invariably told this by someone in the town of Choma. This explanation as to why their particular ethnic group no longer practiced the levirate system while the Tonga still did, despite the threat of AIDS, served to reinforce a general stereotype among many in Choma that the Tonga were somehow backwards, traditional, and not very cosmopolitan. While members of other ethnic groups residing in Southern Province contend that their groups no longer practice wife inheritance they still maintain that a woman and her children are not the rightful recipients of property upon the death of a spouse. Property should return to the deceased’s family, and until or unless the widow remarries, the children of the deceased should be cared for or looked after financially by the deceased’s matrilineal kin. Most often the care of these children is seen as the responsibility of the deceased’s immediate family, in other words, parents, siblings, and any adult offspring of those siblings.

Despite all of this, the ‘traditional’ approach is one still widely practiced among the Tonga in Southern Province, particularly in rural areas. All widows have the right to refuse inheritance and as stated in chapter one, many older widows prefer to remain on their own, usually receiving partial support from an adult son. According to custom, widows must be sexually cleansed by a male relative of the deceased in order to escape malevolence from their deceased husband’s spirit or *muzimo*. If a male relative is not available a female relative can do cleansing through the process of *kujuta*. *Kujuta* is ritual sliding where a member of the deceased’s family will slide her or his body over the unclothed body of the widow. *Kujuta* as a form of cleansing is becoming more

widespread in both rural and urban areas, among the Tonga. But many of my informants believed that *kujuta* does not offer sufficient protection from a deceased's spouse *muzimo* and the family members of a person who receives *kujuta* will have to offer a goat or another small animal in payment to the person who performs *kujuta* to ensure its effectiveness. *Kujuta* is widely promoted as a "safe" method of cleansing if cleansing needs to occur because it does not include sexual contact while not directly challenging traditional inheritance beliefs.

The family of the deceased can also decide not to perform sexual cleansing but instead perform *kujuta*. This is usually done if the widow is not going to be inherited, and sometimes can be used to signal others in the community that the wife or wives could be sick, and there is a risk of contracting AIDS if sexual cleansing were to be performed. Throughout my fieldwork women would often claim they were happy to escape sexual cleansing and inheritance because it meant they were free to remarry whom they wanted. On the other hand, it was clear to them and their larger community that the surviving widow would not receive as much support from her husband's kin as if she had been sexually cleansed, and/or inherited.

In urban areas other forms of ritual cleansing are increasing in popularity. Women will often bathe in herbs, or are covered in a combination of oil and mealie meal, and/or run from the grave of the deceased. The widow will have to bury the clothes she was wearing during their spouse's funeral, or she might have to cut off all of her hair. She will often have to brew beer after a designated waiting period and then serve it to her former in-laws and family members. The rituals vary but all are meant to signal to the deceased's spirit that it can rest now and no longer bother the living.

The 'modern' approach seeks to regularize inheritance and prevent the wholesale exploitation of widows upon the death of their spouse by structurally supporting and reinforcing women's status as economic equals to men through statutory regulation. The legal statutes that guide 'modern' inheritance recognize that almost all people in Zambia will die without writing a will, and those that do leave wills may have them challenged by family members. It also recognizes that few people have access to lawyers, formal courts, and the other apparatus that make inheritance the more formal legal process that operates in many Western countries. The statutory inheritance law creates a uniform framework for property distribution and provides limited leeway for individual interpretation.

It is important to point out that property in this context does not mean land. Until very recently there has been little competition for land in many parts of Southern Province, and gaining access to land as a male head of household has not been difficult (Unruh et al 2005, for historical perspective see Colson, 1950). In the frontier area where I conducted rural fieldwork some local headmen still had unclaimed land in their areas to give to newcomers. Migrants to Nkondonzobvu have not maintained exclusive ties to their extended kin networks, and this is reflected in decisions about access to land made by headmen (Unruh, et al 2005) as well as decisions regarding inheritance. Yet, despite attempts to move out of clan networks into more nuclear family arrangements there seems to be a constant tension between immediate and extended family networks by migrants. When people try to enact modern inheritance scenarios extended kin networks react with anger and threaten to withdraw social support, and worse. Maintaining family and community harmony is a high priority in rural Tonga communities, as survival is

often precarious. People are often forced to call upon extended kinship networks for assistance. Alienating these networks is risky.

In rural areas most of the land is under the control of the Chief and local headman, and is managed under what is known as “customary tribal rules of succession” (Liswaniso, 2000:34) and land titles do not exist. Property, in this context, does not revolve around issues of land tenure, but instead, livestock, farming implements, and household items. In wealthier or urban households inherited property may also include televisions and other household appliances, a house, or a vehicle.



Figure Seventeen: Property distribution, Tonga funeral

In urban areas a title for property can be secured, and houses can be bought. But even in urban areas, titles are not that common. Informants complained that obtaining the survey required to enter into a formal titling process was hopelessly backed up. These informants said that in order to have land surveyed one had to be very wealthy and influential. Often a bribe would be required.

AIDS and inheritance

The widespread threat of contracting HIV has not only changed attitudes around customary inheritance and sexual cleansing, but has also changed the way the Intestate Succession Act is viewed and promoted by NGO's. The campaign for the adoption of Intestate Succession has transformed from a campaign that simply promotes women's rights, to a campaign that promotes women's rights and AIDS prevention. AIDS prevention groups send out messages stating that customary inheritance practices *promote* AIDS.

The image of the widow is also changing in Zambia. As AIDS continues to infect the young and economically active adults, widows are becoming younger. Oftentimes they have young children and if healthy, are expected to bear more children. Of course, if a man dies of AIDS it is not uncommon that the widows and their offspring are also ill. Sick women may find it harder to remarry or to be inherited, particularly if it is acknowledged or suspected that their husband died of AIDS. If they are inherited they will be compelled to have a child with their new husband in order to secure their place in the family, making their own survival even more precarious, as pregnancy is a major health risk for HIV positive women.

Healthy widows are increasingly concerned about maintaining a 'healthy' status and do not wish to jeopardize their own lives by marrying men they see as risky partners, or those that may be infected by AIDS. During my field research, most of my female informants claimed they would like to refuse or circumvent a traditional custom that would have them be inherited upon the death of their husband, and I interviewed around twenty women who were actively taking steps to either terminate their inherited status or to avoid being inherited at all. Some of these women successfully negotiated an end to their "inherited" status, but others faced significant social sanctions and loss of property. Still others were continuing to map out ways of leaving their inheritors while maintaining some type of support and access to land and property. This support and access to land is critical to young widows in Nkondonzobvu, who are often far away from their own families. Returning home, particularly if their "home" is in the very impoverished and crowded Gwembe Valley, is not a viable option, although under customary patterns this would be expected (see Colson 1968).

In most cases AIDS is a long-term illness and therefore, providing care for family member throughout the last stages of the disease is a major drain on finances. People sell off property and assets in order to buy nourishing food or medicines for the family member that is ill. This leaves less property available for inheritance when the person dies. Extended kin who have offered help, or care, to a dying relative often feel they deserve to be compensated out of the remaining property. Even if a woman refuses to be inherited, she will often agree to be cleansed, particularly if she wishes to maintain good relations with her husband's kin. In these ways, AIDS has become directly inserted into the contentious practices about inheritance.

Widows are forced to employ many strategies in these situations as they weigh their options for long-term survival. One of these strategies brings the discursive power of AIDS into the realm of inheritance when widows refuse to be inherited, saying they do not want to risk infecting themselves with AIDS. They will question the health of their proposed inheritor and appeal for support among their own kinship networks or that of the deceased's spouse to spare them death by AIDS. If they do this they are free to marry someone else, but will give up any support for themselves and their children from the spouse's relatives. Under customary inheritance norms a widow could refuse to be inherited but still expect that her offspring would receive support from her former in-laws. However, any material support provided to a widow and her offspring appear to end as soon as the widow marries outside of her husband's matrilineal kin.

A widow also might claim herself infected with AIDS in order to make herself not attractive as a potential mate to be inherited. In this way a widow may ensure that she will receive support from her deceased's kin (at least for the children) without having to be inherited. By making this claim though she limits her abilities to marry someone else from the local area in the future. Perhaps what is most important here though, is that by invoking AIDS widows can circumvent local inheritance pressures without ostracizing themselves from the larger community.

When people argue they are refusing customary structures of inheritance in order to protect themselves or others from AIDS, they are invoking AIDS as a discursive tool, using AIDS as an excuse to step out of custom. In 2004, very few rural Zambians would have confirmed their HIV status through a medical test, yet an individual could, in certain circumstances, assume this status about themselves or others. In this sense, the AIDS

pandemic has created a situation of social flux, providing new spaces to maneuver. In other words, AID is accepted as a serious risk, and by justifying a particular set of actions as a way of avoiding AIDS is seen as a legitimate step to preserve ones life and livelihood within the local moral economy. But it had to be done according to certain local conventions and norms, all of which will be explored further below. Of my informants who inherited wives or were inherited, or who had avoided this situation, none had been tested before embarking on their particular course of action. Yet, many had brought up the issue of AIDS at some time during the process of inheritance, using it to buttress their position in one way or another.

Communities in Southern Province accept fears or threats from AIDS as logical reasons for pursuing a particular inheritance objective. Folk understandings surrounding the cause of AIDS, such as witchcraft, and secret abortions still swirl around in neighborhood and village gossip. But most people believe that they must at least act like, or publicly acknowledge, that AIDS is a sexually transmitted disease, and encouraging a woman to be inherited when she invokes AIDS as her reason for wanting to avoid it, is no longer acceptable. To promote wife inheritance when a widow claims she is afraid of AIDS or infected with HIV carries a risk of stigma to a community. The community or members in it may be defined as “backwards” or as not being a good candidate for AIDS funding in the form of an NGO education, or food distribution project.

For example, during my fieldwork a prominent family had lost their fifth adult child to the AIDS pandemic. During the funeral celebration that took place several months after the death and burial, many funeral attendees were discussing whether or not the surviving widow should be sexually cleansed. Some believed that the woman should

be cleansed because there were fears that witchcraft had caused the illness. However, many others in the village pointed out that the death was far more likely to have been caused by AIDS. The surviving adult son also suggested that his brother's death was due to AIDS and not witchcraft, and argued against sexual cleansing. After much debate it was decided that sexual cleansing would not be performed, and at the close of the funeral several prominent men remarked that indeed witchcraft had not been involved in the death. Within a few weeks, news had spread throughout the area that this widow would not be held accountable for her husband's death, that instead it should be understood he died of AIDS.

However, claiming a death by AIDS does not insure that surviving widows can avert unwanted inheritance or sexual cleansing. In a nearby village another large funeral for a male head of household was held two months later. During this funeral it was also widely acknowledged that the man had likely died of AIDS, leaving behind three surviving wives. Another wife had already preceded him in death after a long illness. At the funeral it was announced that no sexual cleansing would take place. Yet, when I followed up two weeks later, sexual cleansing had taken place, in private, after the funeral had concluded. In this instance, while it was acknowledged that AIDS was likely present, and that the customary norms of inheritance could be averted and inheritance claims would be legitimated at a community level, family pressures to pursue customary inheritance norms eventually won out.

The preceding example illustrates an important point. In any of the customary inheritance scenarios discussed it is important to note that inheritance is a process. It takes place over time. During my stay in the field I watched twelve inheritance cases

unfold and learned about many more. Most of these cases involved more than one wife. People who said they would follow one course of action ended up following another. In four cases widows claimed that they were going to follow the rules of Intestate Succession, but when pressure from their in-laws became too much to bare they would relinquish property and rights. In at least three cases, widows would begin by accepting inheritance, but later would run away from the man who had inherited them. And in one notable case, of the surviving ten wives, only one accepted inheritance, while nine others refused, but the brother of their deceased husband refused to let any of the women marry other men. All ten women later negotiated a release from their inheritance, and moved off their husband's homestead, where they all had been living together for the last several years.

A man also may refuse to inherit the spouse of his brother, but then later find the temptation of more land and labor to be too much and 'marry' his deceased brother's wife, even if he knows she may be ill. It is not difficult for a man to change his mind and inherit a widow within a few months after a funeral. When a man decides to marry the woman that he was designated to inherit, all he needs to do is have sex with her once then go to the local headman and ask him to register the marriage – which simply means that the headman will make a note of it in his record book.

While I held informal discussions with community members regarding their perspectives on inheritance throughout my fieldwork, it soon became clear to me that in order to find out how inheritance was actually being practiced I had to interview many people involved in ongoing inheritance processes. What people said they would do varied from what people often did. Working with information gathered through the Gwembe

Tonga Research Project makes it clear that one season of fieldwork is at best, a snapshot of a moment in time. The people undergoing inheritance processes are reacting to circumstances happening at that moment. Those circumstances change and so do inheritance outcomes. While a legal decision can be made regarding the status of property under Intestate Succession, interpersonal dynamics that propel or mitigate conflict, and provide or withhold social support will continue indefinitely. When I return to Zambia again, I fully expect many of the supposed outcomes of the inheritance cases I analyzed to have changed into something else.

Ideal Scenarios

As with any practice, individuals' pursuit of 'modern' inheritance, or 'customary' inheritance vary widely. In 1950 Elizabeth Colson argued that inheritance practices had been changing rapidly in the early 20th century, but when Europeans introduced customary courts, inheritance practices among the Tonga became more regularized and the rate of change slowed (Colson, 1950). Today customary practices continue to present a flexible framework that is utilized to best suit personal circumstances. In ninety-five percent of the cases I observed, people combined elements of what could be described as modern or customary inheritance, but when asked to describe customary or statutory inheritance practices, people give a consistent rendering of key characteristics that define each. In the subsequent sub-sections I will present what would be considered the ideal elements in customary and modern inheritance scenario as presented to me in 2004, but I also draw on historic information by Elizabeth Colson where relevant. This section is designed to show how Zambian people generally understand inheritance to work, and not necessarily what occurs in individual inheritance cases.

Customary inheritance

Ideal Tonga customary inheritance rests on the idea of perpetuating and preserving extended family networks ¹²in a subsistence farming economy. Indeed Colson argues that the unit consisting of a man, and his wife and children is of less importance than the matrilineal clan, and inheritance operates within the matrilineal clan group. She contends the right to inherit and the right to share in each other's bride wealth binds the members of a matrilineal group into a common body (Colson, 1950:31). She defines the matrilineal group as follows:

The matrilineal group is composed of those people who have the right to inherit from each other, to choose one from among themselves to replace a dead member of their group by taking his name and his spirit. It is the matrilineal group, and not the clan, which acts in inheritance, which provides and shares bride-wealth, which accepts responsibility for its members (Colson 1968:133).

Today patrilineal clan relationships appear to be rising in importance, and nuclear family arrangements have become more central in organizing community life, but matrilineal clan relationships continue to play a key role in determining marriage and inheritance outcomes, particularly in rural areas.

Tonga men also say that inheritance practices rest on the notion that 'women are children.' What Tonga mean when they say this is that women need the social and economic support of men to function legitimately at a community level. They are economically and socially subordinate within a marriage. When a male head of household dies, the surviving wives and children must be supported both socially and financially by his family members. His household property reverts back to his

¹² Historically, Tonga marriages were arranged in childhood between cross cousins. This was a risk minimization strategy done in order to maximize clan resources, encouraging the distribution of resources within a clan across as wide of physical and social space as possible. According to Colson, Cliggett, and my own research today cross cousin marriages are still found, but much less common among people in their twenties and thirties.

consanguinal kin, and in theory is held in trust for his children, or used to finance their upbringing. His household assets are also viewed as a source for repaying material support granted by family members to the deceased while he was alive.

A successor to the deceased is ideally a brother or sometimes a matrilineal nephew. He is named at the funeral, an event distinct from the burial. The burial occurs within a few days of death but the funeral often takes place six months to a year after someone dies. This is so family members from far away can make arrangements and travel to a funeral. The successor inherits the wives and children and the bulk of the estate. According to Colson (1958), in choosing a successor, the relatives seek to find someone who will be able to care for the wives and children, which means finding someone who will be acceptable to the wives and their relatives. If the deceased man was a headman or the head of a large homestead, they will also wish to find someone who can 'look after people properly'. Ideally, a man of peaceful disposition, of sound judgment, able to give good advice, and unlikely to squander the property of his predecessor lightly on his own concerns will be found and selected. Only an adult man can perform the duties inherent within the position a successor. The people will also try to choose a man whose succession will not upset existing relationships within the clan and the community (Colson, 1958). She goes on to describe the ideal successor as:

....among the 'brothers' – which includes sister's daughter's sons – of the dead man, although they frequently decide to overlook all objections and take a 'sister's son'. If all else fails, they may even choose a successor from a generation senior to that of the dead man, but this is considered a last resort (Colson, 1958:34).

While younger men (e.g. sister's daughter's sons) are considered legitimate successors today, the parties involved rarely accept this agreement, because younger men

are reluctant to saddle themselves with an older wife. The three older widows I interviewed that were offered this arrangement also complained that a younger man would not be able to take care of them properly and found it vaguely insulting that a younger man was considered suitable for them. They complained that young men today only cared about money and did not have the same respect toward elder people and “traditions” as they should. Younger men will only be named if no healthy older man is available, and women often appear to use this situation to ‘opt out’ of inheritance and move in with an adult son. In this instance, an elder widow can expect continued social support from her former in-laws, but will receive only minimal material support from this group. In addition, today most Tonga will contend that a woman can be named successor to an estate and inherit wives and children. However, I saw no actual case in which this happened but did hear that a woman was named successor in an inheritance that occurred in Sinafala (a village in the Gwembe Valley) several decades ago.

The successor begins his duties first by sexually cleansing the widows in a ceremony at the close of, or after, the funeral in order to free the woman of her husband’s spirit. He must then ‘cleansed’ the infant children by giving them a spoonful of what was described to me as ‘African medicine’, a special mixture of herbs and purified water. An inherited woman is ‘married’ by the successor and if at all possible, she will bear children with him in order to secure a place in his household. She may refuse to marry him, but still foregoes household property. If she refuses to be inherited and marries someone else she will likely be granted only the kitchen utensils and her clothes as she departs her husband’s household.

If a woman agrees to be inherited the successor may move to the dead man's homestead. Colson (1958) claims that in this case the successor is more likely to be addressed by the dead man's name, as others continue to speak of going to such and such a place. But he is not obliged to move. If he already has a homestead of his own, he is likely to remove the inherited wife or wives to his own place. In cases I observed, most women who would agree to be inherited would refuse to move homesteads. If a man lived in a nearby homestead he would regularly visit his inherited homestead. However, if he lived a distance away, he may only visit the homestead a few times a year, leaving himself open to complaints of neglect and abandonment by his inherited wives.

Tonga elders and headmen never mention what, if any, role the women already married to the selected inheritor play in the process. These women seem to have little influence over whether or not their husband will inherit an additional wife. One headman I spoke with did concede that the wives of the inheritor had to agree that additional wives be inherited but maintained that a good wife would of course agree. Below I present the experience of two co-wives who have 'successfully' accepted another wife. When I heard this story in the field, it became clear to me that the process of inheriting a new wife is not easy on existing co-wives, and while men may boast about their additional labor and new sexual partner, the existing wives can find it very painful.

We have to open our hearts to our sister

Edith and Ruth are well known informants for the Gwembe Tonga project. They are co-wives, members of one of the families that migrated early to the Plateau from the Valley. They may know more anthropologists than I do. The first time I met them at their homestead they gently mocked my Tonga and my lack of "appropriate entry". In fact, they made me walk out of their homestead and re-enter, this time following the Tonga etiquette for entry. I got the sense that they had trained many neophyte anthropologists in the finer points of Tonga etiquette. The women are older, secure in their position in life,

and while co-wives, they seemed more like sisters. Their husband was a relatively prominent headman in the area and we saw them around the village frequently.

Collectively Edith and Ruth have raised six children. Five of those children had died because of AIDS. Their husband had lost much of his wealth a few years prior to my meeting them when he was accused of being a witch. Someone who loses so many of his well-educated, adult children must be a witch, otherwise why would they die? A witchfinder had stripped the headman of his wealth, along with many of the other wealthy older men in the area. The witchcraft accusations had died down by the time I arrived and the family openly acknowledged that they thought their five children had died of AIDS. The final concerns about witchcraft had dissipated at the funeral of their last son (mentioned previously in this chapter).

The two women had a co-wife through inheritance. She had been inherited seven years prior to my arrival and seemed to be fairly well integrated into the family, although she was clearly not as close to Edith and Ruth as they were to each other. They seemed to treat her with fairness and kindness but kept her at a distance.

I interviewed the family members several times to learn the ins and outs of customary inheritance patterns. We shared meals together. I sat with the three co-wives while my oldest son sat happily on the lap of the headman picking out the finer pieces of his lunch for himself, then sharing his M&M's with the headman for dessert. After a few conversations with the family it became clear that they were accustomed to answering questions like this and gave thoughtful and complete answers to my questions about how Tonga inheritance is 'supposed to be' and how it diverges from the Zambian legal statutes. Their husband, was quick to point out the benefits of the customary system, presenting it in its most benevolent light. The customary system was one in which no woman or child was left to fall through the cracks. Inheriting a woman and her children upon the death of her spouse was the social safety net. It insured that women would always have a support network intact and would not have to solve problems on her own. They would always have someone to support them, look after them, and take care of them. During these interviews the three co-wives readily agreed with their husband.

I continued to ask the three women what they thought of customary inheritance patterns, as they all had participated directly in it. They answered vaguely, echoing the sentiments of their husband, but also suggesting that nowadays women might be better off choosing who they wanted to marry if they had been widowed.

Finally, my research assistant told Edith and Ruth we wanted to interview just them – alone – at our homestead because we wanted their honest opinion. They agreed. Once we sat down at our homestead the women demanded to know what was so important that I needed to talk with them alone. The interview began with me explaining to them how they were uniquely positioned to offer me insight into the process of inheritance because as elderly women they had seen a lot of inheritance as well as experiencing first hand what it was like to have a woman inherited into their family. I asked them to share that

experience with me and said that I knew the process was very personal and if it was too difficult to share some things I certainly understood.

They looked at each other, then nodded at me and said “ok, go ahead, ask your questions.” I asked them how they learned their husband was going to inherit another woman. They said they found out at the funeral of their husband’s brother. Their husband came to tell them that it had already been decided. Surprised, I said, didn’t he discuss it with you? No, they replied. It was already done. There was nothing we could do. Besides, these women (the deceased man’s wives) were our friends. We had been laughing and joking with the wives of the deceased right before our husband came to tell us about the inheritance.

Why did he only inherit one of the wives and not the other wives? I asked.

“Ahh, because she was the only one who still had young children to raise. The other co-wives had adult sons. They could go live with them.”

I asked them how this made them feel. Edith looked at me and then looked down and said softly, “well, there is pain, it is in your heart, but what can you do? You see this woman and she needs help. She is your friend and she needs help, so you must open your heart.” Ruth added “We all had to open our hearts, all three of us. At first it hurt a lot, but little by little the hurt goes away and you just keep your heart open. This is the only way it works. Everyone has to try, and eventually the pain gets smaller. We might be in the same situation some day where we must be inherited.”

Customary inheritance is not easy for Tonga women. It is seen as a duty that should be taken on honorably. Edith and Ruth refused to speak badly of their inherited co-wife. They refused to treat her with anything but the utmost respect. Yet, her inclusion into the family had clearly hurt both of the wives deeply. It is only through supreme sacrifice, kindness, dignity, and love that inherited wives can be successfully included in the family. The stories of women running away, or being run off from homesteads after they have been inherited are common. In many ways, these stories are more common, particularly among the younger generation, than the stories of inherited women blending successfully into a family.

If a woman refuses inheritance, but does not remarry, then her children can count on her husband’s relatives for future financial and social support. Young males often

need financial support when trying to gather a *lobola* payment for their first marriage, and young females need elder male support in negotiating marriage transactions for them. As a young adult, managing without the support of elder relatives is difficult. Even if one can gather the money or wealth, elders provide an important social role in sanctioning marriage and ensuring that marriage arrangements are made fairly.

Every rural resident I spoke with claimed that a woman who had young children and headed a household on her own would have difficulty ensuring sufficient labor to optimally farm land. A woman can expect help with certain farming tasks from her brothers, for example, oxen and help with plowing, assistance in clearing the land, or extra labor at harvesting time. But women who relied on this arrangement complained that the brother would have to manage the labor demands of his own land first, and then if he had resources and energy left over he would help his sister. Often times the assistance would come too late, and crops would be planted later than optimal. As well, harvesting might be put off, meaning that women who did try to farm on their own without male support often had lower yields, and were seen by others in the community as not optimally using all of their land.

Under Tonga customary inheritance arrangements a widow's in-laws are able to secure family resources including continued access to land by providing for a widow and her children. In other words, when a widow is inherited by her in-laws, these in-laws are able to utilize her labor and the labor of her offspring, and if the woman does not move homesteads, are guaranteed continued access to the land that was granted to her husband. If a widow were to refuse inheritance and marry someone outside of her husband's

family, it is quite likely that this land would be redistributed either to the new husband, or another family entirely, depending on local land pressures.

Many people in both Nkondonzobvu and Choma spoke of administrators as being important actors in inheritance cases. Administrators seem to be a new addition into customary inheritance, and are perhaps a byproduct of Intestate Succession. An administrator is someone from the in-laws family who is designated to “administer” or oversee the distribution of property. Sometimes this person is also the inheritor, other times he is not. But often times he takes a great deal of the property for himself as payment for his role. In most cases in Nkondonzobuv where there was an administrator, widows complained that the person fulfilling this role had taken a great deal of property and disappeared shortly after the funeral. Their actions were seen as predatory, by widows, and many others in the community. There is no legal basis in the Intestate Succession Act for an administrator to be granted large sums of property. When administrators do this, it appears to me that they are using the structures of “formal” inheritance law, which does allow for an administrator, to increase their own claims to the property of the deceased, at the expense of the widow and her children.

Historical Perspective and new directions in ‘traditional’ inheritance

Alongside the appearance of the administrator, there have been some significant changes in Tonga customary inheritance in the last fifty years. These shifts reflect changes in the economy as well as changing ideas about family and kinship structures (for example, see Colson 2000). But the underlying ideals that have perpetuated customary inheritance continue to be articulated today. In her 1958 work Colson argues that succession, or ‘eating the name’ (*kuulya izina*) was not the same as the inheritance of

the *muzimo* (spirit) of the dead. The person who inherits the spirit also inherits the wife and children, and much of the household property. Today the two processes have been combined.

According to Colson (personal communication August 2004) it used to be considered an honor to be asked to eat the name of the deceased but one does not receive any money, only the name. At a funeral I attended in 2004 in Nkondonzobvu the elders tried to name one man to *kuulya izina* and another man to inherit the spirit. The man designated to inherit the name refused. When I asked him why, he replied “why should I agree to do this, I get nothing from it.” When I asked others at the funeral about this they remarked that his sentiment was common nowadays. The elder men that I spoke with remarked that for them this was a sign that young people no longer respect tradition and are just after money. It was viewed as an erosion in social order and control. Many commented that inheritance was different today than it had been in the past. They said that people today only take part in inheritance rituals if they think they can get something for themselves. If they cannot, then they refuse.

Colson argues that only married men who are the heads of households are succeeded, and usually only if their wives agree to be inherited. She states:

Many times when I asked who had taken the place of a particular person, I was told: ‘His wife was already dead so nobody took the place’. As we shall see later, the most significant feature of a man’s personality is his position as head of a household, and this is dependent upon the possession of a wife or wives. If he dies without a wife, by definition he has no household, and no one can take the place which is non-existent. Women are rarely succeeded. I have recorded perhaps five or six instances in all. In their case, succession only occurs if the matrilineal group is willing to offer the widower a new wife in her place, and this it has no obligation to do so (Colson, 1958:31).

Colson's work among the Tonga indicates that long-term shifts in inheritance practices, and unhappiness with 'customary' distributions from wealth have resulted from decreasing economic opportunities, particularly for younger men. In her 1988 work she describes two inheritance scenarios that took place before the 1989 Intestate Succession Act. The actions by elder relatives in both of these instances would today be considered illegal under Intestate Succession and labeled as 'property grabbing.' However, in Colson's description, the locally constructed 'victims' to this unequal inheritance are young men, not the widows of the deceased.

In talking about the downward turn of the economy in the 1970's and the subsequent disillusionment it engendered in young men she describes the following;

Their dependency was all the more bitter, especially if they had to work for their fathers, because high marriage payments and the shift toward cash crops had not had any major impacts on the system of matrilineal inheritance. Sons saw themselves helping to manage and increase resources on which they had no ultimate claim. When one Gwembe Central elder died in 1981, his only surviving brother inherited his herd of 100 cattle and the check for the cotton crop that had been grown by wives and children of the dead man. The latter received a token amount of the check, and a cow was given to each set of full siblings; the heir took his own wives and children to town for new wardrobes and began to sell the cattle, one by one, to pay for imported bottled beer.

Another Gwembe Central elder, who died in 1982, left a herd estimated at 250 cattle. His children received 12 cattle; 4 were given to his father's inheritor; the rest were taken by his lineage mates (Colson, 1988:36-37).

This shows that customary inheritance has been both a contested and transforming domain for some time (perhaps always). It is important to understand that debates surrounding inheritance are occurring both inside of the domains of customary and modern inheritance as well as between these two domains.

In the above examples of property grabbing, interpreting the sons as the losers of unequal property distribution accurately reflects how Tonga perceive the inadequacies in

the customary inheritance system. Interestingly though, with the advent of the Intestate Succession Act, the victims of unequal property distribution have been recast as the widowed women, not adult sons. Therefore on a national level it is women's rights that are articulated in the fight against customary inheritance, while in places like Nkondonzobvu statutory inheritance legislation appears to unfairly favor sons over elder males in a contest for limited resources. For virtually every one of my informants involved in a contest over inheritance there was a complete disconnection between a Western feminist notion of women's rights and the role of women in inheritance scenarios. Of course it is not that my informants were unable to grasp Western feminist notions of women's rights. Rather, this discussion seemed almost out of place, or artificial in an inheritance context, particularly in a rural context, where a great deal of labor is required to farm land. Whether someone pursued customary or statutory inheritance norms, the ideal for a widow was to secure access to resources for her sons, so that when they became adults, they could provide support.

Modern Inheritance

The Intestate Succession Act, the legal basis for "modern" inheritance law, is based on the idea that the nuclear family is the principle economic unit where wealth and property are accumulated for the subsequent generation. It also assumes that men and women are equal economic partners in a marriage, and that men and women are socially equal within a community. When a male head of household dies, eighty percent of his wealth is to be split between his wife and their children. His relatives are only able to place claim on the remaining twenty percent, of which ten percent goes to his parents, while the remaining ten percent is divided up among other dependents. This scenario

presumes that the widow will provide for her offspring, and free to marry whomever she chooses. She will use the wealth accumulated during the course of the marriage to maintain the livelihood of her household. This scenario also presumes that both members contribute to household wealth that is accumulated through the course of the marriage.

Spouses can contribute either financially or in kind, but gifts or financial assistance offered by extended family members reverts back to the giver. The Intestate Succession Act generally presumes that financial interaction and support by extended family members is negligible within the confines of marriage. This is often not the case in Zambia. Once again, particularly in rural areas, extended family members are often called upon to offer labor, or financial support during lean years. Gifts of money and cattle are often given to help a young man raise funds to make a *lobola* payment. The law also assumes that women will be able to continue to operate as head of household after the death of a spouse, and that the best way to enable that is to ensure family resources are concentrated in her hands.

Ideologies of Gender – Changing Structures of Inheritance

The discussions surrounding inheritance have a highly gendered subtext. When I brought up the topic of inheritance, people began discussing the changing nature of relations between men and women, the problems of marriage today, and how women were ‘not the same as they used to be.’ I came to understand that these discussions about gender roles occurred because inheritance, like marriage, is used to reinforce and structure gender hierarchies in Zambia in general, and in this case, among the Tonga in particular. Determining who is entitled to inherit what is a clear social statement about where someone lies within economic and social structures. Who should have the right to

determine where women lie within the economic and social structure, whether that right should lie within communities or be determined by a national law, is a large portion of the debate around inheritance in Zambia. Inheritance becomes a question about who has the right to define gender roles in Zambia, customary or state leaders. If women are treated as economic minors within a marriage through customary structures of marriage, then re-categorizing them as economic equals under statutory inheritance law creates a great deal of discordance. Comments such as ‘the new law will make women start murdering their husbands’ or ‘now women will only marry a man for money’ are reflections of this discordance. Both men and women make these types of comments, and both men and women appear to feel uncertain about what their roles in marriage and inheritance should be in light of the new law.

These comments also appear to reflect long-term anxieties many Tonga men have regarding their position in marriage. In 1951 Colson wrote that

In ordinary life the minimum unit is therefore one which includes both a man and a woman, though the woman *is less dependent upon her co-partner than is the man*. She needs his assistance only occasionally, for building her house, or clearing and ploughing her fields; he is constantly in need of someone to draw his water, work his fields and cook his food. Indeed, if he has no wife to brew beer for him he is unable to approach his ancestral spirits (Colson, 1951: 105, emphasis added).

Colson’s description of the relationship between men and women suggests that men may already feel a great deal of pressure to secure their position in their marital relationships, even though they argue that women need men to effectively farm land and manage a homestead. Inheritance laws that would then give women more power within the marriage, and even more economic freedom, would further destabilize what many men perceive as an unequal relationship based on interrelated tasks and labor burdens.

Therefore, when men (and women) claim that statutory inheritance laws are going to start encouraging women to kill their husbands, they are likely indicating the way Intestate Succession seems to further erode men's much needed, but tenuous, power over women in a marital relationship. And on a more profound level, these statements also reflect the anxiety many male Tonga leaders feel when the state has the power to step in to control and define interfamily relationships.

Throughout Zambia women enter into marriages with few assets. When a woman gets married she often commands a bride price or *lobola*, paid in a series of installments by the groom and his family. Historically, for Tonga, *lobola* consisted of livestock, but today it is often money or a combination of cash and livestock (Colson, 1950, 1958, 1967). In 2004, a standard *lobola* payment on the Tonga Plateau was five animals for a first marriage, but prices can vary depending on wealth of the man's family, woman's family, or local conditions¹³. *Lobola* payments are commanded by women living in both rural and urban settings in Southern Province, and are required in first as well as second or third marriages. Generally an initial *lobola* payment is made before a couple gets married, with one or two more installments over the next several years. The recipients of the *lobola* are the woman's parents, (primarily her father), brothers, and other important family members (i.e. maternal grandfathers or mother's brothers). The woman herself does not receive any rights over this property. Proponents of traditional inheritance describe *lobola* payments as payment or reimbursement to the family of the wife for the investment they have made to raise their daughter. On more than one occasion men told

¹³ Local Tonga chiefs suggest a standard *lobola* payment in Southern Province. The current price seems widely known, although it is difficult to enforce if there are conflicts over what the price should be.

me it was good to have girls because they could get you a lot of wealth when they got married.

After a man dies, determining who has rights to his household's property requires an agreement by family members as to who were the primary contributors to the acquisition of that property, extended kinship networks, or spouse. Therefore if a man needed help from relatives or family members to make *lobola* payments, these family members would have a stronger claim to livestock or other household property. In rural areas in Southern Province most people would contend that the extended family members deserve most of the property and that women and children have already been 'paid for' when the husband made his *lobola* payments. I found that upon the death of a man, if all of the *lobola* payments had not been made, people outside the family generally believed that the wife and children had much more rights to the property of the deceased, and would support a woman's decision to fight to keep her property. These observations are similar to observations made by Colson of the Valley Tonga some fifty years earlier.

The existence of the new household is only acknowledged after the final marriage payment has been made. This is the *ciko*, which today usually consists of four head of cattle. This is generally given only after a number of years of marriage and sometimes after one or more children have been born. It can be thought of as the payment which transfers permanent rights in the woman to the husband's matrilineal group, for it gives them the right to appoint a successor if the husband dies, and thus to continue the household which he has founded. Today women may refuse to be inherited, and probably they always had some voice in the matter, but the payment of *ciko* is an important step in establishing a permanent union (Colson, 1968:58).

Intestate Succession privileges women in the role of wife and co-contributor to a household, and as a vital half of a partnership that sustains nuclear families. Customary structures grant women little power within marriage, but women exercise a great deal of power in other roles. Elder women play a key role behind the scenes in community

negotiations, including inheritance distributions. Under customary inheritance practices, sisters can inherit substantial property from deceased brothers, particularly if there are a limited number of male relatives in the extended kinship network. The wives and children of the deceased would be inherited. However, under statutory inheritance law these same female relatives are due very little of the property, and wives and children of the deceased would have access to most of the deceased's wealth. The latter situation favors nuclear family arrangements because establishing these as a reality is part of the state's goal. Nuclear family arrangements dependent on formal national and international economic structures are easier to measure, tax, control, and rally for labor than diffuse kinship networks. There is also a wider perception coming from the west that nuclear families are more modern, and important for forming a stable national government and social structure.

The Wider Context

Changes in national legislation surrounding inheritance procedures have taken place in a number of countries in Sub-Saharan Africa formally under British rule. This type of legislation was seen as necessary to protect the property of the urban elite across Africa, people who often have adopted nuclear families, and a more western style model of wealth accumulation, as well as marrying across ethnic lines. The subtext of this legislation is also about who has the right to control access to property in nation state, traditional authorities, or the central government. Conflicts were arising between the expectations of rural relatives who would arrive from the village upon the death of a family member hoping to return with the property and sometimes the body of the deceased. Most of these changes have taken shape in the form of legislation that seeks to

limit the power extended kin networks have over property acquired between a couple during marriage line with customary burial and property distribution practice (for other examples see Parpart 2000 on Zimbabwe, Griffiths 2000 on Botswana, Umeh 2000 on Nigeria and Zimbabwe).

Many of the same campaigns that sought changes in legislation also argue that sexual cleansing and polygamy are ‘harmful practices’ perpetuating women’s subordinate status in marriage. These laws seek to protect the rights of women and children within nuclear family structures and are often supported through the efforts of western-based or western style women’s rights organizations. In Zambia the YWCA and The Women Law and Society Association or WLSA are the leading organizations that take on this type of work. Indeed proponents of statutory inheritance laws characterize customary practices as barbaric, backward, and outdated, only exercised among the uneducated. In a paper on the importance of wills in Nigeria, Marie Umeh, an African scholar, contends that

liberal and fair-minded persons feel *ancient customs* should not come between one’s relationship with his/her surviving spouse. Therefore, the surviving spouse should be entitled to enjoy his/her rights over property which he/she helped to acquire (Umeh, 2000:9 emphasis added).

It is difficult to look at this quote and not be reminded of the discussion in chapter three regarding the Repugnancy Clause discussed with the Tonga Chiefs by the Zambian Law and Development Association. Umeh suggests that any modern and moral human being would find customary inheritance quite primitive, or backward, harkening back to practices of a bygone era. However, we know from Colson’s discussion and my own research that customary practices regarding inheritance are hardly ‘ancient’ but are constantly being renegotiated and reworked to fit into present day contexts and realities.

Yet, a discourse between the modern and the traditional continues to be employed today by Africans about other Africans and their culture.

New inheritance laws were developed to combat “property grabbing”, particularly among urban women. In these instances, women who had been widowed in urban areas were losing their entire household property to their husband’s relatives who would come in from rural areas and claim the property under customary law. Widows were supposed to either be inherited by the deceased’s family members (and return to the rural area with the family) or return to their own families and forego any property acquired during the course of the marriage. While these circumstances may not fit precisely within a customary context, rural relatives managed to relieve many widows of property. Many poorer widows I interviewed in Choma admitted that when their husbands died someone had offered to inherit them and have them move “back” to their husband’s village. These women complained that they had never been to their husband’s home village before, and they would not know how to begin to make a life for themselves there. These women preferred to remain in town and impoverished, rather than go to an unknown rural area, away from friends and urban connections.

The conflicting series of expectations that can arise between customary and “modern” systems were highlighted most dramatically in the S.M. Otieno case in Kenya in 1987. Otieno was a successful lawyer in Nairobi and a Luo. His wife, Wambui Otieno, was a professional and a Kikuyu. The couple had spent their married life in Nairobi, having only limited contact with Otieno’s extended family. When Otieno died in 1987 his brother and family demanded the body and Otieno’s property be returned to his natal village. Otieno’s widow took her husband’s family to court, fighting for her right to bury

her husband in Nairobi, and keep their marital property. She managed to retain the property but lost the court case to keep her husband from being buried in his natal village (see Stamp: 1991 for discussion of the Otieno case). The Otieno case became emblematic of the struggles between the role of customary rights and gender relations in a “modern” nation state.

Despite national legislation designed to protect widows in these instances, women throughout sub-Saharan Africa find it difficult to exercise their rights to property acquired during the marriage. As AIDS and economic insecurity become even more widespread in sub-Saharan Africa, extended families may happily relinquish responsibilities to support widowed wives and children, but will seek any means to claim property and household affects of the marriage. We saw a clear example of this in Muzi’s story in the previous chapter. Widowed women find themselves increasingly vulnerable in this environment and when these women seek legal action against former in-laws they are often threatened with witchcraft and loss of important extended support and social networks. It is quite common that women threaten legal action, and begin legal action, either by going to the police and the victim support unit, or seeking advice from a court officer, and then back down after being threatened by their husband’s family, or receiving limited support from police or judicial systems.

Non-governmental organizations have stepped in to offer support and legal counseling in these cases. However, in Zambia, many informants told me that even if a woman successfully retains rights over her husband’s property, after a year or so ‘she will find herself alone.’ One Tonga informant told me “she will be sitting in her hut a year from now, hearing her in-laws telling her they are going to bewitch her and her children.

She will be afraid and alone. She will give them the property so that she no longer has to live in fear.” Accounts from other places in sub-Saharan Africa indicate that the climate for widows in similar situations throughout the region is not good, despite new legislation (e.g La Franiere, 2005b).

While the Intestate Succession Act is controversial for many Zambians, there are widespread national and NGO campaigns to promote it. These campaigns take shape as public service announcements on radio. There are also widespread educational efforts in rural areas, sponsored by organizations such as the Law and Development Association (LADA). LADA offers workshops to women’s groups, community elders, and customary leaders about the benefits of Intestate Succession. Neighborhood AIDS organizations (that receive funding from international NGO’s) put on plays about the dangers of customary inheritance and sexual cleansing, promoting women’s rights and Intestate Succession along with AIDS prevention.

Both national and international non-governmental organizations (NGO’s) take on inheritance and women’s property rights and encourage “victims” of property grabbing to pursue their cases in court (LaFraniere, 2005; Sealey, 2003; LRF, 1998). In urban areas if a woman is stripped of her property upon the death of her spouse, in theory, she is able to call on a Victim’s Support Unit of the police department that will help her recover her property and bring a case against relatives in court if they refuse. In reality, many of my interviewees claim that local police and courts are corrupt, and if the man’s family paid the police, the widow would receive no support. The issue is further complicated by personal family dynamics and what is expected of a daughter-in-law. Many of my informants in urban areas told me that if a woman does not behave ‘properly’ toward her

husband's family while he was living, she is at risk for getting stripped of her property. This suggests that young widows are once again viewed as 'out of place,' and objects of suspicion. Suggesting that a woman somehow did not behave properly, and then is therefore responsible for her subsequent victimization in property grabbing, provides a mechanism for larger social upheavals to disappear. My informants often expressed dismay, disbelief and total helplessness when their property was taken, protesting that they had always had good relations with their husband's family, but their husband's relatives had 'suddenly changed' when their husband became very ill or died.

In a handbook on how to manage inheritance, distributed by the Law Advisory Society in Zambia the following advice for widows is given if someone from the deceased's family begins demanding property.

Where during mourning, relations of the deceased demand all sorts of things to be accounted for, such as demanding to be given the motor vehicles keys and bank books. What would be the proper attitude to be adopted by the surviving spouse and children or friends?

The proper attitude to adopt is one of indignant righteousness, unless the people who are doing the 'menacing' happen also to be the rightfully appointed personal representatives of the estate – who are able to produce either probate or letters of administration issued by a Court of Law, if asked to do so (Liswaniso, 2000:32-33).

The booklet goes on to acknowledge that sometimes relatives can become threatening and abusive. In this case the widow is reminded that this is why it is important to stay on good terms with friends and neighbors. When the deceased's relatives start threatening, the widow is to call on friends and neighbors to support her. Of course, if a widow does not have supportive friends or neighbors, or lives in a community that does not support Intestate Succession there would appear little she could do.

Women in both rural and urban areas who do manage to hold onto their spouses' property seem to give up their right to marry another man. If they do remarry, property accumulated under their first marriage is often returned (forcibly) to the deceased's family¹⁴. In rural communities women would never occupy land and dwellings, or maintain farm implements that belonged to a deceased spouse if they remarried. That property would be viewed as rightfully belonging to the kin of the deceased spouse. Children might be considered the rightful recipients of some property, but would be told that their father's family was 'watching over' or 'caring' for the property until they are old enough to use it. Whether or not that property will be available when children become of age is not always certain.

AIDS today propels changes in both customary and statutory inheritance conventions. Government and non-government bodies trying to promote statutory inheritance laws by arguing that 'customary' practices that encourage wife inheritance, or leave the wife without resources spread the disease. The implication in this argument is that women without resources will be more likely to resort to sex in exchange for commodities (known widely as transactional sex). As well, inheriting or sexually cleansing a widow that may be HIV positive potentially spreads the disease to a new family and a new set of sexual partners. Conversely, as increasing number of people fall ill and die of AIDS related illnesses, families are faced with rising financial and resource demands as they try to feed and seek care for sick family members. Families must pursue all possible avenues for money and support.

¹⁴ For a comparable situation in Zimbabwe see Parpart 2000 "The widow refuses; embodied practices and negotiations over inheritance in Zimbabwe." In *Political Economy, Power, and the Body: Global Perspectives*. Gillian Youngs, editor, New York, St. Martin's Press

Snapshot: September 2004. Choma

Her name is Esther. She does not know how old she is but she looks to be about 60-65. She is from Siankope Village – on the Masuku road. She is Plateau Tonga. Her husband was Filemon Siamakua. He was an Nkoya. The Nkoya are related to the Luvale. He was working for council here in Choma and that is where they met. He died ‘of coughing’ about two years ago. She tells me that next January will be three years. He was a gravedigger when he died.

She had nine children with Filemon. Only four are remaining. I asked how the rest died and she said the rest died “when they were old enough” and they died of “coughing and swollen bellies.” – [this means it is likely they died of AIDS as these are standard symptoms of TB and congestive heart failure.]

The interview takes place at her son’s house. He also died. The daughter-in-law gets up at 5:00 am and goes to work. Esther does not know where she works but it is somewhere at Muchipapa Road.

The daughter-in-law wants Esther to leave but she has nowhere else to go so she just keeps saying “This is my son’s house.” Her son died one year ago. She has some children via the clan [not her biological children] in Choma whom try to help her. There is a boy and a girl in Shampande and another boy here in Zambia Compound. These children try to talk to her about moving but she says that they cannot say anything to her. She just shouts at them and tells them they can’t say anything.

They took the issue to the police. She went along with her two children from Shampande (the clan children). At the police the issue was discussed and the police said that she is supposed to stay here. She seems adamant that she is going to stay here on her son’s homestead, although I am not exactly sure why.

I ask her how she gets food and makes ends meet. She says that she goes to Shampande to get food from her children. The children of her son live here. They go to school and are old enough to look after, and cook for themselves.

Figure Eighteen: The Elderly and Inheritance

Family members can easily justify claims to property as they see as compensation for investments made into a child’s education and upbringing that were realized later on through a good job. In these instances, family members claim that the deceased would not

have attained economic success had it not been for the support of the extended kin network. If a child dies before her or his parents, the elder parents will often argue that they are entitled to some type of support or compensation, particularly because it is widely accepted in Zambia that adult children provide for their parents when they are too old to work. If a child precedes parents in death, the parent(s) will need to find the expected support through other means.

The local ‘dangers’ of Intestate Succession and the pursuit of the modern

Both Tonga men and women suggested that the state inheritance law, the Intestate Succession Act, is dangerous because it has given married women incentives to kill their husbands. This belief does not seem to be limited to the Tonga. In Zambia one of the most popular songs in Southern Province in 2004 heard contained lyrics about this exact theme. Perhaps more than anything, these song lyrics reflect what Elizabeth Colson suggested in 1951, that men rely on women much more than women rely on men in married relationships (Colson, 1951). If the state gives women legal power, in addition to the power they already carry in relationships perhaps they will have even less reason to remain faithful and perform the tasks that are central for men’s lives in Southern Province.

During parliamentary debates over the initial construction and adoption of this law, members of parliament were quoted as saying that if the law passed, Zambian women would have reasons to murder their husbands (personal conversation, Jane Parapart, May 2005). Many Zambians would agree that the law is necessary because it recognized changes in family structure and ensures care for children, but still dangerous because it changes women’s economic position in the married relationship. A local elder

in Nkondonzobvu who claims to be very much in favor of the new inheritance law, expresses the following anxieties:

Lazarus: (Pause)...yeah, because as I have said, in the past there was no need for women to go and find magic to witch their husbands or someone else, because if their husband died then she is not inheriting anything. Even if I die myself, then my relatives they come and grab all of my property. So there was that main point of witchcraft which was mainly done by relatives. But it is changed now because now women are looking for wealth, mainly from their husbands. The law of inheritance has changed all of this, even witching is changing. There is now no need for my nephew to witch me because if I die he will get nothing. But my wife and my son, they can witch me.

These anxieties seem to reflect widespread opinion. Lazarus claims that even long-term beliefs about witchcraft are being challenged because of the Intestate Succession Act. Witching is no longer only a male domain (Colson, 2000). Women now have reasons to 'witch' their husbands, and are becoming witches. Resource flows within families are changing, creating new dynamics and new threats. Heightened concerns about witchcraft in regards to inheritance reflect these changes in resource flows. Women practicing witchcraft against their husbands is only one concern. Brothers may also threaten witchcraft against another brother if that brother decides to leave property to his immediate family, and not offer up his wives and children for inheritance.

During my fieldwork I met one man, Enwell Waka, who was writing a will. He lived outside of Nkondonzobvu and was one of the earliest migrants from the Gwembe Valley. He was terminally ill and in poor health. He had twenty -three children and four wives and was worried that upon his death his brother would try to take his remaining assets. He had written a will and had given copies to the local headman, the senior headman and the Chief. He also had received letters from the hospital confirming his

terminal illness, ensuring that outsiders understood why he had written a will. During our interview he asked me to photograph these documents as proof of their existence.

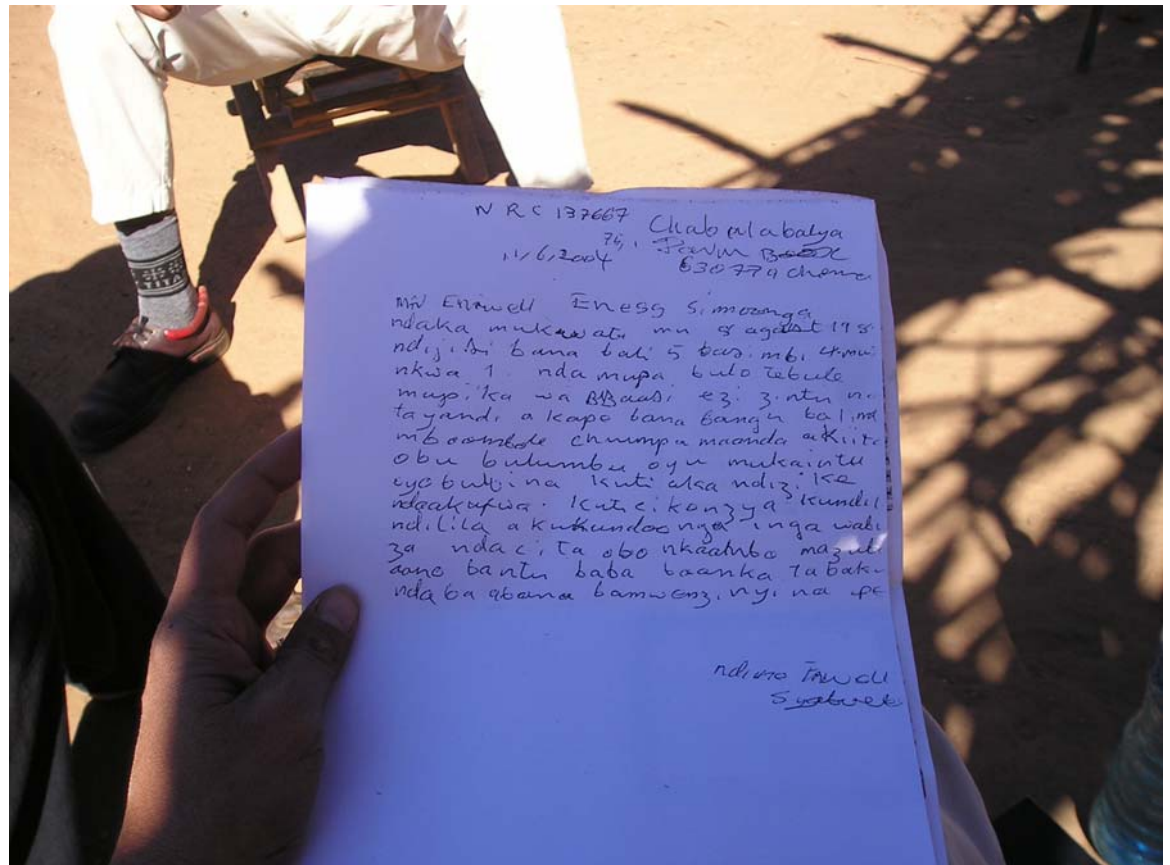


Figure Nineteen: Will

The interview felt more like another attempt to ensure that his wishes for property distribution would be followed. Many people argue that if a person writes a will it means that person does not trust his family (it would be unheard of for a woman to write a will in a rural setting, as any property she had amassed would have come to her through marriage) or he is trying to swindle his extended family out of what is rightfully theirs. In this instance, Enwell knew he had been bewitched by his brother the previous year. Enwell's neighbors told me that he had "gone mad" during this time and had to be physically restrained for several weeks. This made Enwell more determined that his

brother would never receive any of his property upon his death, while also demonstrating the difficulty faced by those that try to ensure Intestate Succession will be followed proceeding their demise.

Conclusions

People living in Southern Province today have no clear courses when trying to decide which inheritance options to pursue. Each course necessarily opens up certain spaces for negotiating, claiming power, and controlling resources, but they also close others. It is also important to recognize, that for actors involved in inheritance scenarios, when space is claimed in either a ‘traditional’ or ‘modern’ realm they are in a sense merely defining the parameters within which the contest over resources will be waged. Other actors may be able to wage more successful maneuvers within whatever space is claimed. Likely this is why inheritance scenarios seem to operate so much as a vague process as opposed to a single incident. There is some advantage to keeping the terms of the contest as open as possible, thus allowing the greatest room for maneuver. The Zambian state attempts to secure the boundaries around inheritance, creating a more uniform set of inheritance practices. Local populations resist, and instead, regard statutory inheritance laws as another set of options.

More than this though, inheritance is not just who secures access to a deceased’s property. It is also about determining who has the power to control gender relations and interfamily dynamics. If these decisions are left with traditional authorities, then gender relations and interfamily dynamics become based on specific ethnic beliefs and practices. What questions does this raise then regarding being Zambian, and the “one nation, one people” that formed the basis of the Zambian post-colonial state?

Inheritance is also about determining and maintaining networks, distribution of labor, and accessing power. The current flux in inheritance practices demonstrate how broader property issues, labor and resources inter into a traditional scheme that has its own contradictions and problems. “Modern” inheritance laws ignore the larger social dimension within which inheritance functions. It denies the necessity of extended kin networks for survival, ignores ways women gain access to property outside of the confines of marriage, and assumes nuclear families function as the optimal economic and social unit. Moreover, the AIDS issue has been forced into the debate. State level campaigns promote “modern” inheritance laws and nuclear families as a safeguard against AIDS, while suggesting that “tradition” can spread the disease.

6 - AIDS and Rural Inheritance

Introduction

In this chapter I present four inheritance situations from Nkondonzobvu, or examples of inheritance from the rural area. These examples present viewpoints from a variety of actors involved in the inheritance process, not just the widows, who are the main actors. In each of these examples I designate the widow/s of the deceased as the principle actors because they have the most at stake, and because it is around their role that contests between tradition and modernity revolve. However, including multiple perspectives from actors occupying different social positions, we can see how inheritance issues encompass familial and community concerns regarding sickness and health, access to resources, wealth, and power. These ethnographic examples will illustrate how widows achieve different levels of success at employing either a 'modern' or 'traditional' identity in a rural setting. Options for women tend to be more limited in rural settings, and the strategies employed are subtle, seeking to upset community relations as little as possible. While all inheritance scenarios have different outcomes depending on the actors and resources involved, I have chosen these particular ethnographic examples because I believe they represent most of the larger issues that my informants discussed throughout the entire course of my research. While these cases are individual, they are in no way unique.

In my rural research I got to know many of the actors involved in each inheritance case and was able to interview them and watch them participate in inheritance ceremonies and negotiations as they unfolded over time. This was something I was not able to do with most of my informants in the town of Choma. Funerals are major social

events in the village. When a man dies, his funeral attracts large crowds. Inheritance negotiations take place openly within a community setting at a funeral, as opposed to behind closed doors as they often did in my urban fieldwork. Many local headmen attend local funerals in order to oversee the events. While they may have no official role in the inheritance negotiations many of these headmen told me they were there to make sure that “negotiations went smoothly and fairly for all involved.”

In Nkondonzubvu, many people honored the customary Valley Tonga inheritance practice of waiting six months to a year after someone had died before holding the funeral. In urban areas funerals often took place almost immediately. This difference occurred for logistical reasons. In rural areas, relatives were often spread out over long-distances and were unable to get away from farming responsibilities until after the harvest. Because Nkondonzobvu was a village of migrants, many people had friends and family still residing in the Gwembe Valley. Holding a funeral six months to a year after someone has died allows for relatives from far away to make arrangements to gather. The opposite is true in urban areas. Either relatives lived so far away that they were not interested in attending a funeral or had no stake in the inheritance, or most relatives resided in town and preferred a town funeral; family members were buried in the town cemetery. In urban inheritance processes, decisions regarding inheritance were often made quickly and with little outside input.

In my urban fieldsite I could usually interview the surviving widows. None of the other participants were either available or willing to speak with me. Another important difference between interviewing widows about inheritance in town versus in Nkondonzobvu was that women in Choma had often been exposed to public service

announcements regarding Intestate Succession. Urban widows often recognized that the public service campaigns had cast them as victims in property grabbing cases and knew that large international donor efforts, like the German development agency, GTZ and USAID were funding victim support units, paralegal training, and legislative reform efforts. In Choma I had three widows approach me (two through their male relatives) and tell me they had been victims in inheritance and had heard I was doing research on inheritance. They thought I could help them. While I was able to direct these urban women to resources, I was unable to help them in any more substantive way. And in one case the angry brother of one of the widows I interviewed cornered me on the street and demanded to know why I had not helped his sister. I came to understand that a white researcher asking questions about inheritance in town is seen as a possible avenue for economic support. I do not think the association between my interest in inheritance and possible economic support was as strong in Nkondonzobvu. I am sure these two factors have had some impact on the inheritance scenarios presented.

I have sifted through the ethnographic material to choose examples that demonstrate how the conversation or discourse around inheritance encompasses issues of AIDS, modernity and tradition, because it is these themes that united my research on inheritance. I attended three large funerals in Nkondonzobvu, and interviewed twenty widows, in ongoing inheritance disputes. In Choma I attended four funerals and interviewed seventeen widows who had unresolved and ongoing inheritance issues. In both rural and urban examples, the same themes will emerge, the same conflicts erupt, and the same contests take shape. These issues are the most important to my discussion,

not if a widow has exaggerated her claims of mistreatment, or in-laws have exaggerated their claims of support.

The people I interviewed regarding particular inheritance cases often have contradictory versions of events. As in the many ethnographic situations in which this occurs, differences in account reflect the different relationships and investments people have to ongoing events. People's interpretations of events also change over time. This lends an air of confusion and lack of clarity when deciding inheritance. I have come to believe that maintaining a certain amount of ambiguity may be intentional in many cases. It allows greater room for people involved to maneuver, something people do for quite sometime after an inheritance has "been decided." As stated earlier, inherited women can decide to leave a relationship where they were inherited, and sometimes a man who refuses to inherit a woman can change his mind. Property can change hands long after the funeral and an "official" decision has been made. Inheritance is fluid, on both an individual level and a national level, and therefore, some of these versions of events I was told are confusing. What should be brought out here is not clarity, or a specific sequence of events, but how people work to interpret their world and operationalize strategies in a fluid high stakes environment. The stakes between tradition and modernity are not always consciously articulated by the participants, but assumed in actions and strategies. It is at this level that we locate our analysis.

Successes

The examples presented in this next section are ones I have categorized as 'success stories'. The widows in these instances pursued specific strategies and their intended outcome was obtained.

1. Benson Wives – Tradition and Chastity

I met the Benson Wives relatively late in my rural fieldwork. They are hardworking widows, and fairly well connected to some of the wealthier families in the village with openly progressive ideas about inheritance, in other words, families that openly support the Intestate Succession Act. There is no doubt that these family connections to wealthy and influential villagers helped these widows to withstand pressure to be inherited and to achieve their long-term goals of remaining on their homestead and working their land as a women headed family unit, without losing their property to in-laws, or having their land redistributed by the headman.

I met the women through one of the villagers who was working with another ongoing research project in the village. This villager knew my research interests and thought I should meet the women. He told me they were the only women in the area that he knew with young children who had not been inherited and were supporting themselves and their children on the land granted to their late husband. Indeed, while many aspects of their situation are similar to other widows, there are some interesting features to this case. They were the first women I interviewed who refused to be inherited because of a stated desire to retain access to the family land in Nkondonzobvu for their children. As well, they seem to be the only widows I found that still have young children, are managing to make ends meet on their own and have not quickly remarried. It appears to me that the women were generally well respected in the area, and unlike other women living without men, they escaped the common rumor and gossip mill around sexual escapades.

1a. Patience and Planning

The two widows (Teresa and Sabina), are both middle-aged. The first was born in 1956 and the second born in 1962 – both in rural areas on the Tonga Plateau. The women are both Tonga and so was their husband. When I met them, they had thirteen children ranging between the ages of twenty-three to six. The two women and their husband had arrived in Nkondonzobvu in 1984 from a rural area in Lusaka district because they had heard there was land available in the village.

Their husband died on the 14th of January 2002. They tell me they are not sure what he died from but toward the end he started urinating continuously. Rumors around the village say that he died of AIDS. At the very end of his life it sounds like he died from kidney failure. Because so few people in rural areas ever have an AIDS test, symptoms and lifestyles are what determine whether community members believe if someone has died of AIDS. Teresa and Sabina's husband was known to have girlfriends and to have been ill for a long time. Therefore, the community decided he had AIDS. Whether he did is secondary to what was widely believed.

Teresa and Sabina told me that after their husband was buried they decided they did not want to be inherited. They discussed it with each other and decided they should stick together. They did not like the idea of being inherited because they said “that man would just inherit you without proposing and later you will face problems with this man.” They believed it was insulting to be inherited by a man and through this process a woman becomes a man's wife. They thought that any man who could just inherit them would not treat them well, nor care about their feelings very much, so they thought it was just better to stay on their own. The sense that men who inherited a wife would somehow not care

about them and treat them well was spoken about by many women I interviewed. Women who had many children brought this concern up more than women who had fewer children. These women said that men would find their many children a burden and not love them properly, and would also then see the woman as a burden. They also often contended that a man who inherits a woman “cannot really love her.” Most women with young children I spoke with identified the well-being of young children as their primary reason for being against customary inheritance. This is significant because elders who are proponents of statutory inheritance identify the well-being of young children as being one of the primary reasons that customary inheritance must continue. In addition, most young fathers in the village that I spoke with reasoned that the new statutory inheritance law was good in theory but if they passed away they would want their wife or wives inherited along with their children because this was the best option for securing their care and upbringing in the future.

During my early meetings with Teresa and Sabina I asked them if they ever considered remarrying, outside of the family of their deceased husband. Like many women I spoke with they said it would be difficult for them to remarry because they had so many young children. They told me that “a man would just sleep with them and not care for their children, and caring for their children was important.” For the Benson widows it was better to stay alone, farm their land and take care of their children. They told me that at their husband’s funeral they had made the decision to stay together and raise their children on their husband’s homestead.

I asked the widows if they thought they would just be labor for the inheriting man, something many of my female informants had said to me. They did not answer me

directly but complained that a husband that inherits you “just tells you what to do and you are expected to obey.” They also complained that if they had been inherited they would have had to move to a different area where there is not enough land for all of their children. On their homestead in Nkondonzobvu they indeed had what was characterized as a “good” plot of land, that was big enough to support their sons when they came of age to marry.

I came to realize that this is the most important factor for the Benson widow’s regarding their inheritance decision. They had a large, fertile plot of land that had been granted to their husband when they arrived in Nkondonzobvu in the mid-1980’s. They recognized that the pressures on land in the area were increasing and knew that if they left the area, their or their children’s rights to access that land would be significantly diminished. So, they decided to stay and refuse inheritance, working the land as a family unit, and refusing outside help from in-laws, so that no one else could claim the land.

1b. AIDS and Outcomes

The Benson widows told me that they had refused to be inherited so I asked them if they had been ritually cleansed. They said that they had been cleansed through the method of *kujuta*, ritual sliding, performed by the deceased’s niece. They both said that once they refused to be inherited no one wanted to sexually cleanse them. They also said that due to the way their husband died many people think he might have died of AIDS. I asked them directly if they thought their husband died of AIDS and both women responded vehemently that he did not. Although they did not have a say in the type of cleansing that was selected for them, both women said that they were happy they had not

been sexually cleansed because they feared the person who would cleanse them might have AIDS.

This is a notable turn in the story of the Benson widows. Teresa and Sabina were two of several widows in which the community believed that the deceased husband had likely died of AIDS. In each of these instances the women refused to be inherited and were not sexually cleansed. Subsequent to these events, the women have said that they were *happy* that only *kujuta* was performed because although their husband did not die of AIDS, if sexual cleansing was performed the person who cleansed them might have AIDS. This is in stark contrast to the women I interviewed who had been sexually cleansed upon the death of their spouse. Women who had been sexually cleansed never expressed fear of contracting AIDS through their sexual cleansing. While interviewing widows, I came to understand this contrast in articulated fears of contracting AIDS as a way of justifying actions after they had occurred.

Within customary frameworks, if the deceased's family does not offer to sexually cleanse the widows it often sends a message to the wider community that the family values widows less. In other words, if the family felt strongly that they wanted to inherit the deceased's wives there would be considerable pressure to sexually cleanse the widows and they might have difficulty refusing. In this instance there was no indication that the deceased's family either pursued inheritance or sexual cleansing after Teresa and Sabina said they did not want to be inherited, likely indicating a lack of interest in the widows and probably a suspicion that the widows might be infected with AIDS. The two widows manage to turn this logic around and suggest that they protected community and familial relations while also taking steps to secure the future of their own children by

“avoiding” exposure to AIDS through sexual cleansing. This turn highlights their efforts at preserving “good relations”, not their potential lack of desirability as inheritable widows. And perhaps most importantly, the widows manage to make this turn while remaining firmly within the positions cast for them in the customary or “traditional” context.

It is entirely possible that the Benson widows are HIV positive and that their husband’s family did not offer to cleanse them sexually or push an inheritance issue because they did not want lose another family member to AIDS. It is equally possible that the Benson widows openly accepted and welcomed *kujuta* as a cleansing ritual. In either instance the widows managed to preserve harmony among community and family members by suggesting that the only reason *kujuta* was the best option in this case is because of potential exposure to HIV. As stated earlier, fear of contracting AIDS is seen as a legitimate reason to either perform or receive sexual cleansing. Sexual cleansing is repeatedly highlighted as a “dangerous” customary practice that promotes AIDS as evidenced in NGO literature, newspaper articles, and public service campaigns. Avoiding sexual cleansing but refusing to pursue Intestate Succession can be seen as upholding customary inheritance frameworks in some cases, as it was for the Benson widows. If the reasons behind avoiding sexual cleansing are because a widow is seen as not desirable, or not having any assets that the deceased family would like to control then these reasons can be obscured by invoking the threat of AIDS, and preserving social relations. This approach worked well for the Benson widow inheritance case because the topic of AIDS had already been swirling around the death at a community level.

There are other indications that the Benson family was not interested in inheriting the widows. The person designated to inherit Teresa and Sabina was a nephew of the deceased, not one of the deceased's brothers. Choosing a nephew to inherit the women while healthy brothers can indicate a lack of interest because the nephew would be perceived as lower in status. He would not have the economic power or social network of an elder man. Moreover, once the women refused to be inherited the nephew did not look in on the widows or inquire into the well-being of the children, something he would do under customary inheritance obligations, even if the widows refuse to be inherited. This was repeated in other inheritance cases where widows were not absorbed into the in-laws' family. It suggests to me that when the likelihood of AIDS as a cause of death is high, that a lower status relative will be assigned to inherit the wives, providing a greater chance that the women will refuse inheritance. In this scenario all actors come out honorably, and no one is offended, while both community and family relationships stay in place.

1c. Addendum

The Benson widows' story had a surprising outcome. A few weeks after I left the village a research assistant from Nkondonzobvu met me in Choma, where I was conducting the second phase of my research. He told me that the second wife had married off her eldest son. He reported that both Teresa and Sabina had married sons that were farming the family plot. A week after the eldest son of the second wife married, the two Benson widows themselves married separately to men outside of the clan. I expressed surprise as both Teresa and Sabina are past childbearing years. The research assistant smiled and told me "these marriages are just for fun." He went on to explain that the

widows had been seeing these men quietly for some time but did not want to jeopardize their claims to the land acquired by their late husband. They wanted to make sure that their male children would have access to the land. These women refused inheritance, but remained on their deceased husband's homestead. If they had either remarried or been inherited they would have been forced to leave their homestead and reside with their new husband, likely losing access to their deceased husband's fields. If a family is not occupying their homestead the local headman will receive significant pressure to redistribute that land to other needy families. The widows carefully waited until the land was safely in the hands of their children and then remarried.

The Benson widows successfully played 'tradition' here. They refused inheritance but behaved in a customary way by remaining on their homestead and successfully farming the land with their offspring. Had they openly engaged in relationships with other men, their in-laws would have found this insulting and used it as an excuse to 'grab' the property and force the women off the homestead. Instead, community and family relationships were maintained and the rules of a 'traditional' inheritance were followed. While tales of AIDS swirled around the death of their husband and likely influenced their own inheritance options, neither women refused remarriage nor sought out an HIV/AIDS test. Their own status remains unknown and the threat spreading AIDS has not followed them into subsequent relationships.

2. Intestate Succession in Nkondonzobvu – The widow who inherited everything

This next story is about a woman, Maureen, and her adult sons whom lived in a large, well-organized homestead in Nkondonzobvu. I became interested in Maureen's story while interviewing one of the elder and more influential headmen in

Nkondonzobvu. He described Maureen as “the widow who inherited everything.” For him, Maureen was a living example of all that was wrong with the new inheritance law. He claimed that if she ever had any trouble in the area no one would go and assist her. He went on to explain that she managed to retain all the property after her husband died, therefore, she must already possess everything needed to resolve her problems. He was quite derisive about her inheritance decision and thought it likely that trouble would soon befall her and her children. His description cast her as selfish and uncaring about community and family harmony. I was curious about how she and her immediate family saw their own personal circumstances and set out to meet them.

When I arrived at the initial meeting with Maureen she complained of being sick and kept quiet throughout most of the interview. Her sons did the talking for her. In subsequent interviews Maureen was slightly more talkative, but her adult sons continued to take the lead. I believe that statutory inheritance laws were followed in Maureen’s inheritance process because the adult sons pursued it. If Maureen had been on her own, or with younger or female children, she may very well have not been successful in maintaining control of her land and property. This observation is important for two interrelated reasons. In the preceding chapter I highlight Colson’s claim sons are becoming increasingly frustrated with matrilineal inheritance (see Colson, 1988) because they receive little compensation after a long life of labor. Cliggett (2000) also suggests that migration to Nkondonzobvu by many Valley Tonga may be occurring in part because migrants wish to sever ties from matrilineal kin and maintain resources within a nuclear family unit (something confirmed in my own interviews). Thus there is a recognized trend among the Tonga toward a more patrilineal organization. If adult sons

continue to pursue Intestate Succession on behalf of their widowed mothers in order to gain access to resources the process toward patrilineal organization may speed up. Moreover, we can view this particular case, and others like it, as a way in which statutory inheritance laws are helping to propel latent shifts in Tonga customary kinship organization by favoring sons over matrilineal lineages.

2a. Death and Conflict

Maureen lost her husband in a car accident on November 18, 1999. Before moving to Nkondonzobvu she and her husband had lived in Lusaka and had several small business interests. When they heard there was land available in the Nkondonzobvu area they came to begin farming, but had always maintained their business interests in Lusaka. They set up a homestead in Nkondonzobvu in the late 1980's and Maureen's husband regularly traveled back and forth between Lusaka and Nkondonzobvu to keep tabs on economic activities in both locations. On a return trip from Lusaka Maureen's husband was in a car accident and died.

The funeral was held in the Gwembe Valley in a town called Sianazongwe. Maureen and her husband were both originally from Sianazongwe and as Maureen and her sons wished to maintain good relations with Maureen's in-laws they believed this was the appropriate place to hold the funeral. Maureen and her adult sons drove three days down to Sianazongwe in the family van, carrying other passengers from the Nkondonzobvu area with them.

I asked Maureen what rituals were followed at the funeral in Sianazongwe and she replied “[w]e were just following what happened before [the tradition of our forefathers], we didn't discuss which type of cleansing would take place.” She claimed

that at the death of a person, if the deceased's family members suspect HIV/AIDS, they will cleanse a person by sliding on the widow and not inherit the wife. But in her case because her husband died in an automobile accident HIV/AIDS was not suspected. When I pressed her and her sons on how they know if someone has died of AIDS they said that people look at the symptoms or the life of someone (behaviors) to decide if the cause of death might be HIV/AIDS, but they admitted that it was hard to tell. I then asked what about the person who does the sexual cleansing, what if that person would be HIV positive. They said that the person who is designated to cleanse the widow should also be free from long illnesses and be known to have led a healthy life.

Initially her husband's brother was chosen to sexually cleanse Maureen. But Maureen claims that she refused because the man looked ill and was coughing. When someone is described as looking ill and coughing it is a local way of suggesting that someone has TB and very likely AIDS. She did not think he was healthy. So she was given a list of remaining potential cleansers. Maureen was the only woman I met from Nkondozobvu who indicated that she had some choice in this process. I suspect she was given a choice because she had significant economic assets and several adult sons who were taking an active role in making sure her interests were accounted for. After being presented with the list Maureen was still unsatisfied with the list of potential cleansers. She complained that the person who was finally designated to inherit her was very young and he did not want to inherit her and told her "you are old, I do not want you." Robert, the designated inheritor, was the nephew of the deceased and lived in Sianazongwe.

Maureen claimed that after she found out who was to inherit her she did not want to be inherited either. If an older man had been designated as the inheritor she would

have accepted inheritance because an elder man would have had the power to help her if she had economic or social problems. But Robert was such a young man she did not believe he would be of much use to her or able to help support her and her sons. She argued that an older man would have stayed in the homestead in Nkondonzobvu and helped to support them, allowing Maureen to remain in her home. Her sons told me that they were so dissatisfied with the person selected to inherit their mother that they decided right then and there not to let him have any of the property. I remember being quite struck by this comment because boys and their mother were saying that they would have been quite willing to follow a 'traditional' Tonga inheritance if the man designated to inherit them would have been old enough to be a suitable partner to their mother with enough social capital to offer them needed influence and support as the boys themselves became older. Only because this man was socially, economically, and physically immature was traditional inheritance rejected. For Maureen and her sons, traditional inheritance was fine as long as it did not endanger nuclear family economic resources. As soon as it was perceived that the inheritance process was not going to support the family unit it was rejected and alternative strategies were immediately pursued.

Conflicts erupted when it was time to leave the funeral and return to Nkondonzobvu. Robert believed he had a right to most of the property and the right to serve as administrator to the estate. He believed he had the right to determine how the household property and assets would be distributed. When it came time to leave the funeral Robert refused to return the van to Maureen and her sons. A fight broke out between Robert and Maureen's sons. Finally, Maureen's sons and their father's relatives

decided that the van should just be burned in order to avoid further conflicts over ownership and the van was burned that day.

After the family returned to their homestead in Nkondonzobvu, Robert showed up unexpectedly. Maureen's sons told me that when he arrived at the homestead he pretended to "be crazy". He picked up spears and an ax and started to chase everyone away from the property. He tried to chase everyone from the homestead, set houses on fire, stole property and according to the adult sons, attempted to steal a large amount of money they had stashed away. He also assaulted two of the adult sons and threatened to kill Maureen.

Maureen managed to evade capture and went along with her elderly mother to fetch the local headman so he could help secure the homestead and witness what was happening. When the women returned with the headman, Robert fled the scene, with all of the family's livestock. The sons spoke to the headman about what had occurred and with his encouragement, decided to go to the police in the nearby town of Kalomo, which is the head of the district and the closest place where they have district level police and court to enforce property laws. At the police station they learned it would be quite easy to take Robert to court and to make sure that the Intestate Succession Act was followed. The boys returned to Nkondonzobvu and told Maureen that she must file charges if she wanted to have the livestock returned and gain control over her property. Maureen then accompanied the boys into town and filed charges against Robert in court. But the conflict was not resolved easily. Robert was taken to jail and the livestock forcibly returned to the family. Later the police were bribed by Robert's brother so that Robert would be released from jail early. Upon his release he returned to the homestead in

Nkondonzobvu and again threatened the Maureen and her sons. He tried to convince the local headman that he had rights over the property, but was unsuccessful. Finally, the conflict resolved itself when Robert returned again to the homestead and threatened the family. After a physical confrontation, Robert was successfully run off the homestead by all of Maureen's sons and has never been heard from again.

2b. Outcomes

I had already heard from Maureen's boys that their father's family was very upset with them, and did not speak with them, so I knew they felt they had no family support. I asked them how people in the community had felt about them pursuing the new inheritance laws on behalf of their mother. The boys replied that "those who do not know about the new law are quite against the action taken by us, including our new local headman. But those that know about the new law believe we did the right thing." The Regents family would likely not enjoy a lot of local support if they had a conflict with community members about something else. I question whether they would receive much in the way of objective help or justice from their local headman. They would be vulnerable in this regard.

When I spoke with people about Maureen and her sons many of the more senior members of the area thought Maureen Regent and her sons had behaved badly and believed they were inviting trouble. They argued that the family would not be able to seek outside support if they had a problem. However, many of the better-educated people in Nkondonzobvu thought the Regent family had pursued the right course of action and that attempts by the in-laws to take their property amounted to no more than stealing. Maureen's sons are determined to take care of her and ensure their own continued access

to their property. The sons continue to battle with their father's kin over access to assets in Lusaka. When I asked them if they are afraid of lacking local support they said they have powerful friends in nearby towns, people who were good friends of their father. It is these people they will turn to for social support if they need it.

Claims to Intestate Succession worked precisely because the Regent family has many features of a 'modern' lifestyle. They have assets and friends in Lusaka, as well as other friends and family in urban areas. They have regular cash income, are educated enough to understand how to effectively access the Zambian legal system, and are unafraid to do so. Moreover, the adult sons have the support of some of the better-educated, younger headmen in the Nkondonzobvu area. When I asked Maureen if it was difficult to get her inheritance case brought to court, her sons quickly answered for her and said no. They said it only cost 300,000 KW (around \$75) to file the case. It is unlikely that most widows in Nkondonzobvu have access to this amount, particularly to use as an investment in something that has an uncertain outcome. They may file the case and subsequently lose, especially given local reports about how corrupt local court officials can be. So while it may not have been difficult for Maureen's sons to file a case against their cousin, it would be extremely difficult for most women headed households in rural or urban setting.

While Maureen would have been perfectly content to follow traditional inheritance she refused initially because her selected inheritor appeared to her to have AIDS, and her subsequent inheritors were unacceptable. But when asked how she feels about the outcomes her response is much less enthusiastic than her sons. Maureen says that it was not an easy process. She said that now the relatives of her late husband will

never again come to her homestead. She said that when her husband died she had originally wanted to share things equally but “because Robert was crazy it did not work. Robert had never been to school and didn’t know about the new law so he thought he was entitled to everything.”

When Maureen refused inheritance her sons quickly seized this opening as a way to depart the traditional system and engage the modern inheritance structures. In their case it worked because they were better educated and better off than the others involved. But it did not come without a price. While the family is thriving now, it may face difficult times in the future. Facing a future in rural Zambia without strong extended social networks is widely viewed as very risky. Moreover, if Maureen had been without adult sons pursuing the Intestate Succession Act on her behalf she would have likely ended up either inherited or destitute, with all of her property in the hands of her in-laws in Sianazongwe.

I have categorized this story as a success because the family managed to retain their property. But I believe it was a qualified success. The widow wanted to employ a traditional inheritance strategy but was unhappy with the options presented her and afraid of contracting HIV. Because her in-laws were unable to find a suitable inheritor the entire process fell apart and another strategy was engaged on the widow’s behalf. It is notable to me that the principle actors in the conflict seem to be from the younger generation, while the actual widow, and siblings of the deceased were relegated to the sidelines. The fight for modernity in this case, was fought among the children and through the realm of a formal legal structure. Local customary venues of wisdom and support were marginal in determining the outcome. The family possessed more wealth and connection to “modern”

commerce and a formal economy. Their need for support from extended kinship networks is less than many families in Nkondonzobvu. Certainly these factors played a role in determining what course of action would be pursued. Conflicts can be quite heated in inheritance cases. Resources are scarce in Zambia and people are willing to go to significant lengths to retain or claim access to property if they think they can.

Failures

3. Nuria – Modernity goes Awry

Nuria's attempts at refusing inheritance based on a claim of a modern identity (in her case 'being Christian') failed. Nuria's situation was continually unfolding the entire time I was in the field, and it seemed to be going from bad to worse. She was involved in an angry conflict with her in-laws when I arrived and the situation only became more tense the longer I was there. I interviewed several people involved in the inheritance conflict, and received contradictory versions of events. I will try to present the multiple perspectives whenever relevant, while keeping the main focus on Nuria herself, as she has the most at stake here.

Nuria lived on one of the nicer homesteads in the Nkondonbvua area. There were four separate structures on her homestead grounds and a newly constructed cement shower area. All of these structures had tin roofs and brightly whitewashed walls. Nuria is herself a Lozi, but had lived in the general area her entire life, and her husband was a Tonga. She was relatively well-educated (one of the few women in the area who spoke English) and had been employed off and on with some of the NGO's in the area. She was involved in several community training workshops, 'knew' town as well as the village and was unafraid to travel between the two unaccompanied. She was a Christian and

quite active in one of the local churches. In other words, she has claimed a 'modern' space for herself in Nkondonzobvu.

Her husband died October of 2003. I first began talking to her about her inheritance situation in May of 2004, only six months after her husband had died. Her husband had also been quite involved with NGO's in the area and was in town at an NGO training session when he fell ill for the final time. She suspected her husband may have died of AIDS, due to the nature of his illness. He had been diagnosed and treated for syphilis two years prior to his death. She also confided that she noticed some symptoms of a sexually transmitted disease in herself and worried that she may herself be HIV positive although during the time I was in the village with her she claimed that she still felt strong and healthy. As I got to know Nuria, my research assistant and I spent more time with her in conversations about symptoms and disease. She asked me a couple of times if she could ride with us into town to go to the clinic and take an AIDS test. She always backed out at the last minute.

At her husband's funeral her in-laws designated a man to inherit her. This man, one of her husband's younger brothers, was supposed to sexually cleanse her, then marry her. She told me that she refused to be sexually cleansed at the funeral because of her religious beliefs. She said that she did not believe in *muzimo* (the spirit of the deceased which can haunt the surviving spouse, if they are not cleansed) and she was a Christian so God would protect her. This move was supported by her mother. Her father was not present at the funeral. Her refusal to be sexually cleansed infuriated her in-laws. Initially they were going to force her to sign a piece of paper saying that whatever problems she had from now on were her own because she refused to be inherited and they were not

obligated to help her. The headman in charge of Nuria's neighborhood was of little help. He did not support her, but instead told her she should just follow her in-laws' wishes and avoid conflict.

The first time I spoke with Nuria she told me that after she refused to be inherited, another one of her husband's younger brothers (Odey) came to her house one night and forcibly "sexually cleansed" her. He told her that he was doing this in order to ensure family harmony and end the fighting, because there was no other way to resolve the problem. He then told her he had to inherit her, even though she might have AIDS. From the time she was inherited, which was only about one week before our first interview, he has stayed only at her homestead, and not returned to his own. He had told his two wives that Nuria did not want to move from her homestead and should not be forced to. He told his wives that they should not complain because if he himself dies one day they may well find themselves in the same situation. So by Nuria's initial accounts, Odey had forcibly taken up residence and sexual relations on Nuria's homestead.

But Nuria later changed her story regarding inheritance. She told me that Odey knew she might have AIDS but he never forced her to be inherited. As time passed I heard more details surrounding how Odey came to live at Ruth's homestead. It became clear that Nuria had been seeing her husband's younger brother for quite some time. She admitted to me later that Odey had not forced her to do anything. As soon as her husband died she started seeing him more openly and was eager to share her homestead with him. She had believed she could refuse inheritance by one brother, and not reveal the nature of her relationship with Odey, but then later appear to have become involved with him after her husband died. Her maneuver did not work. When her stepchildren and the rest of her

in-laws discovered what had happened they were furious. They saw the relationship as an attempt by Odey to move in and lay claim to property that was not rightfully his. They complained that if she had wanted Odey to inherit her she should have said so at the funeral, and not “pretended to refuse inheritance because she was Christian.” Nuria’s initial story firmly casts her as victim. As discussed in chapter two, many women saw me as a potential avenue of financial support, someone there to help out victims. Nuria’s early rendition of events was offered to me to garner as much support as possible. As it became clear that this initial story would not hold up to community scrutiny, she was forced to change her version of events.

Subsequently I interviewed Roger, the man originally designated to inherit Nuria. He was also a brother to the deceased and lived in a prosperous homestead at the edge of the Nkondonzobvu area. He was livid with his younger brother for taking up with Nuria and at one point got into a fight with his younger brother Odey in which Odey broke Roger’s arm. Roger believed that if Nuria claimed before everyone, with her hand on the Bible, that she was a Christian who did not need cleansing or inheritance, that this was tantamount to a public statement that she did not need the support of her former in-laws. Roger went on to explain that the burial occurred right away because there were no relatives who needed to come in from far away. During the funeral the brothers held a discussion to decide what they were going to do about cleansing Nuria. They decided the decision should be up to Nuria as she was a Lozi and they were not sure how Lozi did things, even though the brothers thought it would be right to sexually cleanse her.

Roger supported Ruth’s version of events and said that she claimed that she was a Christian and that she did not want to be cleansed at all. She just wanted “to be left as she

was.” According to Roger, at this point she put her hand on the Bible and told a priest that she would never marry again and she did not wish to be inherited. In other words, she claimed a ‘modern’ Christian position for herself in a very public way. Roger said that he and his brothers were not happy about this, but they decided they had to follow Nuria’s wishes. But according to Roger, they wanted to make it clear to her that there were consequences for stepping out of tradition. They called the local headman and had Nuria sign in a book that she refused to be cleansed and any problem that happened after that was her own responsibility. According to Roger this is a common practice. Yet, everyone else I spoke to about this said that this was an extremely harsh thing to do, and they had never heard of anything like it. Roger claimed that at the funeral neither he nor any of his brothers had any “ambition” to inherit Nuria so they were ready to close the matter.

It is difficult to believe that Roger or any other of the brothers were ready to close the inheritance matter so easily. Nuria lived on a wealthy homestead that had benefited from improvements bought by a regular cash income through NGO work. By forcing Nuria to sign a sheet of paper claiming that she refused inheritance her in-laws were trying to officially relieve themselves of any claims of support that Nuria might place on them, such as providing food or financial aid for herself or her children, help in resolving conflicts with community members, etc. This move was also viewed widely in the community as a way to punish Nuria for refusing to comply with her in-laws wishes. This forced Nuria to publicly acknowledge her symbolic claim to a non-traditional identity and a non-traditional inheritance. Furthermore, the action prohibited Nuria from trying to re-

negotiate a strategy based on a more traditional set of structures and forced her to give up her husband's extended kin network.

Roger claimed he was named administrator by his family at the funeral and it was decided that he would manage the homestead and look out for the welfare of the children. When Nuria refused to be inherited he decided she could remain on the homestead and that all of the property should be left at the homestead for the children. Nuria's husband was married previously. Both marriages had produced children and therefore the children of both women needed to be supported from the deceased's remaining assets. Roger and his brothers decided that leaving all the property at the homestead was the best way for securing a future for all of the children.

According to Roger all of these agreements began to break down when he and his brothers and mother discovered around April that Nuria had been sleeping with her husband's youngest brother, Odey, since the burial. The two had been keeping their affair secret. However when their secret was revealed Odey was compelled to marry Nuria to make the relationship legitimate, because of pressure from his own brothers. According to Roger, because Odey did not speak up at the funeral and say that he wanted to inherit Nuria, he had no right to take her as his wife as if he inherited her and both Odey and Nuria should lose all of their property because of their deception. For Roger because Odey refused to speak up at the funeral Odey did not have any of the rights that an inheritor would have over the household property. Roger ended his interview with me claiming that he will never visit Nuria's homestead again even though he is supposed to be responsible for Nuria's well-being and that he will never speak to his brother again.

3a. Outcomes

As time went on the inheritance process continued to spin out of control for Nuria and Odey. For his part, Odey maintained that he cared about Nuria very much and married her in order to protect her from what he characterizes as Nuria's scheming stepchildren. He claimed that the children from his brother's first marriage were trying to claim the homestead for themselves and Nuria needed him around to ensure they did not "grab" the land from her and her children. By stepping in and marrying Nuria he has prevented these stepchildren from chasing Nuria from the homestead. In early July, "Luck", a brother of Odey and Roger arrived from Choma ostensibly to check on the homestead. He brought with him his mother and sister from a nearby village. They helped Nuria and Odey bag the maize harvest and then proceeded to chase them from the homestead. When I left Nkdonzonzobvu at the end of July, the homestead property had been distributed among the in-laws. The metal sheets covering the roofs of the buildings in Nuria's homestead were distributed among the in-laws, the nephews and the four children. The harvest was also divided up, with several bags of maize going to Odey's mother and to Luck. Luck claimed that he helped put up money for the fertilizer and is therefore entitled to his share of the harvest. Community members who are close to Nuria and knew her husband well say this is not true. The fertilizer came through a loan provided by CONASAS, the local NGO assisting in agricultural projects. Nuria's in-laws made her pay back the loan with proceeds from her share of the harvest, then divided up the remainder among themselves. Nuria was allowed to stay in a small house on the homestead for the next six months but not in the house that she shared with her husband during their life together. She was forced to occupy a lesser dwelling. During this time

the two eldest sons of the deceased will get married (one of these boys is Nuria's, the other is from her husband's previous marriage). When these two boys marry they will inherit the entire homestead and Nuria will have to move to Odey's homestead.

By local standards this is considered unfair. Many community members claim that the local headman should have done more to support Nuria. They argued that as long as Nuria married within the family of her husband that she followed the norms of customary inheritance and should be left to live her life in peace. After it was discovered that Nuria was going to be forced to leave her homestead some senior members of the area visited this headman and explained to him Intestate Succession laws. However, her in-laws argued that once she refused to be inherited on the grounds that she was Christian, and potentially HIV positive, that she should have honored her statement to stay unmarried. If she would have remained unmarried they would have left her alone. When her relationship with Odey was made public, it seemed as if she had reneged on her promise to the rest of her in-laws and therefore she no longer had any rights to the property. In a symbolic sense, she had refused to follow customary inheritance patterns because she claimed a modern identity for herself. Her in-laws refused her right to property when they classified her actions as a twist on customary inheritance procedures – not consistent with her claims to an identity outside of those traditional structures.

It is difficult to know what might have happened had Nuria remained unmarried. Many in the community argue that Nuria's homestead was too valuable. They said that it was only a matter of time before her in-laws found a way to move in and claim it. Even despite the apparent love expressed between Odey and Nuria, Odey's motives are called into question. Some in the community say that Odey simply married Nuria in order to

claim his brother's land for himself. They point out that Odey is fifteen years younger than Nuria and Nuria is no longer able to bear children. They suggest that as long as Nuria cannot bear children, Odey's only interest in her would be access to her husband's homestead. Odey and Nuria face an uncertain future together, in sickness or in health.

Like many of the other inheritance stories I was told, HIV/AIDS lurks in the background of the circumstances surrounding this inheritance. Nuria is more open about her potential HIV positive status than most members of Nkondonzobvu and more open to seeking westernized medical testing and treatment. Yet, her claims to being HIV positive and basing inheritance strategies on this identity were quickly undermined when she began an open relationship with her husband's brother. I believe we can interpret her in-laws response within the following community framework; if she wanted to claim HIV positivity and Christianity as a motive for refusing inheritance then she needed to act within certain modes of behavior that go along with making this claim viable. In other words, she needed to stay single and let her homestead be managed in conjunction with herself and her deceased husband's brothers. It is difficult to know what the outcome would have been if Nuria would have waited (like the Benson widows) until her eldest son married and was therefore considered old enough to manage the land. Many conflicts may have been avoided and her own HIV status would have been relegated to the background.

4. Tradition Prevails?

I consider the following example a failure, because from the point of view of the surviving widows, it is a story of heartbreak, loss of love, loss of agency, and an overwhelming sense of helplessness. But I could also tell this story as a story of success.

It is an example of inheritance in which tradition and customary inheritance prevailed and the voices of the elders were ultimately respected. For many in this community, this scenario ends as it should, but I do not necessarily think that means it ends well for the widows and their offspring.

This is the story of the Plate family, one of the first families to arrive in the Nkondonzobvu area from the Gwembe Valley. They are a well connected and well respected family. Like the other stories I have presented so far, this was a story that was still unfolding during my time in the field. I arrived at the beginning of the process, after the death and burial, but before the funeral, where inheritance was decided.

4a. The Funeral

Banuelo Plate's funeral was one of the largest community events in a long time. There were hundred of people camping out in the Plate homestead over several days, dancing, feasting, celebrating, and deciding how his assets should be divided up. Many people had to travel from the Gwembe Valley to attend the funeral, so the Plate family waited until dry season before holding the funeral. Banuelo Plate's funeral was presided over by his father and an elder uncle. A cow was slaughtered and food was prepared by the elderly female relatives. Mr. Plate's three widows were cloistered inside of the houses with their seventeen children. After making initial greetings at the funeral I went inside the home to greet the widows and ask them how they were feeling about the funeral, what outcome they would like. The two senior wives looked sick and dazed, overwhelmed by the events. They told me they did not want to be inherited, just left in peace. I found the third wife outside, visiting with relatives, with a young child strapped to her back. Outside on the grounds, headmen from throughout the area huddled in circles, watching

the proceedings. Old women sang, danced, cooked, and smoked pipes. Relatives held multiple meetings to decide who would be the best one to inherit the wives.

Banuelo Plate had been relatively well-off. But he had suffered a long illness and his family had been forced to sell off many things in order to pay for medicines and treatment. It was widely accepted that he had died of AIDS. One of his wives had preceded him in death and of his two of his remaining wives were in bad health. AIDS drew the family into debt, pushing their financial and social resources to the breaking point. At the funeral, when the property was displayed, many relatives and family 'friends' came forward and claimed pieces of it in repayment for money or food they had given the family over the last few years as the family members living on the homestead tried to make ends meet and continue to care for an ailing head of household. This left the widows with minimal financial resources of their own. The youngest wife had only been married to Mr. Plate for a few months, but during that time had conceived a child. She carried the new baby with her, and of the three widows, seemed to be the happiest during the funeral proceedings.

During the first day of the funeral, my research assistant and I traveled between groups asking people who they thought would inherit the wives and why. People were generally eager to gossip with us and share their opinions of who they thought would be worthy of inheritance, and what skills this man must possess. We approached a group of men from which the elders were going to select the successor and asked them their feelings about cleansing. These men were all brothers of the deceased (meaning they had the same father, but not necessarily the same mother). Everyone at the funeral was talking about AIDS so I asked the potential successors if they believe the widows should all be

sexually cleansed. They all say yes. My research assistant asked them why given that the women may very well be HIV positive. The men claimed that the women would find it insulting not to be sexually cleansed. She then asked them if they would ever use a condom in a sexual cleansing ceremony. They all laughed heartily and tell her that the sexual cleansing would not work if it were done with a condom, besides, the women would not accept this.

The elders decided to follow the older customary pattern in which one person is named to inherit the homestead and another is named to inherit the spirit of the deceased, the *muzimo*. Some of the older men commented that the deceased had incurred some debts that would need to be paid off and had a large number of children so they had to find someone wealthy enough to inherit the homestead. The man would have to help the family pay off their debt, then help them find a way forward, to continue supporting themselves off of the fields allotted to the deceased.

The next day when I returned to the funeral I found that Dalton Mweenka, a younger brother to the deceased, had been named successor. I learned that the elders had tried to name two people to share in the inheritance responsibilities, one to do the cleansing and inherit the *muzimo* and one to inherit the homestead. However, when one brother was approached to inherit the *muzimo* and to perform the cleansing he refused saying that he could not figure out how he would benefit by the process of doing the cleansing and inheriting the *muzimo*, unless he could also inherit the property. In the past inheriting the *muzimo* had been considered a great honor, something done to honor the memory of the deceased and maintain important contacts with the matrilineal kin. Today this is no longer the case. According to my informants, more and more people are

responding like the brother who refused to inherit the *muzimo*. Unless someone gains materially by participating in inheritance, they no longer want to participate. When asked, most of my informants remarked that this change is caused by changes in the perception of inheritance generally. As economic options have dwindled, inheritance has become viewed as one of the better opportunities for gaining access to resources. It may also reflect a dwindling interest in maintaining matrilineal kinship ties as well.

When I arrived at the funeral the following day I greeted Dalton. He was very happy. It was decided that the women would not be sexually cleansed because of the risk of disease, so *kujuta* would be performed instead. When I asked Dalton about how he felt at being named inheritor he said that he was very happy because, he remarked, how else could he have gotten so much labor and so much land for so little effort. I asked Dalton what he planned to do with the wives he had inherited and where he planned on having them live. He said that he decided the women would stay in their current homestead and not shift to his homestead, but insisted he would not actually marry them unless they all had HIV tests, implying that he believed they were all HIV positive. He said he was going to send them to town to take an AIDS test before he will marry any of them. I asked him what about himself, if he was going to take an AIDS test. He laughed and said, “look at me, I am strong. I do not need an AIDS test.”

4b. Marriage After the Funeral

A few weeks after the funeral I learned that Dalton Mweenka was living on Banuelo Plate’s homestead and had married the two senior wives after sexually cleansing them. His younger brother Medrin had decided to marry the third wife and she and her child were to move into his nearby homestead shortly. Upon learning this I thought that

Dalton must have given all the wives an AIDS test and when the test results were negative he and his brother decided they wanted to marry the widows. I arranged an interview to talk with all of them. When I arrived at the homestead I first met with Dalton on his own and I asked him he had come to the decision to marry the two senior wives when just a few weeks ago he told me under no circumstances would he marry them unless they had an AIDS test. During the interview Dalton seemed relaxed and eager to share with us. He responded that he had to marry them because he “just started loving them.” He had gone to the headman to notify him that the widows were now married to him.

I asked him to explain the difference between ‘marriage’ and ‘inheriting a wife’ because in conversation men talk about inheriting a family, but then will also talk about marrying a widow as if it is a separate incident. He explained it like this. He said that one can inherit the widows but not marry them. A man will only “marry” the widows if he “loves them.” If a man does not want to marry the widow then she can just stay on the homestead “as long as she does not marry someone else or misbehave too much.” When I asked him what he meant by this and he said “[they] have too many boyfriends or do not follow his instructions on the homestead.” He claimed that when a woman is inherited but not married the inheritor cannot chase her from her homestead, as long as she behaves. If she did misbehave or decided to marry another, she would have to leave the children behind at the homestead, because *lobola* would have already been paid for that woman so technically, all her children belong to the man who inherits her. But if the man who inherits the widows decides to marry them he will tell the headman. If a union between a man and an inherited woman dissolves the man will also have to go to the

headman and tell him that the marriage is finished. When I spoke with Dalton he had already gone to the headman in the area to tell him he had married the first two wives of his brother's estate. So, if the women were unhappy they would have to tell the headman in order to dissolve the marriage. Dalton's description indicated that he saw his marriage to the two senior wives as a way of solidifying his position as successor to the estate. Because the women were now viewed as married to Dalton under customary law it would be more difficult for them to seek a relationship with another man, or remove property from the homestead and move in with adult children or other relatives in another area.

After his explanation, Dalton went on to explain what a big sacrifice he had made by marrying the first two widows. He told me that he "must plough a lot of maize and that soap and other things come second. First he must concentrate all of his energy on feeding his very large family. He has a total of twenty children now." I find out later that these comments were in response to complaints by his new wives that they do not even have soap for bathing or washing their clothes. I asked Dalton why men want to inherit as it seems like such a large burden. He agreed that it was a large burden but now with five wives he can get a loan from Dunavant¹⁵ for each wife to have a field of cotton. Dalton explained that the loans he would qualify for from Dunavant would allow him to expand his cotton crop and help him to raise all of the children. But mostly he does not think it will benefit him as the man. He told me that he just wanted to help the widows and that is the main reason he decided to marry them. I asked him if he sent the women to get an HIV test as he had vowed to do at the funeral. He said that they had a test "at the place

¹⁵ Dunavant is a large international cotton company that provides small farmers with inputs and agricultural loans to encourage them to grow cotton. These small farmers then agree to sell their cotton to Dunavant, and use some of the proceeds to pay for loans and inputs. Many farmers in the Nkondonzobvu area have contracts with Dunavant.

where the white mission doctors came for the weekend.” Apparently, a team of missionary medical personnel had come to a nearby village recently and performed some routine medical procedures. When my research assistant and I interviewed the two senior widows after Dalton and ask them if they had taken an AIDS test we learned that they had not.

I asked Dalton his first wives felt. He said that he discussed the issue with them and his wives told him “well, these women were married, and now their husband has died, so they must marry someone else, so go ahead and marry them.” He claimed that they could have said no but only if there had been a problem. And in this case there was no problem. So apparently public acknowledgement of their likely HIV positive status was not considered a big enough problem to cause his wives to complain about bringing these new women into the household. Of course, his first wives may merely have been afraid of being accused of ‘misbehaving’ and being chased from their homestead.

4c. A Woman’s Perspective

Next I found the two newly inherited senior wives and discussed the changes with them while helping them to prepare vegetables for a midday meal. Maria, the senior wife and Rhoda, the second wife seemed hopeless and despondent. I made a note in my field journal stating that the first time I arrived in the homestead Edith, the third wife (the one inherited by Medrin) was dancing and smiling. She was clearly very happy with her situation and looking forward to moving to Medrin’s homestead. The contrast between her and the two senior wives was striking. During my interview with Rhoda and Maria they were still obviously mourning the loss of their husband.

When I asked the women if they are happy to be married. They reply “Oh, its ok, but we have not seen anything good come from the marriage. Maybe some good will come of it later, but not now.” Maria said she did not want to be married but the elders told her at the funeral to be married. According to her they said “take your time to see how things are going to be. If things are not ok you can leave.”

By way of explaining her feelings, Rhoda told me that her first husband died leaving her with eight children. She then got married to Banuelo Plate in 1997, but had no children with him because of health reasons. Even though she never had any children with him, he was very good to her and raised her children as if they were his own. She told me she wanted to go back to her relatives or go to her married children. But for the moment she was “just trying to follow the instructions of the elders and observe the situation to see what will happen.”

Maria said that after the funeral she said “no” to marriage because she has a problem in her chest. From the sound of her cough and the way she describes her symptoms it appeared she had TB. She said Banuelo understood that she could not work very hard during the rainy season because she would have difficulty breathing. She did not believe that Dalton, her new husband would understand her problem. She said that after the elders asked Dalton to sexually cleanse her he “just kept coming back, showing he was married to her.”

Rhoda said that the elders had told her that Dalton was only going to come by her hut for one day and sexually cleanse her. “But” she complained, “he keeps coming and there is nothing she can do about it because Dalton is the brother of the deceased.” The two women told me that they “must just let him do what he wants.” Rhoda said that Edith

was sexually cleansed by Dalton's brother Medrin. She said that Edith would marry him very soon and move to his homestead. Rhoda believed that Edith had been having an affair with the younger brother for a long time while the husband was sick. While I had no way to confirm this, local gossip substantiated Rhoda's claim. Moreover, Edith's actions do not seem out of place in the local context. A number of informants in both urban and rural areas told me that one must always have boyfriends or girlfriends, even if they are married, as they are important sources of networking or could open up economic opportunities. I do not believe people have extramarital affairs only for economic gain, but seeking out lovers and sexual liaisons while married appeared relatively common.

Rhoda and Maria complained that Dalton had arrived several times at their homestead after drinking and had shouted a lot. They told me "he cannot look after his own homestead so we don't know how he will look after ours." Maria believed that she would be forced to have a child with Dalton because he was having sexual relations with her regularly and she did not have access to any birth control. She does not want to have a child with him and told me "it is a sheer waste of time to even have children with Dalton. She and Rhoda must instead start figuring out how they will leave." Maria was worried about her health but also wondered if she might want to marry someone else. She asked me to bring her birth control pills from town so she would not have to worry about getting pregnant with Dalton's child. Both women reiterated their health concerns and told me they would like to go for an AIDS test. They said that Dalton gave them money to have their teeth fixed when a mission doctor came to a nearby village, but neither took an AIDS test.

When I briefly met with the youngest widow she seemed very happy with the outcome. She exclaimed that she had been in love with Medrin for a long time and was very happy that he had this opportunity to inherit her. She was aware that the other two wives were unhappy but would not say anything beyond that. She said she only hopes that things would turn out ok for them. Medrin arrived, and she smiled lovingly up at him. The two reiterated that they were very happy to be getting married soon and Medrin could not wait to have his new wife move to his homestead.

4d. Outcomes?

I am sure that when I return to Nkondonzobvu that there will have been some changes with the two widows that were forcibly married. Their illnesses may have either forced them to stay, or forced them to leave. Dalton may soon find himself feeling ill, and other family members may be succumbing to disease. In many ways, disease and customary inheritance have led into what appears to be an inevitable devastation and destruction of a homestead and a family. The elders played an influential role in this inheritance, encouraging Dalton to solidify his claims over the women and the homestead by 'marrying' the widows. The widows were told to keep silent and accept the situation, unable to control sexual access to their bodies. They worried about their own health deteriorating but were constrained by the expectations of traditional inheritance (that they marry, and become sexually involved and have a child with their inheritor). Because their own families were far away and they had no social or financial capital, for the time being they obeyed. Both women confided that they would leave as soon as they figured out how to save enough money to travel to the homesteads of other family members or adult sons.

During my time in Zambia I often heard people say that after a long discussion at the funeral it was finally decided that sexual cleansing would not be performed, that the widows would be cleansed by *kujuta* because it was believed that the deceased had died of AIDS. These stories were often told to me as examples of how people were taking AIDS into account and changing their practices accordingly. As discussed in chapter four, AIDS prevention campaigns are striving to change customary practices around sexual cleansing norms. Yet, later these same widows deemed at risk for being infected with HIV, would be ‘married to’ and having sex with the man who inherited the estate. The story of Dalton and the Plate widows makes clear that despite good intentions, or perhaps despite succumbing to public pressure to appear that they will give up sexual cleansing in order to protect people from AIDS, men will become sexually involved with women inherited women in order to solidify claims over a homestead. Many elders still see sexual cleansing and wife inheritance as the best course of action and will bring pressure to bear on surviving widows and inheriting men to uphold these customary procedures. Many of the elder men and women are invested in maintaining customs because they continue to see this as the most humane and secure course for widows with young children. But I also believe it is an important component for ensuring their own security by continuing to reinforce extended kinship networks as these ties are challenged by AIDS, economic upheavals, and now legislation by the state that supports nuclear family wealth arrangements.

Despite his claims of sacrifice and doing his duty, Dalton seems to view his inheritance as an opportunity to expand his financial and social networks. He is content to ignore the threat of a long-term disease in order to make a significant financial gain in the

short-term. What he refuses to acknowledge (although others in the community comment about it behind his back) is that if his entire family falls ill, he will not be able to use them as a labor resource, his newly acquired homestead will fall into disrepair, and his newly acquired land will not be farmed. The two senior wives are already weak from disease, and if Maria becomes pregnant with Dalton's child, this may cause her already weakened body to spiral into its final decline, leaving her children behind. Dalton's comments make clear some men, and perhaps most, see wife inheritance as an important life opportunity to gain critical access to land and resources. In lieu of other opportunities, this will remain a difficult opportunity to give up, even with the threat of HIV and full-blown AIDS looming in the future.

Grounding the Rural Fieldwork

These stories all have very different outcomes and very different circumstances, yet they all illuminate different sides of wife inheritance in a rural setting. A widow's actions and opportunities are more limited in a rural area. These widows have to weigh out carefully what they may sacrifice in terms of extended kinship networks or community support in years of drought, or inadequate harvest or local disputes, if they choose to step outside of tradition and refuse inheritance. Many senior headmen tell stories of families that have fallen into conflict, and during lean harvest years have succumbed to hunger and devastation because they did not have the extended kinship networks to draw on. Elder members in the Nkondonzobvu area believe that keeping these extended kinship networks in tact over time, is far more important than any short-term notion of justice in a single inheritance case or the threat of a disease that may or may not happen.

This brings out an important distinction in a rural and urban contest over tradition and modernity. In rural Southern Zambia, the state and its structures of community support are far away from everyday life. People get through the day by relying on community and extended kinship networks, not on social services offered by the Zambian government. Therefore, inheritance seeks to preserve these networks in a traditional context. If a widow chooses to step outside of tradition and can do so in a way that maintains the extended kin relationships as central, as in the case of the Benson widows, then her claims may be successful. AIDS can be a powerful tool, helping to justify her position at either refusing to be inherited, or refusing to remarry, without offending her in-laws. However, when a widow refuses inheritance and does not successfully maintain the centrality of extended kinship networks she may manage to receive the financial benefits of a 'new' inheritance, but she gives up her right to call on long term support from community and extended family members. For women like Maureen, this is often too big of a risk to bear. Women will succumb to community pressure and after a time find themselves inherited, like Rhoda and Maria, or they lose everything, like Ruth.

AIDS operates primarily as a backdrop here. It is always the threat lurking in the background, or the risk that may ultimately destroy any short-term gains. It is also a recognized force that is openly acknowledged and negotiated, or actively ignored. Both Dalton and Odey knew AIDS could be a risk factor, but a risk both men were willing to take, as the short term gains were too great to be passed up. Maria found the threat of AIDS made the decision to leave her inherited relationship all the more urgent. The more unprotected sex she was forced to have, the more likely it is she will become pregnant.

Women in Zambia know that pregnancy is often the last straw for a body weakened by HIV/AIDS.

‘Tradition’ is the word most invoked in inheritance cases in Nkondonzobvu, not ‘modern’. Women and men in these contests are not necessarily fighting for a ‘modern’ identity, instead they are trying to break out of ‘tradition’ by creating something new. Tradition itself must constantly be re-invented if it to keep pace with changing economies and social life, so conflicts within this domain should be expected. If a new inheritance law that casts their traditional practices as ‘backward’ and ‘anti-modern’ provide them more negotiating room, better strategies, or different options, then these are the slogans that the younger generation will use. State messages about the best types of inheritance are played out against daily survival in a rural environment where nuclear family arrangements do not meet labor demands and create access to resources. When formalized police and court structures are virtually unreachable during the rainy season, and several hours a way during the dry season, families need to know they can rely on their community for support and mediation in the time of crisis. But, we have seen from these examples that the people in Nkondonzobvu are not stationary. People move around and are willing to relocate to take advantage of new opportunities and different livelihood strategies. The widows in Nkondonzobvu most connected with town life, either through education, previous marriage, or current employment, are willing to take a bigger risk, and step outside of tradition. For these women, the ‘modern’ structures perhaps seem less menacing, the fight for property more promising.

Chapter Seven: Constructions of the Urban Widow

Introduction

The material in this chapter comes from conversations with women facing a variety of issues in widowhood. Unlike women in Nkondonzobvu, many of the women I interviewed in urban areas used their stories to express their profound discomfort with changes in marriage patterns and inheritance, and what they saw were the consequences of 'modern' life. I have included two stories here to demonstrate the way inheritance becomes the platform for discussing a breakdown in morality, and a destruction of tradition. In this chapter, I will show how differing notions of gender, marriage patterns, economic options, and household stability shape the conversation on AIDS and inheritance, providing different options and different perspectives; yet continually illuminating a contest between the tradition and the modern, that centers on women's bodies.

The following examples are taken from interviews with widows conducted in Choma. Some of the widows had been married to their husbands for several decades, others just a year or so. Some of the women seemed to have settled into a more or less stable sort of life, others are still determining how they will make enough money to eat tomorrow. The women in these interviews are from a variety of ethnic backgrounds. As noted earlier, that these women came from multiple backgrounds did not seem to affect the rituals or opinions surrounding inheritance very much. While rituals surrounding inheritance seemed to be fairly consistent in Nkondonzobvu, rituals surrounding cleansing in Choma were different with each and every person I interviewed; yet the same common elements were there. Symbolically, all of these rituals are about leaving

the deceased behind, and putting him to rest. This was true for women whose ethnic group practiced either patrilineal or matrilineal inheritance.

One of the most important differences I found between rural and urban women's negotiations over inheritance is that urban women seem to have a lot more options open to them. They try to employ a variety of livelihood strategies and economic activities in order to make ends meet. They have more opportunities to enter into the informal cash economy. Extended kinship networks are not as central in urban settings. Many men and women would engage in a multiple series of relationships with members of the opposite sex as a way of solidifying support networks or increasing access to resources. My informants frequently told me that both men and women were seeking someone with more money. This person would then provide needed capital to begin a small business, or create an opportunity in the informal economy. If these relationships are discovered or become openly displayed in rural areas it is common that the couple is pressured to marry. In other instances where marriage would not be appropriate (because the man is considered too young for the woman, the woman is already married to another man, etc.) a fine, usually livestock, must be paid by the adulterer to the woman's husband or father. Because there is more anonymity in an urban environment, people were more open about these types of relations and seemed to suffer less social sanction. Polygamy is fairly uncommon in Choma. In the course of my urban fieldwork I only interviewed one set of widows that had been married to the same man. In contrast, every woman I interviewed in Nkondonzobvu had been a co-wife at one point with the exception of Nuria. In an urban context having relationships outside of the confines of marriage is seen as a necessary survival strategy for many.

1. Jenny – The price of caring for the sick

Jenny is a middle-class Tonga woman who came from an urban and educated background. Her husband died two months prior to our meeting and she was still trying to resolve her husband's estate. I interviewed her at her younger brother's house. He owned a well furnished home with several upholstered chairs, a refrigerator/freezer unit, a large boom box, a coffee table and a bookshelf. There was a large oscillating ceiling fan in the living room. The windows had glass and burglar bars, and the floor was covered with linoleum. These types of material goods are unattainable to most of Choma's residents. Jenny's brother had more money than most.

Jenny's brother Mickey, was in his early twenties, married and had one child. He was putting his wife (who was attractive, well spoken, and highly polished) through teacher training college while he earns money driving a taxi. He told me that after his wife found a job, he wanted her to then put him through the University of Zambia where he had gained admission to study humanities. When Mickey heard I was doing interviews with women who had conflicts over inheritance he invited me to come over to his house and interview his sister. He believed she was a victim of property grabbing and corruption and wanted his sister to take her former-in-laws to court. I had originally directed Mickey to NGO services I knew would represent women in property grabbing cases. He was not satisfied with this route alone, and wanted me to speak with his sister.

During our initial interview Jenny told me she was thirty-five years old and had four children, three from her first marriage which ended in divorce, and one from her last marriage that ended when her husband died just a few months earlier. Only her youngest child lived with her, the three children from her first marriage lived with their father near

Lusaka. I asked her how she ended up living in her brother's house. She replied that her brother took her in after her former in-laws chased her from her husband's house. When I asked her to explain why she thought she was chased from the homestead she offered the following explanation.

Jenny said that her husband became sick and was sick for a long time. She did not know what he was sick from but he needed long-term care. She did not have any food in the house so her in-laws came one day and took her husband from their house to her husband's mother's house in another section of town. Her in-laws said they were only going to take him for the day and they were going to bring him back in the evening. But, she said, when they took him, they took him for good. They never brought him back. She said that when her in-laws came back for his clothes she knew they were not going to bring her husband back. She asked them why they were doing this and told them it was not fair as she still wanted to be with her husband. They told her that if she wanted to see him she could come and visit him at the house.

Her husband died a few weeks after he was moved in to his parents' house. After he died her in-laws returned the body to Jenny's house and they held the funeral at her house. She and the family proceeded from the funeral gathering at Jenny's house to the municipal graveyard for burial. After her husband was buried her in-laws left, leaving her to pay the expenses for the coffin and the burial. During my time in Choma it was common for family members and friends to pool resources to buy a coffin and pay for the burial. In nearly all the instances I observed there was a collective effort to pay for the funeral expenses. Leaving Jenny to manage expenses on her own would be considered unkind and disrespectful by local standards. It also would leave an impression in the

community that relations between Jenny and her in-laws were strained and that Jenny must have done something to cause this strain.

The following day Jenny's father came and asked the in-laws to designate someone to cleanse Jenny. The in-laws refused. This is considered very insulting, and a direct attack on the widow's well being. If a widow is not cleansed, then she risks being haunted and driven mad by the spirit of the deceased. When her father demanded to know why they would not cleanse Jenny, her in-laws said she was a bad wife, and that she refused to visit her husband while he lay dying at his parents' house. Jenny told me that of course this was not true, "it was just a lie used by my in-laws to claim that I am a bad wife."

Jenny then began to list all of the property she and her husband had owned collectively in their house in Choma. It had all been taken and sold by her in-laws and she had not received any money. She complained that they even took the plates out of the house that she had bought with her own money made from a small business she had selling milk, along with the mattress for her bed. When she begged them to at least leave her a bed for her daughter they refused and said they were going to give it to her husband's first wife. This type of property grabbing falls well outside of anything that might be justified under customary inheritance procedures, but the in-laws justified their claims to the property by labeling Jenny 'a bad wife.' According to customary procedures whatever household items a woman buys for herself or brings into the marriage must remain with her when the marriage is ended, either in divorce or death. Jenny was particularly outraged that her in-laws took her plates because these items could not be

considered marital property. Taking Jenny's plates was the same as stealing, a theft more overt than property grabbing.

Her in-laws finally forced her to sell the home she lived in with her husband. She said they did this by chasing her from the house and putting the house up for sale. She then had to divide the proceeds up among her husband's four children – only one of which is her own, and herself and in-laws. She was given one sixth, less than what is designated by the new inheritance laws, which would have given Jenny at least twenty percent. Jenny then went on to explain there was one more house that her husband used to own, and that house was being rented out, with her in-laws taking the money from the rent.

I asked her why her father did not help protect her from her in-laws. She replied that her father was lazy. Her in-laws told her she was welcome to take them to court if she did not like the outcome of the inheritance. She hoped that now that the assets had been divided up that she would finally be left in peace to get on with the rest of her life. I asked her why she did not go to court or visit a victim's rights center at the police station. She was evasive. She clearly had felt threatened by the in-laws, but she also may have concurred with her in-laws characterization, that somehow she was a bad wife. After the interviews with Jenny concluded I could not help but feel there was a missing piece to the story. I also was left wondering if her brother had encouraged me to meet with her so that I could somehow persuade her to take her case to court because he had failed to persuade her himself.

1a. Where is AIDS in this story

Jenny was one of the very first widows I met and interviewed as an informant. If I had met her later in my fieldwork I would have asked her different questions. AIDS is not readily apparent in this story. However, Jenny's story is filled with the larger social repercussions of a society confronted with AIDS. Her husband's symptoms and lifestyle at the time of his death indicate that AIDS was possible. When young men die after a protracted illness not connected to any known health problem it is difficult to think they may not have died of AIDS. But as Adam Ashforth points out in his work on AIDS in South Africa, these symptoms also are common in deaths attributed to witchcraft (Ashforth, 2004).

More importantly, after I interviewed Jenny I met other women who had lost their husbands and their inheritance when the in-laws came into the home and 'took' the ailing husband back to the parents' house. In none of these instances did I have the opportunity to interview the parents. However, I had numerous conversations with older Zambians about how elders had been overlooked in the statutory inheritance laws. Almost universally, one of the profound frustrations they expressed about both the AIDS pandemic and the new inheritance law is that it left older people vulnerable and fending for themselves. Elder people, and many of their children, claimed that it was unfair that the older generation had invested so much time and money in raising educated children, expecting those children to support them in their old age. When their children succumbed to AIDS, and their property was subsequently given to a surviving spouse and offspring, older people were cheated out of what they felt was their rightful support. A similar principle seems to be in operation here. The in-laws challenge Jenny to go to the

authorities if she does not like her inheritance. This indicates that the in-laws believed they had a valid case for grabbing Jenny's property. And even though Jenny was openly insulted when her in-laws refused to cleanse her, her own father did little in the way to protect her. This may indicate that he too feels ambiguous over his daughter's claims to property in a short-term marriage ended after a mysterious illness.

Zambians are clearly divided on this issue. As the economically active and productive population succumbs to AIDS, the elder and the youngest generations are left vulnerable. If Jenny's in-laws had counted on financial resources from Jenny's husband to help them through old age, and suddenly found themselves without this source of support, they would have indeed felt vulnerable. They may have seen a younger and healthy surviving wife as having many more economic opportunities and survival strategies open to her than they themselves had. Because Jenny had married and then divorced before, they may have assumed she could easily marry again. They also knew she had access to some financial support through her brother.

Property grabbing appears more common in urban areas. There are a number of social circumstances that work simultaneously to make this so. Diffuse extended kinship networks and diminished emphasis on preserving community harmony mean that people do not feel as compelled to justify their actions as being for the greater good. It is easier to be selfish and less pressure to follow customs. Jenny's in-laws did not need community support or the support of Jenny's family to continue living in Choma, so they worried less about community reactions. If her former in-laws perceived Jenny as a "bad" wife, of loose morals then they would feel their own actions above scrutiny. She did not have a long marriage, so her former in-laws have only the most minimal commitment to

her well-being. Finally, in urban areas, the threat of AIDS and the new inheritance laws have worked to create an image of women as money hungry predators, marrying men, then killing them for money. This image has little basis in reality, but is a popular theme of jokes, radio talk shows, and popular songs. I believe that this image is particularly salient in communities in Southern Africa today because the face of widows is changing. As I stated earlier, AIDS widows are often young, they have not had time to establish long-term relationships within a community or with their in-laws. They become “matter out of place (Douglas, 1966) within community networks. Because of this it is easy to shun them or blame them when people who are not supposed to die do. Outside of her immediate family, it would be difficult for a woman like Jenny to find much sympathy. Short-term relationships that end with a young man dying have become equated with the dangers and temptations of a modern world and the wanton selfish women who inhabit it.

1b. Endings

I met Jenny on the way to the market several months later and asked her how she was doing, and if she had found a place to live. She reported that she was selling milk in the marketplace again and had a small room for her and her daughter in Zambia compound, one of the three main shanty towns in Choma. There is no running water or electricity but, she told me, she was happy to have her own place and the opportunity to start her life over again. As the months progressed I saw her around the shantytowns with different men on a regular basis. My research assistant commented that Jenny had started ‘seeing’ many men in order to get money.

2. Shamwaza

I have included Shamwaza's story because it is so typical of many of the young widows I meet in Choma. Shamwaza is a Tonga, born in a small rural village. Her husband was a soldier when she met him in Ndola, one of the major towns on the copperbelt. They were both teenagers when she met him. Her father had taken her and the rest of the family from the small village where she was born to Ndola because he had a job in the copper mines. Her identity was firmly rooted in urban living and she had lost touch with a 'rural' and 'traditional' lifestyle. Her relationships with her own extended family network and her former in-laws were loose. In contrast to the preceding example and examples presented in Chapter six, her own or her former husband's extended kinship network were uninterested in pursuing customary inheritance structures, or trying to retain access to wealth she and her husband had accumulated during the marriage.

2a. Model for Intestate Succession?

Shamwaza's husband, Fred, was a Lozi, the ethnic group that has historically occupied large sections of the western part of Zambia. In the past the Lozi had raided Tonga for slaves, intermarriage between the two groups became a common practice during this era. Because of this long history of interrelationships the Lozi and the Tonga refer to each other as cousins. The Lozi have historically been organized hierarchically around patrilineal lines in contrast to the more loosely organized and matrilineal Tonga. Fred was born in a village near Kaoma, one of the main towns in Western Province. Shamwaza married him in 1979 when she was sixteen and subsequently moved to Lusaka where he was stationed. She was in school when she met her husband but dropped out of school when she became pregnant in 1978, and married Fred. She told me that her parents wanted her to continue going to school but there was not enough money, so she

could not continue after the baby was born. She then later moved to Choma in 2001 when her husband passed away.

Shamwaza told me that her husband died because of a problem with his bowels. He was supposed to receive an operation and because he never did, he passed away. She said that when her husband died he left instructions saying “my relatives should get my clothes only, the rest of my property should go to my children only.” The elder brother did not come to her home until two weeks after the death of the husband and he asked “What did my brother say?” She said that the husband wanted everything left for the children and he honored that. In urban interviews, when a person remarked that the relatives did not show up until weeks after the person had died, it was an indication, a public acknowledgement, that the relatives of the deceased did not want to control how the property of the deceased was distributed. If in-laws are seeking to claim the property, they show up while the person is still sick (as in Jenny’s case) or right after the person has died so they can oversee burial arrangements and make sure the surviving spouse does not abscond with household goods.

My urban informants framed it in the following way. The in-laws do not have much claim to the goods of the deceased unless they helped her or him out significantly in life and then particularly, helped out if the person was undergoing a long illness, thus, when Shamwaza indicated that her brother in law did not show up until two weeks after the funeral she was indicating that he had not much in the way of claim to his brother’s property. In urban settings relatives and people close to the deceased can get away plundering the deceased’s assets if they made a significant contribution to the deceased while he was alive, or needing care while sick. A woman, like Jenny, may feel unable to

contest property grabbing if she had accepted a lot of help for food and medicine while her husband was alive. But rural family members believe they have the rights to property because their relationship with the deceased was part of a larger extended kinship safety net. In order to keep that safety net in place for potential future problems, as well as those that may have already incurred, are repaid through inheritance. Determining the rate of exchange, or how much someone should receive for care and financial support provided varied. Most often those that felt they should be repaid for assistance they had offered to the deceased usually spoke up at a funeral. The persuasiveness of their argument along with their social position determined the outcome.

Shamwaza told me that the Lozi do not practice wife inheritance. She was cleansed by being asked to remain in the house when they took her husband's body for burial. At this time she had to bathe and then was sprinkled with mealie meal. After this ceremony she was free to marry someone else. Shamwaza's consanguinal kin did not demand a cleansing ceremony more in line with customary Tonga inheritance. According to Shamwaza they made no such requests. When I asked her why they did not follow Tonga customs she said her family was not interested, and believed the cleansing ceremony that was performed was adequate. After the funeral her in-laws did not try to make any claims over the property. She said that most of the property went to her first-born son, some to her brother-in law, and her in-laws decided she should remain with a plate and a bed. But when I interviewed her she was living with her first-born son, so she felt that in a sense she had all of the property there with her in the house with her, even if it was not technically hers. This arrangements aligns fairly closely with the Intestate

Succession framework that gives a widow twenty percent of her husband's property, and allowing her to use the rest to raise her children.

She pointed out that the elder brother only came once after the funeral because he lived in Kaoma. Since that time she had taken care of all of the children on her own. Her brother-in-law said that he would help look after the children and in order to ensure this help he was given a small percentage of the property, but Shamwaza claimed that he had not helped her. When her seventh child died in 2001 she held the funeral in Choma but reported the death in Kaoma so that her in-laws would know. She would have liked to be able to call on support from her husband's kin network. But when she reported the death of her child to her in-laws they refused to help her, telling her that if she wanted help she would have to come to their village in Western Province. In other words, in order to receive support from her in-laws they would require her to live near them, likely so they could direct how her children were raised and have access to their labor.

Shamwaza went on to explain that her husband still had land near Kaoma. Her in-laws originally wanted her to move there after her husband died but Shamwaza's own parents were against it. She claimed that she did not think her in-laws would have helped her much anyway if she would have moved to Kaoma because they did not even come to see her when her last child was born. Shamwaza shared this information with me so that I would understand that her in-laws were not very involved in her and Fred's life before he died. She knew that she was free to marry another man but she told me she was afraid to get married because her children were still so young. She explained that she did not think she would be able to shift households with her children because "the man she goes to might not look after my children."

2b. Modern Outcomes?

When the Zambian government established the Intestate Succession Act they wanted the inheritance of property to function in the way it did with Fred and Shamwaza. In this instance, the nuclear family took precedence over the extended kinship network, a changed relationship manifested through several different actions. It was manifested on a practical level when Fred's brother arrived at their family home two weeks after Fred died and agreed to follow the instructions Fred left regarding what should be done with his assets. He accepted the fact that Fred was the head of the household and his duty to determine the disposition of his property. In many other inheritance cases I observed, instructions regarding property left by the deceased were considered completely invalid and division of the property was ultimately left in the hands of the deceased's consanguinal kin, giving them the power to decide whether traditional or customary inheritance structures will be followed. The change in familial relationship is also represented when the in-laws happily relinquish control of Shamwaza's life and the life of her children when Fred died. They do not try to influence Shamwaza to 'return' to the village so they can watch over her. Her own parents do not insist on ritual cleansing or encourage her to return to their village. Instead, she is left to pursue the options of her own choosing, which is moving to Choma to live with her adult son. In other words, she chooses to pursue options within her own nuclear family unit, the one established by her and her husband. This is the "modern" family life presumed by theorists such as Goode (1963) and Laslett (1969). She becomes the urban widow for which Zambian legislation has created a category and legally recognized. She is not "matter out of place."

When Shamwaza's in-laws tell her that if she expects continued support from them she must move back to Fred's home village in Western Province, they are indicating that in order to get the support traditionally offered to widows she must follow the rules of 'tradition' and move close to in-laws where they can keep an eye on her. I heard similar stories repeated a number of times by women living in Choma. Widows with young children often face a situation in which they are compelled to decide between 'returning' to a village they have never been before in order to receive what would be considered 'traditional' support by their in-laws or staying in an urban area they are familiar with and trying to support themselves. In these cases, both options present a very uncertain future. These widows are left without any support in an urban area, having all of their husband's property carried off by their in-laws to 'the village.' They must either decide to support themselves and their family alone, or follow their property and hope that their in-laws do indeed take care of them and their offspring. This did not happen so Shamwaza.

Shamwaza was lucky. She had an adult son who was willing to take her in and where she might find some economic opportunities. She was not left destitute by her in-laws. She remained with all of the household property to help establish her in a new life as her own head of household. Shamwaza is not that old, although too old to have more children. She told me she was born in 1963, making her just over forty when I interviewed her. Like many widows in her position, it was likely that she would remarry if possible. This would allow her to continue drawing on some support for her remaining young children from her adult son, while also expanding her economic support through a new husband or boyfriend.

AIDS is not necessarily present in this story. However, it is not necessarily absent either. Most men and women in Choma explained to me that one must always have ‘a boyfriend’ or ‘a girlfriend’ because these people increase your networks and your economic opportunities. If neither person is married it is easy for these liaisons to turn into marriage. It is important to avoid someone who might become a further drain on your financial resources, but in these uncertain economic times, it is also considered too risky to only rely on oneself for economic security. Of course people also engage in these relationships because they are fun, and people fall in love, want to remarry and begin new lives. The point I would like to make though, is that many widows remarry quickly in Choma. It is considered a sound support mechanism. Campaigns that promote the adoption of Intestate Succession use AIDS prevention as a principle reason why practicing Intestate Succession is so important, it prevents wife inheritance and sexual cleansing. Yet, for many of the women I met, avoiding inheritance was not equated with ending ones sexual life. Men and women in Choma are expected to engage in sexual relationships throughout their lives, whether they are married or not. Unless a culture of sexual abstinence upon the death of a spouse replaces the current practices, the promotion of Intestate Succession seems to do little in the way of preventing the spread of AIDS. Shamwaza’s story mirrors the inheritance model deemed appropriate by the Zambian state and taken up by the AIDS campaigns. But unless she remains single for the rest of her life she is not really at a decreased risk for contracting AIDS than she would have been if she had been inherited. In other words, Intestate Succession does not put men and women at a decreased risk for contracting AIDS, despite its claims to the contrary.

3. Colleen – Safety in Tradition, Danger in Modernity

Colleen's story captures some of the frustration felt by an older generation of Zambians as they stand by and helplessly watch their educated sons and daughters die. When I met Colleen she was angry at AIDS and angry at the opportunity it had stolen from her and her family. I have included Colleen's story, not necessarily because of what her own inheritance illustrates, but rather, how she uses her own marriage and widowhood as a way of demonstrating her own impressions of the decaying social order. In my interviews with Colleen she complained of a breakdown in tradition and the consequences that had been suffered. Unlike Shamwaza's story, in which modernity plays the role of safety and opportunity, Colleen's story illustrates the perspective in which modernity represents a gendered danger and a loss of opportunity for the future. From Colleen's perspective, marriage, and respect are breaking down and causing many to die. She told me it was young women's fault for not listening to their parents and taking up with too many men, and entering into new liaisons too quickly after another one dissolves. She said that "women are killing off the men and the rate of men is going down and down," in other words, men are dying off faster than they can be replaced. Her perspective reflects a popular viewpoint in Zambia and much of the rest of sub-Saharan Africa that AIDS is spread by women and is killing men (for non-Zambian examples see Setel; 1999, Booth; 2004, Watkins; 2004.)

3a. Interview:

Colleen had been widowed for over thirty years when I met her. She began our meeting by telling me how she met her late husband. She was born in a large town in Eastern Province and is a Nyanga. Her husband was Lawrence Nakatoma, a Lozi from

Western Province. She met Lawrence in Livingstone where she was living with her sister. All of her children were born in Livingstone. When she met Lawrence he was working for a white man who was producing Guard cigarettes, a brand that has since been discontinued. She explained that this man later came to Choma. She and Lawrence followed him but eventually the employment ended when Lawrence's employer left.

Colleen told me that her husband died a long time ago, in 1973. She said he died from "coughing and ulcers." Because Colleen is older and her husband died so long ago it does not seem that he died of AIDS, which did not kill many of the adults of his generation. It is killing his children's generation however. Of her six adult children she had one daughter who was sick at the time of our interviews and her son-in-law was very sick expected to die soon.

Colleen explained to me that when her husband died he had been going to an African doctor to receive treatment because he suspected he was being witched, so she could not mourn him. I asked her how she felt about this, and she said that these were not her traditions but it was not her choice. She said that the witch doctor told her not to cry over the deceased, and if she or her children did cry over the deceased they would die. I had never heard this before so I asked her to explain. She said that the witch doctor put a needle in the medicine and said whoever witched her husband would die. But they left the village where her husband had died so they never discovered who witched him or if that person died. They are not allowed to cry for her husband until the man who witched her husband is dead¹⁶.

¹⁶ I later learned in a conversation with Elizabeth Colson (September 2004) that many people are afraid to mourn a person who has died because of suspected witchcraft for this very reason. People are often worried that they may have inadvertently caused the witchcraft that killed the deceased, and if they then mourn this

I found this confusing and asked her to elaborate. It was only much later, through a series of conversations with Elizabeth Colson that I fully understood what Colleen was trying to tell me. According to Colson, if a person suspects they are being witched they will often buy a medicine called *ndili*¹⁷ or *ngozi* (the latter a Shona word). This medicine is supposed to work against those that witched you if you ever die of witching, meaning that if someone is witching you and you have *ndili*, that person will die also. The medicine is used to discourage people from using witchcraft against others. So, if someone died of witching and is suspected to have owned this medicine, you cannot mourn that person or that medicine will kill the mourners, in fact, will kill all the mourners, unless they know who did the witching. Colson went on to say that you do not know if someone has this medicine. Many people believe that someone will buy *ndili* and not tell anyone, so people are very careful about mourning when witchcraft is suspected in someone's death.

When Colleen's husband died, his relatives followed the Lozi tradition. She was given plates so that she could eat alone. She had to stay away from others and stayed in the house while the relatives went to the graveyard. Her husband's relatives cut just a bit of hair from the front and back of her head, they also cut a bit of hair from the head of her children. Then she had to bathe in African medicine. Then all of the ashes and all of the dirt from the funeral, along with the hair were swept into a hole and buried. This description is entirely different from what Shamwaza's Lozi in-laws required her to do upon the death of her husband and indicates to me that cleansing rituals, particularly for families that have become dispersed over urban areas and have severed many family ties,

person they will die. All those who knew the deceased during her/his life are at risk until someone has been accused.

¹⁷ A substance used in witchcraft.

are very fluid, localized, and based on particular situations. Certain families prefer very elaborate cleansing rituals, while for others it seems almost perfunctory.

3b. Inheritance Today

Colleen shared her feelings about inheritance today. She told my research assistant and I that today things have changed due to HIV/AIDS. She told me that there is no sexual cleansing. Now a deceased husband's relatives will rub mealie meal on the widow. They put white beads on the women's wrists and then give her a token amount of money (like 500 Kwacha) in her hand and then say to the woman "you are released" to go and get married to whoever you want. For Colleen, this lack of ritual was very problematic. She told us, "[n]ow the property and everything is all for the children. The husband's relatives only get a small bit."

Colleen claimed that she had no desire to get remarried because she had no strength to take care of a man. For her it was a burden to get a man. "The men just want things and then at a later stage will give you AIDS. Many women are getting remarried quickly and they are just spreading AIDS." She explained to me that "women nowadays drink a lot of beer and are just finishing all of the men. The women are spreading HIV. A woman is married to a man, the man starts coughing and dies then the woman goes and marries someone else. This is the problem. Soon, there will be no men to marry. The man rate is going down. Women are causing the disease." Colleen and many of my other informants, told me how younger women go into *shebeens* (unlicensed drinking establishments), and take up with men, luring them into relationships. women's uncontrolled movements, their access to and desire for money that was causing sexually transmitted diseases. Men's own sexual desires were not considered.

For Colleen, like many older men and women in Zambia, it is women that are causing the breakdown in morals in a modern world. If we return to Chapter three we find that during the colonial era, colonial administrators and missionaries tried to control women's sexuality, believing that it was an African sexuality mixed with modernity that was causing corruption and moral decay. Colleen's own attitudes in a sense become an updated version of this story, transmitted through present day messages about money hungry women no longer under the control of traditional authority, being granted the power to marry men and take their money when they die. Jane Parpart (2001) shows how Zambian women living on the copperbelt in the late 1930's were characterized as opposite of everything moral and civilized. She contends that "[m]issionaries, colonial officials, and rural African leaders railed against [these women]. The emerging African elite worried that "bad girls" would threaten their efforts to gain respectable status in colonial urban life" (Parpart, 2001:275). McCurdy (2001) presents similar fears about Manyema women and sexually transmitted diseases in urban Tanganyika in the 1930's. In other words, the fears as told by Colleen have a long history in urban African life, representing tensions between modernity and tradition which center women's bodies and sexuality as the locus of control. I believe that AIDS has caused an important shift in this historically grounded perspective. Where at one time it was young unmarried women who posed a threat to social order, now the fears have been expanded to include young widows. The fear and anxiety around these widowed women has become more pronounced because they leave a dead husband in their wake.

Roster's Story - Losing Children

For Roster, the threat of AIDS has become a reality, not for her but for her children. Like Colleen, and many women of her generation, she took advantage of Zambian independence and the economic growth of the 1960's and early 1970's to help educate her children and prepare them for a better life. And like many of these same women, she now faces her elder years watching her children die, while struggling to raise her grandchildren in a failing economy. Both Colleen and Roster are doing better than many others. They have a home, managing to make ends meet and keep everyone fed.

4a. Roster and her daughters

I met Roster when she was living in an old section of Zambia Compound. She resided in the 'nicer' part of the shantytown meaning she had a tap in her yard and there were electric lines running outside her house. She was raising several grandchildren on her own. I spoke with outside in her front yard while grandchildren ran around us. One of Roster's daughters was outside in the yard as well. She was very ill and lying quite still on a mat in the sun. While we were talking Roster pointed out another daughter sitting in the corner of the yard. This young woman, Susannah, carried a small child with her. Roster complained that Susannah's husband had run off and left her alone with the baby.

The two daughters sitting with Roster in her front yard had clearly been victimized, if not by men, at least by AIDS. One had already lost a husband and would herself soon succumb to illness. The other found herself left alone when her husband left her for another woman with more money. Susannah, who had been abandoned by her husband seemed slightly embarrassed that this is her predicament, but not unusually so. After all, she pointed out, she is in the same position that many women in Zambia

Compound are in. Relationships are fleeting in the time of AIDS and economic insecurity. The picture presented by the two daughters outside of Roster's house contrasts with the money hungry, conniving women luring men in drinking establishments. Their lives represent the inherent risks and instabilities in marriage and widowhood in urban Zambia, where extended kinship networks tend to be weak and state social services negligible.

4b. Interview:

Roster Muita Muchimba (she is careful to make sure I take down her entire name and spell it correctly) was born in 1953 in a small village near Livingstone. Her father was a Lozi and her mother a Tonga. She had eight children. Two have already died "of coughing," she told me. One of her children left her with six grandchildren to raise, the other left her with one. Roster pointed to her daughter that was ill, lying on the mat and told me that this is her daughter Anna who was born in 1973. Anna's husband had already died of TB and Roster believed that Anna would die shortly. Roster had one adult son who was working in town and helped her to support the family and all of the orphaned grandchildren by giving her small amounts of cash whenever he could and helping out around her home.

Her husband's name was Stumbeko Yamba. She met him in Livingstone where he was working as a driver. They married in 1968. She cannot remember all the places they have lived, but they have lived throughout much of Southern Province, including one of the larger towns in the Gwembe Valley. Like many other older women I met in Choma, she had had a mobile lifestyle. These were women who had moved around a lot in life,

following economic opportunity where they could find it. They were not wedded to a village, or even a region.

Her husband died in 1987 in Livingstone. She came to Choma after her husband died because she had a brother living there who offered to help her start a business so she could look after her children. Her brother gave her money to start selling fish, but her business was not going well and then her brother was transferred to Namwala. So the fish selling business went under. But Roster counted herself as lucky. One of her in-laws gave her the plot of land to live on in Zambia Compound and she has managed so far to support herself and her grandchildren through informal trading. While brothers are not obligated to support their widowed sisters, I met several who had (Jenny and Roster included). When brothers are able to provide support, usually by offering finances to help a woman get a small business up and running, they offer women an important economic alternative to a quick remarriage, or a forced inheritance.

I asked Roster how her husband died and she told me that her husband was an evangelical. He lent a vehicle to his brother, but then he needed to get the car back. She said that somehow there was a disagreement between the brothers and “that is when the trouble started. He died after having pain in his side and mucus and blood coming out of his nose.” She told me that she believed he was witched. Roster was convinced that witchcraft was involved because she then lost her son in exactly the same way – by experiencing pain in his side and then blood and mucus coming from his nose. Roster claimed that her husband’s brother witched both her son and her husband in an effort to take possession of the car.

Her husband died before the new inheritance law was in place. She said that her in-laws took all of her husband's property and her children. The brother who was believed to have witched her husband tried to force Roster to go with another one of her husband's brothers so she and the children could be looked after together. Roster refused because before her husband had died he had warned her against living with his brother and "did not want his children to go there either." Roster said that her own family supported this decision and this is likely why her own brother gave her money to start up a business in Choma after her own business failed in Livingstone.

Roster told me that she was accustomed to town life and selling things in town and did not want to return to the village. But her business was not doing well because she had to use the start up money to pay for her sick children. She came to Choma in 1988 and in 1989 the children joined her here. I asked how this happened, she said she came to Choma in 1988 with one of her daughters who then went back and collected the rest of the children.

Roster said that she was cleansed according to traditional ways. When people went for the burial others went to collect herbs. The herbs were left in the bush by her in-laws where she was to take a bath with them. She then ran around a tree four times and left her old clothes there and put on new clothes. She then went straight to the house where she lit a candle. The next two days after that she had to bathe in water and mealie meal. There was no sexual cleansing, just sliding (*kujuta*). She described this ritual to me then said that this was an indication that "they just followed Lozi traditions of cleansing." This was the only time I heard of *kujuta* being performed on anyone beside the Tonga and prior to my interview with Roster, I was told repeatedly by informants and NGO

workers that is was “only the Tonga who still believed in cleansing the woman” in an intimate way like this. The cleansing ritual described here is different from other Lozi cleansing rituals described earlier. This merely supports the notion that cleansing rituals are localized and particular to families and settings.

4c. Marriage today

Roster complained that things today have changed because of AIDS. She explained that “[s]ome traditional ways have gone and that is why people are dying. People have lost respect for old people. Witching is going on a lot because tradition is not being followed.” I asked her why young people do not follow tradition. She said “How do you tell your son to use a condom? Drinking places allow children in and there is bad sexually explicit TV.” She said there is also a problem with abortion. “Just after aborting women used to bathe in medicine. But now the next day they are going drinking. This causes pneumonia and AIDS.” She laments that it is ruining the country. “You can’t tell children what to do anymore. The children just say ‘those are the old things.’ They will not follow the right codes of behavior.”

Roster goes on to say that it used to be that married couples could not meet until the husband paid the *lobola* (brideprice). But now, they do not finish paying the *lobola*, they “just go ahead and sleep with each other.” By way of contrasting Susannah’s union that failed with the union of her child who died in Livingstone she told me that her daughter in Livingston had a ‘traditional’ marriage and it was a good one. She told me that she has another daughter in Pemba [another town in Southern Province along the rail line] who has a ‘traditional’ marriage and it is also a good one. She pointed to the daughter dying of TB and remarked that hers had not been a good ‘traditional’ marriage.

She then pointed to Susannah, whose husband ran off, leaving her with a five-month old baby and told me that this had not been a good marriage either. She was disappointed with the way these girls married and believed that if they would have married ‘traditionally’ they would not have had so many troubles. Roster’s complaints about marital instability buttress arguments about dangerous widows and dangerous women. Economic insecurity, limited survival options, and inadequate medical services are not blamed for unstable relationships and disease. Instead, it is women’s break with tradition, their lack of observation of customary procedures for entering into and ending relationships that has propelled AIDS. Once again, mention of male sexuality is absent.

4d. Outcomes: old versus new

Like Colleen’s story of widowhood, Roster’s story of how she became a widow was not changed by AIDS. Instead AIDS killed children and changed the way these widows spend their later years, looking after grandchildren, and nursing their own sick children. As well, Roster uses her own story of marriage and widowhood as a way of discussing the changes she sees around her today. Like Colleen, she too is worried about the breakdown in ‘tradition’. The younger generation suffers because they engage in casual relationships. The fabric of tradition and family that helped to hold marriages together has been torn away. Roster contrasts the actions of her son, who supports his mother, and helps his family, with her sick and abandoned daughters lying in the yard. The “good” daughters, married according to tradition, were not present.

In contrast, Roster’s daughter, Susannah, acknowledges that indeed she had been abandoned by her husband, as have many other women. Susannah did not see her own actions as causing the abandonment, but recognized that in an environment of extreme

economic scarcity, men and women often create relationships based on the most economic gain. The threat of sickness, or the birth of a child can easily drive a man away to seek better opportunity elsewhere.

What are we to make of the stories of Colleen and Roster? In these stories AIDS becomes the dangerous outcome of living a life of modernity, and tradition or a way of life that has become difficult to operationalize in an urban environment, is equated with safety. One of the features that the stories of Colleen and Roster both contain is mobility. Both married men engaged in the formal economy, both moved around for their employment, and both women have children living throughout Southern Province. This diminished relationships with extended kin networks and ‘traditional’ ways of life. While both women followed relatively traditional structures in the creation and dissolution of their own marriages, their children have witnessed and pursued the structures of the ‘modern’. The danger of these pursuits is reflected in the women’s anxiety over the future for their children.

5. Gertrude: A Future Undecided

There are two principle reasons I am including the story of Gertrude. The first is that Gertrude’s husband passed away just a few months before our first interview. How her inheritance was going to work out was still ‘in process.’ Gertrude’s story shows how women articulate what they would like to happen before final decisions are actually made. This is an important perspective, because my research indicated that women’s opinions about what ‘should’ happen, or how they feel about inheritance changed as their options were decided for them. To put it concisely, virtually all of the women I interviewed said they would not like to be inherited, but as other options closed

themselves off, or it became apparent they were going to be inherited, they then often said they would not mind being inherited.

I also have included Gertrude's story because her situation is typical of many women-headed households in Choma. She has seven children by three different fathers. The instability of relationship embodied in the previous two examples, presents itself here not as a liability or an example of a "bad" lifestyle, fitting into a larger discourse on morality. For Gertrude it is merely lived reality, a situation that has advantages and drawbacks. Her story is a living example of how severe economic instability can create an environment in which relationships are used strategically to expand livelihood options. Until AIDS prevention campaigns address this reality in a concrete way, offering other comparable livelihood options, short-term opportunistic relationships will continue to remain common place, and continue to be a major threat in the AIDS pandemic. During the interview Gertrude denied that her husband died from AIDS, saying instead he died from an enlarged heart. Yet, my research assistant, who also works part-time at the local clinic, told me that Gertrude's husband was sick for a long time and received a lot of care at the clinic. It was widely believed by the staff at the clinic that he died from AIDS as he was treated for a number of opportunistic infections that people with AIDS often have. This is a fairly conclusive diagnosis of AIDS in a Zambian context.

5a. Interview:

The interview was held inside of Gertrude's home, located in Shampande A which is not considered a shantytown, but was established as a neighborhood for African laborers during the colonial era. Gertrude was born in 1968 in Cikankata, a mission town in Southern Province. She is a Tonga and has seven children. Her first child, a boy, was

born in 1984 and at the time of the interview was staying with her maternal uncle in another house in the same neighborhood. She told me he attended Choma Secondary School, which is one of the best secondary schools in town. She had this child out of wedlock and never married the boy's father. She also had a four-month old baby by a different father. She told me she was not going to marry this man either. She did marry the man that fathered her five middle children. He was the man that had died a few months prior to our meeting.

She told me she met her husband here in Choma. She moved to Choma in 1978 after her father died when she was still a young girl. She met her husband in 1986 and they married that same year. He was a plumber that worked for Southern Province Cooperative Union, which by local standards, means he had a good job. He was a Tonga from around the Pemba area (about 120 kilometers from Choma).

Her husband died in June, approximately four months before our interview. She said that he had been very sick for about a month before that. He had relatives in Choma as well as in a village near Pemba. So when he died the family decided to hold the funeral in Choma, right away. This indicates that her husband's family recognized that he and Gertrude had strong town ties, more connected to Choma than village life. It also indicates that his family would not likely try to compel Gertrude to move back to the village near Pemba to be inherited, or take her children there to raise them. Recognizing Gertrude and her husband's family life in town provides Gertrude a strong negotiating position to claim the household property.

Her husband's funeral was held at the graveyard where he was buried. Gertrude makes sure to tell us that there was no church service because her husband did not go to

church, but they did pray at the side of the grave. Gertrude told us that she was a Christian though, and regularly attended the Salvation Army church. After the burial her in-laws decided that Gertrude should be cleansed through *kujuta*. Her husband's elder brother performed the ceremony and then inherited the spirit of his deceased brother. She said that her in-laws would not perform sexual cleansing. She told me "that is the old way. No one does that anymore because of the diseases." I asked her why they performed a cleansing ritual at all. Gertrude replied "if my husband was a Christian they would not have had to do *kujuta* but because he was not a Christian they had to do *kujuta* because she and her in-laws were afraid that the spirit of her husband might go to her [and haunt her]."

I asked Gertrude how they decided who was going to inherit the husband's spirit. She said at first they chose the nephew to the late husband because he lived in Choma and had a family here. He had two wives. But he refused the job saying he was too young. So, the elder brother to the deceased was then chosen. Gertrude said that the elder brother worked as small farmer in Batoka, a town that lies on the main road between Choma and Pemba. During the funeral her inheritance was not discussed. She said she was not quite sure what was happening with the inheritance. "Maybe someone will offer to inherit her, but maybe", she tells me "they are still deciding." At the time of our interview her younger brothers and sisters are helping her make ends meet.

I asked her if she wanted to be inherited. She said that she does not want to be inherited because the man who inherits her will not take care of her children. She said she would not remarry another man for the same reason. "It is just better to stay alone." But she knows she has to find work to support her children and would like to get money to

start a business. It is important to point out that Gertrude claimed she was unwilling to remarry, but she was clearly willing to engage in sexual relationships with men, as evidenced by her new baby. To me, this indicates that young women with children living in urban areas may find more freedom and autonomy living on their own and engaging in series of short-term relationships. Within the moral discourse offered by Roster and Colleen then, women like Gertrude are dangerous to the social order. Gertrude is a widow refusing to stay in her place, either single and celibate or safely within the confines of an inherited marriage dictated by custom.

I asked her what happened to her husband's property. She said that the relatives got the TV stand, two tables, a small cupboard and a mattress and a bed and they shared all of the deceased's clothes. Her mother told her not to fight the in-laws about the property - "To just let them have what they want." I asked her why and she said her mother experienced the same thing when her husband died so she just told her daughter to do the same. She told me she feels lucky because her in-laws for the time being were letting her stay in the house because of the children.

5b. Outcomes:

Given that her in-laws refused to perform sexual cleansing at the funeral because of the threat of disease, it does not seem likely that they would offer anyone to inherit Gertrude. In addition, she had already taken up with another man before her husband died and claimed that she was not really interested in being inherited, or even remarrying. While beginning a relationship with someone else prior to her spouse's death may seem somewhat calculating, it is extremely common among young men and women in Choma. In Nkondonzobvu, Nuria and Edith also began relationships with other men before their

husbands died. Women are more vulnerable on their own and they know it. For many, being inherited is not an option they would choose for themselves, but they know their agency is limited. So, for many, selecting the next partner while the first is sick or dying, works as a way to avoid inheritance while securing their own future. Women were not the only ones that did this. I also met men who would remain married while their wife died, but had already begun a long-term relationship with another woman. This strategy poses a serious obstacle to AIDS prevention as the people most likely to engage it are people from the age group most affected by AIDS. In the AIDS pandemic the body has become the manifestation of economic insecurity and limited options. People often must gamble with their own long-term health, in order to secure their well-being for tomorrow.

Like the stories of many urban women, Gertrude's story is a blend of tradition and modernity. Her family followed many of the rituals of a customary inheritance, cleansing Gertrude, and taking most of her property, and eventually, probably offering her some limited support. At the same time Gertrude did not let herself be confined by custom. She sought relationships with other men to create opportunity for economic ventures that would allow her to support herself. The ultimate outcome of her efforts has yet to be determined, but like many, she tries to keep as many options open to herself as possible.

Locating the Urban

The stories of urban inheritance reflect an environment where relationships are more fluid and opportunities more fleeting. In Nkondonzobvu, a local headman will notice if a family is starving, failing to make ends meet, and call on community support networks to assist families in trouble when that is possible. The same is not true in Choma. This creates a world in which people take advantage of opportunity when they

find it, through short-term relationships, seeking help from an NGO, or working in the informal economy. Women headed households are common in Choma. Women as economic participants are visible in an urban landscape. As well, women as widows know they can seek assistance from national and international NGO's. I met many women who would eagerly point out to me that they were taking care of AIDS orphans because they knew that this was something of interest to international NGO's and perhaps something that allowed them to 'qualify' for some sort of assistance. Like the label 'HIV positive', the label 'Widow' can sometimes open up opportunities in town.

The category of 'widow' has become an option for opportunity because the national rhetoric surrounding Intestate Succession Act is heard more loudly here. The category of 'widow' as constructed through NGO AIDS prevention campaigns and Intestate Succession legislation presents widows as women needing help and support so they can continue providing for themselves and their offspring. Women headed households can survive in an urban area, where it is almost virtually impossible for them to survive long-term in Nkondonzobvu. I met a number of older widows who were successfully managing business interests and supporting adult children and grandchildren.

At the same time, examples of urban inheritance also show that many young widows do not manage to hold onto the property accrued during marriage, and have extremely limited opportunities. Their position remains quite ambiguous. While there may be tacit support for their position within NGO's, when a young woman's husband dies after 'a long illness,' these women are often blamed for their own predicament. These young widows become representations of all that is failing today in Southern

Zambia, breakdowns in tradition, multiple marriages, sickness, and death. These women are often labeled as failures by elder family members and in-laws because they did not follow 'tradition', and are blamed for bringing the problems on themselves. The image of widows as dangerous, immoral women killing men and seeking economic gain is the opposite of the women as victim constructed through national and international discourses on inheritance and AIDS. These two images bounce off of each other and create contrasting discourses of morality for the young urban widow. Inheritance in the time of AIDS can turn women into predators in the urban imagination.

Chapter Eight: Conclusions; Returning to the Data

While I have tried to present as much detail as possible in the preceding ethnographic examples I am struck by how fuzzy these pictures remain. Like the snapshots, these examples remain ambiguous and in some parts contradictory. I am reminded how Marshal Berman begins his introduction to *All That is Solid Melts into Air*. He begins by saying “I define modernism as any attempt by modern men and women to become subjects as well as objects of modernization, to get a grip on the modern world and make themselves at home” (Berman, 1982:1). The subjects in my story are ‘modern’ individuals trying to make sense of a shifting modern world, the world brought on by AIDS. Their stories are incomplete, confusing, even bewildering, because so is the world in which they live. They are trying to make themselves at home in the modernities of a country in the midst of an AIDS pandemic but they have yet to become comfortable. They have yet to figure out which messages, which identities, and which courses of action will emerge from this mess. What will prove solid in the future and what will melt into air are being negotiated. What will make up an ‘AIDS world modernity’ and an ‘AIDS world tradition’ are still in flux.

In a world where you cannot count on your educated children outliving you and reaping opportunities, in a world in which you may fall ill and leave your children behind, in a world in which an international pharmaceutical company can determine whether or not you have access to medical treatment, there is not much that is solid. The universal truths seem to melt into air. This is where we find Zambians struggling to define themselves within the categories of ‘tradition’ and ‘modern’. The messages reaped from a colonial legacy tell them that if they pursue the modern somehow this world might

make sense, they might somehow reap the rewards of the development promised them and emerge victorious from their 'primitive' state. Yet, AIDS has rendered the modern world a dangerous and unpredictable place, and many now view customary structures, or 'tradition' as the only place safety lies. Modernity has betrayed them.

In these concluding remarks I would like to return to the women who occupy the central role in this ethnography, because I am struck by how it is their identity, their symbolic role, and their physical being that the struggles with inheritance and AIDS become articulated. Jean Comaroff reminds us that social change, social dislocation and social rupture always become scripted onto the body somehow. She says;

“It tends to make sense, therefore, that the efforts to allay the debilitating effects of social disorder tends to involve exertions to treat and repair the physical body, and vice versa; the body social and the body personal always exist in a mutually constitutive relationship” (Comaroff, 1985:8).

In Zambia today women's bodies have become a site of struggle between the traditional and the modern. Reassertions of 'tradition' become the way of trying to repair the physical body, and in turn, trying to repair the social order. The social disruption caused by AIDS will not be resolved by following either customary or statutory structures of inheritance, but the conversation between AIDS and inheritance will continue because notions around each carry with them the same messages about who has the power to control interfamilial relations, sexuality and kinship. Zambian responses to AIDS prevention campaigns and contests between statutory and customary inheritance feed into a fundamental social discussion about who will determine gender relations, and define sexuality, the state or customary community leaders. Centering on the role of women in this struggle, real and imagined, symbolic, and physical, provides actors a place to begin, a place where control can be re/claimed or re/asserted. In the Zambian

AIDS epidemic, struggles over inheritance have become a way of buttressing claims and making arguments about benefits and pitfalls of customary or national power structures. Choosing how inheritance operates propels individuals to make a choice between casting their allegiance with the community or as a Zambian citizen. In this way as AIDS makes its way through Zambia and Southern Africa, social change becomes a physical part of many women's bodies as they weigh out decisions between short-term security and long-term survival. A woman's body is fought over in the debate surrounding inheritance, including the very way she is categorized. As subject or object or, as economic provider or property in this debate, it is through her that the struggle between the tradition and the modern, the identity that will dominate in a post-AIDS Africa, becomes manifest.

We have seen this time again in the representations of women in national level Intestate Succession Campaigns in which customary wife inheritance practices are cast as "repugnant," "uncivilized," "promoting AIDS." Again it is seen in AIDS prevention campaigns where women are called upon to take care of themselves and their unborn children by taking an HIV/AIDS test, limiting their sexual partners, and telling their sexual partners to use a condom, yet denying them access to adequate medical care, disregarding the local moral dimensions of exhibiting 'too much' AIDS knowledge, and ignoring male sexuality. In popular music women are cast as money hungry, conniving, and eager to use men only for the resources they provide. In inheritance struggles women's bodies become something to be either inherited or cast aside, cleansed or left alone. If a woman is not sexually cleansed, if she is not inherited, then her body remains modern. If she finds herself in a monogamous relationship her offspring are modern. If she finds herself inherited, living with other co-wives, sexually cleansed, her body

represents the traditional. Yet, as has been indicated above, women often have little control over these options. And if a woman becomes infected with HIV/AIDS her only hope of seeking treatment, of continuing to 'live' positively, is to find a way to become modern and cast herself outside of the realm of traditional. There is substantial evidence that modernity will fail her, but to live as HIV positive within the realm of the traditional is not possible.

As AIDS has become a large factor in the struggle over inheritance women have been increasingly characterized as predator or prey. International NGO's continually cast women as victims of an unjust social system that treats them as nothing more than household property to be distributed along with tin roofing sheets. The campaigners who promote Intestate Succession argue that until women are treated as economic equals they will continue to fall prey to relatives hungry for property, seeking unjustly to bolster their family coffers by leaving women and children destitute. Extended kin networks, seen as bastions of tradition and 'repugnant' practices become the danger, something to be eradicated. On the other side, many proponents of customary inheritance blame women for breakdowns in tradition and social order, caused by casual sex, drinking, and multiple marriages, that all ultimately result in untimely death. In this scenario women are predators, finding men, killing them for assets, and moving on to begin again. Outside of tradition women do not function as economic equals, but slippery operators, spreading disease and taking advantage of men and their labor.

What are we to make of this? In many ways this appears to be part of an ongoing neo-colonial conversation that pits modernity against tradition. International NGO's and AIDS prevention campaigns would have Zambians believe that the rewards of modernity

are there if they merely change their behaviors and start acting ‘civilized.’ Monogamous relationships, nuclear families, and hard work will lead to a long and prosperous life. Instead, locals see those that go to HIV testing centers quickly succumb to illness and die, are unable to find work, and are abandoned by their families. The young and well-educated, those that fully embraced the ‘modern,’ have now returned to the villages, or their parents homes in the shantytowns, and lay on mats on the front yard and die. The world of ‘tradition,’ where life is controlled and monitored through well-rehearsed rituals seems somehow safer, somehow a bit more gentle. For if a man dies and leaves behind a wife and child, under tradition these people are quickly absorbed into extended networks, spreading out risk, diminishing negative impacts.

For the many Zambians who prefer customary inheritance, cases like Shamwaza’s are merely evidence that the campaigns that promote Intestate Succession in tandem with AIDS prevention are nothing but a discursive tool that tries to compel people to adopt a ‘modern’ lifestyle based on a judgment of morality. Is Shamwaza able to operationalize her ‘modernity’? She has escaped life in the village, but she is not supporting herself, instead, living with her eldest son. Community members ask themselves, who will she call on if she has troubles? Her in-laws will no longer support her, economic opportunities are limited, the future of her younger children uncertain. Modernity will not save her.

But tradition will not save Rhoda and Maria either. Both women are probably HIV positive, but cannot escape tradition. Tradition has bound them into a marriage they do not want and a lifestyle they are unable to maintain. As they are bound deeper into a relationship they do not choose, the risks to their health increase, through unwanted

pregnancies, and increasing re-infection rates. Perhaps if they had been given the chance to 'become' HIV positive by taking an AIDS test and entering the realm of the modern they could have improved their options – availing themselves and their children to the structures that sometimes support those that are afflicted with AIDS. But this would destroy a fragile balance of community and extended kinship networks. Their own health is sacrificed in order to preserve larger community stability.

AIDS has made inheritance the crux of a failing set of systems in Zambia. Neither modern or traditional social structures are able to do much to protect women in the face of the pandemic. What are left then for Zambians, are the categories or the lifestyle options these structures represent. It is here that futures are negotiated.

There are three themes that need to be revisited then as we conclude the current discussion on AIDS and inheritance in Southern Zambia; the role of the AIDS widow, competing discourses of “AIDS knowledge” (Patton, 1990), and the contests over who defines family identity within the Zambian state. I will begin by examining the problematic role of the AIDS widow, a characterization more visible on the urban landscape principally because there are more women headed households and women have more economic options. But also because of a colonial category that constructed all African women living in town to be susceptible to the corrupting influences of civilization. Jane Parpart reminds us “The possibility that urban life would inspire women to throw off the constraints of rural life and enter a life of unbridled “wickedness” haunted the thinking of African and European leaders, particularly men” (Parpart 1994 and 2001:276). In other words, unattached women in African urban settings have a long history of being characterized as a source of danger. If rural women seek the “modern”

inheritance outcomes they too can become a source of danger, something to be shunned by the community.

AIDS has re-charged the characterization of dangerous women and given it new dimension. As women's bodies and women's roles have become central for Zambians in how they position themselves vis-a-vis inheritance, the image of the Zambian widow has shifted. The young widow is out of place within customary constructions of widowhood. As their numbers increase with the progression of the pandemic, and more women are widowed due to AIDS, their social space within both customary and "modern" spaces becomes contested and reworked. Right now, young widows with small children are matter out of place, impure, and represent risk to the larger community on both a real and symbolic level. Rural women who refuse inheritance can "move about" the community, engaging in sexual liaisons with men, yet keeping their labor for themselves and their children. Their actions are often viewed as selfish, shortsighted and cut off from larger community networks. Urban widows who remain alone lure men into dangerous relationships that result in illness and death when custom is not followed.

When one in five people of childbearing age are infected with HIV a different picture of death and widowhood starts to emerge. To quote my informant Colleen, "the rate of men starts going down," marriage becomes a risky proposition for young people, and family and community support systems are pushed to the breaking point as they try to take care of widows, orphans, and the sick. Yet it is not merely practical matters that construct the image of the dangerous and conniving AIDS widow in the Zambian popular imagination. Adam Ashforth's discussion on links between AIDS, stigma, and witchcraft

fears in South Africa help illuminate how local fears and anxieties about AIDS widows take shape. He states;

Western medical authorities insist that with the exception of bodily fluids, the AIDS patient is harmless. But Western medicine knows nothing of the dangers presented by the person of the dead. People in contact with an African AIDS victim, then, may know they have minimal risk of catching HIV, which they know is a virus transmitted through sex, yet may still fear that contact with this living dead person could expose them to an unknown and indefinable form of pollution, perhaps bringing misfortune similar to that of the pollution emanating from the already dead (Ashforth, 2004: 156).

I contend that similar feelings of uneasiness and vague fears of pollution also surround the widows of AIDS victims. While people may not be certain if the widow is infected they are also never quite certain if she did not somehow cause the disease that killed her husband, or that somehow the dangers of death “rubbed off” on her and her offspring. AIDS deaths are uncertain. There is a lack of diagnosis, vague symptoms that can take a long time to appear, and periods of sickness and health before a person finally succumbs. In other words, AIDS does not mirror other sexually transmitted diseases, or diseases generally treated by western medicine. Instead AIDS deaths mirror deaths caused by witchcraft and community malevolence. Those connected to the people who die in this way become suspect. Not all of the widows I interviewed were married to men who succumbed to AIDS. However, AIDS has been inserted into the conversation on widowhood in national level Intestate Succession and AIDS prevention campaigns. Therefore, as the category “widow” is renegotiated in this terrain, all widows must contend with these new characterizations.

When the inherent danger of the AIDS widow is taken into account, how the bifurcated discussion around HIV/AIDS and its subsequent disconnection to policy objectives suddenly emerge. If the local moral dimension of the AIDS pandemic

continues to be sidelined, how AIDS impacts social change will continue to evade policy makers. The character of the dangerous widow competes with the scientifically based, behavior solutions to avoiding HIV presented by AIDS prevention campaigns. As Cindy Patton claims:

In private conversations, in public health campaigns, and in the scientific and para-scientific literature, “knowledge” is promoted as the essential ingredient in the effort to slow the transmission of HIV. To the fearful citizen, knowledge means information which proves that she/he will not develop AIDS. HIV antibody testing has been widely misunderstood as the route to this knowledge (Patton, 1990: 52).

Seeking knowledge or knowing sero-positivity status does not create safety in Choma or Nkondonzobvu. If an individual knows too much about AIDS, or takes too many precautions to protect themselves from the disease the protective actions are viewed suspiciously by local community members. As Virginia Bond and her team found while doing research on stigma and AIDS in Zambia if a woman discusses her knowledge that breastfeeding is a possible avenue for transmission of the virus she herself is suddenly suspect for being a carrier of HIV (Bond, et al 2003). If a woman lives “out” about her status she is often shunned, her marriage options are limited, and in the absence of adequate medical care, her decisions regarding whether or not to have children transformed into decisions about remaining healthy or succumbing to disease.

But more importantly, the AIDS prevention campaigns ignore the discussion in which HIV/AIDS is not talked about as a diagnosis of disease but as a representation of moral decay, or a moral judgment. This disconnection between local moral discussions of AIDS and the para-scientific literature that seeks to educate people about a disease exists globally, not just in Africa. The way it is manifested in the Zambian context creates contradictions and moral ambiguities that prevent Zambians from whole heartedly

embracing treatment. As Ashforth (2004) points out, the stigma around AIDS has little to do with AIDS as sexually transmitted disease, and much more to do with AIDS links with local understandings of community pollution, witchcraft, and the occult. There are strong correlations between images in which women kill their husbands for money, drain the life force from their spouse by being a “bad wife”, or having the power to lure men into casual relationships and historical discussions of witchcraft and the dark forces that drain the productive power away from men.

For many Tonga men, Intestate Succession also threatens to drain away the precarious control they hold over the process of community re/production. Intestate Succession proposes giving women more economic power within the marital relationship, tipping the balance of power (in men’s minds) overwhelmingly to women and women’s rights. In Zambian male imagination the much desired but tenuous control over women becomes even harder to achieve. Men can aspire to become no more than “just workers” in their homes while women conspire secretly to kill them and steal their property. In a place where the opportunities for providing for a wife and children are often difficult to find, and where disease may come and steal your life, increased female power becomes a potent threat to an unsteady masculinity. It is here that we find that as much as AIDS and Intestate Succession work in tandem to redefine the dimensions of widowhood, they also challenge an already eroding model of masculinity.

The fears of an eroding masculinity become one of the central tenants in the contests against Intestate Succession and a dialogue between local communities and the state about where the power to determine interfamilial and gender relations should lie. Das and Poole (2004) remind us that the state and the local do not stand as binary

opposites. Instead they are “enmeshed in one another. Thus, on the one hand, law is seen as a sign of distant but overwhelming power. On the other hand, it is also seen as close at hand – something to which local desires can be addressed” (Das and Poole, 2004:22).

To this I add that in Zambia, the state itself is often viewed as impotent, losing power to function and address community needs, but still functioning as the authorizing agent of international interests. Therefore, the dialogue becomes not one just between local communities and the state, but between these communities and the international donors who often define the parameters and provide the funding for state intervention and legislation. I believe it is important that we do not underestimate the space that the international community occupies in the fight over inheritance and AIDS prevention. Prevention program and Intestate Succession Campaigns are developed, staffed, and funded by northern or northern trained personnel. So, while AIDS and Intestate Succession are perceived as features of Zambia by my informants, they also represent access to global powers, and global understandings of where Zambia and Zambians fit into neo-colonial presentations of progress and modernity.

Lawrence Cohen talks about the role of sterilization operations among lower-class women in India. He argues that the operation is perceived as necessary to “remake one’s mindful body in accordance with the demands of developmental modernity” (Cohen 2004:172). He suggests that the operation itself becomes the way marginal, “pre-modern” subjects can secure participation in the nation-state. In the same way, coming “out” as positive, or pursuing Intestate Succession allows the widow to re-make herself according to the demands of a Zambian modernity. In the eyes of the international NGO’s she escapes the dark and dirty recesses of tradition, emerging from her ‘backwards’ state,

freed from tradition and disease to take her place among the Zambian citizens working to propel the nation state forward.

In coming to these conclusions I am left with one final point. I believe that an important component of resistance to Intestate Succession is resistance to the state intervening into interfamilial and gender relations. But I wonder if it is more than this. Can we look then at resistance against Intestate Succession, by men and women, young and old, positive and disease free, as a way of re-inscribing “tradition” into the discussion of the Zambian state? Is the reason that “new” inheritance has not taken hold, despite that legislation was passed seventeen years ago because the state’s interference into these very personal domains compromises people’s existing (and pivotally important) allegiances to kin, clan, and ethnic group? Is Zambia really “one country, one people” as Kenneth Kaunda asserted at Zambian independence? Or is Zambia a country where ethnicity still plays an important yet understated role in legitimating state authority and interventions? While I must leave these questions unanswered for now, I do believe that the tenacious hold customary inheritance practices have in some areas is, in part, a consequence of the AIDS pandemic and continued economic downturn.

Bibliography

Afrol News. December 7, 2001. "Zambia's Economy Growing but Poverty Prevails." Accessed on the internet March 29, 2006 at http://www.afrol.com/News2001/zam009a_imf_poverty.htm

Aliber, Michael, Cheryl Walker, Mumbi Machera, Paul Kamau, Charles Omondi and Karuti Kanyinga. 2004. *The Impact of HIV/AIDS on Land Rights; Case Studies from Kenya*. Cape Town, South Africa. HSRC Publishers.

Appadurai, A. 1993. "Number in the Colonial Imagination." *Orientalism and the Postcolonial Predicament: Perspectives on South Asia*. Edited C.A. Breckenridge, and P. van der Veer, pp. 314-339. Philadelphia, University of Pennsylvania Press.

Ashforth, Adam. 2004. "AIDS and Witchcraft in Post-Apartheid South Africa." In *Anthropology in the Margins of the State* edited by Veena Das and Deborah Poole. Santa Fe, School of American Research Press.

AVERT.ORG. 2003. "HIV and AIDS in Zambia; history and funding." Last accessed on April 1, 2006 at www.avert.org/zambia-aids-history.htm.

Banda, Charles. 2004. "Health workers blame cultural practices." Accessed on www.newsfromafrica.org/newsfromafrica/articles/art_8669 on April 1, 2006.

Berman, Marshall. 1982. *All That is Solid Melts into Air: The Experience of Modernity*. New York, Penguin Books.

Bond, Virginia, Levy Chilikwela, Sue Clay, Titus Kafuma, Laura Nyblade, Nadia Bettega. 2003. *Kanyaka, "The Light is on"; Understanding HIV and AIDS related Stigma in Urban and Rural Zambia*. Lusaka Zambia, Associated Printers.

Booth, Karen. 2004. *Local Women, Global Science: Fighting AIDS in Kenya*. Bloomington Indiana, Indiana University Press.

Bozzoli, Belinda and Mmantho Nkotsoe, 1991. *Women of Phokeng; Consciousness, life strategy, and migrancy in South Africa 1900-1983*. Portsmouth, NH, Heinemann.

Burawoy, Michael. 2000. "Introduction: Reaching for Global." In *Global Ethnography: Forces, Connections, and Imaginations in a Postmodern World*, edited by Michael Burawoy, Joseph A. Blum, Sheba George, Zsuzsa Gille, Teresa Gowan, Lynne Haney, Maren Klawiter, Steven H. Lopez, Sean O' Riain, and Millie Thayer. Berkeley: University of California Press.

Burke, Timothy. 1996. *Lifebuoy Men, Lux Women; Commodification, Consumption and Cleanliness in Modern Zimbabwe*. Durham and London, Duke University Press.

Campbell, Catherine. 2004. "Migrancy, Masculine Identities, and AIDS: The Psychosocial Context of HIV Transmission on the Southern African Gold Mines" in *HIV and AIDS in Africa: Beyond Epidemiology* Edited by Kalipeni, Ezekiel, Susan Craddock, Joseph R. Oppong, Jayati Ghosh, Oxford, Blackwell Publishing: 133-143.

- 2003. *Letting Them Die: Why HIV/AIDS prevention programmes fail*. Oxford, James Curry.

Choongo, Kennedy. 2006. "Tribalism". *The Post Newspaper*, Lusaka, March 17, 2006.

Cliggett, Lisa. 2005. *Grains from Grass: Aging, Gender, and Famine in Rural Africa*. Ithaca and London, Cornell University Press.

- 2000. "Social Components of Migration: Experiences from Southern Province, Zambia." *Human Organization*: 59(1): 1-26.

Cohen, Lawrence. 2004. "Operability: Surgery at the Margin of the State." In *Anthropology at the Margins of the State*. Deborah Poole and Veena Das editors. Santa Fe, School of American Research Press.

Collier, Jane. 1973. *Law and Social Change in Zinacantan*. Stanford, Stanford University Press.

Colson, Elizabeth. 2000. "The Father as Witch." *Africa*. 70:3:333-358.

- 1974. *Tradition and Contract: the Problem of Order*. Chicago, Aldine Publishing Company

- 1971a "The Impact of the colonial period on the definition of land rights. In: V. Turner ed. *Profiles of Change: African Society and Colonial Rule*. Cambridge: Cambridge University Press.

- 1971b. *The Social Consequences of Resettlement; The impact of the Kariba resettlement upon the Gwembe Tonga*. Manchester England, published on behalf of the Institute for African Studies, University of Zambia by Manchester University Press.

- 1968. *Seven Tribes of Central Africa*. Manchester, Manchester University Press.

- 1967. *Social Organization of the Gwembe Tonga*. Manchester, Manchester University Press.

-

- 1958. *Marriage and the Family among the Plateau Tonga of Northern Rhodesia*. Manchester, published on behalf of the Institute for Social Research, University of Zambia, Manchester University Press.

- 1950. "Possible Repercussions of the Right to Make Wills upon the Plateau Tonga of Northern Rhodesia. *Journal of African Administration*, Vol II, No. 1, January 1950.

Colson, Elizabeth and Thayer Scudder. 1988. *For Prayer and Profit: The ritual, economic and social importance of beer in Gwembe District, Zambia 1950-1982*. Palo Alto, Stanford University Press.

Comaroff, Jean. 1985. *Body of Power, Spirit of Resistance; The culture and history of a South African People*. Chicago and London, University of Chicago Press.

Comaroff, Jean and John L. Comaroff. 1999. "Occult Economies and the Violence of Abstraction: notes from the South African postcolony." *American Ethnologist* 26(2):279-303.

- 1993. Editors. *Modernity and its Malcontents: Ritual and Power in Postcolonial Africa*. Chicago and London. University of Chicago Press.

Comaroff, John and Jean Comaroff. 1992. *Ethnography and the Historical Imagination*. Boulder and Oxford, Westview Press.

Comaroff, John. 2002. "Governmentality, Materiality, Legality, Modernity: On the Colonial State in Africa." Found in *African Modernities* edited by Deutsch, Jan-Georg, Heike Schmidt, and Peter Probst: 107-134.

Das, Veena and Deborah Poole. 2004. "State and Its Margins: Comparative Ethnographies." In *Anthropology in the Margins of the State*, edited by Veena Das and Deborah Poole. Santa Fe, School of American Research Press.

Developing Countries Farm Radio Network. 2005. "Women, Property and Inheritance." Radio Scripts, Package 73, Script 4, January 2005.

Douglas, Mary. 1966. *Purity and Danger: An analysis of concept of pollution and taboo*. London: Routledge and Kegan Paul.

Eckholm-Friedman, Kajsa and J. Friedman. 1995. "Global Complexity and the Simplicity of Everyday Life" in *Worlds Apart*. Edited by Daniel Miller, pp. 134-168. London and New York, Routledge.

The Economist. November 27, 2004. "The new face of AIDS." 373:8403:82-83

Epstein, A.L. 1958. *Politics in an Urban African Community*. Manchester, Manchester University Press.

Farmer, Paul. 2003. *Pathologies of Power: Health, Human Rights and the New War on the Poor*. University of California Press, Berkeley and Los Angeles.

- 1993. *AIDS and Accusations*. University of California Press, Berkeley and Los Angeles.
- Ferguson, James. 1999. *Expectations of Modernity; Myths and Meanings of Urban Life on the Zambian Copperbelt*. Berkeley, California. University of California Press.
- Ferguson, James. 1990. *The Anti-Politics Machine: Development, depoliticization, and bureaucratic power in Lesotho*. Cambridge and New York, Cambridge University Press.
- Foucault, Michel. 1994. *The Birth of the Clinic*. New York, Vintage Books.
1990. *The History of Sexuality*. New York, Vintage Books.
- Fox, Cecil. 1992. "Possible Origins of AIDS." *Science*: Vol 256:29:May 1992:1259-1260.
- Geohive. 2004. Zambian Population Statistics. Found on www.geohive.com.
- Geschiere, Peter. 1997. *The Modernity of Witchcraft, Politics, and the Occult in Postcolonial Africa*. Charlottesville: University of Virginia Press.
- Giddens, Anthony. 1990. *The Consequences of Modernity*. Palo Alto California. Stanford University Press.
- Gikandi, Simon. 2002. "Reason, Modernity and the African Crisis." Found in *African Modernities* edited by Deutsch, Jan-Georg, Heike Schmidt, and Peter Probst: 135-157.
- Gluckman, Max. 1961. "Anthropological Problems Arising from the African Industrial Revolution. In: A. Southall ed. *Social Change in Modern Africa*. London: Oxford University Press.
- Goode, William J. 1963. *World Revolution and Family Patterns*. New York, Free Press.
- Griffiths, Anne. 2000. "Siblings in Dispute over Inheritance; a view from Botswana." Paper for Workshop on Women Language and Law in Africa, Indiana University, Bloomington Indiana. March 31-April 1 2000.
- 1997. *In the Shadow of Marriage; Gender and Justice in an African Community*. Chicago and London, University of Chicago Press.
- Gupta, Akhil, 1998. *Postcolonial Developments: Agriculture in the Making of Modern India*. Durham NC, Duke University Press.
- Haacker, Markus. 2004. *The Macroeconomics of HIV/AIDS*. Washington DC; International Monetary Fund.

Hodgson, Dorothy and Sheryl A. McCurdy. 2001. "Introduction: 'Wicked' Women and the Reconfiguration of Gender in Africa," in *Wicked Women and the Reconfiguration of Gender in Africa*, edited by Dorothy Hodgson and Sheryl McCurdy. Portsmouth New Hampshire, Heinemann, pp. 1-26.

Hunter, Susan. 2003. *Black Death; AIDS in Africa*. New York, Palgrave Macmillan.

Interworld Radio News Bulletin. Report from March 29, 2006. Panos Institute London.

Kalipeni, Ezekiel, Susan Craddock, Joseph R. Oppong, Jayati Ghosh. 2004. Editors. *HIV and AIDS in Africa: Beyond Epidemiology*. Oxford, Blackwell Publishing.

KARA Counselling, 2006. KARA Counselling Web site program overview. Accessed last on April 1, 2006 at www.kara.org.zm

Kemper, Steven. 2001. *Buying and Believing: Sri Lankan Advertising and Consumers in a Transnational World*. Chicago and London. University of Chicago Press.

Knobl, Wolfgang. 2002. "Modernization Theory, Modernization and African Modernities: An Outsider's View." Found in *African Modernities* edited by Deutsch, Jan-Georg, Heike Schmidt, and Peter Probst: 158-178.

La Franiere, Sharon. 2005. "AIDS and Custom Leave African Families Nothing." *New York Times*, February 18, 2005.

La Franiere, Sharon. 2005b. "AIDS now Compels Africa to Challenge Widows' Cleansing." *New York Times*, May 11, 2005.

Laslett, Peter. 1969. "Size and structure of the household in England over three centuries." *Population Studies* 23 (July): 199-223.

Law and Development Association. 2002. "Report for the Training of Chiefs on Human Rights, Gender and Legal System" held from 4th August to 8th August, 2002. Fairmount Hotel, Livingston. Report prepared by Charles Dinda.

Legal Resource Foundation of Zambia. 1998. "Property Grabbing Syndrome." *The LRF Newsletter*: September: 4:1998.

Legal Reform Forum. 2005. Number 71, February 2005.

Levy, Marion Jr. 1972. *Modernization: Latecomers and Survivors*. New York: Basic Books.

Liswaniso, M. M. 2000. *Zambian Succession Law Practice and Administration of Wills*. Lusaka, Zambian Educational Publishing House.

- Lurie, Peter, Percy Hintzen and Robert Lowe 2004. "Socioeconomic Obstacles to HIV Prevention and Treatment in Developing Countries: The Roles of the International Monetary Fund and the World Bank." in *HIV and AIDS in Africa: Beyond Epidemiology* Edited by Kalipeni, Ezekiel, Susan Craddock, Joseph R. Oppong, Jayati Ghosh, Oxford, Blackwell Publishing: 204-212.
- Mair, Lucy. 1974. "Matrilineal Descent; The Plateau Tonga," in *African Societies*, Lucy Mair editor. Cambridge, Cambridge University Press (82-94).
- Malupenga, Amos. 2004. "Post Editor Takes HIV Test." *The Post (Zambia)*.
- McClure, M. and T. Schulz. 1989. "Origin of HIV." *British Medical Journal*. May, 1989.
- McCurdy, Sheryl A. 2001. "Urban Threats: Manyema Women, Low Fertility, and Venereal Disease in Tanganyika, 1926-1936." In *Wicked Women and the Reconfiguration of Gender in Africa*, edited by Dorothy Hodgson and Sheryl McCurdy. Oxford, James Currey: 189-212.
- Mendel, Gideon. 2001. *A Broken Landscape: HIV/AIDS in Africa*. Barcelona: Blume in association with ActionAID.
- Morgan, Scott M. and Elizabeth Colson, eds. 1987. *People in Upheaval*. New York: Center for Migration Studies.
- Mulonga, Richard. 2002. "Archaic Zambian laws on the way out" Sunday, July 6, 2002 Times of Zambia, Lusaka.
- Mwenda, Kenneth, Florence Mumba, Judith Mvula-Mwenda. 2005. "Property-Grabbing Under African Customary Law: Repugnant to Natural Justice, Equity, and Good Conscience, Yet a Troubling Reality." *The George Washington International Law Review*. Washington: 37:4: 949-967.
- Myrdal, Gunnar. 1957. *Rich Lands and Poor*. New York, Harper.
- Nguyen, Vinh-Kim. Forthcoming. *The Republic of Therapy: Biopolitics before and after antiretrovirals in French West Africa and beyond*. Durham, Duke University Press.
- Noble, Rob. 2005. "HIV and AIDS in Zambia; Prevention and Care." AVERT June 10, 2005. www.avert.org/zambia-aids-prevention-care.htm
- Parpart, Jane L. 1994. "'Where Is Your Mother?': Gender, Urban Marriage, and Colonial Discourse on the Zambian Copperbelt, 1924-1945." *International Journal of African Historical Studies* 27: 241-271.

Parpart, Jane L. 2000. "The Widow Refuses: embodied practices and negotiations over inheritance in Zimbabwe." In *Political Economy, Power and Body: Global Perspectives*, Gillain Youngs, Editor. New York, St. Martin Press.

Parpart, Jane L. 2001. "Wicked Women" and "Respectable Ladies": Reconfiguring Gender on the Zambian Copperbelt, 1936-1964." In *Wicked Women and the Reconfiguration of Gender in Africa*, edited by Dorothy Hodgson and Sheryl McCurdy. Oxford, James Currey: 275-290.

Parker Andrew, M. Russo, D. Sommer and P. Yaeger. 1992. Introduction to *Nationalisms and Sexualities*. Edited by A. Parker, M. Russo, D. Sommer, and P. Yaeger. New York, Routledge pp. 1-20.

Patton, Cindy. 1990. *Inventing AIDS*. New York and London. Routledge.

Phiri, Brighton. 2004. "I'll ask Zambians for more sacrifice after HIPC – Levy." *The Post (Zambia)*, September 9, 2004.

Planned Parenthood Association of Zambia (PPAZ). 1993. *Facts About AIDS*. Prepared with technical assistance from the Program for the Appropriate Technology in Health, Lusaka Zambia.

Poku, Nana and Alan Whiteside. 2004. *Global Health and Governance; HIV/AIDS*. Basingstoke, Hampshire; New York: Palgrave Macmillan.

Probst, Peter, Jan-Georg Deutsch, and Heike Schmidt. 2002. "Cherished Visions and Entangled Meanings. Found in *African Modernities* edited by Deutsch, Jan-Georg, Heike Schmidt, and Peter Probst: 1-17.

Rabinow, Paul (ed.) 1984. *The Foucault Reader*. New York, Pantheon Books.

Radcliffe-Brown, A.R. 1952. *Structure and Function in Primitive Societies; Essays and addresses*. Glencoe IL, Free Press.

Ranger, Terence. 1975. *Dance and Society in Eastern Africa, 1890-1970: The Benin ngoma*. Berkeley, University of California Press.

Richards, Audrey. 1932. *Hunger and Work in a Savage Tribe*. London: Oxford University Press.

- 1939. *Land, Labour, and Diet: An Economic Study of the Bemba Tribe*. London: Oxford University Press.

Saasa, Oliver. 2002. *AID and Poverty Reduction in Zambia: Mission Unaccomplished*. Uppsala, Sweden, The Nordic Africa Institute.

Setel, Philip. 1999. *A Plague of Paradoxes: AIDS, Culture, and Demography in Northern Tanzania*. Chicago. University of Chicago Press.

Said, Edward. 1979. *Orientalism*. New York, Vintage Books.

Schapera, Isaac. (editor) 1934. *Western Civilization in Southern Africa: Studies in Culture Contact*. London, G. Routledge and Sons.

Schoepf, Brook Grundfest. 2004. "AIDS, history, and struggles over meaning" in *HIV and AIDS in Africa; Beyond Epidemiology*. Edited by Kalipeni, Ezekiel, Susan Craddock, Joseph R. Oppong, and Jayati Gosh. Oxford England. Blackwell.

Scott, James C. 1998. *Seeing Like a State: How certain schemes to improve the human condition have failed*. New Haven and London, Yale University Press.

Scudder, Thayer. 1991. "Local Responses to Involuntary Relocation and Development in the Zambian Portion of the Middle Zambezi Valley." In Mollett, J.A. (Ed.), *Migrants in Agricultural Development*. Macmillan, London.

Scudder, Thayer. 1985. *A History of Development in the Twentieth Century: The Zambian portion of the middle Zambezi Valley and the Lake Kariba basin*. Wooster, Massachusetts, Clark University/ Institute for Development Anthropology Cooperative Agreement on Human Settlement and Natural Resource System Analysis.

Scudder, Thayer. 1962. *The Ecology of the Gwembe Tonga*. Published on behalf of the Rhodes-Livingstone Institute, Northern Rhodesia, by Manchester University Press.

Sealey, Geraldine. 2003. "African Widows left destitute by relatives snatching property; The US Congress is considering a bill to strengthen African inheritance rights." *Christian Science Monitor*.

Setel, Philip W. 1999. *A Plague of Paradoxes: AIDS, Culture, and Demography in Northern Tanzania*. Chicago, University of Chicago Press.

Sharp, Paul. , D.L. Robertson, F. Gao, and B. Hahn. 1994. "Origins and diversity of human immunodeficiency viruses." *AIDS*, 1994:S27-S42.

Shezongo-Macmillan, Joyce. 2005. "Women's Property Rights in Zambia." Presented to the Strategic Litigation Workshop. August 14-18, Johannesburg, South Africa.

Stamp, Patricia. 1991. "Burying Otieno: The Politics of Gender and Ethnicity in Kenya." *Signs: Journal of Women in Culture and Society*, 1991:16:4:806-848.

Stoler, Ann and Frederick Cooper. 1997. "Between Metropole and Colony." Found in *Tensions of Empire: Colonial Cultures in a Bourgeois World*. Frederick Cooper and Ann Stoler, editors. Berkeley, University of California Press.

Suri, Sanjay. 2004. "If the IMF could do this to Zambia..." Inter Press Service News Agency, May 24th, 2004.

Taussig, Michael. 1993. *Mimesis and Alterity: A Particular History of the Senses*. New York, Routledge.

Taussig, Michael. 1983. *The Devil and Commodity Fetishism in South America*. Chapel Hill, University of North Carolina Press.

Treichler, Paula. 1999. *How to have Theory in an Epidemic: Cultural Chronicles of AIDS*. Durham and London. Duke University Press.

Umeh, Marie. 2000. "Should Wills Become an Option for Married Couples?: Revolutionizing the Law(s) of Succession in African Society. Paper presented at the Women, Language and the Law Conference, Indiana University, Bloomington Indiana. March 31-April 1 2000.

UNAIDS. 2004. "AIDS Epidemic Update by Region." www.unaids.org

2004b. "Epidemiological Fact Sheets on HIV/AIDS and sexually transmitted infections. www.unaids.org

Unruh, Jon, Lisa Cliggett and Rod Hay. 2005. "Migrant land rights reception and 'clearing to claim' in Sub-Saharan Africa: A deforestation example from southern Zambia." *Natural Resources Forum*, NRF29: 3, August 2005.

USAID. 2003. "Country Profile; Zambia." Washington DC, United States Agency for International Development, Bureau for Global Health. www.usaid.gov

Vaughan, Megan. 1991. *Curing Their Ills; Colonial Power and African Illness*. Stanford California, Stanford University Press.

White, Luise. 2000. *Speaking with Vampires: Rumor and History in Colonial Africa*. Berkeley, University of California Press.

WiLDAF ZAMBIA. 2003. "Women in the Constitution of Zambia" Accessed on the internet on March 24, 2006 at www.zamtel.zm/wildafZambia/constitution.htm

WILSA. May 10, 2001. "Inheritance in Zambia – Conflicts of Death." Accessed on the internet on March 24, 2006 at www.wlsa.org.zm/zambia/pages/10may

Wilk, Richard. 1995. "Learning to be local in Belize: global systems of common difference" in *Worlds Apart*. Edited by Daniel Miller, pp. 110-133. London and New York, Routledge.

- 1997. *Household Ecology: Economic change and domestic life among the Kekchi Maya in Belize*. Dekalb, Illinois, Northern Illinois University Press.

Wilson, Godfrey. 1945. *The Analysis of Social Change*. Cambridge, Cambridge University Press.

World Bank. 1990. *World Development Report 1990: Poverty*. Oxford. Oxford University Press.

Zungu-Dirwayi, Olive Shisana, Eric Udjo, Thabang Mosala and John Seager (editors). 2004. *An Audit of HIV/AIDS Policies in Botswana, Lesotho, Mozambique, South Africa, Swaziland and Zimbabwe*. Cape Town, HSRC Publishers.

Vitae Page for Emily Frank

Education:

- **Indiana University, Bloomington Indiana**
Department of Anthropology, September 2000 to September 2006
Dissertation Title *Negotiating Futures in the Time of AIDS: Contests over inheritance in Southern Province, Zambia.*
- **University of Arizona, Tucson Arizona**
Masters Degree in Latin American Studies, May 1995
Focus of Study; The interaction of gender, violence and modern state formation with a special emphasis on displaced people in Central America.
- **Earlham College, Richmond Indiana**
Bachelor of Arts, 1989, International Relations/Latin American Studies
- **Universidad de Los Andes, Bogotá, Colombia, 1987**
Latin American History, Literature and Colombian Political Economy

Language:

Fluency in Spanish and English, advanced facility in Portuguese, advanced facility in both Valley and Plateau Tonga (Southern Province, Zambia), basic facility in French

Awards:

- Wenner Gren Dissertation Fieldwork Grant for “Inheriting a Global Economy: Inheritance Disputes Among the Gwembe Tonga” for fieldwork in Southern Province, Zambia, 2004. Wenner-Gren Foundation, \$24,800
- Harold K. Schneider Memorial Fund Dissertation Grant for fieldwork in Zambia, 2004. Harold K. Schneider Memorial Fund, Department of Anthropology, Indiana University, \$500
- International Programs Office Summer Pre-Dissertation Research Award. Indiana University. Summer 2002, \$3,500
- David C. Skomp Fellowship Fund for Summer Fieldwork Support. Department of Anthropology. Indiana University. Summer 2002. \$2,500

Research Foci:

HIV/AIDS and social change in Sub-Saharan Africa, identity and biomedicine, international health policy, trends in international development, role of international organizations in conflict in Africa, peacekeeping, gender and sub-national/transnational conflicts on the Horn of Africa, social history of epidemics, African modernity, global consumption patterns and consumer identities, cultural branding.

Professional Memberships:

- **American Anthropological Association**
- **Association of Consumer Research**