

INFORMATION TO USERS

This was produced from a copy of a document sent to us for microfilming. While the most advanced technological means to photograph and reproduce this document have been used, the quality is heavily dependent upon the quality of the material submitted.

The following explanation of techniques is provided to help you understand markings or notations which may appear on this reproduction.

1. The sign or "target" for pages apparently lacking from the document photographed is "Missing Page(s)". If it was possible to obtain the missing page(s) or section, they are spliced into the film along with adjacent pages. This may have necessitated cutting through an image and duplicating adjacent pages to assure you of complete continuity.
2. When an image on the film is obliterated with a round black mark it is an indication that the film inspector noticed either blurred copy because of movement during exposure, or duplicate copy. Unless we meant to delete copyrighted materials that should not have been filmed, you will find a good image of the page in the adjacent frame.
3. When a map, drawing or chart, etc., is part of the material being photographed the photographer has followed a definite method in "sectioning" the material. It is customary to begin filming at the upper left hand corner of a large sheet and to continue from left to right in equal sections with small overlaps. If necessary, sectioning is continued again—beginning below the first row and continuing on until complete.
4. For any illustrations that cannot be reproduced satisfactorily by xerography, photographic prints can be purchased at additional cost and tipped into your xerographic copy. Requests can be made to our Dissertations Customer Services Department.
5. Some pages in any document may have indistinct print. In all cases we have filmed the best available copy.

University
Microfilms
International

300 N. ZEEB ROAD, ANN ARBOR, MI 48106
18 BEDFORD ROW, LONDON WC1R 4EJ, ENGLAND

8106387

HOWARD, MARY THERESA

KWASHIORKOR ON KILIMANJARO: THE SOCIAL HANDLING OF
MALNUTRITION

Michigan State University

PH.D.

1980

University
Microfilms
International

300 N. Zeeb Road, Ann Arbor, MI 48106

Copyright 1980

by

Howard, Mary Theresa

All Rights Reserved

PLEASE NOTE:

In all cases this material has been filmed in the best possible way from the available copy. Problems encountered with this document have been identified here with a check mark .

1. Glossy photographs _____
2. Colored illustrations _____
3. Photographs with dark background _____
4. Illustrations are poor copy _____
5. Print shows through as there is text on both sides of page _____
6. Indistinct, broken or small print on several pages
7. Tightly bound copy with print lost in spine _____
8. Computer printout pages with indistinct print _____
9. Page(s) _____ lacking when material received, and not available from school or author
10. Page(s) _____ seem to be missing in numbering only as text follows
11. Poor carbon copy _____
12. Not original copy, several pages with blurred type: _____
13. Appendix pages are poor copy _____
14. Original copy with light type _____
15. Curling and wrinkled pages _____
16. Other _____

KWASHIORKOR ON KILIMANJARO:
THE SOCIAL HANDLING OF
MALNUTRITION

By

Mary Theresa Howard

A DISSERTATION

Submitted to
Michigan State University
in partial fulfillment of the requirements
for the degree of

DOCTOR OF PHILOSOPHY

Department of Anthropology

1980

ABSTRACT

KWASHIORKOR ON KILIMANJARO:
THE SOCIAL HANDLING OF
MALNUTRITION

By

Mary Theresa Howard

The problem of hunger has rarely been a focus of ethnography with the notable exception of Turnbull's study of the Ugandan Ik. This thesis deals with childhood malnutrition among another East African mountain people, the Chagga of Mt. Kilimanjaro, Tanzania. It is based on four and a half years of participant observation and three multidisciplinary studies conducted on Kilimanjaro by the author.

Although the Chagga are considered relatively prosperous compared with other East African peoples, the shift to cash crops and wage labor and a highly uneven distribution of income has given rise to poverty and a high incidence of kwashiorkor. The thesis examines the cultural contradictions and social processes which effect the distribution of poverty among households and the distribution of kwashiorkor among siblings and which shape the settings in which individuals attempt to cope with this affliction.

In seeking to convey the whole of their experience, special focus is given to culture because culture has been the most neglected or misunderstood aspect in research on kwashiorkor to date. Much of Chagga culture centers around two themes; preventing scarcity so that all people have provisions and limiting the number of births within the family. The myths, beliefs and moral precepts which help to perpetuate these efforts, also set up criteria for rejecting those who

fail to maintain them. Traditionally hierarchical, the Chagga's shift to a capitalist mode of life has produced a veneer of prosperity while excluding those who fail to obtain the necessary cash from coffee farming or employment. Old forms of welfare still maintained by the Chagga have become ineffective in providing for all clan members. In times of scarcity, today's wealthier Chagga can more easily shirk their lineage responsibilities by referring needy kin and neighbors to institutional forms of welfare. Families who persist in failing are apt to be blamed as responsible for causing their own-misery.

The ways in which the better off households respond, or fail to respond to the predicament of their impoverished kinsmen, give rise to a set of processes which help to define the meaning of kwashiorkor and condition the outcome of the disease. The failure of the affluent to provide support in accordance with Chagga patterns is generally not openly acknowledged. Rather, the presence of poverty and even more the occurrence of the symptoms of kwashiorkor, tend to be taken as evidence of violations of Chagga cultural precepts regarding cosmological balance, particularly the injunction to space child births. The stigma of poverty tends to compromise the ability of parents to cope economically and socially and to provide nurturance to their infants. The more deeply stigmatizing significance of kwashiorkor makes it difficult for parents to take action to reverse the course of the disease. Kwashiorkor is characterized as the mourning of these children for loss of nurturance.

Health planners approach kwashiorkor as primarily a problem of nutrition education. The planners attribute their lack of success in treating the illness largely to non-compliance of clients which is in

turn accounted for by morally stigmatizing conditions such as alcoholism, family breakup, and unemployment of the father rather than to conditions more deeply rooted in Chagga economy and culture. Here too, there appears to be a victim-blaming attitude which probably exacerbates rather than remedies the disease.

ACKNOWLEDGMENTS

There are many people I wish to extend grateful acknowledgments for the time shared preparing for and carrying out this research. Among them are Tom Zalla and Harry Raullet who helped shape the proposal in 1970, Michaela Von Freyhold, Katirina Sawaki, Marja-Liisa Swantz, Ulla-Stina Hennricson, Bo Baldin, Irmgard Lindner and Tom Zalla, all of whom worked with me in researching various aspects of the problem. Harry and Natália Adams gave us land and hours of conversations, Lazaro and Maria Gogo, Omari and Tarde, Edwardi, Moshi, Abdi, Yesiah, and the people of Lukaranga shared years of their lives with us. Jim and Sally Kocher, and Margaret and Manuel Gotleib provided their support, friendship and interest while in Tanzania and since that time. For the sake of their anonymity, I will not be able to name the priests, sisters, or families with whom I lived during the follow-up study, but I wish to express my deepest gratitude for their hospitality.

For guidance during the period of formulating my ideas, I wish to thank Art Rubel and John Hunter who helped me rethink the medical approach to the problem; John Hinnant and William Derman, who helped to show how culture and political-economy were important components and Cheryl Ritenbaugh, chairperson who helped with the nutritional, biological and psychological aspects of the problem. Special thanks are due to Harry Raullet for the years of interest and support and for the theoretical guidance and overall direction of this thesis.

I also wish to thank those who helped shape and prepare the manuscript--Weege Whiteford, Ann Millard and Sara Quandt for their painstaking editorial assistance and Beth Handrick and Joan Doolittle for their cheerful typing in spite of many last minute deadlines.

Finally, I wish to express gratitude to my most unfailing friend and critic, Shela McFarlin, to my parents, sisters and brother, and to my two children, Matthew and Christopher Zalla for whom this dissertation is dedicated.

TABLE OF CONTENTS

LIST OF TABLES	v
LIST OF FIGURES	vi
Chapter	
I. INTRODUCTION: VIEWING THE PROBLEM	1
Understanding the Problem: From Observation to	
Participation to Interpretation	5
Medical Studies of Kwashiorkor	17
Psychological Approaches to Kwashiorkor	22
Cultural Approaches to Kwashiorkor	25
Interpretive Social Science: An Alternative Approach	
to the Study of Kwashiorkor	30
A Summary of Findings	33
II. KILIMANJARO WELFARE: ITS ENVIRONMENTAL, DEMOGRAPHIC,	
HISTORICAL, SOCIOECONOMIC AND POLITICAL CONTEXT	39
Environmental and Demographic Fluctuations	40
Clanship and Chieftaincy: The Beginnings of Social	
Differentiation	45
German Colonial Policy and the Commercialization of	
Kilimanjaro Agriculture	51
The Impact of Christian Missions on Forms of Wealth	
and its Distribution	54
Post Independence Efforts to Reduce Differential	
Distribution of Resources	58
Summary and Implications	63
III. CHAGGA COSMOLOGY AND THE PROBLEM OF KWASHIORKOR	69
Lessons on Human Sexuality	71
Sexual Reciprocity and Its Relationship to Food and	
Kwashiorkor in Traditional Chagga Cosmology	75
Order in Chagga Ideology	76
Summary of the Interpretation of Traditional Chagga	
Ideology	88
IV. CHANGES IN SEXUAL RECIPROCITY AND IT'S IMPACT ON SPACING	
AND FOOD DISTRIBUTION WITHIN THE FAMILY	91
The Bind of Contemporary Chagga Men	93
The Bind of Contemporary Chagga Women	97
The Impact of Changes in Ideology, Work and Sexual	
Identity on Spacing and Feeding Children	109
Summary	114

Chapter

V.	CHAGGA CRITERIA FOR SELECTING CHILDREN FOR SURVIVAL	117
	The Meaning of the Child to the Chagga: Rites of Passage as Modes of Assessing and Insuring the Child's Success	117
	Rites of Passage: Birth	120
	Rites of Passage: Feeding	124
	More Rites of Passage: The First Tooth, Naming, and Weaning	127
	Additional Factors which Influence Selection for Emotional Commitment	130
	Criteria for Eliminating the Abnormal Child	135
	Implications of Changes in Ideology for Chagga Selection Criteria	139
VI.	THE PROCESS OF NURTURING AND THE PHENOMENOLOGY OF KWASHIORKOR	142
	Nurturing in Normal Situations	143
	Social Costs and Gains for Nurturers	146
	Neighbors who Nurture	163
	The Child with Kwashiorkor and the Impact of Its Illness on Nurturing	168
VII.	FAMILIES AND THEIR NEIGHBORS WHO EXPERIENCED KWASHIORKOR	175
	Introduction	175
	Damas and Esteria Moshi's Family	176
	Ngaria and Theresa Moshi's Family	185
	Jumanne and Mirium Lema's Family	189
	Samson and Lydia Lema	199
	Joseph and Agata Njau's Family	202
	Welfare Alternatives for the Families	209
	Summary	216
VIII.	MEDICAL CARE OF CHILDREN WITH KWASHIORKOR	219
	The Choice to Treat	219
	Medical Services and Child Welfare Clinics	222
	The Development of New Concepts for the Health Care of Malnourished Children	224
	NURU: A Medical/Educational/Nutritional Solution to a Social Problem	225
	Summary and Conclusion	238
IX.	CONCLUSION	243
	BIBLIOGRAPHY	253

-LIST OF TABLES

Table

1. Topics in questionnaire used for NURU study	10
2. Summary of significant factors in cases of malnutrition	11
3. Human population in Kilimanjaro District, 1910-1967, including the number of Chagga	42
4. Reasons given for abortion or infanticide	136
5. Public handout on occasion of a KCMC open-house day	226

LIST OF FIGURES

Figure

1. Culture/Nature Chain Cycle in Chagga Cosmology 78

CHAPTER I

INTRODUCTION: VIEWING THE PROBLEM.

When the paths traced out become too difficult, or when we see no path, we can no longer live in so urgent and difficult a world. All the ways are barred. However, we must act. So we try to change the world, that is, to live as if the connection between things and their potentialities were not ruled by deterministic processes, but by magic. Let it be clearly understood that this is not a game; we are driven against a wall, and we throw ourselves into this new attitude with all the strength we can muster (Sartre 1948: 59).

The most prevalent form of malnutrition in these days of global hunger is kwashiorkor, a slow starvation from lack of protein and calories which kills and debilitates more children in the world than any other disease. Over a four-and-a-half year period I lived with the Chagga on Mt. Kilimanjaro, Tanzania, where kwashiorkor was no stranger. Paradoxically, although the Chagga have an image to the rest of their countrymen of prosperity, nutrition surveys show that one child in twenty has severe protein-calorie malnutrition and nearly forty percent are considered symptomatic. While my study is related to the frequency and distribution of kwashiorkor on Kilimanjaro and will help illustrate the paradox of kwashiorkor rates being lower in less prosperous neighboring societies, I will not explore these patterns with this thesis. Instead, my primary concern is to portray the ways in which the Chagga experience and respond to kwashiorkor, reflecting significant events in their families, in their communities, and in their world. Although emphasis is given to the emotional aspects of kwashiorkor,

neither the emotionality of the problem nor its physical/nutritional manifestations will be used to explain it. Instead, kwashiorkor is examined by untangling the complex cultural threads that show how people interpret their problematic, emotionally stressful lives.

This is a clear departure from the usual approach to problems of malnutrition and hunger. In some scientific circles, such phenomena are viewed as isolated pathologies located within individuals and their deranged societies, and caused by poverty, ignorance, and lack of modernity. According to this interpretation the greatest burden of change lies with the effected individuals, their families, and their communities. The solutions devised are simple: treat the malnourished with an improved diet and educate the parents, who are assumed to possess one or a combination of pathogenic traits.

Other observers suggest that these assumptions actually work to maintain an unequal distribution of food and food producing resources. They claim that colonialism, industrialization, neo-colonialism, and elitism within third world countries cause hunger and malnutrition. Therefore, those seeking individual, simplified solutions are merely perpetuating the problem through their ignorance and unthinking support of the broader socioeconomic processes involved.

To a large extent, I agree with the criticism that ignorance of context obstructs an outsider's understanding of how people interpret their own hunger. Researchers asking questions in the face of starvation may experience guilt and other conflicting emotions. They may consider their research to be an adequate exchange in place of fulfilling the immediate needs of hungry people. By placing the blame exclusively on hungry individuals or on their culture, outsiders may

deny their own responsibility for the hunger--an attitude which compounds the life of the hungry. This denial is enhanced by creating labels such as apathetic and hostile child, incompetent mother, alcoholic father, conflicted families, and inefficient or irresponsible society. These labels help rationalize and legitimize an obligation to remain outside and the outsiders right to change the behavior of hungry people.

I do not agree with any view that holds the stigmatized are helpless, despairing, victims of circumstance. Instead I consider them to be dignified individuals who would, if possible, use their stigma and their suffering to manage their own situations. My interpretive approach to explaining their experience frees me from the confines of biological science which often discourages speculation on what the stigma and situation mean to the people and how they go about managing both.

My primary focus on the problem will be cultural. Although economic, environmental, nutritional, psychological, and other alternative foci are valid, culture has been the most misunderstood or neglected phenomenon in kwashiorkor research to date. Within this often subtle system of ideas, beliefs, and attitudes, fraught with contradictions, paradoxes, conflicts, and ambiguities, an interpretation of kwashiorkor emerges and gains meaning. I will show the curious pattern of kwashiorkor distribution--it is found in some societies and not in others, in some families and not in others, and in some children within a family and not in others. This selectivity will be examined through detailed analysis of the socioeconomic predicaments suffered by a few families I observed closely with kwashiorkoric children. The

4

patterns of interaction between afflicted families and neighbors was obscure until I understood the various views in the population toward scarcity: the meaning of scarce resources to the Chagga in general; how individuals come to value certain resources over others; and if these meanings and values change over time.

I do not wish to infer that some Chagga purposefully choose to have a malnourished child. Rather, I will show that these people are responding to either perceived or actual environmental limits which could result in neglect of the child. The behavior towards an ill child is part of a broader effort to affect some change in the family's situation. It is an emotionally complex process in which the child has powers to affect a response as well. I am suggesting that little understanding is gained by inquiries which either blame or totally exonerate hunger victims--both views are one sided and fail to acknowledge the processes of interaction involved.

It is not easy for the outsider to overcome his/her ethnocentric biases that color observations of another person's life problems. During my research my own two children were born. This alone forced me to be more dependent on my Chagga friends than I had anticipated. Their unscheduled easy interaction with children made them childcare authorities in my eyes. But I was unwilling to accept their authority during my own children's illness due to my emotional stress and cultural bias. Understanding the social handling of a child with kwashiorkor comes in part from the struggle of identifying with, yet rejecting another people's ways.

Understanding the Problem: From Observation
to Participation to Interpretation

I initially prepared for the problem in 1970 by writing a research proposal to determine the extent of protein-calorie malnutrition (PCM) in the Kilimanjaro region and its relationship to infant feeding practices, infant mortality and morbidity, and long range population growth. Mindful of Harris' (1968: 461) suggestion to start with kwashiorkor, I chose Jelliffe's ecological model in which the causes of PCM were assumed to be determined by techno-economic and techno-environmental forces such as population growth, change in agricultural economy, landlessness and modernism (including the spread of bottle feeding). Field techniques were devised to measure statistically the incidence of illness in relation to the bottle feeding syndrome and other hypothesized causes.

My home base on the mountain (from 1970 to 1975) was an old German built coffee estate which my husband and I renovated and cultivated communally with fourteen Tanzanians, many of whom had close familial ties with the nearby "village," referred to as Lukaranga.¹ This intensive participatory living arrangement is the basis of information for my present study and will be discussed shortly when I compare my own impressions of the Kilimanjaro people with past accounts. After only six months it became obvious through a number of incidents including the birth, bottle feeding and death of a child born to our communal group (a death said to have been partly caused by my warning to the mother that unless she clean the dirty bottle the child might die) that there were other cultural phenomena which seemed to have less to do with the bottle than with the complex emotions for which I had no

ready explanation. (See Chapter Seven for a description of this incident.)

In response to my confusion and misunderstanding regarding research in general and my relationships with the Chagga in particular, I sought to affiliate myself with a research institute to secure government clearance and to improve my original methodology for investigating malnutrition. A large regional hospital known as Kilimanjaro Christian Medical Center (K.C.M.C.) became my research base where I maintained an ad-hoc consultant position with the Community Health and Pediatric Departments. The first research project we initiated provided statistics on existing health beliefs and practices of mothers attending stationary child clinics (Lindner 1972). It was presumed that the data obtained in one hour interviews of over 400 mothers, along with clinical measurements made of accompanying children, would provide the rationale for establishing a network of mobile clinics and a nutritional rehabilitation center (NURU) both funded by the same private American donation that supported the research.

I kept an eye on NURU's progress and three months later I formally evaluated it in a six month study conducted by an interdisciplinary team consisting of a sociologist from the University of Dar es Salaam, a Chagga home economist and myself. "The Young Child Study" (Freyhold et al. 1973), as the project came to be known, was organized to investigate the process of child nurturing and the traditional cultural context within which modern programs in health and education operated. We gathered information for its sponsors--UNICEF and the Tanzanian National Scientific Research Council-- on Kilimanjaro's economy, child care, food consumption patterns, division of labor, land

7

tenure, population trends, and available statistics on disease incidence including rates of protein-calorie malnutrition. Three days of interviews with NURU's energetic and involved staff gave me a sense of hope for the afflicted children. It was the only program we evaluated that did not appear swamped by people. Its staff did not act in the characteristically burned-out manner I observed in most of the other formal health programs operating in the Kilimanjaro area.

NURU planners intended the institution to approximate as closely as possible normal Chagga life, so that concepts of medicine, education and nutrition would be conveyed in a manner approaching Chagga traditions. Two large, whitewashed concrete buildings were erected. One housed, in dormitory style, the mothers and their children; the other was used for cooking, teaching and the staff. The place was referred to as a kigigi (village) even though there were no villages as such on the mountain. As initially planned, mothers were supposed to be in residence for three to six weeks or until the child had fully recovered.

Nine months after the first evaluation, NURU called for its own evaluation after staff noticed the same children returning and mothers leaving before their expected stay was completed. I helped design a follow-up study to investigate these problems as well as the socio-economic causes of malnutrition and its relationships to the position of women. The follow-up study provides the primary focus for my thesis (Swantz et al. 1975). It was carried out by myself and five Chagga women students who were employed during the University's three month vacation period. Each of the students investigated three to five NURU families nearby their own homes. I made regular visits to eight NURU

families who were living close to a mission clinic where I stayed for one and a half months. In all, we followed up forty families from NURU admittance records and two additional families found in my study area which we referred to NURU. The selection of families depended mainly on their proximity to the home bases of the researchers. For each NURU family visited, at least two other families within their immediate neighborhood were supposed to be interviewed for comparative purposes. Altogether, sixty-nine neighborhood families were visited, some being the neighbors of more than one NURU family. Similar comparative research methods were used for neighbor families with the additional aim of obtaining neighbors' and relatives' viewpoints on the causes of the NURU child's illness and the level of the child's rehabilitation.

The principal investigator in the follow-up, Marija Lisa Swantz, sought a problem-oriented approach to study the position of women on Kilimanjaro--one that would result in the active involvement of researchers in seeking solutions to the problems facing their own people. Some of the events that affected our perspective on malnutrition would not have occurred without these efforts. The mixed social response to our activism enabled us to confront the people's potential for preventing kwashiorkor, to experience the barriers erected to obstruct prevention, and to be sensitive to the frustrations both the neighbors and the NURU families as they attempted to cope with one another. Researchers kept a daily journal of the results of their visits with the families as well as other significant observations, conversations, and personal impressions. In addition, specific information on a variety of socioeconomic, demographic, and environmental factors was obtained

through a questionnaire. The following table lists topics covered in the questionnaire (see Table 1). To keep from inhibiting rapport between the people and the investigator the questionnaire was not filled out in the families' presence. The close relationship to the people helped us to compare the family's explanations with their neighbors' and with our own observations.

The next table (Table 2) is taken from the follow-up report and summarizes significant factors we consider to be involved in malnutrition. A quick glance of these findings shows that almost every one of the NURU families had two or more factors cited as responsible for the childrens' illness. It was evident to me however that many other Kilimanjaro families also shared these multiple problems but did not have children with kwashiorkor. My thesis will not provide answers for simplified solutions to nutritional problems. Additionally our report states that the summary does not adequately express that traditional constraints may be factors in malnutrition. The only cases counted are those in which sorcery, curse, or neglect of a traditional obligation were specifically mentioned by the people concerned. (There were nine such cases in all.) The present study seeks to explain in detail how past Chagga tradition interacts with contemporary socioeconomic and environmental factors. I maintain that tradition plays a role in each family's situation, regardless of whether it is mentioned or not.

The basis for this assertion stems not only from my field research but also from past ethnographic accounts of the Chagga. I initially prepared for field work by studying Guttman, Raum, Dundas, Marella and others who gave prolific descriptions of "traditional" Chagga life. Each of these individuals had extensive personal

Table 1. Topics in questionnaire used for NURU study.

1. Size of cash and subsistence crops
2. Housing standards and possessions (including livestock)
3. Sanitation and water resources
4. Father's occupation
5. Father's and mother's mobility
6. Ages and religion of parents
7. Income producing activities of mothers
8. Family income
9. Mother's knowledge of family income
10. Alcohol consumption of parents
11. Education of parents
12. Reported child mortality
13. Ages of living children
14. The position of the NURU child in the family
15. Mother's knowledge of nutrition
16. The causes of the child's malnutrition
17. Clinical assessment of the child's malnutrition
18. Existence of cooperation amongst neighbors
19. Food purchasing and eating patterns

Table 2. Summary of significant factors in cases of malnutrition
(Swantz, et al. 1975)

FACTORS

Case Nos.	NURU Nos.	1	2	3	4	5	6	7	8	9	10	Total No. of Factors
37	1	1	1	1				1	1			5
37 + 39	2		1	1	1		1		1			6
2 + 126	3	1		1	1		1		1			5
73	4	1	1	1 ⁺	1	1						5
144	5	1		1*					1			3
62	6	1			1		1					3
181	7		1	1*				1	1			4
74, 75	8			1	1	1		1	1	1		6
	9	1	1	1*	1	1		1	1	1		8
111	10					1	1		1	1		4
05-52-76	11	1		1	1	1	1		1			6
05-59-93	12			1*		1				1	1	4
1	13				1	1						2
198	14	1				1						2
195b	15	1		1							1	3
196												
42, 43												
44	16	1		1	1	1				1	1	6
71	17		1	1					1	1		4
174	18			1	1							2
164	19					1			1			2
165												
133, 134												
142	20	1		1*	1	1		1		1		6
9 or 106	21			1		1	1		1		1	5
30	22											0
157, 161												
166	23			1					1			2
65	24	1	1	1	1		1		1	1		7

Table 2 (cont'd.).

Case Nos.	NURU Nos.	1	2	3	4	5	6	7	8	9	10	Total No. of Factors
143	25	1				1			1			3
58	26	1	1	1		1						4
	27			1		1			1	1		4
15	28	1							1			2
139	29			1	1				1			3
32	30		1	1		1	1					4
26	31	1	1		1	1	1			1	1	7
18	32										1	1
20	33			1	1		1				1	4
183, 184	34				1	1	1			1		4
14	35			1	1				1			3
07-46 48, 49, 50	36								1			1
176	37			1		1	1	1	1			5
10	38		1	1			1			1		4
31	39	1	1		1		1		1			5
87 + 88	40		1			1	1					3
80	41						1		1	1		3
67	42						1		1			2
TOTALS		17	13	28	18	20	17	7	22	14	9	

Table 2. (cont'd.).

Factors:

1. Landholdings (kihamba): below 1 acre or none. (17)
2. No lowland cultivation. (13)
3. No cattle owned (indicates cows are kept for other owners). (28)
4. Lowest level of housing (IV) or no loose property (income indicator). (18)
5. No education of one or both parents. (20)
6. Alcoholism. (17)
7. Illness or death of father or illness of mother. (7)
8. Husband's inadequate support. (22)
9. Frequent births (at least two births in two consecutive years). (14)
10. Sorcery allegations, curse or neglect of a traditional obligation. (9)

involvement with the people. In fact, Raum (1940) was born and raised on Kilimanjaro by his missionary parents and Marelle (1963, 1965) is himself a Chagga. Guttman (1926, 1932), a missionary ethnographer who lived with the Chagga for more than two decades in the first quarter of the twentieth century, has published over 500 items on these people. Dundas (1924) joined the Chagga in the earlier part of this century as District Officer for the British Protectorate. Supposedly beloved by the people he governed, Dundas is partly responsible for introducing and spreading coffee production. All four individuals were deeply devoted and attached to the Kilimanjaro way of life and their chosen task was to preserve ideal society in writing before westernization abolished its meaningfulness. Taken together, their work stands as an informative portrayal of past customs of the Chagga.

When I arrived at Kilimanjaro in 1970, I was initially impressed with an apparently different people than those portrayed by others. At first glance, the wealthy and educated elite seemed to be almost totally integrated into a sophisticated urban mode of life. Their ways spread a web of influence over the peasantry so that the whole population took on a veneer of transformation. Both peasants and elites often chastized me for what they considered were my efforts to identify with ordinary people. My style of dress, I was told, was quite behind the times--was I mocking African culture?² Why did I not have servants when I could afford them? I could walk a mile down the mountain into Shanty-Town, the wealthy European, Asian and African ghetto, where I could expect a dry martini and my choice of stereophonic music at a number of plush Chagga homes--a stark contrast to life in Lukaranga where most socializing took place outside my hosts' simple mud abodes.

It was in the wealthier homes that I was initially taught Chagga manners--that it was rude to ask people how many children they had, that one usually does not speak during meal times (although wealthier people usually do), and so on. Friends took pride in teaching me Chagga cuisine and displaying the hand-carved Chagga wooden bowls in which the food was served before being dished onto fine China. After dinner conversations would examine Kilimanjaro history and make critical reflections on the direction people seemed to be choosing. Although wealthier people assured me of the demise of what they called "superstitions," I sensed that this came more from assessing the beliefs of their Wazungu (European or white western) company than from fully rejecting tradition. These people were still strongly tied to their "country cousins" on the mountain and many maintained a small farm for weekend retreats. Even less well-to-do but modern farmers might keep a banda (banana thatched roundoval) on their premises to continue ties with the past. At first this struck me as strange since on the mountain a banda as the owner's only home was a sure sign of deprivation. I later came to understand that the Chagga elite adhered to traditions in order to fortify their own sense of aesthetics and history. Yet, depending on their company and perhaps their own level of reflection, they often spoke of customs as being vulgar and primitive.

Although the Chagga seemed to be an open people, they had their defenses. Most likely these were erected to shield them from implied and actual criticism by the large Wahindi (Asian) and Wazungu (European) minorities who came to Kilimanjaro as merchants, colonial farmers, missionaries, teachers, doctors, and experts with solutions. The Chagga borrowed what cultural elements they admired and dismissed the rest with

an array of distancing mechanisms--a characteristic way to handle and eventually incorporate those who wished to live on the mountain.

As an outsider, I had a variety of motivations in coming to Kilimanjaro. Abandoning the discontent and activism of the sixties, I sought a socialist refuge where I could live with a rural people and begin my family. My research proposal was devised as a means of legitimizing my interests and supporting an intellectual involvement in the process of rearing children. The ujamma (communal) spirit³ we foisted on those living with us was a farce in this largely capitalist enclave of socialist Tanzania. Yet it was through this naive attempt at integration that I came to understand deviance, contradiction, conflict, and the problem of kwashiorkor which is rooted in these aspects of Chagga life.

Before introducing my approach in interpreting the Chagga experience with kwashiorkor, I will review other approaches to show the extent to which they ignore or reject the peoples' perspective, resulting in further blaming of the victims. Historically, most research on the nature and etiology of kwashiorkor has centered on two sets of factors aimed at improving curative and preventive measures: 1) those relating to diet and nutrient intake; 2) those relating to sickness, disease, and genetic factors which affect an individual's nutrient requirements. A brief epistemology of this research is given in order to examine the underlying assumptions. I then discuss certain psychological and cultural studies chosen as representative of the field and as particularly incisive regarding subtle aspects of the problem that I wish to emphasize. However, most are limited in their perception of context and systems of meaning which are necessary for

understanding the complex processes surrounding the social handling of a hungry child.

Medical Studies of Kwashiorkor

The first scientific description of kwashiorkor was written in 1926 by a British physician in Kenya. He states:

The disease occurs only in quite young children; the child is nearly always of an extraordinary light color and is usually brought up on account of swelling of the feet. The only history obtainable appears to be that in a number of cases there had been slimy motions for some time. As the disease progresses, the child becomes pale in color and the pigment seems to be concentrated into a curious black desquamation which is often noticeable on the arms and legs. The child, as far as my information goes, nearly always dies (Procter 1926: 284):

In a historical account of medical research on kwashiorkor Trowell (1954: 13) observes that most early health workers concluded that the disease was entirely due to tropical parasites. Yet later descriptions given by Trowell, such as McConnel's "edema disease" (1918), showed a general absence of parasites when the disease appeared shortly after famine conditions. Furthermore, Normet (1928) found that parasitic infections were often no heavier among poor agricultural laborers and coolies in Indo-china who had symptoms of kwashiorkor than among apparently healthy workers. The fatty liver observed in most pathology reports influenced Waterlow (1948) to define kwashiorkor as "fatty-liver disease," again another attempt to place the locus in a single organ. The credibility of this hypothesis was questioned when the fatty changes in the liver were demonstrated to be neither marked nor significant and sometimes altogether absent in adult cases studied by Davies (1948). Still others based their diagnoses on dermatosis, supporting the view of Stannus (1935) that the disease was pellagra--a vitamin B-complex deficiency.

In a recent article, Trowell (1975) describes his own personal struggle to understand the etiology of kwashiorkor. He first assumed the disease to be due to parasite infestations, then infantile pellagra. In 1935 while working in Uganda, he found the disease diagnosed as congenital syphilis and treated accordingly. In each instance cited by Trowell, a treatment regime based on the diagnosis was initiated and resulted in failure. The physicians involved, who were almost always working in isolation from one another, usually attempted to define disease in terms of singular signs or symptoms. Proctor's diagnosis, for example, was simply given as "a nutritional edema of unknown cause" (1926: 284). He was unaware of other descriptions of the disease in children as well as adults where edema was shown to be absent. Understanding the nature and cause of illnesses like kwashiorkor was difficult for a host of reasons: poor communication; lack of laboratory equipment at medical stations, variations in the symptoms manifested by different ethnic groups, little or no information on the incidence of specific diseases, and a general dismissal of cultural beliefs about its etiology as superstitious, unimportant, or, at worst, interfering in a family's compliance with a treatment program.

Bröck and Autret's publication (World Health Organization 1952) on kwashiorkor concluded that diet plays a large part in its etiology, specifically a deficiency of protein in relation to calories. However, Trowell (1975: 2) gradually began to question such a simplistic approach, as he observed a forty percent mortality rate in children after treatment with milk, a nutritious diet, and all known vitamins. "How could this be a deficiency disease? How had the ignorant Africans recognized a disease we had missed?" he asked, referring to the word

kwashiorkor which was taken from the Ghanian language.

Williams (1933) was the first to adopt this term used by the Ghanian people with whom she was working. It translates as "the disease of the deposed baby when the next one is born." Her appreciation of the people's sociological view of causation helped to broaden the understanding of non-biological factors involved in disease etiology. This manner of medical thinking was finding some acceptance as a consequence of scientists' inability to explain chronic illnesses such as cancer, diabetes and heart disease on the basis of single factor causality. Admitting variation in the definition of a disease does not mean that the biological nature of the disease has changed. Without adequate proteins and calories there most likely will be kwashiorkor. However, lack of such foodstuffs, while a necessary condition, may not always be sufficient to cause kwashiorkor. Williams (1973: 335) noted:

It is, in fact, rarely possible to see a clear cut case of one specific nutritional deficiency. Most cases that one sees are of non-specific conditions usually mixed in manifestations and in etiology, often mild or marginal and differ greatly according to the stage that the disease has reached when observations are first made.

Williams' statement becomes even more meaningful when we look at debates on the supposedly more easily measured biophysical factors in research on kwashiorkor and the related syndrome marasmus. Traditionally marasmus has been described as a deficiency of energy (calories), and kwashiorkor as a deficiency of protein accompanied by adequate calories. However, Waterlow and Payne (1975) suggest instead that in a diet marginally deficient in both protein and energy individual variations in requirements due to unknown biological factors could lead to marasmus in a child with high energy requirements and kwashiorkor in

a child with high protein requirements. They maintain that evidence of kwashiorkor as a protein deficient state is inconclusive, based on current estimates of children's protein and energy requirements. They propose that the problem is one of total energy availability and individual utilization of food stuffs. The disease is manifested through loss of appetite and an increased protein and energy requirement associated with infections and the inability of weaning children to hold and digest sufficient quantities of cereals to satisfy their energy needs. They further state that it is important to realize how much is still unknown about the way in which children adapt or fail to adapt to deficient diets, implying that psychological and socio-cultural factors have some impact on physiological utilization of digested foods.

As awareness develops of the less easily measured sociological and psychological factors, scientists persist in seeking devices to measure the impact of these features so that they too can be isolated and therefore ultimately controlled. Parallel research on similar syndromes such as celiac disease--a digestive disorder in children, highly prevalent in the developed world--came to an earlier appreciation of the nonphysiological/nutritional aspects of the illness, probably because researchers could more easily identify with the emotional components found in their own culture.

Celiac disease is now generally considered a psychosomatic illness (Rank et al. 1948; Prugh 1957). Various stress related theories have recently been used for explaining cases of celiac disease and other syndromes in which psychological factors are viewed as causal (Mutter 1966). Researchers are attempting to design scales to measure

the impact of stress on the child's nutritional status (Coddington 1971). While individual counseling may help reduce stress by providing support, this approach skirts the larger issues involved in loss of stable support. In addition, reducing the cause to psychological components has the effect of either blaming the individual child or its parents for causing the problem--a ready explanation if the physicians' efforts at amelioration fail.*

Although I consider the emotional climate as the most suitable environmental context to be analyzed for an understanding of kwashiorkor, I oppose explanations in which psychological factors alone are viewed as the source of kwashiorkor. Citing stress, change or conflict as the cause of emotional disturbance and, therefore, the cause of the disease brings out the absurdity of programs designed to reduce stress in the lives of people experiencing a famine!

Although these concepts have put new emphasis on the complexity of kwashiorkor as a systemic phenomenon, viewing stress and the resulting emotional strain as causes of pathology reifies them as agents of, rather than usual accompaniments to, the problem. Why, for instance, do similarly stressful events fail to produce malnutrition in other situations, or why is it that the same events stimulate preventative measures in different contexts? Without an overview of the whole situation, including the peoples' own interpretation of it, the role of stress in human interaction becomes misunderstood.

Psychological Approaches to Kwashiorkor

Those who have emphasized the psychological factors in kwashiorkor have illuminated the problems of a child's adaptation to its environment. Personal observations and experiences with kwashiorkoric children made me aware of the emotionally charged climate that surrounded them. Parental apathy, rage, indignation, flight from responsibility, guilt, and other feelings accompanying the child's retreat from the world needed, I felt, to be explained. My work is essentially an effort to get behind the appearances of the emotional environment and interpret the wider contexts of events which trigger particular emotional responses. The studies reviewed below are two of the best summaries to date of the psychological components in the occurrence and handling of kwashiorkor. Although the emotional changes accompanying the disease have long been recognized as important in the child's failure to thrive, those involved in disease prevention and treatment have generally remained perplexed and angry at emotionality because it cannot be controlled with the resources at their disposal.

The first study was conducted in a hospital setting in Mexico City (Gomez et al. 1954: 631). The "psychosomatic" problems observed are listed as "maladjustment between the child and his family, loss of sphincter control, inability to stand, unwillingness to take any food that is not liquid, and perseverations of motions, attitudes and spoken word." In addition, they say that in the final stages of the disease, there is absolute quietness and a full withdrawal from the environment. The child lies with his eyes closed, reluctant to watch the things that move about. Reactions to auditive, gustative and tactile stimuli are slight and consist of systematic negation and

refusal. The changes are attributed partly to polyneuritis and partly to the frustration of the emotional and biological needs of the child which brings nonspecific reactions of the whole personality to the external medium. Anorexia (refusal to eat) which is severe is considered to be the result of the child's daily frustrations to the satisfactions of its most imperative demands. While some description of the psychology of kwashiorkor is given in Gomez's study, little effort is made to explain, for instance, why there is familial maladjustment, why the child's needs become frustrated, and why it refused to eat and finally withdraws.

A more useful description of psychological factors is given in a 1956 investigation (Geber et al.: 307) of twenty-four mother/child couples hospitalized in Uganda which bases its observations on Bowlby's (1958) attachment studies. It correlates physical separation of child and mother and failure to thrive:

In more than half of all the cases of kwashiorkor that have been admitted to the wards of the Infantile Malnutrition Group, there has been a history of separation. The effects that the child deprived of maternal care has become a well-recognized pathological entity as an outcast from European society [here Bowlby is cited]. One of the first and most important reactions to distress is by an alteration of his way of eating, usually refusal to get usual food and a demand for the more exotic. If the European and the African child happen to react in the same way to deprivation, the consequences may be even more spectacular for the African. He may get kwashiorkor.

The authors are particularly concerned with situations in which the child was sent, according to custom, to live with grandparents or other relatives. In these cases they consider the loss of the mother to be a mechanism in the development of psychological injury, ultimately causing kwashiorkor. They state that in the most severe cases, hospital observations of mother-child interaction showed the child to be insecure

and acting as if rejected. The researchers hesitantly assert that "the quality of the relationship might determine to some extent the degree of [disease] severity" (307). They also point to some puzzling features of the incidence of the disease referring to patterns of distribution within and between families.

It has often been found that only one of several children in the same family has been affected, although no change in family circumstances, or of diet, can be discovered. It has been notable, too, that the families affected were not necessarily the poorest, or the most ignorant, or those that had the greatest difficulty in getting food to which they were accustomed (296).

The researchers conclude that the parents have the power to alter the child's condition, "but in fairness to the parents we should admit that we have very little knowledge of the circumstance that have determined their attitude. All we know is that the life of the African is often hazardous and uncertain, and that for many reasons disturbances of family life are common" (309) (emphasis added).

More than any other work, the Ugandan study plays on the points I wish to clarify with this thesis. Ever since Bowlby (1958) showed the measurable physiological response of both mother and child in attachment and loss processes, there has been a better appreciation of the psychological/physiological feedback in this relationship. In applying Bowlby's model, however, the Ugandan researchers fail to explain the processes connecting the patterns they observe. They seem mesmerized by the psychological typologies used to enhance their descriptions, and raise questions which they leave unanswered because their hospital research isolates the problems from their natural contexts. If the child were observed in its home environment, the researchers might broaden Bowlby's theory of attachment to include

other nurturers with whom the child has formed culturally acceptable bonds. They would question the causes of bonding disturbance including the cultural views of the child's responsibility in the attachment process, and they might question the processes responsible for the cultural views in the first place. If nothing more, their gently posed implication that parents and African society are responsible for kwashiorkor, would not be conclusions that blame victims, but would stimulate further inquiry, including reflection on the implied demand for personal involvement with the ill children they encounter and their own ambivalent response.

Cultural Approaches to Kwashiorkor

To my knowledge, the experience of kwashiorkor has not been the central focus in any anthropological research. The disease is usually considered as part of another problem as in Whiting's (1964) study of the effects of climate on certain cultural practices. His work provided some of the guidelines for my initial research proposal and contributed insights into questions regarding distribution of kwashiorkor between societies. It also helped stimulate some of the questions which developed out of my interests in the peculiar distribution of kwashiorkor within a family. Whiting found a correlation between kwashiorkor occurrence, tropical environment deficient in available protein, and a cultural complex designed to limit the possibility of this disease. He was originally searching for the origin of male circumcision rites when, using the Human Relations Area Files, he found the following chain of casual events. Protein deficient tropical diets were seen as placing a premium on prolonged lactation for maintaining the infant's protein intake during critical growth

periods. In turn, the taboo of postpartum sex during nursing protects prolonged lactation from the competition of pregnancy and a second infant. Sex taboos partially explain polygyny and separate housing for the husband's wives. This becomes more convenient with patrilocal residence which strengthens patrilineal ties. The existence of strong patrilineal ties in a situation where the wife sleeps apart from her husband but next to her nursing child necessitates a severe puberty ritual to assure proper male role identity.

A similar complex of events was interpreted differently by Jelliffe (1975), a tropical pediatrician who has long recognized the need for an anthropological contribution to studies on childhood malnutrition. He maintains that kwashiorkor should be regarded as the result of an ecological imbalance rather than exclusively as a dietary disorder. In one paper he confirms the African assumption that weanling children are more vulnerable to kwashiorkor than any other group, and discusses the following cultural and environmental factors as contributing to the syndrome. A decline in postpartum sex taboos leads to more frequent pregnancy and maternal depletion. Mothers seldom nurse while pregnant because of beliefs that it will adversely affect the nursing child. The increased birth rate leads to population growth on land having limited carrying capacity. This in turn results in an insufficient supply of nutritious food for both mother and child and consequently induces malnutrition in weanling children.

Whiting's and Jelliffe's studies appear to contradict one another. Jelliffe points out that malnutrition in weanling children occurs because of a breakdown in a society's methods to adequately space births and that this depletes the environment causing further

malnutrition. Whiting states that the origin in a society's prophylactic customs such as prolonged nursing, postpartum sex taboos, etc., are the results of an already depleted or limited environment. As much as Jelliffe insists on an ecological approach to kwashiorkor, his work nonetheless reflects the medical scientist's search for isolating features which can be controlled, given the proper measures. His study of kwashiorkor is limited anthropologically because of its exclusive concern with cultural causes. Both Whiting and Jelliffe view kwashiorkor as being mechanistically determined by a single line of causes, and they fail to explain feedback between the systems examined.

A few anthropological studies on nutritional problems have made additional findings in terms of disease distribution; Foulk's research on Arctic hysteria among the Eskimo being the most noteworthy. Studies that depend exclusively on quantitative methods, however, tend to have a limited understanding of process and consequently are prone to misinterpretation. An example of this is a 1968 study in a partially industrialized area in South India which was concerned with growth failure in children and its relationship to infant nutrition (Gokulanthan, K. et al. 1968). It analyzes the weight and height of preschool children of high, middle and low socioeconomic groups along with levels of modernity. It then compares these growth patterns with those found in industrialized areas of India and the United States. The researchers conclude that the growth failure seen in the high and middle socioeconomic groups in partially industrialized areas (compared to the growth of children in the same socioeconomic groups in industrialized areas) and the growth failure of children in low socioeconomic groups in both partially industrialized and in industrialized areas, is "not due to poverty and the lack of availability of food

materials" (118). Instead, they cite a certain complex of socio-cultural traits as causing what they refer to as "sociocultural malnutrition" (118). Among them is conflict between traditional and modern ways of life which leads to "improper utilization of modern technical knowledge about infant nutrition by a traditionally-oriented peasant community" (122). They refer to the people caught in this conflict as being disassociated from their traditional values, basically suspended in a cultural gap where old ideas are applied inappropriately. Their culture itself is likened to a "disturbed state akin to the clinical condition of any organism under a stressful situation" (122). The syndrome of sociocultural malnutrition, the authors suggest, "is not limited to partially industrialized areas, but can occur in any community in the process of socio-cultural integration to urban life" (123). The assumption carried throughout their research is that these individuals fail to integrate themselves in the broader society because of: 1) choices to maintain certain traditions which are applied inappropriately; 2) general technological incompetence; and 3) ignorance of successful old and new traditions. Their solution is simple: more research on sociocultural factors so that the people can be educated as to the proper choices in child care.

In contrast to this perspective, I suggest that these "marginal" people are actually integrated into the wider society by sharing similar beliefs, values, knowledge, etc. Yet they are subjected to a great amount of social ostracism from the predominating "modern" groups which systematically obstruct their incorporation, in part, because the rejected group holds alternative cultural ties. Because rejection makes decision making more stressful and less secure, "marginal" people appear

to lack guidelines for their behavior. Their conflict is much more complex than the researchers suggest and cannot be easily measured in a questionnaire. Had they thoroughly investigated the more successful groups they probably would have found both older and newer traditions present. However, the acceptability of these successful groups prevents their lives from appearing fraught with stress and conflict. The researchers also fail to perceive what the people view as their options during stressful situations. This myopia skirts the relationship between groups of people which has more impact on what people do than any other factor cited in this process. The researchers blame the "pathogenic culture" and its ignorant and incompetent members for causing malnutrition. Unwittingly, they are participating with the wider society in rejecting families with malnourished children as being ignorant, unprogressive and moral failures.

In this thesis, I examine the process of becoming typed as a failure and show how the resulting stigma increases the stress of failure. I suggest that the role of ignorance is greatly overplayed in assumptions of kwashiorkor causation and that the role of culture conflict has been twisted by the ethnocentric biases of those outside the hunger experience. The kind of qualitative approach presented in the following section is intended to supplement the findings of quantitative research as well as to stimulate reflection on research assumptions.

Interpretive Social Science: An Alternative
Approach to the Study of Kwashiorkor

This dissertation represents my own search for a meaning to the absurdity felt when observing little children failing to grow. Voicing the experience of a people with the help of their own interpretation can provide a synthetic and more holistic view of a problem when juxtaposed with the interpretations of an outsider. Such philosophical concerns are placed under the rubric of "hermenutics," a phenomenological examination of the self/other encounter that has influenced the questioning style of interpretive social scientists who seek "to organize a wide variety of human phenomena that cannot be comprehended through models based on linear relations among elements" (Rabinow and Sullivan 1979: 4). Emotional, intuitive and sensual "data" become valid and significant aspects of problems being considered. Meaning itself is more profoundly understood when it is recognized as a part of shared not merely observed interactions. The use of hermenutics encourages the investigators to be aware of their epistemological foundations so that they can be more sensitive to both the social processes and the contexts of learning which determine the typologies used in their explanations.

Ignoring either the nontraditional phenomena or the values and feelings of the researcher contradicts the principles of holism which social science espouses, provides fuel for the distancing mechanism necessary to blame the victim, and removes the investigator from the task of self-reflection. Distancing functions to defend the observer from any personal feelings of connection and responsibility toward the people and situations being observed. Through defensive labels the observer can attempt to manipulate the person's pathology which is

to be isolated from the rest of the person. Reifying the pathology serves as an ideological support for the outsider's dominant position as manipulator.

Goffman (1974) refers to the legitimations and rationalizations which produce labeling ideology and protect the status quo as "stigma theories". These ideologies explain the stigmatized person's inferiority and threat to society which justify a variety of discriminations that effectively, if unthinkingly, reduce the stigmatized person's option. I have used Goffman's work on stigma to interpret many of the individual situations encountered throughout this thesis. Stigma, I show, is tied to the Chagga whose failures appear to be a chronic drain on others. Caretakers of children with kwashiorkor are frequently, though not universally, viewed as unenlightened individuals who stubbornly refuse to join the modern world or who, for lack of managing competence, fail to acquire its material symbols.

Stigma can also be applied to wealthy neighbors or kin who fail to assist others in their misfortunes or who have no excuse that holds up against a censuring community. The people who fail and the people who reject the failures share the same ideologies, are affected by the same economic crises, and share the same conflict regarding modern and traditional ways of life. In fact, it was probably due to these similarities that people had a reserve of compassion for failed individuals. If the stigmatized manage to improve their situation, the legitimacy of the imposed stigma is questioned and they stand a better chance of regaining support. Other people's situations which were not yet stigmatized especially highlight the dynamics of stigma management when their children became ill with kwashiorkor, because—

kwashiorkor was stigmatic. It is only by carefully interpreting each person's situation and his/her interpretation of it that these processes are illuminated.

The interpretive approach is not without shortcomings. For instance, Turnbull's rather biased discussion of the Ik of Uganda finds the ill-fated researcher immersed in a problem with which he was emotionally unprepared to deal. In fairness to Turnbull, it is hard to imagine any human being able to maintain an analytical posture when surrounded by the extensive suffering and death caused by severe famine. The hungry eyes which stare at his food while avoiding interpersonal communication, the dying old man who responds with ingratitude to the attempts Turnbull made to comfort him, the population which seemed in mourning for loss of meaning are all characterized as responsible for their own predicaments. Such presumptions are expressed even though the author acknowledges that the Ik had been recently forced by the Ugandan government from their hunting-gathering subsistence in a lush environment to agricultural subsistence in a marginal area. Turnbull appears to use anger at the Ik as a defense against his own feelings. I have come to appreciate Turnbull's work, not because I find his concluding interpretations altogether convincing, but because of what he communicates to us about an outsider trying to remain removed from a human misery he shares by living in the same world.

My study among the Chagga would have had similar biases had I had the same good fortune as Turnbull to finalize the report within a short period after the field experience. Circumstance has forced an extended evaluation of the 1970 to 1975 period during which I lived in Tanzania, most of the time on Mt. Kilimanjaro, where a famine occurred

during the middle two years. Six months prior to the famine, I worked with a medical team to establish a nutrition rehabilitation center which was designed to reduce the growing numbers of malnourished children. We developed a typology of causes of kwashiorkor: ignorance, apathy, overworked mothers and lazy fathers, alcoholism, social and familial breakdown, poor financial planning, competitiveness, lack of cooperation, social inequality, and the refusal of the Chagga people to accept a socialist government. These views were consistent with our assumptions about why the nutrition center was failing--it was simply the fault of the Chagga.

A Summary of Findings

The fear of scarcity, which initially may have been limited to food shortages, took on added meaning as the society grew in complexity and population during the colonial period. The insecurity normally triggered by food loss in days of subsistence farming, could also be triggered by actual or possible threats to the cultural or material ties the Chagga kept with a broader world cash economy. These changed orientations increased the work burden of women because men were pushed off the farms to seek more prestigious cash related work. The religious ideology brought by the colonialists strengthened the rationale for male dominance while it weakened traditional sources of male identity and traditional guidelines for spacing children.

Coupled with growing inequalities in income and decreased size of landholdings, poorly spaced children are being born to parents who compare their situations to others and see that they are falling behind. Most people aspire for maendeleo (social progress) which in the Chagga culture is more deeply rooted to the capitalist goal of industrial

development than is their contemporary socialist government's goal of kugitengamea (self-reliance). Consequently, scarcity can mean a shortage of modern material goods and opportunities. Scarcity, for example, brought the Tanzanian government to restrict private cars, much to the Chagga's resentment. Government confiscation of rental properties stimulated similar reaction in the Kilimanjaro population, even though these measures were intended to redistribute wealth. Rumors of sugar, oil and flour shortages, limited wage employment, fluctuations in coffee prices, increased cotton cloth prices, reductions in the number of private physicians, and growing competition over secondary school and university admission are all experienced as forms of scarcity. Belief in these material symbols of progressive modern Chagga is shared regardless of a person's socioeconomic rank. The anxieties and hoarding behaviors, stimulated by rumored or actual shortages, are also widely shared, even though consumption of these items is unequal.

One major concern in this thesis is to describe how an adult's experience with scarcity filters down to children and eventually results in kwashiorkor. Needless-to-say, the children's experience cannot be examined in an interview since they are seldom able to explain what has happened to them. Yet their emotional response to stress has a vital role in the quality of their care. To summarize my observations of that response, I maintain that kwashiorkor is a mourning process in which children express through their illness a loss of dependable nurturing. However, analyzing why the loss occurs and why kwashiorkor is the form of illness which conveys mourning is not simple.

Although kwashiorkor may be associated with impending doom because it often develops in times of environmental stress, it has less dramatic, though still serious, implications for daily life. Kwashiorkor communicates a moral failure of the ill child's parents-- usually a failure to properly space children. Men and women are taught to balance what are believed to be interdependent phenomena: their sexual activities, the division of labor, and the distribution of food among family members. Ideally, the balance works to protect the patrilineage in the same manner as did reciprocity between ancestors and the living, chiefs and commoners. As I demonstrate in Chapter Three, an inappropriately timed birth can upset the balance and threaten patrilineal perpetuation. So rather than experience loss of that social support from the ancestry and the living, which is necessary to sustain the rest of their family, the parents may distance themselves from the child who signifies their failures. Moral failures do not necessarily have to result in benign neglect of children, but are given more weight by the community if the family also fails economically. Such families can be a chronic material drain, forcing the community to judge the family's worthiness to share in its material resources and their welfare. Five of these families' alternatives are discussed in detail in Chapter Seven. The child's response (see Chapter Six) is to withdraw from its parents and the world on which it can no longer depend.

The community's concerns over a family's ability to reciprocate is repeated in the family's relationship toward certain children. The notion of scarcity and its meaning in the Chagga context (examined in Chapter Two) is central to an understanding of intergenerational.

reciprocity (Chapters Five and Six), a concept which emphasizes the anticipation of future success or failure between child and nurturer. Without the material items and social achievements to continue a good life as the Chagga define it, nurturers may feel they have little or nothing to give. The sense of incompetence that arises in these circumstances, created in part by a loss of sex related self-esteem (Chapter Four), can erode remaining intentions for sharing resources with dependents. Often, the child's birth or later behavior may elicit a belief that its future is limited, with few returns for its nurturers. Some of the criteria for evaluating children are examined in Chapter Five, where I suggest that views are often determined by the families' anxieties over what they perceive to be limited resources in the present as well as future life.

The child who becomes a scapegoat for the parents' experience of family conflict or community rejection withdraws from its unsupporting world and may become malnourished. This behavior can cause further parental rejection because an unsociable child is difficult to love and because kwashiorkor itself is stigmatic. The nurturers may also actually withhold costly animal proteins from the child because of their anxieties about the security of their own food supply.

Fears that the child will fail under these circumstances may result in mere gestures of caring (Chapter Six). Paradoxically, some children's failure to thrive may help replenish the family's nurturing energies because in certain contexts the cost of the scarred identity and the fear of social ostracism that often accompanies having a child with kwashiorkor is known to cement the exits from apparently impossible situations. The tremendous ambiguity I observed in peoples responses to

their ill children shows that there is no certain closure to felt states of hopelessness.

What becomes apparent to outsiders are the superficial aspects of the process--apathetic or incompetent parents who seem ignorant of the resources at their disposal; Chapter Eight deals with the efforts of people outside the experience of hunger to educate and change these apparent deficiencies. In my analysis of the nutrition rehabilitation center I suggest that many of these afflicted families are actually harmed by an education program that ignores the more crucial aspects of their struggle. Chapter Eight also provides a critique of various imposed solutions for improving the situations of high risk families. These solutions are shown to fit the pattern of a growing dependence on institutional rather than familial support as is illustrated in the discussion on welfare alternatives for problemed families (Chapter Seven). The basic concern of my whole thesis is not to provide more material to enhance predictability and control of events, but rather to paint a picture of the afflicted families against their cultural background.

Footnotes

¹ Because of the high density on the mountain, people were not organized into villages as such. Nevertheless various political and geographical boundaries formed people into loose village-like clusters which some, but not all, referred to as villages.

² I made little attempt to dress in any particular manner, including the latest fashion or African dress. Ordinary women wore simple Western shirt-waist dresses which were often altered with a colorful cloth shawl used to carry infants. Men wore cotton pants and neatly pressed shirts. A great deal of attention was paid to clothing, as it was used to convey and assess one's social status.

³ Ujamaa villages are registered and regulated by the Tanzanian government to provide water, health, educational and other services. Those existing in the Kilimanjaro region are located on the plains.

CHAPTER II

KILIMANJARO WELFARE: ITS ENVIRONMENTAL, DEMOGRAPHIC, HISTORICAL, SOCIOECONOMIC AND POLITICAL CONTEXT

The well documented history of the Chagga of Mt. Kilimanjaro tells of a varied and open people who were influenced as much by the security of their bountiful mountain fortress as by droughts, soil erosion, disease, internecine warfare, and conflict with outside groups, all of which plagued them from time to time. Their traditional subsistence combined cattle keeping with banana, legume, and vegetable cultivation and now includes maize production and coffee farming, the latter introduced in 1918 by Catholic missionaries. My focus on the Chagga experience with kwashiorkor has been one way of highlighting a number of apparently crucial existential dilemmas facing them. I first became aware of these when I reviewed the literature prior to my arrival in Tanzania. On the one hand, Chagga life styles were portrayed as having been modernized at a pace perceptibly faster than neighboring groups of pastoralists and farmers. The Kilimanjaro area appeared to have more health and educational facilities, and larger numbers of representatives in civil service, entrepreneurial and management positions than did other Tanzanian societies. In addition, the mountain contained about 60 percent of the improved breeds of dairy cattle raised on small holdings in Tanzania, and produced about 30 percent

of the country's principal export, coffee. Yet, in stark contrast to these signs of affluence, Kilimanjaro was shown in a nutritional survey to have a higher rate of severe protein-calorie malnutrition (five percent) than Tabora (one percent) and Dodoma (four percent) which have lower per capita incomes (Kreysler 1973).

In order to understand the political and economic context of kwashiorkor this chapter addresses itself to the heart of these apparent contradictions by examining Chagga welfare or systems of redistribution. Beginning with a description of their mountain environment, I ask how the problem of scarcity and unequal distribution of resources could arise among the Chagga. Although scarcity may have been triggered by fluctuations in environmental and other external conditions, the unequal accumulation of resources under threat of scarcity probably had as much to do with causing hunger as drought or warfare. While continuities in social status existed throughout Chagga history, I will show that sizeable changes in economic structure conditioned the way in which redistribution and reciprocity worked. These alterations have brought a sense of confusion about moral rights and obligations which often obstructs efforts to prevent hunger. Contemporary failures in welfare may illustrate which social processes contributed to the Chagga experience of hunger in the past:

Environmental and Demographic Fluctuations

The Chagga dilemmas have their historical roots in the people's interaction with their physical surroundings. Ruwa, who is God, the sun, the source of all that is good yet the source of fate, lives on Kibo, the largest of the two snowcapped volcanic peaks of Mt. Kilimanjaro.¹ A central reality in much of Chagga myth, Kilimanjaro has

seldom failed as an aesthetic inspiration for people in their daily work. However, its variable climate, topography and soils have created settlement problems and most likely have contributed to socioeconomic diversity.

Within the mountain environment there is a transition from a desert climate on the plains to humid tropical and temperate conditions on the precipitous mountain slope. Throughout Chagga history the plains have been undesirable for settlements, not only because they lack adequate water for cultivation, but also because of malaria, tsetse fly, and the threat of the warlike Masai who used the area for grazing their cattle. Precipitation on the mountain varies and the population is concentrated on the southern slopes where rainfall is most abundant. It is in the middle belt of south Kilimanjaro that Chagga settlements have mushroomed. Variation in soil texture, character, and composition, and erratic rainfall patterns exist even in this lush, more densely populated part of the mountain. Periodic, but unpredictable drought has been a constant source of insecurity to Chagga welfare. To reduce the effects of drought and maintain a year round agricultural planting season, the Chagga have devised an intricate network of irrigation furrows. Although this system has led to soil erosion in certain areas, its success has contributed to the growth and maintenance of a large population, which has brought its own dilemmas.

As population grew, Chagga marriage and inheritance customs reduced the security and size of land holdings. There has been a change in the proportion of polygamous marriage. Polygyny is the ideal form of marriage in this predominately Christian society although

95 percent of the population was estimated to be monogamous in recent census figures (Moore 1978). Women of lower social standing are taken as secondary wives, and their children, accordingly, have less favored positions. Excluding affective ties which could override the norm, most children of secondary wives receive less inheritance in property and land and will be the first to suffer if the fathers' resources are limited.

Post-marital residence is virilocal for the eldest and youngest sons, but neolocal for immediate sons. When land was ample, all sons received an inheritance through their father, securing their rights to the homestead. But the absorption of available cultivation and pasture land by coffee, along with rapid population growth, caused land to become a scarce and valued commodity. Table 3 describes the population growth in the Kilimanjaro district since 1921.

Table 3. Human population in Kilimanjaro District, 1910-1967, including the number of Chagga (Maro 1974)

Year	Kilimanjaro District	
	Total	Chagga
1921	136,000	128,443
1928	147,447	143,031
1931	164,141	155,337
1948	262,235	230,665
1957	339,094	N.A.
1976	476,467	393,707

The rate of population growth over the period of 1921-31 was 1.9 percent annually; between 1948-67 it was slightly less than 2.9 percent. This compares with a current estimated rate of natural

increase of 3.7 percent (Egeno et al. 1973: 290). These differences in population growth rates are largely explained by a fairly high rate of out-migration from the rural areas to Moshi and other towns as disinherited sons and daughters seek employment.

The explosive growth of the population assumes staggering significance for the region's agriculture when one considers that less than 500 square miles in the district are available to the Chagga for intensive cultivation.² This is the total area between the 3,500 and 6,000 foot contour lines on the southern and eastern slopes of Kilimanjaro. In the Kibosho parish of Kitandu directly up the road from where I lived, estimates of 3,690 people per square mile have been given (Von Clemm 1964: 100). This is especially noteworthy considering the dispersed homesteads--there are no towns or villages on the mountain to account for this density.

Despite the fairly high rates of population growth which existed prior to 1948, land pressure was not cause for alarm, although most earlier ethnographers noticed the possible threat. Even today a large portion of the district outside the kihamba belt (area where homes and garden plots are integrated) is sparsely populated for reasons just cited. During the first quarter of the twentieth century, ample land for new settlement was available within the traditional kihamba belt. With the expansion of coffee production, originally introduced by Christian missionaries just after World War I, the pasture which used to surround the kihamba land was used for permanent crops. By 1945 to 1950 permanent crops were spreading through the less favorable upper and lower belts and average productivity per acre began to decline. By 1967 population density was a serious problem, approaching 400 people

per square kilometer in the kihamba belt proper, and large numbers of individuals faced the prospect of being landless.

With the accompanying shift in annual crop production to the drier lowlands and a gradual change in land use from pasture and annual crops to coffee production, the rapidly growing population was absorbed by means of successive marginal changes in the Chagga agricultural system. As coffee expanded prior to independence, the area's growing population, relative to most other Tanzanian societies, appeared prosperous due to the additional cash income. At the same time maize production for both food and cash purposes expanded in the lowlands. Maize was readily adopted by the Chagga as a substitute for the milk, bean, millet, banana, and meat production lost to coffee.

In a study on milk production and consumption patterns in Kilimanjaro, Zalla (1981) shows how coffee competed with cattle grazing land and forced a 100 percent stall feeding system which decreased per capita milk production to less than one fourth of what it was fifty years ago.³ He suggests that all but the wealthiest farmers are reluctant to buy food to compensate nutritionally for the lost production. With the added demand, milk prices have increased considerably, forcing many families to sell milk to meet their income needs. While adult diets do not seem substantially altered by these changes because of an apparent increase in meat purchased from outside the area, children under five who traditionally are not fed beans or meat have come to depend on a maize porridge diet without milk. It can be assumed that these changes have influenced the present rates of kwashiorkor and marasmus which older Chagga and past ethnographers such as Gutmann claim have increased within the span of their observations.

It seems reasonable to conclude that these environmental and demographic constraints pushed growing numbers of people from more nutritionally bountiful into more nutritionally marginal living conditions and have contributed to a society with both malnutrition and an apparent abundance of resources. The impact of these changes on infant and child feeding patterns will be taken up in more detail in Chapters Four, Six and Eight. The rest of this chapter will focus on the social constraints imposed by Chagga society on the people as they coped with their world.

Clanship and Chieftaincy: The Beginnings of Social Differentiation

Chagga society originated primarily from successive migrations of various Bantu agriculturalists who were organized predominantly in patrilineal clans around a religious political system of ancestor worship. Age grades probably adopted from the Masai, ranked men and women into specific spheres of collective interdependency with lineage elders politically dominant. As many as 700 patrilines maintained individual areas of control, which were partitioned by natural ridges carved by rapidly flowing mountain rivers. Some historians suggest that the clans were already differentiated in wealth and power, since certain ones competed in warfare over the more productive areas where their people and cattle flourished. Village life never developed on the mountain. People's daily activities included maintaining their separate hamlets and the surrounding kihamba--a life style which remains largely untouched today. Cattle were pastured away from the kihamba, but the constant threat from neighboring clans and the Masai forced an early development of a stall

feeding system and a line of defense, including the age grade system.

The peak of Masai power during the 1860's was followed by a thirty year period of drought, and disease, and internecine warfare among the Chagga. As a result of the decimation of Masai herds, many Masai were forced into a semi-agricultural existence near Kilimanjaro and elsewhere. The nature of the Masai-Chagga contact also included peaceful trading relations centered around iron and salt, and judging from today's situation, probably included intermarriage. Dundas (1924) suggests that the Chagga have imitated the Masai in many aspects such as dress and belief in a supreme creator God. However, a long history of intermingling between Eastern Bantu and Southern Cushitic peoples may indicate that such cultural traits as circumcision, linear age set systems, irrigation, and certain cattle raising practices were incorporated in earlier periods than Masai-Chagga contacts.

Chagga military industry during this period is evident today in the remains of extensive underground tunnels dug for hiding women, children, and cattle. Their early agricultural industry boasts of an ingenious system of irrigation in which the mountain streams and underground springs were topped in such a way as to divert water flow upwards. Very possibly the chieftaincy developed along with these major technological accomplishments out of an additional need to make defense more efficient through a central decision making power. Chagga chiefdoms are thought to have started in the late eighteenth and early nineteenth century. Historians seem fascinated by the diverse personalities of individual chiefs whose deeds and influence remain important in today's politics. The nineteenth century saw a great deal of military activity on Kilimanjaro as various chieftains attempted to

increase the scale of their political domain. Raiding and plundering among the Chagga clans or with neighboring non-Chagga agricultural peoples was common, increasing the power of successful chiefs. The growing importance of slave trade provided both an incentive for the raids and a ready market for captives. Moreover, it enabled some Chagga clans to acquire modern artillery with which to dominate their neighbors. Not until the Germans came in 1914 with their superior weapons and asserted their own political dominance did the raiding stop.

The competitive, defensive function of chiefs in Chagga welfare had a practical and symbolic influence on redistribution and patterns of reciprocity between the ranks. This is reflected in the position of the chief in Chagga religion. Since the Chagga believed the spirit world mirrored the mundane world, chiefly ancestral spirits were differentiated from those of commoners. Sacrifice was seldom made voluntarily, but was more usually thought to be demanded by the spirits who by causing misfortune or affliction signified their need for nourishment. When affliction affected the whole community or country, the logical conclusion was that the trouble came from Ruwa or some spirit connected with the people as a whole, such as the chief. Ordinary misfortunes were counterbalanced with sacrifices to commoner lineage spirits. The spirits of family ancestors were not believed connected with individuals of other families, nor did people think of sacrificing to strange spirits outside the lineage, since ancestors from different clans like their living counterparts competed over resources.

Through his power and authority, the chief could amass large numbers of animals so that critical times of stress were balanced with extra protein. His vital role as protectorate and redistributor was reciprocated by the commoners' return of homage, labor, and a bonded serf child from each family with at least three children (Gutmann 1926: 348, 348). Chiefly ritual responsibility corresponded with that of clan elders. After rites of petition, sacrificial animals were slaughtered and the meat divided. Meat distribution patterns reflected the hierarchical arrangements in human relationships, with significant parts being portioned to individuals with high status, who then distributed the meat to their clan. Lineage bonds were thus solidified through meat sharing, while the redistributive patterns acted to communicate principals of reciprocity which supported the hierarchical lineage structure.

Meat distribution was, of course, not only the chiefly obligation. Chiefs were both sovereign and judge. The people looked to them for guidance in personal and public affairs, for security of the land, for innovations in agricultural industry, and for the welfare of the widowed, crippled, and destitute. Dundas (1924: 278) notes that in some respects the chief was their high priest and primary custodian. The esteem in which he was held depended not only on the amount of authority he commanded, but also on how well he met his reciprocal obligations. Gutmann (1926: 379) gives an account of some traditional teachings for a chiefly heir.

In social intercourse, the chief should be affable and avoid the appearance of haughtiness. The poor should be received at the court with kindness, for not only do they produce more offspring than the rich, but they are also more faithful: they would rather starve themselves than have their chief

want anything. The rich are a moral danger, for they rely on their wealth to excuse or if necessary, to redress wrongs which they have perpetuated. Widows, orphans and expectant mothers are especially recommended to the chief's consideration. [Emphasis mine.]

The values of reciprocity and respect inherent in these lessons were evident in the protocol between chief and commoner and formed the basic pattern of interaction between unequals throughout Chagga society.

Other important chiefly responsibilities included overseeing corvee labor (irrigation ditch digging) and distributing water and land rights. One of the primary responsibilities of adult men was and still is to dig and maintain their irrigation system. The men were organized in work groups responsible to a minor official. These task forces were a readied source for other chiefly needs, including defense. It was within the chief's power to fine any individual who neglected corvee duty.

Regulation of the Chagga system of land tenure was in the hands of the chiefs. It developed from the dispersed settlement pattern of isolated hamlets and divided holdings into two types which still exist today: kihamba and shamba. Kihamba land is clan land in which the individual occupant has what amounts to permanent freehold rights--although local opposition can prevent sale to someone outside the chiefdom. Traditionally located in the well-watered middle belt of the mountain, the kihamba is where an individual establishes his residence, stalls cattle, plants permanent crops, and a vegetable garden.

Usually a man will have one kihamba for each wife in this traditionally polygamous society; and she in turn, works the land and cares for any cattle placed with her. At the husband's death, the

land usually passes to his youngest son by that wife, although if the land can be partitioned the oldest son is given priority over middle sons and receives a piece as well. If a kihamba is very large each son may inherit a kihamba of his own. Those not obtaining an inheritance can petition the chief for kihamba land. Should none be available in the traditional kihamba belt the chief will give them shamba land which then becomes incorporated into kihamba tenure. (Johnston 1946: 1-2).

Shamba land is less securely held. It lies on the lower slopes of the mountain and is utilized mainly for maize and beans. Traditionally, shamba was held on a year to year basis at the discretion of the chief. As the shortage of land became more acute, the chief often gave shamba land to someone else for kihamba tenure and the previous occupant had to find shamba land elsewhere. Today shamba tenure is growing increasingly secure and fathers desiring to acquire an inheritance for their sons are often obliged to purchase shamba land, putting a competitive premium on all the cultivable land.⁴

The smaller local chiefdoms disintegrated during the British era when a few chiefs gained control over larger territories. Since these positions collapsed in the post-colonial government, chiefly regulation of the land tenure system no longer exists. Land distribution is now overseen by counsels of elders and local courts whose load of land disputes outnumbers any other form of conflict. Differentiation still persists, however, with homage paid to individuals on the basis of wealth or political and religious power, while common people cling to their expectations of subsistence insurance even though their experiences suggest otherwise. Hereditary

chiefly clans still exist but have no important political function. Of all the positions of power in Chagga society today, the priest, especially the Roman Catholic priest, maintains the greatest lines of continuity with chiefly status and function. The evolution of this position parallels the development of a political and educated elite who seem to have as great an access and control over the cash economy as chiefs once did over the communities' surplus. This will be seen in the following discussion of the commercialization of Kilimanjaro agriculture and the missionization of the Chagga people.

German Colonial Policy and the Commercialization of Kilimanjaro Agriculture

In the late nineteenth century, German commercial interests recognized the agricultural potential of Tanganykia for supplying raw materials necessary for Germany's ongoing industrial revolution. Through a series of treaties between 1885 and 1890 with Britain, Portugal, and the Sultan of Zanzibar, Germany obtained control of what is now mainland Tanzania, Rwanda, and Burundi. It was not until 1891, however, that Germany was able to take over administration of the territory; and then only after a series of battles with local inhabitants. Armed resistance to German rule continued on a localized basis, culminating in the famed Maji-Maji uprising of 1905-1907 in which an estimated 120,000 Tanzanians died and active resistance was more or less crushed.

The main thrust of German colonial and commercial policy in East Africa was the development of plantation agriculture. Areas like Kilimanjaro with its high economic potential suitable for immigration and with indigenous populations sufficiently large to supply labor to

plantations, became the centers of German administration. Early in the German colonial period a large concentration of European settler agriculture arose in Kilimanjaro. A few coffee estates were established on the upper slopes, but never so many as to close off African expansion in the same way it did in Arusha. The majority of the settlers in Kilimanjaro located on the drier lowlands where sisal thrived or on the dry, uninhabited western slopes of the mountain, closing these areas to African expansion in the twentieth century (Ilifee 1971: 13).

The plantations began the system of hut and poll taxes to create a need for wage employment, while at the same time raising revenue for colonial administration. Where the supply of labor still was insufficient, the Germans resorted to labor taxes. This forced labor was then leased to European planters, causing a great deal of resentment on the part of the African population. Indeed, colonial labor policies contributed in no small way to the Maji-Maji uprising (Handbook of German East Africa 1920: 15-22). After the Maji-Maji uprising labor contracts replaced forced labor and the government began supervising recruiting practices. Long distance labor migration grew in importance as local labor began producing cash crops for its own account.⁵

By the late 1920's African cash crop production had become firmly established, rivaling the plantation sector in economic power and significance. It was during this period that the cooperative movement began, with the formation of the Kilimanjaro Native Planters Association by African coffee growers, in 1925. Maize and coffee production continued to expand in the north where soil conservation was

was becoming an increasingly important concern (Fuggles-Couchman 1964: 19).

At this time a class of African capitalist farmers emerged who gained control over large areas of land which they farmed with hired labor. Although the size of holdings was considerably smaller in Kilimanjaro than in other areas, the same kind of situation was developing there (Iliffe 1971: 23-27). The larger, more commercial farmers led the cooperative movement which was growing rapidly throughout Tanganyika during this period. Frequently the cooperative became a tool of these elite farmers and provided opportunities for further accumulation, often at the expense of the less educated, less knowledgeable members (Iliffe 1971: 40-41). To this day the cooperative movement in Kilimanjaro is dominated by this class of farmers.

While the Chagga resented hut taxes and imposed or forced labor, they responded more enthusiastically to the opportunities and possible securities that could be derived from cash crops such as coffee. Those areas favorable for cash crops quickly developed a lead over less favored areas, accentuating already existing differences. Westernized education was regarded by the Chagga as a chance to improve their situation. Mission education reinforced this opportunism and provided a stimulus for the concepts of individual achievement and maendeleo (social progress). It was also a catalyst in the moral unburdening of better-off Chagga, relieving them of their responsibility to redistribute their wealth among lineage kin.

The Impact of Christian Missions on Forms of
Wealth and its Distribution

The first serious missionary activity in Kilimanjaro began in 1885 when the British missionaries of the Church Missionary Society (C.M.S.) established mission in Moshi. When the Germans took over administration of the area following a Chagga uprising in 1892, the C.M.S. missionaries, suspected of conspiring with the Chagga against the Germans, were replaced by the Leipzig Lutheran Mission (Bennett 1964: 229). Meanwhile, in 1890 a Roman Catholic mission was established in Kilema by French missionaries (Shann 1956: 27). Soon others were established and eventually the mountain was carved into separate and often competing spheres of religious influence--divisions which continue to be important in local politics today.

The missions used education as a means of propagating the faith and were aided in this respect until after World War II, by the hesitance of the colonial administration to devote more than token resources to education. Essentially, the missions had a free hand both in establishing schools and controlling educational content (Samoff 1974: 37). Mission enrollment showed remarkable progress in the period preceding World War I. By 1914, Shann counts 20,000 children enrolled in mission schools in Kilimanjaro (Shann 1956: 25). At a very early stage this area of Tanganyika established its lead over the rest of the country in access to education.

The extra religious activities of the missions encouraged internal differentiation at the expense of the traditional clan values (such as the esteeming of collective behavior). The Christian educated convert came to be regarded as an example of modern man. Through modern education some found access to wage employment and the

beginning of capital accumulation; others found it a basis for social and political authority; still others perceived it as a means of overcoming the technical weakness of their own society as compared to Western industrialism. His personal welfare separated, at least partially, from that of his society, an individual could begin to accumulate and use his newfound power and influence for his personal economic advantage.

A dissertation on the impact of church-related activities by a Chagga scholar Anza Amen Lema (1973: 51-52) suggests the extent to which economic transformations and their accompanying values were facilitated by the presence of Christian missions. He states:

Their [missionaries] very presence in Chagga communities created a market for raw materials such as food and building materials and a demand for labor which they preferred to pay for in cash. Thus they introduced to the Chagga the concept of money as payment for goods and labor. Life in Kilimanjaro began to experience the gradual but revolutionary change from barter to a money economy. The ramifications were considerable. Time became a commodity to be bought and sold; traditional labor patterns of shared work on the shamba changed dramatically. New patterns of agriculture emerged; new crops were planted most of which were not for consumption but for selling. Men learned trades such as bricklaying, masonry, carpentry and printing.

Over the first 15 years, from 1897 to 1912, the missionaries noted with both pleasure and concern the increasing wealth of the Chagga people--much of it in an expendable form. The growing opportunities for paid workers in mission and government stations to earn a regular wage, and for agricultural produce to be sold as a cash crop created a new consumer demand. In place of traditional weapons, tools, utensils and clothes--all made within the Chagga households--people began to purchase European manufactured steel axes, knives, and cooking pots; china plates, cups and dishes; cotton shirts, trousers and dresses. A whole range of imported luxury goods such as umbrellas, boxes, chairs and leather goods, etc., also appeared in ships and were bought by the more affluent Chagga.

These transformations and their effects on patterns of redistribution and reciprocity, especially for food sharing, are highlighted when observing people today interacting with their priest. As pointed out earlier, the Catholic Church introduced coffee farming to the

Chagga, and it was readily accepted as a means of acquiring cash. Once this system took hold, the Church did not relinquish its role in perpetuating the transformation. To the contrary, the majority of parishes maintained huge coffee estates and tracts of cultivatable land. In 1974, when a number of European and Chagga estates were nationalized, the Church became concerned for its own holdings after losing one to the government which judged this particular church's schools and other welfare programs to be faltering. This presented the people with a conflict and much debate ensued regarding the moral justification of the government's act toward a religious institution.

Because the Church and priest were ideologically synchronic with the hierarchical patrilineage and the religious-political function of chiefs, accumulation of a land base by the Church is viewed as appropriate. Chagga participate in constructing a wide network of church schools and the churches themselves have become symbols of progress. Their gothic cathedrals make the concept of God materially evident and bound to a house suitable to his status.

The Christian people's pride and spiritual security is enhanced by the presence of the priest in their community just as the chief's presence made coherent the principles of differentiation from which Chagga society evolved into its present form. Priests are often housed in fine manors surrounded by expansive, well kept lawns. They drive cars, eat fine food, are served by servants, and supervise church estates. The priest maintains all the deportment of a chief and the people treat him with the greatest ishima (respect) given to any mortal, surpassing even the bwana mkuwba (big man) who does not possess religious power. Second to the court of elders, the Church council

presided over by the priest holds court and makes judgments in social disputes, defining moral guidelines just as the chief did in times past. Civil courts in contemporary Kilimanjaro are more frequently the last resort in the resolution of social disputes.

The Chagga priest today has replaced the chief as mediator between Ruwa and the people. Sacrificial feasts during rites of passage have had to make room for Christian rites of baptism, first communion, confirmation and marriage. Offerings of cash are put on a plate which is passed around to guests or is placed in the center where individuals make visible contributions corresponding in amount to their social-economic status. When the priest officiates he is given a donation, usually twenty shillings. This money is not returned directly to the community, but goes to the church programming and support of the priest. Since the priest is an unrelated member of his community, his ceremonial functions do not work to strengthen kin ties as did the chief's. Even more significantly redistribution of wealth in food-stuffs does not directly filter down to the people during Church ceremonies. Although small feasts accompany Christian ceremonies food sharing is not a church function. Instead people are promised heavenly rewards and the benefits of education and maendeleo through working on community improvement projects.

In order to preserve the vital ancestral ties, Chagga today still make ancestral offerings through household or lineage heads. The notion of ancestors as objects of emulation is not opposed by the church, but is seen as a form of reverence like that given to saints. However, sacrificial offerings of slaughtered animals are viewed as pagan superstitions and an affront to Christian values. As a result,

food sharing as a redistributive mechanism to ensure lineage solidarity is undermined. Furthermore, the model for meat distribution epitomized in the chief's central role as redistributor is found only during mass when the priest gives communion.

Post Independence Efforts to Reduce Differential
Distribution of Resources

Many of these alterations greatly disturbed the newly founded socialist government, which attempted to legislate policies aimed at enhancing collective behavior and eliminating inequality in distribution. Surprisingly, most of the Kilimanjaro people reacted negatively to these measures.

In the first years after independence in 1961, the direction of agricultural development in Tanzania and Kilimanjaro followed the pattern laid down during the colonial period. Wage employment became an even more important source of differentiation within Tanzanian society especially between urban and rural areas.

Formal education continued to provide the principle entry to public sector and civil service employment. The status accruments emanating from education and higher levels of employment contributed to a visible class of educated elite. It would be interesting to trace the extent to which already privileged families were able to successfully manipulate the system to their advantage. It seems likely that those who controlled more land, who were children of the ruling clans of individual chiefs, or who were prosperous farmers were the first to gain formal education. In spite of government efforts to provide more balanced educational opportunities, Chagga still maintained a considerable educational edge over other ethnic groups in Tanzania. At the

time of the 1967 population census, Kilimanjaro District had proportionately twice as many children enrolled in school as the mainland average and a slightly larger proportion enrolled in secondary school.

In reaction to the growth of an elite class, President Nyrere in his 1967 Arusha Declaration, made a radical break with the development trends inherited from the colonial administration. In his speech Nyrere called for nationalization of the major means of production and effective democratic control of public institutions by workers and peasants. Noting that Tanzania was predominately agricultural and that agriculture must be the basis of Tanzania's development, the Arusha Declaration reversed the trend towards capitalism and industrialization.

It was not until the beginning of the Second Five Year Plan of 1972 that Tanzania began implementing the Arusha Declaration policies in rural areas. These policies were based on the principles of Ugawa (social equality), kujifengemea (self-reliance), maendeleo (economic and social transformation), African economic integration, and Ujamaa (brotherhood). Ujamaa Vijijini (brotherhood in the village) was designed to unite dispersed peoples and organize those in close settlements in order to encourage programs of integrated rural development towards Tanzania's socialist ideal.

By the time Ujamaa policies arrived in Kilimanjaro, the area had developed the high population densities already cited. There was no real reason to bring people together: they were already in sufficiently close contact. As a result, government efforts were focused on developing Ujamaa villages in the plains and on encouraging farmers on the mountain to join agricultural and small scale industrial cooperatives.

In Kilimanjaro the reaction to the Arusha Declaration and its ensuing policies has been one of outright mistrust, to say the least. Even the takeover of large estates, though initially heralded by nearby inhabitants who presumed they would benefit, increased the mistrust over time. For instance, I witnessed the takeover of a British owned estate. After being informed by radio that the estates now belonged to the people, local farmers rushed into the area with sisal twine to partition the land. They were chased off by government soldiers and were told that the government was the people. All workers on the estate lost their jobs only to be rehired at a lower wage. Especially discouraging to the local people was the conspicuous corruption of officers administering this particular estate, who regularly pilfered the poultry and swine stocks and threw large parties where enormous numbers of the animals were consumed in full view of the locally hired staff. One year after the takeover, the laborers' contributed 700 shillings (\$100 U.S.) towards the medical expenses of the estate's ailing British founder. If not wholly out of compassion, this act seemed to demonstrate their ire towards the government's false promise.

Other socialist measures aimed at reducing income disparities were criticized by the Kilimanjaro people. I was perplexed at the people's reaction to the government's restrictions on privately owned cars. In spite of extensive government propaganda on the long term benefits of this measure, even the poorest peasants voiced resentment. Not one of them I knew had any hopes of purchasing a car. However, ordinary people shared the consumer values which linked more accessible western products such as ready-made clothing, watches, radios, wheat

flour, processed oil, and sugar, to the practically unattainable automobile. The strongest source of the people's reaction against the government restriction was not these material values, but rather what the car had come to symbolize. On the one hand, it was material evidence of Chagga modernity and the progress of wealthy individuals, with whom their poorer kin were identified. On the other hand, the car served as a substitute for traditional values similar to the chief's surplus accumulation that he redistributed in times of scarcity. Poorer Chagga expected that their wealthier neighbor's car would bring similar security in times of crisis by providing transportation for injuries, births, etc. For the most part, no dignified Chagga would ignore these expectations, or obligations. However, smaller crises did not always prompt assistance and resentments brewed until they exploded in ways frequently misunderstood by outsiders. Automobile drivers venturing into the network of mountain roads might be greeted by hand waving, welcoming children, or by mocking requests for a ride. If the driver complied with the request, the petitioner might feign surprise and gratitude; if the driver refused, then the car was occasionally bombarded with stones. As the dust spewing vehicles sped by harrassed pedestrians shouted verbal insults while brushing off their clothes. Perhaps the most pointed ambivalence towards the car was an often repeated warning to drivers that they should never stop after hitting a pedestrian, lest they encounter "instant justice." It was not just the injury or loss of life that elicited such mass emotional retaliation, but rather the ambivalence: that although automobiles were ideal instruments for integrating the past to the present, they seldom provided security and actually degraded nonowners, symbolically

separating them from the main stream of progress, as well as causing them to reevaluate their traditional security.

This anger at false promises came out repeatedly as I watched incidents in which government executives and other powerful individuals manipulated situations to their own advantage. The people of my area were quietly enraged yet felt impotent to act when the money they had collected to buy materials for building a foot bridge over their river was pocketed by one of their TANU executives. He would hold the money in trust, he told them, and congratulated them for consulting him before they built the bridge because, as he said, the government would have lost its initiative to reconstruct a bridge large enough for buses.

Although such events were common the people seldom organized collectively to right these injustices unless a multitude of other factors propelled them towards small local revolts. Shortly after our collective failed to gain ownership of the land we had cultivated for almost two years (it was owned by a European who ran a factory in town) the neighboring areas experienced a threat to their very subsistence. The area surrounding our coffee farm was owned by the Kilimanjaro Christian Medical Center (KCMC) which permitted the farmers with bordering plots to use their land for maize and beans. When a minor hospital official heard that KCMC intended to release the land to those who could prove yearly cultivation, he planted bananas to claim rights to a large portion of the land including some which was used by others. When he found all his banana plants uprooted the next day, he called the police. It was the first time I witnessed the people bonded together, shouting, with hoes in hand to insist on their rights. A

baraza (judicial court) was held with the KCMC. The farmers were granted continued use of the fields nearest their homes, but were not given any additional land to expand their subsistence. This was awarded to the hospital official who could prove more ably that the land would be productive.

"Proof of productivity" seemed to result more from an individual's social status than from any past performances. Cattle loans and insemination services were not provided for poorer individuals who appeared to be risky investments. Although our cooperative was able to "prove" on paper that it had turned nonproductive land into use, even the administrator for cooperatives was not impressed with the future potential of its illiterate farmers who came to him seeking to incorporate as an Ujamaa. Instead, the land now belongs to a member of Kilimanjaro's parliament.

Summary and Implications of Welfare Changes

By focusing on the transformation in Chagga welfare, we can appreciate their difficulties in coping with the world demand for their cash crop--coffee. In terms of the material and general well-being of this historically interdependent, yet often conflict ridden people, their direction seems to promise as much poverty as progress.

The vagaries of weather and warfare promoted a hierarchical system in which commoners were protected by the power of their chiefs to accumulate surplus and redistribute it in times of need. This arrangement provided a model for other forms of ranking and permeated the relationship of the living to the spirit world. Positions of power were maintained largely by reciprocity: the less powerful depended on the provision of social and economic support, and the more powerful

depended on the homage and labor provided in exchange. Although this system of redistribution and reciprocity still exists as an ideal today, reciprocity between unequals when it occurs is substantially altered.

As I demonstrated, the Chagga were always a people in flux, open to outsiders through trade, incorporation, or warfare. Anything but isolated, they are firmly imbedded in the larger societies which impinges on them in many ways. Nothing, however, has had as many inroads into their way of life as colonialism and the present government's push to modernize Chagga subsistence agriculture in order to survive the world's capitalist economy.

Men who did not stand to inherit kihamba farms were in a vulnerable position vis-a-vis colonial powers. They were recruited for forced labor on plantations far from home. This resulted extending even further the tendency of a large number of people to get a late start in life. Of those left behind, more fortunate individuals sought to enhance their material status and their security in an increasingly insecure world dependent on price fluctuations. Most of their energies centered on developing a cash crop--coffee--slated for export to European markets. Colonial governors, missionaries, and the majority of the Chagga saw this as an opportunity to bring cash to the economy and hence facilitate revisions in housing, education, clothing and other materials now associated with maendeleo, an "improved" modern way of life. What in fact took place as an improvement of European import companies and the material lot of a large number of Chagga who later came to act as entrepreneurs through the development of a cooperative marketing system for their produce. Although this system was originally designed to meet all the farmers' needs, Kilimanjaro cooperatives

almost exclusively benefited those who had power and wealth. It was in the colonial interests to perpetuate the power differentials by creating a managing upper level and a large number of compliant individuals who would produce coffee on a small scale for meager cash returns. This generated the need for more cash which could be obtained from working on large coffee estates owned by the colonialists.

In a metaphorical and real sense, cash was traded for the security of agricultural subsistence. Cash became the new mountain environment with all of its bounty and all of its unreliability. Stimulated by population growth, increased food demand clashed with a growing need for cash income, resulting in maize supplanting beans, bananas, milk, meat and millet in the diet. These alterations negatively affected the nutritional status of children under five.

With the influx of an unstable cash economy, traditional patterns of reciprocity between unequals were ripped apart, further jeopardizing a secure food source for children. In past, droughts and other threats to the food supply would have been remedied by the chief calling for a surplus to be redistributed according to status, owed favors, and need. The destitute were always under the chief's care, who supposedly saw that they did not starve or go naked in return for their labor. Better-off lineage kin could amass the help of others for house making, care of cattle, and farm labor in exchange for beer, milk, meat, clothing, and other materials necessary for subsistence. Presently, cash is the medium of transaction. Without cash, an individual is essentially isolated in terms of obtaining continued sources of help, because cash is necessary for repayment.

Accumulation of wealth tended to follow old lines of differentiation. The more powerful and privileged gained greater access to education, managerial and clerical jobs, and crop and stock improvement. Most of the Chagga I encountered share the same set of values which, deriving from tradition, found ground in the move towards modernization. Many have enjoyed material "progress." Yet a sizeable portion of the middle sector and the majority of the poor became painfully vulnerable when changes undermined continuity in traditional social support.

This confusing, shared perspective about the harmonious integration of the old and new juxtaposed to the reality of conflict over injustices seems to shroud contemporary Chagga welfare systems. The messages conveyed by the swollen bellies and hungry eyes of little children are special bitter testimony to the Chagga that something in their welfare is failing. The tremendous emotional and economic burden kwashiorkoric children place on neighbors and kin who feel obliged to assist is not easily endured over long periods. While these rationalizations are accompanied by a great deal of reflection and social criticism, little substantial effort is made to reorder the broader economic and political processes involved. Even the more powerful people appreciate the grave cost of joining the modern world, but they express little hope for altering the direction of change. When food seems unavailable and neither old nor new forms of welfare are effective in preventing malnutrition, hungry children have come to symbolize, as they probably did in the past, not the failure of the community to help, but the failure of the child's caretaker for having brought the child into the world and neglecting its care. In a real

sense, the victims of stress are being blamed by their own culture as well as by outsiders--blaming being an escape from a shared sense of responsibility. This blame filters down to the children who experience hunger as a form of selective elimination from a system that has failed them.

Footnotes

¹ Kilimanjaro, which stands at 19,390 feet, is the highest mountain in Africa.

² As is true throughout Chaggaland, deep river gorges, roads, irrigation furrows, grazing commons, and school and church grounds reduce the area available for habitation and agriculture.

³ Stall feeding refers to a system in which grass is brought to the animal which is housed inside rather than let roam or graze.

⁴ Although the sale of land in Tanzania is officially illegal, it is quite common in Kilimanjaro for good coffee land to sell for 600 to 1,000 per acre.

⁵ This pattern was observed in my own area where some of the immigrants were originally brought in by force for work on sisal plantations. In time, these individuals managed to plant the cash crops of coffee and maize, although they still sought modern wage employment.

CHAPTER III

CHAGGA COSMOLOGY AND THE PROBLEM OF KWASHIORKOR

The Chagga's social world, as documented by past ethnographers, was formed mostly by libidinal ties based on concepts of maleness/femaleness and purity/pollution. It was a symbolic world relating to their mountain environment, and it created an illusionary order. If rules maintaining this order were followed all could share in the comforting feeling that their social attachments were secure and supportive. The illusions not only provided guidelines for building positive self-images by winning social acceptance or status, but they also provided criteria for nonacceptance and the resulting loss of self-esteem and sense of personal failure.

My own understanding of the cultural interpretations given me was often clouded by my efforts to present alternative explanations to demonstrate the irrationality of their beliefs. Nevertheless, people persisted verbally and nonverbally to offer insights to an ideology which when seen as a whole has its own logic and represents an aesthetic response to the Kilimanjaro environment. Once I returned home and grew distant to the problems encountered and my need to change them, I began rereading the accounts of the Chagga given by Dundas, Gutmann, and Raum. Each lived over twenty years on Mt. Kilimanjaro and produced extensive literature on Chagga custom, law, religion, and cosmology.

Although many of the rites used to transmit notions of order are defunct, a haunting sense of the old morality manifests itself in critical periods and in the judgment of self or others. The following discussion juxtaposes the older ethnographies against my own impressions of Chagga traditions and asks how kwashiorkor fits in. Speculative leaps guided more by intuition than inductive reasoning are made because no one, not even myself, posed questions relating kwashiorkor to Chagga cosmology. My conclusion is that kwashiorkor is intuitively seen to be a problem of spacing births and of scarcity. The strength of my synthesis lies not in its attempt to be precise, but in its ability to reflect the people's subtle reactions to questions about kwashiorkor, which inherently imply--why did you fail in your sexual role and why did you fail to provide for your children? Few more devastating inquiries could be made of any human being anywhere.

Since sexual identity is integral to each person's social identity, it is important, to understand the criteria for judging success or failure in sexual behavior. I will begin by presenting some Chagga teachings on sexuality in order to abstract the central meanings of maleness and femaleness and their implied and actual functions. Fundamental is the idea of reciprocity between the sexes guided by norms that ultimately result in the spacing of children. In the second section I will discuss the logic behind spacing norms which takes into account the environmental constraints of Mt. Kilimanjaro. In this section I will pose the problem of kwashiorkor. The chapter is intended not only to portray the aesthetics of Chagga knowledge in coping with a particular problem, but also to represent the continuing presence of a dying cosmology which sometimes supports and sometimes contradicts modern traditions.

Lessons on Human Sexuality

The most significant mode of communicating Chagga ideas of order was found in the initiation rites, which are no longer practiced. The rites themselves show how the central dualities of life and death, male and female, purity and pollution are not polar opposites or systematic and consistent representations of concrete realities, but instead are shared elements of human experience that need to be balanced. In order to teach this, the Chagga devised an elaborate series of myths which were told to children and young women. Foremost was the idea that the anuses of adult men were permanently closed. Because their anuses were plugged and stitched during initiation they were able to fully digest their food without defecating, without polluting the earth. They were said to have once had the capacity to be impregnated by other men which is why their anuses had to be plugged, since birth would result in the death of both father and child. These beliefs provided the basis of male superiority--the rationale for the patrilineage--and for male authority. However, only children were duped by this myth because its fraudulence was exposed in both female and male initiation. Everyone else knew and swore to keep secret that in reality men were open like women. Thus, children were the only members of the patrilineage who believed in the source of male authority. Yet it was not the authority of the male that most impinged upon their daily life, but that of the paternal mother. In Chagga society the grandmother stood out as chief executor of clan ritual, clan health, and clan morality. She enforced the rules and customs because once her sons married her long arduous journey from nonmember to member of her husband's patrilineage was eventually repaid her in the form of economic security and a central

position of authority. If a young man became sick with diarrhea, he could turn to an old woman for help because she would be sure to safeguard the secret of the nonexistent/existent feces.

Moore's (1976) analysis of Gutmann's work on the fiction of Chagga initiation shows how the Chagga were preoccupied with the problem of explaining, comparing and distinguishing male and female roles in procreation and with the comparative value of maleness and femaleness. In the initiation rites, according to Gutmann, each sex claimed to have originally possessed the whole sexual continuum; that is, women once had penises, men wombs and the capacity to become pregnant. Young men had to be reminded that they were not solely responsible for the birth of a child, that the woman had her part in it, too (Guttmann, 1933). This reminder was necessary because of an overemphasis of the man's role in conception and of the hereditary traits supplied by the father. The nine month stay in initiation camp--emphasizing man's part in reproduction--corresponded to the woman's period of pregnancy. Both men and boys were taught that this stay was necessary for the birth of a child, counterbalancing the stress of pregnancy for women with nine months of stress for men.

During initiation similarities in sexual behavior were taught. Men went through a mock hunting ritual which contrasted with the near absence of hunting in Chagga economy. It symbolized their sexual prowess. Correspondingly, girls performed a mock hunt in which they caught grasshoppers and tadpoles and embedded them in a grass bundle, symbolizing the fetus (and penis) possessed by women--their source of sexual prowess. Men also mimicked warfare during initiation, while women were taught virtues of the ideal stoic Chagga woman, to guide

them in successful delivery, hailed as a feat of warriors.

On the other hand, sexual differences were accentuated. The myth of the male anal plug helped symbolize the notion of the male being closed, as opposed to the women being open. Men were retainers of feces and blood, while women were defecators and menstruators of blood--sources of pollution and their lower status. Yet in pregnancy, the height of their fertility, women were considered closed because they no longer menstruated. Pregnant women had abnormal powers which could bring misfortune to men; and men, as all knew, did defecate, were open. The dual symbolic categories of open and closed were not only connected with sexuality, but with life and death as well. For instance, by possessing male feces or female menstrual blood, the person creating these excretions could be made sterile, resulting in the death of his/her line.

Moore (1976) discusses the values attributed to these resonating categories:

This double association of femaleness and maleness, each and both with life and death and each and both with blood and milk and faeces, helps reveal what seems to be a general circumstance about many Chagga symbolic categories, that they are dual and then doubled again. It may also explain in part why, though female is associated with the left, with misfortune and impurity and like negative categories, she is also associated with the luckiest number of the Chagga, the number four, which is used to announce the birth of a girl (Raum, 1940: 96, 97). Three is for males. It also may explain why, despite the negative connotation of femaleness in some dual symbolic categories, the blood wealth payment of the Chagga for a dead woman was said to be eight cattle and eight goats, while the same payment for a man was seven head of cattle and seven goats (Gutmann 1924: 243; HRAF trans: 216). The answer proposed here is that female has two aspects: inauspicious dangerous menstruating polluting death-bringing, castrated penis-less female; associated with the left when the left has a negative meaning, and the other aspect, pregnant, non-menstruating, childbearing, maternal, feeding, lifebringing, peaceful, femaleness associated with the lucky number four. Equally male has two aspects: auspicious maleness associated with

purity, cleanliness, strength, virility, completeness (i.e., having a penis), and other life-bringing qualities associated with the right. But maleness is also imbued with violence, the death-pollution of killing in war, animal slaughter, and characterized by male incompleteness in not bearing children and not producing milk food.

Moore adds further insight to Chagga understandings of human sexuality, pointing out that the initiation ceremonies are a source of questioning about the mysteries of procreation, maleness and femaleness, the puzzling connections among food, sex and life--in short, what makes life.

The rituals of both sexes declare that they do not know the answer to the mysteries. Neither sex has the "secret". Somewhere in the fact that men's secret is a fraud, there is a poignant statement that men do not have the secret, that they do not know the ultimate mystery of the making of life. The women's ritual states that women once had the secret, but that the men stole it, and that all that is left is pregnancy. Hence the women, too, declare that they do not have the secret.

It seems likely that the Chagga intuitively understood that the answers to the mysteries of life were not to be found in parts, but in the whole. Neither males or females had the answer in isolation from each other, but as part of each other. Recognizing the functional distinctions, it was then necessary to devise ways of harmonizing the apparent differences. Paradoxically, one mechanism was to emphasize the distinctions. Nearly every aspect of daily life could be interpreted in terms of the separate spheres of maleness or femaleness. Ownership of material goods, rights to certain foods, and forms of work were seen as distinctly suitable for men or women. Through specified reciprocal transactions men gave to and received from women, and women gave to and received from men so as to form a balanced continuum and in a real sense, obliterate the distinctions. Deviation from this order could evoke severe social sanctions, even social ostracism.

The main lesson in the mandate to reciprocate was to mimic the cooperative spirit found between the living and the dead, who worked to ensure their continuity as a vital whole. The stress of scarcity sabotaged the wholeness by setting one part against the other, as if insecure interdependency could create its own balance to perpetuity with one member "consuming" the other, resulting in annihilation. I will now discuss some central themes in preventing such a possibility.

Sexual Reciprocity and Its Relationship to Food
and Kwashiorkor in Traditional Chagga Cosmology

To the Chagga, kwashiorkor is a symptom of an imbalance in food, land, and human resources. Successful management of resources demands an active balancing act--one that regulates the ratio between social supports gathered from a human community, and the land and food resources upon which that community is dependent. Yet, as we saw in Chapter Two, every step in Chagga history seems characterized by paradox. The moist mountain environment was able to provide tremendous security from famine and invasion of hostile outsiders resulting in the probability of most infants reaching adulthood. At the same time droughts and wars between Chagga clans forced the population to devise regulations which could produce hardy individuals able to survive the catastrophes brought about by the very sources of security. The dependence on a diet which maintained the population through dire weather conditions as well as enhanced their creative energies during less stressful times had its cost. It was kwashiorkor.

Swollen children probably became associated with times when the more valuable protein sources were scarce. However, Chagga symbolic interpretation viewed kwashiorkor as resulting from excessive or inappropriate sexual behavior of the ill child's parents. The cultural

explanation tends to regulate the spacing of births, lest the parents' excess cause their child to contract the disease or die. As painful as they are, the resulting deaths of children keeps the numbers of offspring within the families' present or anticipated means and tends to check the population growth which otherwise might expand beyond the limits of the land tenure system.

The following section will serve to elucidate the manner in which Chagga conceptions of order work to prevent kwashiorkor and enhance the life of children destined to perpetuate the ancestry.

Order in Chagga Ideology

The people of Kilimanjaro view humanity as equally influenced by the governing processes which affect other entities found in nature. To guarantee the cyclic renewal of men and women, of animals and plants, of day and night, and of the seasons, life must be balanced in an orderly pattern similar to the essence of Ruwa (Chapter Three). The basic orders celebrated in Chagga ideology, abstracted from Gutmann's work by Moore are combination, separation, and sequence.¹ Moore (1976) derived from this sense of order three interdependent themes:

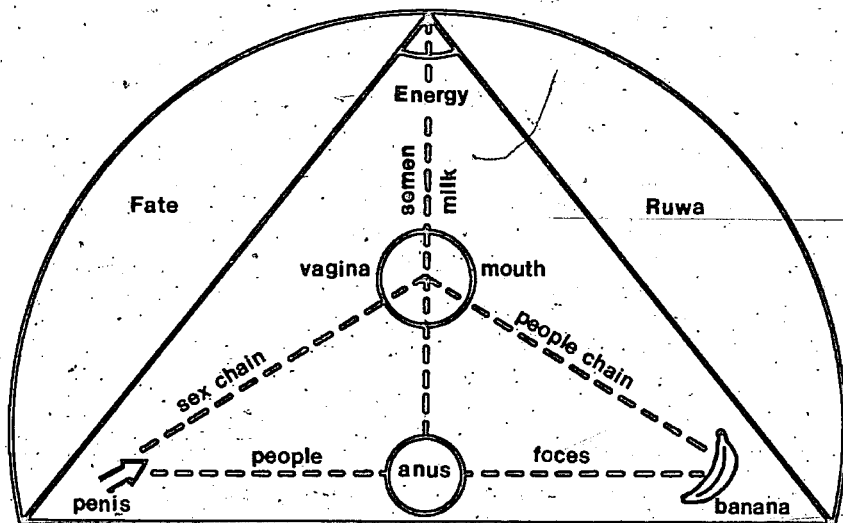
- 1) The denial of ultimate death, since the chain of ancestors and descendants was perpetual and the dead lived on in the spirit world,
- 2) The mysterious sexual-procreative process which continued the chain of men, animals and plants,
- 3) The magical properties of the food producing, food eating, and food sacrificing that kept men and spirits alive . . . there was a symbolic and ritual preoccupation with food and sex, with eating and fertility as the basic means of preventing death, both immediate and eternal, and perpetuating life.

Sexual reproduction provides the Chagga with a model of the most powerful forces in the universe and is the key to balancing the related forces of life and death. The wrong combination or sequence of sexual

behavior, the failure to keep certain sexual matters separate provokes potential chaos and ultimately death. Food is used both symbolically and instrumentally to express and insure sexual guidelines to the extent that women are fattened to represent a pregnant state (Moore 1976: 366). In fact, the ideal of female beauty was and still is fat or pregnant young women. Thin women are assumed infertile and suspected of evil doing. Failure to bring forth offspring because of sterility means the absolute end to an individual.

Kwashiorkor As an Imbalance in the Reproductive Forces: In Combination.

The cyclical nature of plant reproduction is expressed in Chagga myth and symbol, producing a cosmology in which both digestion (eating, excreting) and sexuality were connected with fertility and the life cycles. The living believe the dead also need nutrients, obtained through the spirit of the ritually slaughtered animal. Small libations of milk, blood, meat, and beer are placed in a special sacrificial spot in the banana grove, and, if eaten by wild animals, are said to be absorbed by ancestors. A recently deceased individual is admitted to the life of the spirit with a ritual slaughtering. The animal's death symbolizes the release of the dead person. Its spirit "feeds" the dead person and its carcass provides food for the living. A slaughter share given to the dead as a libation dramatizes to the living: 1) the need for commensality between living humans and their ancestors, and 2) the sharing of the life/death continuum manifested in the clan. The same slaughter share, when consumed by the living, results in their nutritional maintenance and the fertility of the soil through defecation. The following gives a diagrammatic portrayal of the life/death continuum and its connection with sex, food, and feces.



This conceptual diagram attempts to illustrate the culture/nature chain cycle found in Chagga cosmology. Apparent "opposites" are understood to be polar extremes of the same reality. For instance, lightness and darkness, life and death are a part of each other in a mutually necessary continuum. The outer sphere represents the snow capped volcanic mountain environment, mother's breast and father's penis --all sources of moist energy. It is within these two opposing energy sources, dryness and moisture, that the dramatic life chain is enacted, assuming death as well. In the center of the diagram is the small sphere representing the negative poles of life--the mouth and vagina, both dark and reddened moist orifices. The death of substances (people) produced from the vagina feeds the male line with ancestors. The "death" of substances passing from the mouth through to the anus produces fecal material which feeds the earth. The smaller sphere at the bottom represents the anus. The two opposing positive poles represented by the penis on the left and the banana on the right feed into the negative poles to produce life. Proper feeding assumes the penis to be eaten by the vagina and the banana to be consumed by the mouth. Crossing over the projectiles into inappropriate orifices, i.e., the penis into the mouth or anus or the banana into the vagina or anus are logical as well as actual possibilities, and may in part, be responsible for much of the humor associated with the banana. The anal plug myth might also have had its logical origin in the Chagga's belief in the possibility of men having anal intercourse with other men. In fact, this hypothetical possible channel of producing people became idealized in the Chagga myth which maintained that men were the original possessors of the capacity to conceive and give birth. It represents the logical perfection in a male dominated society where the creation of people came about exclusively through the male.

Figure 1. Culture/Nature Chain Cycle in Chagga Cosmology.

To the Chagga, ~~sexuality-food-digestion-feces-life-death~~ are combined in numerous symbolic references. The proper combination of male and female and the proper use and combination of food to perpetuate the results of that combination brings life. It follows logically that improper combination of male and female and the misuse of production, distribution and consumption of food will bring death. Moore points out that the practice of using manure may have developed an emphasis on the psychosexual fantasies relating to feces and digestive processes that appear and reappear in Chagga ritual and myth. The magical qualities of cattle manure spread carefully among the banana plants and human feces which are defecated in the banana grove are seen as bringing fertility to the plants. Similar to men and cattle, bananas propagate themselves. It is men who own the banana groves and pass them on to their sons. Boys are circumcised astride a banana stem thus becoming capable of legitimately procreating male offspring for the clan. Still, the banana as well as feces are related to death when these life giving substances themselves are perceived to be out of order, usually through excess.²

At this point it is helpful to recall that the food economy of Kilimanjaro is a combination of banana, the basic caloric source, and cattle whose milk, blood, and meat provide the primary protein supplement. Although vegetables and fruits enrich the diet, the banana grove and cattle products are considered staples. In fact, the Chagga's notion of food is the banana. They see themselves as banana eaters, as opposed to Masai whose habits, including an almost exclusive diet of meat, are viewed as barbaric. Other banana eaters such as the Waganda of Uganda, the Wameru of Mt. Meru, the Nyakussa of the southern Tanzanian highlands

and the Bahaya of Bukoba are acknowledged by the Chagga as similar, brotherly, refined people. Bananas are considered necessary for the maintenance of life, but are accorded a lower status by being considered a feminine food. Meat is a masculine food and is said to be tamu (sweet)--that which enhances life.

This notion is closely linked with the biological, psychological and symbolic bases of kwashiorkor physiology. When the diet relies heavily on the banana and is not enhanced with protein staples more vulnerable to the vagaries of weather, the banana becomes associated by the Chagga as a food in excess even though its quantity may in fact be reduced. This "excess" is further associated with nutritional deficiency in the following manner. One of the earliest symptoms of kwashiorkor is diarrhea, which contributes to upsetting the child's electrolyte balance, causing swelling. Normal parasitic loads are less tolerated by the child under stress whose diet is deficient in calories. Whether kwashiorkor is triggered by parasites, infectious diseases or dietary deficiencies is less important to the Chagga than the symbolic implications of both the reduced amounts of animal protein in the diet and the swelling and diarrhea. (More detailed discussion in Chapter Nine.)

For the Chagga, the symbolic opposite of kwashiorkor occurs, hypothetically, if a child is born without apertures (mouth, vagina, anus). Such a child is killed immediately and the chief makes sacrifice to Ruwa in order to forestall grave misfortune, said to be drought. The absence of sexual and digestive capacities in a child without orifices balances the excess of them found in a kwashiorkoric child. To correct the imbalance, brought on by sexual and digestive deficiencies, the chief has to act to protect the whole population from what threatens their

reproductive capacity. It is one of the rare ominous occasions in which the chief directly appeals to Ruwa.

Because kwashiorkor is more common than the birth of a child without apertures, it is left for ordinary people to handle. It appears that certain customs (such as birth spacing) were devised over time to prevent kwashiorkor. Deviation from these customs results in kwashiorkor which is explained as a mechanism, brought on by the ancestors, to restore the balance upset by the abnormal behavior of the living parents. In the past, a child associated with its parents' abnormal behavior would possibly have been aborted or killed at birth. But other methods prevail. Nurturers such as the grandmother who acts as caretaker for the whole clan conspires with the ancestors to sanction the deviance, by withholding life enhancing proteins. In another form of social sanction the community rejects the parents by withholding support until they make the necessary rituals of reparation.

Kwashiorkor is commonly associated with the weanling child. The Chagga explain the disease when it occurs in a nursling as being a result of an improper combination of sexual material. Lydia, whose situation will be discussed in Chapter Seven, suffered the loss of all four closely spaced children because, had she continued nursing while pregnant, she would have been choosing to visibly misbehave--a threat to her own life. Chagga ideas about proper reproductive behavior forced Lydia to abruptly wean her children. Behind this belief was the Chagga analogy between feeding and reproduction.

In this analogy the body is considered to be a container: feeding the mouth maintains life while feeding the vagina during intercourse produces new life. The mouth and vagina (negative poles) are fed by the

breast/penis (positive poles) to sustain the chain of life. However, the expected sequence of feeding must not be altered; that is, one must not have been feeding the vagina of a mother when she is feeding the mouth of her child. In addition, semen is believed to cause the milk to spoil, most probably because the power of this life giving substance, when not combined with its significant opposite (menstrual blood which is symbolic of death) combines with mother's milk to create an excessive life force which is lethal to the nursing child.² The effect of these beliefs is a postpartum sex taboo creating a resting space between births, and also maintaining the nursing mother's nutritional status, therefore protecting her capacity to care for the nursling and make other contributions to the family economy. If parents break the taboo and have sex while the woman is nursing, then tradition demands that any resulting fetus be aborted.

Kwashiorkor As an Imbalance in the Reproductive Forces: In Separation and Sequence.

Nine of the forty-two families contacted during the follow-up study, blamed their child's illness on an infraction of a traditional obligation, in spite of the fact that the researchers were not seeking such explanations. One of these children was said to have the disease because it's mother failed to become circumcised. The connection made between circumcision and kwashiorkor becomes clear through understanding the Chagga orders of separation and sequence. The notion of separation is most strongly seen in the differentiation between male and female work. The necessity to keep the sexes distinct and thus assure the proper outcome (descendants) at a proper time (through legitimated intercourse) is closely linked to the people's view of kwashiorkor

causality. In Chagga society the ritual and behaviors surrounding female circumcision regulate available food and energy resources. In turn, the social structure results, in part, in a feedback between population size and environmental constraints, including periodic but unpredictable droughts. The nature of these feedbacks can be visualized through a brief summary of the ritualized ways of handling food and the conventions governing its consumption.

Conventionalized Chagga ideology, separates most foods into predominantly male or female categories, even though actual restrictions and prohibitions for consumption are rare and are practiced by few clans. For instance, a man cannot take milk from his wife's calabashes without her permission, nor can a woman enter the storage basket of millet without her husband's permission. Such rules are important and affect the most ordinary daily life. Rich high protein foods are distributed between the sexes at different times. Female foods like milk and mlaso, a blood and butter mixture, are given abundantly during critical rites of passage in order to fatten the woman for producing an heir for her husband's lineage--a triumph ritually celebrated in the same manner as a successful warrior-hunter returning home with a kill. Ordinarily, the woman's husband receives the greater share of proteins which he is expected to parcel out in quantities proportionate to the size and status of other family members. His rightful control of the more valuable protein foods corresponds with the ideal that men are more important to society since it is through them that the patrilineage is perpetuated.

Separation of food distribution patterns based on separation of the sexes and their respective biological needs ensures that women receive optimum nourishment during the stress of pregnancy and lactation, while men are trained to survive nutritional deprivation. This becomes clear in the differential treatment which was given to male and female initiates prior to circumcision. (These practices no longer exist.) A Chagga girl underwent three months of isolation from the rest of society before circumcision, and up to six months after her operation to represent the nine months of pregnancy. During both of these times she was fattened with a special diet prepared by adult female relatives. A Chagga boy underwent his initiation through nine months of extreme duress and hardship isolated in the wilderness, often on the brink of starvation. With these rites, the Chagga recognized the necessity of balancing nutritional stores to correspond to the kinds of nutritional stress derived from the sexual division of labor. While fighting and hunting, men could not consume great quantities of food. Yet these trials of stamina (which may have included training for selecting the fittest) required that the men be in robust health, made possible by their maintaining overall nutritional well being during less stressful times. Women, whose warrior achievement was the successful birth of a child, needed to consume and store nutrients during pregnancy and lactation. In contrast to men's idealized role, women were considered to have more time available for eating and, in fact, were and still are forced to reduce their activity during pregnancy as well as during post natal confinement. Important also is the Chagga belief that improved female nutrition was correlated with viable offspring. Raam observed that pregnant Chagga women are not supposed to eat bananas--the dietary

staple associated as women's food (Raum 1940: 79-80). Instead, their diets emphasize plenty of milk, fat, sweet potatoes, and yams. The banana restriction may have resulted not only from the people's intuitive appreciation of the need for extra proteins to enhance life, but also from the phallic symbolism attached to the banana. Just as intercourse is partially restricted during pregnancy because of its correlation with prematurity or weakness in the child, the banana is thought to bring about the same problems.

Since ideally Chagga men are more vital to the continuity of the patrilineage, they are ideally reserved the lion's share of the life enhancer, protein. At the same time women are seen as more valuable on a practical level because it was through them that the lineage is actually perpetuated. Food is recognized as an important component in that perpetuity and so, practically speaking, the woman receives the larger share of available protein, at least in times of reproductive activity which began with her circumcision. Such care of the nutritional well-being of women is characteristic of traditional Chagga culture. They recognize the vital necessity of sound health prior to conception, for an almost immediate consequence of circumcision for a girl is the commencement of her wedding ceremonies. The added six months of nutritional enhancement following circumcision, when compared to the three months after giving birth, shows how important this rite was to the Chagga. In fact, the celebration for her circumcision was the greatest day in a woman's life, commemorated with the largest number of presents she would ever receive.

Based on the ritual, social and nutritional importance placed on this rite, circumcision acted primarily as a balancing mechanism in which male and female activities (including food usage) were kept properly separate so that when combined within a proper sequence, the result would be fertile and healthy offspring. We have already seen how important it was for circumcision of both sexes to occur prior to conception, even more important than marriage in legitimating offspring, for marriage could always be adjusted socially were a girl to become pregnant before her betrothal ceremonies. To appease the community of ancestors and living offended by this more minor infraction, a sacrifice could be offered, perhaps a goat. But the horror and perception of chaos felt when uncircumcised lovers create a pregnancy out of sequence was dramatized in the defunct tradition of impaling them one on top of the other, at important cross paths on the mountain, so that all could see and be forewarned.

Circumcision, especially for females, had other far reaching repercussions for Chagga society and for its need to balance the resources upon which it depended. Gutman (1926: 324) brings this out in the following analysis of circumcision ritual.

The disintegration of the age grade is the gradual process that takes ten years or longer. One member after the other of the age grade breaks away as soon as he has to have a child circumcised. The main cause for this gradual disintegration of the age grade was the circumcision of the girls. The circumcision of the boys was deferred and was done simultaneously for an entire generation; this would have made it possible for the fathers to resign as a group from the age grade. But the circumcision of the girls had to be done as soon as the girls began to mature and the event took place at different times and at different houses. A girl's circumcision could force a man to resign from his age grade at a time when the age grade was still administering the law of justice. Why did a man have to resign from his own age grade as soon as he had to have one of his children circumcised? The name for the act of resignation will give the answer: ikuwuta mohoju which means literally, "to take

oneself off the banana stem." The banana stem is the one on which the man has been circumcised. The banana shaft signified the alliance of procreation, and this alliance lasts until the first born himself seeks consecration for the preservation and renewal of the alliance. The father makes way for his son and the mother is not allowed to give birth anymore after her daughter gets married. "If the child jumps over you, you must die. Take yourself quickly off the banana stem." To be jumped over by the child means to still belong to the alliance of procreation while the child is being received into this alliance.

The manner in which the birth restriction worked for the older couple was presumably through exercising birth control, abortion or infanticide rather than imposing restrictions on the husband's sexual access to his wife. A mother is presumed to have fulfilled her childbearing obligations by the time her eldest son or daughter is capable of bearing. She is also approaching an age where the care of her own infant would conflict with obligations she has towards the care of her grandchildren. The reproductive restrictions ensuing from this order of sequence can also be seen as acknowledging the problems of excess fertility which would create excessive nutritional, physiological, and psychological stress on the older woman. "If the child jumps over you--you must die" was not only a ritual incantation, warning of the wrath of the ancestors, but was also practically grounded in avoiding a potentially conflicting situation where interdependent persons would be competing over the same resources.

The Chagga believe that for a girl to refuse circumcision would result in the swelling and death of her first born child, i.e., kwashiorkor. In addition, enforcing her daughter's circumcision is advantageous for the mother because it protects the mother from further pregnancy and the daughter from illegitimately conceiving, losing her family's chances for bride price installments. The mother-in-law, under whose jurisdiction the girl will reside, has interests in maintaining

the female circumcision rite in that it prevents the death of her own son's heir and in so doing perpetuates that lineage of which she is now an honored member. The balance evident in these features of Chagga culture permits and protects the procreation of legitimate and viable offspring while at the same time protecting the living by limiting the size of the earthly extended family. The father's act of resignation from his age grade of procreation publicly dramatizes the extent to which this balance must be maintained. If his wife were also to become pregnant and nurse a newborn he would also face a conflict of interests by trying to provide bridewealth for his son and special costly food provisions for his wife.

Summary of the Interpretation of Traditional
Chagga Ideology

The sexual guidelines inherent in female circumcision ritual and other Chagga rites of passage work to create reciprocity between the sexes which is supposed to guarantee a pattern of food and labor distribution to correspond with each family member's nutritional needs. These guidelines, essentially spacing norms, are probably not always followed, so that the consequences of having too many children relative to a family's resources could result in the problem of scarcity. An excess of children does not necessarily cause scarcity, but it could create emotional stress for a family lacking sufficient economic stability. In this case any existing scarcity is perceived as the problem. A common accompaniment to such stressed situations is kwashiorkor, which is interpreted as evidence of failure to space children relative to family resources. It is also associated with times when animal products are scarce. But the high value placed on animal

protein as a symbol of status and well being means that families unable to obtain these foods are probably already experiencing overall deprivation of subsistence resources and community support.

The fascinating use of the banana as a symbolic device for communicating the importance of restricting family size may have rested on more than its phallic appearance. Chagga believe the banana permits the maintenance of their life, but its "excessive use" (without protein supplementation) is connected, like excessive fertility³ to the same disease--kwashiorkor. Rather than couching this complex knowledge in biomedical terms it is expressed through religious ritual which has the additional impact of affecting conformity in behavior. Lack of conformity, either in failing to amass sufficient resources to offset scarcity or in disregarding the sexual norms for spacing, appears to fuel community rejection. The next chapter will discuss religious and moral alterations resulting from the Chagga's acceptance of Christianity and a cash crop economy. These changes will be shown to form additional criteria for moral judgements about a particular family's situation.

Footnotes

¹ These three orders, nicely summarized in Moore's work on Chagga cosmology, are not reified, separate entities, but conceptual tools which provide useful distinctions for the varieties of Chagga explanations given for the existence of kwashiorkor. For this reason there will be much overlap in my discussion.

² Other notions of excess regarding food are recognized by the Chagga. The banana, for instance, is known as the "milk tree", in part because of its milky sap, but also because it maintains life as does mother's milk. I was frequently encouraged to drink pombe, the locally brewed banana beer, while nursing my own child. It is considered good for the baby's temperament and helpful in producing milk. In biomedical terms, it is particularly high in vitamin B complex and protein because of the millet used in its production. However, excess banana beer creates excessive dependency on alcohol, and the growing problem of alcoholism was frequently lamented by my friends. Similarly, diarrhea and vomiting during early infancy was attributed to excess mother's milk.

³ Animal products were also used in sexual symbolism. Milk, meat, blood and manure, communicated notions about life giving and death bringing forces. However, milk especially lacks the ambivalence of the banana in sexual symbolism, since it is associated almost exclusively with life and healing powers. I have omitted references to milk in rites of passage rituals because I was less able to associate them with the problem of kwashiorkor.

CHAPTER IV

CHANGES IN SEXUAL RECIPROCITY AND IT'S IMPACT ON SPACING AND FOOD DISTRIBUTION WITHIN THE FAMILY

As we have seen, the choices made by the Chagga in the colonial and post-colonial era reflect their search for a more successful way to prevent scarcity. The scarcity, which nevertheless prevailed, was attributed primarily to shortages of resources. Resulting unequal distribution was interpreted as the individual's failure to attain cash wealth. In this chapter, I will examine how old order of sexual reciprocity between men and women were affected by the need to earn cash. Not only were labor and work values partially transformed, but food usage and child spacing measures were also altered to varying degrees with remnants of old moral guidelines left behind to question the changes. Less successful men and women caught in the predicament were forced into acts potentially corrosive to their self-esteem and their capacity to nurture others.

The economic and ideological transformations in work relations that accompanied the influx of Christianity contrasted with the more intuitive approach to the division of labor found in Chagga ideology. Christian dogma left little unanswered. Notions of separation between man and woman viewed sexual distinctions, not as an aesthetic mystery, but rather as a rational phenomena which polarized the differences. The highest Christian form of masculine and feminine identity could be achieved through the priesthood or sisterhood--states which elevated

persons by virtue of their sexual abstinence, mocking the reproductive function of traditional Chagga order.

As man came to conquer nature, he also came to master his wife; such Christian notions meshed with realities in old Chagga society. However, Christian doctrine was opposed to the mysterious opaque distinctions in which sexual orders were ritually, and rather humorously, viewed as related to questions and answers that gave people pause to question reality. Truth, in Christian terms, was not supposed to be a relative process contingent on context, but was an absolute. Christian ideology ignored humanity's more harmonious, less mechanical relationship with nature and the actual power of women in society.

The philosophical stage was thus set. In the realm of human sexuality Christianity provided the fundamental contradictions faced by today's Chagga--contradictions opposed to vital aspects of Chagga cosmology, morality, and sexual identity. This conflict was not clear to the people because missionaries began their attack against behaviors already characterized by ambiguity--polygyny, abortion, and infanticide. When modern forms of birth control became available, the foundation for attacking modern as well as traditional artificial methods had already been laid.

Changes in birth spacing methods were reinforced by a new system of teaching. Old methods of education were replaced by both secular and non-secular formal educational institutions which taught a certitude that accommodated the shift towards a money economy and scientific technology. In their push towards progress and a capitalist mode of life the Chagga came to depend on the newer guidelines which rejected the old teachings. Because of the changes and continuities, people had more difficulty knowing what to expect from one another or how and when

it was appropriate to impose sanctions for undesirable behavior.

For some, increased options resulted in a profound sense of personal alienation when conflicting strategies became obstacles to securing a stable home economy. I will now examine how the transformation of men's and women's activities and sexual identities have placed the economically or emotionally impoverished in suspension where newer alternatives are virtually out of their reach. While modern developments have improved the lot of many men and women, old structural constraints and lack of cash have made life seem impossible for others. These changes will be weighed in terms of the added problems of failing to space births and failing to provide for children.

The Bind of Contemporary Chagga Men

Consistent throughout Chagga history were concepts of male domination over women which were not contradicted by Christianity. Two forces have worked together to intensify male dominance. First is the loss of almost all men's traditional source of ritual status increments. The age-grade system (destroyed by the Germans, who considered it a political threat) exists only in some areas on the mountain as a social club. This loss removes the insurance that each man, by right of his birth, will grow into a socially recognized sphere of power at the height of his manhood and into a position of authority simply by being old. Rites of initiation establishing these statuses have also disappeared, and even circumcision is no longer practiced as a mass rite among age cohorts. Instead, young men, often already in their twenties, have the operation performed at nearby clinics or hospitals, devoid of most of its symbolism. Such changes strip the Chagga of informal educational devices to teach and symbolize the reproductive

principles of their society and the rights and obligations between sexual partners. The view of the male as a nondefecating, hunter-warrior persisted as a vague ideal, but is even more nonexistent in contemporary reality. The joke of the mythical male anal plug is still alive today. However, it is now an embarrassment to the men who have been more accepting than women of scientific views that regard such beliefs as superstition. Older women especially still appear to take the anal plug seriously since it was once symbolically tied to their source of power.

The second force which has increased the loss of male identity and paradoxically intensified male domination is the Christian notion of polarized opposition: an absolute good, an absolute evil; a total man, a total woman. This attacks the Chagga idea of balance through reciprocal processes--the basis upon which perpetuity and the flow of humanity was built. It also undermines the aesthetic modes of communicating sexual differences, necessary to understand the sexual continuum as a whole. Stripped of their old identities, men who fail to attain newer identities related to cash shield their vulnerabilities with exaggerated forms of dominance. Wife beating, alcoholism, overconsumption of protein foods by the father, and theft were hardly mentioned in the old ethnographies. During my stay, if a newcomer did not notice these social problems, people would refer to them in casual conversation.

The changes in culture and male sexual identity have been replaced on a positive level with opportunities for educational achievements and securing wage employment. Cash is the new life enhancer, replacing meat brought home by father. Coffee farming is

symbolically and actually connected to cash and therefore seen as the man's realm. The coffee money is strictly controlled by men because, I was told, men know how to deal with the complicated technology involved--pruning, spraying, processing. However, since biashara (business matters) push coffee farmers off the kihamba into town to purchase farm equipment and negotiate prices, some of the high status technical labor is performed by women, even though people deny it--new myths to vie with the waning of the old. As land becomes more scarce many men find themselves in the unfortunate predicament of owning very little or no coffee wealth which partly curtails educational and wage employment opportunities. They have to hire out as day laborers to work on larger estates among women and youth--a degrading alternative for grown men. Three to nine shillings for a ten hour day hardly provides for a family. This degradation takes on added intensity because cash is the new symbol of men's access to authority and dominance over women--the very rationale for the existence of the patrilineage. Without cash and the visible presence of the necessities and luxuries it buys, such men may be considered failures by their community and themselves.

As a result, many of the men in these situations are regularly seen together at the local beer club, where people of different status mix. The clubs are either established buildings open daily to the public or homes in which certain individuals, usually women, alternate beer brewing. The beer drinking community is the life line for older Chagga customs, so that it provides a soothing refuge for the jobless or underpaid men who fail to meet new criteria for success. As groups of women advance down the slopes early each morning to cut grass for

their cattle or to cultivate the lower shamba, groups of men gather about the pombe shop to await its opening at nine o'clock.¹ In these places trappings of what was once important to Chagga life are dramatized through formalized exchanges over the pombe calabash. Status is reinforced by beer sharing mannerisms in which old or otherwise honorable men are given deference. Even though people from all levels attend, the beer club provides the greatest opportunity for men on the brink of failure to mutually support each other in their common concerns. The beer club is the grapevine for information about job openings, and is a place to carry on business transactions or discuss news of a community dispute. Many clubs are equipped with a radio, so government and world news also enters discussions, giving many humble men at least some sense of connection with broader political spheres of power.

There are costs in this over dependency on an old institution. Money which could be used to purchase food for the family buys pombe instead. In 1975, a calabash of beer cost as much as one shilling. It is not unheard of for some men to consume a day's earnings on pombe alone. In addition, men eat roasted meat and aspro, a blood and meat mixture prepared and sold at the club as an accompaniment to their pombe. Once inebriated, a man may return home and demand additional meat, neglecting to divide it among his dependents. Alcoholism and the overconsumption of meat by the father were cited as contributing factors to child malnutrition in seventeen out of forty-two NURU families. Men have rights to pombe and rights to control the protein rations. Their abuse of these rights appears to be an overcompensation for a loss of self-identity as a man. Although drinking in the company of supportive

male friends is an accessible and acceptable way of being a man, it can ultimately compound these men's shame as the community blames them for their neglect. Aspirations and love for their family turn to guilt, anger, and assertion of male dominance, and finally in some families to the physical abuse of women and children.

Talk of such trends and patterns is often a part of serious group discussions. People lament as they see one of their own kin or neighbors become victims to this vicious cycle. Yet the overall reaction towards the government's closure of beer clubs in 1975 was outrage! Tanzania's anxieties about the drought which was forecast to become even more severe in the next years forced this decision, in addition to jailing farmers found guilty of indolence. Most people, rich and poor alike, feel robbed of their ability to determine their own fate. As costly as the beer club is to the Chagga, it serves as the last bastion of customary life, linking the Chagga together as a community.

The Bind of Contemporary Chagga Women

Alterations in male identities have their counterpart in women's identities as well. Since male initiation rites no longer exist, the symbols of female power are not ritually dramatized for all to see. On the other hand, female circumcision ritual continues, although older women complain that it is devoid of the usual teachings. Yet it retains all the ritual festivity which clearly contrasts with the lack of communal celebration for male circumcision.

In group discussions among the young debate on the value of female circumcision vies with questions about bride price installments. Many educated women speak of cliterdectomy as barbaric, while some

educated men complain that it reduces the woman's sexual appetite. By comparison, in arguments about the waning of bride price installments, some girls argue against any change, while young high school boys see its demise as a positive trend toward maendeleo.

Less educated young women seem ambivalent towards female circumcision. One sixteen year old compared her feelings before and after the operation, saying that it made sexual relations chungu (sour). However, she did not seem altogether reluctant when preparing for the rite. Like other girls I knew who experienced the operation, her focus was most likely on the gifts she would receive and the security she would gain. If there is a reduction in orgasmic responsiveness, this is less a concern of the young girls, who, ideally, are supposed to know little of female sexuality. Mature, traditional women who believe that the operation curtails sexuality may favor it in order to limit the sexual threat of the younger women. Mothers of young men are said to refuse the food prepared by their uncircumcised daughters-in-law. Consequently, many women have the operation performed after marriage to reduce this potential for conflict. According to the nurse in charge of UMATI, a family planning unit, some women elect to undergo a minor cut on the labia instead of submitting to removal of the labia minora and clitoris, which is the customary surgical procedure. The operation can be performed in nearby clinics, especially Roman Catholic clinics, that do it to prevent tetanus. Protestant areas are more reluctant to sanction female circumcision, so that its incidence appears higher in Catholic communities and lower in Protestant ones. The Protestant church is more vocal on issues regarding women's rights, so

along with the socialist position of the government, Chagga have to confront alternative Christian ideologies regarding the equality of the sexes.

In the 1970's socialist Tanzania focused more on women's work than on the problems of sexuality just discussed--not that they were seen as unrelated. Many women, however, are unable to support the government ideology of liberation, partly because they fear the potential loss of feminine self-esteem that might accompany their autonomy. Because of economic changes, a woman has a vested interest in seeing her husband off the shamba early every morning. Her self-esteem will be enhanced by her husband's employment and successful business transactions in town or community centers. To assume any authority or make decisions regarding the shamba will undermine her husband's position and cost her community support. Yet the frustration resulting from women's sense of the injustice of their actual work load is not wholly repressed. In my 1973 study (Freyhold et al.) of the young child in Moshi District, nine groups of women were called together at different places to talk about child care issues: "If it were not for the children, would you leave your husbands?" Despite this being a leading question that stemmed from discussions on work, the response in all nine groups was so overwhelmingly affirmative that one could not ignore the women's tremendous hostility towards their lot.

Frustrations are all the more intense because women also hold the cultural expectations that limit their freedoms. Behind these expectations is the idea that a woman will threaten her husband's authority if she earns more than he or if she knows how much he earns. A secretary of the marriage conciliatory board in Kibosho mentioned that

a number of husbands had brought accusations against their wives who earned money from beerbrewing while they were without a regular income. He added that "this causes the wife to think of herself as being equal to her husband and to show it by coming home as late as the husband does." If the wife was found to "feel herself equal to her husband" she was warned by the board and fined in order to keep her in her place. In the follow-up study (Swantz et al. 1975: 52-53) a case was observed in which the Church fined a woman for assuming the financial burden of caring for her family.

Another means of perpetuating women's inferiority is by relegating to them the control of low status foods, and to men, high status foods. Foods and their associated activities are viewed, not only as distinct ontologically, but also qualitatively. In patrilineal Chagga society, the superiority of the male sphere was believed necessary for the continuity and health of the lineage. If women controlled these life enhancers, competing clans could dominate the patrilineage.

All activities associated with butchering, purchasing and distributing are supposed to be controlled by men. The maize crop, introduced by returning migrants and immigrants to the area, is cultivated and weeded by both sexes, but, like coffee, its sale is arranged by men. However, since many men are employed away from home, women often buy meat and sell maize, even though people persist in saying that only men are engaged in these activities.

Besides kibarua (daily wage labor) there are three main legitimate sources of income for women: selling beans and bananas, and brewing beer. Although men eat beans, they are considered women's

food. Kibulu, a beans and banana mixture, is a low status food that few men admit eating because of the aibu (shame) associated with it.² Women usually grow beans for home consumption, but if a woman does not receive cash from her husband, she is tempted to sell the bean crop. Since it is the husband's duty to provide meat--the protein food--she uses her rights to a less valued protein to earn her own cash.

Groups of women who descend the mountain each morning to cultivate their fields and cut grass for their cattle can be seen bearing stalks of bananas or other fruit on their heads. Selling bananas at the market is almost entirely in the hands of women; it would be demeaning for a man to stand by a stall and attempt to sell this woman's crop. Everything related to bananas, whether it is peeling, cooking or carrying them, must be done by women (although some enterprising men with trucks purchase bananas at cut rate prices and drive them into town to sell them for a profit three to five times their original price). The money obtained from selling bananas is supposed to cover minor household expenses, such as salt, oil, vegetables, and small personal necessities of the wife and her children.

Beer brewing is also usually a woman's job, although husbands often participate tangentially to ensure quality. Conflict with men occurs when the woman establishes herself in her own business or sets herself up in a beer club as a regular beer brewer. This both makes demands on her time and gives her financial opportunities which threaten male authority. Whereas a man may come home late and spend his time in beer clubs, a woman is discouraged from taking such liberties. Men will publically complain about their wives' failure to prepare a meal or oversee other domestic obligations, and the women may be fined. Most

of the women in my own community who were regularly engaged in beer brewing had already suffered some break in ties to their husbands either through continual conflict over his lack of financial and emotional support or through separation. The conflict often intensified because women brewers frequently experienced close friendships with neighborhood men through this activity. In sum, regular beer brewing appears to be associated with women already economically stressed and marginal to their society.

A step beyond this legitimate but questionable activity is brewing moshi (illegal gin). The market for beer is unstable and may result in loss of investment,³ while moshi brewing profits are considerably greater but may result in the woman's imprisonment. The tremendous additional stress this possibility places on women can compound their problems. For the most part, gin is a desirable commodity on the mountain even though it is also recognized as contributing to abnormal aggression. Since the Chagga so highly value freedom, an individual who brews gin will not be turned in by her patrons--usually her own neighbors. However, as the community is ambivalent towards gin brewing, the woman must always be on her guard. Were she to evoke the envy of others or enter a conflict, she could be reported to the police. Such pressures tend to erode her trust in others and in herself because she must lie and manipulate in order to maintain a faultless appearance.

This was the bind facing Rose Marealle, mother of ten, one of whom was institutionalized at NURU. Her husband was an unreliable carpenter who was also a gin alcoholic. Rose drank gin as well. It is commonly believed that many women brewers of alcoholic beverages are heavy drinkers. Rose's neighbors said her husband consumed all the

family's meat and eggs while drunk, so from their perspective, she was in a desperate situation. Rose told me she ultivated a pori, but her neighbor later said that this was a lie. Other information Rose gave me was refuted by neighbors. Although her neighbors made no mention of Rose's source of income, I could see apparatus for making gin in the house and I once visited when others were drinking inside--a sure sign of moshi being consumed because pombe is drunk in groups outside and neighbors seldom if ever socialize inside their homes. In discussing her situation, Rose spoke highly of her husband, blaming his employer for failing to pay him his salary. When I asked her about cooperating with other women to alleviate some of her burden, she told of how she and her best friend had planted a maize shamba together, but the friend had stolen the harvest when Rose was in NURU with her weanling child.

Some women moshi brewers are not as fortunate as Rose. During the Young Child Study, I interviewed women at the Kilimanjaro prison who were caught brewing moshi. Each had a story similar to Rose's, although most were divorced or widowed. Two were nursing infants. Their complaint was that none of their extended families would absorb them. They had no land and no way to provide for themselves. "After all," one woman remarked, "isn't it better to brew moshi than to steal from your neighbors?"

I heard similar complaints by prostitutes and observed a neighborhood girl become involved in this profession. In comparing her situation to the life stories given me by four prostitutes in Moshi town, a typical pattern evolves. The girl, Donesta, was from a poverty stricken family in which the mother had most of the authority because the father was blind and alcoholic. Near the age of fifteen she was

coerced into "marriage" which meant that a certain young man, realizing her powerless situation, felt free to force himself upon her sexually. Kuolewa na nguvu ("marriage by force") is an acceptable alternative for marginally supported women of low social status. Their "husbands" are either unwilling or unable to pay the bride price installments. Such men may simply be fined and then may "legitimately" cohabit with the woman, but there are few structural constraints to keep them bound to marriage. Under these circumstances Donesta's "husband" left her after she conceived. Despondent, she ran away to stay in the maize fields where neighbors found her two days later. After the birth of her son she began to be sexually available to men, accepting small tokens for her favors.

The professional prostitutes interviewed in Moshi town reported similar conditions, only they did not have the support of a strong mother as did Donesta. Town life was their only alternative, and reportedly a dismal one for these young women many of whom were mothers. Young men I knew who used prostitutes said they paid as little as three shillings a night and that they knew women who sold their sex for fifty cents. More successful prostitutes are immigrants from other areas such as Bukoba or Nairobi where they actually receive preparation and support from home base community groups. They charge twenty shillings or more. Clearly, for Chagga women in their own environment this activity involves considerable social alienation, self-degradation, and little financial gain.

The isolation felt by women trapped in their situation forces more dependency on old Chagga customs. Tradition is especially reinforced by the husband's mother, whose position conflicts with her daughter-in-law's. Since the older woman similarly struggled during her youth, the greatest reward for her survival is to assume authority over her daughter-in-law--a token granted to women in a patriarchal society. This works to erode solidarity among women, especially between generations of women. Women pass from the most submissive role to the most dominating one in the household. Even in modern homes where people view many of the old women's beliefs as superstitious, they still acquiesce to her whims to reduce tension. The large garden plot at one of the wealthier NURU neighbor's homes was set aside for the grandmother's tinkering's. They could afford to sacrifice valuable cash land for vegetable crops in order to keep the old woman at peace with herself. No matter how modern they are, people do not wish to risk the most feared curse there was--the curse of the dying mother. The rest of the community may find out about the curse and wait in anticipation for misfortune--a wait which can eventually weaken community support of the cursed individual.

It makes sense that old women assume a role of authority when they no longer have the physical ability to make major work contributions. Older women seem to be the arch-custodians of tradition and consequently are seldom proponents of maendeleo. Instead, they make wry comments about changes that directly undermine old meanings and traditions. The metaphorical opposition of priests and nuns who will not procreate yet stand as models for humanity, contributes to the ire of these women. Nuns, who denounce motherhood, are known to have nurtured children with

baby bottles who should not have survived--an absurd contradiction to all that is meaningful. In elite circles the ideal of a fat woman as a sexual symbol is devalued, replaced by the ideal of slimness. One wealthy Chagga woman operated a reducing machine at fifty shillings per hour. The clinetela remarked that the vibrating machine improved their sex lives, so the operator began by word of mouth to advertise this added attraction. Although often isolated, such changes symbolize new trends that will eventually find wider acceptance. Grandmother is the most vocal opponent of these innovations. To her, the evil which accompanies modernism defies the spirit of the clan. This is especially paradoxical when one realizes that many of the apparent constraints to women's existence were dissolved by progress. Modern women, almost always wealthy, have distinct advantages. The following excerpt from the follow-up study report describes these benefits:

The woman's work load in a wealthier homestead is lightened by hiring help in the household and using paid labourers in coffee picking, in cultivating and in harvesting the maize and beans below the mountain. Furthermore, even if the wealthier women do go down to the fields, they can make use of available transport, riding on a bus or truck. At cultivation time, a tractor is hired to cultivate the plot. The plots of these wealthier households can be much larger, consisting of 10 or more acres instead of 1/2 to 2 acres, because labour is not a major constraint. At harvest time, the means are available in the form of paid labour both to harvest the beans in a day and to transport them up the hill, where the work of thrashing and cleaning can be done without a great rush. In harvesting the maize, the crop can be transported by lorries straight from the field to the buyers. Further, fertilizers can be used to enhance the growth and in the case of coffee, the recommended sprays can be made use of.

The wealthier household is able to get a loan to buy a grade cow or two and thus get a regular milk supply which can be used to improve the diet. It is possible to keep more cattle and goats because the grass can be transported from the plains to pick-up trucks, and women can be paid to cut the grass along the roadside and river valleys. Inequality is increased by the fact that cattle loans acquired from the Cooperative Union have in the majority of cases, not been paid back or the payments made have been very small. This means that the burden of the wealthier

farmer's cattlekeeping is shared by the smallholders, since the loan repayments are taken from the cooperative's income (Swantz et al. 1975: 63-64).

More common women do have ways of escaping their bind. In spite of the individualistic trends in behavior, many women still maintain a solidarity with other women which support them through such dilemmas. Sometimes this takes the form of close and long lasting friendships; sometimes it is reinforced by groups of women taking a stand on public issues. For instance, in a domestic argument on our shamba, all women present (including myself) voted to fine one of the men for abusing his wife, while all the men voted to fine the woman for refusing to cook for her husband, provoking the abuse. The woman won, and the man paid a fine of beer to the community that had been subjected to the tension.

Poorer women, or ones with chronic misfortunes are less able to amass group support and can become scapegoats for many of the confusions and anxieties experienced by women as a whole. The noncomplaining ideal is within their reach since it requires no materials. By following it they can prove their conformity to norms which may influence sentiment in their favor. Paradoxically this stoicism can actually be effective in sanctioning their husbands, since women's silence in desperate conditions carries a louder message than any explanations. On the other hand, many of these women who fail to affect their husband's behavior and amass community support, deplore the lack of cooperation among women. Time after time, I heard accounts similar to that of Rose Marealle's where cultivating cooperatives failed because one woman reportedly stole the harvest or cheated in sales. While some of these accusations may have projected the individual's own mistrust of herself onto her partners, I got the impression that poorer women viewed cooperation as too risky to attempt.

In addition to all of these constraints women have absorbed the tasks abandoned by men while still trying to manage their household and childcare responsibilities. I have witnessed women pruning, spraying and processing coffee, work which women are considered incompetent to perform. An economic survey showed women spending an average of twenty-two hours (and as high as forty hours) per week cutting and carrying grass for stall-fed cattle.³ It is claimed that husbands with two wives give the favorite fewer cattle because of the responsibility involved.

While some tasks such as irrigation ditch repair and house building are still done exclusively by men, the daily job of managing the shamba is becoming more and more associated with women, who receive little acknowledgement for their efforts. In fact, feelings of competence that might be associated with completing a man's task are supposed to be repressed. Credit goes to the husband for having successfully controlled his wife. The visible creative accomplishments are divided so that men's self-esteem is associated with a fine house, animal lodgings, and a neat coffee-banana shamba, while women's esteem is associated with healthy, clean children, and an ordered and attractive household. These are seen as interdependent realms so that each spouse stands to lose prestige if the other fails in his or her tasks. However, men are more easily excused from their tasks since the demand for cash pulls them from fulfilling domestic obligations. A woman's prestige will be lowered if her husband is seen at home most of the day giving men an added incentive to go to pombe clubs. In addition, if the husband does traditional women's work as part of his daily routine, it will make his wife feel aibu (shame).

The Impact of Changes in Ideology, Work and
Sexuality Identity on Spacing
and Feeding Children

Catholicism is especially compatible with traditional Chagga ideology in its efforts to solidify opposition to the development of women's autonomy. Although government ideology attempts to encourage equality between the sexes, such notions only strengthen the bonds between the church and traditional views that women should remain insubordinate to men. This is apparent in the tug-of-war over birth control issues where the more permissive views of the Tanzania government (except towards abortion and infanticide) are used by the church to illustrate the inherent immorality in all forms of birth control and their inevitable outcome--liberation of women and lack of a stable family institution.

The Christian churches' condemnation of polygyny, abortion, infanticide, and "artificial" means of birth control (both modern and traditional) has especially jeopardized the poor, because these practices once operated as escape hatches from economically and emotionally stressed situations. If a wealthy couple disregards the customary methods of spacing births, they will suffer less derision for breaking the safeguards; they can cite church teachings against artificial control and the values for having large numbers of children. Few criticize a wealthy man who successfully feeds, clothes, and educates a large family, while a poor family's failure to space children will be considered just that--a failure.

The Christian restriction against polygyny creates potential conflicts for the wealthy man who customarily had sexual access to another woman while one wife nurses. Even though the majority of the

Chagga are monogamous. It appears that in the past, polygyny was the prerogative of the wealthy and/or older man, while the poorer or younger man's primary recourse for a sexual outlet during the post-partum sexual taboo (for spacing births) was through extra-marital relations; such alternatives could cost a man dearly in social and monetary terms.

The university educated Chagga that I knew were monogamous, yet I observed a number of wealthier (both Christian and Moslem) entrepreneurs maintaining two households in different geographical areas. Older men, at one time wealthy but impoverished during the 1970's, found that the custom of keeping two households on the same kihamba created conflict between the women who had to share limited resources and between their sons who would be competing over the land. The community came to associate the problems and misfortunes arising from such conflict with the family and, in part, with its polygynous structure. The church's stricture changed an old option, which once acted to protect some women from the social sanctions attached to excessive reproduction, into a source of immorality when associated with poverty.

The same pattern exists for abortion and infanticide. Both practices are illegal in Tanzania and can result in imprisonment. There are doctors in the community who will risk performing abortions, but usually among people of a similar economic status. The poor have to seek help from midwives, who act as abortionists for stiff fees. In the usual method mothers give their daughters herbal remedies and/or use the midsection of a leaf to provoke miscarriage. Despite the lack of statistics on the incidence of abortion and infanticide there is always talk of their existence, which is more frequently associated with impoverished or emotionally deprived situations where school girls cannot

afford to seek support from their families.

Other forms of birth control sponsored by government programs such as the pill, diaphragm, injection and condom are condemned along with traditional methods by the Catholic Church. Paradoxically, with all its support of progress and increased technology, the Church assumes a "natural" polemic regarding procreation. Other aspects of man's life emphasize his mastery and control of nature except this realm, which was left to fate. Shauri ya Mungu (the will of God) functions as an alternative ideology in the face of some people's inability to conform to the norms of maendeleo.

People are taught by the Church about the rhythm method, but, as one woman remarked, this strategy did not work when her husband was drunk. Many women are in favor of contraceptives, although not without mixed emotions and fears of physical side effects. In an impromptu public interview at a maternity clinic, one woman told me how she had tired of pregnancy and decided nine children were enough. She went to town for medical advice and was given a prescription for birth control pills. Her husband found it, became enraged, and then and there took her to bed where she conceived again for the tenth time. The other pregnant women at the clinic laughed uproariously with her while adding similar comments about their problems with their husbands.

Generally, male sentiment on contraception is negative, at least publically. For example, one day in Moshi town at the checkout counter of a grocery store, a wealthy man looked at me and said in a loud derogatory voice while pointing to the condoms near the cash register: "The government just expect Chagga men to be like Europeans and have only two children!" Male sexual prowess can still be measured by

fertility. Yet many men buy condoms and many women choose modern contraceptives despite their fears. Even a very understanding Chagga nun, empathizing with her people, told me that she sent women exhausted from childbearing to a nearby family planning clinic.

Another alteration in sexual behavior is the attitude that associates prolonged nursing with lack of maendeleo. Failure to lactate is a strong reproff into traditional Chagga cosmology, yet this possibility and the choice to bottle feed infants has found some acceptance. The following incident shows how the Chagga still highly value nursing. While I sat with three women outside a home in Lukaranga, a poor middle-aged woman walked by us along the footpath in front of the house. Reserved greetings were given her; the woman herself was the only one who inquired about the others' well-being, yet the courtesy was not returned. When she was out of hearing distance all three women spat on the ground, making derogatory remarks about her. The reason they gave for rejecting her was that she had refused to nurse her child. Many Chagga see failure to lactate, whether a conscious choice or not, as an act against the lineage, against the values for cooperation and commensality, against beliefs regarding mother's milk as an essential link in the life cycle. Yet it is not an isolated phenomenon today, and does not necessarily follow lines of wealth.

Another minor event I observed helps to demonstrate some of the changes in practical attitudes towards infant feeding. I attended a baptismal feast in which the father read a prepared statement as the guests placed their shillings on a plate—a common cash ritual accompaniment to Christian ceremonies. In this statement he asked that the

donations be sufficient to provide for ample stores of Lactogen so that the baby might grow strong and healthy. The use of powdered milk formula (usually mixed in with porridge) was very common as a supplementary weaning food. Older ethnographies state that partial weaning began at four to six months. Between the second and fifth year the child was permanently taken off the breast. Lindner's 1972 survey claimed that sixty percent of the women on the mountain bottle feed their babies, but it neglected to make the observation that this was more frequently associated with supplementary feeding and the bottle was usually a wide-rimmed soft drink container rather than the commercial formula bottle. Nevertheless, with the growing work pressures on women, bottle feeding becomes a more acceptable alternative in spite of the meaning of mother's milk to the Chagga. In the same 1972 survey, the majority of mothers considered two to five years an ideal duration for breast feeding, yet most of them failed to nurse even the minimum two years. The women I observed bottle feeding infants were individuals who appeared marginal to their communities. Already worn by stress, the choice to lactate would most likely cause nutritional strain and reduced energy for coping. By choosing the bottle, therefore, they removed this nutritional stress and the burdensome feeling of a physically attached dependent.

In addition to women's labor demands and other forces against prolonged nursing, a nursing mother today is seldom given the customary nutritional preparation for lactation of three months of post partum confinement. My observations of the women in Lukaranga who gave birth showed that the normal confinement period dropped from three months to one. Even more prosperous families cannot afford to lose the mother's

labor and in extremely affluent westernized Chagga families, women have commitments after birth for social activities or wage employment outside the home. Modern women's obvious good fortune, attractive appearance, and physical health lead to a model for others to emulate. Decreasing confinement is thus supported by changing attitudes guided by maendeleo and the wealthy appearance of those who seem to adhere to these values. However, in comparison to many other societies in the world, the post partum attention given a woman is still one of the stronger supportive features in Chagga welfare. A woman is justified in complaining if her work burden is too great in the second and third month of her child's life. In poorer families with limited resources, the mother's complaints are virtually futile--her family's survival depends on her. Many women in these circumstances fall back into other valued behavior patterns--to suffer silently and accept their fate.

Summary

I have attempted to show how new traditions oppose some central aspects of Chagga morality, working to undermine the ideal of a balanced exchange between men and women. The fact that older customs still function to sanction the behavior of individuals stems in part from the collusion of the two often conflicting religious ideologies which reinforce each other's opposition to feminine autonomy. Even disregarding the conflict over birth control, old forms of spacing are weakened in the face of the tremendous increase in women's work load and the unstable work alternatives for men. Today Chagga men feel obligated to bring home cash which ideally will lighten the burden of women. Because so little is left of the older forms of men's work;

failure to provide cash often means a loss of masculine self-esteem, forcing many fathers to exercise their dominance in ways which have little tolerance for their wives' initiatives and unhinge normal food distribution patterns. Preservation of the male and his line gives meaning to Chagga life. Women's lives depend on this social construct, and so women often act as coconspirators to maintain their men's self-image, despite their failures to provide a sufficient cash income.

The impact of these changes on caring for children will be examined in the next two chapters. Chapter Five analyzes traditional culture in evaluating children and the processes which bring into effect the use of this criteria. Chapter Six looks closely at the process of nurturing in contemporary times so that the alterations in roles discussed here is made clear in concrete situations.

Footnotes

¹ Before I understood the considerable pressures and constraints on Chagga men and the presence of less evident, less manual labor, I used to tease the young men on our cooperative that Chagga women did all the work. Of course they denied this, so on one occasion I decided to obtain a little "statistical" proof. I was assisting my husband's head enumerator who lived with us to get to the various TANU stations for research clearance. Early one morning we decided together to settle the argument about which sex works more by counting heads involved in work related activities while we drove up the mountain.

Time after time I had to stop to get a count of groups of women pouring down the mountain with burdens on their head. Occasionally I added another to my list who was working in the field and occasionally we would count a man doing the same. More often men who were on the road were not working—they appeared to be traveling. The only two occasions we had to stop to count groups of men were the time we came upon the pombe shop.

² Beans are also humorously associated with flatulence. Because of the male anal plug myth, a wife is supposed to claim responsibility if her husband passes gas. Supposedly Chagga men neither defecate nor fart.

³ See Swantz et al. (1975) for a discussion of the means available to men pombe shop owners to maintain competition among women and hold the price of beer down.

⁴ See Tom Zalla, unpublished dissertation on The Economics of Small Holder Dairy Production on Mt. Kilimanjaro, Michigan State University, 1981.

CHAPTER V

CHAGGA CRITERIA FOR SELECTING CHILDREN FOR SURVIVAL

The Meaning of the Child to the Chagga: Rites of Passage as Modes of Assessing and Insuring the Child's Success

The Chagga say children are their greatest worldly treasures. Children are normally given all the emotional and material ingredients that are considered necessary to stimulate growth and well being yet they are not perceived by the Chagga to be wholly dependent on their nurturers. They have a power of their own which gives them leverage in reciprocal transactions. The Chagga hold a vague belief in reincarnation. At some time during the early months of pregnancy the spirit of a recently deceased ancestor either inhabits the fetus or serves as a guardian. In this way the child is imbued with an intelligence even though it is unable to articulate its desires. This belief probably reflects the Chagga's recognition of the sensitive, intuitive, and emotional capacities of the child, even as a fetus. If a woman aborted or miscarried, sacrificial offerings had to be made to the embryonic spirit to protect the family from danger. The fetus and neonate are seen as being a tangible link between the living and the dead.

Raum (1940) suggests that the Chagga believe that spirits can use the abnormal child or fetus as a vehicle to signify their displeasures with parental misbehavior. As a result, ritual appeasement

becomes necessary to ward off danger, evil, impurity, or pollution, and to restore order. A fetus is considered to have the power to bring misfortune to its sibling rival--the nursling--who is competing for the mother's nutrients. As shown in Chapter 3, the resulting harm to the nursling is kuyimba or kwashiorkor, caused partly by the ancestors' rage towards the parents' failure to space children.

Belief in the child's potency and responsibility is balanced by the opposing notion of its vulnerability, dependency, and need of protection. Symbolic rituals and customs ensure the protection of the child. Transitions in status during the life cycle are considered especially dangerous periods for the child. At these times, the forces of power and vulnerability are activated to ensure its care by both the living and the ancestors. To the Chagga incorporation into adult status is not complete until the child successfully reproduces. A childless adult has no one to offer the sacrificial slaughtering feast after his death to insure his entry into the ancestry. Grown children are also responsible for regular sacrificial offerings to secure the deceased parent's perpetuity in the afterlife. Without these offerings, the deceased is believed to wander about aimlessly, creating havoc and misfortune among the living until eventually vanishing from existence. As a result, both childless adults and children who die are thrown into the bush to be eaten by wild animals, metaphorically signifying their wild, chaotic, unincorporated human state. On the other hand, adults with children are buried in the house and receive ritual homage because they are not perceived as a threat to clan order.

To safeguard the child's vulnerability during a transitional period and protect others from its power, the child's mother, father, and paternal grandmother have ritual obligations to perform that mirror the broader relationships between them. The foci of power and authority as well as the potential sources of conflict become evident during these rituals. Although other relatives have significant roles, the mother, father, and especially the paternal grandmother are most important in the nurturing process. Their ritual responsibility requires that they test the child and assess its fitness for emotional commitment and as a member of their community. These judgments are not made in a vacuum. By examining past records of passage from birth to the first feeding, to teething, naming and weaning, we can see the whole nurturing community involved in both assessing and insuring the child's viability. One could speculate that it is not just the child's viability that is being assessed at these critical times, but the nurturing community's capability of caring for the child. Other criteria such as the child's sex, appearance, birth order, normality, the parent's marital status, and previous experiences with infant mortality also influence the nurturers' judgment of the child's compatibility with its support group. Of course these guidelines are not always acknowledged and many would probably be denied by the caretakers as having any impact on their love for their child.

Rites of Passage; Birth.

The importance of the husband's mother in the birth ritual reasserts the power of the paternal family over the young wife and child. It is believed that difficulties during birth are caused by the expectant parents. The wife, being from another clan, is the first one suspected. During birth her cry can kill the child or harm her parents; not obeying the midwife's (mother-in-law's) orders is a sign of pride and harmful to the child. The birth gives the older woman an opportunity to exercise her authority and safeguard her own unstable position within the clan. Kin closest to the wife are believed capable of harming the mother-to-be so the position of the mother-in-law does not go unchecked.

The mother-in-law is the "commander-in-chief" of the birth. The woman's own mother is also present, but in the background. She wears a bead necklace as an amulet, to keep her from being used as a medium for evil powers. Since it is believed her inactivity makes her liable to emotional displays, custom allows her to cry out in place of her daughter who must contain her emotions. Many women are present to comfort the daughter and mother. The number of people gathered is considered a sign of the family's social status. If the husband's mother cannot be present, then the woman's own mother or sister takes charge. That the chief midwife is a trusted relative is important since the midwife has power to harm the child.

The husband's role is to assist his parturient wife in case of emergency and to defend the infant by means of prayers outside the hut. Although custom forbids him to witness the birth, initiation and marriage rites have educated him on the birth process so that he can

assist in an emergency.

The most important mandate for the woman is to endure the pain in silence. To cry out or make loud noises is not only shameful, but harmful to the child. From childhood, a girl is trained to face her ordeal with composure. During labor her adherence to these guidelines is strengthened by the presence of relatives who pressure her to conform with their various interests.

The parturient woman is held responsible for any delay in the delivery. A delay may be attributed to a quarrel with her parents-in-law, in which case she sends her necklace to be spit upon by the mother-in-law, thus removing any curse. Or it may be said that the woman's hardheartedness has offended an ancestral spirit who retaliates by obstructing the birth. It is then the husband's role to mediate between the living and the dead in order to reach reconciliation.¹

The husband is suspected of causing harm if the placenta is retained. An occasion may be recalled when he argued with his father, and if the father has since died, a sacrifice must be offered. If the father-in-law is alive, he can be asked to take the woman's necklace into his mouth to cause the placenta to be ejected. If the wife dies in her first confinement the husband is unquestionably guilty and must pay the full bride price to his wife's family as retribution. If the child dies, the husband and wife are held responsible. Her relatives say, "Look, it is his spear!" or accuse him of kicking his wife.

If the child is born alive, knives are whetted above its head, and drums and pots are beaten to stimulate breathing. When the first cry is heard, the husband's mother begins a long high-pitched trill and is joined by the other women to signify the victory of feminine courage and morality. The husband's mother spits upon the umbilical cord prior to cutting it to prevent it from bleeding. She ties it with a banana bast, places it on a stick, and severs it with a grass knife. For a boy the bast is taken from the species mchare, the noblest banana, and for a girl, from the less valued mrarae. Both were planted for this purpose at the wedding ceremony. These "wedding bananas" are considered symbols of fertility, so to take the fiber from other bananas, even for subsequent children, will result in the children's early death.

After the umbilical cord drops, it is buried under a banana tree, in the case of a girl, and under a yam, in the case of a boy. The plant's thriving affects the well-being of the infant. Raum (1960) states that in some families the cord is placed in a receptacle and put in the attic to dry. After two months it is ground up with millet and made into a porridge which is eaten by old women to preserve the child's life.

To help expel the placenta the mother is given juice to drink-- a combination of crushed grass, butter, and her husband's wine. After the placenta is delivered there is another cry for victory. The placenta is then wrapped in banana leaves and kept under the mother-in-law's bed in the night and in the hut's food store in the day. The following day it is buried just as a human would be-- in the byre if a

boy, and in the food store if a girl, thus anticipating the child's future work.

According to Swantz (1969: 63) the father goes to the banana grove to make sacrifice to the ancestors as soon as he receives news of the child's arrival. He then digs yams to give the assisting women if the child is a boy, or cuts a bunch of bananas if the child is a girl. Small children and women are allowed to eat them, but they are taboo for young girls close to puberty.

The mother-in-law receives the child. She licks it, rubs it with butter, massages and shapes the head, and then wraps the child. For a premature child, the soft top leaves of the banana tree are used. The baby is then handed over to the other women in the order of prestige and rank--much like beer or food distribution. Soon after washing, the child has "the food of this world" shown to him, consisting of two roasted bananas steeped in milk and butter which is then chewed by the husband's mother and spat, piece by piece, into the baby's mouth. Several medicines are added to the food of this world: the kyana dracaena, to "open the mouth"; the kilau tubers to prevent threadworm; bark from a msesewe tree masticated with eleusine, to combat roundworm; and others to clear the alimentary canal of meconium. In the past, this ritual feeding was the first fitness test of the newborn. If it refused to eat, it supposedly was left to die.

Rites of Passage: Feeding

Through the brief feeding rite, the Chagga signify the importance of food in the nurturing process. The "food of the world" test indicates whether the child/ancestor will choose to grow or fail to thrive. Eating is the child's first responsibility.

There are conflicting reports as to when the baby is first introduced to the breast. Raum (1940) says the baby is fed by its mother after the milk has appeared in her breasts, thus skipping the benefits of colostrum. (In the area where I worked colostrum is believed harmful for the child.) Before nursing begins milk is sprayed on the baby's face while the mother spits water over her breasts and the child is given a few drops of cows milk. Lema (1963: 371) cites another practice immediately following birth. The mother-in-law gives the infant ground seeds of a certain herb to prevent future ascariasis. The baby then begins nursing slowly to reduce the mother's post-partum pains and obtain the colostrum. According to Lema colostrum was and still is thought to be good for a baby. Even animal colostrum is regarded as food for young children and when a cow delivers, the milk obtained in the first two weeks is drunk only by children.

The literature also disagrees over the beliefs involved in nursing another woman's infant. These apparent conflicts in information are probably due to variance in beliefs and practices within and between the different areas. According to Dundas (1924: 201):

Under no circumstances may a child be suckled by any woman excepting the mother for such is believed to be fatal to the child. It is said that evilly disposed women will stealthily suckle the infant of another woman in order to cause it to die. So strong is this belief that a woman who cannot suckle her own child will abandon it, and if she becomes pregnant before the

child is weaned, abortion will generally be procured.

Lema (1963: 373) agrees with Dundas' refutation of communal suckling and adds that if the baby refuses cow's milk he is left to starve to death. In one place Raum (1940: 96) says that the husband's mother customarily nurses the infant until the mother's milk comes in; in another place (103) he agrees with Dundas' observation. He describes the Chagga's method of circumventing the nursing restriction. For example, if the mother dies, the husband's mother takes her place and attempts to stimulate milk flow through the use of charms and medicines. She receives the same care and diet of the confinement period. Other acceptable substitutes may be a sister of the husband or another one of his wives. Even a complete outsider--a "runaway woman"--may be entrusted by the father with the care of his infant. She in turn receives shelter and protection from him. Raum (104) adds that whenever circumstances require a wet nurse, the Chagga observe rites sanctioning this relationship. Never does the responsibility of nursing rest on more than one person.

Mother's milk was and still is considered insufficient. Gutmann (1926) says the mother ritually spits masticated food into the newborn's mouth. Raum (1940) observes this is done frequently during the day and night. Milk and butter added to a cooked pap made with mshare bananas and soda usually make up this early meal. Mlas (milk and blood mixture) is also given to the infant. At three months a greater range of adult foods is permitted, but meat is still restricted (Raum: 105). These foods are given to familiarize the child with customary nutrients, but solids are only allowed to be chewed but not swallowed until the first tooth appears (Lema 1963: 372). When this event occurs, the child's

food is prepared in a special small pot and his milk kept in a separate gourd to prevent souring. Lema (1963: 373) gives an informative account of the preparation of infant food.

The mother peeled one or two green bananas and a small ripe banana, cut them open to remove the central fibres, then boiled them in milk in the baby-pot until they were cooked soft. She then poured off the liquor and mashed the bananas to a soft mass using a special instrument (uwiri). The so-called baby milk was added to form a thick porridge, which was then diluted with water. The mixture was allowed to stand and later the supernatant fluid was poured into a bowl and given to the baby using a wooden spoon or by mouth to mouth feeding by the mother or nurse. If the mother was in a hurry she filtered the food through a grass mat. As the baby grew more teeth, less filtering was done and the food was less diluted; so that by the age of one year the food was taken unfiltered and undiluted. At this time, or even earlier, the mother chewed adult food and offered it to the baby from her mouth.

Despite the custom of supplemental feedings the life-giving powers of mother's milk is expressed in a number of beliefs and practices. The mutual relationship between children of one woman is characterized by the phrase--waleonga ve limu, i.e. "they sucked the same breast" (Gutmann 1926: 4). The clan is said to draw its strength not only from the ancestral blood, but also from the mother's milk. The expression "to suck the breast" has the force of an incantation and is a metaphysical expression used in other forms of supplications. A non-related child is accepted into a family by offering him the mother's breast. A blood alliance is completed and secured with a few drops of mother's milk. Women are seen as equal to cattle in the life-giving qualities of their milk (Gutmann 1926: 9).

Just as mother's milk is considered to contain special life-enhancing qualities, it also may become the source of evil and sickness. The breasts are believed to be a route of entrance for the spirits (which explains the ritual covering of the mother's breasts during her

pregnancy). At certain times it becomes necessary for a magician to scarify the areolas and close up the nipples with a charm to prevent what the Chagga consider unfit or "burning" breast-milk which causes colic in infants (Raum 1940: 103). I noted that colic was the most commonly cited reason for scarification of infants, which draw the logical connection between preventive methods and curing techniques on a symbolic level.

More Rites of Passage: The First Tooth,
Naming, and Weaning

Before the child has been weaned two rites of passage are performed to further insure the child's protection: the rite of the first tooth and the naming ceremony. Prior to the expected arrival of the first teeth at about six months, the baby is called mnangu (the incomplete). Swantz (1969: 94) refers to the newborn as mgeni (visitor) which is the Swahili term. Any delay in eruption is attributed to the grandfathers' displeasure at not having been supplied with beer and meat. If the parents bring him his provisions, he retracts his spell by spitting into the child's mouth. A boy child is regarded as dangerous to his mother's clan, since he cannot be incorporated into it. A son's abnormality is believed to be lethal to his own father. With the appearance of the first tooth, the paternal grandmother performs a rite called "to take up the child" in which she rubs a special herb on the gums while uttering a blessing to ensure the completion of the set of teeth (Raum 1940: 296). There is great reason for celebration as the child has passed through one of the first crises of life. With the eruption of its lower incisors, it presents an additional testament of its normality. Had the upper incisors appeared first, the whole

community would have known there was evil forces at work against the child. A boy child would have been killed, while a girl child and her mother would have been returned to her clan.²

Another rite of passage is the naming ceremony. Ordinarily naming takes place only after the child has started speaking some words. The first born cannot be named without offering a sacrifice (Marealle 1910). If a child falls sick before it has been named, this is a sign that its dead grandfather wishes it to receive a name (Raum 1940: 297).

The ceremony itself is connected with the ancestors. In normal circumstances the name chosen may be an ancestral one. The first girl is named after the paternal grandmother, as is the first son after his paternal grandparents. Later children are given names of uncles and aunts or the names may be somehow connected with special family or lineage events (Marealle 1963: 10).

Raum (1940: 297) points out that many names are not ancestral, but refer to circumstances at the time of birth.

In the one case the parents agree upon a common name, in the other they select different names. Then a child may be called by its father 'Shilingi' implying that the confinement of this child's mother cost him a lot of money, while the mother names it 'Ndeluakiwa'--that is, 'I have met bitterness.' The true interpretation of such names is only known to the parents concerned.

His last statement reflects either a misinterpretation or changing times, for a village girl with whom I was acquainted, was called "Sijui" by her mother which means, "I don't know." When asked why she gave this name to her daughter she replied that the daughter does not know her father--a bitter testimonial to her abandoned status.

In the covering rite, a ring of skin is placed on the child's finger to prevent the spirits from charming the child. This may be

performed independent of the naming ceremony or in conjunction with it. It is a petition to the named ancestor that his wife, sister, and mother's brother give their blessings to the child. It is the last of the birth rites--a removal of the child from the sacred state of belonging to the ancestors to its final acceptance into human society. Raam says some children are then permitted to eat meat after this ceremony which may have been protective for those whose premature naming was brought about by their sickness. A normal child is usually one or one and a half year's old before its first meat meal (Raam 1940: 298).

Because supplemental feedings are regularly given the nursing infant, most authors view the weaning period as less traumatic than would otherwise be expected after prolonged breast feeding. Raam (1940: 206) suggests that the duration of suckling depends on the custom in vogue in the father's clan, but assumes it is at least two years. Lema (1963: 373) says three years is the limit--to breast feed longer than this is believed to spoil the child's character. Gutmann (1926) concurs with this observation. Three years facilitates the woman's desire to postpone another pregnancy until the preceding child no longer needs to be carried.

Methods to discourage children who are reluctant to wean or who for some reason have to be prematurely weaned are severe. The mother smears red pepper or other bitter substances on her nipples (Raam 1940: 106; Lema 1963: 373), or the child is mocked and made to feel ashamed of his dependency (Lema: 373). Grandparents often become involved in the child's care at this time, removing the weanling (whether successfully weaned or not) to another household, frequently miles away. The stress of abrupt weaning may increase susceptibility to disease, especially in the case of younger children.

Additional Factors which Influence Selection
for Emotional Commitment

During the critical rites of passage and normal periods of growth the nurturers assess the character traits which are either projected onto the child or shown by the child. In good circumstances, problems may be overlooked or hidden, whereas in times of stress the reverse may occur. This section considers further criteria which influence perspectives, attitudes, and feelings toward the child.

Sex

The parents' relationship to the newborn is often influenced by its sex (Raum 1940: 86).³ One family in which sex played a crucial role in selecting for emotional commitment was Lucas Temba's. Lucas, a virtually landless middle son of a poor father, married a retarded woman quite late in life, probably because he was unable to pay the bride price installments for a normal healthy woman. His home was a single traditional roundoval made of banana thatch in which the adults and four children, two boys and two girls, carried out their life. No one in the family had ever used modern medicine. The boys, victims of chronic hookworm infestations and malnutrition, looked burdened by life. The oldest was eleven, and measured 3'8"; the youngest was ten and 3'9". Both were retarded. At the time of my visit the family was in near economic collapse because Lucas was dying. Yet, his two daughters, ages fourteen and eight, were thriving and normal.

To a mother with limited intellect living in impoverished surroundings, the first born daughter was of tremendous assistance and comfort. Not only did this child make major contributions in domestic work, she also contributed her earnings from daily labor on nearby estates. Both she and her younger sister, who was aligned to her mother's

clan, would bring extra security in bride wealth payments. The sons, who had little land to inherit, could hardly provide future security to the mother. That the younger son was comparatively healthier than the older one might have been because he was aligned to his mother's clan and was entitled to his father's tiny kihamba, where his mother expected to reside after Lucas' death. The elements of selectivity were obviously present when this mother was forced to choose which of her children would receive the scarce meat and milk supplies purchased by her daughter.

From the NURU statistics, girls appear to get kwashiorkor more often than boys but probably both sexes are equally vulnerable, as explained below. If the wife's ties with her husband's lineage become weakened through separation or divorce, her boy children could jeopardize her position in her own clan area because children separated from their mother are believed capable of causing misfortune. Of the forty-seven NURU children in the follow-up study, thirty were girls and seventeen were boys. It seems likely that the higher number of girls does not represent their increased susceptibility to the conditions which bring about neglect. Instead, since most of these conditions are chronic and probably present before the child is born, it is probably that boys are more often victims of infanticide or benign neglect during early infancy than girls due to greater fears of the malevolent powers of an ill-spaced boy. Also, if economic instability forces a parent to assess a child's worth, girls would most likely be viewed as more capable of reciprocating in the future because of the help and companionship they bring to their mother and the wealth in bride payments they bring to the whole family. The higher status and value placed on boys probably makes them more vulnerable to scrutiny than girls.

Appearance

While I referred to the possible influence of physical characteristics in the distribution of malnutrition in Jumanne Lema's family, in Chapter Seven, it must by no means be considered the key-factor. Like many people the Chagga recognize the importance of the child's physical appearance in evoking an emotional commitment. One account says that to obtain an attractive child a man must avoid all conversations with others after believing his wife has conceived, until he meets an individual with desired characteristics. After talking to him, the husband can return to normal social exchange. Similarly, if the wife considers her husband unattractive she can leave the house after intercourse, stay in the woods looking flowers, and return only after her husband has left. This will ensure that the child conceived will not take her husband's looks, but hers (Marabelle 1974: 1).

The conflict between lineages is manifested in other beliefs and practices to secure the children's physical and social likeness. Gutmann (1926) states that the Chagga believe the child always takes some characteristics from the father's clan, and thus it is possible for the father to ascertain that the child is his--a vital necessity considering the danger of bringing another man's child into his clan. They also believe that the length of pregnancy depends on the father's clan and can vary from nine to eleven months. If a woman from a clan with an eleven month gestation period marries a man from a clan with nine month pregnancies, she will be prohibited from visiting her clan during her first month of pregnancy. This ensures that her husband's physical characteristics will pass on to the child rather than those from her clan (Gutmann 1926: 4).

Birth Order

In each of the three families with live children discussed in Chapter 7, birth order was shown to play a significant role in the distribution of malnutrition among the children. Birth order is usually interwoven with clan alignment in which children are affiliated with either the mother's or the father's clan. Although all children are thought to be the father's property, customarily, the first-born child of each sex is related to the patrilineage and the second boy and second girl have strong ties to the mother's patrilineage. Subsequent sets of boys and girls are aligned in this manner. The key to evaluating the weight of birth order and clan alignment is residential context. Normally, a family resides within the patriclan so that the spheres of influence greatly favor children on the father's side. However, other mitigating circumstances may play a role, such as the presence of the mother's mother, the importance of the child's sex, and the spacing of its birth in relation to other siblings. The list is endless, which is why the importance of birth order must only be viewed in context of the total environment into which the child is born. Children living with their mother's kin may indicate marital incongruity such as a divorced or unwed mother. In this situation, if any of the father's clan-affiliated children were staying with the mother, they might suffer disadvantage due to fear of their powers, thought to be competing with the fortunes of the mother's clan.

Marriage Status, Polygyny, Infant Mortality

The elements in Damas and Rose Moshi's situation (Chapter Seven) were shown to have influenced which children they selected for emotional commitment. The waning of bride price obligations and the reduction of other methods of legitimating children have become more common today. Despite trends, however, an unsanctioned marriage does not have the protection normally afforded through religious and social recognition. Community sentiment regarding the marriage and its progeny may or may not turn sour and could be strongly influenced by the parents' economic status. The outcome depends on the attitude of all involved and the impact of that attitude depends on the parents' ability to cope.

I have known polygamous families in which the favorite wife's children were given the greater benefits of food, shelter, clothing, and education. From all reports, this is a typical pattern. The senior wife is expected to receive this favor, and her children have a distinct priority over children born to the second wife. Nevertheless, individual men's emotional attachments to their wives or children probably varies according to compatibility of personal characteristics.

The experience of previous children's deaths can have a devastating impact on the family's capability to love and care for subsequent children. The mother especially will be daily reminded of her failure whenever she disappoints people on other matters. The self-esteem and motivation which feed a sense of parental competence are extremely weakened when one loses a child. As I demonstrated in Lydia's situation in Chapter Seven, the factors contributing to infant and child mortality may remain constant, so that individuals come to expect that

they will lose their children, and thus form weak attachments which jeopardize any future children. This may have the opposite effect as in Theresa's situation (Chapter 7) where the death of her first born may have been the painful force that enabled her to keep alive eleven successive children.

Criteria for Eliminating the Abnormal Child

The rites associated with abnormal or illegitimate pregnancies and births do not follow the general pattern of a normal child's rites of passage. Counterbalancing actions specific to the anomaly must occur in order to return the society to a state of equilibrium. The following table lists the circumstances which prescribe abortion or infanticide. None of the past ethnographers have attempted to quantify incidents of infanticide or abortion, so the reports given should be understood in terms of this shortcoming.

The importance of the child's ties to others is apparent prior to its elimination. The father, or the midwives representing his family, cannot kill the child without permission of the mother's family. If this custom is ignored the mother's father can sue her husband for damages unless the husband convinces the chief that he was justified in eliminating the child. Two anomalies, babies born without apertures or covered with lanugo, are considered by the Chagga to threaten the whole community, and require that the chief participate in the killing (Raum 1940).

In such cases the child is treated as a victim in a purifying rite ordered by the chief. Raum (1940: 90) claims the child is dedicated to the spirit who used its deformity as a warning signal and is killed in a special place by a barren priest who cannot be affected

Table 4. Reasons given for abortion or infanticide.

<u>Abortion</u>	<u>Infanticide</u>
1. Premarital pregnancy	1. Premarital pregnancy
2. Extra-marital pregnancy. Raum makes no mention of who pays indemnity. No killing of child of adulterous union--it becomes object of bargaining between the natural and legal fathers.	2. Infant conceived while mother still suckling her previous child.
3. Abnormal emphasis on sexuality during pregnancy, e.g., menstruation, husband having voluptuous dream	3. Infant conceived two months after the death of mother's other child.
4. Crying of the child in-utero.	4. Infant conceived after mother's daughter has been married. 5. Cases in which labor, the child itself, or its development was abnormal (expanded cases--see Gutmann 1926: 212-217).
	6. Anomalies--crying of the child in-utero during delivery; birth with the amniotic membranes intact; premature expulsion of the placenta; positions of fetus--out of the ordinary such as breech delivery; child in transverse whose hand prolapses; hemaphrodite or monster twins--weaker killed or sex of unrepresented child permitted to live; children with irregular growth of teeth (e.g., born with teeth or those whose upper incisors cut the gums first); babies born without apertures or covered with lanugo; excessive bodily hair on infant; girls whose menstruation occurs before circumcision (Raum: 88).

by the child's power of retaliation. Reports on the method of killing vary. In one place, Gutmann (1926: 89) asserts that the child's neck is wrenched; in another (1926: 216) that it is suffocated. Raum (1940: 90) states that midwives dislike to shed blood and so submerge the child in a pot of water. This action seems more in harmony with Chagga symbolism (the child returning to the womb of its mother) and their abhorrence of violence toward children. Of significance to this study is Raum's observations (1940: 90) that "a favorite method was simply to neglect the child, which caused fatal consequences during one of the many infantile illnesses. It must be feared that this method is still being employed, especially in the case of twins." Benign neglect, an option for parents whose child signifies pollution, failure, and a potential threat to other well children, is probably the most common form of selective elimination of Chagga children.

In addition to the Chagga's beliefs that the abnormal child signifies danger, evil, impurity, or pollution, Raum (1940: 89) claims the underlying motives for infanticide to be an "immediate reaction to extreme disappointment of high hopes, to perplexity over an unexpected turn of events which is desirable to control, and to irritation at the stultification of professional skill or parental exertions." Yet he points out elsewhere that cripples (children with extra fingers or toes, hunchbacks, clubfeet, etc.) are not slated for elimination and, in fact, are believed to be sent by the spirits and are considered sacred and in need of special protection. What appear to be conflicting beliefs are probably the result of other underlying forces which affect why any one child would be eliminated. These forces become more clearly understood in the case of twins. Of the forty-seven NURU children in our

follow-up study there were two sets of twins. Raun (1940: 89) asserts that the rationale behind elimination of twins is the feeling of "bewilderment at excessive productivity." In one instance he says the weakest is killed; in another, boys, since they have more power; and in still another, the child whose sex is already represented in the desired proportion. He adds that for the same reason it is thought unlucky for two wives of one husband or two sisters to become pregnant at the same time.

Raun compares the Masai practice of rejoicing at the birth of twins to the Chagga custom of eliminating at least one twin. He may have been led to more fruitful hypotheses had he considered the subsistence base of the nomadic cattle-herding Masai. Comparatively speaking, Masai have suffered low birth rates and high infant mortality rates, but have considerably lower incidence of kwashiorkor. The Chagga have a reverse problem. This lack of kwashiorkor may partly be due to the availability of milk, blood, and meat products basic to the Masai diet. In contrast, the banana, yam, and maize--all lower in protein content--are the subsistence crops of the Chagga and the foods most commonly used in weaning. Low birth rates and infant feebleness may also be due to a lower level of maternal nutrition among the Masai. What the Chagga custom of killing one of the twins may reflect is the provision of the choice given to parents whose economic and demographic situation does not permit the existence of an "excessive blessing." The Chagga recognize the nutritional drain on the mother's system were she to try to nurse one child while pregnant with another. Twins would create a similar drain on the mother as well as compete over her diminished milk supply which may not be adequately supplemented with other higher quality proteins if the family's economy is precarious.

Implications of Changes in Ideology for
Chagga Selection Criteria

Even though the stresses of warfare and the onslaughts of epidemics are limited today, droughts and diseases of crops and livestock go relatively unchecked by modern technology. For the individual family the need to space children today is just as great if not greater than before, considering the added stresses and pressures created by land shortages. The value of an additional child in such circumstances is something akin to a starving man wandering about lost in the bush carrying a sack of gold upon his back. It is a question of when and how the treasure becomes a burden. Since the unwanted child inevitably appears from time to time, old mechanisms for rejecting it are used to alleviate conflicting feelings. The child's life becomes a matter of its whole context which is qualitatively evaluated. In other words, its right to life is relative.

Christianity has added another conflict to the Chagga view of the child. The right to life is an absolute. Baptism is meaningful in the same manner as the naming ceremony, only with baptism the child is supposedly a fully incorporated member of the Christian community. Customarily, people had their children baptized after the first tooth appears, but many wealthy Chagga have the ceremony performed at one month or earlier, probably because they feel confident their child will survive. A child dying unbaptized places the blame on the parents for neglecting its baptism. Since the child is considered totally dependent and innocent, it cannot possibly be a source of power or danger. Thus there is no reason for eliminating it or neglecting its baptism. Ideally, its life is to be preserved at all costs.

As larger forces pushing the society towards modernism grew, failed types are increasingly associated with the old ways and beliefs. Even though the less fortunate hold alternative Christian views and use them to explain some of their situations, they also cling to the older traditions which provide a comforting and integrated view of the world. The more fortunate hold both modern and traditional perspectives, in part because the old views provide criteria upon which their scapegoating can be based. They can blame neighbors for aborting or killing their children. Or they could accuse them of having too many children too soon.

One major criterion not mentioned here was proper birth spacing. I have discussed this factor throughout my thesis and consider it an equal partner with scarcity in determining what other criteria will be used to select children. As will be demonstrated in the examples of the five families, scarcity and spacing problems can detract from the group's stability, adding further conflict and stress--a poor environment for nurturing attachments. The next chapter will examine the nature of the feedback between community, nurturer, and child in both "normal" and problematic situations. It will explore how the ability to form attachments becomes undermined in individual persons who are viewed as separate nurturing units. It also considers how the criteria presented here can contribute to benign neglect and kwashiorkor.

Footnotes

1. Swantz (1969) recalls a Chagga informant who told her that the mother-in-law will at this point go to the Dracanae bush and remove a leaf. If it tears it is a sign that the daughter-in-law has done wrong towards her and has been angry at her. She then takes butter and anoints the woman while praying for forgiveness for her own anger also. In addition, she might pour a libation of milk and beer. When these actions have been performed she will pick another leaf; if it does not tear, the offended spirit has signified forgiveness.

2. The teeth, which do not decay with the rest of the body at death, are places of concentrated vital force which partially explains the fear connected with their appearance.

3. Sex as a criterion for emotional commitment comes out clearly in the following quote by Raum (1940: 86). "The warmth with which a child is received depends to some extent on its sex. To the father, the birth of an heir as the first child is a moral rehabilitation; it confirms that his premarital sexlife was unimpeachable. A son, moreover, is of great religious significance; because after his father's death he becomes the family priest, perpetuating his ancestors' memory and maintaining their authority through prayer and sacrifice. Without a son, the family vanishes 'like smoke in the morning wind.' Conversely, a man's social and political influence increases with the number of his sons; hence the proverb: "A quiver with but one arrow is of no use." While the young man's chief desire is to 'make firm' his parental dwelling--that is, to continue his family through the birth of an heir--in middle age his attention turns to making his service and influence indispensable at court. This he can do chiefly by rearing sons to carry out his bequests, to be at their chief's disposal in peace or war, to inherit his own property and succeed to his profession and political position. On the other hand, a woman feels that she had done her duty when she had given birth to one son. The greeting which her husband then extends to her, 'Welcome, you increaser and owner of the heritage!' sums up her ambitions. She is recognized as mistress of the home and has a supporter for older age. The stability of her marriage having been secured, she earns both the respect of her co-wives and the admiration of her age-mates. A Chagga husband may therefore be heard complaining that his wife began to neglect him when their son was able to herd the goats, for she may consider it then more advantageous for her future to ingratiate herself with her son.

On the whole, women prefer to have daughters born to them. They are always welcome, because they will later be able to assist in field and house, to share in womanly confidence, to inherit personal property and the professional knowledge vested in the female sex. Moreover, girls are much easier to rear than boys since they are considered less intelligent, their work requires less ability, and they do not possess that obstinancy which in young boys expresses itself in naughtiness and in older ones as irreverence. To the father, too, a girl is acceptable; as maiden, she cooks for him, her marriage strengthens his family's influence by allying it to another; and the bride-price is a source of income for a great number of years."

CHAPTER VI

THE PROCESS OF NURTURING AND THE PHENOMENOLOGY

OF KWASHIORKOR

There are many aspects of human relationships that enable society and culture to continue. Nurturing is perhaps fundamental to them all. Reduced to its most basic pattern, it is first evident in the child's nursing from the mother--a cost in energy to another human being. The pattern repeats itself in all reciprocal human relationships when one person cares for the needs of another. Culture governs this giving by ensuring a return which is expected and anticipated. In this chapter I explain the expectations nurturers have of their children in return for the emotional and material resources they once gave out. This concept of intergenerational reciprocity is one of the most vital links in human interdependency. I will show that if material or emotional resources for exchange are not secure because of negligence or fears of scarcity, connections between family members can be broken. Ties are further secured or eroded by the human capacity to assess a situation in terms of history, its present status, and its future.

The previous chapter presented criteria used by nurturers to determine the degree of emotional and material commitment they are willing to give a child. In this chapter that very willingness or capability is examined dialectically, through relationships. In order

to give the reader some understanding of what is normal to the Chagga. I first present a brief discussion describing nurturing in less problematic situations. This pattern is followed by examining the various units or persons that make up a nurturing community. Each nurturer is discussed in terms of normal interaction with the child. Then, I examine situations in which interaction was disturbed, in order to determine how the disturbance arises. Finally, I look at one of the results of a broken attachment--the kwashiorkoric child--to analyze the child's role in contributing to a break in reciprocity.

Nurturing in Normal Situations¹

The mgeni (stranger) born to an average Chagga family today is brought home from the clinic with a virtual absence of fanfare. (Children born to more traditional families are likely to be received in the ritual manner described in Chapter Seven.) Recognizing its fragility/power, the tiny guest is handled quietly, as if it were an appendage to its mother. The father's responsibility is to see that the mother's confinement runs smoothly--that there is ample food and that female relatives are readied to take over the mother's tasks. Young parents excited by their first born child have difficulty repressing their joy--neighbors often joke about the new parents' "silliness" because they, too, feel giddy about the new arrival. However, precautions must be taken to prevent envy, so after initial birth celebrations, the child is handled matter-of-factly just as one behaves in Chagga society when receiving a gift from another.

I seldom observed parents relating to a nursing child with exaggerated, focused attention. Mother and child in early infancy are treated as a unit, so it is the mother's health about which people

inquire. The baby is wrapped in the cloth its mother will use to carry it on her back once her confinement is over. The colorful wrapping keeps it warm and protects it from mosquitoes and the sun. Women usually restrict their travel after confinement, but when forced to till the fields or go to the market, they leave the baby at home with an older sibling nurse and/or grandmother.² Grandmother follows the undemonstrative, nonfocused pattern of relating to the child, but child nurses seemed more attentive for reasons I will soon address.

An infant has its physical and emotional needs met in close proximity to its mother or caretaker. It cries or whimpers, and the mother pulls out her breast or the nurse finds something to give it to eat. Everyone seems to know when the child will excrete, so it is held out at an appropriate time and place. In the early months the baby is usually next to someone's body and will sleep beside its mother until finally weaned; thus attachment needs are recognized and met. Yet the baby is seldom talked to, especially publicly. To do so would seem ridiculous since a baby has limited verbal capacity. Once that capacity begins to take form, people respond to the child by mimicking its utterances.

It appeared that the Chagga's nonfocused mode of relating to infants may be consistent with clan life. An infant absorbs a general sense of belonging to a physical body as an attached, nonseparate member. Ideally when separation does occur, attachments remain consistent with the pattern of attachment to the mother. In spite of the child's closeness to the mother, in a well-integrated extended family unit, its anxieties over its mother's departure may be mitigated by consistent and caring substitutes. This pattern differs from the more

focused yet more physically distant manner of relating found in western societies with their extremely isolated nuclear families, and in families of very elite Chagga which are more often nuclear than are their less wealthy kin. More distant, focused relationships may help prepare the individual to cope with the demands upon him/her to behave individualistically, responsive to individuals or to self, whereas the physically close, nonfocused relationship prepares the individual for viewing himself/herself as a responsible member attached to a group.³

Preparation for group participation continues as the child becomes more autonomous. Its progress is noted and supported by everyone--especially the men, who take great delight in the more independent child. Since people worry about the child developing too much autonomy, there are restrictions placed on its freedom. Harsh shouts of chafu! (dirty), mbaya! (it's bad), hali! (sharp, mean, hurtful) remind the child of boundaries. No matter how long the mother indulges the child's sucking needs, she is aware that she can spoil the child by giving it a false impression that all its demands will be met. For the older weanling child, sucking is reduced to once or twice a day or for comfort when injured. However, it is common to see little toddlers move away from their mother and then run back to fondle her breast as if fueling up for another venture into the world. The mother, who may be pregnant, becomes slightly antagonistic toward an older weanling. Hot peppers may be rubbed on her nipples, the child may be chastized for seeking the breast or sent away from the mother to stay with relatives. The mother's attitude at this time is not apologetic but negative and insistent.

Although weaning methods may be severe, the child's trauma is reduced by others whose comforting communicates an understanding of its deprivation. The weanling child of one and a half to three and a half develops a great deal of anger regarding its deprivation. Teeth are still erupting, it is walking, beginning to talk--almost as if everything is happening at once. Just when it becomes capable of more control, mother, who was once its only sphere of control, becomes less predictable. Others identify with the child's untenable situation that is consistent with the dilemmas of adult life. In a well-functioning, supportive family people side with both mother and child, reminding the mother not to spoil her child and encouraging the child's angry response.

"Huyu ni mtundu, sana!" (That child is so mischievous--so wonderfully bad!) expresses the Chagga's ambiguity about the child's developing autonomy. Such a statement is often said with laughter or a repressed smile behind a false mask of disapproval. For a child to rebel and express its anger and individuality means that its survival is assured; thus it fulfills its principal responsibility to its clan. Yet this stage receives no ritual sanctioning because encouragement of individual, uncontained assertiveness can be antagonistic to group social life.

Social Costs and Gains for Nurturers

In this section I will examine the function of each person significant in the nurturing process. I measure successful nurturing by the child's development; unsuccessful nurturing by the child's failure to grow. I assume failures usually occur when one or more of the child's caretakers view its existence as problematic or burdensome. This situation depends on the nurturers' own expectations

about the child and themselves--a process only understood by examining the entire social and economic context of each person.

Mothers

Regardless of intermittent separations, a close attachment between mother and infant is the norm. The mother is rewarded for the good health of her child by the tremendous enhancement of her social position. Not only does Chagga society esteem her obvious success, but the child itself reciprocates with affection. As the child matures in polygynous families where the father is often absent, the mother's social prestige is enhanced by her position as mediator between father and children. This also happens today in monogamous households where cash labor and social obligations keep the father away from the family much of the time.

Since the mother provides nourishment for the child, reciprocity through food is used initially by the mother to teach the child its responsibility to those who love it. Raum (1940: 127) illustrates that as the child matures it is taught to reciprocate its mother's nurturance and protection by giving her food. A boy accompanying his father to a slaughter where women are prohibited, is taught by his father to reserve his mother a portion of meat cooked at the site. "She is then to enjoy the cooked meat, a luxury which she has no permission to prepare in the absence of her husband" (Raum 1940: 135).

Raum (135) goes on to show how another source of a mother's authority and respect derives from her control over the food stores:

The only eatable which does not come within her sphere is meat. At meal-time it is she who distributes the food. A wise mother will give large portions to the smaller children and show preferential treatment to her sons, in order to justify the confidence of the weak and to arouse the devotion of the strong. The herds' boy is rewarded with additional food for the performance of special duties. She may refuse a meal to a child that has annoyed or offended her. Her power to withhold or grant is well symbolized in the general prohibition of children from entering the food store. For boys especially it is considered a disgrace to touch a milk calabash. The mother expects a return also after dispensing food. When sharing out a meal she has no plate. She eats directly from the pot or, in times of famine may go without food. Each child is then expected to leave a handful on its plate for her. To a child who refuses to give this return, its starving mother retaliates: Look, you haven't given me any food. Don't be astonished if I do the same to you next time.

The practice of leaving food on one's plate for the mother was once a customary expectation and educational device for training the child to share, but according to a group of Chagga women informants it has been abandoned in recent times due to the influence of modern schools which consider such practices as unhygienic.

From about eight months on, children are instructed in the importance of food sharing. Often the mother or other adults will evoke the child's interest in eating by sitting in front of the child pretending to eat a succulent morsel in a manner that convey how delicious the food is. Of course the child motions that it wants some too, and is given a piece. Then the child wants more so is given the whole portion. At this point, the adult becomes the petitioner and mimics the face of the pouting sad-eyed child, so the child gives to the adult and the adult responds with loving gratitude. If the child succeeds in reciprocating these exchanges often provide its greatest source of positive reinforcement. They occur in well supported situations where adequate food is not a problem.

Where support is undermined by economic stress or family conflict, these playful instructions are neglected. More often than not in these situations, feeding a toddler is an unpleasant task because either the child's continued existence is questionable or the adequacy of the food itself is questionable—usually two interdependent factors. How can the mother play at giving when she knows her emotional and material resources are limited? If she anticipates no relief from this situation her giving is even more restrained. When she understands that her child has perceived all of this, she feels guilty and withdraws even more. The child's withdrawal affects more withdrawal, and so on.

My most frequent observation of a weanling eating under these circumstances was that of a small alienated child taking nonaggressive, noncompetitive approach to a meal shared with older siblings. Past experience, and lack of energy led the child to correctly perceive the futility of succeeding at meal time. Inevitably, such a child would simply refuse to eat as if it had no answer to the question: "What's the sense of going on if I'm not given food?" Loss of appetite is one of the most commonly reported symptoms of kwashiorkor and related states of malnutrition. In this manner, children can participate in their own rejection.

When the child is born illegitimately and fails to thrive severe strains may develop in its relationship to others, especially with its mother. These strains can reduce the mother's prestige and cost the child its life. Such was the case of Roberto, the second of three children born to members of our collective.

Roberto's aunt Sikina, was a husky outgoing woman married to a man from Dodoma. She had been working on the shamba for the original owner Natalia, her cousin. Sikina assigned herself the role of my Swahili and Kichagga teacher, and she attempted to instruct me in Chagga customs. My feelings toward her were ambivalent because she was often tiresome and controlling. I had little understanding of my obligations to her which confounded our interaction, but I felt pulled toward her generous spirit and enthusiasm for life. After six months of our being together, Sikina brought her pregnant sister Anna to stay with us. Both Sikina and Anna had experienced extremely high infant mortality. Anna had one five year old girl but had lost five others. Sikina was childless after eight pregnancies, some of which came to full term (followed by early deaths). Both women's relationship with men were unstable. Anna's daughter was fathered by a different man than the father of the expected baby. This man was only marginally involved with her pregnancy, and I never saw him visit Anna after she gave birth. When Roberto was born, Anna complained of having no breast milk, so Sikina happily took over the job of caring for Roberto while Anna made frequent visits into town.

Sikina's attention to the baby was not consistent, although when interacting with him her focus was intense and very demonstrative, almost excessively so. She spent time teaching the five year old sibling how to handle the child, and generally seemed pleased by her new responsibility. However, other tasks competed for her time, and so Roberto often ended up in my living room on the couch with his little sister attending. After about a month and a half, I noticed he had a foul odor, in part because his clothing always needed changing, but also

because he began to have gastric problems. Sikina's use of the bottle had horrified me--whole cows' milk poured into a dirty bottle and then diluted with unboiled water from the irrigation ditch. It seemed that the more I discussed this with her, the more she resented the intrusion and the accompanying implications about her incompetence. She finally told me I did not know what I was talking about, that I had never had a child. Thinking myself better informed because I came to Kilimanjaro to study the impact of bottle feeding on child nutrition, I replied, "You will see Sikina, Roberto will die if you don't boil the water and the bottle!" Unknowingly I had spoken the Chagga curse. "You will see" is sufficient to be effective, but I had also specified a prophesy.

Whether the curse was believed effective or not is questionable, since people are aware of the Wazungus' (Europeans) lack of understanding about Chagga ways. Nevertheless, the emotional ingredients that escalated towards accusations of a curse, evil eye, witchcraft, or sorcery were present. Roberto's makeshift support group was weakened by this conflict, and he became even more sickly. His crying could not be eased, and the tension it produced was visible on the anxious faces of us three women. He was repeatedly taken to the hospital, but his condition only worsened. Lifting him would not relieve the painful gastrointestinal cramps. We all seemed to grow distant from him with the knowledge of his approaching death, knowledge which was communicated to Roberto, who sensed his loss of support and finally died of gastroenteritis at the age of three months.

As we bound him in preparation for his burial, Natalia said to me in English how tragic it was to place the child into the ground without the benefit of baptism. There was anger and regret all around.

Sikina could not be pulled from wailing over Roberto's grave. We left her there where she spent most of her day in grief. Somehow, Sikina absorbed all the responsibility, while Anna, the biological mother, was saddened but shed few tears and seemed resigned to her loss. Anna, without stable support, and aware of the cost of giving birth to an illegitimate male child had formed a loose tie with her infant. Anna's dependency on Sikina could not compensate for the lack of a legitimate father for this little boy. He would be a burden to her without this protection and without financial support. Anna's daughter was more a companion for Anna and by Chagga custom would eventually be incorporated into her mother's lineage. Illegitimate boys were, by the power of the enraged ancestor, believed to be a threat to the maternal lineage, a bearer of misfortune. Anna's past losses probably contributed to her abrupt withdrawal from Roberto once his physical decline began. She had very little reason to view herself as a competent mother--she knew the messages others could derive from her situation. Natalia and I had no adequate rationale for why we were reluctant to take extraordinary measures to save the child. Yet we felt the same guilt for believing we could have done something and conveyed our anger towards Anna to mask out own sense of failure.⁴

The last member of the collective to give birth was Marianna, whose situation was strikingly similar to Anna's. Yet the outcome of it, measured by her fat little infant Josephi's development as he suckled at her breast, was in stark contrast. Marianna also was an unmarried mother of a girl child, age nine. Her father, whom she spoke of as a tyrant, was Asian; her mother, Chagga. I met Marianna when she was working as an ayah (housekeeper) for some European friends. She

was well educated, charming and extremely capable. After coming to help me care for my child she became the treasurer for the cooperative and played a principal role in managing the chicken enterprise. Her home support group consisted of her mother and her older, divorced sister who lived together on a small shamba by Moshi town. Her sister managed a store in Moshi so that with their combined salaries they were able to build a new cement house. This tightly knit group of women would often speak of their contentment and attribute it to the absence of men in their lives. The old mother was a constant critic of Chagga ways and Chagga men--in fact all men. As a result of her mixed marriage, her own two daughters were marginal observers of their own society. This devoutly Catholic family regarded many Chagga beliefs as superstitious. When Marianna became pregnant and gave birth the second time, the child was well accepted.

Even though the shame of an illegitimate birth had some effect on Marianna's behavior (for instance, she never spoke of the baby's father) she seemed quite proud of Josephi and of the opportunity he provided for teaching nurturing skills to her daughter. Since she was economically independent of men and was supported in this status by a group of feminist relatives, her choice to give birth and care for her child was protected by her own strength of conviction and self-esteem. Unfortunately, Roberto's mother Anna had no such support and very little self-esteem.

Fathers

The father teaches the child its responsibility to authority through the notion of ishima (respect). It is through the father that authority and respect have their most significant function because

these concepts are used to support the patrilineage. Only inside the home in the company of close relatives and friends will a father display his affection for his children. Public displays of affection are considered unmanly and shameful. While there are permissible institutionalized ways of expressing fatherly joy, these feelings are not to be publicly demonstrated to the child. Men are seldom seen holding babies; and when they do it is inevitably a result of some emergency in the house. Children are never carried close to the father's body with kitanga cloth, but are held loosely, almost as if the father is expecting another woman to come to his assistance. Many loving Chagga fathers will unassumingly sit quietly while their younger children crawl upon them. There are exchanges, but the child is not encouraged to be the center of attention in his father's presence, and will be chastized for doing so.

A perceptible distancing is communicated to the child even in its early years which is deemed necessary to teach the child the importance of self-control and respect for authority. As the child grows older, the father becomes even less intimate, with hardly any physical contact. However, there are ambiguities about this strain, since a child with akili (brains, clever) knows from the twinkle in its father's eyes that there is some merit in certain forms of defiance, despite the harsh words used in reprimand. Nevertheless, people say that children must be taught to fear their father, since without fear there is no ishima (respect). The child's reaction is to learn all the tricks of deference and demeanor while in their father's presence, and as soon as he, or any other authority figure leaves the children, released their guard in mocking laughter. "When the bull is gone,

the lizards slip out to sun themselves" is a common reference to such behavior.

A father's need for his children's respect does not necessarily color his whole identity. It is a convention which helps perpetuate the rationale upon which patrilineal society is based. It is more acceptable for men to fondle someone else's baby or toddler. As youngsters, many men were once nurses to little siblings so they are familiar with handling a child. In fact, men tend to be far more playful with little children than women whose relationships with their children is based on continued contact with little relief. On the other hand, men's contact with the child provides relief from his day of non-child care responsibilities, so that his encounters are more energized. An especially touching form of play between men and children is through the verbal negation of the child's reality. A child points out new knowledge that that animal over there is a Kuku (chicken). "No," the man says, "it is a ngombe (cow)." The child argues with a mixture of irritation and laughter, and the man responds with an affectionate hug indicating his pleasure in the child's intellectual defiance. It is a common form of acknowledgement through negation.

Generally, the father is considered superfluous for the day-to-day needs of the very young child.⁵ Instead he is seen as the sole supplier of meat and partial contributor to the rest of the family economy. In addition, the father traditionally acts as diviner, magician, and medicine man on behalf of his sickly child. All these functions are sources of male authority and prestige within the family and in the larger society. When men fail in their nurturing function--to control their resources and to provide meat and cash--the basis of their respect is threatened.

In Gabriel Moshi's situation examined in the next chapter, I demonstrate how his father failed to provide adequate food and even went so far as to consume the greater portion of the family's meat and eggs. The man seemed a typical farmer, but unfortunately had received a meager land inheritance. He overindulged his rights to meat and alcohol, and was seldom at home (I never met him). His own daughter accused him of being responsible for the family's condition. Based on similar patterns I observed in my community, the man probably beat his wife and older children out of guilt and frustration of consuming most of the family's resources.

In contrast, I point to the unusual contribution to child care made by men such as Jumanne and Joseph Njau (also discussed in the next chapter) who were forced by dire circumstances to assume the nurturing role of the mother. Even when men are forced to assume this new role they may relate to their child awkwardly. Their capacity to be playful is eroded not only by the moment to moment needs of the child, but also by their knowledge that their society sees their "mothering" as inappropriate. An examination of Lentiri Ngoti's situation brings out some of the features of this odd coupling of father and infant.

Like many of the other NURU fathers, this thirty year old man was landless. He was the youngest son, and was still living on his father's coffee kihamba of 500 trees. Shortly before his two year old became sick with kwashiorkor his wife, Eliminata, left him and her children after an argument. She was pregnant at the time of her separation from her husband and gave birth at home after leaving NURU. Eliminata's choice to return to her husband was partially due to the children's ill health and her own parent's inability to support her.

On my first visit to the family I met Lentiri while he was carrying the new baby. Other women on the compound did not seem supportive of Eliminata and seemed adamantly opposed to the new ideas she brought back from NURU. Her flight from home could have been due to ongoing conflict with these women; or it could have escalated it. Regardless, someone had to help care for the younger two of their four children, who were aligned to their mother's clan.

Lentiri assumed that responsibility, but only as a last measure. He was enraged at his situation--angered that he was weakened with a liver ailment, impoverished, and forced to work for his own father at three to five shillings a day. He systematically pointed out all the normal resources his household lacked then picked up his kwashiorkoric two year old child and defiantly asked me how he compared to mine. He was clearly indignant towards NURU's belief that proper education was the remedy for kwashiorkor. Would I be so kind as to find him some work, he inquired sarcastically. He may have felt compelled to take this stance because he made little economic contribution to the extended family. Were he able to bring in an income, his father's two wives might have been more helpful to his wife. As it was, Lentiri's family shared a meager 500 coffee trees and one acre of bananas with his father's family. Eliminata was not able to cultivate a pori because of childbirth.

In spite of their love and concern for their children, men such as Lentiri, Jumanne and Paulo (whose situation will be examined in Chapter Eight) were broken individuals who seemed incapable of creating a meaningful relationship with infants and tiny children. In normal nurturing little in Chagga culture encourages a father's close attachment to dependent children. Instead the father's importance is to protect

the child as an attachment of the mother, by supplying material provisions. When he fails in this obligation he can "choose" to abandon his family altogether as did Theresa Moshi's (Chapter Seven) and Rose Marealla's (Chapter Four) husbands, or he can stay at home and care for the children in the removed manner appropriate to men. Among the Chagga, father's nurturing is not an adequate substitute for mother's nurturing.

Grandparents

The child's grandfather is the one who intercedes with more remote ancestors or Ruwa on the child's behalf. He symbolically dramatizes male prestige, authority and power. On a day to day basis, a grandfather has little interaction with younger children. He is not expected to care for the child's needs, although many good natured older men are happy to lend their laps to the playful antics of toddlers. For the most part, the grandfather remains a distant, yet concerned, observer of the nurturing process.

This is not at all the case of the child's grandmother, especially its paternal grandmother. As we have seen, Chagga custom enhances her role in the nurturing process by making it taboo for her to bear children once her own children are circumcised and capable of reproduction. Her daughter-in-law has many heavy labor demands which take her away from the compound so the grandmother is the most likely member of the extended family to take over the child's nurturing. Under normal conditions, her way of relating to the infant is very similar to that of the mother--she permits close physical attachment. It is not uncommon for these older women to let the child suckle at their breast, if only for solace. In fact, if the mother dies, the

grandmother will try to induce the return of her own breast milk as a supplement to other foods. In this way the significance of lactation as a continuation of lineage life is perpetuated, and the child is given the warmth and closeness recognized by the Chagga as important to its well-being.

The paternal grandmother is a fascinating person in Chagga culture. She becomes a member of her husband's clan only through stages. At each point along the way she is reminded that she is an outsider, usually by her own mother-in-law who knows only too well her own conflicting pulls of loyalty. Her establishment as a "fully" incorporated member of the clan occurs after the birth of a son. Through him, her husband's lineage is perpetuated and through him she will eventually aspire to the position of authority and power over his wife. Yet she will always have emotional ties to her own clan which are reinforced by the ritual importance of her brother in her child's life.

The ambiguity of her situation comes out clearly in her relationship to her grandchild. In terms of control and acceptance, this woman "cares" more than anyone about the child. She stands as a symbolic opposite to the child on the continuum of living people. Like the child who recently descended from the ancestors, she is close to the ancestors with her approaching death; similarly, she is considered weak, vulnerable and dependent, yet powerful. She needs the goodwill of her husband's lineage, for it is this group who will make sacrifices to ensure her perpetuity. Yet, she must eat and since she contributes comparatively little to the food economy, her nutritional needs may conflict with those of growing children or

adults engaged in heavy labor. In other words, she can be viewed as a burden. Thus, it is to her benefit to be sensitive to the circumstances of the family. And because of her power to inflict misfortune through the worst form of curse conceivable to the Chagga--the curse of the mother on her deathbed--the family in turn, benefits from responding to the grandmother's needs.

Like the tiny infant who will be in her care, the grandmother is a barometer of the stresses in Chagga society. From birth on, grandmother and infant will work as a team to ensure the well-being of the whole clan. The child's first rite of passage--the "food of the world"--tests whether the child/ancestor chooses to grow or will fail to thrive. Eating is the child's first responsibility. It is the grandmother who assesses the child's capacity to fulfill its responsibility to life. Her judgment takes into account the emotional and material environment of the infant. The grandmother's own state of mind influences her verdict on the child's capacity to survive in a support group possibly weakened by emotional splits or poverty. If the grandmother herself feels well supported, she will probably not reject the child who refuses to eat. However, if she is gravely overstressed, she may reject the child who balks at her concoctions. Through her recognized authority she makes judgments over the life and death of potential clan members. In effect, the grandmother is a clan's most powerful living member.

The presence of such power can be seen in the family of Maria Stephen. This young woman's situation was brought to my attention by the balози of a neighboring NURU family. He said the woman nearby had two kwashiorkoric children. I was startled to be led into one of the

wealthiest compounds in the area. The largest home was made of stone; tow others were cement brick structures. There was a separate house for cooking and numerous cattle barns. Outside, the grandmother sat in a plush chair surrounded by two of the well-dressed sons, their wives, and a number of small children. The young men had advanced through high school and had clerical jobs in town. When I asked to see the children the young men explained that their condition was due to hookworm. They were swollen and their hair had turned light. The grandmother had objected to building a latrine, so the residents of this densely populated compound defecated in the coffee grove, which most likely perpetuated the hookworm problem. When I inquired about what Maria fed the children the sophisticated younger men changed from Swahili to English and told me that Maria did what she could. The problem in feeding, they said, was due to the grandmother, and they asked me to speak to the old woman, who was already assessing me suspiciously. I later discovered the source of the grandmother's antagonism toward the two children. Maria was first married to one of her sons and gave birth to two of his children. She had problems with her husband and even left him at one time. While she was staying at her parent's residence, her husband was killed during an argument in a pombe club. Maria felt compelled to return to care for her little boy and girl, in spite of the conflict that may have awaited her. She was reabsorbed into the family by forming a loose relationship to one of her husband's brothers who fathered two girls--the same two sickly children. Maria was said to be very cooperative and hard working--she simply had to be. The windowless, one room, mud house allocated her starkly contrasted to the other occupants' housing although she and

her children had access to the abundant material goods.

Since so much of Maria's time was absorbed in cultivating a lower shamba, she depended upon her mother-in-law to feed and care for her children. Maria's first child, a boy, and second child, a girl were safely aligned with the patrilineage. The two younger girls, however, had the customary affiliation with their mother's clan, so in spite the grandmother might have felt toward her daughter-in-law could be projected onto these two more vulnerable children. Maria's situation shows how important is the web of human feelings in the nurturing process. Obviously, food was not the problem in this affluent family, yet the grandmother needed some emotional appeasement for the tragic loss of her son. The anger projected onto her daughter-in-law might have offered her an escape from any feelings of regret she might have had about her son's death.

In less affluent families where resources are scarce, the grandmother's role as nurturer becomes an even more critical factor in preventing or affecting malnutrition. Maternal grandmothers are also subject to many of the same sorts of pressures, and often care for weanling children who are already stressed and emotionally difficult. Tolerance of the child depends on the grandparents' view of the parent's morality, which includes fulfilling their obligation to provide meat. This food is valued not only for its symbol of honor and respect due to aging parents; but as a real and symbolic return of the protein stores once shared with the child. It is a special offense to neglect the grandmother's customary meat provision, for her body was once the source of food to her children. Since milk and meat are equally important in clan perpetuity, it is understandable that a grandmother

feels obligated to withhold meat from children whose parents' behavior threatens that perpetuity. Sacrificing a little child to save the whole group is the old woman's duty. The mother is far less capable emotionally of taking such a measure. She wishes to control fate, whereas the grandmother's ambivalence and acquired wisdom to see the whole makes her a likely judge of whether to control or accept the will of God.

Neighbors who Nurture

Neighbors may help the mother care for her child. However, a major change in this arrangement has occurred because of mobility, division of land, and change in inheritance patterns--all of which bring unrelated strangers to the neighborhood. The high value of privacy, increasing the incidence of theft, and concerns over sorcery and evil eye have further eroded community life often making people mistrustful of their neighbors. There seems to be a growing trend to consider children as private property with private responsibilities.

Neighbors will look after a visiting child playing on their compound, but will not encourage it to share in main meals. Chagga mothers' concern over sorcery is behind their belief that no one else should cook for the child unless there is an unavoidable situation or crisis. Yet I frequently observed families giving little visitors freshly roasted bananas, maize, or sweet potatoes. It is the mixed dishes that are more suspicious and are not supposed to be given to children.

Nevertheless, there are other kinds of pressures which encourage "good neighborliness" and commensality with children. Omari and Tarde, the two orphaned boys on our collective, survived a

difficult childhood partly because of neighbors. When their mother left home, the father left the compound and became an alcoholic. It was a perfect situation for the two little boys to fail, since their grandparents were impoverished. Instead of becoming victims of their situation, they were rescued by their next door neighbor, Ngaraneza, a Nyamwezi who migrated to this lower shamba area and married a Chagga. He permitted the boys to stay with his family of five children. Ngaraneza was well respected and was one of the neighborhood balozis during my stay. As the boys matured, they moved in with Lazarro, a Waha who had also migrated to Kiminjaro and married a Mchagga. Lazarro had six children of his own and was considered a good and honest man. Both of these men stood to improve their image by welcoming the boys into their households. Because both had relatively few financial problems and were not unusual as strangers in this area where twenty percent of the heads of households were non-Chagga, they could easily absorb the children into their family and thus insure their acceptance into the community.⁶ This is less likely in the more densely settled middle kihamba belt, where children like Omari and Tarde may suffer the traditional scrutiny that selects out children from problematic families. Or they may be closed out by wealthy neighbors like Jumanne Lema's well-to-do cousin discussed in the following chapter who, once he began to open his doors to the hungry, risked an unending drain on his own resources and a threat to the survival of his own nine children.

Children Nurturing Other Children

Traditionally, most families used to hire a twelve to fifteen year old girl nurse to complement the grandmother's tasks by performing the more laborious activities of baby carrying and reacting quickly to prevent the child from harm. The older, less energetic woman supervised the nurse's work while preparing the family's food. It was the grandmother's responsibility to feed the baby if the mother was away in the fields.

A nurse was usually acquired during the three month confinement period (Dundas 1924: 201; Raum 1940: 137). Special care was taken in her selection. She was often a niece of the father or a trustworthy child of a neighbor. In addition to the training in child care, the girl received her room and board (if she lived far away) and a goat if her charge was without blemish at the end of her stay (Raum 1940: 173; Gutmann 1926: 279).

Like other relationships in Chagga culture, the institution of the nurse had ritual expressions that gave meaning to the role. Raum (1940: 138) illustrates this with the following discussion of two events in the child's life.

Thus it is the nurse who ritually announces the eruption of the first tooth, even if the mother has actually discovered it. The baby is made to laugh, whereupon the nurse calls the mother; 'Look, the house has got a new prop!' It is only now that the mother may express her joy. Likewise the first calling of the child by its name is performed by the nurse. Having been informed of it beforehand, she hands the baby to its mother to be suckled, saying: 'Here mother. Take Such-and-Such!' The mother, stimulating astonishment, asks: 'When did he get his name?' To which the nurse replies; 'He had to wait a long time for it!' Only now does the mother's face-brighten up and she receives the child, wishing him luck and his grandfather's blessing. Here quite definitely the nurse assumes before the world of spirits guardianship over the child.

Changes in this institution were evident during Räum's stay. Gutmann (1926:279) also remarked on the changes taking place. He noticed that the age of girls dropped drastically, so that they hardly seemed capable of carrying their charges about. He attributed the change to the "result of great thrift which modern economic conditions demands from parents." However, the ritual connections between nurse and child were still maintained during Gutmann's stay. This was not the case in my own field observations. Only better-off women employ an older girl nurse, but this is merely an economic arrangement devoid of ritual content: The average woman is helped by relatives and neighbors, if it is her first child. Otherwise, young siblings, both boys and girls, are left in charge. Usually, these children are between the ages of four and eight, because school responsibilities keep older ones away from home. Often the little nurse looks after the child when the mother is around so that she can get on with her work, but the actual physical care including meal preparations, remains with the mother. Thus, when the mother is absent the children eat left-overs, finger food, or sometimes go without. The substitution of these young nurses, a growing norm on the mountain, presents health complications in cases where the baby has not yet been weaned or is being bottle fed. Even if the mother was aware of the necessary hygienic precautions to be taken with food and bottle preparation, I never observed the nurses following suit.

Because mothers have every reason to worry about the well-being of their infant in the care of another little child, they often resort to instilling fear in the nurse to force him/her to be responsible. In better-off families such a child is also positively rewarded and

and takes some delight in the responsibility. Often the bonds between these two (the nurse and child) are extremely close and persist throughout a lifetime. In stressed families, the relationship is more erratic, with the nurse becoming resentful of her charge and being easily distracted in other activities. Although abuse of an infant or toddler by a nurse is unheard of, neglect is common and expected. Therefore, whenever other persons appear, the nurse changes from a more detached mode of relating to an attentive one to exaggerate and advertise the care which she/he less frequently gives in private.

Nursing is not the only care provided by siblings. For little children siblings can be the main source of delights. It often seemed to me that Chagga babies and toddlers were the favorite playthings of older brothers and sisters. In happier circumstances, children are rewarded by being able to hold and carry the baby. Since the parents are often busy, the older children spend hours training the little ones to sit, walk, talk, etc., and any of the babies' achievements are identified as their own. It is a form of Chagga community life, reflecting the patterns set by adults.

Sibling meals are also shared similar to adult eating customs within the household. Depending on the kinds of food and the circumstance, a family may eat from a shared pot or distribute food on individual plates, with the latter considered preferable. Hurried meals, cold left overs, and maize ugali dishes with a liquid stew are usually eaten from common plates. The Chagga feel it is important that smaller children receive their own dish to ensure a balance in their diet. An older sibling often has the responsibility of feeding

the younger ones. People more often adhere to this rule when their energies are not drained from constant emotional and economic conflict. In problematic homes there is less energy to attend to this task so little children must fend for themselves. If food is actually scarce, older children will meet their nutritional needs first, rationalizing that their baby siblings cannot chew and digest protein foods.

The Child with Kwashiorkor and the Impact
of Its Illness on Nurturing

On a physiological level, kwashiorkor is viewed by the Chagga as a polluting disorder of the child's body, especially its digestive system. This is because eating and appetite are fraught with problems, and diarrhea is an accompanying symptom. Diarrhea is understood to drain the body. Continuous refusal to eat under these conditions is an absurdity in the face of the normal needs of a growing child. At a time when close physical contact with another is still necessary for normal development, a child with kwashiorkor becomes miserable, hostile, unsociable. I observed most younger kwashiorkoric children isolated on a mat or bed, older ones apathetically picking straw from one side of a mud house or engaged in some other nonactivity. Such children are irritable and do not wish to be touched since the high level of nervousness accompanying the syndrome makes it actually painful for them to experience contact. The pale, flaky, ulcerated skin inhibits any kind of caress; and the hair begins to lighten and fall out. This physical appearance mirrors a disorder in the aging process as well as a frightening glimpse of what is in store--the spirits are thought to be light haried and light complected. In a

sense, the body of a child with kwashiorkor defies the very attachment whose loss the child is mourning.

Negative reactions to such children create more stress in already stressed adults who give less attention to a child who arouses ambiguous emotions. The child, in turn, absorbs these negative responses and swells with the disorder surrounding him. Kuvimba (to swell) is another bodily response associated with death, and is the Swahili term used by the Chagga to describe kwashiorkor. Under these stressful conditions protein becomes hard to digest, and the child's life is marginally maintained with starchy foods which give the child the feeling and appearance of being filled, thus reducing the guilt of those responsible for its growth.

I believe that kwashiorkor and the related syndrome marasmus are a combined physiological/behavioral manifestation of the stressful experiences, similar to alcoholism, obesity, anorexia nervosa, and other eating problems. While the latter are common in situations where older individuals can "control" the substances which they consume, stressed little children have more limited control over their environment. However, they can control their relationship to the world, which they so painfully experience by refusing to eat and drink or by developing digestive disorders (such as found in celiac disease) which also affects loss of appetite. It is a self-destructive response to a world which the child perceives is neglecting its needs. That medically induced cures through controlled feedings are often temporarily successful, shows that the child's sense of hopelessness can be transformed. Food supplied within a hospital setting may initially trigger the child's transformation. The increased sense of well-being may be partly due to the child's removal from the

intense demands to reciprocate. It may also be due to greater regularity and consistency in contact and feeding which may have been missing in parents whose tenseness dissolved into apathy.

In the child's home environment, food and support are almost inseparable parts of a child's life line. When support becomes undermined through reduced economic security and increased internal conflict, little children are deprived of a stable attachment and sometimes can be deprived of food. Kwashiorkor is an expression of the child's mourning for its loss.

In an article on deprivation in infants and young children, Prugh and Harlow, (1966: 215) summarize the factors they consider as important in initiating a mother deprivation syndrome:

It would seem that the child's response to separation as a representative potential trauma, is a complex process, influenced by its nature and duration, the quality of mothering before and after the experience, the age and stage of development of the child, and the emotional conflicts with which he is principally dealing. Also important are such factors as the child's physical health, his integrative or other ego capacities, and the nature of important later events. The influence of other variables such as the inborn or acquired biological capacities of the child are more difficult to assess but must also be considered.

What I have attempted to show in this chapter is that the stage for emotional stress is often set before the child becomes ill. The child is reacting to ongoing conflict and deprivation. Once it becomes ill, the family experiences even more stress. Kwashiorkor is a stressful illness to manage, not only because it signifies a moral failure on the part of the parents, but also, and perhaps more importantly, because the child fails in its major responsibilities in a reciprocal exchange--it refuses to eat, it refuses to be connected, it seems to refuse life. Nurturers become more withdrawn and the child,

less responsive. The nurturer's reaction to the child's lack of response is communicated to the child, and a cycle of resentment and frustration in the nurturer-child relationship is established.

The next chapter illustrates the process by which problems of reproducing and providing for children come to characterize particular families' lives. Central to my thesis in importance, Chapter Seven brings to life the problems, not only of the families, but of the whole community, in handling a malnourished child.

Footnotes

1 I had the opportunity to closely observe people caring for their children with the birth of three children to members of our farm collective. The first born was Johani, the youngest of six children who came to his parents under "normal" circumstances. His development from birth to three is the basis for many of my ideas about child-rearing under good circumstances. Opportunities to observe the care of other children, including my own, added to my understanding of child-care norms. Since mine was a first child, most people assumed (correctly) that I needed direction and instruction in the handling of an infant. Many Chagga norms regarding child care were exaggerated to give me, an ignorant outsider, lessons in important concerns. In all, observations from these experiences have a consistent rhythmic pattern.

2 According to a forty year old Chagga friend of mine, this pattern of leaving the baby at home while the mother goes to market is a radical change from the past. The two of us were doing research together on the young child. She suggested that we go to the Machame market to observe mothers and children interacting. When we got there, there were no children in sight. This highly educated woman did not frequent the mountain markets, and when she did, she was not looking at them for bits of information. She was shocked to see that children were not present; and when she inquired why this was so, she was told that children were in school and babies should not have been around an area with so much uchawi (witchcraft and evil eye).

3 The shock of trying to care for my child according to the western pattern came during my one trip home. I flew on a chartered East African plane from East to West Africa to London. My eighteen month old son would wander down the aisle and be immediately taken up by the passengers--almost all African and Asians--who were delighted to have the flight's monotony broken up by this little bundle of entertainment. I noted that other children were enjoyed in this same manner as well. On the British plane from London to the States we sat across the aisle from an American couple who seemed irritated that the child was allowed to roam. In fact, this attitude seemed to be held by most all the passengers so children were strictly confined to the lap. I noticed while at home that people were annoyed by the presence of children at social gatherings. People were more reluctant to share the responsibility of interacting with someone else's child than were the Africans I observed.

4 My relationship with Sikina slowly deteriorated to the point that we no longer spoke with each other. She resorted to hostile acts of aggression that sabotaged our community life. She failed to clean up her own litter, took banana stalks that belonged to all of us into town to seel for herself, and stole eggs from the secondary school boys' hens. She was upsetting everyone, but especially me. I could no longer tolerate the stress and called for a baraza (judicial meeting). I told the boys that I was going to confront her and they begged me not to because, they said, she was a witch. One of the boys' fathers came to conduct the baraza and after much discussion about our cooperative needs, I raised my hand and then blurted out with growing force that

Sikina had betrayed my friendship, that she had only used me for material gain and that she was stealing from the shamba and from the boys. Her gentle tiny husband Mohammed tried to mediate and suggested that I had these feelings since I was pregnant, and as everyone knows pregnant women are hali (mean, sharp, powerful). Much discussion ensued and Sikina was forced into admitting the thefts. It was decided that she would have to leave the shamba for four months--two months before my baby's birth and two months after. She was distraught so we agreed to help them make a temporary home not far from us. Before they moved Sikina had a horrible fight with her husband and went into hysterics chanting as if possessed by spirits. She finally moved a couple of days before Christmas. On Christmas day she drank pombe in our neighbor "village" Lukaranga.

The day after Christmas I was visited by an obviously disturbed woman named Christina whom I had never met before. She had been drinking pombe with Sikina and for the first time in her life went kichaa (crazy). We took her down to KCMC where she was admitted with the diagnosis of acute alcoholic psychosis. She seemed to have a special affinity for me. She was constantly touching me and spoke a series of languages--German, English, Kichagga and Swahili. Everywhere I walked in the hospital she followed as if attached, so that if I stopped, we bumped each other. I did not think that peculiar since I had worked extensively with people who had psychiatric disturbances and assumed that her attachment showed that my talents transcended cultural barriers. The evening of the day we took her to the hospital, she showed up on my door step talking in tongues one moment then catatonically rigid the next moment. We all persuaded her to stay in one of the houses for the night and the next day a group of us, including her husband, took her eight miles up in the mountain to her home. We tried to trick her into thinking we were only making a visit. Once there, and after some discussion, I got back into the car with the others while Christina was taken out back by her father. She heard the motor and started running towards us and fell against the window with a hideous, murderous look upon her face.

Around two o'clock the next morning I heard unusual sounds on my tin roof. My husband got up to see what it was and slowly pulled open the porch curtains to find Christina peering in. Both screamed and ran in opposite directions. We yelled that we would get the police if she didn't stop badgering us and went back to bed to try and sleep. The next day I found my door step littered with a number of objects--flower petals, charcoal, coffee beans, stones. Christina had already been taken home again by some helpful neighbors. One week later as I was picking lillies by the irrigation ditch, I saw Christina coming towards me over the horizon. She was carrying an iron pipe in one hand and a rag bundle in the other. Without greeting, I asked her what she wanted since I felt rather vulnerable in my ninth month of pregnancy. She kept coming closer without saying a word. When she raised the pipe as if to strike me, I screamed. She fell flat on the ground with her legs sticking straight up. Thinking perhaps I had misinterpreted her gesture, I walked towards her. As I approached her side she jumped up and opened her bundle which she thrust towards my face. Again I screamed and the whole community came running.

The interpretation people gave for Christina's behavior was that she had been bewitched by Sikina. The hospital psychiatrist said such behavior could have been caused by hypnosis.

5 Raum (1940: 129-131) gives a detailed account of the father's role in the education of his older male children.

6 The Lukaranga area was once shamba territory which has been converted into kihamba land. Lower slope kihambas are more open to outsider settlement. The twenty percent non-Chagga heads of households in Lukaranga was a pattern characteristic of the lower rather than the upper region of the cultivation zone.

CHAPTER VII

FAMILIES AND THEIR NEIGHBORS WHO EXPERIENCED KWASHIORKOR

The most fortunate of normals is likely to have his half hidden failing, and for every little failing, there is a social occasion when it will loom large, creating a shameful gap between virtual and actual social identity. Therefore, the occasionally precarious and the constantly precarious form a single continuum, their situation in life and analyzable by the same framework (Goffman, Stigma 123).

Introduction

On the surface, the majority of NURU families seemed to have some means of providing adequate food for their children. Most of them were not isolated units, but part of an extended clan network which included better-off kin who often lived next door. Both NURU families and their neighbors nostalgically referred to a time when brotherly and chiefly obligations provided, at least ideally, a more secure subsistence insurance during times of scarcity. The following description illustrates how a growing dependence on cash income in Chagga society appears to be a major force disrupting community welfare systems and loosening ties between spouses and between generations. Cash dependency creates a large pool of excessively poor individuals who provide cheap and accessible labor to better-off Chagga. Reactions of the poor to their plight range from rage to indignation to fatalism. The hunger they endure represents the moral failure of the larger society. The better-off, torn between their obligations and their fears of a reduced

life style, erect multiple defenses to shield themselves from their own feelings of failure, providing further barriers to a solution.

An understanding of kwashiorkor is only possible in context of the physical and economic environment of the families affected. In the following examination of five families I explore pertinent historical factors and birth spacing disorders which might have contributed to malnutrition. I also compare the economic status of the immediate neighbors with that of the family investigated, in order to understand how that family comparatively views their situation. In addition, I discuss actual or potential conflicts between the family and neighbors, and whether the neighbors' attitude towards the failure of the NURU family to feed its children affects the family's ability to provide.

Damas and Esteria Moshi's Family

It was not Damas Moshi who was singled out as a failure and suffering stigma; it was his better-off father, Elikana Moshi, whose bad moral record jeopardized his social standing within the community. Elikana is typical of a growing number of older men on Kilimanjaro who once enjoyed greater affluence but who have been forced by economic fluxuations to feel financially insecure. Father-son conflicts typify the large number of intra-familial land disputes, now the most common form of litigation. In four of the ten families studied, father-son land dispute exists. In Damas' situation the interpersonal difficulties involved in these disputes will be shown to have far reaching consequences for the social network that nourishes children.

My first encounter with the old man Elikana came about when I sought him out for information concerning a NURU child. I was told Elikana was her balozi (10 cell leader), but when I got to his house I

found that he no longer held that position. The following excerpt from my diary that day captures some of his reaction to my visit:

After a lot of chit-chat (with his daughters) we went outside where I spoke to Elikana who could hear what he had been talking about (cooperating). I asked him about getting help from neighbors and relatives these days and his first answer was, "It's the same as before." He later stated in an extremely defensive manner, "You can't give out support these days because you have your own problems." I assumed he saw the question about getting help in terms of himself--by most standards he is a wealthy man. He said, "You can ask once for food or help but not a second time. People have changed. Before there was much more cooperation. If you need help these days you can go to KNCU where the balozis have sent the names of those in need of food."

Elikana definitely had his own problems. His compound was large with a number of buildings including a brick house which appeared to have been a fine structure originally, but presently was in a state of disrepair. The clearing was unkempt--uncommon for an owner of a large coffee estate estimated by his children to be between 3,000 and 8,000 trees. I was especially surprised that no one mentioned that Elikana's son Damas also had two girls institutionalized at NURU. There was something defensive in Elikana's manner. Implicit in his statement was that Damas should go to KNCU for food rationing during the current drought. Why did this man shirk his responsibility towards his own son and grandchildren?

The answer was given when I first went to Damas' house, during my conversation with Elikana's oldest son who was visiting. Damas' compound, located on the far edge of his father's estate, was one of the most deprived units I had entered. Made of mud and thatched with banana leaves, it too was in need of repair. There were no chairs nor any other income indicator items. It contrasted dramatically with his father's house and those of his better-off neighbors. When I told the older brother that the purpose of my visit was to find out what caused

his niece's malnutrition, he answered that Elikana had refused to partition his coffee land even for cultivating crops. He had given his oldest son a space to build a home, but the eldest moved with his wife to the pori (lower slopes). The youngest son was married, living at his father's compound. Damas was one of two middle sons, the other having moved into Moshi town. To refuse one's grown children a space to grow food crops during drought conditions is an affront to Chagga values of commensality and lineage solidarity. With such a clear case against their father the sons took him before a court of elders. Although judged in error and told to partition his land, Elikana refused to act.

Elikana felt especially righteous in his treatment of Damas. Two neighbors concerned with Damas' plight said that Elikana had given him chimbia (bride price) and had selected a bride from a family of friends. Damas squandered the money on alcohol, consummating his marriage in shame. The neighbors tried to explain a father's predicament during times of scarcity, but they clearly sided with Damas despite his shameful behavior.¹ For a man to refuse his son food when it affected the well being of his grandchildren was an even greater shame—one that stood as an immorality against maintaining lineage solidarity. The neighbors described Elikana as hali (mean), saying his meanness was behind his actions. When asked if Elikana was unconcerned about tambiko (ancestral offerings) which would ensure his perpetuity in the afterlife, they answered affirmatively, adding that he had recently begun to read the Bible, an alternative to the traditions of tambiko.

Damas' response to his father's behavior was to persist in the dispute rather than follow his brother to the lower plains where his options might have been enhanced. He was said to consume a great deal of alcohol, which his wife blamed for the children's lack of food, but which his neighbors defended, saying that he drank out of despair. They added that a solution to his problems, which they considered to be basically economic, would result in less drinking. At the time he was working as kibaruwa (day laborer) at the mission for three to five shillings a day.

I met Damas for the first time towards the end of my research. By then, I had organized a meeting for the fathers to initiate a co-op. Damas, amazingly robust and alert despite his family's poverty, had just finished venting his indignation towards Elikana. I asked him if his father wanted him to be self-reliant and move off the land. With a great deal of agitation he retorted that this was exactly his father's position--that Elikana had bought the land himself, started the coffee crop with no outside help and expected his sons to do the same. Elikana was supported by the Tanzanian government ideology of kugitengamea (self reliance), which may have provoked Damas' defensive response. Damas agreed to come to the co-op meeting, but failed to arrive on the appointed day. When I asked others why this might have happened, the woman next door again spoke in his defense. This was her reply as noted in my diary of that day:

I asked if she knew why Damas didn't come to the meeting and she said because of the rain. She then pleaded with me, saying he badly needed a start. I was impressed with her concern. I noticed every time I came to their house, Damas' children were about and she said they often eat with her family.

The rain could have been an obstacle as the neighbor suggested, or there might have been extenuating circumstances of which I was unaware. More probably, however, Damas felt ambiguous about joining such a venture. Since his family's deprivation illustrated to others the extent of Elikana's moral decrepitude, a successful co-op might weaken his stance against his father. If the venture failed, then he would have wasted precious energy, and an additional failure of someone already besieged by misfortune could swing community sentiment against him. He also might have felt sensitive about joining a group of individuals stigmatized by past misfortunes and united on the basis of a common misfortune--the malnutrition of their children. It was a rational choice that Damas chose to retain his strong support by the community and hope to benefit all his family in due time even if the risk involved was temporary nutritional deprivation. His job as a wage laborer at the mission simply perpetuated his dependence and fortified his reluctance to change.

Damas' family was caught between the stubborn father pitted against the stubborn son. At the time of my visit two of Damas' children, Yasinta and Rose, still had signs of kwashiorkor and were plagued with diarrhea. Their baby sister had died the year before at the age of one, while the oldest child, an eight year old girl, was healthy and without history of chronic illness. Their mother, Esteria, expressed gratitude for what she had learned at NURU yet must have been frustrated by her inability to apply her new knowledge. With

their compound completely surrounded by the untouchable, unedible coffee of Elikana, she had no room to develop a small vegetable garden. During the course of my visits I observed a pitiful effort to plant flowers and build a latrine, to be completed with their neighbors' help who lent Damas money for the wooden top. Esteria cultivated a small maize and bean garden miles below their home, which meant that the children were cared for by their eight year old sister most of the day. One day a week the family bought and ate 1½ kilos of meat. The only other source of high quality protein in their diet was one to two pints of milk at one shilling and thirty cents a pint. Health differences between the three living children appears to have followed a pattern often found in other situations. Structurally, their mother's position as a member of her husband's clan had been weakened. Incorporation into the husband's clan takes place over a number of years and accompanies bride price installments which are made at various points during a woman's marriage. As we saw, Damas squandered the money to be used for marriage payments. All of his children were illegitimate, which would have placed them in the wrath of their father's ancestors. These children would have belonged to the mother and her clan, positioning them ideologically at odds against those with whom they were to reside. Under such circumstances Elikana would not have allowed his wife to go and care for her grandchildren. Esteria's own mother, who did not live nearby, would be less motivated to assist a daughter whose children brought shame upon her clan. Lack of bride price sabotages the customary linkage between the clans and leaves the children suspended without support.

The predicament of illegitimate children is appreciated by the Chagga. In the past, illegitimate fetuses were usually aborted or killed at birth. (see Chapter 7), but both practices have been outlawed by the church and colonial and independent governments. With the growing commonality of Damas' predicament--landlessness, disputes with kin, no funds for bride installments--more illegitimate children survive the cultural mandate for elimination. A young father caught in this position might realize that the alternative of postponing children under such uncertain circumstances is not acceptable. With luck, he may be able to win his court case against his father and eventually by making installments to his wife's family and sacrifices to the ancestors his children may become legitimate. This was the chance Damas took.

The Chagga customarily favor the eldest child. A boy cements the mother's incorporation into the clan and guarantees the father's perpetuation in the afterlife. An illegitimate boy is considered especially dangerous. As an illegitimate male with maternal clan affiliations the ancestor within him has the power to bring misfortune upon the father's clan. A legitimate first born girl is expected to be a close companion and helper to her mother. Illegitimate girls are considered less of a threat than illegitimate boys as they eventually will be allied to another clan through marriage. However, the vicious circle is sometimes perpetuated if illegitimate status reduces the girl's chances of securing bride wealth. Most likely, Damas felt that this would not happen. His hopes focused on the future, and the oldest girl was able to help at home. In charge of meals during her mother's absence, she competed with the younger children for the choice foods.

Next door to Damas were his two concerned neighbors actively involved in his case, Ludovick and Johan. Both were relatively well-off with cement houses, average size coffee holdings (1½ acres), and livestock. Ludovick was a school teacher and permitted Damas' children to eat with his family on occasion. This indicates the extent of trust between the two families because children are usually cautioned against eating with people outside the family. Evil eye, sorcery, and witchcraft were believed rampant--and on the increase. I got the impression from Ludovick that the children were not encouraged to become dependent on his family for food because he wished to protect himself against liability from such accusations. Both neighbors saw Damas' problem as chronic. They empathized with his fight against Elikana and expressed hope that the old man would give in. Few would hold Ludovick (who represented Damas in court) irresponsible in his obligations toward his neighbor--he had twelve children of his own. Johan, Damas' baloz, was in a similar position with seven children to support.

If I judge their involvement correctly, the drain their young neighbor placed on their own material and emotional resources was tremendous. The bind demanded an outlet--a focus for their guilt and anger. Elikana was the logical scapegoat. They and the rest of the community felt that if the old man were not miserly, his grandchildren would not be suffering. Damas' drinking was understandable. For Chagga drinking is considered an acceptable emotional vent for social disharmony. Although being ulevi (a drunkard) would have been a stigma under different circumstances, Damas actually gained power by increasing the visibility of his conflict with his father. His shameful squandering of bride price money was also understandable; the old man's

meanness forced his children to behave in abnormal ways. All Damas' failures, including his children's malnutrition, advertised his rightful position against his father. If Elikana were to give in or die, the community would have cause to condemn Damas as they had his father.

The old man--tired, hostile, withdrawn, defensive, and reporting many physical ailments--was reading the Bible to seek solace from the Christian God who appreciated his rightfulness. His four sons were not providing him the social security due an aging man. Coffee prices were unreliable, and his crop had been plagued by coffee berry disease--a grim picture considering the sharp rise in commodity prices. He was losing control over his life, yet rather than give in he remained adamant in his rightful position. Why were his sons not self-reliant as he had once been? Why did they not contribute to his welfare as custom required but wasted their money on alcohol?

His emotional reaction to this loss of control was to be domineering, although his son held a more powerful social position. Because of his bad moral record Elikana was socially discredited and sought to manage the resulting social tension by controlling information. Damas needed to control information as well, since his misfortunes could in time work against him instead of for him. Both men were enduring considerable stress and had children dependent on the outcome. With insufficient food, poor living conditions and lack of adequate care, it was small wonder that the younger children suffered kwashiorkor.

Ngaria and Theresa Moshi's Family

A half mile from Elikana's kihamba and a quarter mile from Damas' home lived Gabriel Moshi, a malnourished child of about 20 months. His father, Ngaria Moshi, was first cousin to Damas and nephew to Elikana. He earned nine shillings and 50 cents a day as a day laborer cutting coffee trees in nearby estates.

The Moshi's closest neighbors were a formerly wealthy family headed by Elizabeth, a recent widow. Elizabeth expressed pity over the condition of Gabriel's mother, Theresa, pointing out that she was exhausted from giving birth to eleven children and that Gabriel's cheeks had begun swelling after he returned home from NURU. Elizabeth blamed Ngaria for Gabriel's condition claiming he had spent all the available cash on pombe. According to the Moshis, Elizabeth was a good neighbor since she gave them bananas when they had no money. That was the extent of her material generosity: her husband had died the year before, and the coffee berry disease of the last two years sliced into her income. Although five of her children were adults who contributed to the family economy, her two younger children were still in standard school. Already her life style had begun to deteriorate and she was just as involved as the Tarimos in trying to improve it.

The Moshi's compound adjoined that of Ngaria's youngest brother, who lived with his family in his mother's house. The two main houses of both families were separated by about twenty feet and large dracanae hedges. Their compounds were well cared for, and although the younger brother's house was deteriorating, a new cement block structure was already under construction to improve it. The younger brother worked as a driver for Kilimo (Minister of Agriculture) in Arusha, 60 miles away,

and was fortunate to receive a monthly wage of 340 shillings. This enabled him to improve his house and to keep his four children, wife Helena, and mother in good health. The older woman, exerting a powerful influence on these two families, preferred to stay in a traditional roundoval (made of thatched banana leaves) close to her youngest son's house.

Because both families shared a kihamba of only 600 trees, there were already potential conflicts over resources when Ngaria began his family. Ngaria and Theresa's first child, a girl born in 1951, died during infancy from unknown causes. The next child was Eusta, who at the time of the follow-up was married with a new baby. Between 1956 to 1959 four more children arrived. No children were born during the sixties when Theresa acquired her sister-in-law Helena, who gave birth to four children in the years 1967, 1969, 1971, 1972. Theresa's last cluster of births (five children born in 1970, 1971, 1972, 1973, 1974) overlapped with the birth of Helena's children as well as the birth in 1974 of her own grandchild by Eusta. Tradition obligated Ngaria's mother to assist Theresa with childcare and other household tasks before and after birth. It is possible that this normally conflicting situation between women could have turned sour when Theresa's first child died, which the older woman might have interpreted as a sign the ancestors were irritated with the young couple's behavior.

The grandmother apparently had her own reasons for being irritated with them. She resented her oldest son who maintained his rights to a plot of land insufficient for the needs of two large families. Ngaria's failure as a wage earner noticeably stood out when compared to the success of his younger brother. In his drunkenness he neglected to

provide meat for his mother--a grave offense against a highly valued lineage obligation. She realized the importance of cash and might have encouraged him to follow the path taken by other eldest sons--a movement off the mountain in the direction of accessible wage labor.

Grandmother Moshi faced an emotional dilemma since customarily the oldest son is the most cherished child. Through him she gains membership into her husband's clan. He becomes the family authority at his father's death, controls the largest portion of land, and is ultimately responsible for his mother's welfare even though she resides with the youngest son. The conflicting emotions this woman felt toward Ngaria were projected onto her daughter-in-law, Theresa. Her treatment of her two daughter-in-laws was strikingly different. She was openly hostile towards Theresa, whereas she was cooperative toward Helena. In fact it appeared that Grandmother Moshi was forcing Helena to take a stance against Theresa. When the grandmother was not present Helena expressed pity and concern over Theresa's situation mentioning the lack of cooperation between women. Women could no longer be expected to help during or after birth or with child care, said Helena--they had too many responsibilities to their own families. Yet later in her mother-in-law's presence Helena told me that Grandmother Tarimo took care of her four children while she went to cultivate, in addition to helping her for four months after each birth.

Many factors explain why Grandmother Moshi neglected Theresa and used her as a scapegoat. Guilt was probably involved because it was the mother-in-law's duty to provide assistance to her daughter-in-law, especially the first one who would be the source of her authority. Yet the pressure on this extended family who shared a limited land plot and

were overpopulated by their own fertility, forced the older woman to select where her own limited energies would go. Aligning herself with her younger daughter-in-law was logical because Helena's family could more successfully provide for her welfare. Theresa's large, impoverished family had too many needs. The old woman could cite Theresa's infractions of lineage tradition: the death of the first child, failure to maintain a post-partum sex taboo (actually the husband's fault), and giving birth after her daughter had married and born a child. Although Grandmother Moshi was morally justified in shunning Theresa, she had to modify her indignation in order to gain and maintain the support of the younger daughter-in-law. Helena had also failed to maintain the post partum sex taboo--her last two children were born within a year of each other. After blaming Theresa's close births on her excessive fertility, Grandmother Moshi and Helena said that the spacing of births was shauri ya Mungu (the will of God). If the grandmother opposed one woman, she would have to protect the other for she could not exist without one family's support. Helena was also in a dilemma. If she befriended Theresa she risked losing the old woman's assistance and favor. Although she empathized with Theresa's intolerable life, she did not want to jeopardize her own security.

That Theresa remained cheerful and energetic despite a void of extended family support was miraculous. She managed to plan a small vegetable and flower garden within the matted clearing that formed her family's compound, and expressed pride in that achievement and in her new knowledge acquired from NURU. She maintained an almost sisterly relationship with her daughter Eusta who was able to provide emotional support. Perhaps by maintaining a positive appearance Theresa was able

to prevent disputes. If she bemoaned her unjust treatment by those shirking their obligations the tension in this already extremely stressed family could explode into dispute. Most likely Ngaria would not win community support, and might lose his land.

When Theresa went to cultivate, her eight year old daughter cared for the four youngest children, all boys. Gabriel was the third boy born in this cluster, aligning him to his mother's side. He was also a weanling--displaced from his mother's breast at the age of six or eight months. His infant brother had been sickly for some time, despite Theresa's attentions. It was not for lack of mother's love that these children suffered malnutrition. Deprived of her husband's or in-law's support, Theresa did everything in her power to provide food for her young family. She brought home maize from her fields, she went to the KNCU center for handouts to drought stricken victims, she accepted what subsistence the neighbors offered and she brewed pombe for sale. Theresa was determined her children would survive to compensate for the death of her first born child that had marked her as maternally inadequate for life. What aibu (shame) she experienced from other failures would be offset by being a model of kutitengenea (self reliance). Yet, the recent drought had wreaked havoc on the land and one could not predict how long a human being could continue to persevere.

Jumanne and Mirium Lema's Family

Hamisi and Adjia were two of five malnourished children who belonged to Jumanne Lema. Jumanne's predicament has some similarities to Damas Moshi's situation, with some noticeable differences. Jumanne was not a typical Chagga man and entered a rather homogeneous neighborhood rather late in life. He became fully aware of his outcast status and had

as his only recourse an adaptive technique which affirmed rather than denied his status. Jumanne's family was the first I visited during the follow-up study. He stands as a central figure in my personal recollections of that research experience. Not only did I have more contact with him than any other individual, but he was also a focus of attention for the rest of his better-off neighbors who were concerned and ashamed about his predicament. Through Jumanne I came to appreciate the concept of relative poverty and how one's comparative deprivation distorts the perception of control over one's life reducing self esteem and motivation. But Jumanne also had to struggle against very real obstacles--such as community antagonism--which kept him from improving his lot.

The first day I entered the mission area to replace one of the Chagga university women, I was brought to the TANU headquarters.² Since the previous investigator had initiated contact with a couple of families, the community was informed of our purposes. A crowd gathered about as the young Katibu Kataa (TANU chairman) expressed special concern over the difficulties of the family (Jumanne's) I was going to see. All agreed that some extraordinary measures had to be taken to assist them--they seemed to have no control over their lives. Two dignified men (the TANU bookkeeper and an older well dressed resident of the area) escorted me to Jumanne's house. As we were walking, Jumanne passed by--I noticed him immediately. Startled, he was called over to join us. Usually the Chagga give long, courteous introductions but none were given to Jumanne, who stood mute while his neighbors pointed

out his deficiencies to me. "Look at this hair, Bwana," the older man said as he casually grasped it in his hands. "You must cut it if you're going to have visitors. And your clothing is a disgrace." The unkempt man, whom I thought must have been the "village idiot," agreed that he was disgraceful and rushed off to change his clothes before we could reach his home. He was dressed in burlap sacking and his hair was uncombed.³

The road we took was a broad, muddy avenue wide enough for a truck. All the homes near the road were set back behind coffee, banana trees, dracanae bushes, and other shrubbery neatly arranged to provide maximum privacy. For some reason, we stopped at a large wealthy compound belonging to Jumanne's paternal uncle. There we met Agusta, wife of Edwardi Lema, Jumanne's uncle's son. She apparently had taken an active role in helping out with the difficulties experienced by her husband's cousin and was a welcoming informant to the young researcher who preceded me. Her husband, outraged that she gave information about their financial status, kufukuzwa (threw her out), and she sought refuge with her mother-in-law across the way. Even though her husband had an average coffee kihamba (2 acres of 1,300 trees) his compound was one of the wealthier mountain homes on Kilimanjaro. I was never invited to visit there; the man refused to see me even though I was friends with his wealthy cousin who lived in my neighborhood.

I gained access to Edwardi Lema's house a couple of months after the follow-up was completed. With a photographer accompanying me to capture the contrast in life styles, I entered the compound hoping to discover someone at home. No one was there except one of the

elder daughters who invited us in. The main house was filled with the latest devices and comforts--refrigerator, plus chairs, radios, cabinets, and wardrobes. Outside, other buildings surrounded a well-kept floral compound. One of the smaller houses was a white brick stable with electricity and glass windows, where four Jersey milk cows were housed. Edwardi Lema, an executive for KNCU, had some controlling interests in a meat marketing business.

That his father's coffee estate was much larger than his could be measured by the eight coffee drying trays stacked neatly outside. (Most families owned only one or shared one with a number of families.) The older man's tidy, picturesque compound contained two large brick houses and one brick house with cement surfacing, which had a motorcycle parked on the outside. A sweet potato garden was being cultivated by Edwardi's mother, who was harvesting some yams and sugar cane plants along the irrigation ditch. That their garden was unusually large (about 1/8 an acre) became evident as I saw that almost all space at this level was taken up with coffee, houses, roads, rivers and irrigation ditches. Very few food gardens were planted.

Agusta, who acted as the family representative, led the way to Jumanne's house, clearly visible from the road and about 200 yards from where we were sitting. Little attempt had been made to keep it private irregardless of the strong values Chagga place on home privacy. It was a single building made of unsurfaced mud with a poorly thatched grass roof and flattened tin cans covering spaces to prevent rain from entering. The questionnaire I took that evening describes the condition of the compound.

House in bad state of repair. Debris thrown about. Cooking utensils not washed. Large room at back used for cooking only. Two beds made from leaves and sacks; smelled of urine. Poor ventilation within home. Fairly large coffee shamba, but no garden. No attempt to plant flowers even though neighbors nearby have them. No objects of interest for children, not even empty cans or other garbage. No animals kept; although father added one extra room to his one room house for animals. However, he says he hasn't had enough strength to make a door and without a door no one would lend him animals to care for.

As we approached this setting we found Jumanne's wife Miriam outside, yet she ran so quickly into her house I did not notice what she was doing. When I met her she kept exclaiming Yesu (Jesus) and began giggling. The following excerpt from my diary describes Miriam, Jumanne, and the events that followed our first meeting.

. . . (Miriam) seems to be a highly agitated person. She was dressed in rags as were the four children outside. After waiting a few moments, Jumanne himself stepped outside holding their infant girl. In contrast to his wife he had a great deal of personal presence. It was very difficult to describe him. According to the social history taken at NURU where both he and his wife were present for the questioning, he is 52 years of age and Miriam, 33. In fact he looks 10 years older. With large liquid brown eyes and a tiny frame, he appeared frail. His clothing was tattered, and I had the impression we were waiting for him to make a change of dress.

I was explaining that we wanted to learn from them so we could teach the hospital and, if needed, the government. This sparked a few comments of kugitengemea (self help) from Alfredi (an accompanying neighbor) who emphasized that each person was ultimately responsible for his own condition. Jumanne, on the other hand, said that the government was our father and our mother, and he seemed insistent on defending its good name as protectorate of the people. Since all of the children's health cards showed deterioration, we discussed in an abstract way how this could happen to a family. All said it was on account of the food situation. Augusta mentioned, for example, that one pint of milk these days costs 1/20, and what do you do if you don't have any money?²⁴ Miriam gave quick answers to the questions on what foods were preferable for the children, the usual test given to assess the educational input of NURU, but all surrounding me agreed that this family simply couldn't buy these foods. Since

Jumanne was out the day before pruning someone else's trees, I will try to find out if he gets paid and on what he spends the money.

I noticed that Miriam had freshly cultivated an area for planting so I pointed out that it takes time for these things to grow. "Isn't there anyone in the neighborhood who can help--as people used to before?" (Two other neighbors were present, as well as the mother of Miriam, who appeared suddenly.) The response was that there were simply too many of these families, so people take what they can to the churches, and the church will distribute it. I wondered if this channel could possibly have bypassed Jumanne, a Muslim.⁵

When I asked her what had caused the children's illness, Augusta said that Miriam gave birth too rapidly, and that both she and Jumanne were incompetent parents.

Jumanne explained his situation to the first researcher, who recorded the following:

Jumanne said he was very happy for what the NURU center had done for him, adding that if it had not been for them, his children would be dead. He said that his wife did not look after the children properly, that she refused to take them to the clinic and that he was the one who took them to KCMC and stayed there for one month. Later Miriam was told to go to NURU to be with the children, yet she refused, so the TANU people made her go. She stayed there from 6/9/73 to 9/10/73 running away before she was discharged. Jumanne was the one who took the children to the clinic because Miriam akiwa ndani (was staying inside for traditional post-partum rest).

Later, as my notes indicated, Jumanne claimed responsibility for the children's malnutrition, since he earned only five shillings a day for working eight to ten hours on the Mission's estate, hardly enough to buy cooking oil and lamp oil, let alone beans, milk, and eggs. With 1,500 coffee trees (he went and counted them for me) there was no clear reason for his family's poverty. A kihamba of this size should have provided sufficient cash income. I will now try and unwind the

contributing factors which will help to explain this perplexing situation:

When Jumanne's grandfather died, Jumanne's father, a middle son, received a small portion of land (now occupied by Jumanne) while the younger son, Edwardi's father, received the larger portion. Forced by the British to work on sisal estates near the coastal area Jumanne's father was not able to cultivate the kihamba. He was young and converted to Mohammedanism, taking a bride from one of the Muslim coastal populations. Shortly after his marriage, he returned to the Kilimanjaro region and obtained a shamba in the plains where there are Muslim settlements. They had four children, one girl and three boys, of whom Jumanne was the youngest. Jumanne's mother died when he was only four, which he claimed gave him a "bad start." He lived most of his life in the pori, although I presume he may have helped his father plant coffee trees in the upper kihamba, as young sons do. The older man never built a house on the upper estates, preferring to live in the plains where the eldest child, a girl, cared for the younger ones. He refused to partition his land holdings among his sons when they reached adulthood. This, Jumanne said, was because he was hali (mean). When his father died Jumanne was forty-eight years old and for lack of land had not yet married. His sister received the lower shamba, and Jumanne finally married and came to live among his lineage neighbors on the upper kihamba. There he built a house and had five children in five years.

As far as I could judge, lack of spacing between births was Jumanne's only noticeable infraction of traditional obligations-- understandable, considering his late start. For the most part, he seemed extraordinarily compliant with his culture's rules, perhaps too much so. His and others attention to the early loss of mother and late start was material enough to provide for a self-fulfilling prophecy-- people selected him out as a failure. He became a man of little confidence. A late comer to his clan area, a Muslim in a predominantly Catholic population, and labeled as an unfortunate, Jumanne had little chance to assert himself. Instead, in a community that could have put his land to better use, he became a minstrel for his people. Were he to try to adhere to the values of maendeleo (progress) and ishima (resources) he would have to risk conflict with others over use of resources. Jumanne knew he was powerless to win disputes--the mind of the community was set against him. Acting out his stigma, wearing his failures on his burlap sleeves and uncombed hair for all to see, made him tolerable to the community. No one's values of cooperation and assistance would be challenged. That is, no one would have to admit failing to help Jumanne because he made it evident and even agreed with them that he was, indeed, a shameful person.

Miriam's situation was closely linked to that of her husband. She was literally unnerved by it. Five pregnancies, five births, and five children in five years would drain the energies of most women. Traditionally, women are not expected to cultivate during the reproductive cycles--at least until three months after birth. So the added sustenance coming from the wife's lower shamba could not be relied on in this family's case. The stress of seeing her children slowly deteriorate

unhinged Mirium's maternal self confidence. Mirium's attachments to her children appeared unusually distant--certainly being a mother under such circumstances provided little encouragement for her self-esteem. Perhaps if Jumanne had been more forceful with her, as are other Chagga fathers who see their wives shirk child-care responsibilities, she might have gained some direction to her life. Instead, he took on a number of the household tasks and childcare responsibilities and gave her the money he earned to buy food. It was as close a role reversal as I had seen among the Chagga, borne in part out of necessity. Jumanne's added help probably kept the children alive, if only in a weakened state.

My predecessor asked Agusta why Mirium had refused to take the children to the clinic when they were ill. Mirium's response to Agusta was that it was God's will (Kazi ya Mungu) that they get sick. Mirium had no reliable social supports to assist her. Jumanne's mother was dead--paternal grandmothers are the first choice for childcare assistance. Mirium's own mother who lived within walking distance was there on occasion, but I never saw her caring for the children. She usually came for a meal for herself. Neighboring women, while concerned, could not be counted on for daily assistance. They had their own worries. In such isolation, Mirium's fatalistic response reflected her inability to change her family's situation. Most likely she saw no other recourse than to submit to God's will.

According to the clinical measures reported on their cards all the children were underweight. Their oldest child and only son Hamisi, and their second eldest daughter Adjia were assessed at the mobile clinic as needing hospitalization and were referred to NURU. According

to the patterning I have demonstrated exists in selecting which children receive preferential treatment, Hamisi's condition could be explained by the presence of Mirium's mother at meals. Although he resembled his mother, Hamisi, being the eldest son, was clearly aligned with his father's patrilineage. His maternal grandmother would be expected to retrieve special (protein) tidbits for those aligned with her husband's clan--the second of each pair of same sex children. Adjia, aligned with her mother's clan, was in worse condition than Hamisi when she was admitted to NURU at the age of one and a half years with severe marasmic-kwashiorkor. Hamisi, three years three months old when admitted, had malaria, pneumonia, and early kwashiorkor. Adjia and Hamisi were the only two children in the family who resembled their mother--the other three girls looked strikingly like Jumanne. This may have affected Jumanne's care of the children and the condition of Hamisi and Adjia who were reliant on their father's abnormal contribution to caretaking. For Adjia a more significant factor was that when she arrived at NURU her mother had just given birth to her third daughter and was pregnant again. A prematurely weaned child needs extra protein in order to remain healthy. Although traditional ties with her maternal grandmother theoretically put Adjia in a favored position, the material, physical, and emotional resources of her two parents made Adjia especially vulnerable and disadvantaged.

Like Jumanne himself, the community viewed his predicament fatalistically. The only demonstrable attention provided by his well-off neighbors was to prod him and Mirium along, reminding them of their shortcomings and what they must do to keep from disgracing others. Jumanne's better-off kin were concerned, but his situation seemed

insoluable. Furthermore, they would gain from Jumanne's failure, as a coffee farmer. Good land so poorly cared for could be put to better use by those with resources. They could anticipate his returning to the plains to escape the stigma of a deviant. There he could grow food crops without evoking his neighbors' horror that food should take precedence over valuable cash. Such behavior is an affront to the material values of maendeleo (progress). Also, Jumanne was in no position to be a proponent of kujitengamea (self reliance); with so many against him it would be more adaptive to be dependent. Neither his dependency nor his lack of progressiveness would bring him the ishima (respect) so necessary to every Chagga's self-esteem.

Samson and Lydia Lema

The Lemas were a young couple who were neighbors and cousins to Jumanne. Their situation of landlessness which Samson Lema sadly described to me one day repeated the pattern and problems faced by Damas' and Jumanne's families. They lived in a squalid two room house on Samson's father's compound which custom had allocated to Samson's younger brother who lived just a few yards away in comparative comfort. The kihamba was small and Samson, a middle son, had no land for crops or coffee cultivation except a small hopeless lot beside his house. What income he had came from kibarua work at the mission. His father, widowed when Samson was still young, married a second time, and lived sixty miles away near Arusha. It was there he arranged for a bride for Samson—a young, handsome, energetic Marusha named Lydia whom Samson took back with him to the Kilimanjaro area. As an outsider, not only in clan but in ethnic affiliation, Lydia entered a stressful, unfamiliar environment where her behavior would be closely scrutinized to bring her

into conformance with Chagga norms. She gave birth to four children in four years; and when I met her, she was pregnant with the fifth in her fifth year of marriage. All four children, two of whom were twins, had died. I found this incomprehensible since Lydia appeared to be in robust physical health.

I asked the neighbors why this had happened and was told that she had had too many children too closely spaced. When I asked if she continued nursing while pregnant I received horrified looks. I assumed she stopped nursing her children before they reached the age of one. In discussing her problem with Sophia, my twenty year old Chagga assistant who was in nurses' training, I suggested educating Lydia to continue nursing while pregnant. Again, there was a strong reaction. Sophia said that the milk was poisoned and would make the child sick, causing him/her to swell. According to Sophia mothers often nurse their child when they do not know they are pregnant. Later, discovering their condition, they abruptly wean the child, but often it is too late--swelling has started, kwashiorkor has begun. When I tried to explain the fault in her logic--that the child got kuvimba (kwashiorkor) because he/she was weaned too abruptly and that the mother could continue to nurse by increasing her nutritional intake--Sophia retorted that it did not matter because the ancestors would be enraged.

The reasons supporting Sophia's explanation are analyzed in Chapter 3. Lydia's situation dramatized the force behind these beliefs in contemporary times. Although Samson rather than Lydia would have been faulted for violating the post-partum sex taboo, Lydia would have been blamed for continuing to breast feed while pregnant. The birth of twins (see Chapter 7) symbolized abnormally excessive fertility resulting

in ambiguity and further proof of Lydia's deviant status. As an outsider, she was particularly dependent on her women neighbors and in-laws for support. To continue nursing while pregnant would have undermined that support especially necessary during the critical period surrounding the birth of a new child. That she chose not to abort probably indicated her inability to gather support from other women customary in such circumstances. Nursing twins was difficult for Lydia while she sensed the condemning attitude of others towards what the Chagga consider an excess. Both twins eventually became sick and died while she was pregnant with her fourth child. The other two children died from kuvimba shortly after being abruptly and prematurely weaned when she discovered she was pregnant.

While Jumanne and Mirium faced a similar predicament, all five of their children born in five years lived, although at marginal levels. Both Jumanne and Lydia were ethnic and religious deviants in their community. Jumanne's ambiguous situation forced him to take an abnormally active role in childcare, increasing his status as an outcast. Samson, considerably younger and more socially integrated than his cousin Jumanne, would have invited additional criticism if he had become a substitute mother to the weaned children. This left Lydia without assistance. She chose to invest her emotional energies in her unborn child hoping that its older sibling would survive on cow's milk purchased at great sacrifice. 7

Joseph and Agata Njau's Family

In the family of Priscus Njau, a two year old child who had been institutionalized at NURU, stigma was not a major cause of malnutrition. I first met his parents when visiting the mothers who had just given birth at the clinic where I was staying. The cost for a midwife at this clinic was 14 shillings--a price the poor thought too extravagant when they had access to free traditional assistance at home. Since I was expecting a child myself in two months I frequently made these nightly visits to the maternity ward. After a day filled with events surrounding the illness and death of little children, it was soothing to be in a place where infants were born into more fortunate and hopeful circumstances. One day at the maternity ward I was surprised to encounter Agata Njau, mother of Priscus, one of the NURU children I had intended to visit. After an extended conversation I asked Agata how many children she had (an inappropriate question since Chagga do not enumerate their children). She answered, six. I asked her if she planned to have any more after this infant and she said she would give thanks to God if this were the last. Shortly afterwards, her husband Joseph entered. He had come to visit her the day before she gave birth as well as this day and the two following days. He would bring her home the third day. I was impressed by both their presentation of self and their relationship. Their dignified reserve was typical of respectable Chagga deportment. They were articulate and had had six years of schooling (an average for middle class Chagga). Despite my role as investigating the causes of Priscus' malnutrition I felt no hostility towards me. In fact, they already knew of my work and invited me to visit them after Agata returned home. In our conversation, Joseph

referred to the problem of malnutrition as being common and he made abstract hypotheses on why it was so common at this particular time. He conveyed to me an image of one who spoke with quiet authority about the problems facing his people. I found out later from Sister Emmanuel that he was balozi (10 cell leader) to his area. I was looking forward to visiting their home as my curiosity about this apparently average Chagga couple had been roused. They seemed to have little in common with the other parents with whom I had had contact. In my diary I recorded my visit to their house:

Friday, May 17.

We started early in the morning to make a 6-mile trip up the mountain to the home of Joseph Njau. It was very refreshing and beautiful, but I wondered how much his wife Agata appreciated it when she walked the 6 miles back from the clinic carrying her newborn baby of 3 days. We arrived at their home. Higher up the population density is less. Most homes are tidy beautified places. We were pleased to encounter a lovely entrance at the Njau's and a neat 3 room house. Inside the home was filled with fine furnishings--wooden tables, chairs, cupboards and a large double bed for the parents. Outside, the family kept an extra well-maintained house for cooking and for cattle. A bunch of fire wood had been cut by Joseph. There was a sizeable chicken cage in which they kept hens, but most have died, and they haven't had money enough to begin a brood again. Agata was in bed resting while we talked. Her husband's younger brother's wife was filling in for her. Agata said she expected a rest of 2 months during which time her sister-in-law would care for the family.

I began directly with a series of questions. I could see my visits wouldn't be too frequent due to the climb. Agata's answers showed that she was an educated woman--she knew every detail about the shamba, her husband's work, money matters, etc. Joseph must have appreciated his wife's capabilities, since he gives Agata most of the money he earns with which she purchases all the household needs. Perhaps her educational level--Standard VI--makes a difference compared to the other mothers. Priscus, the NURU child, was in good health although he had a distended stomach. His mother said that Priscus had had a chronic worm infection including hookworm. The irrigation ditch is right on the compound and the children help themselves to water, although this shouldn't have been the cause of his infection since they are close to the forest where population is less dense. They also have a choo (latrine).

Joseph has a 1,000 tree coffee shamba which had not brought in a profit for 2 years now because of coffee berry disease. He works kibaru if work is available, but even the wealthier people

cannot hire out because of crop failure. He plans to uproot some of his coffee trees to make space for a vegetable garden--a decision made before the mother went to NURU. He is ailing from a chronic kidney disease.

Mama Agata spoke very highly of what she had learned at NURU. Indeed, she gave a large list of protein foods, vegetables and fruit. But there are no fruit trees, very little money to buy meat, chickens all over the areas are not laying eggs at this time (their production drops in the rainy season)--and milk costs 2 - 2/50 a pint up here. She wasn't able to cultivate a shamba this year since she was pregnant and has a newborn, so all food must be purchased.

We talked of ways to prevent a recurrence of this illness even under the above mentioned circumstances. I suggested to have Priscus eat by himself and make sure he has a larger share of the protein available to the family. But in general, I was stumped for answers. Her husband would be a good prospect for my plans to develop a work co-operative, but that takes money. I will go to TANU tomorrow. I asked Agata if she had shared her knowledge learned at NURU with others, and she said other women would consider it out of place for her to try and teach. I must encourage her in acceptable means of doing such.

Compared to Damas and Jumanne, Joseph had not experienced any long standing problems, such as a social dispute, that trapped him in a difficult situation with little escape. The area was not densely populated near the forest zone so that when his father partitioned his kihamba, Joseph, the oldest son, received an ample estate at the time of his marriage. Joseph's youngest brother was staying with the father on what appeared to be a larger estate. Events flowed smoothly for Joseph. His eldest child, a girl, was attending Standard V; all his other school age children were enrolled. There were two to three years space between the children's births, and all of them had survived in good health up until that time.

When I asked the neighbors what had caused Priscus' illness, they repeated what Agata had told me. He had developed a hookworm infestation, with vomiting and diarrhea, and then began swelling. Joseph did not elaborate on the onset of Priscus' disease; instead he spent a great deal

of time talking about the problems of cash "siku hizi" (these days) and the fact that no one could be relied on for help.⁶ He took me about the compound, proudly pointing out his own achievements, including the construction of his cement surfaced home. Because his coffee crop was severely damaged by coffee berry disease at the same time the drought wilted the bananas, he was forced to work as a day laborer at better-off estates. This provided only limited income, however, because the wealthier farmers also faced problems caused by the drought. Furthermore, due to Agata's pregnancy, the family could not rely on her contribution from the lower fields. Perhaps the stress from all these events contributed to Joseph's development of a chronic kidney ailment.

As the first boy of the third set of children, Priscus was aligned with his father's side. His infant brother was born two and a half years after Priscus' birth, not an abnormal spacing and cause for shame. Priscus' malnutrition is explained less in terms of cultural patterning, which I have demonstrated exists in more stressed families, than in terms of his own vulnerable situation. His mother's pregnancy forced his weaning. He was in competition with older siblings who felt the stress of food shortage and their parents' anxiety over the drought and coffee berry disease. The combination of his physical and emotional loss that accompany weaning, and the nausea of a hookworm infection, made him poorly equipped to compete with his older siblings at a communal meal. In addition, proteins, especially meat and beans, are particularly difficult for children under emotional and/or physical stress to digest. Priscus' problems might have been solved by giving

him a well-prepared diet in the same careful manner he was used to as a nursing. But energy in this already exhausted family was in short supply.

On my second visit I met with the two families north of the Njau's house. Joseph's sister-in-law, who lived at Joseph's father's estate to the south, refused to be interviewed both days--the only refusal I encountered in that study. One of the two families to the north shared the Njau's middle range economic status but had sufficient food. This was because the father had a secure job as a driver for K.C.M.C. and could provide adequately for his wife and six children. The other family had lost one of their seven children, and their second youngest appeared malnourished. The mother in this household was very dependent on the mother of the other household for help. Her husband had a less reliable source of income as a tailor in Moshi, and it was hinted, was not very productive. Both women helped each other because of their husbands (unrelated to each other) were gone. This left them with little energy for the Njau family who had the benefit of Joseph's presence.

If any conflicts had existed between Joseph, his father, or his brother, they would have had difficulty telling about them because of the presence of their suspicious and hostile sister-in-law. The previous fortunes of Joseph's family could have evoked envy of their neighbors. With more research time, I might have found evil eye, witchcraft, or sorcery given as a cause for whatever social conflicts might have existed. Such causes were alleged to the researchers of seven other NURU families during the follow-up.

Without cash from the coffee crop, Joseph's family was beginning to slide backwards, economically and nutritionally. Joseph seemed detached from the stigma of Priscus' malnutrition, viewing it as a phenomenon not unusual in his community. Yet Priscus' problem could contribute to further backsliding if not managed in a way that would reduce tension. By philosophically referring to his own plight as a symptom of shared ailments rather than a reflection of his own unique feelings, Joseph was able to retain his position of authority. Agata was less able to act in this manner. Kwashiorkor is stigmatic and usually considered to be the fault of the mother. Though more educated than the mothers surrounding her, Agata felt it would be improper for her to teach others what she had learned at NURU. She would not foolishly call attention to her son's malnutrition by pretending to be an authority on child rearing.

The problems of Priscus' family were included here to illustrate the dynamic nature of a community's response to malnutrition. Because long standing social and economic stress were absent in the Njau family, Priscus' kwashiorkor is explained less in terms of structural ties than in terms of his own vulnerable position. As shown in the two previous chapters, the precarious position of the weanling can account for kwashiorkor in traditional cultural terms if obligations to follow the cultural norms for spacing are violated. This was less the case for Priscus. People attributed his kwashiorkor to prior sickness, to his mother's inability to grow extra food during her pregnancy, and to his father's failure to earn adequate cash from wage employment and coffee. They may have further explained Priscus' reaction to this stress and the accompanying social disharmony by accusations of witchcraft or

evil eye--more recent phenomena on the mountain than the older Chagga explanations of disease causation. All of these social and economic reasons given for Priscus' illness were factors of a more modern nature, reflecting the stresses of modern times. Traditional explanations seemed to be used in situations that had little chance of changing. Belief customs provided security and a mechanism for explaining the absurdity the Chagga appeared to sense when their own little children became the blamed victims.

In contrast to the other fathers in this chapter, Joseph was more modern and therefore more respectable. He could afford to be as his energies were not drained by chronic social dispute or economic stress. Joseph was even able to talk publicly about a community misfortune which he shared, giving him a responsibility as spokesman. Yet in order to maintain his respected position, he had to accomplish two things: he had to carefully manage the information surrounding this misfortune; he somehow had to prevent the recurrence of Priscus' problem. Failure to do either would lead to his stigma.

In many ways, Joseph combined the most acceptable characteristics of some of the other fathers--gentle and dignified like Jumanne, yet righteous in his justified anger like Damas. The difference was that Joseph did not have to be overly compliant--he could do something about his anger even if this did not conform to the norms of maendeleo. To Joseph and his wife, the remedy to Priscus' kwashiorkor was to uproot the trees which had failed to provide money and plant food crops instead. With luck, Joseph could maintain his personal respect, becoming an example of kugitengemea (self-reliance) for his community. Rather than absorb the individualistic twist this term had come to mean, Joseph's

self-reliance was clearly an attempt to regain control over his life while enhancing the well being of others. For a people who could make water canals flow up the mountain, Joseph's uprooting his cash crop was just as innovative as irrigation, considering the social environment of the time.

Welfare Alternatives for the Families

One might ask what keeps these families from starving or from being driven down into the plains? Why do they continue to struggle? Although these are central issues, I will treat them briefly.

Kilimanjaro is their home. It is very difficult for the outsider to appreciate what a poor Chagga would lose by moving. Chapter 3 glances only briefly at the extent to which Chagga culture is integrally related to the mountain environment. Despite the constraints of their society, it remains a source of security and support. In familiar surroundings with his neighbors close by, the poorest man may feel safe from ruthless thieving outsiders. Mountain folk are believed to be more virtuous than those who live below, and children should be reared in an environment where virtue prevails. If the poorer Chagga have nothing, they at least still have access to ishima (respect). The Watu wa porini (people of the plains) are backward "savages," totally alien to maendeleo values. It is the Chagga's wealthy neighbors and relatives who give substance to these values by being rich—a proof of their virtue. Consequently, poor people identify with the rich and in their fashion the rich return the respect given by the poor by never acting ginga (foolish) which could mean giving out what can not be returned.

A poor man does not wish to appear mginga. It would be foolish to move his family to a dangerous, immoral environment away from all known support when he still has a chance to inherit a kihamba. His father may still be living, or he may anticipate earning enough money to purchase a plot of land. Ultimately, even if he fails to obtain cultivation rights, and loses most of his children and his own life as well, at least his remains would be placed near his ancestors, and surviving kin would remember him with an ancestral offerings, insuring him his rightful place and perpetuity on the mountain.

In everyday life, the poorer Chagga are left largely to fend for themselves in small groups of similarly disadvantaged. Although they offer each other nonmonetary assistance such as helping sick neighbors receive medical treatment or simply listening to another's woes, they are not wholly isolated from the rest of the community. Better-off individuals do make efforts to help, as Elizibethi, Agusta and many others in Lukaranga demonstrated. The obligations of wealthy Chagga to their poorer relatives are fulfilled more frequently and are made with considerably more sacrifice to them than what I observe occurring in my own society. Nevertheless, there are erosive inroads in Chagga welfare similar to the unreliability in our familial welfare and which give the over-all effect of making helpful gestures seem hollow.

As already mentioned, non-afflicted people may justify their inaction by pointing out the victims' inability to reciprocate--they have little of value to give in a cash economy. People also claim that the poor can rely on other resources, some of which were developed with the support of better-off Chagga. The Kilimanjaro Christian churches are seen as an important resource for the destitute, and the pattern

set by the Church is followed almost exclusively by other modern welfare institutions in Kilimanjaro.

As chiefs were once able to amass a work corps to cultivate their crops and clear irrigation ditches, priests elicited free labor from women's church groups by promising benefits in the afterlife and in social status. Because these work crews were not entirely reliable, the parish priest hired workers at roughly half the government daily wage. Usually church workers were young, unmarried women supported by their families. They used the money for clothing, cosmetics, and donations to their family economy. Also hired were impoverished men like Jumanne, Samson, Damas and Paulo (Chapter 8), whose ill health and chronic misfortune made them visible failures in their society, so that their hiring was viewed as charitable. During my stay at one mission, the men in the follow-up study received an increase from 5 to 6 shillings per day--still far below the government wage of 9 shillings and 50 cents on similar estates. I assumed my presence affected this raise, since a young nun unwittingly took me about the mission where I was staying, showing me all their holdings while freely discussing the profits made by some of the Church's enterprises. Like any wealthy Chagga male who guards his wife's tongue to prevent knowledge of his assets, the priest reprimanded the nun and shortly after increased the workers' wages.

The priests were not insensitive to the needs of the community. The pastor mentioned above initially supported my work and later expressed his concern for the poor. Yet, in order to maintain the system he sought to fulfill the people's highest expectations of maendeleo. The establishment of a grass roots program designed to restructure

social inequities would clearly conflict with such ideals. Church welfare programs were designed almost exclusively for young people whose needs overwhelmed him. The priest supervised a high school, a grade school, and a number of maendeleo work training schools, all of which required cement structures to conform to the people's expectations. A poor man such as Jumanne, who had little future, would be out of place in such fine buildings where he would be competing with the young. Instead, his needs were supposed to be met by the St. Vincent de Paul Society which distributed old clothing and household items to the poor. This was the new welfare, whose existence excused others from their obligations to poor friends and relatives. Yet even Jumanne, who walked about in burlap sacking, said he would be ashamed to ask for clothing from the St. Vincent de Paul Society. The nun in charge told me that the only people who made use of it were wakichaa (the deranged).

Most Chagga were not unaware of the myth of welfare said to be provided by the Church. Although it was through one set of people's values that the Church gained its support, many expressed ambiguous sentiments about the Church's role, as the following incident will highlight. During the two years of drought household and crop theft increased. While most robberies were small scale, the ire and fear of the population was aroused. My own shamba was raided by seven men with a truck who systematically beat the six children present to force the adult occupants to relinquish their belongings. Other horror stories abounded, such as a child being beheaded by a thief. Evening fireside story telling was obsessed with discussing such fearful events as well as tales of bravado regarding imagined or actual retaliation. Various

preventive measures were instituted. My community set up a night watch and finally decided to raise enough money to pay the parish priest to give a ceremony asking for God's protection against this scourge. Again, the priest assumed a chief's function by collecting money payments for the ceremony just as the chief would have collected sacrificed animals during community misfortune. Yet the latter offerings were redistributed to the people according to rank. After our parish priest had arrived in his car and begun the proceedings, Yesiah, a nearly blind old man (who was Donesta's father) walked drunkenly up to the gathering, shouted blasphemies, accused the priest of being a thief, and then urinated in full view upon the proceedings as if to hyphenate his words. His wife, although horrified and ashamed, found it hard to hold back her giggles as did the rest of the congregation, who partly agreed with his accusation. On other occasions people complained about their obligatory work on the Church shamba or about the priest discussing money for the Church during worship. Yet people seldom made these complaints publicly. They usually relied on the Wakichaa (deranged) or drunks to make public statements of truth.

Government organizations also had programs designed for the poor. The overworked Moshi town welfare office with its staff of eight case workers supervised an assortment of projects aimed at the whole population's needs. An evaluation of the welfare services which I and a team conducted in 1973 demonstrated that systematic organizational approaches to problems are often disregarded by welfare workers having to meet immediate needs--ones that are more loudly vocalized by people in powerful positions. This is seen in other government programs such as Mama Maendeleo workers and agricultural extension officers whose efforts

focus on individuals who are already visibly successful, thus insuring the success of the program. The two types of government welfare programs do not focus on improving the situation of the abject poor, but, in effect, on maintaining it. One such program, the Destitute Home in Moshi town, was organized to provide food, clothing, and shelter for up to fifty impoverished men, women, and children. Although I never visited this home, I was told by the District Welfare Officer that the majority of temporary occupants were disabled migrants from outside the Kilimanjaro area. By using this facility adult Chagga would certainly risk further ostracism.

In contrast, the two orphanages run by Europeans and supervised by the Moshi Welfare office were filled almost exclusively with Kilimanjaro children. Nuclear families are often unable to maintain all their children all the time, and they expect that other clan members will assume responsibility in times of need. With the decline in reciprocity, the number of homeless children increases, and institutions become an acceptable substitute. This development further undermines obligatory familial ties. The fact that institutional solutions are still rare in African society is a testimony to the strength of these familial bonds. Only twenty children's homes exist in all of Tanzania, mostly in urban areas. Of these twenty, two are in Kilimanjaro and they cater almost exclusively to rural children from the mountain. Although the first, established in 1966 by a group of German nuns, was supposed to house children from all of Tanzania, the needs of the mountain people have absorbed all the available space. The second, established in 1968 by a Scottish couple, was designed to care for children with kwashiorkor. Since hospitals have taken over this function, the home now shelters

twenty-five older children, who because of problems of family disruption or physical disability, have no reliable support.

An alternative to the British bureaucratic model upon which most church and government solutions to poverty are based was Tanzania's concept of ujamaa, which ideally would prevent poverty. Since ujamaa was not accepted in Kilimanjaro, as shown in Chapter 2, the government sought to sponsor small scale cooperative societies instead. During the follow-up study I attempted to initiate a cooperative among the NURU fathers. I received enthusiastic encouragement from the Moshi TANU chairman, a personal friend who baptized my first child. He stated that such men were the ones for whom uhusiano (cooperatives) were designed. He then referred me to the Regional Welfare officer who dispensed government funds to help initiate cooperatives. The NURU fathers would receive full support, the officer said, after they (most were illiterate) wrote a project proposal and demonstrated that the project was in progress. The same reply was given to me by the Minister for Cooperatives in Dar es Salaam. They also wanted to know why these men did not move off the mountain into ujamaa villages on the plains.

Clearly the better-off viewed the destitute as a hopeless lot. Tragically, this attitude created a further obstacle by becoming a self-fulfilling prophecy. The fathers' cooperative did not succeed partly because their initiatives were blocked by local TANU officials and the parish priest. Yet in the beginning of this effort, I witnessed people transformed and hope spring forth. The Chagga university researchers whose high status and personal interest led the NURU families to believe there was potential began to observe signs of initiative in the families. That these more powerful individuals were

concerned and involved offset the weight of the hopeless community attitude.

Summary

Among other issues, this chapter demonstrates how social malaise within the whole community can result from contradictions in ideals of reciprocity. Secrecy, unending material aspirations, hoarding, and alcoholism are symptoms of the conflict more fortunate Chagga experience when they witness one of their own falter. As was shown in the examples of the wealthier Lema's and Moshi's family breakups can occur when individuals are too frequently reminded of their failure to provide assistance in time of need. Although neighbors and kin like Ludovicke, Elizibethi, and Agusta made sacrifices to help, they usually erected defenses to protect their own well-being from the chronic drain of the hungry families. One defense was to pass their responsibility to existing church and government programs. However, these proved unable to provide a form of welfare that the recipients felt was substantial and continuous with their promise of Chagga society.

Underemployment of the NURU fathers was seen as the key to the hungry families' troubles. These men were not without aspirations for improving their condition, even though cash security seemed hopelessly out of reach. Damas' anger, Jumanne's acquiescence, Samson's gloom, and the other fathers' alcoholism were defenses erected to nurse their fragmented selves and produce some minimal transformation in their world.

The persistent tension endured by women such as Esteria and Agata was expressed in their tendency to give up, to retire into themselves in an attitude of passivity and acceptance. What in some situations appears to me to be an abandonment of maternal responsibility, as in Mirium's predicament, was more likely a flight from the conflicting feeling that there might be hope. Other women like Theresa, who sensed her virtual powerlessness, fought to preserve an aura of control. False fronts can help influence a censoring community.

Emotional stress provides another environment for children whose idiosyncratic responses might determine their very survival. Although factors such as health, appearance and temperment may affect a child's treatment, this study emphasizes the more subtle cultural criteria in determining whether the child's nurturing is felt by the child to be substantial or is characterized more by empty gestures of support in mimicry of their parents' experience. The next chapter examines the medical treatment of kwashiorkor to show how modern institutional forms of treatment attempt to rehabilitate the family.

Footnotes

1 Similar failure of a son to complete customary bride price arrangements was said by one of the other researchers to have resulted in the malnutrition of a NURU child.

2 TANU or Tanganyika African National Union is mainland Tanzania's single political party.

3 Like the mention of an ass, which the Chagga associated with the "savage" Masai, burlap material makes people want to laugh. In cases of extreme poverty, or mental derangement, people who have no other means may resort to using sacking material to cover their nakedness. One deranged individual, known to many because he made loud oratories before crowds in Moshi town, used to alternate his dress between burlap sacking and transparent plastic bags. Uncombed hair is also considered a sign of mental instability.

4 Recall here that Augusta had four Jersey milk cows.

5 At this first rather still encounter the apparent overtures of respect I perceived being given to Jumanne was due to the positive feelings thrown out to me by the other neighbors. In other words, I saw what I wanted to see. In my presence, Augusta later scolded Miriam for accepting seeds from me and warned her she had better work diligently.

6 Siku Hizi (these days)--a phrase commonly used by the Chagga in discourse. They often spoke of events in terms of their historical context. In fact, life of old was still a common memory to the majority of the adult population, so statements of significant facts were made comparatively since most significant facts had altered considerably.

CHAPTER VIII

MEDICAL CARE OF CHILDREN WITH KWASHIORKOR

The Choice to Treat

The foregoing has shown that kwashiorkor for the most part arises out of situations which are characterized by chronic stresses caused by shortages of material and/or emotional resources. Neglect, a phenomenon present from time to time in almost any human bonding, cannot be ruled out as the characteristic response to these conditions. In fact, I have tried to demonstrate that neglect is a necessary accompaniment of some phase of the disease. Neglect reflects the nurturer's and child's passivity in confronting the disease. A continuum of possible reactions of both nurturer and child to the disease extends from passive acceptance to active control; from any point on the continuum, a decision to overcome the disease by working against fate may arise.

The decision to actively struggle against kwashiorkor is probably encouraged by improved family circumstances, economic, epidemiological, and social. Paradoxically, the greatest incidence of kwashiorkor occurs after the maize harvest, when foods are available. This paradox is only apparent, however, since dietary, epidemiological and social conditions promoting kwashiorkor are strongest in the period before the harvest. A long marasmic pre-harvest period may lead to kwashiorkor in the sudden post-harvest abundance of high

calorie, low protein food. During the cold rainy pre-harvest season, disease resistance is probably lowered by upper respiratory infections passed among family members living in close quarters. Rates of intestinal helminth infections are also higher during the rainy season. The fact that the family unit congregates at home and indoors during the pre-harvest period compounds the existing stresses. With the let-up in rains, and perhaps in spirit, weakened children can afford to become ill. In as much as their illness says, "Go away, I don't wish to be touched," they also seem to taunt their nurturers to pull them outside of themselves. Children take a chance with their rejecting behavior that those who care for them will be stimulated to control the cycle of events. They may also sense that once the harvest is completed, parents have more time and energy for such efforts.

Following other patterns of health care I observed, once the family decides to treat the child, they first offer soups containing grasses believed to reduce swelling. If home remedies do not work, then the child may be taken to a nearby mganga (traditional healer). This individual (often a man who has migrated from the coast) has the power to counteract any mafusa (witchcraft, evil eye or sorcery) said to have contributed to the child's illness. The fact that only six of the forty-two NURU families claimed that mafusa was involved in the child's illness poorly represents contemporary Chagga reality. The researchers placed little emphasis on witchcraft and left the families to name witchcraft as a cause against a skeptical audience. Nevertheless, mafusa was probably at least suspected in most instances, since witchcraft/sorcery accusations commonly accompany contemporary conflicts on the mountain.¹

The mganga's treatment consists of discovering the hidden cause of the swelling which is often thought to be brought on by sorcerers. Such ill-willed people (usually women) are believed to take the child's stool, urine, hair, or clothing, treat it with medicine and then dispose of it in a tree, the earth, or a flowing river, or by ingesting it. If the mganga discovers the cause of swelling before the child breaks out in blisters, he is believed to have a chance of curing the child. If the blisters break out, he is too late. This point represents a final stage in the disease process which is recognized to mark the child as moribund.

Since kwashiorkor is usually characterized by a slow insidious onset, its initial symptoms do not present clear criteria for choice of action. While acute ailments may be treated within the family or by the mganga, once the illness becomes life-threatening, the sick one usually will be taken to the nearby medical dispensary. The larger hospitals are frightening because blood is taken routinely as if by sorcerers, and the majority of people are said to die there. Thus, the decision to take a gravely ill child to the hospital is risky according to more traditional Chagga--a chance people will take as a last resort.

The choice of clinical treatment presents further obstacles. For some parents clinics are located miles from home and entail lengthy waiting periods, requiring a whole work day for walking and waiting. This may be one of the reasons for the increase in clinic attendance during the rainy season when work loads are reduced. Other children may remain unattended at home if the mother cannot find substitutes. To carry a sickly, unhappy child without much hope of a cure to the

clinic requires an extra supply of energy that many parents do not have. In addition, the journey requires a suitable dress. The exceptionally poor may be reluctant to go to clinics for this very reason alone. Finally, as I have shown, obvious cases of kwashiorkor entail a great loss of face for those responsible for the child's care. Many people not wishing to make public their failure would keep the child at home and out of sight.

Medical Services and Child Welfare Clinics

The Kilimanjaro people appear to have a definite advantage over their fellow country men in access to health services, yet people's aspirations for improvement are still high.² Model centers such as KCMC built with grants from abroad and maintained with foreign contributions, are able to usurp patient flow from other facilities and create new needs in the society. The following summary (taken from the Young Child Study, Freyhold, et al, 1973) of the proliferation of child welfare clinics on the mountain shows the development of this dependency pattern more clearly:

In the late sixties a number of child welfare clinics were added to those already run by hospitals. Missions added clinics to their dispensaries, the Kilimanjaro District Council supported 21 Antenatal, Child-Welfare Clinics, Health Centers, and also started Child Welfare Clinics. Most of these were immobile and their main disadvantage was lack of regular supplies, particularly vaccines and food supplements. Since 1971, mobile services have been increasing and sometimes take over immobile services. By 1972, two mobile services existed, one from KCMC and one from Mawenzi. KCMC has come to be the coordinator of both. The strength of KCMC lay in the fact that it had fewer problems in getting supplies, spare-parts and supervisory staff since it would appeal both to government and to private overseas sponsors if anything was needed. After achieving complete integration between KCMC and Mawenzi mobile services the KCMC Community Health Department offered in 1973 to also supply and coordinate activities of the Catholic stationary clinics which had been supported by the Catholic Relief Service. The three Rural Health Centers in the district were also visited by KCMC mobile clinics although, in

1970, they still reported running child welfare clinics of their own. They have cars and could start mobile services themselves, if needed. Routines at KCMC coordinated clinics and various stationary clinics differed slightly but they always included weighing of children and distribution of food supplements either to underweight children (KCMC) or to all children (Catholic clinics). Nutrition and health education, some cooking demonstrations, a brief medical examination and a bit of medication was also the rule. All clinics also vaccinated as long as they had any vaccines. Some of the Catholic clinics also had demonstration gardens, and one had a poultry unit. The advantage of stationary units is that they can give such agricultural advice, that they could concentrate their teaching more on locally known health problems and that they could do some home visiting if they had enough staff. Up to now, no home visiting has been done from any of these clinics. Although there is no research available on the question, and although mothers view nutrition education and cooking demonstrations with great respect, the coordinators of the KCMC program are convinced that antenatal lecturing of the type that is now done at the Under-Five clinics has very little effect on what the mothers will do at home. If this is true, then the only effect of the clinics would be to pick out children whose condition has already deteriorated before it gets worse and help them recover with the aid of donated food supplements. Almost all Under-Five clinics seem to cover their costs (excluding staff) through various donations from the U.S.A."

The pattern of centralizing health care was developed through this large regional hospital, even though government policy was set to discourage centralization. Mawenzi hospital was to spearhead the direction of health care, but the heavily funded KCMC facility and its staff of expatriot physicians were able to create a more efficient service, which the ministries of health were reluctant to restrict. I did detect, however, a very strong competitive element between KCMC and government staff physicians as I witnessed KCMC gain control of the mobile clinics.

The Development of New Concepts for the
Health Care of Malnourished Children

Before 1973 most children with kwashiorkor or marasmus were sent to Mawenzi hospital for medical treatment and from there to Moshi Chapel Children's Home, which was originally established to assist in the child's long-term recuperation. The home made some attempts to teach mothers cooking methods and improved interaction with their child. However, most families would come to depend on the institution as an orphanage, as it was viewed by its British founders, and would leave the child for more than a year. The opening of KCMC brought plans to refer all malnourished children there for short-term treatment, although only three hundred and twenty-five were admitted in 1972.

The relatively large proportion of malnourished children (an estimated two thousand yearly out of an Under-Five population of forty thousand), prompted the physician in charge of pediatrics to plan a rehabilitation unit similar to that at Kampala's Mulago hospital, where he had been a staff member. Both Pediatrics and the Department of Community Health personnel planned a massive baseline research project on the existing "practices, knowledge of and attitudes toward various aspects of health and nutrition amongst the people of Kilimanjaro." From this they hoped to "obtain information which would prove valuable in guiding the direction of health education in the area" (Lindner 1972: 1). The American minister in charge of hospital religious services helped to secure an American sponsor to fund the research as well as money for developing a network of mobile health clinics, and the nutrition rehabilitation unit (NDRU). This tripartite package relied on the predominant

assumption that malnutrition could be eradicated through education. The research was designed to validate the assumption, while the mobile clinics would prevent malnutrition through education of the healthy and target the malnourished for special education at the nutrition center.

Secondary to assuming education was a panacea for malnutrition, the research aimed to "provide quantitative estimates of the current situation which could be used as a basis for future comparison and for evaluation of the effectiveness of various types of health education" (Baldwin, et al. 1972). My observations found staff who developed these objectives, genuinely concerned with assessing their underlying assumptions. Unfortunately, the results of the baseline research were not tabulated until almost a year and a half after the interviews with mothers had been held. The mobile clinic was already in service and NURU had been constructed. The timing was unfortunate because the quantitative analysis showed no clear correlation between exposure to health facilities and childhood malnutrition. In fact, in comparing areas with high exposure to medical education to those with low exposure, the final concluding remarks of the study were: "So, with better health facilities, with more knowledge about health and with better education they still do not succeed in overcoming malnutrition and child mortality. One wonders whether the answer to these problems lies in health education at all" (Lindner 1972; 58),

NURU: A Medical/Educational/Nutritional
Solution to a Social Problem

Of all the documents available, the following statement written
by the founding physician clearly and simply states the objectives and functions of the unit. It was taken from a handout given to the public on occasion of a KCMC open-house day.

PRESENTATION OF NUTRITION REHABILITATION UNIT AT KCMC

1. Many children around us do not look very sick, but they are much smaller than they should be, less active. If they get a disease, they will suffer for a longer time or they may even die. We call these children malnourished because they have not been getting food that would have been good enough to build them a strong body. Some may become more malnourished and will then be either small and thin or swollen and miserable. We call these conditions marasmus or kwashiorkor. This kind of a condition is very dangerous and many of these children die. The best thing is therefore to detect the malnutrition before it is too late to try and treat it.
2. The treatment of malnutrition is best done by the mother. If she prepares the right food for the child and if the child eats enough of this good food, he will be a healthy child again.
3. The mother must learn exactly what good food is, how to prepare it and how to give it to the child.
4. At the Nutrition Rehabilitation Unit the mother is therefore shown in detail how to cook good food. She will learn what kind of food that is good for building the child's body strength. She will also learn what kind of foods give energy and which foods protect the body from certain diseases.
5. The mother will be shown how much to take of each kind of food, how to mix the food and how to cook it. She will also be told how often the child needs food.
6. The nurse will help the mother and explain to her why it is important to do all this in the right way. After a few times the mother will know it very well herself.
7. In the shamba that belongs to the unit there is a variety of food like maize, beans, groundnuts, bananas and many kinds of vegetables and fruits. The gardener who has several years of training in farming will help and advise mothers in shamba work. Staff from Kilimo will also give some teaching.
8. There will also be rabbits and chickens and the gardener will show the mothers how to take care of such animals. We hope it will be possible for the mother who is interested to get some animals with her to take home.
9. Every afternoon there are lectures about good child care. The nurse will explain and advise about good food, the importance of cleanliness, breastfeeding and weaning, antenatal care, home delivery, immunization and Under-Five clinics, diarrhea, worms, fever, and care to sick children, measles, skin disease and accidents in children. The mother can ask questions and discuss with the nurse and other mothers about problems she may have.
10. The mothers will also be taught how to sew simple clothes for children. Each mother can make at least one new dress for her children. She will also learn how to repair clothes.
11. On admission the child will be examined by a doctor from the child department of KCMC, who will find out if there is any disease that needs treatment. The doctor will also make rounds two times a week to see that the children are growing well.
12. Even if the mother will have to work much with learning new things, cook food, work in the shamba, sew and wash, there will be time for having a nice time together with the other mothers. Sometimes student nurses will come to entertain the mothers. We also hope that it will be possible to show films.
13. If the mother has been through all the lectures and knows well how to cook and care for her child, she will be a sacrificate at the end of her training. She can bring this home to show her family and it will remind her of the weeks she spent at NURU treating her own child. We hope she will feel happy.
14. Anybody is welcome to come and visit NURU at KCMC any time.
Karibuni!

In spite of the enormous number of children affected by mal-nutrition in 1973, only 200 children were admitted to NURU during its first twelve months of operation. The low admission rate itself would not have been a criterion for failure if the staff could have been assured that the educational advice was: 1) finding acceptance; 2) improving post-discharge the nutritional status of children; 3) being disseminated in the community by rehabilitated mothers. On these three points the staff was not assured and called for the follow-up study. Each point will be considered separately in light of the study.

1) Mothers Acceptance of NURU

One of the major complaints of the NURU staff was that mothers were leaving the program prior to the doctor's official discharge. Ideally, a woman's stay was to last until her child was considered cured and until the staff decided she had acquired the correct knowledge and attitudes regarding her child's care. Recognizing that these criteria would vary from individual to individual, the staff nevertheless estimated the average length of stay would be approximately twenty-one days. Of the forty-two mothers in the follow-up study, the average length of stay was twenty-four days. Three of these mothers were said to have "absconded" even though their stays were twenty-one and forty-three and forty-one days. Sixteen other mothers had stayed less than twenty-one days, but there was no reference to their having "absconded." Accurate recording of this phenomenon is questionable and probably describes a clear act of defiance on the part of the absconding mother. Those who appeared compliant may have been more

successful in obtaining early discharges. Some of the staff dissatisfaction about the mothers' participation and the mothers' dissatisfaction about NURU can be better understood by looking at the experience of one mother who absconded.

Sophia, Paulo and Revocarte Lema

When I first met Revocarte, age two and a half, who had not yet started to walk, he had obvious signs of kwashiorkor. His mother was nine months pregnant and the mother of twelve children, seven of whom were still alive. Revocarte was the weanling.

Paulo, the father of Revocarte, was a landless middle son who worked Kibaru at the mission when able.³ He was ill with a leg inflammation that looked like elephantitis or plebitis. Paulo's problems repeated the pattern found in Samson and Jumanne's situation. On our first meeting, Paulo was carrying Revocarte about in the same manner I observed Jumanne handling his youngest child. Although Paulo's mother was often present, she was an old woman, isolated and embittered by her lot in life. Paulo was past fifty; his wife, Sophia was forty, yet she was still bearing children in spite of the fact that three of their remaining children were adults.

I had arranged for Sophia to go to NURU, where I presumed she would gain added support, care for her child and medical assistance for her expected delivery. In order to convey her view, I will present two full days observations recorded in my diary:

I was supposed to meet Mama Sophia at the Mission at twelve noon. I waited until two thirty p.m. and began to worry that something had happened or that I had completely misinterpreted her reaction to the suggestion that she and Revocarte go to NURU and that she had decided to stay at home. Because of both of these concerns, I set out to see what had happened. About half

way to her house I met Samson and other neighbors who said that she came to the mission early that morning and waited a couple of hours by my car. We just mixed up our directions. She apparently was accompanied by the neighbors who were walking back again to the mission when they heard I arrived. Sophia had fallen behind because of exhaustion. A minute more and I saw her coming over the hill. I was very glad at that moment not to have let her and her family down. She had on her best dress, clean, but not quite as worn as was Revocarte's. He had been scrubbed and I was almost afraid to admit him then, since he looked almost 50 percent better than last week. But he still had obvious symptoms of kwashiorkor. So we went on.

We got in the car for our destination--six miles down the muddy mountain road. Sophia went through a personality change. From the quiet, tired, disinterested stares I used to observe, she began a non-stop chatter and a volunteered life history, much of which I lost in the attempt to concentrate on my driving. What I did gather was that she has never felt her husband to be a good provider because his salary was inadequate. It seems he shared what he has, but she held it against him for not earning more. She felt it was because of her that her family was able to go on. Only four of her twelve other children are now at home--the others are tembea tu (walking about). They don't seem to be of much help to the rest of the family and the older children at home don't help much either, she said.

Since Sophia mentioned in Kichagga that they hadn't eaten, we stopped off at a little restaurant in town for ndizi na nyama (bananas and meat) and milk. Revocarte refused to eat which I thought was a little strange. It seemed that Sophia was quite uncomfortable herself in these surroundings. After dinner we headed for the ritual admittance at KCMC. The bureaucracy was exasperating! First to the ward, then to NURU, then to the ward again. Admittance procedures were finished at six p.m.--three hours in total. By that time Sophia had lost a lot of her initial excitement and was frightened that she wouldn't get a bed in the ward, since many were using floor space for sleeping. She obtained my assurances, although I didn't think she became assured, and I left. A friend of mine who accompanied me to their home the day I suggested that she go to NURU will stop in to see her tomorrow. I was too tired to go back to the mission so I slept in town. I must say in retrospect that I'm not quite sure I did the right thing. Perhaps I've merely absorbed Sophia's apprehensions and misgivings. Then, on the other hand, it did seem a rather cold and callous handling of a woman in her ninth month of pregnancy with an ill child.

In this day's events, Sophia was experiencing more than simple discomfort, she was afraid. Her first contact with modern medicine had brought her to KCMC, an enormous hospital still white with its newness and smelling of antiseptic. People inside had a way of

rushing, and everyone, including custodial help, maintained toward Sophia attitudes of superiority, conveyed by their curt manners, sometimes patronizing kindness, and continual reference to her while talking with me. She was asked only to affirm or deny what we were talking about.

NURU, too, was a forbidding establishment to Sophia. It was called a village, yet it was only two large buildings made of white-washed concrete. Women were to sleep dormitory style and work in the spirit of cooperation in line with the government's socialist objectives, yet not all in harmony with Chagga values of privacy. Sophia's entrance into this strange "village" brought her stares from her "comrades," in part because she was accompanied by me.

When the time came for me to leave, Sophia began a barrage of questions, displaying her anxiety. She finally asked me to stay the night, but I, already too depressed with the situation, refused.⁴ Her discomfort was probably due to her misunderstandings, I thought; as soon as she could come to believe as I did, her suffering would somehow disappear.

Sunday, May 26

Early this morning, feeling a little more "together," I decided to give myself a lift by checking in on Sophia. I was sure she was well situated and more in harmony with her life, since the reports my European friends gave to me regarding her were positive. They had been to visit her once while in the hospital and once in NURU. But they must have seen what they wanted to see, what we wanted to see, because my own visit caused me greater pause to reevaluate NURU than all the recidivism reports.

Sophia was extremely upset! She started her discussion by first hesitantly acknowledging that her stay was beneficial. She thought she could see some improvement in Revocarte. He looked about the same to me. I asked her to describe a day and a whole series of complaints followed. They had mosquitoes, she began, and they were forced to take dawa (medicine) to prevent malaria. But she got a fever anyway. She then turned

on her source of anger and said that they make you work here. A nurse who was listening from afar said Sophia was excluded from the agricultural duties and Sophia said yes but she was asked to wash the floors while the others were out. She said she refused to wash the floors and tears came to her eyes. I inquired of the nurse why Sophia was asked to wash floors and she said all the women had to make a contribution to their upkeep. Participation seemed a sensible goal of the program and well within the orientation of Tanzania's kujitengamea (self-reliance) I thought, but couldn't a woman in her ninth month of pregnancy be one exception?

Sophia had every right to feel alienated at NURU; her work at home was of direct benefit, if not of necessity, to her and her family. And she had no floor to wash in her house! Many women "absconded" from NURU because of what they saw to be forced and meaningless labor. The unit attempted to be self-reliant in food stuffs, but women would stay only three or four weeks, only a portion of the agricultural cycle. Only those harvesting could appreciate the fruit of their work. Ideally, participation also was to have provided a demonstration of improved agricultural techniques, which instead stirred most women to anxiety over their own gardens left behind. Since knowledge cannot be eaten, they thought the concurrent state of their own plots more important than learning knowledge applicable to the future.

The nurses were well-intentioned and kindly women, becoming more capable with this experience, especially under the direction of the program leader, a Chagga woman very aware of the real problems confronting these people. The staff seemed to get discouraged with lack of compliance despite their good will, and the large numbers of returning children must have made many question their roles as health care workers. Unfortunately, pride and the quest for self-esteem as displayed by Sophia often lead to defenses against rather than openness toward alternative modes of caring for children.

NURU had a number of visitors, usually European or high status Tanzanians demonstrating the institution's success involved the exposure of personal information about its clients. The exposures were made in front of the women and her peers; often mothers were publicly chastised. At the time, the nurses' behavior seemed congruent with hierarchical relationships normal in Chagga society. Depreciation by the nurses did not, however, affect the painful loss of face communicated nonverbally by the women treated as inferiors.

Other indignities had to be born by the NURU mothers during their stay. Sewing classes were held weekly by groups of European doctors' wives--a symbol of materially successful women. The imposition of the white, well-dressed, successful women's good will represented unknowing condescension, which of its very nature made the failures of the mothers staying at NURU more apparent. While the women of Kilimanjaro readily seek self-improvement in sewing, cooking, child care, and reading, the imposed education of NURU mothers, captives and failures, was tolerated at most, accepted with ambivalence, or rejected outright as an insult. The ambivalence of the Chagga towards authority came out clearly in the assumption by the Chagga instructors that the NURU mothers were incompetent. The Under-Five mobile clinic staff frequently complained about women leaving the site before the teachings were given. Consequently, they decided to hand out free milk powder after the lessons as an inducement to stay. The women's attitude was to appear compliant and grateful while mocking the donors on the way home for being mjinga (foolish) in this transaction. The scant comradeship among NURU mothers was born out of a solidarity in opposition to NURU staff and visiting patrons. Needless to say, Sophia chose

to leave the program after two weeks and bore her thirteenth child at home, where she sought care judged to be more personal and genuine by comparison.

2) The Impact of NURU on Child's Nutritional Status

One of the strongest points in the NURU educational program was to emphasize the child's need for continual checks with the monthly mobile clinic. The departing mother was issued a well baby card, which was used to chart her child's development and keep track of immunizations. For the same reasons listed on page 222 as obstacles to clinic attendance, only eleven of the forty-two mothers made return visits to clinics.

The clearest indication to the NURU staff that their health education was failing was the high numbers of children returning for treatment. Some of the NURU children who were seen after their stay at the unit by the mobile team were judged to be at risk, yet were sent home for lack of space in the hospital. Children whose condition was judged more critical were re-admitted. Of the forty-two families in the follow-up study, eight had one or more of their children re-admitted to NURU at least once prior to the research effort. Of the forty-seven NURU children in these families, thirty were assessed by the researchers to be in poor health. These figures demonstrate that knowledge, whether improved or not, has little bearing on the capability of a family to alter its situation. Problems of lack of community support, familial discord, neighborhood conflict in over-populated conditions, and limited and unstable economic resources cannot be easily altered through knowledge. If anything, the assumption by

those who are obviously successful that knowledge is potent merely adds to the frustrations and burdens of those who chronically fail.

3) NURU Mothers as Community Educators

To evaluate nutritional knowledge the mothers in the follow-up study were asked what foods they considered nutritious for the child and what food the child had eaten the day before. Researchers varied in their pursuit of this question. Of the twenty-nine mothers whose responses were noted, twenty-four gave the NURU list of nutritious foods and reported that their child had had a nutritious diet. Five mothers were judged not to be aware of a proper diet for their children. ~~Because researchers were viewed as health worker extensions of NURU,~~ the twenty-four positive responses should be viewed suspiciously; the women may have tried to meet the perceived expectations of the researchers. The general impression gained by the researchers was that the NURU mothers did understand the importance of a nutritious diet, but were prevented from using their knowledge which supposedly had been given to them by NURU, because of the prohibitive costs of even the low cost protein foods. There was no way to determine whether mothers' knowledge of valuable nutrients had actually improved, because no nutritional knowledge assessment test was given to her when she first entered NURU. The assumption that lack of education was responsible for her child's malnourished state had been too elementary to the unit's own identity and function.

~~On one of my visits to the home of Amalia Ngoti, whose father,~~ Lentiri (see page 156) was discussed in Chapter Six, I was given a defiant response to my questions about the child's diet. The mother, Eliminata, was questioned in front of a large gathering of people whose

presence transformed the occasion into a public spectacle. Two of the women in the gathering were co-wives of Eliminata's husband's father with whom she shared a common compound. When I asked her what Amalia had eaten the day before she said emphatically "ndizi tu!" (bananas only). When I asked her what food should be given to her child, she repeated, "ndizi tu!", and looked about for affirmation. One of the older women had her hand over her mouth to restrain her laughter, the other asserted that bananas were food to the Chagga, and that all Chagga grew strong through the ages by eating bananas. Coupled with Lentiri's more "rational" explanation of their strained economic predicament, Eliminata's defiance was not based on faulty knowledge, the lack of knowledge, or a value placed on traditions which obstruct health and progress. It was, instead, a simple and valued assertion of a commonly held belief--that bananas are good food--imposed upon an implied belief--that without money to purchase milk, meat and eggs, bananas would at least sustain the life of a child. Considering the previous conflict that had erupted when Eliminata was blamed for her child's illness because she had left her husband, to bow to my authority by repeating her "improved knowledge" in the presence of her mothers-in-law would have defied their authority. She would have chanced conflict and loss of support which she was trying to regain through returning to her children.

Eliminata's situation echoes loudly what other mothers were less able to say in my presence. Their experience at NURU would, under no circumstances, improve their authority regarding proper nutrition and child care. Most NURU women's credibility as model mothers stood very little chance of being improved by staying at NURU. Their child's illness was too conducive of stigma.

All of the mothers with whom I had contact expressed either mild hesitancy or strong opposition to the idea that they become teachers of other women. "It would not be my place to do so," was the most common response. The goal at NURU was to prepare these women in a non-formal method of sharing information which normally does not take place among cohorts. Women "teach" their children. They do not teach one another.

Agata Njau, wife of Joseph and mother of Priscus, had five years of education, and at one time had been fairly well off economically. She had comparatively more advantages than her two women neighbors, yet refused to take on the role of teacher for one of them whose children were also malnourished. To teach she would have had to assume authority about being a successful mother when her own child's health testified to her failure. Since the family was not as highly stigmatized by chronic misfortunes as others, it behooved them to keep information about their child's state quiet. A better off mother whose child had kwashiorkor could also be vulnerable to accusations of envy (witchcraft, evil eye, sorcery) from others who might have felt spite towards her because of her previous successes.

Mariatta Kigalu, another potentially "successful" woman was also viewed as a failure because of her child's malnutrition. I had memories of this woman from accompanying the mobile team on a visit to her home area. She was strikingly beautiful according to Chagga standards--tall, dignified bearing, fine features, and fair complexion. I was surprised then to encounter her as one of the NURU parents during the follow-up. She was living at her own parents' compound, where her mother cared for her two children while she worked. The compound was

picturesque, well-kept, and showed signs of affluence. Mariatta proved to be bright, motivated, and appreciative of her NURU stay. She was the first mother I had encountered who took some initiative in discussing the situation of other women like herself and led the way to Damas and Rose Moshi's house. Yet in Rose's presence she remained relatively quiet, even though Rose was reluctant to speak. I thought of her during the research as the ideal grass roots community educator and discussed this notion with her. She appeared politely encouraged. Reflections after the research forced a re-analysis of her situation, one which was compounded by three sources of stigma-- failure to secure a legitimate marriage, failure to keep harmony with the father of her children who left her, and failure to maintain the children's health. To "reward" Mariatta at NURU with a diploma for having overcome one of her failures would not be unlike "rewarding" Hester Prynne with a diploma for adultery instead of a scarlet letter A. To ask of Mariatta, then, that she teach others and look upon herself as a model nurturer would be like asking Hester Prynne to take to the pulpit and lecture to her community about marital fidelity. Such requests would not be commensurate with these women's social situations.

When so much self-esteem can be stolen through subjection to NURU and other Western modes of treatment, why would people seek it? I have tried to demonstrate throughout this thesis that Chagga society has adopted Western values for technological progress. The effectiveness of modern medicine in the cure of acute illness episodes has been one of the most outstanding attractions of the industrial way of life.

A search for technological certitude tends to undermine the more qualitative, contextual, holistic knowledge in the traditional realm. People will however, often opt for a partial, mechanical treatment of their situation as they experiment with varieties of solutions to their problems.

Even very self-respecting individuals like Mariatta may be forced by stressful conditions to trade loss of face for a chance to improve their condition. In the presence of grateful "rehabilitated" families, one senses their view that the well intentioned clinician saved them from their own ill-chosen ways. Others do not find support in assuming such a stance; it can cause further failure. Assessing outcome of treatment must therefore be weighed in terms of each family's membership and social relations.

Summary and Conclusion

In this chapter I have examined what occurs when a malnourished child's family seeks treatment for their child's condition. Many begin with a personal method of treatment, usually a remedy administered in the home. If home remedies do not prove successful, the family may make sacrifices to the ancestors or seek a nearby mganga for consultation. This specialist though less personal than any family member, has a larger measure of reciprocity with and accountability to Chagga society than do modern non-Chagga medical personnel. Even if his dealings with the family are impersonal, his methods aim at locating sources of personal conflict to simultaneously restore social harmony and the child's health. In this process, the child's family exercises greater freedom and greater control, enhancing self-worth and dignity.

On the other hand, NURU often added additional weight to the already cumbersome burden of stigma borne by members of the sick child's family. Nutrition rehabilitation was a new concept to East Africa. It was developed when planners sought to incorporate indigenous ideas about care of children into nutrition programming. Nutritional rehabilitation promised a holistic, innovative solution to a widely recognized problem. The planning staff knew that poverty was involved but rightly assumed that most families still had some access to food resources. They further assumed that poor planning, ignorance, alcoholism, and family breakdowns were the key obstacles to insuring food availability to the child. Of all these obstacles, poor planning and ignorance seemed most manageable, thus they were emphasized by the staff. The extent, then, to which NURU was supposed to merge the concepts of medicine, nutrition, and education was undermined by the assumption that education was the key to change. The result of singling out education was a systematic attack on traditional Chagga notions. The Chagga traditionally regard medicine, nutrition and education not as separate spheres dominated by different specialists, but as concepts which are interdependent, often undifferentiated, and further integrated with Chagga culture and society. NURU, on the other hand, was patterned after the traditional Western approaches to institutionalized welfare that found acceptance in the growing class orientation of Chagga society. In the same fashion as the St. Vincent DePaul Society and Moshi Poor House, NURU provides a substitute, artificial and temporary support for families of malnourished children. Obligated kin, wracked with guilt for not providing because of their own insecurities in this cash economy, could assume that if

their brother really cared about his children, he would take them to the clinic and submit to treatment at NURU. And, regarding NURU's role, the less manageable problems, such as alcoholism, family breakups and a father's failure to find work, were twisted to become causes, not of the illness, but of the families' lack of compliance and the reason for NURU's failure. To reinforce the message of an often heard government radio advertisement where a crying baby was being comforted by its mother while the father belligerently demanded his food in an inebriated state, a picture poster conveying the same moral was hung at NURU in the center of the instruction room. NURU was blaming its own victims.

Footnotes

¹ Had one of my ten families mentioned witchcraft as a cause of their child's illness I would have had even richer material to integrate the moral order discussed in Chapter Three with the relative deprivation discussed throughout the thesis. Witchcraft accusations have been shown by others to be related to a state of deprivation and the sense of injustice which arises from it. I suspect since people maintain witchcraft is new yet rampant in Kilimanjaro, that there may be some extra explanations differentiating types of causal factors in people's minds. For example, it is possible that younger infants more commonly victims of marasmus, could also be said to be victims of evil eye and/or their parents reproductive improprieties. Older children past weaning might more frequently be considered ill because one of their parents was believed to be a witch. This would reflect the neglect of the society towards a child the family was willing yet unable to support because of the family's deprivation. People may less seldom, accuse families who have older children with kwashiorkor of reproductive improprieties because older children are already named and are more removed from the time of their birth. Such possibilities would provide fascinating material for another approach to the study of kwashiorkor and the Chagga's response to it.

² There is, in general, tremendous demand on the mountain for modern medical care. The following rather lengthy excerpt was taken from the Young Child Study, "Moshi District" (217-223) to demonstrate the Chagga peoples success in procuring the desirable medical facilities.

"The general medical services in the district are above national average. In 1970/71 there was already 1 hospital bed to 623 inhabitants of Kilimanjaro District (National average: 1 to 745), 1 health center to 1,430 inhabitants (National: 1 to 9,050). Within the new Moshi District there is now 1 health center to 120,000 people and if one includes the beds at the new KCMC hospital which are used by the district, the overall ratio would be around 1 bed to 550 people. High population on the one hand and a more equitable spread of facilities across the district allows for a high accessibility and utilization of health facilities. If one compares the medical facilities of 1971 with population in 1967, 40.6% of the population lived within 5 kms. of a hospital (National: 25%); 25.6% of the people had a health center within 5 kms. of their home (National: 5.1%) and 67.4% have to walk up to 10 kms. (National: 13.1%). Only 1.5% of the population did not have any health facility within 10 kms. of their home (National: 13.1%). If one assumes that 60% of the patients of KCMC and Mawenzi hospitals, more of Kibongoto (TB hospital) and all from the small hospitals in the district came from inside Moshi district then the rate of new in-patient admittances in 1972 would have been 78 out of every 1,000 inhabitants. (National average of hospital admittances: 35 new in-patients out of every 1,000 people.) (Calculated from Information from Ministry of Health Planning

Unit, Dar-es-Salaam and from I.D. Thomas and A.C. Mascarenhas "Health Facilities and Population in Tanzania," BRALUP, Research Paper No. 21.1., University of Dar-es-Salaam.)

The large number of new out-patient cases, seen in 1972 at various hospitals, health centers and dispensaries was more than twice as large as the population. Even before the opening of the KCMC hospital, public health expenditures per capita in the district was about 16/ and private spending at least 5/ (National: public 11/, private 7/). The facilities of KCMC have increased to at least 18/. KCMC has been built by foreign donors and according to West German standards for about 31 million shillings, to serve as a supra-regional reference hospital. In actual fact, 95% of the patients come from within the region and more than half from within Moshi District. Mothers coming for delivery and children in the pediatric wards come almost exclusively from the district (at least 90%). With seven hospitals--KCMC, Mawenzi, Marangu, Machame, Kibosho, TPC, Kibongoto--three rural health centers and about fifty dispensaries, the district was fairly well equipped.

While most people had a dispensary in reasonable vicinity of their home not all of them used the nearest facility available to them. Some do not go to mission dispensaries and walk further to a government facility in order to avoid fees, others walk a longer way to go to a mission center because they hope to get better service if they pay or because the mission staff are attributed with more personal concern for the patients.

In two villages it was rumored that the medical staff at the government center do not give proper medicines to the patients and sell the medicines privately instead. So people preferred the mission hospital. In a number of other places people avoided the local dispensary and went straight to a health center or hospital because the dispensaries were so often without drugs that they felt they were wasting their time. Others considered the dispensary unsuitable because they felt the staff was not sufficiently qualified. While it is difficult to ascertain whether these criticisms are warranted or not the result is that maybe as much as one third of the people walk longer distances to health facilities than statistics would indicate."

3 It was Paulo Lema who took me to see Lucas Temba. Before meeting Lucas, Paulo had been the poorest man I had yet encountered in the follow-up. His situation was brought to my attention by Jumanne and Samson Lema, neighbors and kin to Paulo.

4 I rationalized what had happened, detaching myself from it by holding fast to the belief that this was all occurring with Sophia's and Revocarte's best interests in mind. Western medicine I told myself, would relieve them of pain even though there was a great deal of suffering to be encountered in the relief process.

CHAPTER IX

CONCLUSION

Researching the problem of malnutrition among the Chagga was not easy because the Chagga wish the world to see them as they see themselves--a people who care for their own.¹ My study has not provided the kind of answers most likely expected. There was a genuine gap in understanding kwashiorkor from using conventional techniques which this thesis addresses. I began my inquiry by probing the Kilimanjaro people's sensitivities regarding the contradiction of hunger in the midst of prosperity by asking--how can the same criterion be used for evoking compassion, cooperation and brotherliness in one situation and yet contribute to an individual's feeling of self-worthlessness and a community's rejection in other situations? This paradox is common to any human community, not just the Chagga. The richness of the Chagga experience in tackling it stems from their way of celebrating the fact of human interdependence--a fragile fact which is real as long as people perceive it to be so. In the broken bonds within families with kwashiorkoric children, certain individuals are believed to threaten the senses of connectiveness and perpetuity which maintain the group. As Sally Faulk Moore (1975: 113) explained in her work on social disputes among the Chagga:

Sloughing-off of a community "brother" must be rationalized with the ideology of community solidarity. If a community must reject one of its own and yet extol the values of community and brotherhood and mutual obligation, it must somehow identify the

rejected person as a justifiable exception to these common commitments. Rejection of a member must be turned into an affirmation of community.

This study shows that kwashiorkor is a result of rejection and is not simply a nutritional disease. Criteria devised by the community to protect and regulate its adult members can also be used to justify rejection. The rejection suffered by any one family member can weaken affection shared within the family, ultimately causing certain children to lose the security of consistent and substantial support. The pattern of rejection appears to repeat itself: community rejects adults, adults reject children. What then are the processes which affect this pattern?

The Chagga people have devised a complex perspective, explaining the problem in interdependent religious and social forms. These explanations have had some continuity over time, although religious and economic changes have emphasized certain aspects over others. One idea that has remained central is the cyclical notion of clan perpetuity--children are born, grow old, and die when they become ancestors, real and active members of the Chagga's patrilineal society. Ancestors protect the clans' interests just as parents nurture their dependent children. In turn, the living sacrifice slaughtered animals to admit the dead into the afterlife and, periodically, to pay homage. The reciprocal relationship maintains the patrilineage and serves as a model of reciprocity for other social relationships within Chagga society. However, moral guidelines are necessary to insure this exchange, since the group's annihilation through events brought about by the inevitable human error is believed possible. Most predominant among these moral guidelines are 1) mutual support among clan members and 2)

the spacing of births so that conflict over resources is averted. Scarcity of food and an imbalance in human fertility bring potential chaos to this system.

Kwashiorkor signifies to the community a moral failure in both reproduction and provisioning. It has probably been a frequently experienced tragedy from the very beginning of Kilimanjaro's settlement, because Chagga cultural patterns promote kwashiorkor under certain conditions. A pregnant or lactating woman is not expected to produce food. Not only are excess children a potential drain on the food supply, but close birth spacing can also devastate the family's capacity to produce.

The moral and material complexities that developed during the growth of Chagga society were managed by chiefs who arose from the body of clan elders. Chiefs governed access to surplus cattle and their products, they oversaw land and water rights, they protected the people from warring neighbors and environmental disasters, and they legislated Chagga morality.

This ranked system of welfare is patterned after the relationship of ancestors to the living--chiefs providing for general subsistence needs by redistributing the surplus, and commoners providing homage through their labors and gifts of food and cattle. Droughts, crop failures, pillage in warfare, epidemics, and other disasters gave importance and meaning to the chief's role as protector and provider, made visible by his ritual and redistributive activities. More powerful individuals would also assume chiefly responsibilities in times of dearth, so that none of their patrilineage would go hungry. The system, which anticipates scarcity, seems perfect. Yet the complexity

of the preventative measures discussed in Chapter Three supports the deduction that scarcity and birth spacing failures have been experienced throughout Chagga history.

Some individuals and their families suffered the brunt of the conflict between the society's attempts to provision through both old and new forms of welfare and its incapacity to succeed, barter and labor no longer being valuable commodities in a cash economy. Such contradictions were denied by better-off Chagga in their behavior towards kin and neighbors whose families were starving during the 1972-74 famine. As one individual remarked to me when confronted with government statistics from Kilimanjaro that showed 50,000 heads of households making formal requests for government emergency food rations, "You know these (lower class) people. If they realize they can get something for free, they'll plead for it, whether they need it or not." Placing the blame for failure on the victims provides rationalization for the better-off Chagga's failure to help their kin in time of need.

Through an analysis of the NURU families, I showed how certain behaviors, common to less stigmatized persons, become weighty for those who are obligated to help the families in need. Even within these families, certain infractions appear less noticed because the families are less burdensome to their neighbors. Thus, the context of each family was scrutinized to appraise the community attitude towards deviants and the circumstances defining a deviant act as intolerable. Lack of conformity with socio-cultural traditions could be the forerunner of innovation in more successfully managed situations such as that of the Njau family, and, in fact, is characteristic of Chagga

history. Yet the pressure for change strains against the immediate need for security in an insecure cash economy, often resulting in conservative decisions while sabotaging the Chagga value for cooperation.

Failed Chagga can point to better-off neighbors who have similarly misbehaved, but who have escaped outright social ostracism. The linear symbolic logic labeling them as failures does not correspond with the equivocal meanings which they know and feel to be a part of a shared culture, sheltering their accusers, who sometimes have committed the same misdeed. The sense of injustice on the part of the rejected cannot always override the attack to the rejected individual's personal integrity and self-esteem. Such hapless individuals feel they are unable to transcend the social order, by exploring possible alternatives to their situation. Even the deviance which serves to bring them into focus is brought about more often through their perception of limited choice rather than free exploration of alternatives.

These experiences of self and community rejection erode the capacity to nurture. Chagga culture has incorporated the fact of failures in the nurturing process by offering a repertoire of criteria used to assess the compatibility of any one child with its support group. Ethnographers may have perceived growing numbers of malnourished children partly because benign neglect was increasingly substituted for birth control, abortion, and infanticide. Tied to the nurturers' expectations of failure to provide a life of maendeleo, reciprocity between the child and its parent could have been further eroded with increasingly visible economic differences among people. Such comparisons could sabotage an individual's self-esteem. Without strength of self to convey love, little children could be neglected by their

parents, resulting in their own withdrawal and unwillingness to be lovable. Dependent on its human community, a child could offer only its affection and its proven capacity to thrive. Failure to show these qualities could strengthen the forces leading ultimately to the child's rejection.

Despair and rejection were not clearly separated from hope and reacceptance. Thus, some people tried, with varying intensity, to revive themselves and prevent their children's deaths. I wanted to know how effective were the available resources in enhancing a family's hope to cure the child, and in reintegrating the rejected ones into their community. Primary focus was given to NURU, the nutrition rehabilitation unit which I personally had a hand in developing. Information from a follow-up study of forty-two families who had their children "rehabilitated" at NURU shows the program failed the majority of families, in part because it offered simplistic solutions which compounded some people's rejection. The predominant assumption of this program was that malnutrition is caused by people's ignorance--an assumption conveyed to the families, adding insult to the fragile integrity which had coaxed them to try to solve their problems.

Other cures occurred because saving the child was regarded more important than the adult's immediate need for respect. Some families might have been better able to regain respect by the simple cure of their child. People seemed generally aware of this paradox; thus they would respond more energetically if they perceived any future community acceptance. Beyond these observations, I have no way of knowing what enables some people to transcend the opinions of the community--and the brittle yet often impenetrable myths which hold it together--and

still survive. The ultimate human paradox is that social continuity relies on the interaction between cultural patterning and its maintenance on the one hand, and innovative choice, transforming personal and social relationships, on the other.

The last question implied in this research is, what can be done to facilitate these transformations and eliminate the experiences of hunger on Kilimanjaro? On the mountain, rapid change has brought dietary alterations and changed traditions of teaching balanced family diets. Without the protection of old customs, people adopt food fads such as infant formula, soda pop, and bleached white flour. In this context, nutrition education in large public forums such as national campaigns using posters and the radio can help people to reevaluate their food choices. The mixing newly introduced starchy staples, such as rice and maize, is less problematic when costly protein items are affordable. In my observations, people make use of balanced mixtures of low protein foods such as maize and beans, or bananas, beans and milk, when meat is unavailable. Because less value is placed on these foods, knowledge that they are nutritionally beneficial gives little solace to families deprived of meat. At the very bottom are families who cannot even afford beans. Nutrition education is no solution for the problem of those who have nothing to eat.

If nutrition rehabilitation could provide a temporary solution for impoverished families, it would have met the needs of the people in their own territory. The six researchers who visited families during the follow-up study noted alterations in the families' outlook, and to the extent possible, improvements in homes and gardens. Even more importantly, starvation became an issue openly discussed by all. A

show of support from others, especially the changes in neighbors' attitudes, gave the debilitated a new energy. Neighbors and kin of failed families seldom consciously added to the failures of these people--they simply did not recognize the extent to which they acted as obstacles. Once misfortunes become cyclical and chronic, responsibilities were dropped--the syndrome of blaming the victim set in. Yet, better-off members within families and communities at least can be motivated to permit change if they see the benefits of their neighbor's improvements to their own well-being.

I have acknowledged throughout this study the significant role the Kilimanjaro people have had in bringing about malnutrition within their community. They are the ones who are ultimately responsible for altering their own predicament. Yet, as I have also tried to emphasize, kwashiorkor on Kilimanjaro is not just a Chagga problem, nor a Tanzanian problem, nor an African problem. Other societies have shared in its making; it is our problem. Just as a child can be scapegoated within its family and a family can be rejected by its community, whole societies are scapegoated and rejected when the rest of the world experiences scarcity. Notions of triage and of bread basket societies, supported by sociobiological findings are used to ignore responsibilities and blame victims for bringing about their own oppression. We seem to have some sense of the problem and we try to prevent it. Yet the adopted perspective nearly always views the problematic societies as responsible. When our programs fail, we seek explanations pointing to the victim rather than to the state of the world, which we are reluctant to change. With greater value placed on consumption of goods and services than on an enhancement of the cooperative spirit, our world

appears more and more willing to declare certain situations as hopeless, effecting its own prophesy. Unfortunately, tensions and insecurities can only increase when resources are not shared, but a sense of hopelessness is. This does not have to happen.

Footnotes

1. Like the rest of humanity, Chagga use certain beliefs and attitudes to help them deny many painful truths as well as to express anger and bitterness over their existence. For instance, one does not recall the death of a child nor should one even enumerate the number of children living because of the possibility of death. The strength of attitudinal denial was refreshed in my mind three years after completing the follow-up when I acted as hostess for an evening to a Tanzanian woman who was attending a seminar in Michigan sponsored by AID. We exchanged warm greetings and in time I found out that she was a first cousin to one of my closest of friends in Kilimanjaro and that her husband, also a Chagga, was a minister for nutritional research in Tanzania. When I told her I had been doing research in Kilimanjaro, her manner cooled; when I added that my topic was malnutrition and its relationship to social stratification, she withdrew from discourse as far as the occasion permitted; she folded her arms around her chest and swung her crossed leg back and forth. We only had the antics of my children to divert her attention. I could not retrieve the evening. I had similar encounters with Chagga intellectuals at the University of Dar es Salaam, although there were some exceptions.

\ BIBLIOGRAPHY

BIBLIOGRAPHY

- BALDWIN, Bo, Irmgard LINDNER, Mary ZALLA (Howard), Ulla-Stina HENRICSON
1972 Proposal for the study of attitudes, beliefs and practices of mothers attending under-five clinics on Mt. Kilimanjaro. Tanzania: Pediatrics Department, K.C.M.C. Moshi, Tanzania.
- BATESON, Gregory
1972 Steps to an ecology of mind. New York: Ballantine Books.
- BEAUDRY-DARISME, M., and M. LATHAM
1973 Nutritional rehabilitation centers--an evaluation of their performance. Environmental Child Health. September.
- BENNETT, Norman
1964 The British on Kilimanjaro: 1884-1892, in Tanganyika Notes and Records. No. 62.
- BERGER, Peter, and Thomas LUCKMANN
1967 The social construction of reality. New York: Anchor Books.
- BOWLBY, J.
1952 Maternal care and child health. W.H.O. Monograph Series, No. 2, Geneva.
1958 The nature of the child's tie to his mother. International Journal of Psycho-Analysis 39: 350.
1960 Separation anxiety. International Journal of Psycho-Analysis 41: 89.
1960 Grief and mourning in infancy and early childhood. In Psychoanalytic study of the child. New York: International Universities Press.
1961 Processes of mourning. International Journal of Psycho-Analysis 42: 317.
- BROCK, J.F., and M. AUTRET
1952 Kwashiorkor in Africa. W.H.O. Monograph series, No. 8, Geneva.
Kwashiorkor in Africa. Rome: FAO Nutritional Studies, No. 8.

- BROOKE, C.H.
1963 The distribution of famines, causes and effects of famines and severe shortages of food in Tanganyika. Portland: Portland State College.
- BROOK, Clark
1967 Types of food shortages in Tanzania. Geographic Review 57(3): 333-357.
- CODDINGTON, R.D.
The significance of life events as etiological factors in the diseases of children. Journal of Psychosomatic Research 16: 7-18.
- DAVIES, J.
1948 East African Medical Journal 45: 10.
- DUBOS, R.
1965 Man adapting. New Haven: Yale University Press.
- DUNDAS, Charles
1924 Kilimanjaro and its people: a history of the Wachagga their laws, customs and legends. London: Witherby.
- EGENO, Bertel and Roushidi HENIN
1973 Population growth in the population of Tanzania. Dar es Salaam: BRALUP and the Bureau of Statistics.
- FABREGA, H.
1972 Concepts of disease: logical features and social implications. Perspectives in biology and medicine Summer.
- FREYHOLD, M., Mary ZALLA (Howard), and Katherine SAWAKI
1973 Rural area: Moshi district in the young child of Tanzania. Dar es Salaam: UNICEF Liaison Office.
- FUGGLES-COUCHMAN, N.R.
1964 Agricultural change in Tanganyika: 1945-1960. Stanford: Food Research Institute.
- GEBER, Marcelle, and R.F.A. DEAN
1967 The psychological changes accompanying kwashiorkor in readings in African psychology. F.R. Wickert (ed.) Michigan: African Studies Center, Michigan State University.
- GOFFMAN, Erving
1974 Stigma: notes on the management of spoiled identity. New Jersey: Prentice-Hall.
- GOKULANTHAN, K. et al.
1968 Socio-cultural malnutrition. The Journal of Tropical Pediatrics, September: 118-124.

- GOMEZ, F., J.V. ALZAGA, R.R. GALRAN, J. CRAVITO AND S. FRENK
 1954 Studies on the malnourished child, XVII, Psychological manifestations. Bulletin of the Infant Medical Hospital.
- GUTMANN, Bruno
 1926 Daß recht der Dschagge, English translation, A.M. Nagler, HRAF, New Haven, Connecticut: Yale University Press.
 1933 Die stammelslehren der Dschagga, English translation, 1958, Ward Goodenough and Dorothy Crawford, HRAF, New Haven, Connecticut: Yale University Press.
- HANDBOOK OF GERMAN EAST AFRICA
 1920 Compiled by the geographical section of the Naval Intelligence division, Naval staff, Admiralty. London: H.M. Stationary Office.
- HARRIS, Marvin
 1968 The rise of anthropological theory. New York: Thomas Y. Crowell Company.
- ILIFFE, John
 1971 Agricultural changes in modern Tanganyika. Historical Association of Tanzania Paper, No. 10. Nairobi: East African Publishing House.
- JELLIFFE, D.
 1975 Human milk, nutrition and the world resources crisis. Science. May 9: 188.
- JOHNSTON, D.H.
 1946 Some notes on land tenure on Kilimanjaro and the Vikamba of the Wachagga. Tanzanian Notes and Records 21: 1-20.
- KREYSLER, J.V.
 1973 An analysis of survey data pertaining to prevalence of protein energy malnutrition. In the Young Child in Tanzania. Dar es Salaam: UNICEF.
- LAPPE, F.M., and J. COLLINS
 1978 Food first: beyond the myth of scarcity. New York: Ballantine Books.
- LEMA, Anza Amen
 1973 The impact of the Leipzig Lutheran Mission on the people of Kilimanjaro, 1893-1920. Ph.D. dissertation: University of Dar es Salaam.
- LEMA, N.T.
 1963 Tribal customs in infant feeding among the Chagga of East Africa. Medical Journal 40: 7, 370.

- LINDNER, P.I.
1972 Baseline study of mothers and children attending Under-Five clinics in Kilimanjaro. Tanzania: Kilimanjaro Christian Medical Center.
- MARCUSE, Herbert
1962 Eros and civilization. New-York: Vintage Books.
- MAREALLE, Chief Petro Itosi
1963 Notes on Chagga custom. TNR 60: 67-90.
1965 Chagga customary beliefs and traditions. TNR 64: 56-61.
- MARO, P.S.
1974 Population and land resources in Northern Tanzania: the dynamics of change, 1920-1970. Unpublished Ph.D. thesis, Department of Geography, University of Minnesota.
- MEAD, Margaret
1966 A cultural anthropologists approach to maternal deprivation in deprivation of maternal care. New York: Schocken Books.
- MOORE, Sally
1970 Politics, procedures and norms in changing Chagga law. Africa 40: 321-343.
1975 Selection for failure in a small social field: ritual concord and fraternal strife among the Chagga, Kilimanjaro, 1968-69. In Symbol and politics in communal ideology. S.F. Moore and B. Myerhoff, eds. Ithaca: Cornell University Press. 109-143.
1976 The secret of men: a fiction of Chagga initiation. Africa 46(4).
1978 The Chagga of Kilimanjaro. Ethnographic survey of Africa. International African Institute.
- MUTTER, A.Z., and M. SCHLEIFER
1966 The role of psychological and social factors in the onset of somatic illness in children. Psychosomatic Medicine 28: 333-343.
- McCONNELL, R.
1918 Uganda Annual Medical Report, Appendix 2. Entebbe: Government Printer.
- NAMBOZE, J.
1973 A rural nutrition rehabilitation project at Kasangati health center. Environmental Child Health, March.
- NORMET, L.
1928 Transactions of the 7th congress of the Far Eastern Association of Tropical Medicine. Calcutta, 109.

- OSTHEIMER, J.M.
Achievement motivation among the Chagga people of Tanzania
(Proceedings of the East African Academy, 1965, Nairobi,
3, 1967, 144, abstract).
- PROCTER, R.
1926 Kenya Medical Journal. 3, 284.
- PRUGH, Dane
1951 A preliminary report on the role of emotional factors in
idiopathic celiac disease. Psychosomatic Medicine 13:
220-241.
1963 Towards an understanding of psychosomatic concepts in
relation to illness in children, in modern perspectives
in child development. Solnit, A.J. and S.A. Provence,
eds.
- PRUGH, D. and R. HARLOW
1966 Masked deprivation in infants and young children in
deprivation of maternal care. New York: Schocken Books.
- RABINOW, Paul, and William SULLIVAN
1979 Interpretive social science. Berkeley: University of
California Press.
- RANK, B., M. PUTNAM, and G. ROCHLIN
1948 The significance of the "emotional climate" in early
feeding difficulties. Psychosomatic Medicine. 10,
No. 2.
- RAUM, O.F.
1940 Chagga childhood. London: Oxford University Press for
the International African Institute.
- RYAN, William
1971 Blaming the victim. New York: Vintage Books.
- SAHLINS, Marshall
1968 Tribesmen. New Jersey: Prentice-Hall, Inc.
- SAMOFF, Joe
1974 Tanzania, local politics and the structure of power.
Madison: University of Wisconsin Press.
- SARTRE, Jean-Paul
1948 The emotions. New York: Philosophical Library.
- SCOTT, James
1976 The moral economy of the peasant. New Haven: Yale
University Press.

- SEYLE, H.
1956 The stress of life. New York: McGraw-Hill.
- SHANN, G.N.
1956 The development of education among the Chagga in Tanganyika Notes and Records, No. 45.
- STANNUS, H.
1934 Archives of the diseases of childhood. 9, 115.
- SWANTZ, Marja Liisa
1980 The role of participant research in development. Dar es Salaam: University of Dar es Salaam.
1969 The religious and magical rites connected with the life cycle of the women in some Bantu ethnic groups of Tanzania. Dar es Salaam.
- SWANTZ, Marja Liisa, and Mary ZALLA (Howard) and Ula-Stena HENRICSON
1975 Socio-economic causes of malnutrition in Moshi District, BRALUP. Research Paper No. 38, University of Dar es Salaam.
- TANGANYIKA AFRICAN NATIONAL UNION
1967 The Arusha declaration and TANU's policy on socialism and self reliance. Dar es Salaam.
- TROWELL, H., J. DAVIES, and R. DEAN
1954 Kwashiorkor. London: Edward Arnold Ltd.
1975 The beginning of the kwashiorkor story in Africa. The Central African Journal of Medicine 21.
- TURNBULL, Colin
1972 The mountain people. New York: Simon and Schuster.
- VALENTINE, Charles
1968 Culture and poverty. Chicago: The University of Chicago Press.
- Von CLEMM, Michael
1964 Agricultural productivity and sentiment on Kilimanjaro. Economic Botany 18: 99-121.
- von KAAM, Adrian
1969 Existential foundations of psychology. New York: Image Books.
- WATERLOW, J.C. and P.R. PAYNE
1948 Special Representative Series of the Medical Research Council, No. 263. Cited in Trowell, H. et al., 1954, 35.

WILLIAMS, Cicely

1933 A nutritional disease of children associated with a maize diet. Archives of the Disease of Children 8.

1973 The story of kwashiorkor. Nutrition Review 31(11).

WHITING, John M.

1964 Effects of climate on certain cultural practices, in explorations in cultural anthropology. Ward Goodenough, ed. New York: McGraw-Hill, 511-544.

ZALLA, Thomas

1981 Dissertation in process, tentatively entitled: An economic and nutritional study of small holder dairy production on Mt. Kilimanjaro, Tanzania. Department of Agricultural Economics: Michigan State University.

81

06387