

ABSTRACT

This is an ethnographic study on the Luguru women of Morogoro, the eastern part of Tanzania. The focus is on the initiation rites of girls from the onset of menarche, through pregnancy to childbirth. Information is derived from a sample of 102 women of different age groups. Three case studies of women in different epochs are presented so as to portray the adaptation of the initiation rite over time. Women's perceptions on various aspects of their reproductive health such as pregnancy, child delivery and weaning are presented.

It is evident that in a matrilineal society, women have a greater autonomy in terms of sexuality and reproduction than their counterparts in male dominated societies. The woman represents the clan and her children carry on the name of *her* clan. Though traditionally a woman has authority towards access to land and marriage, however it is her brother, the uncle of her children who directly exercises this authority on her behalf. Conjugal relations are unstable and divorce is not uncommon. In case of divorce the woman remains with her children and her land.

Pregnant women have to observe nutritional taboos amongst which are prohibitions from eating protein-rich foods such as eggs, certain types of beans, and liver. Liver has been associated with a retained placenta during delivery while eggs are said to contribute towards a prolapse of the uterus. A special pregnancy rite at seven months, serves as a way of consoling the expectant mother as well as reducing her fear of child birth.

Traditionally Luguru women deliver at home. In this sample, home deliveries constitute some 68.7% of all deliveries. Child spacing is effected through breast feeding on demand for up to two years 17% of the women in the sample use some kind of modern contraceptives while 15% use traditional contraceptives. The female initiation rite which is a symbolic rebirth to a new status of woman-hood has served a means by which adolescents are socialized on the practical implications of parenting. It has traditionally served to delay the age at first intercourse and subsequent early adolescent pregnancies.

Female Adolescent Rites and the Reproductive Health of Young Women in Morogoro Tanzania

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INTRODUCTION

Increasing attention is being given to the question of the reproductive health of women and particularly to adolescent women. There is also a growing literature about the determinants of sexual behavior which place women at risk of various sexually transmitted diseases and AIDS. The breakdown of traditional culture which exposes women to such risks needs to be thoroughly examined. Most literature deals with the male dominated societies and very little has been written about the reproductive health of women in matrilineal societies. What difference does it make if the societal focus is on the women ? This paper attempts to deal with this question taking into consideration the contents of the initiation rites in relation to the broader issues of women's health in the context of the matrilineal societies. The importance of keeping track of such rites that might in due time get destroyed due to forces of the market economy should not be underestimated.

The paper first provides a background of the Luguru people. The extended family ties and the advantage that land control gives to a woman in this matrilineal society is highlighted. Next, the paper briefly describes the method used to collect information from a sample of 102 women. In this work, three case studies of women in different generations are presented. Data from the sample is then briefly outlined and the result of the focus group as well as the perceptions of women on conception, pregnancy, child delivery and weaning are presented. It must be admitted that what exists right now is what has been partly maintained since what existed before has undergone some changes. Clearly, there is variation from one locality to another depending on how the local practices match with the modern ones. The reconstruction of the past depends on the accuracy of the grandparents which is their vision of the past. The adaptation of the rite within the contemporary epoch is also examined. The paper then draws conclusions on the initiation rites and its relationship with the reproductive health of women.

Background

The Wa-Luguru people of Morogoro in the eastern part of Tanzania are amongst the few remaining matrilineal societies in Africa where filiation is established through the woman.. The ethnic area which is about 4500 square miles is essentially inhabited by this single group. Morogoro with its spectacular mountainous relief known as the Uluguru mountains has numerous rivers and a natural vegetation of shrubs used commonly as medicinal herb and as green vegetables. The fauna includes scavengers such as insects and rodents as well as wild pigs and monkeys. There is a temperate climate on the western side of the mountain plateau while the eastern part has a tropical climate. Farming relies heavily on two major rainy seasons, the short rains called "Vuli" from

November to December and the long heavy “Masika” rains from March to May. The dry period from June to August is associated with low temperatures of 16-21 degrees Centigrade. Precipitation is between 1000-2000 mm. The staple diet is maize, rice, sorghum, legumes, various types of green vegetable and plantain. This is principally a mountainous area with a high population density of up to 800 people per sq. mile.

This study was conducted in Morogoro district in the mountainous area of Towero. The ethnographic data was derived from a study of women from four villages around Towero area. Each of the four villages, Mn’gongo, Ruvuma, Kilanda, and Turo has about twenty five households. A household which is a family unit composed of father, mother, children and grandmother has very strong extended family ties. The grandmother normally lives with her grand daughters in a hut (kibanda) within the same compound. The hut is made of mud applied to a frame made of sticks with a thatched roof. Older teenage boys or bachelors live in a separate hut. It is very uncommon to find a classical nuclear family set up of wife, husband and children only. The young girls do petty errands for their grandmother who in turn takes care of them. In this type of family set up, the mother remains the head of the household. The traditional houses called ‘kimanda’ or ‘msonge’ which are of round structure and thatched with grass, are no longer common and in fact only one or two remain in each village. Houses (nyumba) are now built with cement and often roofed with more permanent corrugated iron sheets. Subsistence agriculture whereby the family grows for its own consumption is still predominant. As a result of land pressure, several people are now obliged to buy extra cereals for their families. However, most if not all families are self sufficient in vegetables and fruits. In fact they do sell the surplus to the urban people. The Luguru people have a great attachment to the mountain and move down the valley only for the sale of their farm produce or for buying basic items such as sugar, oil, and kerosene. Though the market economy is right at the door step, the peasant way of life is still dominant. There is neither electricity nor tap water. People depend on the natural spring water for drinking. Morphologically these people are short with beautiful features. Most women interviewed looked strikingly much younger than their actual ages despite the fact that they work for long hours on their farms and in their homes.

In this society, sexual development carries a special mythical significance as it is not only regarded as a source of life but a source of supreme pleasure. It is in fact the ability of the group to perpetuate itself and is a source of kinship solidarity and reciprocity. The woman represents the clan and her children carry on the name of *her* clan. All the traditional features are strongly manifested in the woman question. Women in this society hold very influential positions in terms of property rights influencing their daily lives. The most important traditional features including land, food surplus as well as children rotate around her. In a way, the wife is a separate entity from the husband. Viewed from the patriarchal western perspective, the husband is totally marginalized from his own family. However, in this socio-cultural set up, he has authority over his sister’s children whom this society considers to be like his own. It must be admitted however that husbands and fathers in this matrilineal society as in almost all matrilineal societies, do not enjoy the power and authority over *their* women as do their counterparts in patrilineal societies. It is not surprising therefore that traditionally girls are preferred to boys. Residence is to this day matrilocal. In case of divorce, children are automatically retained by their mother in accordance with the traditional customs. In fact in case of divorce, the husband leaves with nothing but his shirt and pants.

The Luguru have never had a centralized political system (Beidelman: 1967; Young et al: 1960). The whole society is decentralized and the principal political organization is mainly through the lineage. Women are important since they are the ones who elect the council of elders. There is general care for elders so that old age is not feared as it carries with it a sense of high respect. Death has a special place in the society and is considered to be the time when an adult enters into the spiritual world of ancestors. There is a special ceremony when a person who has already gone through the rites of passage to adulthood dies. The head of the lineage gives yearly sacrifices to the ancestors in a special ceremony called, “tambiko” which is highly respected by believers of the two dominant religions, Islam and Christianity. It is the time when communication with the dead ancestors is effected. Sacrifices to ensure rainfall and hence good harvest as well as human and crop fertility are made. The ideology behind all these is the appeasement of the ancestors. It is important to note also that there is seniority based on age group. This is evident particularly during the female initiation rites when hierarchy comes out clearly. Under normal circumstances those born earlier would be respected and would have more rights (tombo). Infertility is feared and treated with suspicion. Sisters of a childless woman would arrange for an adoption of one of their own children. When a childless woman dies then her property would automatically go to her sister’s children but never to her brother’s.

Gender Roles and the Extended Family

Traditionally people work on each other’s farm on rotation basis (ubava). There is no remuneration apart from the locally-brewed beer offered at the host’s place once the work has been accomplished. Several compounds in the same hamlet share solidarity and traditional rites are performed on common ground (Paul Jean Luc, 1986). Different hamlets in the neighborhood have a joking relationship called “utani” or “ugongo”. These relationships used to be very important, much more than they are today. They have a reciprocal relationship in terms of helping each other in accomplishing farming tasks or any other communal activity. “Utani” joking relationships exist in different ethnic groups in Tanzania. The Luguru have joking relationship with several other ethnic groups including the Wa-Mbunga, Wa-Pogoro, Wa-Nyamwezi, and Wa-Sukuma. (Lucas, 1974). Normally one shares food with others.

There is a distinct division of labor between sexes. As in most other societies women normally carry out the usual house chores and child rearing. Other indoor activities such as the making of baskets, sleeping-mats, and pottery are also carried out by women. Young girls look after their younger siblings, help their mothers to carry water and go in search of firewood. Men are involved in the making of farming tools such as hoes and axes. Apart from petty errands young boys help in these activities too. In terms of child delivery practices, men are complete outsiders. In fact this division is narrowed down to only those women who have ever borne children. Infertile women (wagumba) are not included making childbearing very special with a status of its own. Traditional Birth Attendants and other women herbalists are highly esteemed as they would go all out to prescribe medicinal herb so as to stimulate fertility. In this matrilineal society, medical practice relating to the use of medicinal herb associated with reproductive health of women is highly valued. In the past there existed a division of labor between clans too (Beidelman, 1967). For example, the Chuma clan originally manufactured iron tools while the

Matze clan specialized in cultivation of Sorghum and millet. Division of labor at the clan level is however no longer evident now. Despite these divisions, unity within the lineage has always remained strong.

The Land Question

In oral tradition, the woman keeps the land while the man borrows it (Hadjivayanis, 1993). In other words women are custodians of land. Land belongs to the mothers of the lineage. Land circulates from mothers to daughters. Boys may inherit maternal lands but their children will not. It is their sisters' children who will inherit that land. In relation to land, transactions have always been done in kind and have always been consistent with the traditional land tenure. The social structure in this society has developed around the control and allocation of land to the lineage members. Thus young women reaching menarche are allocated land belonging to their mothers (lukolo). This land would be retained by her even after her marriage. This is family land and her husband has no right over the land of his wife's family. When she gets married, she would be allocated yet another piece of land (lima) by the lineage head. She may cultivate this land in partnership with her husband. The third piece of land (gani) which she gets from her uncle, strictly belongs to her and she may do anything with it and may give it to whom she pleases. Possession of land gives the woman the liberty and independence from the husband. In case of divorce or polygamous marriage, she would continue her independent life with her own subsistence. Due to land pressures young women may not get all the three plots of land.

Land inherited from her mother is without risk but one from one's father may cause dispute with paternal aunts. In Tanzania, to this day laws pertaining to land distribution are ambiguous. In this society however, land transactions are facilitated by kinship relations and are often consistent with the traditional land tenure. However, disputes are now not very uncommon. Before colonization, all transactions related to land were done in kind and were always consistent with the traditional land tenure rules. The extension of the market economy is gradually making land transactions more and more complicated since cash is sometimes used. Land has become more and more important due to land scarcity. Since cultivation is intensive, it means that plentiful of land is utilized by even fewer individuals. Thus rapid population growth in limited territory with no room for expansion will result in a number of problems.

Historically a land tenure system called "ngoto" existed, whereby individuals with a surplus of inherited land would rent part of their land, so long as they have received lineage consent (Hadjivayanis, 1993). The person renting the land had no right to sublet it or to plant permanent trees. His children however could continue to use this land with the consent of the owner. The person who rented the land had to be a man so as to avoid the problem of inheritance, which has always been a monopoly of women. Obviously the offspring could not adhere to matrilineal traditions since there was no matrilocal residence as he was simply a sharecropper and his daughters had no land rights as they were considered to be in a host lineage.

The gradual development of land scarcity has started to create some problems and there are emerging instances nowadays whereby some children inherit from their fathers as well, so that

two parallel inheritance land patterns tend to exist in some cases. As a result of this trend of partial loss of traditional rights over land some women, especially primary school leavers, have now been compelled to search for other sources of incomes such as local beer brewing and opening up of local canteens near building sites or market places. Other women have entered into the informal sector in petty trades. Despite all the changes that have taken place within the society, the female initiation rite(mwali) has remained a well preserved major cultural institution of the society. It is interesting to note that Morogoro was one of the earliest areas of Roman Catholic and Muslim penetration, yet this society has to a large extent resisted the impact of male dominance institution which is more typical of the patriarchal religions. Matrilineity is natural and has certainty as it is based on motherhood. It must be noted that it has not been easy to manipulate local rulers to influence major cultural changes in this society partly because loyalty has always been *towards the mother* , that is to one's sister's children.

Sexual Behavior

Sexuality has a special priority in a woman's life. One is justified to appreciate and enjoy the supreme pleasures of a sexual relationship once she has gone through the initiation rite because then she is considered to be an adult. Both boys and girls go through the initiation rites when they reach of age (kubalehe). It is during this time that young boys and girls learn about their sexuality and the sexual pleasures that go with it. Unlike some ethnic groups in Tanzania, the Luguru people do not attach much importance to virginity at marriage. They do not scarify their girls. Marriage itself does not carry the same weight that the initiation rite does. Conjugal relations are unstable and divorce is a common feature as is typical of societies that have matrilineal descent (Larson, 1989). In fact adultery is not sufficient ground for divorce. Impotence is indeed a very strong case for divorce. Frigidity in women is almost unheard of. Polygyny is not common but may be acceptable in infertile couples in an effort to get children. Polyandry is non-existent. At a superficial level one may be led to equate the existence of the extra-marital relations with promiscuity. Women and men in this society do not change partners indiscriminately. The social behavior is deeply rooted in the matrilineal ideology based on the traditional sexual autonomy. The fact that the woman controls land under customary law, puts her in a favorable situation so that she is not dependent on the support of her husband or her husband's relatives. In fact she sees no point in continuing to maintain a bad marriage or for that matter an unsatisfying lover.

The Education Act

The introduction of Education Act No. 25 of 1978, which stipulates that non-attendance at school is a prosecutable offense, has obliged many parents to send their daughters to school for fear of being taken to court. Compulsory schooling starts at age eight, although quite often girls start school at an even later age since they continue to form the female labor force in the home. They have the responsibility over their younger siblings and help their mothers with the house chores. Since compulsory schooling entails seven years, most girls attain maturity while still in primary school. The traditional custom of confining girls immediately at maturity contradicts the Compulsory Attendance Education Act. This situation has brought a lot of confusion, since

young girls are at the mercy of their parents on one side and with education officials on the other. Despite the introduction of colonial education and its modernizing effects, this systematized form of instruction pertaining to the leadership role of women in this society, has persisted. No doubt it has adapted itself to the changing situation, however it has still remained the single most valued traditional instruction in this society.

METHOD

The emphasis in this study has been on observation and questionnaires. The questionnaire helped to compare perceptions and attitudes from women of different age groups and socio-economic backgrounds. The responses have been very significant as they complemented and verified the oral discussions with various inhabitants as well as what I already knew for quite some time. I cannot rule out completely the fact that my patriarchal background may have influenced some bias in my interpretation of the traditional initiation rites in this matrilineal society. However, it is also noteworthy that living in the area for more than 20 years probably helped me a good deal to offset some of this bias. Apart from this, I exposure at Harvard has contributed significantly towards a less biased interpretation of the society. The gradual changes and adaptations of the rite have been well noted. Through observation and oral conversation with various people specifically during rituals and dances, I was able to get a better grasp of some of the forces influencing coherence in the society. Thus the principal method of analysis for this research has been based on findings from the descriptive data.

Respondents

In order to collect data, a number of inhabitants, including elders of the community provided me with a more reliable basis for background information. A very important source of information regarding traditional medicine was obtained from the Native Healers as well as the Traditional Birth Attendants. Apart from these, a sample of 102 women were interviewed, most of whom came from the four villages in the mountainous area of Towero. The four villages were Mn'gongo, Ruvuma, Kilanda and Turo. The traditional Luguru people live up the mountains however the four villages were selected on the basis of convenience which is nearness of my residence to Towero. Other women were picked from Maternal and Child Health clinics (MCH), situated down the valley. These women came from different ethnic groups. The whole sample was made up of both married and unmarried women. Sampling was done on the basis of visiting homes of some familiar women, who in turn introduced me to their neighbors. In this way the interviews proved very casual and friendly. On several occasions however, it was not easy to hold an interview since women were attending to their farms. Women would leave very early and return home late. For this reason, I had to make appointments which meant canceling the respondent's whole day's farm work. The interviews were lengthy because the questionnaire was open-ended and many respondents described a single event in great detail. Though the purpose had been to understand the Luguru rites, it was important to interview women from other ethnic groups so as to get the other side of the story. I had an opportunity to discuss various issues with the health personnel in the clinics where the women were attending.

Interviews

These were conducted by the researcher personally in Kiswahili language. There were separate interviews for women, for Traditional Birth Attendants (TBAs) and for the Native Healers.

Participatory Observation:

I had an opportunity to attend and participate in several cultural ceremonies and dances. Since the first ceremony that I had attended was some ten years back, I was in a good position to note the subsequent gradual changes that have taken place. The ceremonies included a number of female puberty rites as well as pregnancy rites. This enabled me to understand the variations due to the changing situation and the subsequent adaptability of the rituals.

RESEARCH FINDINGS

The total number of women in the sample was 102. Their ages ranged from 12 to 59 years old. The average age at menarche was found to be 14.12. No national data is available for this variable. Data from the USA indicate an average age of 12.6-12.8 (Frisch RE, 1981) with a secular trend in age of menarche of about two months per decade in the past century (Cone TE, 1968). Findings in Europe and the United States indicate that menarche is delayed by undernutrition (Eveleth PB, 1976, Frisch RE, 1974) and strenuous physical exercise (Frisch RE, 1981) and may also be delayed in girls living at high altitudes. Several elderly women felt that girls attain menarche at a much earlier age nowadays when compared to themselves. The mean age at rite was found to be 15.13 while the mean length of rite was found to be 3 months. It appears that the length of rite tends to diminish as education levels increase.

The mean age at first child was found to be 17 years. In Tanzania, the mean age at first marriage is 17 and by the age of 20 years, over 95% have been married at least once. (National Population Policy, Planning Commission-1992,). Most girls have their first child immediately on completion of primary schooling. The total fertility rate was found to be 4.7 which in fact is lower compared to the national fertility rate of 6.4 (Tanzania Health Statistics Abstract, 1994)

Home deliveries constitute some 68.7% of all deliveries in the sample. This means that only 33.3% of women deliver in Hospitals. There is no figure available which indicates the percentage of home or hospital deliveries in Morogoro. The mean number of home deliveries was found to be 5.2 with a maximum of 12 children. The mean number for Hospital deliveries was found to be 1.7, with a maximum of 6. It appears that there is a trend for younger women to deliver more and more in hospitals. 60.7 percent of young women of average age 17, have had their first deliveries in hospital.

Though a considerable number of women may report to MCH clinics after the 20th week gestation period, fewer would ever deliver in Hospitals. Despite this lower utilization of health facilities during delivery, a number of women who had delivered in Hospitals pointed out that there was considerable overcrowding in all the maternity wards.

17% of the women in the sample use some kind of modern contraceptives. The most commonly used form of modern contraceptive is the injectable Depo Provera which is used by 11.8% of the women. Women who use this form of contraceptive pointed out that they find this form of contraceptive very practical because a single injection can keep off pregnancy for three months. The husband is also not able to detect that his wife is using any form of contraceptive. However, many women fear that this form of contraceptive contributes towards infertility, and most young women avoid Depo Provera for fear of losing their fertility at a young age. In the clinics most young women expressed this fear on the basis of hearsay from their older counter parts who have been using Depo Provera.

2.9% of the women use Pills, mostly young women who have had one or two children only. Many women felt that it was discouraging to take a daily pill when one did not necessarily have sexual contact so regularly. Apart from this, several women associated the pill with production of

excessive vaginal mucus which they find very unpleasant. None of these women could rule out if such a situation was not a result of some form of infection since they had not had any check up. A few women pointed out that they have heard that contraceptive pills cause breast cancer.

1% of women use the Loop (IUD) and only one woman had taken condoms. The woman who had taken condoms admitted that she had done so because she has had an extra marital relation since her husband had now become polygamous. She was worried about contracting HIV as she had heard so much about it. Condoms are actually used more by younger men who turn up at the MCH clinics immediately after the women have left. This situation was particularly evident at the University clinic.

15% of the women in the sample are currently using some form of traditional contraceptives. Basically two types of contraceptives are still in use. The string around the loin traditionally known as, 'Pigi' is used by 11% of women.. The remaining 4% use a herbal tincture from the barks of a tree locally known as 'Mkizingwi' (*Cassia abbreviata*). This tincture is also supposed to have the power of regulating menstrual flow as well as inducing an abortion. It appears that abortion is equated to simply bringing back a delayed menstrual period.

Table 1 Contraceptive use

MODERN	number of women	TRADITIONAL	number of women
Depo Provera	12	(Pigi)	11
Pills	03	(Mzizi)	04
Loop	01	-	-
Condom	01	-	-
Non users	85	Non users	87
TOTAL	102	TOTAL	102

Case Studies

In order to portray perceptions of women on issues of sexuality, conception, pregnancy, child delivery, child rearing, marital relations and family health, it is significant at this juncture to present a few case studies of these women. I hope that these selected case studies will serve the purpose of portraying albeit briefly, the perceptions of women in terms of sexuality and reproduction. Apart from this, these case studies will probably help to bring out vividly the different settings in which women find themselves and how the ritual has adapted itself within the contemporary epoch despite the strong forces of modernization.

First case: Mama Fulora

Mama Fulora who is 55 years old has nine children. She has had eleven deliveries, all at home. Two babies died at birth. Mama Fulora has never been to a formal school, however she has attended Adult education classes and can now read and write. On the day she spotted her first menses at the age of 15, she immediately rushed to inform her grandmother who subsequently interrogated her to make sure that it was indeed the menses. Her grandmother then officially informed the girl's mother and aunts. This was a day of rejoice for the family because their girl had shown the first signs of fertility. This was forty years ago but her memory was still very clear. Her close relatives rushed home to start singing. Mama Fulora was immediately confined at her maternal grandmother's home. Since she had just reached menarche she had now attained a new status and was now referred to as "Mwali". From now on she would be going through the mwali rite which is actually a continuation of several other minor rites. Mama Fulora explained that it was important that she had abstained from sex and was not pregnant before going through the initiation ceremony. Traditionally she would have forfeited this opportunity had she conceived prior to going through this rite.

The 'mwali' initiation rite

Rituals around female puberty are highly esteemed. The onset of the first menstruation period, stimulated a chain of events beginning with the 'announcement'(kualika). Now all the relatives were informed and women rushed home singing and dancing with joy. From now onwards she was supposed to sleep on a special bed which was very short and referred to as 'usaga'. As such Mama Fulora had to bend her legs while sleeping so as to fit in to the short bed. The room where she was sleeping (kumbi) had to remain un-swept. The idea was to keep everything intact as it had been on the first day of the girl's confinement. Apart from helping in the house chores she was not supposed to do any heavy work and was in fact given the best food available. Mama Fulora explained that her younger sister who had not yet reached menarche was now filling the gap that she had left in terms of the domestic work force. She was not supposed to make her presence felt and was instructed to whisper so that people could not tell that she was around. She would massage her body with castor oil leaves and would cover her face whenever she was obliged to go out in public.

A discussion with many elderly people conveyed one important view that, this was a stage of uncertainty and had to be monitored by the whole family and the community at large. The symbolism for this emanates from the metamorphosis of the fetus. It is actually based on the 'mother-fetus' relationship. The dark room symbolized the womb and the novice, 'mwali' had to live in similar circumstances to the human fetus. The short bed was purposely kept so that she would bend her legs and be forced to sleep in a somewhat similar position as the fetus. Everything symbolized the relationship of a fetus and the womb. It was only after the completion of the hibernation period that she was thoroughly cleansed and then announced to the world. She explained that she literally lived in this hut for a period of three years and during this time she was trained to become a good sexual partner to her future husband and a loving and caring mother to her children. It was her mother who trained her to sort out green vegetables, to pound the maize and to prepare food. It was her aunts who taught her how to make sleeping mats, baskets, pottery and even caps. Mama Fulora explained that during her grandmother's times, girls used to learn how to make clothing from barks of trees.

From the elderly woman mentor (mhunga) with a charismatic personality, she learnt all about the passage to adulthood. Mama Fulora learnt all about her history, her ancestors, how she came into the world and the role of the woman in this society. Her land rights and her rights over her future offsprings were clearly explained to her. She was shown the various plants which could be useful in terms of vegetables and as medicinal herb. Of particular importance were medicinal herb such as 'mkizingwi' which could relieve menstrual pain and regulate a very heavy flow. She was instructed on the best time for conception which was supposed to be immediately after the menstrual blood had dried up completely. She explained that this was on or around the eighth day inclusive up to mid cycle. A week or so before the onset of the next monthly period was also considered very favorable for conception. The idea was to be able to bear healthy children while one was still young and strong. She was also convinced that she was now capable of conception and she was taught to make a beautiful doll from pottery clay. She played with this doll and even talked to her convincing herself that it was her own baby. This doll had a great psychological impact on her maternal instincts and she longed to have her own natural baby. She learnt that it was important to bear children when one was still young and strong. Child spacing was strictly advocated to ensure good health for the baby. She was instructed that once the baby was able to stand up, start walking and utter a few sentences, then it was time to start thinking of having another child.

In this solitary confinement she was thoroughly prepared for her role as a good sexual partner to her future husband, as a good mother to her children and as a woman with her own independence. She was instructed on the importance of cooking good food for the husband as well as cleaning the cooking utensils immediately after cooking. This was actually a message about sexual intercourse. The cooking pot is the symbol of her genital organ while the wooden spoon used in stirring the maize porridge symbolizes the male organ. Cleanliness after and before the sexual act was addressed through this symbolism. Mama Fulora expressed that she had always perceived marriage as a non-permanent contract which could be terminated at will if the situation was not favorable for her. In fact she had been married twice and her children had always been under the custody of her brother in line with the customary law. Mama Fulora was made to understand and appreciate the importance of the extended family particularly in relation to the care and

apprenticeship of the children. Members of the extended family such as the aunt, the grandmother, and the uncles have always been considered to be no less different from the real biological parents.

The 'mkole' rite

Three years later, the family was ready to give her a special coming out ceremony. This was the most important institution of this society and was referred to as 'Mkole'. This rite was performed under a special tree called 'Mkole' tree. The 'Mkole' tree has been associated with a woman's fertility and for this reason the rite was performed under this tree. On the eve of the coming out ceremony, a special function was organized. This was the night for final instructions on Family values and Ancestral worship. In this traditional ancestral rite only women were allowed to attend. All the elderly women experts, adult relatives, as well as the Traditional Birth Attendants in their hierarchies showed up. In local names these women experts were, the 'Mnandi', 'Mhunga', 'Mhunga Mkulu' and 'Mjandingu' all of whom were highly knowledgeable on matters of sexuality and reproduction. Seniority which was strictly based on age and subsequent experience was brought openly and every body knew her place. This was a women's world and men had no place here. In reality it was here that Mama Fulora was truly exposed to the practical details about sex and its taboos. Elderly women took off their clothes and performed a 'mock' physical demonstration of sexual intercourse. All sorts of provocative sexual songs were sung and there was much celebration. Elderly women started to shave the girl's pubic hair. This was a somewhat painful experience because on this day only ashes from burnt up charcoal were protecting her body. The pubic hair was physically pulled off and that, according to Mama Fulora, made her cry aloud. Crying aloud was permitted as this was part of the game. Mama Fulora explained that nowadays shaving is done using the razor blades. However ashes are supposed to have the power of suppressing the growth of unwanted pubic hair. There was no genital mutilation of any kind. The Luguru as most other matrilineal peoples do *not* scarify. Removal of hair is a symbol of purity and cleanliness. In almost all African societies, women shave their pubic hair because the presence of pubic hair is associated with un-hygienic conditions and distaste. She was also instructed that it was a taboo to sleep with a man during the menstruation period. This could make a man permanently impotent. The women experts presented their final instructions on sexual behavior and sexual partners through symbolism. The whole notion of having more than one sexual partner was portrayed through symbolism using three big stones set in a tripod style on top of which was placed an earthen cooking pot. In this area cooking is normally done by using three stones as a kind of a support whereby firewood would be placed underneath. An earthen pot would be placed on top of these three stones and cooking would be facilitated. It is not possible to balance the pot on one stone as the pot would fall and break to pieces. In traditional terms the earthen pot in this society as in almost all African societies south of the Sahara symbolizes the woman. In this case the stones symbolized men. The young girl was asked to balance the earthen pot on one stone so as to cook. The pot would not stay and had to break into pieces. She admitted that this was not possible. It was neither possible to balance the pot with two stones. The pot could only be balanced with three stones placed in a tripod fashion. So she was made to interpret that a woman would not be able to lead a balanced life with only *one* partner. The husband was referred to as 'the big house' and the lover was

referred to as 'the small house'. According to tradition the 'small house' should never be disregarded as it would definitely be useful someday.

The Coming Out Ceremony (kunemwa)

On the following day, the coming out ceremony was organized. This ceremony marked the peak of Mama Fulora's adolescent life. This stage of the ceremony locally known as 'kunemwa' was conducted in public with much pomp and celebration. The coming out ceremony was organized for her alone and it was done on a family basis. During this time a number of her friends in the peer group also went through such ceremonies. There is normally a common season for such celebrations, and this normally falls during the first harvest. On this day drums were pounded rhythmically and everybody danced. Earthen pots containing the local sorghum brew called 'mbwali' were brought into the open and women distributed the brew. Men and women of all ages were invited and attended this ceremony. Children were also allowed to attend and to participate in the celebration. People from different villages came and there was much rejoice. At the peak of the occasion, Mama Fulora who was semi-nude was carried high on the man's shoulders and brought into the open. She carried an animal's tail, (msinga) in her right hand and moved her body in rhythm with the powerful beat of the drums. Her young naked leaping breasts moved rhythmically with her body. Her hair had been beautifully plated in an African style and her body was shining with castor oil. She looked fatter and healthier than ever before. She felt that she looked extremely beautiful. This was the peak of her adolescent life and she was extremely happy and proud. She was the center of attraction in the community and she felt that every body admired her. She realized that she would never have so many people to gaze at her and to admire her again during her lifetime. This was a very special function and this was what every other girl was longing to go through.

Mama Fulora explained that these days it was no longer common to see a semi-nude girl being brought into the public. "Most if not all girls have had some schooling and they had been influenced by modern values", she explained. During the recent coming out ceremonies, girls would put on some of the latest western styles in terms of attire. They would also set their hair in modern styles and would never accept to use castor oil to soften or give a wet look to their bodies. They prefer to use modern body creams and other facial makeup such as the lipstick and mascara. Mama Fulora expressed that there was no harm in putting up the modern look, what was important she said, was to continue with the tradition despite the slight modifications.

Mama Fulora said that she was very lucky because on the very day of her coming out ceremony, a fiancé was forth coming and she was immediately married. Mama Fulora admitted that she had never known her husband before, however she knew that it would be a young man because the tradition was to marry girls with men of their own age group (rika). In her case as was the case with most other girls, it was the parents who had arranged for the partner. The boy's background had been scrutinized and there was no history of any serious heritable disease. Marriage was in fact a very simple occasion needing the approval of her uncle. There was a small dowry which was not at all comparable to the patrilineal bride price. The boy's parents simply brought gifts in terms of clothes and poultry. Some few hundred shillings was given to the uncle

and some (mkaja) was also given to the mother. The husband's parents made sure to establish a perfect relationship with her uncle. Nobody had any right to contradict the uncle's decision over her niece, not even her own father!

The Pregnancy rite (kupewa nguo)

A continuation of the puberty rite was followed when she was seven months pregnant. This was basically a way of counseling the expectant mother on safe motherhood and delivery. During this ceremony, she was covered with a cloth (kupewa nguo) and then presented to the world of women who had already borne children. They taught her about child birth and demonstrated to her the place where the baby would make its exit into the world. They explained to her how she should behave and cooperate with the birth attendants. They told her about the placenta and how to push and when to push. During this rite women talked of their experiences and mistakes and tried to assure her that there was nothing to fear about delivery. Pregnancy, it was explained to her, "was not an illness." Delivery, on the other hand was like opening the doors for the baby to pass. Mama Fulora pointed out that this rite helped to reduce her fear of child birth. This was her direct source of information on delivery. She was instructed to do all her house chores as well as farm work during pregnancy. Mama Fulora delivered her first child safely at her mother's house. She continued to stay away from her husband, nursing and giving full attention to her baby whom she breast-fed on demand.

The Sexual Resumption Rite

When the baby was about four months old, a special rite was organized for her and her husband. They were now allowed to sleep together but to observe certain restrictions. She wore a contraceptive string called 'pigi' which was supposed to protect her from getting pregnant. She was warned to be careful not to conceive until the child was about two years old, otherwise she would be the laughing stock of the whole village. She was also instructed to take bath immediately after meeting her husband and not to breast feed the baby until she had done so. Carrying a baby immediately after sexual intercourse was said to be dangerous to the baby's health. It was explained that the baby's body cannot absorb so much heat that is subsequently released from the bodies of two adults who had just mated.

Mama Fulora had nine living children all delivered at home under the supervision of the Traditional Birth Attendants. In the early years, she had helped in delivering several other women and was under the apprenticeship of elderly experienced birth attendants. She later became a professional TBA, a profession with the highest respect in the village.

Second Case: Salima

Aged 30, with five daughters Salima is already three months pregnant. She aspires to have a baby boy this time. She had her first child when she was sixteen, hardly a year after completing her

primary school education. She was thirteen years old in class five of primary school when she had her first menses. Prior to this, her grandmother who had been observing her carefully had told her a short while before the onset of her first menstruation, that she should expect it anytime. As a young girl (between 9-13) before reaching puberty she was referred to as “kigori”. She would normally take care of her younger siblings and would do petty errands such as collection of firewood and water. She would also prepare quick meals and do general cleanliness of the house. All in all, she formed part of the daily indispensable female labor force in the home. She was still regarded as a small girl and not expected to have any sexual relations. The family would establish a joking relationship with her while at the same time she would be socially nurtured towards attaining womanhood.

On reaching menarche (kuvunja ungo), she attained the status of “mwali”. This status was by virtue of her new biological development as she was now regarded to be capable of reproduction. The society had an obligation to prepare her for that role. In olden days Salima would have been confined in a hut for a period of up to three years immediately on attaining menarche. Nowadays this is not possible. It is now obligatory for both boys and girls to go to school. Salima spent the first three days quietly at home with her grandmother. In these three days she had to eat well especially the green amaranthus (mchicha) and both fresh and dried beans so as to recuperate the lost blood. She was instructed on how to keep her body proper and to ensure that nobody notices any change in her behavior. Under no circumstances should any body get in touch or tamper with her blood since this was the basis of her womanhood and reproductive powers. Bad people could easily induce infertility if they came in contact with a pad containing her menstrual blood. As such she was obliged to thoroughly wash it and air it in the hut. Salima pointed out that it was only recently that a number of school girls have become modernized and would simply use disposal pads which can be marketed in town.

On the fourth day she had to go back to school. The teacher was informed that Salima had some stomach pain. “It was no use to disclose the event to the teachers since these teachers came from the valley and did not understand our customs” she explained. Everyday after school Salima would rush home quickly and would remain within the home compound. The family would watch her more closely now so as to ensure that she did not become pregnant prior to going through the initiation rite. She completed her primary schooling two years later when she was fifteen years old. It was now possible to keep Salima confined so that she could receive the traditional initiation instructions.

Evidently as girls spend more and more time schooling, it is becoming very difficult to retain them for lengthy periods of time. They can only be confined slightly longer once they have completed their primary schooling. This gives them a longer vacation of some three to four months. If by any chance a girl is selected to continue her education to secondary school level, then it becomes impossible to retain her any longer. Once the girl has gone through the initiation rite then she is free to create a family. The assumption is that she has attained a new status of adulthood. Pregnancy before the ceremony is tantamount to being socially unfit in the society because the girl has not gone through the traditional rite and is therefore not knowledgeable into the secrets of the society.

Joni, who is now her husband, had completed his primary schooling some five years earlier and was at this time working as a domestic servant at the house of an expatriate down the valley. He had an eye for her and wanted to marry her. Though she was quite fond of him she could not dare live or get married to him until she had gone through the initiation rite. Salima was confined for a period of three months. During these three months she learnt about hygienic care during the menstruation period, prohibition from sexual intercourse during menstruation, incest in terms of type of sexual partners, the best time for conception, and respect for elders.

On her coming out ceremony day, two other boys proposed to her but she preferred and liked Joni whom she accepted as a husband. Salima had a traditional marriage but she also preferred a church marriage which was arranged and facilitated up the mountain at a later date. When she was seven months pregnant, a special Pregnancy Rite was organized. Like Mama Fulora, she was instructed on how she was supposed to behave during labor. Salima had five deliveries, all at home. She pointed out that she had been attending the antenatal care at the MCH clinic since the 20th week gestation period until the day that she delivered her first baby. She had in fact gone for her check up that morning but nobody informed her that she was going to have her baby anytime now. “So, I climbed up the mountain back home and at five o’clock next morning I had my baby!”. Salima had been attending the MCH clinic for all the five pregnancies. She cultivates for her family and makes some pottery to get an additional income.

Third Case: Jeni

When her first child was only six months old, Jeni realized that she was already two months pregnant. She had her first child at the age of 15 when she was in class five of primary school. She admitted that she never actually spotted her first menstruation. This would imply that she probably conceived on her very first ovulation. In fact she admitted that she had been sexually active since she was thirteen years old. Her boyfriend who is the father of her child had also been a student at her school. He was now a young man aged 19, selling second hand clothes (mitumba) from Europe. During the night he would pose as a Disco jockey at a tourist hotel. Jeni got involved with him and in no time she became pregnant. Her mother had been extremely angry with her when she found out. When the teachers found out that she was expecting a baby, they discontinued her from school immediately.

Jeni’s mother, who is 38 years old, has three daughters. Her husband died some eight years back. When her husband died, she continued to work as a house keeper and rented a room down the valley not very far from her place of work. Her contact with her extended family up the mountain became very loose and her children grew up in town. She was very troubled that she was going to have a grandchild from a daughter who was still very childish and who had never gone through the initiation rite. She was also worried about the economic constraints she was going to face. Jeni refused to attend the antenatal clinic as she felt embarrassed. When the labor pains started, her mother rushed for help from the neighbors who helped to transport Jeni to hospital as well as to provide her with most if not all the necessary items for the baby. She delivered a baby boy. When the baby was hardly three months old, Jeni started going out to the discos with her boyfriend, the father of her child. She expected her mother to take full care of the baby. She

claimed that her breast milk was dwindling and in no time she stopped breast feeding. The baby became extremely weak and sick. There was a lot of tension in the house and in no time Jeni's mother lost her job. It was during this time that Jeni realized that she was pregnant once again! Jeni was physiologically and psychologically not ready to shoulder the responsibility of another child. She could hardly take care of the first one. She did not know what to do.

Attitudes and perceptions

(a) Sex and reproduction

In listening to women and especially on words they use to talk about their relationships, I realized that issues on sex are discussed with ease. Symbols portray the meaning and there is no embarrassment attached to the subject. For example, a pole standing on the earth symbolizes the male organ on the female which is the earth. Many times discussions on sex entail some humor between the different age groups. However, there is no distortion when it comes to communicating facts to the adolescents. Women discuss about sexuality and sexual pleasures with ease and there is a common feeling that sex brings good relationship and self esteem to individuals. As such it has to be fully exploited by those who have reached of age and have gone through the rite of passage. In talking to women I realized that women perceive themselves as being quite powerful in terms of their control over land and sexuality. Throughout the initiation instructions women are advised *not* to refuse a man. The literal meaning of the famous song, "*Mguru gumwe, mguru mn'gwinda, Mguru kunze, mguru mn'gwanda*," which literally means "one leg in the house and the other outside," clearly encourages extramarital relations. A few women however, expressed anxiety with regards to diseases associated with sex. All women are aware of HIV, which they nickname "the scavenger" (mdudu). Some elderly women spoke with great ease and laughter about their past relationships with men. At the MCH clinic a woman who had opted for condoms as contraceptives, admitted that she had a lover because her husband had now become polygamous.

(b) Infertility, contraceptive prevalence and childbearing

In talking and listening to women in the sample, I realized without any doubt that infertility is the biggest fear for any woman especially one who has never had any children before. Interviews with all TBAs and Traditional Native Healers confirmed the fear for infertility (ugumba) as it is associated with witchcraft or bad omen. When a newly married girl delays to conceive for more than six months, then neighbors begin to gossip and relatives consult a TBA. The TBA would normally prescribe a certain herb like mumbwa rumbwa (*Ormosipum kirku*) supposedly capable of stimulating conception. However, when this fails, the girl has to be referred to the Native Healer who is supposed to be an expert in the search for the male seeds (kutafuta mbegu). In a way searching for the male seeds is pre-conception counseling. The healer makes his diagnosis after talking to the young lady. If he associates the cause with the biological factors such as the nature of menstruation or genital mucus, then herbs and pessary are prescribed. The juice from the leaves of a local herb known as suwameno (*Hosbunia opposita*) which is used to relieve

prolapse of the uterus, is inserted into the vagina to help cure mild reproductive tract infections which might be responsible for infertility.

If on the other hand conception does not occur then infertility is attributed to external factors such as an evil spirit (shetani) or a bad eye (kijicho) from enemies. In this case an expert healer who is highly knowledgeable in Spirit exorcism is approached. At night the young woman is taken by the native healer to a big tree where she will be rid of the evil spirit. This is referred to as 'kutosa' or to remove the spirit from the woman's body into the tree where the spirit will immediately reside. Food such as maize and eggs as well as medicine are later sacrificed by the family and set aside near the big tree. The psychological relief has a very great impact on the woman and in the absence of any biological problem it is not surprising for conception to follow suit. Some of the women that I have interviewed believe that this is truly an effective cure for infertility. In fact four women admitted to have gone through this rite and to have conceived later. They admitted however that the Native healer himself had to 'purify' them first with his own sperms before they were allowed to reunite with their husbands after a few days. Women explained to me that the evil spirit is antagonistic to the husband and hence forms a sexual barrier for the husband. The husband may be given a drink made from roots locally known as kimbigili (*Biophytum sensitivum*), to ensure his virility. Pumpkin seeds are also supposed to be helpful. Once the girl conceives then the family would donate something in kind to the Healer as a token of their appreciation. Even after conception, the Native healer would continue to protect the woman in terms of herb and psychological boost until she safely delivers her baby.

(c) Conception

Conception and Child birth are closely associated with traditional medicine in terms of medicinal herb and foresight, 'kuagua'. Marriages are consummated sometime during the woman's mid-cycle which actually coincides with the onset of ovulation. When I asked women about the best time for conception, all the Luguru women pointed out that sexual intercourse should be resumed immediately at the end of menstruation when the blood has completely dried up. They also pointed out that conception is also possible about a week before the onset of the next menstruation period. Three TBAs who have incidentally also been exposed to the medical personnel had a different view however. They felt that conception occurs in the mid-cycle which coincides with the onset of ovulation.

d) Pregnancy

Pregnancy is subjected to a particular attention from its very first signs. Every precaution is taken to prevent risk from illness and harm to both the mother and the fetus. Magic and any terrestrial or aquatic evil spirits have to be kept at bay and should never interrupt the normal developmental process of pregnancy. A strict diet has to be observed by the expectant mother. Women have to observe taboos associated with nutrition during pregnancy. Amongst them are prohibitions from eating eggs, certain types of beans, and liver. Eating liver has been associated with a retained placenta during delivery. On the other hand, eggs have been associated with a prolapse of the

uterus referred to as 'Mchango wa kizuka'. Certain foods are associated with heat and are said to be detrimental to the fetus. Eggs, honey and ginger have always been classified as 'hot' foods (joto). As such they can cause a miscarriage or destroy the baby in one way or another. Certain behaviors are prohibited, such as going out in the dark, which may be associated with encountering evil spirits which could harm the fetus. It is important to understand the context, because the area is dark at night and since there is no light the possibility of slipping or walking on a serpent or a dangerous animal is not far fetched.

When pregnancy has reached its seventh month then a special rite is organized. During this ceremony, the pregnant woman is covered with a cloth (kupewa nguo) and then presented to the world of women who have already borne children. They teach her about child birth and demonstrate to her the place where the baby will make its exit. They explain to her how she should behave and cooperate with the birth attendants. They tell her about the placenta and how to push and when to push. During this rite women tell her of their experiences and mistakes and ensure her that there is nothing to fear about delivery. Women expressed that this rite reduces the fear of birth. It is a kind of psycho-prophylaxis and extremely crucial for first deliveries. Being given the big cloth actually de-sensitizes the pregnant woman and helps to give her confidence thus calming her down. Women here do not have any access to literature on child delivery as do the women in developed countries. Normally women would do all their house chores as well as farm work during pregnancy. When it is felt that the expected date for delivery is overdue then the expectant mother is given an extra exercise. Women pointed out that being put on the exercise of pounding sorghum flour using the mortar and the pestle helped to facilitate an easier and faster delivery.

(e) Home delivery

Traditionally a Luguru woman would deliver at her mother's home. Many Luguru women talked about preference for home delivery because they saw themselves as the initial center of attention being surrounded by relatives and friends at the time of delivery. Apart from this, the placenta has to be buried in a secret place. The placenta which connects mother and baby before delivery is said to have its own spirit and since it is brought into the world it has to be put to rest by being buried somewhere. It should never be abandoned. This symbolism of life necessitates a special ritual for it. In fact it is buried along with the umbilical cord. The grandmother takes care of this so as to ensure safety and stability for the new born baby who is just entering into the new world. Many women particularly those from the older generation expressed fear as to the outcome of their placenta whenever they have to deliver in hospitals. Younger women were somewhat indifferent and didn't care so much. Apart from this, a pregnant woman would choose a midwife of her preference. Women talked of the usefulness of the Pregnancy rite performed when one is seven months pregnant. At the time of delivery they knew what was happening and had no fear or anguish. Apart from that, the TBAs are reputed for expertise, gentleness and experience. Many women expressed relief that they had received prior instructions on symptoms of labor. They equated the last stage of labor with the desire to emptying the bowl.

A woman delivers while in a squatting position. She actually sits on a big stone and then opens her feet apart to give way to the baby. This practice is common for all the Luguru cluster groups. The WaKami for example deliver while seated on a big bundle of cloth. No related tribe entertains the idea of delivering a mother while lying on bed. The sitting position facilitates the woman to push down the baby against the force of gravity and in fact it has been shown radiographically that the sitting position increases the transverse and anterior diameters of the pelvis of the pregnant woman (Wallace, 1990). Several women felt that lying on bed while delivering was unacceptable and regarded it very awkward. In talking to women I concluded that tolerance, patience and courage are expected from every mother. They thought it was unbecoming for any woman to cry out while delivering. There was nothing to fear and one was only supposed to respect and follow instructions from elders.

Women thought it was a good thing to confess if one had committed adultery during pregnancy. Adultery is a taboo and totally unacceptable *during* pregnancy. This was for both the husband and the wife. Non confession for adultery from either party was supposed to lead to maternal death. During delivery the young mother gets the feeling that every member of the family including the ancestors are with her spiritually. This has a tremendous positive psychological impact on the young mother. Women pointed out that there is no anguish or worry when delivering at home. Any woman who has ever given birth even once can be asked to help when a friend is delivering. All mothers are instructed to deliver other women although the actual art of child delivery is reserved to the Traditional Birth Attendants (Wahunga). Women believe that the placenta has to come out immediately once the baby is born. If there is a delay, then a wooden cooking spoon is inserted in the woman's throat and according to some TBAs this would normally lead to the exit of the placenta. If on the other hand the placenta is still retained, then a medicine is prescribed.

There are several problems associated with pregnancy. The most common problem as outlined by TBAs, is retention of the placenta. This is referred to as 'Lutokela' or 'Belekelo' and is considered fatal. They describe this as a thin membrane which if retained becomes inflated and gets septic resulting into death. The TBA can detect this very easily since the placenta has to be preserved for a special burial rite by the grandmother. There is a special plant called 'Mafambula' or 'Mfungula' which is boiled and then the liquid is given to the mother to drink. The retained placenta is ejected immediately without any problem. Prior to delivering this medicine, the Native Healer has to communicate with the ancestors by calling them in name so as to appease them. This is regarded to be very important because these ancestors though physically absent are supposed to be spiritually present and have to be consulted.

Special tools are used to help in delivery. Traditionally a fresh sorghum blade, 'ubua' is used to chop off the umbilical cord instead of a razor blade. Nowadays razor blades have taken the place of the sorghum blade. The TBA cannot deliver until she has washed herself and then used a special medicine. They believe that without doing this before and after delivery they themselves would be in danger of death. During delivery naked hands without any gloves are used to help the baby. After delivery, the baby is not supposed to be touched by anybody apart from the mother and the TBA. Later on the father will come to look at the baby and give it his blessings. Normally an amulet containing some herb would be tied loosely on the arm, supposedly to protect

it from 'bad eye'. The baby is breast fed totally from the mother's milk. In case the mother dies during delivery, then the breasts of the grandmother are pricked and a medicine is inserted so as to stimulate milk production. The researcher has actually seen this practice once. This practice is in fact also found amongst some tribes in Tanzania. When a woman dies in delivery, the husband has to pay a very big fine to the girl's parents. In olden days twins were not favored in this society. In fact traditionally these have been associated with misfortunes in the community.

Special attention is given to the mother during the postpartum period. Care of the new born is the responsibility of the new mother's family members. Only hot foods are given to the mother. She is aware that she cannot take any cold food not even drinking water. The first food given is sorghum porridge and chicken broth. Porridge has to have black pepper added so as to stimulate milk production. Colostrum is never given to the baby and is squeezed out and gotten rid of. The mother's abdomen is tied for about three weeks using a piece of cloth(kanga). This is said to help flatten the tummy within no time. On the fortieth day of delivery, the baby's hair is shaved and there is a big celebration. This hair is buried close to the burial place of the umbilical cord and the placenta. The new mother is bathed and her hair washed during this ceremony. This marks the drying up of the blood. However she is not supposed to have sexual communion with her husband and still remains at her mother's house. Women thought that this was okay since they felt that their bodies were still 'raw' (mwili mbichi). They felt that the Sexual Resumption rite, four months later, was very appropriate and it gave them a feeling of being a new bride to the anxious husband.

(f) Breast feeding and weaning

Women talked about the association between food eaten and the quality of breast milk. Black pepper added to a boiling porridge is said to help stimulate milk production. When this fails then the woman is vaccinated on the chest. If on the other hand a woman dies during delivery then a wet nurse would breast feed the baby. If none is available then one of her relatives would be vaccinated for milk production. There never existed a culture of feeding a baby with cow's milk and there are no cattle up the mountain. Women explained that breast feeding on demand was a normal practice. They would normally introduce solid foods quite early beginning at four months. Most women would breast feed until the baby is two years old. Women pointed out they enjoyed breast feeding since this gave them a very happy feeling as the baby suckled.

CONCLUSION

It is obvious that women in a matrilineal society have a greater sexual autonomy than their counterparts in a patrilineal society. Land gives them an economic autonomy and less dependence from their husbands. Polygyny seems to be relatively low when compared to the male dominated societies. It appears however, that there is a high rate of change of sexual partners which is tolerated within the community. Adultery is not enough grounds for divorce. Impotence in men may not be tolerated in marriage and may provide sufficient reason for divorce. Initiation rites have served to provide instructions on family values to adolescents. Traditionally it has served to delay the age at first intercourse since it was a taboo to get pregnant before going through the 'mwali' rite. The gradual breakdown of the traditional structure due to socio-economic interventions could be disastrous as it leaves a vacuum in terms of traditional instructions especially for young women who have to spend more time schooling.

A matrilineal society also has its risks on Reproductive health particularly when the frequency of change in sexual partners is relatively high in situations where there is no safe sex. Strong traditional and psychological factors often override the awareness of risks of AIDS and sexually transmitted diseases. It is important therefore to look critically into the whole question of the traditional sexual behavior in terms of change of sexual partners so as to educate the women on the risks. The conjugal relations are unstable and divorces are a common feature in this society. Traditional land rights give women some economic autonomy which gives them an incentive *not* to remain in an unsatisfactory marriage. Residence is matrilineal and the woman is assured of her children's custody in case of divorce. It is in fact her brother who takes full responsibility of her children.

Though infertility is dreaded and looked down upon, the family of a childless woman would normally arrange for adoption of a relative's child, especially one's own sister. Pregnant women have to observe special taboos including eating habits. Eggs and liver for example are considered detrimental to the fetus. Pregnancy rites, in which expectant mothers are exposed to useful information about labor and delivery from experienced women, help desensitize women to fear of childbirth. Women deliver at home in a squatting position surrounded by a group of fellow women and relatives who comfort them throughout labor. Special attention is given to a new mother during the post-partum period by the whole family. Babies are not put to breast immediately after birth as colostrum is supposed to harm the baby. Rooming in the babies allows the mother to breast feed on demand thus prolonging the contraceptive effect. There are some traditional herbal remedies associated with reproductive tract infections as well as fertility control which deserve some further exploration for the future.

In relation to AIDS and STDs there is a need to diffuse female education at both formal and non-formal settings. Such education should include information on safe sex and contraceptives to women so as to provide practical guidance in such a way that it may become readily available and acceptable within the social realities of women's lives. It may be useful to bring the clinics closer to the women up the mountain so as to minimize time costs. Since most women deliver in their homes, it would be useful to provide further education to Traditional Birth Attendants in terms of identifying risk factors earlier during pregnancy and then referring women at risk to nearby clinics.

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