Shifting Paradigms and the Politics of AIDS in Zambia

Emily Frank

Abstract: This article explores how international discourses on AIDS prevention have been incorporated into national-level programs that promote particular life-style and livelihood strategies in Zambia, particularly within the realms of wife inheritance, widowhood, and marriage. In response, Zambian communities have re-cast these narratives to inform local political economies, identities, and struggles for power. Often community and national-level efforts work at odds with each other, as each seeks to legitimize various moralities and codes of behavior. At the local level actors choose the strategies that most effectively mitigate the impact of HIV/AIDS and also enhance their overall well-being.

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

Brook Grundfest Schoepf

While Brooke Schoepf's claim (2004:15) regarding the political nature of AIDS discourse is widely accepted among social scientists, how the "politics of AIDS" plays out in actual practice within local community structures and social organizations has not been adequately treated. What exactly do the politics of AIDS mean to people caught in the midst of the pandemic? In Zambia these politics are played out at a level of personal, community, and national politics to promote particular lifestyles, moral standards, and gender performances. In this article I seek to move the discussion of AIDS beyond the concrete experiences of managing the direct impact of the disease. Specifically, I explore how understandings of the disease have been used to create discourses about behaviors and to construct both strategies

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for action and pathways to power. Today in sub-Saharan Africa the disease itself is being invoked in unexpected ways to rationalize particular types of social change and upheaval in daily lives. In this way, the politics of AIDS is changing social life as much as the disease itself is doing so.

When communities, NGOs, or government officials invoke an AIDS discourse, they are talking about more than the ways in which AIDS causes increased workloads, or the careful or fearful decisions people make about whom to marry, or even when or if to marry, or the burdens of caring for orphans. They are invoking a discourse embedded in relations of power that differentially affect politics at community, national, and international levels. Invoking AIDS has created new boundaries around which behaviors are legitimate and which are prohibited. What I am suggesting here, then, is that talking about AIDS has become a way of talking about more than just the disease and its impact. Discourses about HIV/AIDS articulate arguments concerning many other ongoing discussions in society about customary authority, state authority, and conceptions of science, health, modernity, and development—giving them new shape. In this article I would like to focus on how AIDS in Zambia has been central in promoting particular types of practices related to inheritance, marriage, family structure, and material accumulation, drawing specifically from ethnographic material gathered during field research in Southern Province.

In order to comprehend the context within which AIDS has been invoked, I locate my argument within scholarly discussions about modernization and globalization in an African context (e.g., Probst et al. 2002; Ferguson 2006; Moore & Sanders 2001). We must recognize that AIDS is experienced as a distinctly modern phenomenon in sub-Saharan Africa (e.g., Booth 2004; Frank 2006; Setel 1999), and therefore responses to the pandemic are often reactions to projections of modernity as much as they are strategies for avoiding or mitigating the impact of the disease. This article does not suggest a unified experience with AIDS, or a linear trajectory in terms of the way AIDS discourses are changing social life in sub-Saharan Africa. Instead, as Probst et al. (2002) suggest, Africa is experiencing an entanglement of many different narratives about modernity, progress, and development. What I am suggesting here is that AIDS has become entrenched within multiple narratives that take on local dimensions as tensions between notions of "traditional" and "modern" identities are reconfigured to incorporate the pandemic's ongoing threat. My argument thus draws attention to *how* this is beginning to happen in Zambia.

I begin by briefly discussing the roles of AIDS narratives as they operate at both international and national levels, and explore the ways in which I see these narratives flowing into community and individual-level interactions and identity formation. I demonstrate how national-level AIDS narratives in Zambia have intersected with discussions about family structure, gender roles, and inheritance practices in addition to debates about economic development and material accumulation. I then present a more lo-

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calized perspective of individuals struggling to make sense of, and identify themselves within (or outside of), a more dominant international narrative. Through these examples, I show how multiple AIDS narratives have been woven into larger contexts for social change in Zambia, and suggest the ways in which these AIDS narratives reflect, interpret, and reinterpret national-level conflicts over gender roles, family, and material accumulation. The situations presented demonstrate that for the individual or the community, enacting an identity or choosing a lifestyle is bound up with strategies for overall survival and well-being, which may or may not include minimizing their exposure to AIDS. While I propose these arguments from within a specific ethnographic context, I suggest that similar processes are taking place throughout many parts of sub-Saharan Africa as people cope with the effects of an overwhelming pandemic.

Following longstanding ethical practices among anthropologists, I have chosen to obscure the specific location of field sites to ensure the confidentiality and safety of those who chose to share their stories with me, and I have also used pseudonyms in reporting individual stories. Unfortunately, stigma against HIV-positive individuals is still prevalent in Zambia. The people I spoke with often encouraged me to tell their stories so those "outside" would understand what is happening in their communities, and I take these requests seriously. But as a researcher working on HIV/AIDS issues in sub-Saharan Africa, I believe we must walk a careful line between telling the "outside" what is happening and protecting the individuals who share their experiences with us. I will reveal, however, some important details about the field sites in order to highlight how similar narratives emerge across a wide variety of communities with radically different livelihood options, access to health care, and connections to international and national HIV/AIDS prevention efforts.

Competing Narratives, Contrasting Agencies

As Mogensen (1997) points out, while there is a dominant global narrative in regard to AIDS as a sexually transmitted disease that kills, there are also multiple local narratives that situate definitions of the disease within local understandings of illness and misfortune. To this I add that there are also multiple narratives about AIDS prevention and the behavior modifications required in response to the threat. Internationally sponsored AIDS prevention messages and programs are often understood in Zambia and elsewhere in Africa within a context of larger (often failed) development initiatives and imperial impositions from the West. After a long history in which the benefits of these initiatives have been neither equally distributed nor particularly transparent, the international AIDS prevention messages mutate to fit local expectations and counternarratives of development.[1] In Zambia, fears that the internationally sponsored AIDS industry has been constructed by and for the benefit of outsiders is underscored by recent AIDS

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drug contaminations (IRIN 2007), as well as inadequate and sometimes poorly managed AIDS benefits programs. It is not that prevention messages are ignored, or misunderstood; instead, they are measured against results of other development and health initiatives and interpreted through local moral imperatives. This in turn creates unexpected interpretations of the widely publicized AIDS prevention messages, as well as local attempts at AIDS management or AIDS prevention that better mirror local concerns and conversations in regard to gender and lifestyle, local power and custom.

In Zambia, the ways in which AIDS narratives have been incorporated into local debates about emerging frameworks for safer lifestyles—including decisions about where people reside, whom they marry, and how they conduct inheritance upon the death of a male head of household—demonstrate the ways that the disease is invading wider social realms. These narratives indicate larger social and community responses to AIDS that seek to manage and redefine the impact of the disease from a position that is fundamentally different from that of Western-derived AIDS prevention campaigns. How AIDS has become imbricated into lifestyle choices that function beyond the biomedical is critical, because it is in this realm that long-term changes in social structure are beginning to occur.

In this context, the narrative about behavior and AIDS is often presented as a choice between what Zambians categorize as a "modern" or "town" life (characterized by monogamous, nuclear families and wage labor) versus a more "traditional" or "village" life (arranged according to customary laws and norms, where identity is based on extended kinship networks in the village). How individuals and community groups are casting AIDS within this wider domain is illustrated below, although this binary is in some ways inadequate to describe the complex social fields within which these discussions take place. In fact, Zambians themselves do not believe that everyone in town occupies a "town" lifestyle and that everyone in the village embodies a "traditional" lifestyle. This categorization is used here, however, because Zambians themselves choose to operationalize it. That is, the identification of certain livelihood options and styles of living as either "town" or "village," "modern," or "traditional" is central to understanding how Zambians are trying to demarcate safety zones in a time of enormous pain, suffering, and social upheaval. Neither I nor Zambians themselves believe the choices they make create an all-encompassing, static identity. The choices are understood, rather, as strategies for promoting a certain identity at a particular time, and this identity, in turn, allows for certain livelihood options that are perceived as minimizing risk.

In the examples discussed below, we will see how people justify their actions and link them with larger moral narratives connected to their specific identities within specific communities—larger narratives, it must be emphasized, that are often quite different from those put forth by AIDS prevention and treatment campaigns. Nyamnjoh (2001) suggests that in an

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African context the concept of agency is meaningful insofar as it "stresses negotiation, interconnectedness, and harmony between individual interests and group expectations," and that those who do not operate according to this standard often find themselves denied the "public space to articulate their personal desires" (2001:31). At the same time, when international AIDS prevention campaigns place responsibility for behavior change firmly in the hands of individuals, they promote a form of agency that is seen to be at odds with a more familiar and morally embedded collective agency. A decision that highlights individual action and responsibility will be in danger of being viewed as pro-Western, "modern," or "town,'" and as selfishly ignoring responsibilities to kin and community.

Field Sites

Like other ethnographers seeking to understand how AIDS is understood locally in sub-Saharan African communities (e.g., Setel 1999; Booth 2004; Rodlach 2006), I became a resident of three distinct communities in Southern Province, Zambia, for eleven months in 2004 and again for several weeks in 2006, participating as much as possible in the daily ebb and flow of life. The three communities can be characterized, respectively, as rural, urban, and a worker community located on a commercial farm. The urban and worker communities are located in an area where the Tonga ethnic group dominates, and though my participants are ethnically mixed, the majority are Tonga. I conducted, taped, and then transcribed more than one hundred semi-structured and open-ended interviews, and undertook other standard ethnographic research practices such as participating in, observing, and recording daily activities of community residents and reviewing and analyzing popular Zambian media. These ethnographic strategies provide a window into the life goals, priorities, and pathways of communities. Like Setel, Booth, Rodlach and many other scholars, I see AIDS as operating within a larger conversation on the subject of global flows, consumption, and morality that, as Setel states, addresses "the relationship between discourses, texts, bodies, and actions" and encodes cultural meanings (1999:10).

Community 1: The Rural Community

The rural community, which is almost exclusively Tonga, bases its livelihood on a combination of subsistence and cash-crop farming. Before 2002 the area was known as a center for poaching and marketing bush meat from the nearby national park. Residents report that before an internationally sponsored NGO conducted a program to end poaching and encourage farming, women from as far away as Lusaka and the Angolan border would regularly arrive in town to sell sex or used clothing for money to buy bush meat. While some might characterize these women as prostitutes, many of the

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community residents merely describe them as traders involved in a strategic exchange with the organized poaching gangs and local residents. Today, cotton and maize companies regularly send in trucks during the harvest season to buy crops and surplus from farmers and to help maintain local roads so that both organized commerce and individual traders can flow back and forth.

Another important feature of community 1 is that it is composed almost entirely of recent migrants. Before 1983 the area was officially part of the Kafui National Park and not open to official settlement (Cliggett 2000; Unruh et al. 2005). However, in the early 1980s then Zambian president Kenneth Kaunda made several radio announcements stating that land was available in the area for settlement. Since that time, the status of the land has remained ambiguous. While the national government today considers it part of a game management area and not open for settlement, many Tonga migrants from other parts of the province have settled there since the 1980s with the encouragement of two local chiefs. Relatives of residents also continue to arrive seeking land, often after economic opportunities in other urban or rural areas have failed.

For several reasons, these foundational aspects of this rural community are critical to how it manages the threat of AIDS. There are no fewer than five trained AIDS counselors who have been educated regarding the links among economic risk, migration, and rates of AIDS infection and who have, in turn, passed various forms of this knowledge on to community members. People within this community are therefore well aware of the risk factors inherent in the community's composition and know that rates of infection are high (around 30% in 2007, according to their reports). Even before treatment was freely available and a health clinic was active (one opened in 2005), most community members could speak quite knowledgably about how HIV is spread, its symptoms, and outcomes.

Community 2: Urban Compound

Community 2 is located on the country's main north–south transport artery, connecting Lusaka with Livingstone to the south and the Copperbelt to the north. In this community my fieldwork centered on two shantytowns where most people find economic options quite limited, and access to good education and health care often prohibitively expensive. Length of residency in this community varies, resulting in diverse relationships among the residents. Some have lived there for at least several decades, but many are more recent arrivals. Not surprisingly, the more recent arrivals tend to have more connections with family in rural areas, and see returning to the village as a plausible and desirable option if town life does not work out. Shantytown residents are employed primarily in the informal economy, selling vegetables at the market, running small stores out of their homes, or working as informal laborers. Many residents have not known their neigh-

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bors for very long, and hence they do not feel they can fully assess AIDS risk based on long-term behaviors and practices.

Community 3: Commercial Farmworker Community

On the commercial farm, most of the residents supplement farm salaries with small garden plots and informal income-generating activities. Here, access to medical care is good, as there is a free clinic staffed by a doctor and a nurse on the farm, and there have been aggressive efforts to educate workers about AIDS and provide access to counseling and testing. More than two-thirds of the informants have resided here for most if not all of their lives, and often have extended kinship networks working and living on the farm. In many ways, the community of commercial farmworkers is more contained and cohesive than either the rural or urban community. Community networks are strongly established; they do not need to be generated, as in the case of community 1 or community 2, and as a result, residents know of their neighbors' long-term behaviors and potential risks for the disease. Because the community is small and well-informed regarding AIDS, deaths due to the disease are widely known and affect overlapping social networks. Either hiding one's AIDS status or openly stigmatizing sufferers is more difficult in this context, and decisions regarding how to avoid or manage AIDS are based on longer term and more firmly embedded relationships.

Each of these three field sites, therefore, presents very different social contexts for making decisions about managing AIDS. I have included these details about the communities to challenge the conception that the behaviors categorized as risky by public health narratives, or as traditional by many development organizations, exist within a particular type of community. Instead, these behaviors run across communities and often exist precisely because they are seen as managing or mitigating impacts of the pandemic on community social institutions. What is important about the different communities is the way social networks are enacted and engaged in each context.

AIDS and National Politics: Competing Narratives of Risk

In Zambia the issue of AIDS is as much a concern of the popular media as the economic downturn is, and both problems are intertwined in the popular imagination. On September 9, 2004, the editor of the *Zambian Post* declared in an article that he could not campaign for HIV testing if he was not willing to get tested himself and publish the results in the newspaper, which he did (he was negative) (Malupenga 2004). Another article concerned mostly with the country's economic situation and status as an HIPC (Heavily Indebted Poor Country)" (Phiri 2004) reported that President Mwanawasa, while calling on all Zambians to make further sacrifices for the good of the coutry, also mentioned the responsibility of every good

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citizen to get tested for AIDS. In this section I will present some of the ways a national narrative concerning AIDS and risky behaviors is transmitted to a local population. The examples included here are designed to indicate not only the pervasive nature of direct and indirect messages about behavior, HIV/AIDS, and development, but also the various forms they take.

The notion of a "politics of AIDS" is critical to understanding how people strategize in response to AIDS, because the confirmation of the virus's presence though medical testing is not actively sought by the vast majority of Zambians. Instead, when people talk about AIDS as a reason for pursuing a particular course of action, or as enforcing a set of behaviors, they often do so as a strategy to avoid the virus. That is, they construct a narrative around themselves and their identity that is aligned with one of many competing narratives about who is more or less at risk for AIDS, and which lifestyles are practiced by a person who is or is not at risk. Even when an individual knows or assumes that he or she is HIV-positive, either by having the status confirmed through medical testing or through a series of other markers, different options present themselves according to the individual's identity and the disease narrative that seems most salient. A "modern" identity is based on notions of wealth accumulation within nuclear families and wage-based incomes, while a "traditional" or "bush" identity is anchored in extended kinship networks and widespread distribution of social and economic resources. According to health practitioners and international AIDS narratives, a way of life based on "tradition" also tends to be enmeshed in particular "cultural practices" that are filled with risk and danger.

Thus in Zambia the national-level narrative about AIDS and its prevention, derived primarily from Western-sponsored initiatives and NGOs, is one that portrays customary norms and practices as dangerous, oppressive, and fraught with risk and peril. Moreover, those who practice these customs and are resistant to change will be left out of national development and unable to take their rightful place among the nation's citizens.[2] For example, in a study funded by UNESCO that includes a chapter entitled "The Impact of Negative Cultural Practices in the Spread of HIV/AIDS in Zambia" (Mbozi 2000), polygyny is cited as one of the many practices that promote the spread of AIDS. After identifying "polygamy" (i.e., polygyny) as an "old" practice that existed in tandem with wife inheritance and sexual cleansing, it states that there is a "[continued] prevalence of polygamy in some sections of the Zambian society in spite of the efforts aimed at reducing the number of sexual partners exposed to a particular individual in the advent of AIDS" (quoted in Mbozi 2000:78). This view of polygyny is fairly widespread among donor-funded national-level organizations and Western-based NGOs that promote nuclear family arrangements as part of HIV/AIDS prevention. The Zambian Law and Development Agency (LADA), for example, suggests that polygyny is "backward," "uncivilized," and not in accordance with international treaties that promote women's rights (principally the Convention for the Elimination of Discrimination

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Against Women). In a conversation with a representative from LADA, I was told that the organization was promoting the criminalization of polygyny, and LADA representatives hold workshops with rural chiefs to help them, among other things, identify the cultural practices that are "morally repugnant" (LADA 2002) and should no longer be practiced. Chiefs are warned that if they continue to promote such customs they themselves will become obsolete.

In Zambia (and other southern African nations), the national-level AIDS prevention campaigns also call for the eradication of "dangerous" practices such as "dry" sex (whereby women dry the vaginal lining with bleach, tobacco, or other substances to increase men's pleasure) and also many of the practices of traditional healers, which are vectors for AIDS transmission (see, e.g., AVERT 2007; Banda 2004; Mbozi 2000). Implicit in these calls to end particular customary practices is an accusation that those who engage in them—typically presented as residing primarily in rural areas or on the margins of urban areas, as opposed to established town residents who have "progressed" beyond such behaviors—are quite literally hurting the nation, holding back development, and damaging the future of Zambia. "Ah, these people," said a court clerk in passing, as I was interviewing him in regard to another matter, "you cannot tell them anything. It is just a problem of education. But these people...really...do not want to change" (May 4, 2004).

The communities in which I worked presented very different narratives, however. Young football players in community 3 talked of avoiding women who "jump about"; for them, marrying outside the community, attending a particular church, and avoiding particular social scenes were all critical strategies for staying healthy. Older widows in community 2 claimed that AIDS is the product of disrespect for the older generation and the erosion of customary authority structures, spread by young women who have stopped listening to their elders and try to manage their own lives, mostly in pursuit (according to these women) of money and beer. In community 1, those who had previously resided in town are regarded as most at danger for contracting AIDS, and elders hope their sons marry a young girl from the village. A rural village headman who leads a Tonga community told me that polygyny is not the problem; in fact, it is an important strategy for ensuring community safety and security, especially for women, who need male support and protection. For him, single or widowed women without male support are economically and socially vulnerable. Customary inheritance practices that allow for widowed women to be inherited by family members of the deceased, and absorbed into existing family units in which one or more wife may already be present, offer widowed women protection. If left unprotected women may be forced to resort to high-risk activities such as brewing beer or prostitution in order to survive. These activities not only expose women in the community to the HIV virus, but also threaten the wider social fabric and harmony of the community.

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In community 1 and community 3, moreover, I noticed that the men who were involved in polygynous relationships were also among the best educated and most successful men: in other words, decidedly not the poor or isolated individuals identified by organizations such as UNESCO or LADA as participating in outdated, "traditional" cultural practices. A further contradiction between these two perspectives is that organized AIDS-prevention campaigns tend to think of minimizing risk in terms of individual practices alone, whereas many Zambians see it in terms of community-level behavior. Many Zambians I met, therefore, were wrestling with the national AIDS narrative, trying to find a space for themselves within this construction. Their notions about avoiding AIDS were intertwined with economics and local politics as they try to navigate competing messages about where danger lies and where opportunity can be found. Few of my informants believed that a life of monogamous relationships, wage labor, and a nuclear family (i.e., the one that supposedly exemplifies the life of an established town resident) was a workable option for them, much less the safe option. Safety has to be defined differently, with strategies for survival cobbled together from local realities. In the examples below, I depict several versions of survival strategies presented to me in the field, all of which, along with the associated AIDS narratives, pit short-term needs against long-term survival. In these stories, as in many others, there are no completely "safe" options, as multiple actors engage in their own struggles for livelihood.

Survival: AIDS Realities and Livelihood Options

Philip Mwaaka, a Tonga, is a distant relative to a wealthy family in community 1. Like many very recent arrivals to this community, he traveled to his relatives' homestead hoping to borrow land to farm and thereby reverse his dire economic circumstances. When I first met him he had four wives and twenty-four children.

Shortly after our first meeting, Mwaaka had a run of bad luck. His relatives told me that illness prevented him from working very hard. He did not have enough money to vaccinate his cattle against Corridor Disease, and he lost his entire herd. His grain bins were only half full, and when I asked his wives how they were going to feed their children, they shook their heads, saying, "we will struggle." Mwaaka openly admitted to me that he did not have enough food to feed everyone in his family and he did not know what he was going to do.

Mwaak's first wife sold bread in the marketplace and also worked at the school as a local community HIV/AIDS educator. The other three wives began brewing beer for extra income, and intoxicated men frequently loitered around the Mwaaka homestead. Two of the wives also sold beer in the market to locals and traders, though there were rumors that they were selling more than beer. One night the men from the homestead where I was living arrived after midnight, an unusual event as they did not drink and

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were usually found at home in the evenings with their wives and children. The next morning I learned that they had been at the Mwaaka's homestead. Philip had been threatening to kill himself; he was unable feed his children, said that his wives were prostitutes, and felt that everyone in the village was mocking him. At least in the short term he was talked out of suicide; his wives continued brewing beer and were seen more frequently and for longer periods of time in the marketplace. Thus economic hardship and the threat of starvation became bound up with, or presented themselves as more overwhelming problems than, the threat of AIDS. Customary support networks continued to provide Philip with access to land, and his wives and children were sources of agricultural labor. However, relying on extended family networks and extended community resources could not protect him from the severe economic shock of both a bad harvest and the loss of his herd. As his wives adopted extreme measures to feed their children adequately, the threat of AIDS was high for themselves, their husband, and their co-wives, as well as their other sexual partners.

The Politics of AIDS, Marriage, and Inheritance

Muzi is a young widow living in community 2 who has recently lost a husband to what the community widely claims was AIDS. Her situation demonstrates how multiple narratives about AIDS and morality overlap in the case of widowood, which often leaves young widows in desperate straits in regard to supporting themselves and their children and with little room to maneuver in regard to inheritance. Her case also demonstrates clearly how different actors involved in conflicts over inheritance can appropriate categories of "modern" and "traditional," "town" and "bush" within an AIDS narrative and use these to their advantage. If Muzi had been more savvy, better educated, or had been part of supportive social networks, her story would have had a different ending. However, like many young women in town, she is distant from strong family networks, not well-educated, and unable to emerge from marriage and sudden widowhood with any long-term support.

As with the issue of polygyny, AIDS narratives often collide with inheritance practices, causing many young widows to be caught in the space between customary and state laws. As Gaussett (2001) and others have pointed out, stereotypes about gender and African sexuality have gained new life with the emergence of AIDS, and they operate locally as well as internationally: stereotypes abound about African men with uncontrollable sexual appetites and little regard for the future and about women as money grubbing, loose, and eager to engage in casual sexual liaisons for economic gain. My informants often spoke of "dangerous" women who move from one man to another, infecting each with AIDS, taking their wealth, and moving on as soon as the current partner falls ill. Women are the predators in these stories, men the prey. In 1989 the Intestate Succession Act

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was passed on the national level, legislating a new model for inheritance whereby a woman, upon the death of her spouse, inherits the property acquired through marriage, rather than having to rely on the resources of her extended kin networks to support herself and her offspring. Yet on a local level many people, both men and women, complain that with the passage of this law, women now have reason to kill their husbands.

On the national level and international level this Act is also seen as an important component of social change in the era of AIDS because it protects women against some features of customary inheritance that are now seen as risky. One of these practices is the ritual of sexual cleansing, or *kusalazya,* which historically has been an important part of the Tonga funeral process upon the death of a male or female head of household. In order for the surviving spouse to be released from the spirit of the deceased (*muzimo*), he or she must have sexual relations with a close relative of the deceased (see Colson 1962; Malungo 1999, 2001). If the surviving spouse is a woman with dependent children, she is then eligible to be "inherited" by one of the deceased's relatives, most often the person who performed the cleansing and thereafter is responsible for caring for her and her children. Tonga who promote customary inheritance norms portray this practice as a responsible way to ensure access to resources, security, and safety for the community's women and children.

As the threat of AIDS has increased, however, sexual cleansing is now presented, like polygyny, as "uncivilized," "morally repugnant" (LADA, 2002; WLSA, 2001), and also as a way of spreading AIDS.[3] The narrative now promoted by national and international NGOs and the national government is that wife inheritance is outdated and completely at odds with the ideal of monogamous nuclear family units, and that it poses an AIDS risk. According to some observers (e.g., Colson 2006; Cliggett 2005) anti–sexual cleansing messages have indeed had an affect on the Tonga, among whom there is now a significant decrease in the practice. Colson reports that because of the heightened fears of AIDS, some chiefs have banned all forms of widow cleansing, and where it is practiced at all the sexual version has been replaced by a nonsexual practice called *kucuuta* (literally, sliding over the body of the surviving spouse).

Colson does acknowledge, however, that fears about AIDS and the dangers of customary practices like sexual cleansing have caused conflict and disagreement among local chiefs and community leaders, and that the many competing Christian denominations active among the Tonga are often contradictory in their pronouncements on these subjects. Indeed, many of my informants rejected this national narrative on inheritance and family structure, and sexual cleansing continues to occur in southern Zambia despite the development of alternatives and widespread knowledge of AIDS. And while wife inheritance does seem to be on the wane, it continues alongside polygyny in rural areas. In nearly all of my interviews with Tonga headmen, I was told that sexual cleansing is no longer practiced. However,

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when I attended funerals or visited widows after funerals, many told stories of having been sexually cleansed and inherited, or of conflicts breaking out over whether or not sexual cleansing should occur. At one point during my research in community 3, one of my informants, who had told me that sexual cleansing was no longer practiced locally and could be found only in the most remote locations, took me to a funeral in a nearby village located along the main paved road. There we attended a funeral for man who had been working as a police chief in Livingstone and had been receiving treatment for AIDS. Contrary to claims that sexual cleansing no longer occurs, the widow, who was ill as well and thought by many to be infected with HIV, had been sexually cleansed the night before by the deceased's brother. Those I spoke with all responded vaguely to my questions about why this had taken place, saying it was hard, no matter the circumstances, to make some people see that changes are required.

All of this suggests that while the dangers of sexual cleansing are widely recognized, its eradication is not complete. Most people know what they "should" believe in light of a dangerous AIDS epidemic, and especially what they "should" say, particularly in the presence of European and American researchers. But questions about the role of sexual cleansing and inheritance, and the social uncertainties left in its wake, are still unresolved. Ultimately, as Colson (2006) suggests, competing voices create conflict and struggles for power not only between local communities and the national government, but within local populations as well.

Muzi was born in a rural village south of community 2, where she currently resides. She has two children, both girls. The first was born in 2000 and the second was born seven months before our interview in 2004. Muzi moved to town in 2000 to help care for her grandmother. Muzi had completed first grade in a village school, but when her father died she was unable to continue her education. According to local gossip, her deceased husband, who was the father of her second child only, had been known as a "player" around town and had been sick on and off in the years before he died.

Muzi told me that she never had bothered to find out details about her deceased husband, like how old he was or where he was from; she only knew that he was Tonga like herself. He had had a good job as a driver for a local garage, and she met him when he "found her" at her grandmother's house. One evening, after returning from an uneventful day at work, he ate some *nshima* (maize porridge) and they went to sleep. A few hours later he woke up complaining "of heart beat" and soon died, "just like that." They had been married less than a year when Muzi found herself a widow and three months pregnant with her second child.

A funeral is often the site where the most important inheritance decisions are made, and therefore critical in terms of the woman's future. Informants told me that if a widow is treated with respect, it signifies that her wishes will be taken into account and that she will continue to receive, at

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the very least, social support from her husband's family. Oftentimes when a Tonga dies, the burial occurs right away, while an official funeral is held six months to a year later to give family members time to travel and gather. This period also gives in-laws time to discuss who might inherit a wife and how property and resources will be distributed. In the case of Muzi's husband, the funeral was held immediately, suggesting that no protracted discussion had taken place. Muzi was not sexually cleansed, although she did undergo the kucuuta ritual. However, my informants and Muzi herself said that when kucuuta rather than sexual cleansing is performed, the substitution indicates that the widow will not be inherited, and therefore financial or social support will be more limited.

After the funeral, the husband's relatives claimed that Muzi must have killed him, presumably through poisoning, witchcraft, or neglect, because the death was so sudden. They evicted Muzi from his house with only a pot and a blanket. She was also denied support for her unborn child, contrary to Tonga custom. Relatives of her sister-in-law's husband are now residing in her old house. Muzi's sister-in-law also told her husband's employer that Muzi had killed him, and she was then denied his pension, which went to the sister-in-law.

The tactic of accusing the wife of wrongdoing is successful particularly because it plays into larger social fears about women using men for economic gain, and the general moral ambiguity that surrounds the Intestate Succession Act. Many people simply are not sure that a wife should have rights to her husband's property, particularly if the marriage was brief and the wife is young. I had learned of other cases of such machinations, which are illegal but effective, as the accused generally does not want to face further public sanction and lose even more than she already has lost. Two other informants who had faced similar situations in town told me that they had asked for help from the victim's support unit of the police department only to be told to go home and let the in-laws take what they wanted or face further harassment. According to Muzi, her sister-in-law continues to proclaim that Muzi killed her husband, so none of her former in-laws will give her any assistance, and even though she has asked to be inherited, no one has responded.

Like many stories of inheritance, Muzi's story is filled with confusion and contradictions. She came to town from the bush, and she brought a child with her. When a "town" man with a regular job proposed, she quickly agreed to marry him, likely seeking support and security for herself and her child. It is also likely that she had married a sick man who was hiding his illness from her. After he died, she was an easy victim because she was young, from a rural area, and had not developed a strong set of social networks in town. She had no one to help counter her claims of innocence or assist her in claiming her legal rights.

Colson's work (2006) would suggest that perhaps Muzi's in-laws feared the presence of death pollution, and that the lawful practice of kucuuta

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simply was not considered adequate for cleansing. What is particularly insidious about this story, though, is that many people in this community assumed Muzi's husband to be HIV-positive; in the past he had had long-term sexual partners who had died from illnesses resembling AIDS, and it was widely known that he had deserted two women after they had fallen ill. Because of the specter of AIDS, the in-laws were able to employ "traditional" accusations of witchcraft and neglect in order to justify their breaking of the "traditional" custom of inheriting a deceased man's wife, while also denying her property that a "modern" wife is entitled to under the Intestate Succession Act. At the same time, the family effectively employed the stereotype, which has been given renewed life in the age of AIDS, of young urban women on the prowl for men they can destroy in order to obtain their wealth. In this way, the multiple competing narratives around AIDS, responsibility, widowhood, and inheritance opened up a space that the in-laws effectively utilized for their own gain.

Countering a National Narrative, Finding Safety in Custom

Because of stories like Muzi's, people outside of town explicitly locate safety and security in narratives that explicitly counter national narratives about AIDS and economic accumulation. For many informants living in rural areas, town is where danger lies, and pursuing wage labor or a monogamous relationship with a town woman puts an individual at risk. Safety lies in the extended kinship networks of the rural setting and in polygyny. Male informants argue that they can monitor the movements of their wives more easily in a rural community and also that the practices of customary inheritance will protect their wives if they die. Given the unpredictability of the future, strong social networks are the best protection. The story below illustrates this point of view.

Rockford is one of the most dynamic people living in community 1: he is young, smart, hardworking, handsome, and in possession of a dazzling wardrobe. He completed secondary education and additional training and had once worked in the Zambian industrial sector, but had returned to the village years before I met him. He speaks English, Nyanja, and Bemba, and he was one of the few community residents who could drive. He was farming a large plot of land, was able to vaccinate his large herd of cattle against Corridor Disease, and owned one of the better-stocked shops in the village center. He made weekly trips to town, and indeed seemed to be gone from the village as much as he was there. Visitors from NGOs or other important outsiders visited him frequently. During my stays in the community I lived in the homestead adjacent to his, and he worked with other academics in the area on a project related to mine. So I saw him daily and had frequent opportunities for informal exchanges about marriage, inheritance, and gender roles.

When I first began working in the village, Rockford joined in a lengthy

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conversation I was having with his brother and a local NGO representative, all three Tonga and married with children. At the time of the conversation Rockford had one wife, though many men in the village had more than one. Throughout the conversation the men emphasized the transformation in gender relations and power arrangements caused by the statutory inheritance law. They argued that marrying a woman with no conception her of as property, as someone who could then marry whomever she wanted after you died, changed the fundamental basis of the relationship. Many men worried that with the prospect of statutory inheritance that guaranteed women's rights to property, women would marry then proceed to kill men to gain access to their property. Still, Rockford and his friends all affirmed that the fruits of their labor should rightfully go to their wives and children, emphasizing that they and their respective wives were "a team."

Rockford had spent much of his childhood and early adult life living in a town on the Copperbelt with his older brother. He loved his life there, lived in a nice home, and enjoyed a wonderful social life. But in the early nineties his brother had died after a long illness that Rockford and his family assumed was AIDS. After the death his two remaining brothers insisted that life in the Copperbelt was too dangerous for him to remain there. He did not want to return to the village, but they told him he had no choice: they would give him a plot of land, and he had to come home and start farming. When I asked him why he did not simply refuse, he said I did not understand: it was impossible to ignore the request of the entire family.

For the duration of my fieldwork Rockford resided in the village grudgingly. He told me he found village life dull and that was the reason he visited town whenever he had the chance. One day he told me he thought he might have to divorce his first wife because she never wanted to leave the village, although his second wife would be eager to live in town. He did not know how much longer he could put up with village life. But after my departure I learned that he had given up any such plans. He had opted instead to be a man of influence in his village, opening up the first barbershop and making plans to show movies for money with a newly purchased DVD player that could run on electricity from his generator. He had built his wives an enormous house and was expecting his first child from his second wife. He and his brothers were called on often to mediate conflicts in the area.

For Rockford, adoption of his family's notion of a safe lifestyle—one of farming, raising cattle, having multiple wives and children residing on a large family homestead—was gradual. At first, he had insisted he was going to remain monogamous, and that his village life was only temporary. Succumbing to social pressure, however, he took on more than one wife, increased his social status in the village, and embedded himself deeper within the local social networks. Giving up his plans of returning to town, he began to take on the role of a respected and propertied male in an African village, mediating conflicts, offering advice to local headmen, and

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lending assistance to villagers in need. For Rockford's family—which is very well educated and wealthy by local standards—safety is to be found in the "village," danger in the "town," a notion that he has gradually come to accept. In this way, avoiding the dangers posed by AIDS has determined the direction of Rockford's life. Contrary to the messages of AIDS prevention campaigns, his zone of safety has not been constructed along the lines of a monogamous nuclear family or based on wage labor obtained through advanced education and training. Rather, safety and security are found by rejecting the lifestyle implicit in national AIDS prevention campaigns and by reclaiming a local space and local authority.

Conclusions

The narratives presented above demonstrate the ways AIDS influences everyday decision making, even when the disease itself is not at center stage. AIDS or the threat of AIDS serves as a rationale for adopting lifestyles, marriage patterns, and life goals. Philip Mwaaka had pursued livelihood strategies enmeshed in "traditional" extended kinship networks. To help ensure both a respectable social status and the availability of labor resources he had borrowed land from relatives, married several wives, and had many children. However, disease and economic hardship caused his strategy to unravel, and for his family, avoiding what is classified as risky behavior by AIDS prevention campaigns had to be weighed against immediate needs. When his wives saw that food stores were unable to feed the family throughout the year, they sought alternative economic activities that, while putting some members of the family at risk, and ultimately causing the family to break apart, contributed much needed money to family resources. For two of his wives, brewing beer and selling it in the community may also have been a strategy to establish liaisons with men who were better able to support them and their children. The outcome is that Philip left the community with only one wife, and with an increased likelihood that he had been exposed to HIV. The actions of his other wives, while likely motivated by the goal of self-preservation, fueled stereotypes that women are interested only in material gain and willing to jump from one man to another in pursuit of that objective. Indeed, none of the three wives who left him remained single women for long. All went on to form stable and likely more economically viable unions.

In Rockford's case, his town life modeled the message of modernity promoted by AIDS prevention and inheritance campaigns. He wanted to have one wife, live in town, undertake wage labor for a large multinational copper companies, invest in his children's future through education, and leave all property to his wife and children. Ultimately, social and family pressure prevailed. He was compelled to switch residence and, in the name of safety and security—albeit of a kind in strict oppositions to the national AIDS prevention narrative—to adopt the features of the "traditional" life

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that he had not even known since early childhood. He took on multiple wives, gave up his livelihood in the formal cash economy, and made a life on the family homestead with his adult brothers, their wives, and children. They are continuing to work as a family unit to increase their economic and social status in the village through networking, exchanging favors, and pooling resources. Yet despite his "traditional" lifestyle, Rockford himself cannot be considered any more or less "modern" than he was when he lived in town. Indeed, his attitudes in many ways would be considered quite progressive in a Zambian social context. However, the risk-prevention strategy chosen by his family members has pushed Rockford into a way of life considered risky and in need of transformation by many of the AIDS prevention experts, who believe that their interventions are protecting the health of many people like him.

Muzi, by contrast, was in pursuit only of stability, likely never enacting anything other than a modest sense of agency. She was shuffled off to her grandmother's house after she had her first child and married a man in pursuit of a monogamous, nuclear family arrangement. But when her husband died, the tropes of both "tradition" and "modernity" were deployed strategically to deprive her of both her social and economic rights. Because her in-laws categorized her behavior as too modern, as motivated only by material gain and as an abrogation of customary duties of love and service to the husband, she was deemed unworthy to be inherited by others or to inherit anything herself. Muzi got lost somewhere in the margins of the past and the present, unable to negotiate either a modern or traditional space for herself. The situation in which Muzi found herself is similar to that of many young Zambian "town" women in the age of AIDS. Widowed at an early age, with young children to support, they are not integrated into the social networks and traditional support systems that older widows can rely on for safety and security. It also appears that the position of widows like Muzi is ambiguous in the eyes of fellow community members; their motives for marriage are viewed with suspicion, and their claims for support are met with cynicism. There is an underlying sense among many people in Zambia today that young women in general are immoral and dangerous, and their motives suspicious. In this context, young widows become part of a social category that Mary Douglas (1966) calls "matter out of place." Not only are these young widows considered as socially risky, and therefore to be avoided, but they often lack the education or other resources that would allow them to pursue their legal rights under the Intestate Succession Act.

The prevention campaigns of the African AIDS pandemic have quite explicitly pitted the notion of the "modern national citizen" against the image of the "traditional villager." This duality appears in Zambia most vividly in messages about family structure, marriage, and inheritance patterns. Yet prevention campaigns ask people to repudiate what are considered "traditional support structures" while denying material support that offers an alternative. Inadequate and slow government and international support for

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treating the disease and the many opportunistic infections that go along with it make people feel helpless and abandoned. Custom must be reinvented and redeployed in order to cope with new realities. Contradictory messages are circulated through the AIDS prevention industry such that when individuals talk about AIDS, they are frequently invoking the disease to support one world view against another. In this way the social and the biomedical have become intertwined, and the discourses and practices surrounding AIDS have become as much about deploying a political position as avoiding a disease.

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Notes

1. State provision of ARV therapy began at two hospitals in Lusaka and Ndola in late 2002. Just a year later, President Mwanawasa announced that he planned to have 100,000 people accessing treatment by the end of 2005 as part of the "3 by 5 initiative." To further boost treatment efforts, the government declared HIV/AIDS a national emergency (Noble 2005) in order to increase attention to the pandemic.
2. Scholars such as Gaussett (2001) have warned against the outright labeling of cultural practices, as an inappropriate focus oversimplifies risk as well as alienating parts of the population. Despite these warnings, cultural practices are still regularly held up for scrutiny and vilified, both inside and outside of Zambia.
3. See Luo (1993); Caldwell et al. (1994); Oppong (1995); Ekanem (1996); Mogensen (1997); Ntozi (1997); and Malungo (1999).

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