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Growing up Pregnant: Events of Kinship in Everyday Life

Abstract

This paper explores how pregnant girls and young mothers, between the ages of 14 and 19, manage their social relations during pregnancy and early motherhood. Whereas most of the pregnant girls and young mothers in this study lived as 'unwanted family members' others were reintegrated into their families. The paper focuses on how they actively negotiate and form 'relatedness' to reduce uncertainty in their daily life, and particularly how they and their children struggle not to be excluded from reciprocal family responsibilities. During recent decades, people in Tanzania as in most of sub-Saharan Africa have been experiencing major changes in the family structure. Modernisation and urbanisation, and more recently the HIV/AIDS pandemic, have also resulted in the disintegration of social support networks and high level of mobility – also among young adolescents and children. The research is based on fieldwork in Muheza, a roadside town in north-eastern Tanzania (2002-2003).

Introduction 'I just Keep Quiet and Do what They ask Me to Do'

I shall begin this paper by telling Maria's story – one which illustrates the uncertain life situation for many young mothers in contemporary Tanzania.

When Maria became pregnant at the age of 13, she was still in primary school. At that time both her parents were terminally ill and she was staying with her maternal uncle in the nearby village. When her teachers realised that Maria was pregnant, she was expelled from school. Her uncle called a family meeting and, as Maria explains, 'My uncle told the others that the one who took the responsibility of staying with me would get a lot of troubles and he himself would chase me away.' After some discussion, another uncle said that he would let Maria stay at his place until she had given birth. Soon the news about Maria's pregnancy was spread throughout the local community and Maria's boyfriend disappeared. The information also reached Maria's father who, by then, was hospitalised, but announced that he would no longer recognise Maria as his daughter, and forbade anyone in the family to take care of her. Nevertheless, one month after Maria had delivered her baby, she was dumped at her father's sister's place in Muheza. Her father never forgave her.

After 14 months at her father's sister's place, during which she suffered mental torment and physical assault, Maria was finally thrown out and she returned to her uncle's place in the village. When I met her there, she looked happy and was very optimistic about the future, but she explained, 'Now my name is Fatuma. My Muslim family told me that if I wanted to stay at their place, I had to convert and get a Muslim name. It is fine with me.'

Next time I met Fatuma, she was no longer staying with her uncle, but had moved to her maternal grandmother further down the road. During that visit, family members were preoccupied about how the aunt at Muheza had succeeded in getting the life-insurance for Fatuma's (Maria's) deceased father. She had said, in court, that she was the one taking care of her niece. 'She even took those things which I was entitled to inherit, like the furniture and the chickens', Fatuma (Maria), explained with a feeling of being betrayed.

Such a life situation as illustrated in the story about Fatuma (Maria), raises the question of how pregnant girls and young unmarried mothers manage their relationships with their family members during pregnancy and early motherhood. Based on fieldwork (2002-2003) in Muheze, a roadside town in north-eastern Tanzania, this paper explores how young girls negotiate and form 'relatedness' (Carsten 1995, 1997, 2000) by sharing responsibility in their social life.¹ In the edited book, *Cultures of Relatedness: New Approaches to the Study of Kinship*, Janet Carsten (2000) encourages anthropologists not to take the content of kinship for granted, because, as she argues, '[...] indigenous statements and practices of relatedness are infinitely more dynamic and creative (or destructive) than analysis of kinship predicated on a straightforward division between biological and social domains would imply' (2000:24). What kinship means can only be appreciated by studying the immediately lived experience of relatedness locally, and by describing the implications for people living in such communities.

Mainly due to modernisation and urbanisation, including a high level of spatial mobility, and the HIV/AIDS pandemic (Klepp et al. 1995), family structures are changing with a resulting disintegration of social support networks (Nyambedha et al. 2001; Urassa et al. 2001; Madhavan 2004). Currently Tanzania has more than 800,000 AIDS orphans (AXIOS 2003). Children living with relatives is not a new phenomenon, but the amount and degree of what has been referred to as 'crisis led fostering' mainly due to the AIDS-pandemic, is rapidly increasing.

Eight of the total of 31 girls who were part of this study, have moved four or more times while pregnant. With such changing family structures, new notions and practices of 'family' relatedness, responsibility and support, or lack of it, emerge in everyday life, and while many pregnant girls and young mothers live as 'unwanted family members', others are somehow reintegrated into their families.

Muheza town, with its 15,000 inhabitants, is the district centre of Muheza District and is located 30 kms inland from the coast of Pangani, and 30 kms southwest of the regional capital Tanga (AXIOS 2003). Subsistence in Muheza is based on agriculture in the rural hinterland where many even among the urban population hold agricultural land (the main crops are maize and cassava, coconuts, bananas and plantains, as well as raising some small livestock). In 2003, Muheza experienced a gold rush in the nearby Amani Hills in Usambara, which attracted a large number of young Muhezan men to the hills in pursuit of prosperity and their fortune.

Muheza town is ethnically and religiously heterogeneous. During the German and British colonial periods (1884-1914 and 1914-1961, respectively) when Muheza was a centre in the sisal plantation economy, Muheza grew into a small commercial town. The major ethnic groups living in this area are the Bondei, the lowland people, and the Sambaa, who in pre-colonial times formed a kingdom in the Usambara Mountains (Feierman 1974). The primary language is Swahili, the *lingua franca* of Tanzania, but at times people shift to their ethnic mother tongues. The sisal economy attracted people from the neighbouring area and people such as the Zigua from the plains south of the Bondei, Digo from the Tanga coastal plains, Pare from western Usambara. People of Arab descent from the coastal trading communities also came to settle (Willis 1993, 1994).

The predominant religious group in Muheza is Muslim, which is a common pattern in most of coastal Tanzania (Middleton 1992), with some Christians (Willis 1993, 1994) and, more recently, Anglican Protestant and Catholic churches together with various 'born-again' (*waokole*) Christian denominations, have also established themselves in the area.

The Girls' Social Background

The 31 girls in the study varied widely in age, marital and educational status. The youngest was 12 years old when she became pregnant for the first time, and the oldest was 17 years old. For 24 of the girls, it was the birth of their first child, while two girls had two children, one had four, and three were pregnant with their second or third child. Half of them had lost one or both of their parents, and nearly all the girls had at one time lived outside their natal home. While some returned home, 21 of them were living either alone, with their partners, or with other relatives. The main reasons for leaving their natal home were orphanhood (10), marriage/cohabitation (6) and work as a house-girl (6). Of the girls, 23 were Muslims, five Christian, and three of them changed their religious identity from Christian to Muslim during the time of the study.

Three girls had not attended school at all, while twelve had been in school for three years or less, 7 had finished standard six, and 9 had completed the primary school exams. Twelve of the girls were attending school when they fell preg-

nant, 9 were in primary school, one in secondary school, and two in a tailoring school. All except one discontinued their education due to pregnancy.

Urban Livelihood

Walking through Muheza town one gets the impression of heated activity, hawkers shout out their commodities and prices, the colours explode in front of passersby at the food market where the women's clothes (*kangas*) compete with the colours of the fruit, men are busy with repair-work, and music shrills from many radios in the small shops. In the middle of town, there are several mosques, pharmacies and a computer training school. The town is highly strung. Young men are walking around, looking for work and amusement. Some young women, even girls, are also involved in small business activities, such as selling scones, charcoal or soap. Very few of them, however, make sufficient profit for survival and thus they remain economically dependent on others.

At least two of the girls in this sample had supported themselves economically through small-scale prostitution-like behaviour. The term 'prostitution' is problematic, and I am using the term to refer to those girls who on a regular basis, as they themselves put it, 'go to the streets to find a man who is willing to pay for sex'. The girls themselves refer to it as 'work' (*kazi*). Stella, for instance, who has taken care of herself and her three younger siblings, explains why she, at the age of 12, began with this type of 'work': 'When I came to live at my aunt's place and asked her for money to support myself and my two brothers, she never gave us any. Later I got pregnant, and gave birth, but my problems continued.' This kind of prostitution is not institutionalised like the type going on in the small hotels and bars along the main road passing through Muheza. Young women like Stella seem to be looking for a man at the moment of immediate need for money (because of hunger or lack of medicine) or when a relative tells them to contribute to the daily family budget by encouraging them to find a man with money. It should be noted however, that it is not only sex-customers or the so-called 'sugar-daddies', i.e. relatively wealthy men in their forties and fifties, who have to pay for sex, but also boyfriends in more regular-based sexual relationships (Haram 1995; Gysels et al. 2002). As many girls put it, 'no gifts – no sex'. Saumu expresses it like this; 'The only way a girl can show real love for a boy is by making love with him, and the way a boy shows love is by giving his girlfriend gifts every time he wants sex.' Girls, for their part, do not necessarily see the gift or money as payments for sex-services, but as a sign of love. Whereas the 'well-off' girls can spend the money on personal luxury items, others, less fortunate, spend it on school articles and daily needs. As an elderly grandmother told her granddaughter: 'If you want sugar in your tea, then go and find sugar!'

Among the 31 girls/young women in this study, only four of them had a partner who was self-employed and thus was able to give some economic

support on a more regular basis.² Some men periodically find full-time work, primarily in the construction industry, but normally they are uncertain about how long the employment will last. Most young men are employed only on a daily basis (getting 500 to 1000 TZS³ a day, often for ten hours of work), loading fruit, carrying things back and forth from the food market or carrying mud for building houses. During the most labour-intensive time at the (home) farm most young men help their family and are given some of the crops in return for their labour.

Marriage Negotiations and Marital Life

According to the Law of Marriage Act of 1971, a girl can get married from the age of 15 years, if the court consents. Some argue for raising the marriage age for girls from 15 to 18 years, as it is for men, others hold that such a change will cause more children to be born and raised out of wedlock.

Although becoming pregnant out of wedlock is common and rapidly increasing throughout Tanzania, it is something which 'brings shame' to both the pregnant girl and the family she lives with. As a means to hide her (shameful) condition, she stays indoors or might be transferred to relatives living somewhere else. The family usually fear being judged by their neighbours, teachers or other relatives who blame them for not having cared properly for their daughter. It is not uncommon that a girl is blamed by her family throughout her pregnancy and they may continue to blame her after she has given birth as well.

If the girl's family, however, manages to persuade the responsible man, i.e. the father of the child, to marry their daughter, the family is forgiven (and the shame is removed). This is, however, often both difficult and time-consuming. It is not uncommon that the responsible man denies it, or he simply disappears – often encouraged by his own family. Only one girl in this sample was married before her delivery. This girl's grandmother and her uncle actually forced the man to marry her, threatening him and his family that they would report the case to the police. Three of the girls waited for their relatives to initiate marriage negotiations, but with no parents, or few relatives around, such negotiations were never initiated. Some girls who are visited by their child's father, and receive him well – offering him 'husbandly rights', i.e. love and food – may receive some future support from him. Yet, without having relatives to initiate, define and settle such negotiations, a girl cannot hope for a proper marriage.

Even if the girl's family succeeds in getting the man to accept his responsibility, he does not usually marry her, and the girl will still be in an ambiguous position. She is still a 'daughter' but also a mother, which causes a lot of conflict. Such conflicts are usually about economic support of her and her child. Unmarried mothers may also experience difficulties later on in life when they become involved in a relationship with a man who is not the father of the child. Such male partners are seldom willing to support children from previous

unions, or as explained by Fatuma (Maria), 'You either have to leave the child with some relatives or find an older man, maybe a widower, who already has children himself and needs you to take care of his children'. Fatuma's explanation is the reality for many unmarried mothers in Muheza today. Furthermore, with the AIDS epidemic, many widowers are infected with HIV (AXIOS 2003), and thus the future for a young girl can be fatal. But for lack of other options, some 'choose' a widower even though it increases the risk of contracting HIV.

Similarly, many girls are aware of their partners/husband's extramarital affairs, but usually accept such behaviour as long as the partner or husband maintains his economic responsibility towards his family. Some of the girls are worried and also discuss such issues with their friends. Most girls, however, have no other alternatives but to remain since they are economically dependent on the partner or husband. Some will try to convince him to remain in the marriage and to cease their extramarital affairs. By remaining with their such partners they are reducing the uncertainty related to 'where to get the next meal', but they are at the same time aware of the risk such a 'strategy' may cause at a time of AIDS. Thus, avoiding hunger and lack of shelter today is more urgent than avoiding the risk of dying of AIDS in the years to come.

Institutions that Impinge on the Management of Pregnancy and Early Motherhood

The Clinics

In 1980 the Anglican Church built Teule hospital in Muheza, which still serves as the district hospital. The hospital has 260 beds and an out-patient clinic, a mother-child health clinic and a small HIV/AIDS counselling facility. In Tanzania the number of HIV infected people is increasing, and, in some places, one out of five pregnant girls between the ages of 15 and 24, is HIV-positive (Fuglesang 1997; Katapa 1998; Ministry of Health 1997, 2001; Nader and González 2000). In Muheza District 9.2 percent of blood donors in 2000 were HIV-positive, which matches very well with the figures for pregnant mothers tested before delivery at Teule hospital where roughly 10 percent are HIV-positive. Among the informants, I heard of no one who was infected with HIV, but of course I only have their word for this. Since October 2002, Teule hospital has been offering the medicine Nevirapine – an intervention for prevention of Mother-To-Child Transmission (pMTCT) to HIV-positive pregnant women. Furthermore the hospital offers a 'local antiretroviral' (i.e. herbs tested for efficacy) to HIV-positive patients, which is free of charge (AXIOS 2003; USPGT 2004).

Many girls were worried about their HIV-status and talked about how they and their partners have been involved in risky sexual behaviour. As Mwajuma, a 14 year old girl, explained it: 'This is our disease and we will all die from it, so

why not have fun, when we are still here.' Others told, with relief, that they had been tested at the hospital and been found negative. Still others referred with sadness and insecurity to conversations they had had with their friends about those who had recently died of AIDS in their community.⁴

Induced abortions are increasing in Tanzania today (cf. Silberschmidt and Rasch 2001), and nearly all the informants with unintended pregnancies (around 60 percent) had considered and even made inquiries about different kinds of abortions available.⁵ However, due to lack of money (an abortion may cost from 10,000 to 30,000 TZS depending on the month of the pregnancy), or fear of complications, especially of dying, made some of them hesitant to induce abortion. Only one of the informants went to an 'abortion doctor' at Teule hospital. Fifteen year old Zubedha recalls it with horror: 'It was very early in the morning when my boyfriend and I arrived at the hospital, but when we entered the operation theatre and I saw all the instruments lined up, I said "If these are for me, I will keep my pregnancy"'.

Pregnant girls in Tanzania also tend to stay away from health services and attend antenatal clinics late in pregnancy (Fuglesang 1997). In my group, nearly 70 percent did not attend the clinic until the seventh month, and two girls did not go to the clinic before the birth began. This is mainly, according to themselves, because they are ashamed, which makes them want to hide their condition as long as possible. Some of the girls did not know that they were pregnant until very late in pregnancy and still others were delayed because their family refused to help them go to the clinic. However, only two gave birth at home. During fieldwork, I also often witnessed that some of the girls returned from the clinic without getting proper treatment. This is mainly due to the subordinate position of young women giving birth out of wedlock and the staff's rather moralising and humiliating behaviour towards those without husbands.

The Schools

During my fieldwork, I found that the normal procedure in schools (primary as well as secondary) was to expel pregnant girls when their status was noticed by the school authorities. This is commonly practised throughout Tanzania, even though there is no explicit statement in the Law of Education of 1978 that pregnancy will lead to expulsion. Nearly a third of the informants (9 out of 31 girls) had been expelled (7), or they had left school before the teachers found out about their condition (2). As a follow-up, I visited seven schools in the District, and none of the headmasters doubted that their procedure was not correct. Many denied that there had been any pregnant girls in their school, and none of them looked forward to the new national policies (still in the pipeline), which will allow pregnant girls to continue in school until they give birth, and then to return after maternity leave. As one Secondary School headmaster comments: 'The major disadvantage [with this new law] can be that if a pregnant girl can

return to school, other students learn nothing, but go on conceiving when they know that they can continue in school after giving birth... We have no other means than expulsion against this sexual licentiousness'.

The registered number of pregnant girls expelled in the first 10 months of 2003 in Muheza district was 20. But as the Secretary for Education in Muheza comments, the number could easily be double that, even more, because girls often leave school before their pregnancy is recognised. They then disappear, maybe to relatives living elsewhere, and their 'leave' from school will not be registered as being due to pregnancy. On top of this, we also find all those girls who have never attended school or dropped out for other reasons. One of the pregnant girls I followed was unofficially allowed to complete her standard seven examination because the teachers chose to close their eyes. Another returned in standard six after one year at home, in a new school and under another name. Such practices are, according to one of the headmasters, common throughout Tanzania.

For many of the expelled girls it was a big loss of identity and thereby self-confidence. Some explain how their relatives continuously blamed them for having misused their money and jeopardised their future opportunities. Having a pregnant daughter while she is still in school, is shameful, as Francisca, explains: 'My parents told me that I shamed and dishonoured them and that people in their community will "disrespect" them, in return. I had to ask them for an apology.' Some of the girls who are still in school when they get pregnant are concerned about having to leave school without a primary-school exam, and hope to get permission from relatives and school authorities, to return to school afterwards. Usually, however, they meet difficulties, both practically and financially. Who will take care of her child while she is in school, who will pay school-fees, if she has been expelled from a public school, due to pregnancy, the logic goes.

The Courts

Very few families bring a case concerning the responsibility for providing maintenance for the girl to the local court (*baraza*). They might well have done this if they had not been trapped in the new school policies. The Government demands that schools bring cases of pregnancy in schoolgirls before the local court. If a man is found guilty of impregnating the girl thus causing the girl to discontinue her education, he can be sentenced to 30 years in prison. The long imprisonment is one of the main explanations as to why people usually do not take such cases to court. The girl's family often know the man who has impregnated their daughter and usually try to settle the issue of maintenance out of court. The problem however, is that such alternative arrangements are not legally binding and thus the man can easily escape his responsibilities later on.

Also, if a father is supporting his child economically and is thus fulfilling his responsibilities, this gives him custody rights, under the Law of Marriage 1971.

Thus when the child has reached the age of 11 years (recently changed from 7 years), the fact is that the child's father in such cases has custody rights of the child. This is a concern for most unmarried mothers. As expressed by Saumu, a single mother, 'I can't do anything. It is the law, but I will try to negotiate with the child's father, so that he can stay with me until standard six or seven'.⁶

Spheres of Interaction in Daily Life

Historically the study area is described as patrilineal and virilocal, 'allowing' married women to keep their ties to their natal family (Fivawo 1986). In my sample, only two out of ten married/cohabiting girls, were living in the home of their 'husband's' family. The remaining couples were living by themselves in small rented rooms – the main residential pattern in Muheza town. But as found in many other places in Tanzania, sexual and reproductive relations between men and unmarried mothers are often peripheral or on a short-term basis (cf. for instance, Khwaya Puja and Kassimoto 1994). Liv Haram (1999) shows from her study in northern Tanzania, that unmarried mothers often have a succession of male partners. This pattern is reflected in my own study.

Consequences of Estrangement from Parents and Family

One mother threw her nine-month pregnant daughter out of the house in the middle of the night. Fortunately, the neighbours heard the girl crying. They took pity for her and offered her shelter for the night. The day after, the girl's father, living with another woman, was informed by the neighbours. He came and took his daughter to his old mother in Muheza. Five months after she gave birth, neither of the parents had been to visit their daughter. She wrote a letter to them asking them to forgive her. Some other girls/women – although not physically expelled from home – had to deal with daily assaults by being forced to do hard work, getting too little to eat, not being allowed to meet with their friends, and constantly being told that they were unwanted by their family. Consequently, in fear of being thrown out, they tried to keep quiet and do whatever they were told.

Such families, who live with unwanted children, draw a sharp line between their own, i.e. biological, children, and the children of others. In daily life, this perception of different kinds of relatedness to children is used to discriminate between their own children and those coming from 'outside'.

Neighbourhood and Friendship

In Muheza town, most families share an outdoor space – an inner courtyard or an outdoor area – the (female) neighbours thus become the basis for women's daily company. Women belonging to the same neighbourhood will talk and laugh together, and will also usually ask each other for minor support and

favours, but they can also accuse each other of witchcraft or of 'stealing' each other's husbands or lovers.

Neighbours normally cook separately and even if one of them does not have food one day she should not expect to be offered food. But whenever an emergency arises, the neighbours may nevertheless take on the responsibilities of a family, such as helping a neighbour to the hospital before they inform the family.

In addition to their acquaintances at school or at the work place, neighbours are also important friends. Most girls have friends of both sexes. With friends you can share your worries and joys, but like neighbours, they will only be able to help with minor problems.

Religious Affiliation

According to my findings, the girls were not very concerned about religious identity in their everyday life. Three of them had changed religion as a means of pleasing their relatives. Friendships were made without the slightest consideration of religion. Neither were religious and ethnic identities interlinked. Inter-marriage between such religious groups as Muslims and Christians was not uncommon and at for least four of the girls in this study the father of their child belonged to another religion.

Relatives and Relatedness

'A Relative is like a "Donda Ndugu" [A Chronic Wound] – You can't get Rid of It'. In referring to this proverb, a woman was trying to illustrate the importance of kinship: 'If you have a relative, you will never be able to separate – even if there is a conflict between you, you will still remain relatives, you may even have to help him if he is in need. This is equal to having a *donda ndugu*, there is no way you can escape it.' In Muheza, kinship relations are contained in various social expectations about support and help among recognised relatives, especially during real life suffering. Such expectations are the ones pregnant girls call upon when they try to get people to help them. And even if girls and young mothers are involved in other kinds of social relations, e.g. neighbourhood and friendship, it is within the family they can hope to find real support. Furthermore, there are no government or non-governmental initiatives trying to help pregnant girls. Consequently, only the girl who has a supportive family will be in a safe situation, especially if her mother is alive. Girls with no family, or with a family which is not willing to help, are in very difficult situations – for example, when the health personnel expect the family to bring food when the pregnant girls are admitted to the hospital. If the family does not bring any food, the newly delivered mother will go without. Or when a mother is hoping that her parents will take care of her children when she is dying, but finds out that they are not willing to do this and thus the children will be left in a very difficult

life situation. Most of these girls who are young mothers are experiencing uncertainty. A supportive mother can die, a partner can find another wife, or a sister's economic support ceases when she is getting married.

'She is My Grandmother from the Village'

In Muheza, being included in a kinship group and being referred to by kin terms does not necessarily rest on biological or conjugal ties. The boundaries between biological and social relations are much more blurred and a non-biologically related person can become a relative through 'family-like acting', by, for instance, exchanging help when needed. In Muheza, such practices are, for instance, practised by people coming from the same village or nearby area. Lambert (2000) describes this type of shared locality as 'locally created relatedness' (2000:76). In Muheza, this is illustrated by Monica when she, through lack of natal kin, called upon an elderly woman, *bibi*, i.e. her grandmother, when she and her child needed help and support. Monica and *bibi* were old neighbours in the village and had for a long time called each other by kinship terms. Such relationships compensated those who did not have biological or conjugal families present. This is similar to what Bodenhorn (2000) terms 'chosen kin/families'. She describes how people in Alaska 'add on' ties to children through adoption. Non-biologically related adults and children like to stay together and to include each other as kin.

That many 'fosterings' are not 'voluntary', as I have already shown, has a significant impact on a girl's general life conditions – emotionally as well as socially. This matches well with Madhaven's (2004) findings from South Africa. She states '[...] the message is clear: children raised in foster families suffered physical, educational, and emotional hardship' (Madhaven 2004:5).

'All My Fathers (Kinababa)'

According to the local classificatory kinship system, a person will have many *baba(s)* (fathers), *mama(s)* (mothers), and *kaka(s)* (brothers). By adding the prefix *kina-*, the same term will refer to a group. All your father's brothers and also his male cousins are called *baba*. It is good to have many relatives and when a person is using such kin terms, it calls for relatedness and thus compassion and support. For instance when Salma was unable to pay her house rent, she asked her landlord for postponement, which she said he was obligated to give her, because he was her brother-in-law (*shemeji*). She explains with a joking smile, 'My mother's brother's daughter, [that it] my sister, once got a child with my landlord's brother, so he is my brother-in-law – and relatives are helping each other'. Thus, the kinship terminology has the functional characteristic of maximising the number of individuals who can be 'made into' relatives.

This echoes Nuttall's (1992) work on the Greenlandic kinship system where a functional characteristic is to maximise the number of individuals who can be

'made into' relatives. Many children in Muheza are living in post-divorced families and such inclusiveness in terms of kinship shares some similarities with what Simpson (1994, 1998) describes in Western post-divorced families and their ability to include children from previous marriages.

'I am the Real Mother because I had the Labour Pains'

The above examples of socially made relatives do not mean that biological kinship is devoid of meaning. On the contrary, we find many metaphors for relatedness which are cast in terms of corporal and substantial connections. For example, you can distinguish between all kinds of siblings, sisters and brothers. For example, there are the siblings you share a mother with – '*Watu wazaliwa tumbo moja*', which literally means 'people who are born from one womb'. And often you hear people explain how they are related differently to their different siblings. Some share both father and mother, while others share only mothers, but in everyday life they are all termed brothers or sisters. Or if people want to specify that it is their biological father, they normally put it this way: 'the father who gave the pregnancy to my mother', or they will specify their biological mother, by saying that 'she is the one who gave birth to me' or, 'she had the labour pains'. Statements of relatedness give meaning to people when they want to confirm the right to support or explain why nobody will help them. Such was the case with 15 year-old Stella: 'I do not have my mother who gave birth to me anymore. Nobody will feel responsibility for you like your own mother. If you have a mother, then you have one who will love you – no matter what.'

In the same way substances like blood are important for talking about and signifying special relatedness between biological parents and their children, as when Salma explained about her husband's disappearance, 'He will come back one day. You see, a man will always trace his blood.' Or, when she later explained to me why she would have to leave her child in another's care if she was going to cohabit with another man than the child's father, 'a man will never accept another man's blood'.

Young mothers often try to call upon an irresponsible father by raising their awareness through bodily or substantial connections, as for instance, 'you were the one who gave me the pregnancy'. Or, 'If that child isn't from my urine, I will not support it.' Thus even though many children are living with other family relations than biological ones, and address them by kin terms, people still use language and knowledge to describe a specific sister among all the other sisters, or a specific man, who is the father of a specific child. Or a mother says about the child she is the *mzazi* (parent) of, 'she is a child I have nursed myself', to distinguish the child from the others' for whom she is a social mother (*mlezi*).

These are all elements used when people try to strengthen or weaken particular relations or relatedness, and refer especially to what people are made from, and less to what they do, a discussion of which will follow in the next section.

Relating Daughters

When I argue that young mothers are manoeuvring within local idioms of relatedness, it does not necessarily mean that they always succeed in their efforts, but it points rather to which relations they work on to obtain support in daily life, as well as to those they put lots of work into making and strengthening. This way of looking at kinship emphasises individual agency. Young girls have to work hard on such relationships in order to be included as a family member. Here I have stressed the meanings of relatedness that deal with what people 'do' or how they 'act', and not just the substance exchanged when they relate to each other, as the concept of Carsten (2000) suggests. It seems that in Muheza the perception of relatedness is negotiable, but at the same time, something remains non-negotiable, such as ideas about what people 'are' through bodily and substantial relatedness (i.e. blood) substances which in this local context are central in the local inheritance jurisdiction acts. Such distinctions and their consequences will run through this section. I will focus on how the different foundations for relatedness, negotiable or not, are continuously under reconsideration, as when Veronica's father says, 'She is our daughter by blood, but considering what she has done [given birth out of wedlock], she does not deserve to be called our daughter.' Veronica, for her part, tries to defend herself, 'What can I do to make him change his mind, but to work hard and hope that he one day will forgive me.'

'Crying for A Name'

Negotiations about relatedness are going on at different levels. There are many extraordinary events in the families from where girls find opportunities to negotiate and form relatedness. One such occasion is when a child is named at the seventh-day celebration. Here the mother has the opportunity to show and negotiate a special relatedness to a relative, as parents normally name their children after a kin member from their parents' generation. Doing this time a young mother can hope for a small acknowledgement in return, like receiving gifts for her child, to signal relatedness and that she is someone included in the bigger family sociality.

According to the kinship system, the first-born baby must be named after its father's family, his mother's or father's name depending on the child's sex. Thus unmarried girls and their families normally take a name in their own family. A problem only appears if a child starts 'crying for a name', i.e. from its father's side, and cries so much that they fear it will die if the father does not come and give his child a name from his own kin. If he does so, at the same time

he confirms the biological relatedness between him and the child – a fact the child's mother may later remind him of to call upon his fatherly responsibilities. During this study, many children changed names within the first months, because the father came and requested that the child should be given a name from the father's side. Although many fathers did not have any intention of living with the child's mother or assisting much, many men were still proud to have a child (with their name).

It seems that unmarried mothers are often willing to change the child's name partly hoping to reduce the economic uncertainties in life, but also to reduce the sense of shamefulness of being a single mother. Having a child named after its father means that the child's father is socially identified and even a potential husband. This all increases the mother's 'respectability' (*heshima*) in her family and her immediate community.

Another pivot around which relatedness can turn, is the choice of religion. Normally people are born into a religion, and stay within it during their lifetime, and for most people it is not a basis in everyday interacting, as friends often have different religious backgrounds. But I saw how four of the girls in this study 'used' religion to negotiate relatedness to people with whom they really desired a family relationship, or needed it to be confirmed. Remember Maria (Fatuma) in the opening vignette. When I visited her the second time, it was Ramadan and she was fasting even though she was surrounded by many relatives who did not fast. She explained to me, 'Even though a breastfeeding woman does not need to fast, I consider it a good practice and I also know that I am pleasing God and my relatives by doing so.'

When choosing a boyfriend, girls run the risk of encountering religious value judgments. Such was the case for Luiza, when her grandmother, who took care of her and her baby, expressed dissatisfaction with Luiza's choice of partner. He was a Muslim and, consequently, also wanted the baby to become a Muslim. And because Luiza planned to stay with him and informed her grandmother that she would convert to Islam, the grandmother was very angry and threatened her with exclusion from the family if she did so. After some time, the man disappeared and Luiza told me that she had changed her mind and wanted to follow her grandmother's instruction about baptising the baby.

Girls' everyday life is full of family-like acting, by doing home chores, especially cooking and serving the elders who could be their father coming home from work, an uncle passing by to greet the family or just the grandmother with whom she lives. Related to this, cooking and bringing food to relatives admitted to the hospital is a very important way of showing relatedness. When reading the girls' diaries, I find that they almost daily visit and bring food to relatives at the hospital.

Against the background of exchange of proper relative-like acting (daughter/granddaughter/niece/wife), a girl can hope to become included in the family's support network. For a girl to become pregnant while still in school or

not yet married, can, however, make a formerly supportive family-member throw her out of the house, thus excluding her from any support from her family. Many daughters try to ask for forgiveness, by, for instance, sending a remorseful letter to their mother – hoping that their relationship can be re-established.

This brings me back to the topic of non-negotiable elements of family-relatedness. One case in particular showed me how a family discussed ‘being’ against ‘acting’; descent against credentials. After the death of Luiza’s grandmother, the family should in principle have distributed the inheritance to be shared among the four granddaughters in accordance with biological idioms of descent. They would all, being equally her descendants, be given the right of living in her house, as they all were orphans and had nowhere else to stay. But when the family really started the discussion, Luiza’s many mistakes were taken up as elements which should not give her the same right as the others. She had run away from home several times, she had become pregnant out of wedlock and was not able to take proper care of her baby, and, worst of all, she had not been present to take care of her grandmother during her illness and death. And although some family members pointed out that she had apologised to her grandmother before she died, the oldest woman still argued that Luiza should not inherit anything. This example shows how expulsion is an element present in the family and kinship behaviour in present day Muheza. It furthermore emphasises the point that relatedness is both founded on non-negotiable elements of biology as well as on negotiable elements of individual behaviour.

Conclusion

Studies on the varieties of family-relatedness practised in Tanzania today are very important in understanding how adolescent girls – often orphans – manage such difficult situations as pregnancy and early motherhood. This is so, because interacting in family terms gives rise to various hopes and expectations. In times of rapid change and increasing uncertainties in everyday life, people may reconsider notions and practices of kinship and relatedness while living them. This is not intended to say that kinship and family practices did not have any social and biological disturbances in former times. What is worth noting, however, is that today nobody can live unaffected by such uncertainties, as for instance unstable marriages, the crisis of the AIDS epidemic or the tragedy of orphanhood. In this paper I have tried to show how inclusive practices of kinship are present in today’s families, such as, when grandmothers-to-be – in spite of the shame – reintegrate their pregnant daughters into the family. But I have also shown how exclusiveness is working, such as when people’s personal behaviour leads to their family’s expulsion of them. Within such processes it is important to recognise girls’ different possibilities for forming relatedness as well as their survival strategies to mobilise resources and support over time.

We have also seen how the boundaries between biological and social relations are blurred, as when non-biologically related persons are made into relatives by exchange of kin terms and family-like acting. People find each other in the urban setting and 'choose' each other as kin, on locality based relatedness. Such social relations compensate for the absence of the biological or conjugal family, or when kin do not want to help. Today such non-biological relations are very valuable when many, especially children, are left alone or live in very uncertain life-situations in the fostering families, sometimes as undesirable family-members. Such social processes of creating relatedness show us that we have to take into consideration how children and adolescent girls are not only passive recipients of kinship processes, but also actively participate and initiate relatedness. They command a number of strategies and act to negotiate relatedness, even when non-negotiable elements of kinship and family notions are at stake in the family. In looking at relatedness in this way, I emphasise the individual agency, and stress that kinship behaviour is not just who people 'are', through substances like notions of shared blood running in family lines, but also what people 'do' or how they 'act' in their exchange of relatedness.

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Notes

1. As a supplement to participant observation and extended case studies, I used life-story interviews and diary writing.
2. Two of them were 'traditional healers'/'witchdoctors' (*waganga* in Swahili), one had a small shop selling articles for women and babies, and the fourth one sold fish at the market and was relatively well-off.
3. During fieldwork 10 USD were roughly equivalent to 10,000 Tanzania shillings (TZS).
4. Teule Hospital began testing in the labour ward in February 2003 and at the MCH-clinic in July 2003 for the HIV status of the pregnant woman and mother and offered treatment with anti-retroviral drugs specifically aimed to prevent vertical transmission from mother to child.
5. Induced abortion is illegal in Tanzania.

6. When a child is in standard six or seven, he/she will normally be 12-13 years of age.

References

- AXIOS. 2003. *Designing Programs for Orphans and Vulnerable Children in AIDS Affected Areas*, Paris, AXIOS International.
- Bodenhorn, Barbara. 2000. '“He Used to Be My Relative”: Exploring the Bases of Relatedness among Iñupiat of Northern Alaska', in Janet Carsten (ed.), *Cultures of Relatedness: New Approaches to the Study of Kinship*, Cambridge, England, New York, Cambridge University Press, pp. 128-48.
- Carsten, Janet. 1995. 'The Substances of Kinship and the Heat of the Hearth: Feeding, Personhood, and Relatedness among Malays in Pulau Langkawi', *American Ethnologist*, vol. 22, no. 2, pp. 223-41.
- Carsten, Janet. 1997. *The Heat of the Hearth: The Process of Kinship in a Malay Fishing Community*, Oxford. Clarendon Press.
- Carsten, Janet. 2000. 'Introduction: Cultures of Relatedness', in Janet Carsten (ed.), *Cultures of Relatedness: New Approaches to the Study of Kinship*, pp. 1-36, Cambridge, England, New York, Cambridge University Press.
- Feierman, Steven. 1974. *The Shambaa Kingdom: A History*, Madison, University of Wisconsin Press.
- Fivawo, M. 1986. 'Community Response to Malaria, Tanzania 1983-1984', PhD Thesis, University of Illinois.
- Fuglesang, Minou. 1997. 'Lessons for Life – Past and Present Modes of Sexuality Education in Tanzanian Society', *Social Science and Medicine*, vol. 44, no. 8, pp. 1245-54.
- Gysels, Marjolein, Pool, Robert, and Betty Nnalusiba. 2002. 'Women who sell Sex in a Ugandan Trading Town: Life Histories, Survival Strategies and Risk', *Social Science and Medicine*, vol. 54, no. 2, pp. 179-192.
- Haram, Liv. 1995. 'Negotiating Sexuality in Times of Economic Want: The Young and Modern Meru Women', in Klepp, Knut-Inge, Paul M. Biswalo and Aud Talle, *Young People at Risk Fighting AIDS in Northern Tanzania*, Oslo, Scandinavian University Press, pp. 31-48.
- Haram, Liv. 1999. '“Women Out of Sight”: Modern Women in Gendered Worlds, The Case of the Meru of Northern Tanzania', PhD Dissertation, Bergen, University of Bergen.
- Katapa, Rosalia. 1998. 'Teenage Mothers in their Second Pregnancies', in Rwebangira, Magdalena, K. and Rita Liljestrøm, (eds.), *Haraka, Haraka ... Look before you leap*, Uppsala, The Nordic Africa Institute, pp. 122-143.
- Khwaya, Puja, Grace and Tuli Kassimoto. 1994. 'Girls in Education – and Pregnancy at School', in Tumbo-Masabo, Zubeida and Rita Liljestrøm, (eds.), *Chelewa, Chelewa: The Dilemma of Teenage Girls*, Uppsala, The Nordic Africa Institute, pp. 54-75.
- Klepp, Knut-Inge, Paul M. Biswalo and Aud Talle, (eds.). 1995. *Young People at Risk Fighting AIDS in Northern Tanzania*, Oslo, Scandinavia University Press.

- Lambert, Helen. 2000. 'Sentiment and Substance in North Indian Forms of Relatedness', in Janet Carsten, ed., *Cultures of Relatedness: New Approaches to the Study of Kinship*, Cambridge, England, New York, Cambridge University Press, pp. 73-89.
- Madhavan, Sangeetha. 2004. 'Fosterage Patterns in the Age of AIDS: Continuity and Change', *Social Science and Medicine*, vol. 58, no. 7, pp.1443-1454.
- Middleton, John. 1992. *The World of the Swahili: An African Mercantile Civilization*, Michigan, Book Crafters.
- Ministry of Health. 1997. 'Strategy for Reproductive Health and Child Survival, Tanzania 1997-2001', Dar es Salaam, MOH, Reproductive and Child Health Unit, Tanzania.
- Ministry of Health. 2001. 'Adult Morbidity and Mortality Project', Working Paper no. 1, Progress in Safe Motherhood in Tanzania During the 1990s, Findings Based on NSS/AMMP Monitoring, Dar es Salaam, MOH, Tanzania.
- Nader, Laura and Roberto J. González. 2000. 'The Framing of Teenage Health Care: Organizations, Culture, and Control', *Culture, Medicine and Psychiatry*, vol. 24 no. 2, pp. 231-258 (28).
- Nuttall, Mark. 1992. *Arctic Homeland: Kinship, Community, and Development in Northwest Greenland*, Policy and Research Series, London, Bellhaven Press.
- Nyambetha, E., Wandibba, S. and J. Aagaard-Hansen. 2001. 'Policy Implications of the Inadequate Support Systems for Orphans in Western Kenya', *Health Policy*, vol. 58, pp. 83-96.
- Silberschmidt, Margrethe and Vibeke Rasch. 2001. 'Adolescent Girls, Illegal Abortions and "Sugar Daddies" in Dar es Salaam: Vulnerable Victims and Active Social Agents', *Social Science and Medicine*, vol. 52. no. 12, pp. 1815-26.
- Simpson, Bob. 1994. 'Bringing the "Unclear" Family into Focus: Divorce and Re-Marriage in Contemporary Britain', *Man N.S.* vol. 29, no. 4, pp. 831-51.
- Simpson, Bob. 1998. *Changing Families. An Ethnographic Approach to Divorce and Separation*, Oxford, Berg.
- USPG. 2004. 'Teule Hospital, Muheza in Tanzania', update from USPG project 166, January 2004, www.hereford.anglican.org.
- Urassa, Mark, J., Ties Boerma, Raphael Isingo, Juliana Ngalula, Japhet Ng'weshemi, Gabriel Mwaluko, and Basia Zaba. 2001. 'The impact of HIV/AIDS on mortality and household mobility in rural Tanzania', *AIDS*, vol. 15, no. 15, pp. 2017-2023.
- Willis, Justin. 1993. 'The Nature of a Mission Community: The Universities' Mission to Central Africa in Bondei', *Past and Present*, no. 140, pp. 127-154.
- Willis, Justin. 1994. 'The Makings of a Tribe: Bondei Identities and Histories', *The Journal of African History*, vol. 33, no. 2, pp. 191-208.

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