

## ‘THE NIGHT WAR OF NAMPULA’: VULNERABLE CHILDREN, SOCIAL CHANGE AND SPIRITUAL INSECURITY IN NORTHERN MOZAMBIQUE

*Daria Trentini*

In the wake of the mineral discoveries of the last decade, Mozambique has been enthusiastically heralded as one of the fastest-growing economies on the continent, an exemplar of ‘Africa rising’ narratives (IMF 2013).<sup>1</sup> Yet, the beneficiaries of this substantial economic growth have been confined to a small section of the population and Mozambique continues to be one of the poorest countries in the world, with low life expectancy, approximately half the population living in a state of ‘absolute’ poverty, and high rates of child mortality and chronic diseases (Ali 2010; Castel-Branco 2014; de Brito *et al.* 2010; Fox *et al.* 2008; Hanlon 2010; UNDP 2007; Unicef 2006; 2014; Waterhouse 2010). In the neighbourhoods of Nampula city, northern Mozambique, the lauded economic development of the last ten years has made little difference to most households. Confronted with intensive economic inequalities, and the conflicts these spark, many residents often stressed continuity, rather than improvement, since the end of the war (1977–92). I was often told that the civil war ‘was not over’, that ‘Mozambique is a country still at war’, and that this ‘war afflicting Mozambique continues at night, through witchcraft, when you do not know who is harming you’. This sense of existential threat intensifies, then, as the ‘night war’ is increasingly seen as centring on the most vulnerable: sick infants and small children. In a city where, following the civil war, almost half of the 500,000 residents are under fifteen years of age (Araújo 2005), the most persistent and widespread rumours generally feature children. Fears that sick children are abducted, ‘spoiled’ (*estragados*), enslaved or consumed by spirits, witches, foreigners or state agents at night, or involved in forced military recruitment or the victims of international organ trafficking have become rampant in the city’s neighbourhoods.

Based on ethnographic data collected in the neighbourhoods of Nampula between 2009 and 2013, this article focuses on this ‘nocturnal war’ and the role of infants and children within it, and examines what it reveals of the contemporary context. Why are mothers so scared of their children being taken away from their yards? Why have children become the favourite prey of invisible forces? And,

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DARIA TRENTINI is a Mellon Postdoctoral Fellow in the Department of Anthropology at the University of the Witwatersrand in Johannesburg. She received her PhD in Anthropology at SOAS, University of London (2012). She carried out her fieldwork on spirit healing in Nampula city, northern Mozambique, and the publication based on her research on spirit possession in northern Mozambique, ‘Muslims of the mosque, Muslims of the spirits’, is forthcoming. She is currently working on a manuscript on stories of illness and healing that occurred in the compound of a woman healer in Nampula. Email: [trentini.daria@gmail.com](mailto:trentini.daria@gmail.com)

<sup>1</sup>See ‘Africa rising: a hopeful continent’, *The Economist*, 2 March 2013 <<http://www.economist.com/news/special-report/21572377-african-lives-have-already-greatly-improved-over-past-decade-says-oliver-august>>, accessed 28 August 2015.

finally, in what way are these apprehensions surrounding children's vulnerability and diseases managed?

The first part of the article analyses this 'night war' using two distinct approaches: one examines it as a spiritual expression of contemporary anxiety, and the other explores the intrinsic dimensions of these beliefs. The participation of infants and children in occult practices has been analysed as symptomatic of a profound crisis and, in particular, of changes in the field of kinship and local communities.<sup>2</sup> In early ethnographic accounts, children were either absent or at the margins of occult practices (see for examples: Colson 2000; Evans-Pritchard 1937; La Fontaine 1963). However, more recent examples have registered a rise either in rumours and beliefs featuring child abductions and abuse (see, for example, Comaroff 1997; La Fontaine 2009; Sargent and Scheper-Hughes 1998; White 1997) or in allegations against children. The shift in the idiom of witchcraft – from children being invisible or marginal, to acting as agents of witchcraft – has been examined in terms of profound transformations in the field of kinship initiated by, for example, the introduction of the colonial economy (Geschiere 1997) or missionary evangelization (Brain 1970), or as the effect of postcolonial economic and religious changes, urbanization and migrations (De Boeck 2005; Molina 2006; Pereira 2011). In the specific context of Nampula, a region characterized by long and deep anti-government feelings, rumours have often been examined as local formulations of discontent against state power and the ruling party (see Serra 2003; Sumich 2010).

While all these approaches help to analyse Nampula's 'war of the night' as a symptom of collective insecurity resulting from contemporary processes experienced at the level of the household and of the neighbourhood, fears surrounding children are far from being new in a region such as northern Mozambique that registered child abductions during the slave trade (Alpers 1983; 2013; Capela and Medeiros 1987; Geffray 2000; Medeiros 1988) and, more recently, at the time of the civil war (Honwana 2006; Nordstrom 1997; Thompson 1999). However, an interpretation of these fears that centres on the present and points exclusively to external changes fails to explain why children have become the focus of this crisis and not, for example, other vulnerable groups, such as women or the elderly. In addressing the question 'Why children?', this article therefore also explores emic explanations of children's vulnerability, around which these contemporary anxieties are then articulated.

The second part of the article charts the precautions and strategies mothers follow to tackle their children's diseases. Drawing on three main cases, it shows how divinations do not always attenuate uncertainty, nor are the efforts of healers to manage these invisible forces always successful. Why traditional healing may prove ineffective and why children's healers are increasingly struggling to control the evil forces haunting infants and children will be discussed in the concluding section.

The examination of fears surrounding children and of the ways in which children's illnesses are managed emphasizes the female character of Nampula's

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<sup>2</sup>For examples in European history, see Ginzburg (1991, in particular Chapter 3) and Farge and Revel (1991). For African examples, see Comaroff (1997), De Boeck (2005; 2009), Diduk (1993) and Durham (2004).

'night war'. The prominent role of women – either as mothers, kin or healers – suggests that this kind of spiritual anxiety should be examined in the context of the local social and cultural worlds they inhabit: on the one hand, within household and local communalities, and, on the other, through a consideration of the cultural logics behind these fears and beliefs. At a time of escalating religious and social change, women are in fact those who remain most attuned to traditional interpretations and experiences of children and those who therefore resort more frequently to local resources to wrestle with diseases and crises.

### THE (NIGHT) WARS IN NAMPULA

#### *Everyday wars in Nampula*

The third largest city of Mozambique is part of the matrilineal north, where descent is traced through matrilineal filiation, and where residence patterns have historically tended to be matrilineal (Arnfred 2011; Geffray 2000; Macaire 1996). During the civil war, and in its aftermath, migrations to Nampula tended to occur in large groups. Therefore, many households have continued to be composed of a mother, father, children and various relatives from the mother's side.<sup>3</sup> The subsistence economy and links with the countryside, activities in which women prevailed, formed the basis of the majority of households' incomes in the city.

However, in recent years, this model of social and economic organization has come under strain. As a result of migrations, the AIDS pandemic, religious change and the shift from a subsistence to a market economy, the number of nuclear families and units with no kin relations in the same town has been on the increase. Post-war economic policies have jeopardized mostly women-headed households (Unicef 2006; Waterhouse 2010) and have generally worsened the conditions of many local women. In addition to economic changes, as kinship obligations and customary laws become weaker, divorces have become easier than in the past, augmenting women's social and economic insecurity and marital conflicts. Spousal tensions are expressed in witchcraft accusations within the household, with men suspected of provoking reproductive troubles, and with women frequently deploying magic potions against their spouses. A symptom of women's social and economic insecurity has been an intensification of bad spirit attacks (*Majini*) causing barrenness, divorces and solitude. Nonetheless, spirits are also a resource on which to draw in order to negotiate power and conjugal relationships within the household. As Maria, a woman afflicted by spirits, put it clearly: '*Majini* are the weapons God gave us to fight this *war of women* in the city.'

Further indicators of women's growing socio-economic insecurity include, on the one hand, widespread abortions (*okhumih*) practised in the huts of women healers, using herbal drinks, especially among single women, and, on the other,

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<sup>3</sup>The Makhuwa matrilineages of north Mozambique were characterized by some degree of balance among the genders; this granted women, especially older women, a valued position in the economic, symbolic and political life of the group (Arnfred 2011; Geffray 2000; Macaire 1996).

heightened apprehension for their infants and children. Attacks by external forces against infants and children symbolize attacks primarily against a woman's world, against idealized (matrilineal) family values, networks of solidarity and domestic systems of production. Veronica, a single mother, explained to me why she had decided to collect a large sum of money to protect her children in a 'traditional' manner after she had lost one child to disease: 'In this city, we have to be very, very careful. There is a war out there, and we have to protect our children because they do many things in the yard and will assure us some support when they grow up. Who will take care of me if they die? Who will wash and bury my body?'

Besides the contribution to domestic income highlighted by Veronica, the value of children to their mothers is complicated by non-material factors. In matrilineal societies, children belong to their mothers and to the maternal clan (*nihimo*) from which they take their name. Formerly, a rich progeny assured the continuity of the mother's lineage and determined a woman's prestige within her family group (Ciscato 2012; Geffray 2000; Macaire 1996).<sup>4</sup> Nowadays, in the city's nuclear households, one of the greatest concerns among women is to have many children in order to cement increasingly precarious marital relationships.

Nevertheless, if children might support women in their everyday struggles, there is a sense that mothers nowadays have little or no control over their children. Take, for example, the words of Zinha, an elderly woman who was grappling with her grandchild's ongoing illness:

This war at night is becoming worse than the past one. At least, in the last war, we could recognize who was the enemy by their uniform and we fought with weapons. But in this war, you may not know who is harming you. Nowadays, your babies can harm you as well. And you do not know how to protect yourself. You see, during the Portuguese [era], we were educated and we respected our elderly. But now, our children are telling us: we do not respect you anymore.

As this statement suggests, elders' authority appears to have been undermined. State education, city life, waged labour, or joining new religious movements, such as the African independent churches and reformist Islam (locally known as *Ahl al-Sunna*), have implied a break with the past, with 'tradition' (*tradição*), with rural lifestyles and with 'the religion of our fathers'. Unsurprisingly, witchcraft accusations between elders and youths have become endemic. In divinations, young women and men are often diagnosed as victims of their elders, who want to eat 'with them'. Also, the inverse occurs, with parents not only accusing their oldest children (generally teenagers) of misbehaviour and disrespect, trampling on the family's authority, but also, therefore, suspecting them of being witches.

The more fragile and insecure the boundaries of the household become, the greater the sense of being exposed to forces external to the compound. Conflicts between households over land and local resources and witchcraft accusations are rife in the shanty towns. Take, for example, the words of Alima, a woman in her late thirties who decided to magically protect all her six children after her

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<sup>4</sup>The female world was a highly hierarchical system where age and the number of children were the criteria that defined the position and power of a woman both within her family and more broadly within her own lineage.

oldest one had been bitten by a snake while working in the family *machamba* (field), outside the city:

In the neighbourhoods, the war is not over. Because they take away our children! You see, there is no privacy between compounds; there is envy about what you eat, if you have water. If you are married, if you have children, if your children are growing healthy, your neighbours can kill you. I do not want to kill my neighbours, because I am a Muslim. But I have to protect myself [and] my children at night and so I resort to 'tradition' for my children not to be killed.

Another woman, Maria, who was grappling with the precarious health of one of her five children, expressed her doubts on the paradox between economic growth involving some and a reality of endurance affecting others:

There is a war outside. I tell you, this city is not for children. It is full of witchcraft. You wonder why there are so many cars in the city nowadays. I tell you, our neighbours are stealing our children at night. But, I tell you: families themselves are selling their children out!

If this 'night war' has emerged as the spiritual expression of everyday insecurity within and outside the compound, women's anxiety also stems from – and is amplified by – children's special qualities and their position in the cosmological world.

Nómwakhela muletto (*we have received a host*)<sup>5</sup>

Among the Makuwa-speaking populations dispersed in what is today the province of Nampula, from birth and throughout the weaning period, babies are welcomed as 'hosts' (*muletto*), closer to the spirit world than to the world of the living.<sup>6</sup> Owing to this spiritual identity, children are often given a first name (*nsina nókhani*)<sup>7</sup> containing the name of an ancestor from the mother's side.

However much children's proximity to the world of spirits may grant them respect and affection in the compound, it also enhances their exposure to external dangers. Infants' liminal position is stressed by a period of seclusion that lasts until weaning: infants stay inside the house, protected from external worlds, and attended only by their mothers and close female kin (Ciscato 2012; Martinez 1989: 100–1). This period of seclusion is accompanied by various taboos that underline the precariousness of infants: parents are not allowed to sleep together because the father's sperm may spoil the breast milk; fathers are not permitted to see the child, at least for the first week of life; the mother has to follow specific food rules, avoiding things that may compromise her health; the wife is not allowed to prepare meals for her husband; and finally, all the women who took part in the birth of the child have to abstain from sexual intercourse. Given the intrinsic vulnerability of children, the underlying principles of child medicine are 'to reinforce'

<sup>5</sup>A Makuwa proverb.

<sup>6</sup>For a similar discussion on local concepts of infants and children, see Argenti (2001), Leis (1982), Reynolds (1996) and Gottlieb (1998; 2004).

<sup>7</sup>Literally, the 'small name'.

(*olipiha*) and ‘to close’ (*owala*) the body. A child’s body is fortified through herbal baths (*orapa mwâna*) and by cutting their hair (*ometthiwa maihi*). His or her body is also rubbed with special oil extracted from herbs (*wonthhera makhura*). Finally, their waist is protected with a cord (*ekhulula*). Some weeks later, blood obtained by removing a piece of the child’s mother’s nostril is rubbed by a specialist on the child’s forehead, again to fortify the child’s body; however, this is also an act to symbolize that the child belongs to his or her maternal lineage. Medical interventions are accompanied with periodical ceremonies (*sadaka*) to maternal spirits that exchange children with commodities, such as food, clothes, incense and money (Ciscato 2012; Martinez 1989: 100–1).

The definitive integration of the child into the family occurs only when he or she starts walking. At this time, a ritual bath will be given in public, in front of the child’s family and the community, to signal the end of the seclusion period. However, with the end of isolation comes an increase in the child’s vulnerability. Therefore, children will periodically undertake herbal baths, wear amulets (*hiriz*) around their necks, and, when they become older, they will undertake periodic ritual incisions (*opopha*) to assure spiritual protection from evil forces and witches.

These actions may reduce vulnerability, but, in a context where rates of child mortality, chronic diseases, infections and malnutrition remain high and where families are often faced with a scarcity of medicine and hospital inefficacy, parents live constantly on the alert, and with the possibility that their children could fall sick or die in their first years of life.<sup>8</sup> An example is an episode that occurred in 2009. One hot morning in mid-November, Amina woke up at dawn realizing that her two-year-old daughter Rosinha was seriously sick. The family gathered in the yard under a mango tree. Rosinha’s grandmother scattered the sacred flour used to summon family ancestors:

Who is taking our child?  
Is this a bad spirit?  
Who is attacking our family?  
We do not want it in this family.  
Is this witchcraft?  
Is this happening in the neighbourhoods? Inside the family?  
We do not want it in this family.

Immediately afterwards, Rosinha was taken to the hospital to be tested for malaria and returned with medication. In the afternoon, her mother and grandmother decided to consult a specialist in child diseases. The divination revealed that the child was suffering at the hands of her ancestral spirits, who lamented that they were starving and in need of a ceremony. Without the protection of her spirits, the child was easy prey for the ambitions of their neighbours. A ceremony to

<sup>8</sup>Child mortality rates remain high, with about one in every six children born in Mozambique dying before reaching their fifth birthday (Unicef 2006: 82). Malaria, diarrhoea, acute respiratory infections and vaccine-preventable diseases are the main causes of child deaths in Mozambique (Unicef 2006; 2014). The level of chronic malnutrition remains one of the highest in the world (43 per cent of children under the age of five are chronically malnourished: Unicef 2014: 8, 53). The gains that have been made in reducing child mortality are now threatened by HIV/AIDS, which is emerging as a major cause of death (Unicef 2006; 2014).

the family spirits was held, followed by protective herbal baths and the fabrication of an amulet that was bestowed upon the child.

This story introduces us to the ways in which a child's disease is typically managed. Along with the hospital medicine, a family will likely consult women healers who specialize in child medicine. Given both children's and healers' proximity to the ancestral spirit world, these women healers are considered to be the only ones who are able to communicate with babies, even when they are in their mother's womb.

### WAGING THE 'WAR OF THE NIGHT'

#### *Women spirit healers*

The healers to whom mothers resorted for the treatment of their sick children are generally known as *curandeiros* or healers of *Majini*, named after the spirits that provide them with their healing power.<sup>9</sup> Because a large number of male healers have turned their backs on the 'spiritual' side of their healing in favour of Islam, spirit possession and ancestral worship have become almost an exclusively female domain.

The basis of women's healing is ancestral power. Women become spirit healers by virtue of having received medical skills through uterine heredity, and the source of their secret knowledge and power is identified with the occurrence of a disease and of dreams from matrilineal ancestors (*minapa*). In urban areas, however, women healers are frequently possessed by other sets of spirits, *Majini*, reflecting the range of influences present in a city, located as it is between the mainland world and the Muslim coastal part of the western Indian Ocean. Among these *Majini*, there are Muslim spirits who infuse traditional healing with symbols and practices from Islamic medicine. During divinations, some women healers may, for example, speak in an Arabic-like language and display Islamic books. They may wear Islamic clothes and hats as a way to attract coastal spirits, and replace traditional instruments (shakers and sacred flour) with incense and books (Trentini [forthcoming](#)). Similarly, in other areas in East Africa, borrowings from Islamic medicine might have reinforced spirit practices in the context of social and religious change (for similar examples in East Africa, see McIntosh 2004; 2009; Parkin 1970). Thus, while women healers are compelled to continuously adjust their cosmology and practices to be competitive in the market, they continue to be associated with what distinguished them: the links to ancestral spirits and herbal medicine. Spirit healing is often sought out as it is much more affordable for women at the edge of, or excluded from, the market economy, than, for example, Islamic medicine – people said that these 'women healers are for the *povo* [people]'. In most cases, a consultation with a spirit healer occurs at the same time as, or following, a visit to the central hospital or one of the health centres dispersed in the neighbourhoods to access scientific medicine. Women do not have a lot of choices in the local medical market for the treatment of their sick children. Other medical frameworks that are popular in the

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<sup>9</sup>According to the association of traditional healers in Nampula (AMETRAMO), in 2010 there were officially 3,000 traditional healers, of whom 1,800 were women and 1,200 were men.

neighbourhoods – such as Islamic medicine and the spiritual services offered by African evangelical churches – do not provide healthcare that is specifically for children. The basis of this omission lies in a substantial difference in their conceptions of the person. Islamic divination and healing, based on writing and reading Islamic books, are principally sought out for sorcery attacks and concentrate on the individual; they do not entail rituals in which the family of the patient is involved or ancestral spirits invoked. In the case of the young, Muslim healers may provide children and infants (exclusively of Muslim families) with protective amulets, *hiriz*, which contain pages of the Qur'an. Vicente, a Muslim healer (*mwalimu*),<sup>10</sup> explained:

When a child is born, after seven days the mother can take the child to a *shehe* for prayer (*fateh*). It serves to facilitate the growth of the baby. But we do not heal children. Children can go to the mosques only when they are seven and have completed their initiation.

Likewise, the pastors of African charismatic churches provide some sort of healing for spirit afflictions and witchcraft through the Bible by invoking the Holy Spirit. Some of them recite *oração do bebê* (prayers for the baby), intended to ensure healthy growth.

Finally, there are few male spirit healers who deal with children's medicine. Women healers dealing with children's diseases claim to have received from their female ancestors the special knowledge required to tackle reproductive and children's illnesses.

Mothers and female kin of the child share with women healers a similar world view and beliefs in spirits and ancestral worship. Many opt for those healers who come from their own region, speak the same dialect, and know their particular *tradição* to facilitate the arrival of family spirits – those who reveal, heal and protect children.

### *Seeing through the darkness*

Spirit divination (*ehakó*) implies the interrogation of spirits, the maternal ones of both the healer and the patient. A divination starts with a healer falling into a trance, during which she is enabled to see through the darkness (*oripa*). The healer establishes contact with her own spirits, who, in turn, contact the maternal spirits (*minepa*) of the child. The *minepa* unveil to the healer the shadow (*eruku*) of the patient. The shadow, as the invisible side of the person, wanders with spirits at night, and takes hold of one's life in dreams. It may be captured by witches or may intentionally leave the body to bewitch others. By scrutinizing the invisible part of the self, the healer uses the spirits to reveal (often by means of a mirror) the problem that lies within the life of the patient. The body (*erutthu*) can also be used as a tool of divination. By touching, smelling and palpating the body of the child, the diviner can 'see' the hidden parts – such as the heart, blood and belly. Because infants and small children do not speak, the body is often the most reliable tool for their divinations.

<sup>10</sup>A *mwalimu* is a Muslim healer who comes from the coast and is known for combining a knowledge of Islam (*jakih*) with esoteric expertise (*njulu*: from the Arabic for 'stars'), based on cosmological and astrological books.



*Children's diseases*

As with adults' illnesses, children's ones (*mwâna erretta*) are distinguished between 'God's diseases' (which are generally healed by the hospital) – for example, malaria and respiratory infections – and 'traditional' ones, although the border between the two is often blurred, especially if a disease persists. Spiritual diseases, on the other hand, are provoked by external agents: in the case of children, by malevolent ancestors and witches and by new, malign, small spirits that fly and take away children exclusively at night. Illness and distress involving children draw on traditional Makhuwa interpretations, but, as we will see, these take on new meanings in the changing socio-economic environment.

An underweight, malnourished child – one 'who is not growing as it ought to' – is indicative of an illness provoked by the child's ancestors, for example. When this illness is diagnosed, it typically reveals a troubled relationship between the child's family and their ancestors, who do not want to be parted from the child. Healers claim that a family's spirits are good and will protect children from witches, but they might become harmful and take children back as a form of revenge in cases where their living descendants have neglected them, forgotten them, or transgressed various taboos after the birth of the child. An increase in children's diseases is often blamed on a family's failure to accomplish ritual obligations and their neglect of tradition; this could be due to poverty, as these rituals are expensive by local standards, or to a family's disregard of traditional behaviour and norms, for example among families who have converted to Islam or Christianity. A premature death or poor growth also points to the behaviour of parents neglecting traditional rules after the birth. The religious changes that involve many families in the city are often evoked by women healers as the cause of children's diseases. Healers might accuse mothers of having neglected tradition in favour of the mosque or the church.

Generally, when a child presents with a swollen belly, this is usually attributed to a witchcraft attack. Infants and children figure mainly as the weapons of witches, used as 'keys' to penetrate the houses the witches intend to harm. A witch can also introduce *okhwiri* (witchcraft) into the body of a child in order to harm the entire family. Accordingly, with this 'war of the night' becoming more dangerous, children have become the favourite victims of witches because they are weaker (*fracos*), they do not put up much resistance, they do not know how to counter-attack witches, and, ultimately, they are unable to speak and reveal the name of the witch. Witchcraft involving children reflects conflicts within and outside the household. The witches hiring children tend to be physically close to the family they want to harm: envious relatives (almost exclusively on the mother's side) or neighbours.

While the majority of children figure as victims, a diagnosis in which a child is implicated in witchcraft prompts doubts and speculation. A child can inherit the capacity for bewitching *olowa* from their mothers through breast milk.<sup>11</sup> Or, children may be invited by their older relatives, always on the mother's side, to night dances, where they are offered human flesh, a debt they will have to repay for the rest of their lives.

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<sup>11</sup> *Olowa* is the capacity to bewitch that is inherited by the mother directly, or by the child's mother's brother.

Finally, in response to the increase in new diseases, there has also been a concomitant proliferation of new spirits of uncertain identity, known as *passanoite* (those who come at night and through the wind, *epheyo*). These evil spirits are known for beating children at night (*omaniwa*). Healers explained that these spirits attack just for the pleasure of harming children, or they are hired by envious relatives and neighbours who seek to hide their identity during divinations. Spirits who are different from ancestors relate to new social situations and conflicts in the neighbourhoods. Consultations are then followed by medical interventions based on rituals that address the spirits and on herbal medicine – healers often conceptualize their medical actions as a ‘battle waged in the dark’, against evil spirits and witches. However, as the three examples below illustrate, the healers’ battle is not always one they win.

The following stories were collected during fieldwork with three spirit healers with whom I worked very closely between 2009 and 2013. The closeness of my relationships with the healers informed the kind of material I collected, and often the point of view of the healer prevailed over that of the patients. To balance this, I sought to keep track of what happened to healers’ clients after the healing. In some cases, I managed to do this (as in the third story), and in others I did not. Therefore, the conclusions of the three stories, if I give them a definitive ending, draw at times on rumours and news that circulated in the neighbourhoods and in the healers’ compounds (as in the first and second stories), and at times on more concrete evidence (the third story).

*Ivaldo: the witch in the night*

In early 2013, things finally seemed to be improving for Ivaldo’s family. After years of hard life in Namputa, to which they had migrated ten years previously from the district of Macomia in the Cabo Delgado province, Ivaldo’s father had secured a job with a construction company and his maternal grandmother, who had joined the family in the city a year before, had begun receiving a civil pension for her services during the war of independence. The two sources of income allowed Ivaldo’s father to put an iron roof on their small house, and to dig a well in the yard, so that they could sell water to their neighbours, augmenting their monthly income. At the end of the year, in November, however, the family’s relative stability was disrupted by Ivaldo’s illness. Large, deep wounds began covering the slim arms and legs of their oldest son. He was taken to the central hospital but the doctors were unable to diagnose the disease afflicting Ivaldo. The family gathered together and lamented that, at this point, ‘the disease was not normal’, that ‘it might come from outside’;<sup>12</sup> doubts that ‘someone was attacking our family’ began brewing. Some days later, Ivaldo’s mother and grandmother took him to see a healer who had previously treated other members of the family.

*Mother:* We are taking him every day to the central hospital, but he is not improving.

*Healer:* At the hospital, you know, they just want to kill him. They want to cut off his legs.

<sup>12</sup> *Doença de fora*: an illness coming from outside, or a traditional disease.

*Mother:* Look, he has been visited by four doctors. Four doctors! They still do not know what it is. Is it leprosy? Is this a worm? We do not know what is going on in the body of our boy.

*Healer:* I tell you, this is not leprosy.

*Mother:* He was such a smart boy. Now he is not going to school. He is not playing with his siblings. He was helping in the field, but now nothing. He stays all day at home, sitting, without doing anything.

*Healer:* I tell you, if he goes to the hospital he may die. This is a spiritual problem; spirits do not want the child to go to the hospital.

*Mother:* We cannot sleep while we do not know what is going on at night.

Throughout the conversation, Ivaldo did not utter a word. He stood, looking down, while everybody in the hut focused their attention on his shattered body. The diviner began shaking her shakers, then stopped and scattered sacred flour on the floor to invoke the spirits of the child. She took out a notebook, with a mirror inside, and started reading from it, all the while shaking her head as a sign of understanding and approval of what the spirits were saying:

*Healer:* Apologies God, ancestors, chief of Nampula. These people have come to find out what is happening in the body of this child. What is it? Tell me. Is it a 'made thing'? Tell me. Is this a bad spirit? The chiefs have to tell me. Spirits have to come out. If this is [witchcraft], it has to be identified. If this child is a witch, you have to tell me, now, here.

Minutes passed, and silence now fell upon the hut as the healer opened her eyes and began to relay what the spirits had said:

*Healer:* This is very dangerous. The child has been taken away at night. He was sent to a house, but he has trampled on the 'mine' and hurt himself. The spirits are telling me that this is a big job I am called to do for this boy.

*Mother:* Is this happening within the family? Or is this a thing of the *bairros*?<sup>13</sup>

*Healer:* No, witchcraft has been passed on to this child by his grandfather. He has been participating in night dances where he has been given human flesh.

After the divination, while Ivaldo continued to undergo consultations and treatment at the hospital, he headed every day to the compound of the healer. There, a banquet (*sadaka*) was set to summon his ancestral spirits to support the whole healing process. Then, he started taking a series of herbal baths. Barks and roots collected in the nearby mountains were boiled in water and rubbed on Ivaldo's body in the hope of cicatrizing his wounds. But, after four weeks of healing, his wounds seemed to have worsened and a deep preoccupation also began to be felt by the healer. At this point, the family was summoned again to the spirit hut:

*Healer:* There is a big problem inside your family. There is much ambition there. You see, they are eating each other. I cannot see what this child is doing during the night. In the

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<sup>13</sup>This is a popular expression indicating witchcraft among neighbours.

day, he comes here, with more wounds he has received during the night. This is becoming too dangerous for me and for my family.

While the healer seemed to exonerate herself from what looked like a failure by blaming Ivaldo, and, indirectly, casting a bad light on the whole family, new doubts seemed to begin overwhelming the two women as well. Growing suspicion of the child was signalled by the family's refusal to throw away Ivaldo's slivers of bone, which the healer had collected during the treatment, as requested by healers to conclude the treatment. In the following days, Ivaldo returned to the healer's yard, alone this time, but now the healer did not seem to be involved in his case anymore. 'This child is a witch,' she commented while observing him treating his wounds, alone, in the corner of the yard. After a week, the family paid for the expensive treatment and Ivaldo disappeared from the healer's yard. However, he continued to visit the central city hospital and various therapeutic efforts were made again. There, it was suggested that the family should head to Maputo, the capital, where 'hospitals are better equipped and medicines are not lacking, as they are in the north'. But, confronted with this uncanny disease and the impossibility of travelling to the south, the family made the decision to take Ivaldo back to their village instead, to their homeland. This was a 'family problem' and needed to be dealt with from inside, the grandmother commented during a conversation before they left the city. One week later, the family travelled to northernmost Mozambique and re-joined Ivaldo's maternal relatives: his elderly grandfather (the presumed witch), his uncles and various cousins. There, a big ceremony for the spirits was set up. A local healer, close to the family, was also consulted and new healing was attempted. In the hope of a recovery, the family decided to leave Ivaldo in the village, while the two women returned home. The family had been assured that Ivaldo 'was doing well' there, the healer told me, and he would soon be back in the city. Despite this, during the following six months when I was in Nampula, we did not see Ivaldo again, while the family seemed to be back to its usual routine.

*Anastasia: the baby going back*

Rumours spread among the neighbours, in the western side of the city, that Anastasia's father had died of a *bad disease*, some even said that it was *sida* (AIDS), while her mother, Lucia, was still pregnant. After the man was buried, the mother moved with her oldest two children to her elderly mother's compound. Without any income, the young woman and her children had to rely on the agricultural work of the elderly mother and on periodic aid from Lucia's brother, who had found a job in the coastal city of Nacala. Months later, Lucia finally gave birth to twins, Anastasia and Matteus. When they were two months old, Matteus fell seriously ill, and, after a couple of weeks, he passed away. Months later, Anastasia also began to be unwell and refused to feed, despite her belly swelling. The two women took Anastasia to the hospital. There, the child was reportedly given a course of vitamins and antibiotics. Meanwhile, the two women decided to consult a diviner as well; the grandmother explained that this was 'because we want to know if there is something we do not know yet', once she had taken a seat in the healer's hut. The woman removed the shirt from her daughter's body to show the healer the child's swollen belly, which sharply contrasted with the rest of her slender frame.

*Healer:* There is no need to make a divination. Spirits are talking to me already. This family is with great sadness.

*Mother:* Who is taking my child? We took her to the hospital but nothing. They just give you some pills.

*Healer:* At the hospital, they are just joking [*brincar*].

*Grandmother:* What is going on in our family? Why are we all dying?

*Healer:* Your neighbours have been entering the house at night and taking your children. During the night, they hired a *passanoite* and put witchcraft into the children's bodies. You see, this is 'witchcraft of the government'. These are things that are occurring nowadays in the city. These people are playing games with children, as if they were balls, at night.

*Mother:* This is what this city has come to. My children were growing well and were healthy. Bad things are happening in this city. You cannot sleep anymore during the night. You need to protect your children.

*Healer:* You need to protect your child, otherwise they will also take this one away.

After the first consultation, the healer gave the child a herbal drink in an effort to deflate the witchcraft in her belly. Anastasia was also 'hospitalized' in the healer's hut for a couple of days so that the effects of the treatment could be monitored. Three times a day, she was given a bitter drink made from a reddish root. Her small body was rubbed with a cream aimed at keeping witches at bay during the night. For one week, the healer and the two women waited anxiously for the little baby to vomit or defecate, thus ridding her belly of the witchcraft. Everyone was hopeful that the herbs would be effective, but, in the days that followed, Anastasia did not expel anything from her body. After one week in her compound, the healer decided to summon again the two women for further communication:

*Healer:* Spirits have been talking to me again. The child is haunted by the shadow of her father. You see, he died without seeing his children. He is feeling very homesick. He took one [of the children] because he was feeling alone. Now he and the other child want the girl back. You need to undertake a ritual to release yourself and the child from the shadow of the dead. You need to go back to your homeland, to your spirits and ask them for protection. This child has water in her belly. Water to clean the body of the dead.

After having tried herbal treatments in vain, and having listened to the pessimistic words of the healer, the two women decided to stop the treatment; they never again went back to this healer. Anastasia's family decided to take the baby again to the hospital. But, one week later, a neighbour informed me and the healer that, sadly, the little baby had passed away. 'My heart is crying,' the woman healer said. 'This is the poverty of Nampula. Families in the city are giving their children away.'

*Mario: the child without a shadow*

In November 2009, Irene and her husband were woken up abruptly, in the middle of the night, by the weeping of their youngest son, three-year-old Mario. They soon realized that the child's body was soaking wet and his forehead burning. The following morning, at dawn, Irene took the child to the 'health centre' in

her neighbourhood. There, Mario was tested and given pills for malaria. After four days of treatment, the fever persisted, despite the pills, and Irene decided to go to the central hospital, where, given his serious condition, he was hospitalized. He was tested for malaria but the results were negative. He was then treated for a respiratory infection, with antibiotics. Days later, he was discharged in the belief that he was over the worst and getting better. At home, in the following days, seeing that there were no signs of significant improvement, Irene decided to resort to divination and asked her husband for money. She wrapped Mario in a *capulana*<sup>14</sup> on her back, and went to a woman healer whom Irene had consulted in the past, when she had given her herbal baths and drinks to enable her to conceive her two children. Soon, she was sitting on a straw mat in the diviner's compound, cradling her son and wiping the sweat from his body.

*Healer:* What is the problem?

*Irene:* My baby is very sick. I went to the hospital; he was hospitalized but he is not getting better. They said it is malaria. They gave Coartem.<sup>15</sup> But he still has a fever and cries all day and night. During the nights, he wakes up shouting and asking for water.

The healer took Mario, lay him on her mat, and began touching his slender body, ignoring his frightened cries.

*Healer:* This thing happening at nights is not normal.

*Irene:* Is this a 'made thing'?<sup>16</sup>

*Healer:* I can see the blood of this child is not circulating well. What is his name? What is the name of your mother's family?

*Irene:* Mario Gonçalves.

A candle was then lit and sacred flour (*ephepa*) scattered on the floor to entice the spirits to talk:

*Healer:* *Xonte Muluku!*<sup>17</sup> *Salama Alechum*, God, spirits, chiefs of Nampula. They came here to ask luck and health. You, spirits, have to help me; everyone in this child's family has to come and help me.

Then she stopped talking, closed her eyes and sat still. Minutes passed in silence, while the healer now looked into a little mirror. She began shaking her head and sighing, then said:

*Healer:* This child has been taken away at night. This is *havara*.<sup>18</sup> And when he has been left by the witches, in the morning, he comes back home sick. You see. This child is not growing well. They are preventing him from growing healthy. This is a serious matter.

*Irene:* Who is this?

<sup>14</sup>A garment consisting of a length of printed cloth.

<sup>15</sup>An anti-malaria medication.

<sup>16</sup>Witchcraft.

<sup>17</sup>'Please, God!'

<sup>18</sup>A type of witchcraft consisting of stealing one's shadow.

*Healer:* This is within the family. This is a woman of your family who lives here in the city. She does not want you to have a large family.

After the divination, Mario was given a herbal bath; his body was rubbed with a herbal cream and small incisions were made on his forehead to protect him from future attacks. ‘Witches are going to die if they approach this child again,’ the healer said, assuring the woman of the potency of her treatments. One week later, Mario and his mother were back to inform the healer that the child was still sick. The healer then decided to undertake a further consultation, to see ‘if there is more to know’.

*Healer:* There is a problem. I cannot see the shadow of your child anymore; it does not appear here. Have you and your husband made *sadaka* to your spirits recently?<sup>19</sup>

*Irene:* It was last year ... that was the last time I did it.

*Healer:* I see now ... Don’t you know that it is compulsory? You have to go home. What is your tradition of calling your spirits?

*Irene:* *Mukuttho*.<sup>20</sup>

*Healer:* Go now and scatter *ephempa*<sup>21</sup> in your yard, tonight. You do not need to go back to your family in the village. You can do this in the city. Then, tomorrow, when you come back we will try again. Bad things are happening in this city: parents are forgetting their spirits, and spirits are striking, because they do not see the results of their work. This is famine.

After the divination, Mario’s mother left the healer’s compound besieged by further and new doubts, worrying now about the spiritual status of her child. The absence of a shadow was received as a very bad omen, the worst a healer can deliver during a divination. Typically, the absence of a shadow means an absence of spirits, which leaves one’s body at the mercy of other spiritual forces, or the shadow has been taken by witches, or it implies that the child might be a witch himself. After the divination, Irene headed to the local market where she bought a heap of millet flour to summon her spirits. She then kept a portion of the family’s dinner for the spirits and put it at the foot of a mango tree in their yard. At dusk, she returned to the hut of the healer.

*Healer:* Spirits have been speaking to me last night. Spirits have taken his shadow back. This child is not with his parents. A ceremony is needed to give the child back to his family. I am not sleeping because of this, you see. You need to come here again but, next time, with your husband, and together scatter the sacred flour. You need to call back the spirits. He has to come here as well to ask forgiveness from the spirits. The man has to stay here, to ask forgiveness from the spirits. He has to come with money to give to the spirits.

*Irene:* I have talked to my husband. But, you see, we are struggling very much. My husband studied at school, and now he is selling shirts in the market. He comes home with barely 20 *meticais* and we use this money to eat. I do not have family, nor do we have *machamba*, and we need to go to the market every day for food.

<sup>19</sup>Offering to ancestral spirits.

<sup>20</sup>Rituals scattering *ephempa* are mostly practised by non-Muslim families coming from the interior.

<sup>21</sup>Millet flour to call one’s ancestors.

*Healer:* I know; this is the pain in this city, but spirits are visiting the houses of their families and they do not find any food. Here in Nampula, people have no *machamba*, they do not have food to offer them, so they take the children back as revenge. You see, people are forgetting their spirits nowadays and this is a big pain. I cannot see this child well.

In the following days, Irene returned to the healer. The ceremony to release the child, however, would have to be postponed, the healer said, because ‘without the presence of your husband, spirits will not come’. Irene left the compound. The reason behind the decision to interrupt the healing was not only an economic one. In fact, Mario’s mother decided to follow her husband this time, revealing to me that he was someone ‘who does not see well these healers because they deceive (*mafiar*) the people and he prefers praying at church’. But, after healing and praying in the Igreja Universal, Mario’s condition did not improve and his fever persisted. He was taken back to the hospital and hospitalized for two weeks, this time with a diagnosis of malaria. After this, the family was advised by the hospital staff to head to the Brazilian nuns’ mission, outside the city, which helped poor families with sick and malnourished children. Back from the hospital, Mario was now sleeping peacefully in the arms of his mother in their dark mud house. Nonetheless, his extraordinarily slender body, looking younger than his age, seemed to foretell a future of continuous health problems and hardships.

#### *Spiritual insecurity and medical inefficacy*

These stories address the main points discussed so far in the article. Firstly, they shed light on how the spiritual anxieties resulting from a child’s diseases draw, on the one hand, on children’s structural weakness and liminality and non-assimilation into the family: infants and children are easy prey for evil forces, they may be recruited by witches, or they may turn out to be witches themselves. On the other hand, children’s diseases are associated with the contemporary economic and social context: referencing poverty, economic differentiation and medical inefficacy, but also mistrust within and outside the compound.

Secondly, they show how divinations and healing do not always attenuate the uncertainty resulting from the occurrence of a disease, from confronting hospital inefficacy, or from receiving different explanations for the same disease (Whyte 1997; Ashforth 1998). Instead, diviners crystallize and expand women’s concerns and questions (Who is taking my child away? Who is harming him? Inside or outside the family?). In fact, knowing through divination that your child might be prey to greedy kin or to neighbours using witchcraft, to spirits and the dead, or that they are witches themselves, prompts broader questions of a spiritual nature and opens up new scenarios (Whyte 1997). It may happen, as in the cases of Anastasia and Mario, that explanations change according to new scenarios and the persisting disease. Finally, the invisible forces attacking children cannot always be managed by healers’ ritual and medical interventions. The question I ask in the final section is this: why are these women healers, who continue to be the default resource for children’s diseases, struggling to make their interventions effective? And how does this affect their position in society?

While the possibility of failure and the occurrence of unexpected events during the healing – such as the persistence of a disease – are not prerogatives of contemporary times (see cases in Evans-Pritchard 1937), it also seems that healers are being



confronted with new sources of stress, which may further jeopardize their healing interventions and their authority, as well as affecting the kind of knowledge they impart (see Ashforth 1998; 2005; Heald 1991; Whyte 1997; 2002). They are called on to confront the rise of new diseases, for example AIDS, or 'uncanny' diseases (see Ivaldo's and Anastasia's cases, in which the hospital, too, turned out to be ineffective), but they also have to deal with new social and family situations in the city that traditional categories seem unable to harness. Furthermore, women healers' medical knowledge, based mostly on herbs and rituals, is often unsuccessful in tackling new diseases. Healers might come up with new interpretative categories (see, for example, the diseases provoked by spirits of uncertain identity, such as the *passanoite*), or they may hide their incapacity and failure by blaming the patient himself or the family, or by postponing the healing and suggesting further therapeutic paths. This inevitably produces further spiritual insecurity.

Healers' struggles also raise questions around legitimacy. The stories above show different attitudes towards the healers and their likely inability to heal the three children. Some patients question the authority of the healer (as in the cases of Anastasia and Mario, especially the Christian father) and do not go back, while others seem to accept the healer's diagnosis (such as Ivaldo's family, who seemed to believe that he was a witch).

The issue at stake here is how healers deal with the eventuality of failure. The stories above remind us that divinations have implications outside the huts of the diviners as well (Heald 1991; Whyte 1990; Evans-Pritchard 1937). 'It is too dangerous for me,' the healer said to Ivaldo's parents. 'I cannot do anything here,' the healer explained to Anastasia's mother and grandmother, probably knowing that the child would die soon, and it is better, for the healer, for a client to die in hospital or in her own house than in the healer's compound. What if the healer is accused of being the one responsible for the disease? What if the child dies, or worsens, while hospitalized in the healer's hut?

In recent years, the rise of new religious movements has undermined and marginalized the position of these healers and their spirit-related practices. Healers also have to cope with the gossips, who are widespread among the healers themselves. They rarely exchange knowledge or collaborate with each other. Instead, rumours about incorrect treatment given by a rival healer are seized upon as an opportunity to malign a colleague. Often, an incorrect diagnosis or the deterioration of a patient's condition prompts rumours and accusations of witchcraft against the healer. In a city where gossip is rampant, healers often refuse to treat a patient presenting with a serious condition, or interrupt a difficult case, as in the three cases discussed here, so as not to run the risk of personal accusations against them.

In addition, scepticism about spirit healers has been fuelled by the current political context. Things might have improved for healers since independence and the socialist revolution, when their practices were banned as 'obscurantist' (Fry 2000; Honwana 1996; West 2005), but, as the stories show, tensions between the medicine provided by the state and by traditional healers still exist. Despite the neo-traditionalism that followed the civil war, Frelimo's 'neo-centralism' during Armando Emilio Guebuza's two mandates has resulted in extended control over local forms of power, including healers. The official legitimization of healers and the establishment of the association of traditional healers (AMETRAMO) have resulted in more control and radical interventions in both

'traditional medicine' and the role of healers in the local community by biomedicine and other agents of the state.<sup>22</sup> In the words of Sofia, for example, an old spirit healer who commented on the current political context:

Now we, healers, fear to treat our patients. If a healer says, 'I do heal HIV, or cholera, or malaria,' you know, they are going to kill you. We now fear the government; healers can go to prison. Many healers heal clandestinely because it is too dangerous to be a healer nowadays in the city.

Unlike Muslim and male healers, who are, to an extent, part of religious and political networks, women healers are more vulnerable and socially isolated in the city and thus more prone to being accused by families. An example of the context in which women healers work can be seen in a dispute between two families whom I interviewed in September 2009. One family was openly accused of having poisoned and killed their neighbour's child. During the public trial by the state agents operating in the neighbourhood, the healer was accused of having revealed witchcraft to be the cause of the death, and she was suspended from AMETRAMO. She was accused of having initiated the conflict between the two families by naming the witch responsible for the death of the child. She attempted to defend herself by saying that she had not named the witch, but she had identified the cause as a *passanoite*. The woman was sent to the public tribunal (*tribunal comunitário*) for trial.<sup>23</sup> Although I never knew the outcome of the process – whether or not the healer was found guilty – the episode provides an example of the current political context in which healers find themselves operating, often at risk of accusations of being witches themselves, or of causing harm to their patients. This insecurity inevitably affects the kind of knowledge and medical intervention they will provide. The rise of new diseases, religious change and more generally a shift in mentality, and the role of state power in relation to local powers, are putting healers, their 'traditional' knowledge and ultimately their authority under considerable strain in the local community. Viewed from the point of view of their patients, however, the healers' inefficacy in dealing with diseases, their lack of response following hospital failures, and their inability, ultimately, to manage the forces attacking children emerge as further aspects of the 'war going on at night' and as an expression of deep uncertainty and of crisis. This uncertainty not only stems from the sense of being under threat, but is also 'a great uncertainty about what kinds of forces govern life, how to know them, and how to control them' (White 2013: 140; Ashforth 2011). The words of a healer commenting on what she saw as an increase in children's diseases channelled this sense of general and profound disorientation: 'We do not know what is happening in Mozambique nowadays, if we are no longer able to control our spirits.'

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<sup>22</sup>To encourage collaboration with hospital medicine, healers are registered and monitored, but often their interventions are altered and, in some cases, banned. In meetings with hospital staff, healers are instructed to avoid revealing the names of possible sorcerers and to declare themselves unable to heal HIV, cholera and other specific diseases. Scientific experts have also looked into the herbs healers are using, and their dosages, and in some cases have accused healers of provoking or worsening diseases.

<sup>23</sup>A local institution established at the time of socialism.

## CONCLUSION

This article has explored what the 'war of the night' reveals about contemporary life in the neighbourhoods of Nampula. I started by posing three key questions: why are mothers so scared about their children? What is the role of children in the 'war of the night'? How are anxieties around children's diseases typically handled? In its attempts to respond to these questions, the article drew on two linked approaches: one is to contextualize this 'war of the night' as an expression of micro-conflicts sparked by growing economic inequalities and insecurity resulting from social change. The second is to explore the internal structures of these beliefs, symbols and images around which collective panic is framed and expressed. Accepting that these spiritual anxieties reflect broadly contemporary economic and social insecurity, I focused my attention on the micro-level of the household and local community. Specifically, I analysed mothers' anxieties around their children and the child abduction narrative as symptoms of a deep reconfiguration of gender and generational relationships, and more generally of a crisis in the matrilineal values and rules that have structured urban households, a crisis caused by economic, religious and political processes. This reconfiguration of the city's households occurs, therefore, in a context such as Nampula, where, since the end of the civil war, little sense of community or reciprocal solidarity has been restored; instead, mistrust and social conflicts have been exacerbated in recent years by ever increasing socio-economic inequalities. The lack of social cohesion and the prevailing mistrust find their expression in increased violence in the local community and within households, and in fear, witchcraft and the enduring feeling of being still at war (for other examples, see Archambault 2013; Israel 2009; Pfeiffer 2002; Sumich 2010; West 2005).

I have also attempted to explain why this spiritual insecurity centres on infants and small children by examining local conceptions and experiences relating to children and infants. An analysis of the internal dimensions of these beliefs then helps situate this contemporary crisis in its specific cultural context. I have shown how the transient and liminal nature of children (being between the two worlds of the living and the dead), their as yet only partial assimilation into society, and their spiritual identity magnify the collective sense of fear and enduring existential threat.

This combination of approaches also frames the healers' explanations for children's diseases. The article has described how mothers tend to handle their children's diseases by resorting to divination and the kind of therapy with which they are well acquainted – that practised by women healers. However, the return to tradition is not always effective and often increases opacity. On the one hand, traditional explanatory models emerging in divinations and medical interventions do not always succeed in managing evil forces or in healing new diseases. On the other, the healers' insecurity stems from the social and political context that they navigate. I have shown how the authority of the traditional healer is becoming increasingly undermined by medical competition, by religious change, and by a more general shift in mentality among the residents of Nampula, and how state power is affecting the kind of knowledge healers will provide.

Echoing other historical and anthropological studies, this 'night war' reveals a deep crisis within a local world. Is it not the case that the main characters in these stories are the people who embody the values of 'tradition' and, at the same time,

are those who seem to be the most affected by contemporary changes? Vulnerable children, women's insecurity and marginalization in the compound, and, finally, the struggles of those healers working on behalf of ancestral spirits all act as images of a local world under threat, a world whose future remains uncertain – as uncertain as the futures of the three children at the centre of this article.

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## ABSTRACT

People living in the neighbourhoods of Nampula city, northern Mozambique, often speak of a war that is being waged at night, during which sick infants and small children figure more and more frequently as the preferred prey of malevolent ancestors, witches and new malign spirits that come at night, and who abduct and enslave them in order to harm their families. The purpose of this article is to explore what this 'war of the night' reveals, to understand why it is that mothers are afraid their babies and children will be stolen from the compound and, finally, to analyse the ways in which families handle their fears and apprehensions about a child's sickness. I begin this analysis of the 'war of the night', and the accompanying anxieties surrounding infants and children, by examining it in relation to large-scale changes that have occurred both at the micro-level of the household and in the community more generally. Specifically, the article looks at the ways in which ongoing economic and social transformations are reconfiguring gender and generational relationships, which, in turn, generates more insecurity within the household and intensifies a sense of existential threat from external forces. The article then examines the cultural logic of rumours and beliefs involving children, as a consideration of local interpretations and experiences of infancy and childhood helps shed light on local concepts of (children's) vulnerability. With the aid of three case studies, the article charts how families manage children's diseases. It shows how the uncertainty surrounding an illness is not always ameliorated by divinations or by the healing provided by women working on behalf of ancestral power. Instead, women healers often crystallize and intensify mothers' fears, also because their medical and ritual interventions are not always effective.

The article concludes by examining the reasons why these women healers are increasingly struggling to manage the evil forces haunting infants and children and to make their medical interventions effective, and the effect of this on their local authority.

#### RÉSUMÉ

Les habitants des quartiers de la ville de Nampula, dans le Nord du Mozambique, parlent souvent d'une guerre menée de nuit, dans laquelle les nourrissons et les jeunes enfants malades sont de plus en plus souvent les proies préférées d'ancêtres malveillants, de sorcières et de mauvais esprits qui viennent la nuit pour les enlever et les asservir pour nuire à leurs familles. Cet article a pour objet d'explorer ce que révèle cette « guerre de nuit », de comprendre pourquoi les mères craignent que leurs bébés et leurs enfants soient volés chez eux et, enfin, d'analyser comment les familles gèrent leurs craintes et leurs appréhensions face à la maladie d'un enfant. L'auteur commence cette analyse de la « guerre de nuit », et des anxiétés qui l'accompagnent concernant les nourrissons et les enfants, en l'examinant dans le contexte des changements à large échelle survenus au niveau restreint du foyer et au niveau de la communauté plus généralement. L'article étudie en particulier la manière dont les transformations économiques et sociales en cours reconfigurent les relations entre les sexes et les générations, ce qui, à son tour, génère plus d'insécurité au sein du foyer et intensifie un sentiment de menace existentielle de la part de forces extérieures. L'article examine ensuite la logique culturelle des rumeurs et des croyances concernant les enfants, estimant que la prise en compte des interprétations locales et des expériences de la petite et jeune enfance aide à apporter des éclairages sur les concepts locaux de vulnérabilité (des enfants). À l'aide de trois études de cas, l'article décrit comment les familles gèrent les maladies des enfants. Il montre comment l'incertitude qui entoure une maladie n'est pas toujours améliorée par des divinations ou par des soins apportés par des femmes agissant au nom d'un pouvoir ancestral. Au contraire, les guérisseuses cristallisent et intensifient souvent les craintes des mères, aussi parce que leurs interventions médicales et rituelles ne sont pas toujours efficaces. L'article conclut en examinant les raisons pour lesquelles ces guérisseuses ont de plus en plus de mal à gérer les forces du mal qui hantent les nourrissons et les enfants et à rendre leurs interventions médicales efficaces, et l'effet que ceci a sur leur autorité locale.