

# FORUM: HEALTH, HEALING AND KINSHIP IN AFRICA

## WOMEN'S INFERTILITY AT THE CROSSROADS OF MODERNITY AND TRADITION

· REEA HINKKANEN ·

Isaka, in the Sukuma-Nyamwezi area of West Central Tanzania, is located at the crossroads of the road from Mwanza to Burundi and of a railway, which connects Dar es Salaam to Mwanza, the other important town in Tanzania. In 1992, a paved highway was built from the centre of Isaka towards the West, to Rwanda. Around the time the highway was built, the last chief of Isaka, Chief Kilya, died, while traditional forms of social organization, including chiefs, had seemingly been wiped out by governmental actions in the 1960s; in Isaka the ritual practices of the chief were altogether banned. With the new highway the population of Isaka began to rise dramatically and I use the crossroads as a metaphor for the mutually conflicting principles which organize the social life in Isaka in the present day.

The German and British colonial administrations tolerated the ritual practices of the chiefs. The chiefs took care of the rain and the fertility of the land by addressing their royal ancestors. This took place with the help of diviner-healers, who were called on in times of trouble. They had to come from the four symbolically significant directions of the world and they were paid in cattle by the headmen of the chiefdom. During the pre-colonial and colonial eras the numbers of these diviner-healers were low and their powers were derived from their great ancestors. The change, which took place when the independent government abandoned chiefship, was most dramatic. The memory of this drastic political decision was described to me by a female elder, who had spent those days in the neighbouring chiefdom of Lohumbo. She told me that “we thought that we were all going to die”. Life continued and even though the ritual practices of the chiefs were banned in Isaka and the respect shown to the chief waned, the rain rituals were still practiced in semi-secrecy during the times of drought.

In 2001–2002 there were rumours in Isaka about new chiefs being installed in some neighbouring chiefdoms. These rumours were welcomed especially by the elders, but when I asked why there is no chief in Isaka the answer was that people are not organized enough for it yet. The people may never be organized enough for a new chief because of the heterogenous nature of Isaka. I argue also that there is another reason for the absence of the chief in Isaka, and this is due to the nature of the chieftaincy itself. The chieftaincy has been changed during the colonial and post-colonial time and the exchange system, which both tied the people to their chief and kept their two domains separate, has been transformed. The changes in the circulation of cattle in ritual contexts make the chiefs too close to the people and too distant from them at the same time. This is why there may never be a chief in Isaka again.

It is against this background that I began to study perceptions of infertility in Isaka during a period of fieldwork beginning in 2001. The national, and in part international, discourse suggests that 'hyperfertility' is a source and a consequence of underdevelopment in many parts of Africa. In opposition to this view, I met women during my fieldwork among the Sukuma-Nyamwezi, where the fertility rate is high, who were concerned about their fertility. This seems to be the case in much of Africa; where the fertility rate is the highest, infertility is a source of much concern. Male infertility in Isaka is never openly discussed, as it seems to have been in the beginning of the century. The problem of infertility, the therapies, and the social consequences of infertility fall on individual women. The social consequences range from divorce to suspicions about witchcraft, especially in the case of infertile elderly women and co-wives.

The causes of female infertility are multiple, but all my informants, who were mostly diviner-healers, agreed that the most common cause of infertility today is *nzoka ja buhale*, which could be translated as 'snakes blocking the conception'. There are also other causes of infertility, of which ancestral causation seems to have almost disappeared. With this change, ideas about causation and therapies for infertility have become medicalized though the ancestors are still involved in witchcraft practices and in the practices and careers of the diviner-healers. Even though the decline in ancestral practices is clear among the common people, these practices play a major role in the institution of divining and healing. Many healers learn their profession from another diviner-healer but they are not considered true healers if they do not have an ancestral backing in their work. This is something which seems to have become emphasized in the modern context and because of the competition of the diviner-healers over their customers. From this point of view, it is not an exaggeration to say that the ancestors still hold a special place in Sukuma-Nyamwezi society and in Isaka.

However, with the disappearance of the chieftaincy, the focus is now on individual female bodies, on women's sexual behaviour. The chiefship and human reproduction used to be part of the same cosmological system. In the past, the chiefs and pregnant women had similar prohibitions, and both of these have disappeared. In other words, the cosmological homology between the chiefs and women has broken down. What remains is a concern over female sexual behaviour, which is seen to affect the normal delivery and the health of their infant children, and even their husband's health. There is talk about women mixing the blood of men, which is seen to be the cause of reproductive problems and even HIV/AIDS.

Medicine in the Sukuma-Nyamwezi area ties people together both in good and bad ways and this relationship, which is called *buhemba*, is often even more valued than relationships with one's own blood kin. *Buhemba* relations exist between the healers and their customers, between the healers and their students and between the witches and their students. These ties form extensive networks and are a source of security and insecurity in the Sukuma-Nyamwezi area because of the ambivalent nature of the medicine which has to do with the fact that they can be used for all kinds of purposes, ranging from love magic to witchcraft practiced on other people. Individual health-seeking practices are transformed into holistic practices through the *buhemba* connections.

Ideas about chieftaincy did not totally die with the changes in the chiefly system and with the death of the last chief in Isaka. The elders still remember the times of the chiefs as

a time of plenty and complain that the exchanges in the society do not work as they did when the chiefs were still in power. The change in the numbers of the diviner-healers, which took place around the time the chiefs were removed from office, is a clear sign that a holistic system of value still persists. Also, significantly, the presidents of the post-independence era are talked about in terms of chieftaincy. People say that during the times of Nyerere, the first president of Tanzania, the rains were diminished but satisfactory. The worst rains took place during the reign of the previous president, Mkapa.

The people of Isaka not only live geographically at the crossroads, but also at the crossroads of two incompatible systems of value, that of individualism and that of holism. Despite the individualistic tendencies in Isaka, the holistic system of value still holds. Thus the dissolution of the ritual cycle connecting the chiefs and women has caused a transformation in the hierarchical relationships. Instead of through the circulation of wealth and substances, the encompassment of female wombs now occurs through attempts to control individual women.

REEA HINKKANEN, Ph.D.  
SOCIAL AND CULTURAL ANTHROPOLOGY  
UNIVERSITY OF HELSINKI  
reea.hinkkanen@helsinki.fi

## THE IMPACT OF INSTITUTIONS: PARTICIPATORY ACTION AND FORMS OF HEALING

• MAIA GREEN •

Two pieces in this edition address issues of knowledge and ethics in anthropology and in Tanzania. They are the interview with Marja-Liisa Swantz in which she speaks about the history and practice of participatory action research in Tanzania and the account by Reea Hinkkanen of her research on female infertility in Northwestern Tanzania. Marja-Liisa Swantz is best known in anthropology for her studies of ritual and social transformation in coastal Tanzania, particularly for her ethnography of the Zaramo people. Zaramo cultural practice, like that of the Sukuma Nyamwezi described by Hinkkanen, is preoccupied with fertility and healing.

One of Marja-Liisa Swantz's important contributions to the ethnography of Tanzania—and to African studies more broadly—has been the identification of changes in how these issues were experienced and resolved as a shift towards increasing individualism. In coastal Tanzania, this move towards individualism was manifested in the rise of forms of healing and divination which were performed outside of kinship by an expanding cadre of traditional medical practitioners working for payment or exchange.

The expansion of the traditional healing sector continues apace throughout Tanzania, as indeed across Africa more generally. What might be called the 'new' traditional healing, given its contrast with ancestrally situated forms, continues to be an area of significant