Africa 78 (3), 2008 DOI: 10.3366/E0001972008000223

THIS IS NOT OUR CULTURE! DISCOURSE OF NOSTALGIA AND NARRATIVES OF HEALTH CONCERNS IN POST-SOCIALIST TANZANIA

Vinay Kamat

In Mbande, a predominantly Muslim village on the outskirts of Dar es Salaam, Tanzania, the men and women who were fasting during the Ramadhan month had become accustomed to waking up in the morning hungry and thirsty and going through the day without food, water or *chai*. For household heads like Mzee Selemani,[1] a fifty-six-year-old resident of Mbande, it was not the sweltering heat and sweat that bothered him, but, rather, his preoccupation with how to get enough food to feed himself and his family before the fast is traditionally broken. During the first week of Ramadhan, when I met with a group of village elders at the local *baraza* next to a small restaurant in the market place, and asked '*Je, umefunga?*' (Are you all fasting?), they answered, in chorus, '*Bado*' (Not yet). Their response surprised me because I had assumed that the elderly men, who spent a considerable amount of their time praying at the village mosque, would be among the first people to be fasting. Mzee Ali, my field assistant, quickly interpreted their response to mean that they would be more than happy if I offered to pay for their lunch at the restaurant. Later he said to me: 'You have no idea what hunger can make people do. . . . ' His implication was that the stringent codes of religious fasting may be contravened when hunger is experienced frequently, if not on a daily basis.

Everyday life had become especially difficult for many people of Mbande. The cashew crop had failed for the second year, and most households were low on cash income and food supplies. Sickness and death during this time of the year only added to the misery of impoverished families. Scores of people in the village were in need of medical attention, but most of them did not have the money to pay for the much-needed healthcare.[2] When two entrepreneurs from downtown Dar es Salaam inaugurated their *maabara* (a private, for-profit pharmacy and pathology laboratory) in the centre of the village,

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VINAY KAMAT is Assistant Professor in the Department of Anthropology at the University of British Columbia. His research in Tanzania has focused on the everyday lived experience of marginalized people who are caught in a process of rapid social transformation engendered through structural adjustment programmes.

[1] All names in this paper are pseudonyms.

[2] In 1991 Tanzania formally abandoned its commitment to socialist health policy and undertook measures to privatize the country's health sector. Cost sharing was introduced in phases through user charges in the public healthcare system (see for details Munishi 1997; Mwabu 2001;Tripp 1997).

not a single customer showed up. This new private health facility, the first of its kind in a 12-mile radius, did not generate the level of enthusiasm in the village that the two entrepreneurs had anticipated. For the majority of the people of Mbande, the privatization and major restructuring of the health sector that had occurred in Tanzania over the last decade had not led to significant improvements in access to healthcare, or, for that matter, improved their sense of well-being.[3] Many elderly men and women in the village routinely expressed their disappointment by reminiscing to one another about the 'good old days' when the socialist government under the leadership of the late Julius Nyerere had provided households and individuals with free healthcare, subsidized food and social security. By reminiscing, these elderly people re-constructed and reaffirmed their shared experiences and cultural memories[4] – memories of the past that are socially reconstructed to make sense of and negotiate the present (see Becker 1997; Garro 2000, 2001; Quinn 2005; Rubin 1996; Tonkin 1992). This kind of joint remembering, or reminiscing, further serves the special purpose of creating interpersonal bonds based on a sense of shared history (Fivush *et al.* 1996).

This article draws on participant observation and ethnographic data to show how, in the context of poverty and uncertainty, the residents of Mbande articulate their understandings of the effects of neo-liberal policies on their everyday lives. The article pays particular theoretical attention to people's narratives, often infused with both nostalgic remembrance of the socialist past and a melancholic view of the ongoing societal and economic changes.[5] I analyse excerpts from a sample of oral life-history interviews to highlight people's perceptions regarding the ways in which the neo-liberal market reforms implemented in the country since the mid-1980s have affected existing social support networks and concerns about health. I also discuss people's representations of the ways in which the transition from the *Ujamaa* (literally, 'familyhood') or African brand of socialism to privatization (*ubinafsishaji*) has led to the intensification of social and economic inequalities among households and feelings of deprivation among many members of the local community. I argue that expressions such as 'This is not our culture!' (*Sio utamaduni wa sisi!*), and its concomitant sentiment 'Life is hard!' (*Maisha magumu!*) have become formulaic

[3] As has been well documented, more than a decade after its decision to liberalize the economy, Tanzanian health indicators rank among the worst in the world (see Ministry of Health 1997; Setel 1999; Wyss *et al.* 2001).

[4] Briggs and Mantini-Briggs (2003: 78) define cultural memory as 'a field of contested meanings that lies between personal memory and history; it is the product of the ongoing struggle to construct – to understand – the identities, relation, and actions of the past. These constructions shape our understanding of the present. Narratives play a crucial role in the production of cultural memory.'

[5] The study of nostalgia involves the study of social practices that mobilize various signs of the past in the context of contemporary struggles. As such, nostalgia is a discourse sparked by transition and discontinuity. Rapid shifts fuel nostalgia (Fred Davis 1979: 49 cited in Bissell 2005: 218–21).

pronouncements to indicate a loss of community values, respect and deference for elderly people in the post-socialist era that is inextricably bound up with the economic hardships engendered by neo-liberal economic policies, especially among the poor majority in contemporary Tanzania. Drawing upon excerpts from stories of particular individuals and situating them in the larger context of neo-liberal market reforms, I seek to show how, in present-day Tanzania, people articulate through narratives their cultural understandings of 'life as it was then' (*kipindi cha nyuma*), and 'life as it is now' (*maisha ya sasa*).

Notwithstanding the epistemological, theoretical and methodological limitations associated with validating subjective experiences of people as representative of 'real world' situations (cf. Crapanzano 1984; Kratz 2001; Tonkin 1992), in this article I assert that stories told by informants, especially those whose voices are rarely heard in socially occurring discourse, provide crucial insights into the cultural understandings of the ways in which neo-liberal policies have affected people's everyday lives. As Hill (2005: 159) points out, 'discourse is the most important place where culture is both enacted and produced in the moment of interaction'. Discourse collected in life-history interviews and conversational narratives not only enables us to understand what is happening in people's everyday lives, but also brings to light the hierarchical relations of power at the community level, intra-community tensions and internal variations in perceptions of change.

The article begins with brief background information on the research setting and the methods I used to gather data, followed by an introduction to the 'discourse of nostalgia' (Hill 1998) produced by some residents of Mbande and a discussion of the cultural understandings of how 'free market economy' (*soko huria*) has become operationalized at the village-community level. I document people's perceptions of how customary reciprocal exchange and mutual assistance survival strategies have changed as a result of the social transformation and increased economic disparity. I also illustrate the effects of the diminished integrity of local safety nets on people's health concerns, patterns of healthcare seeking and general sense of well-being. Through case studies I specifically analyse how market reforms have influenced the ways in which 'ordinary people' in general and poor elderly people in particular interpret and deal with their changing health and social environment. The conclusion considers the extent to which the socio-cultural and economic lives of people in places like Mbande have been 'structured' mainly by the macro-economic 'market forces' and the extent to which they are the result of individual agency.

MBANDE – AN *UJAMAA* VILLAGE

Mbande, the village and surrounding hamlets where I conducted fieldwork, has a population of about 5,500 people and is located in the Chamazi ward on the periphery of Temeke District, Dar es

Salaam.[6] This village came into being in 1974 as part of Operation *Vijijini* (villagization).[7] As a state-designated registered *Ujamaa* village, Mbande's history is about three decades old. The people of this village share a common history with hundreds of other villages that were initiated during the Operation as an attempt to regroup households into larger aggregates. At the same time, however, oral histories do not suggest that coercion and distress on a scale documented by researchers in the 1970s (Boesen *et al.*1977; McHenry 1979; von Freyhold 1979; Hyden 1980) and theorized by James Scott (1999) in his book *Seeing like a State*, was part of their resettlement and rehabilitation experience. This could be explained partly by the fact that in 1973–4 there were less than 150 people living in and around what is now Mbande village, and many still lived on their family *shamba* in the fertile valley nearby. One of the local leaders, who was a *balozi* or ten-house cell leader, used his influence with the government bureaucrats and worked hard to unite the local people to avoid being amalgamated with one of the already existing larger villages. The district authorities yielded to the villagers' perseverance to subsist as a separate entity. Thus the development of Mbande village began in earnest.

The pattern in which the original immigrants arrived or were brought by government agents into Mbande is still discernible. Clusters of houses in the village are locally referred to as the *sehemu ya Wamakonde* (the *Wamakonde* area), the *Wamatumbi* area, the *Wamgindo* area, and so forth. These clusters of houses refer to areas where households from certain ethnic groups (*makabila*) settled down together in the village during the Operation. The completion of an all-weather road in 1996 marked the beginning of a new wave of migrants into the village, mostly Sukuma and Nyamwezi youth from north-western Tanzania. They quickly built a reputation for being extremely hard-working and improved their economic situation in a very short period of time through the cultivation of okra and the profitable sale of their produce. The road facilitated the rapid transportation of people and goods between the village and the city. One of the important consequences of this increased accessibility has been growing demand for village land. Many people in Mbande are selling portions of their agricultural land to migrants from other parts of Tanzania – a trend that is intensified by the overall liberal political and economic changes. The increased

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[6] Dar es Salaam is third among fastest-growing cities in Africa. Its population is increasing at a rate of 4.39 per cent each year. According to the Population and Housing Census, Dar es Salaam's estimated population increased from 769,445 in 1978 to 2,497,940 in the year 2002. The current population is estimated at 3 million, and the metropolitan area population is expected to reach 5.12 million people by 2020. In the year 2002, the population of Temeke District was 771,500, and Chamazi ward had 8,313 persons.

[7] During the Operation (1973–6) people from all over Tanzania were permanently moved, often forcibly, from their original settlements in order to start new villages or to merge with neighbouring larger villages. The *Ujamaa* villagization programme involved the largest number of people in the history of African resettlements, relocating between five and nine million rural Tanzanians (see for details Askew 2006; von Freyhold 1979; Kikula 1997; Mascarenhas 1979; Nyerere 1977; Scott 1999).

commoditization of village land witnessed in Mbande is similar to what scholars have reported from other places in Tanzania (see Askew 2006).

Of the 95 per cent of the local residents who are Muslim, 40 per cent identify themselves as Zaramo, the original inhabitants of Dar es Salaam (Swantz 1995; Tripp 1997). Subsistence-oriented farming is the economic base for the majority of the local people, while a small proportion of villagers engage in petty business ventures such as the selling of *chapatis*, tea, fruits and vegetables in the marketplace. For most, cash income is scarce – the average *per capita*/per month cash income in the village is approximately Tsh1,475 (less than US$2). The local health arena is pluralistic as villagers have access to 'traditional' Swahili medicine, biomedicine and pharmaceuticals. Located five minutes away from the main marketplace is a municipal dispensary (*zahanati*) staffed by an experienced medical officer, three nurses (two of whom are Mother and Child Health specialists), and an auxiliary trainee nurse. Mbande also has three privately owned pharmacies (*duka la dawa*), all of which are operated by unqualified pharmacists. These pharmacies offer a range of medications, including antibiotics, over the counter. There are four known traditional healers (*waganga*) who reside in the village, in addition to nine Trained Birth Attendants (TBAs) who offer midwifery services.

METHODOLOGY

This article draws on data that were gathered as part of a larger ethnographic study on the impact of neo-liberal economic policies on healthcare decision making in post-socialist Tanzania. From June 2000 to September 2001, I conducted continuous fieldwork in Mbande and eight surrounding hamlets. I conducted additional research in Mbande during the summers of 2002, 2004, 2005, 2006 and 2007. I used a combination of different methods of data collection that are considered standard for an ethnography based on participant observation. These strategies included informal interviews, semi-structured interviews using an interview schedule, and the collection of oral histories, life-histories and illness narratives from a range of informants. I conducted all the interviews in Kiswahili with the help of Mzee Ali, my research assistant, who lived in Mbande. I participated in the everyday lives of the local people and built extensive contacts with them. I actively participated in social and religious events, including a wedding ceremony and an *ngoma*, and as an observer at religious ceremonies. As a participant observer, I shared meals with the local people, listened to their stories, documented various ceremonies, and often sat down on a straw mattress for hours on end with elderly people, catching up with local happenings and listening to their nostalgic conversations.

REMEMBERING THE PAST

The anthropological literature suggests that remembering the past is a jointly social and cultural process as well as a cognitive one; it is

best understood as a process that typically is reconstructive rather than simply reproductive (cf. Garro 2000; Kratz 2001). In this regard, Garro and Mattingly (2000: 72) have noted that 'as persons talk about their experiences, past events are reconstructed in a manner congruent with current understanding; the present is explained with reference to the reconstructed past; and both are used to generate expectations about the future.' During the first few weeks of my fieldwork in Mbande I interacted mainly with the elderly people, interviewing them on a range of topics.[8] As I asked them how they saw their everyday lives today as compared to the *Ujamaa* days, key informants were led to a broader discussion of their knowledge of the structural transformations (*mageuzi*) associated with economic and political liberalization in the country since the mid-1980s. I elicited narratives about how these elderly people in particular felt about the changes that were unfolding. Partly due to my own research orientation, the most common themes to emerge in the discussion were those of health and well-being. It was also true, however, that the majority of the elderly people were eager to recount the troubles caused by their precarious economic existence, social exclusion, and sickness. They commonly stated that they refrained from visiting a government health facility – even when they were very sick – out of fear that they would be asked to pay money for medicines and other services. The following comment from Mzee Kilihindi, a 70-year-old Zaramo native of Mbande, was typical:

> In those days, when you got sick, you could go to a government dispensary or a hospital and get treated. The staff there would welcome you. The services were free, the treatment was good, and you returned home feeling better. But now things have changed. If you have money, you get treatment; if you don't, you end up dying at the doctor's doorstep.

Several of the elderly people I interviewed produced nostalgic discourses about the social solidarity of Tanzania's socialist past, speaking of a time when they had access to free healthcare. They referred to this period as a time when the government 'genuinely' cared for its people. Mzee Ngwale, whose case study is presented below, was one such elderly resident of Mbande who detailed his misfortunes to make sense of his illness and suffering in the context of the rapidly shifting economic, political and moral terrain.

WANTING TO LIVE; WAITING TO DIE

Mzee Ngwale, a Mgindo man in his late seventies, was born in Kuranga District. As a teenager, he had accompanied his parents and moved

[8] This article is based primarily on interviews with 25 elderly residents of Mbande – 11 women and 14 men, in the late 50s to the late 70s age range – who had witnessed the founding of the village in 1974. The discussion is not restricted to the elderly people, however, but also incorporates the discourse of the ordinary people in the village, including middle-aged people, the youth, and young mothers.

into what is now a hamlet on Mbande's periphery. In his youth, he had served as a truck driver in the British Army during the Second World War, ultimately retiring in Mbande. Diagnosed with tuberculosis, he believed he was soon going to die. I interviewed him on three separate occasions, each time exploring different themes. In spite of his poor health, eyesight and hearing, he was very articulate and elaborate in his explanations. In the following segment excerpted from one of his narratives, he strongly emphasizes his health problems:

> These days, all those who go to a health facility, government or private, have the same problem – they don't have money to pay for their treatment. Take me for example: when I go to the hospital, the doctor will say, 'Yes, I have examined you ... now go to the pharmacy section and get the medicine.' But when I go to the pharmacy section, they don't give me any medicine because I don't have any money. So I remain with this disease (*shida iko pale pale*). I don't know where to get the money from. My only son doesn't help me. He says he doesn't have any money. If my own son is unwilling to help me, who else will? [Don't you get free treatment for TB?] Free treatment for TB? From where? I went to the district hospital and they told me to pay Tsh2,000 for an X-ray. Now, from where can I get Tsh2,000? No one really helps me. My relatives tell me that they don't have any money for me. If my relatives are unwilling to help me, at least the government should rehabilitate old people like me in an old age home; I can go there and wait for my death.

There can be multiple readings of this excerpt from Mzee Ngwale's narrative as it highlights the multi-dimensional physical and social nature of his health problem. In his narrative, Mzee Ngwale is ordering his experience, constructing a reality as he sees it and thereby addressing the difficulties of accessing medical care without having to pay for it and expressing his feelings of neglect from his son and relatives. Unlike a typical fully developed illness narrative, in which the narrator seeks to address the fundamental question 'why me?' (cf. Hill 2005; Labov and Waletzky 1967), Mzee Ngwale's narrative begins with the generalization of his own problem of not having money to pay for his own healthcare to encompass most people in the village. His other key statement that 'no one really helps me' epitomizes again the sentiments of several elderly people in the village who lament the loss of caring and compassion from relatives and loved ones, a clear indication of loss of social cohesion. Finally, in the coda (statement of resolution), Mzee Ngwale nostalgically anticipates that, if his family members cannot or will not, the government should care for him, just as it apparently did during the *Ujamaa* period. For Mzee Ngwale, then, it is his family's obligation to look after him during his old age – just as they would have during the *Ujamaa* era. In the past, if family care had not been possible, the government would have stepped in by facilitating his rehabilitation in a home for the aged. Through his narrative, Mzee Ngwale shifts the locus of his misfortune away from himself, and onto his family and the government.

Mzee Ngwale's own social position in Mbande needs to be further contextualized. The village chairman had appointed him as the

caretaker of one of the bore wells located near the main mosque. This brought him in regular contact with scores of people who came to fetch water from the well and who paid him a token fee in return for his services. People knew that he was sick, but they pointed out that it was partly his own fault. Mzee Ngwale once owned a sizeable plot of agricultural land in a neighbouring hamlet, which he had sold against the wishes of his wife (deceased), his son and his relatives. Over the years, he had depleted all of his resources. Thus, his son and relatives, who had little to look forward to in terms of inheritance, neglected him. Mzee Ngwale was hopeful that, if his relatives did not take care of him, at least the government would. Nostalgic about the days when the government was genuinely concerned about the welfare of its citizens, his discourse on his feelings of familial neglect was more a commentary on how they or the government *would* have taken care of him if living conditions had not changed so much. As Tonkin (1992: 9) notes:

> People talk of 'the past' so as to distinguish 'now' from a different 'then'. At the same time, every 'now' is the consequence of many 'thens', of vastly different durations, in an amalgam unique to each person experiencing it. What goes on now is interpreted from previous knowledge, from memory.

In Mzee Ngwale's case, 'the personal past must also be read as a cultural past' (Garro 2001). His longing for and remembrance of a socialist past was equally tied to current and future concerns. In Mbande, this discourse of nostalgia was produced mainly by poor and marginalized people, especially the elderly who had lived through the *Ujamaa* years and the idealism of that period (cf. Nyerere 1968, 1977; Hood 1988). Most of the poor elderly informants were nostalgic about the *Ujamaa* era when everything used to be cheap. In short, food and transportation were subsidized and access to healthcare at public health facilities was free-of-cost.[9]

COUNTERDISCOURSES

Clearly there were exceptions to what I have characterized in the foregoing paragraphs as a highly shared cultural model about the 'good old days' and the hardships that people, and in particular the elderly, have become accustomed to in the post-socialist era. For example, Mzee Kingwandala, the 60-year-old village chairman, provided a counterdiscourse to the idea that 'life is hard' in the

[9] There are compelling differences between the kind of discourse of nostalgia that I have encountered in Mbande and what Jane Hill (1998) has recorded in the Mexicano towns of the Malinche region (1998). Hill found that the most likely people to repeat formulas of nostalgic rhetoric themes were senior men who are relatively wealthy and successful in terms of having achieved high position in the local hierarchy, and young and middle-aged men who have full-time work outside the communities. Women, and men who possessed little in the way of the locally relevant forms of capital, seldom engaged in the practice. Instead, they produced an oppositional discourse, contesting the 'discourse of nostalgia' by exposing its formulas to contradiction and parody.

post-socialist context. An energetic and prosperous person, he had this to say:

> Life is *not* hard! Those who say that life is hard are themselves to be blamed for it. I am 60 years old and to date I have never said life is hard. The problem with the people of this village is that they are lazy (*uzembe*)! But, at the same time, they want to enjoy all the good things in life. How can they, unless they work hard? They need to work hard in order to get what they want, especially the youth.... You know, in olden days, I used to carry a sack (*kiloba*) of cassava or oranges on my head and walk for three hours all the way to the Kariakoo market and get only 50 cents for the produce. But now, I can dig one *kiloba* of cassava from my farm (*shamba*) and sell it in the local market and get a profit of Tsh5,000. If I can do it, why can't the others in the village? So how can anyone say that life is hard?

In exemplifying himself as a hard-working person, Mzee Kingwandala suggests that facing adversity is the key to overcoming hardship in life. Moreover, he suggests that, if he can do it, others can do it too. Thus, in his justificatory discourse, the speaker at once legitimizes the idea of becoming prosperous through hard work in addition to granting himself superior status by suggesting his own self-worth. Though a 'counterdiscourse', the structure of Mzee Kingwandala's narrative is similar to the narratives of the speakers quoted earlier in its emphasis on before/after life world distinctions to highlight not only the qualitative differences between temporal domains but also the personal transformations brought about by the government-induced structural transformation of the larger social and economic world. In highlighting the qualitative differences between these domains, Mzee Kingwandala's narrative provides a structural inversion of the narratives of his mostly impoverished and dissatisfied elderly counterparts such as Mzee Ngwale. Put simply, while Mzee Ngwale attributed his misfortune to familial neglect and the government's unresponsiveness to his age and health status, Mzee Kingwandala conversely credited his successful life to his own hard work and resilience. In principle most people in the village would concur with Mzee Kingwandala's commentary on the subject of 'life is hard'. However, they would also confront him with the fact that, unlike the vast majority of the local people, he belonged to a relatively privileged background. Mzee Kingwandala owned more than 20 acres of agricultural land and he had the biggest house in the village. Moreover, he had held, and still continues to hold, a primary political position in the village.

Although Mzee Kingwandala's counterdiscourse may be an exception to the dominant discourse about 'life is hard' due to his privileged socio-economic position, other counterdiscourses also stood out during the course of my fieldwork. These discourses emerged mainly from the younger informants, especially those who were self-employed. In particular, these young men and women had much to gain from the political and economic opportunities afforded by the government's decision to ease its commitment to a socialist ideology (cf. Bagachwa and Mbelle 1993; Baregu 1994; Bennell 1997; Bigsten

and Danielson 2001), and therefore had reason to contradict the 'nostalgic' sentiments of the poor elderly villagers. For example, with regard to the quality of health services before and after privatization, Rehema, a twenty-seven-year-old Zaramo mother of two, and a native of Mbande, had this to say:

> Yes, before privatization, treatment was free, but all you got was an aspirin tablet and some kind words from the doctor. If you were lucky, you got an injection. But you knew that the doctor or the nurse had already diluted and divided the medicine from the same vial among three other patients. Now things have changed; if you have money, you get good treatment; and because you pay, the dispensary staff will show you some respect.

Self-employed young mothers who participated in focus group discussions on the subject of privatization of the health sector and its impact on treatment seeking for childhood illnesses corroborated Rehema's sentiment. Counterdiscourses in Mbande, then, were produced mainly by those who were economically self-sufficient. In their discourse they commonly presented a 'neo-liberal' world-view in which those who worked hard and earned money received better healthcare than those who did not. Thus healthcare now had to be 'earned' rather than provided as a 'right', as during the socialist period.

The nature and content of the discourse varied with the context of the discussion and the type of question addressed. The fact that discourses of nostalgia in Mbande are mostly produced by elderly people who are poor and socially excluded, and that counterdiscourses are produced mostly by prosperous elderly people and younger people who are relatively well-off, underscores the importance of giving credence to the variance in discourse produced by the particular historical and political context in which studies of discourses of nostalgia are conducted (see Hill 1998). As Bissell (2005: 216) notes, 'nostalgia is shaped by specific cultural concerns and struggles; and as with other forms of memory practice, it can only be understood in particular historical and spatial contexts'. The present case speaks to the uniqueness not only of individuals but also of a nation's economic, political and cultural history. Tanzania's unique history of *Ujamaa*-based socialism was heavily steeped in the ideals of the Arusha Declaration of 1967, which promised free healthcare among other basic human rights (see Nyerere 1977; Stoger-Eising 2000).

THIS IS NOT OUR CULTURE!

The discourse of nostalgia, with 'longing for the past' as one of its characteristic features, typically involved a discussion of 'culture' (*utamaduni, mila na desturi*) and how life had changed since the mid-1980s. No matter what the topic of the conversation was, one of the constant subtexts of my elderly key informants' conversations was 'life is hard', *maisha magumu,* in present-day Tanzania. Informants lamented their impoverishment often by expressing their inability to

buy a cup of tea, let alone afford medicines when they became sick. They framed their discontent in generic terms such as *maisha magumu*, *hali ya gumu* (living conditions are tough), *sina pesa* (I have no money), *mimi ni maskini* (I'm poor), *tunahangaika na maisha* (we are just struggling with life) and *tuta kufa tu* (we'll all just die). Significantly, while discourses of nostalgia were produced mostly by poor elderly people, the use of expressions such as *maisha magumu* was not necessarily age-related. Many younger people who were economically disadvantaged, particularly young unemployed men and unmarried single mothers, also spoke about their hardships. A predictable response continued to resurface – that the increasing number of new private health facilities did not matter, because as end users they were required to pay more money than before for medicines and other services. This was regardless of whether they went to one of the local private pharmacies, the municipal dispensary, the district hospital or the Muhimbili national hospital (see also Wyss *et al*. 2001). In everyday conversations about the 'human condition' (*hali ya binadamu*) and development (*maendelo*) projects in Tanzania, the common refrain was: '*Hela, hela, hela tu; kila mahali hela!*' ('Money, money, money; any place you go, it's all about money!') Mama Mdambwe, a Zaramo in her late fifties and a long-term resident of Mbande, expressed her sentiments with this illustrative example:

> Last week when I went to the grocery store to buy some tea, sugar and maize flour, the shopkeeper said to me 'No no, *bibi*, this is not enough, go home and come back with some money!' – as if to tell me that the Tsh100 I had brought with me was worth nothing; that I was not in tune with the changing times; and that I had no idea about how expensive things have become. Don't I know?!! But where do I get the money from?! I have no one here to provide for me, so I asked him to be kind to me, to help me, but he refused. I came back home and went to sleep. What else could I do? Beg? From whom? You know, life has become very hard these days. In the bygone days, people used to call me 'Mama Mdambwe' or *kwetu* ['ours', our mother – honorific usage to elderly women] with some respect; but now they just address me as *bibi* – as though I'm just any other old woman. This is not our culture! (*Sio utamaduni wa sisi!*) This is not how it used to be!

The imagery embedded in Mama Mdambwe's narrative, her sentiments about the supposedly more respectful 'olden days' in contrast to the present life of hardship, her feelings about the loss of traditional values and her commentary on the village youth being rude and disrespectful of status relations were all common rhetorical themes echoed by several other elderly informants in their life-history interviews and narratives. As Mattingly and Garro (1994) note, 'it is through narratives that people try to understand who they are becoming by reference to where they have been'. Certainly, narratives are versions of reality; they are embodiments of one or more points of view rather than objective, omniscient accounts (Ochs and Capps 1996). In narrating her encounter with the shopkeeper, Mama Mdambwe clearly wanted to moralize the event and sought to convince me, as an

empathetic listener, to see some part of her 'world reality' in a particular way. During the 'good old days' she was *kwetu*, a beloved person in the community. Now she is only a *bibi*, a random grandmother who must fend for herself. Thus, Mama Mdambwe's comments juxtapose a degenerated present to a celebrated past. In the process she directs moral censure towards people in the village, especially towards the youth who are disrespectful of her. In doing so, she simultaneously constructs and contrasts social and personal life worlds – the 'before economic liberalization world' in which people were respectful of members of their community and the 'after economic liberalization world' in which the elderly are socially abandoned and no longer respected.

However, not all elderly residents articulated a fatalistic viewpoint and negative outlook towards the present situation. Mzee Mlanzi was one exception. An Ndengereko, he is an elderly person in his early sixties and a long-term resident of Mbande. He downplayed the 'perennial complaints' of the people of Mbande, though he spent most of the year impoverished. Vexed with the people who were idealizing and romanticizing the *Ujamaa* era, and constantly complaining that life is hard, he asserted during a one-on-one interview:

> This '*maisha magumu*' has become our national anthem (*mwimbo wa taifa*). Everyone is singing it; everyone is bemoaning (*kulalamika*) about life: *Maisha magumu*, *maisha magumu, maisha magumu!* Even if someone is rich and has a million Tsh in the bank, he'll still say '*Maisha magumu!*' I think people should stop complaining. Things are a lot better in Tanzania now than they were a few years ago, and we all know it.

Mzee Mlanzi went on to recall how in the mid-1980s the people of Tanzania had to endure unprecedented hardship and live on meagre food rations. The real 'saviour of the people', he emphasized, was not Julius Nyerere but his successor Ali Hassan Mwinyi (also known as Mzee Ruksa or Mr Permissiveness).[10] In this regard Mzee Mlanzi was an exception among the poor people in Mbande in his production of a counterdiscourse. It is possible, however, that the nature of his counterdiscourse expressed in a one-on-one interview differed from the kind of discourse he would have voiced in a more public setting. As Tonkin (1992) notes, the context of the interview and the narrators and audience do affect the content and direction of oral narratives.

Still, the fact remains that a strong majority of elderly informants expressed public discontent with the political and economic system at large, mainly concerning the ways in which privatization had specifically affected their local social and moral boundaries. For example, they were seriously concerned with the recent exploitation of the sand mines (*machimbo*) in Mbande's fringes by 'outsiders' (*wageni*). The villagers

[10] For detail on the factors leading to a political economy beset with economic stagnation, high inflation, unemployment and shortages – the depressed living conditions in Tanzania following the stabilization programmes of the 1980s – see Askew 2006; Spalding 1996; and Tripp 1997.

claimed that the mining business had ruined the lives of so many people in the village. In everyday discourse, people often conflated otherness, immorality and unbridled economic exploitation with these 'outsiders'. On the one hand, the mining businesses had brought benefits to a small number of already powerful people, who owned and leased their land to sand mine contractors, and in addition to temporary labourers. On the other hand, the mining activity also brought misery, sickness and anxiety. The villagers especially referred to young girls and their parents.[11]

WE ARE JUST LIKE A FLAG FLUTTERING IN THE WIND

The 1991 decision of the ruling party, *Chama Cha Mapinduzi* (CCM), to liberalize the economy and subsequently institutionalize multi-partyism (*vyama vingi*) in the country was made with little or no consultation (such as a referendum) with the masses (see for details Askew 2006; Dzimbiri *et al.* 2000; Hyden 1999; McHenry 1994; Ngware 2000; Nyang'oro 1995; Snyder 2001; Tripp 1997). Thus, when asked in what ways the restructuring of the economy and the polity had affected their everyday lives during the last ten to fifteen years, the vast majority of the ordinary people in Mbande reported very few positive changes. Long-term residents of the village (*wenyeji wa hapa*) in particular stated that their overall living conditions had indeed worsened. One speaker summed up his feeling by saying, '*Sisi ni bendera kufuata upepo*' – literally, 'we are just like a flag fluttering in the wind's direction'. In essence, this metaphor illustrates a mentality that when 'the government decides, the citizens simply follow orders'. During conversations about privatization of the health sector and the introduction of multi-party democracy, the common remark was *hatuna maamuzi* – 'we have no say in the matter'. In other words, they believed that they have less choice in an era of economic liberalization and multi-party democracy, than they did when the country was under one-party rule with a socialist manifesto.

Notwithstanding the discursive rendering of unhappiness and frustrations, many of the local residents, far from being merely passive recipients, absorbed, manipulated, or even rejected the 'top-down' government initiatives. Their resistance was manifested in many different ways. Most strikingly, while Mbande has traditionally been a stronghold of the ruling CCM party, during the year 2000 elections, much to the chagrin of the local leaders, villagers elected a candidate

[11] Since 1999, private companies based in Dar es Salaam proper have been mining sand in Mbande. The sand mining area is spoken of as a 'bad place' – a site for prostitution and substance abuse. Parents worry about their young daughters being lured into having sex or into prostitution by the cash-rich young men who work at the mines. Alarmed by the unbridled exploitation of the sand mine by 'outsiders', in due course the local leaders barricaded the main road leading into the sand mines. They challenged the private mining contractors by installing a checkpoint and requiring every truck that entered the sand mine to pay a levy to the local government office.

representing one of the opposition parties – the Civic United Front (CUF). In the arena of healthcare, villagers who believed that the local municipal dispensary was being inefficiently run pressured the local leadership to exchange the dispensary medical officer for another officer who they believed was more efficient and caring. Moreover, when the exploitative practices and excessive profiteering of one of the private pharmacists in the village became public knowledge, the villagers simply decided to boycott his facility. Within three months, this pharmacist lost his clientele and had to shut down his practice. Desperate for money, the pharmacist took to felling trees, making charcoal and selling it to peddlers – an activity that the Zaramo people consider to be 'lowly' and a resort of absolute desperation.

In spontaneous conversations, people alluded to more tactile aspects of their living conditions to make comparisons about their life 'before and after' the implementation of neo-liberal policies. They frequently referred to the type of house that one was living in as one of the most common indices of economic status, a measure of one's prosperity and a self-assessment of the 'progress' (*maendeleo*) that one had made in life. Accordingly, if one was *still* living in a rented house, or in a house made of *udongo* (mud-sticks-fronds with a thatched roof), one had not made any progress in life. As one unhappy-sounding informant stated in a rhetorical tone, 'How has my life changed? Nothing has changed for me! I'm *still* living in this *udongo* house. I have to fix the roof every year, and the insects are eating the walls and floor of my house.' In contrast, if one has moved from an *udongo* house to a *matofali* house (a stronger structure made of permanent bricks with corrugated iron sheets), then one has definitely advanced in life.

EROSION OF SOCIAL COHESION

The philosophy of *Ujamaa* emphasized self-reliance (*kujitegemea*), social cohesion, social consideration, and the sharing of communal resources in the spirit of reciprocity (see Hyden 1980; Stoger-Eising 2000). In actual practice, however, the *Ujamaa* movement was fraught with contradictions, controversies and failures on a grand scale (see Scott 1999). By contrast, the introduction of neo-liberalism with its emphasis on a competition-driven market model has promoted individualism as the way forward. In this regard, there were notable variations in people's representations about the availability of social support (*masaada*) during the *Ujamaa* era as compared to the contemporary context. The majority of the people in the village emphatically stated that access to social support had diminished over the years, though many also believed that the level of social support has remained largely unchanged (*sawa sawa tu*). Only a small number said that social support had in fact increased in the past ten years. Nearly everyone I conversed with said that in the last ten years or so people have become less trustworthy (*imani imepungua*; *masaada hamna*). People commonly expressed dejection at the declining levels

of trust between friends and neighbours and the unhealthy competition for resources within one's social network. In short, there has been an 'erosion of social cohesion' (cf. Bissell 2005: 222; Pfeiffer 2002: 177) for the people of Mbande. The basic social arrangements that have 'structured' individual 'life worlds' have undergone significant transformation as local people become increasingly concerned with their own survival. One point in particular bears emphasis: as with *maisha magumu*, the increasing importance of cash for survival has become a constant theme in everyday conversations. People highlighted the intensification of economic hardship (*hali ngumu ya kiuchumi*) and the increase of economic and social inequality as the main reasons why people have lost faith and mutual trust in each other. Money has become central to survival while family and community reciprocity, mutual aid and gratitude are significantly less available. People believe that their friends and neighbours are becoming increasingly selfish.

Additionally, participant observation in households and narrative interviews with recently divorced women on the subject of marriage, divorce and polygyny yield evidence to suggest that conflicts at the site of the household have intensified in an environment of growing economic hardship, disparity and social competition. Wedding ceremonies in the village have become rare. Scores of mothers in Mbande are single mothers; most of them are young and unmarried women who are left to fend for themselves and their children in an environment that is both economically and socially challenging. In many cases, young men provide the young women with basic necessities for short periods of time, promise to marry them, and then simply disappear from the scene. Further, stable marriages among young couples are rare. This trend is a good indication of the extent to which the structurally induced changes have penetrated and destabilized the private and social lives of the people of Mbande as elsewhere in Africa (cf. Campbell *et al.* 1995; Lockhart 2005; Manjate *et al.* 2000; Pfeiffer 2002; Seppala 1998).

LOCAL DISCOURSES ON THE PRIVATIZATION OF THE HEALTH SECTOR

In local discourses specifically surrounding the changes (*mabadiliko*) that were taking place in the health sector, not one person in the village said that healthcare had become any cheaper. This observation is significant as local sentiments and experiences run counter to the classic neo-liberal economic argument that, left to market forces, competition will improve the quality of goods and services and also automatically bring down their prices for consumers (cf. Ferguson 2006; Pfeiffer 2005). Ever since the government introduced user fees, the truly indigent patients have remained sick and without care. The poor were unable to treat their illnesses because they did not have the money required to cover the cost of treatment. In this regard, informants mentioned the names of people – including family members, friends, neighbours, or relatives living in Mbande – who

were unable to get timely, adequate professional medical help and/or buy medicines to treat their illnesses due to poverty. Illness narrative interviews with a small sample of people who were suffering from excruciatingly painful skin conditions revealed that these people had delayed seeking treatment for their condition for over two to three weeks. Suffering was prolonged primarily due to their inability to pay for medical consultation. However, in making sense of their suffering, these narrators focused less on their bodily pain and provided instead a meta-commentary on the hardships of their daily lives. Thus, their illness narratives hinged on their bodily experience of the socio-economic realities and the everyday tensions and structural transformations occurring in the country.

Overall, informants' responses were imbued with elements of temporality and vacillation. Responses generally varied depending on the season during which the conversation was held. For the most part, interviews conducted during the annual hungry months (from November to April), when people's food stocks were depleted, were more gloomy in their tone and content compared to the interviews that were conducted during the harvest and festivities season (July to October). Further, the narrative context – such as the presence or absence of audiences during the recording of the interview – also affected the tone of the discourse. Some of those who publicly lamented the current expectation of them to pay for healthcare often mentioned during one-on-one interviews that their problem was not directly related to the government's decision to privatize the health sector and to introduce fees-for-service at health facilities, but to the fact that the government was not doing anything to provide ordinary people with opportunities for employment. People were left without any alternative options to increase their cash income in order to buy goods and services that were ironically in good supply. In addition, they were no longer being offered services free-of-cost or at subsidized rates due to the erosion of state patronage.

DISCUSSION

Numerous scholars working in Africa and elsewhere have argued that neo-liberal economic policies disproportionately heighten the vulnerability of poor and marginalized people, especially women, children and the elderly (cf. Bassett *et al.* 2000; Bissell 2005; Briggs and Mantini-Briggs 2003; Farmer 1999, 2003; Ferguson 2006; Gysels *et al.* 2002; Janes 2004; Lugalla 1995a, 1995b, 1997; Manjate *et al.* 2000; Pfeiffer 2002, 2004; Sanders 2001; Setel 1999; Turshen 1999). In theory, neo-liberal structural adjustment policies are introduced on the assumption that the proximate austerity measures, including the devaluation of currencies, the deregulation of markets, the reduction of state bureaucracies, and the privatization of state and parastatal industries, will lead to long-term gains (see Ferguson 2006: 11; Sabea 2001). Privatization practices within the health sector such as those

witnessed in Tanzania were not meant to be implemented alone but, rather, couched within a range of safety nets, including third-party insurance schemes, sickness funds and social security systems (cf. Turshen 1999; Swantz 1997; Mwabu 2001). Since these systems are currently not in place in Tanzania, the poor and marginalized people, especially the elderly, have little choice but to bemoan the ongoing changes in their political, economic and social lives. As a result, they must deal with the consequences of the lack of safety nets largely on their own.

Neo-liberal economic reforms often fall short of their purportedly humanistic goals because of their one-sided emphasis on economic or material concerns which, in turn, fails to adequately consider the importance of people's social and cultural lives (Harvey 2005). The Tanzanian government has encouraged the growth of the private health sector by allowing entrepreneurs to set up private health clinics and private pharmacies, and it has also introduced user fees at public health facilities. However, it has neither implemented any of the mandatory safety net programmes nor has it undertaken concomitant, worthwhile poverty alleviation and employment generation programmes in order to improve the purchasing power of those who are most in need of healthcare. For the majority of the people of Mbande, the reforms introduced by the government during the post-socialist period have not ameliorated their economic and social well-being. Most of the elderly people in particular believe that they are worse off than they were during the *Ujaama* years. While one could certainly argue that their longing may be for a socialism of the kind that never existed, or for a type of socialism that will never realize its potential (see Pitcher and Askew 2006: 8), it is more germane to recognize the fact that their talk of the idealized cultural and historical past is essentially a critical moral commentary on the present.[12] This commentary implies a life out of balance and a culture that has drastically changed for the worse (cf. Bissell 2005: 215; Quintero 2002). The stories intimate their perceptions of how the harsh realties of neo-liberal restructuring have *not* enabled them to better their lives.

In ethnographic studies of structural adjustment programmes, the question often arises as to what evidence can be garnered beyond people's stories and discursive data to show that the changes that have occurred in places like Mbande are the direct result of structurally induced market reforms and not any other macro-economic policy or other processes such as rapid urbanization. To what extent, and to what degree of confidence, can one show a connection between the structural reforms introduced at the macro-level, current levels of poverty, and the declining levels of social cohesion of friends and neighbours? Put differently, how has structural adjustment affected

[12] As Bissell (2005: 225–6) reminds us, 'nostalgia, after all, involves the longing for something that cannot be restored, something dead and gone. It precisely marks the distance between the "then" and "now" . . . nostalgia speaks of aspirations without possibility, deploying sensibilities and values drawn from the past in the context of current struggles'.

people's perceptions of social life in Tanzania any more than previous macro-economic policies that were implemented in the country during the late 1970s and the mid-1980s? These are key questions for which there are no easy answers. On the one hand, survey-based studies have shown that real income among the urban and peri-urban poor in Tanzania has dropped by more than 80 per cent since the mid-1980s (Koda 1995; Ministry of Health 1997; Tripp 1997). Further, *per capita* income at present is only about 6 per cent higher than at the time of the Arusha Declaration three decades ago. In addition, indicators suggest that income distribution has worsened during recent years.[13] The combination of poor income distribution with low levels of *per capita* income growth makes it possible that the extent of poverty has increased in spite of positive *per capita* income growth (see Bigsten and Danielson 2001: 22). However, as noted earlier, this is not to suggest that, in the *Ujamaa* years, life was idyllic, with more to be celebrated than there is today for ordinary people. Indeed, the simplest consumer items, goods and services 'were lacking in large part due to restrictive importation laws, and laws against "economic sabotage" which discouraged accumulation of stocks' (Askew 2006; see also Waters 1997). In present-day Tanzania, the 'necessities' (*mahitaji*) are all available in markets (matches, oil, sugar, tea, flour, medicines, transportation). Thus the problem lies not in the availability of essential commodities, but in the non-availability of the cash needed to purchase these commodities. On the other hand, a scholar such as Waters (1997: 59), on the basis of his study of Shunga village in Tanzania, has posited that, for the most part,

> [L]ife goes on with only marginal changes in the daily economic activity of villagers. Economically, things are a little better on some fronts: the clothing is nicer, there are a few more bicycles, etc., but the changes are not dramatic; the daily economic activity is still hoe-based agriculture. It is also unclear whether such incremental improvements would have occurred given any other macro-economic policy.

According to Waters, then, there is not enough evidence to suggest that neo-liberal economic reforms have had any more of a profound effect on life in Shunga than earlier policies, as the primary means of economic subsistence remains the individual with a hoe and land (Waters 1997: 77–8). While this assertion may be true and relevant to some places, it cannot be applied to the whole of Tanzania, especially within urban areas. Further, emphasizing only the 'material' changes that have occurred in people's lives as a result of structural adjustment programmes tells us little or nothing about cultural understandings of how reforms affect people's sentiments and feelings, which are equally important for survival and well-being. To be sure, there are at least

[13] The UNDP's Human Development Report in 2005 listed Tanzania as one of the 16 nations in the world that saw their Human Development Index decline between 1990 and 2003.

two changes that have had a major bearing on people's perceptions of their lives, including their everyday discourse in the contemporary context: (1) the proliferation of private health facilities, and (2) the commoditization of land in urban areas. Neither of these changes would have taken place without the government's decision to implement economic liberalization programmes in the early 1990s. Ultimately, living conditions have not 'perceivably' improved, especially not for those who live on the margins of the society. The tensions that mark their everyday lives are often contained in their everyday discourse, life-histories and illness narratives.

Thus, while in Mbande a few households have recently become prosperous by selling off their land for a good price, there are many impoverished households that are constantly short of cash and are forced to endure a meagre existence. Most of the people who were already impoverished have not experienced any tangible benefits from the government-initiated reforms. They commonly characterize their lives as being stagnant and full of economic hardship (*maisha imebadilisha kabisa kabisa*). The stories of suffering, punctuated by the expression *maisha magumu*, demonstrate the varied and complex ways in which people interpret their experiences in relation to the rapidly changing economic, political and social environment. Their grievances reveal the ways in which the distribution of wealth at the village level has become skewed in favour of those who have become better off from selling land. Many of the stories about change, told and retold by the elderly in the village, underscore elements of anxiety, uncertainty and social suffering. Key informants routinely exclaimed, 'Where is the money?!' (*Hela iko wapi?*) and 'Life is hard!' These formulaic pronouncements underscore some of the core sentiments that people in Mbande share about the unbridled political and economic changes that have occurred in their lives in the post-socialist era. Presently, the majority of people in Mbande assert that access to healthcare has become difficult given the reforms that the government has introduced in the health sector. They point out that many more people are chronically sick and dying than when the government provided free healthcare to its people. More detailed comparative historical, epidemiological, and ethnographic data are needed, however, to bear out people's assertions as a reflection of a clear trend in the local epidemiology (see Ministry of Health 1997).

This all being said, the multiplicity of voices present in interview-elicited and conversational discourses of the people of Mbande drives home the point that even within relatively small communities with large numbers of poor and marginalized people there is a level of internal variability among different strata of the local population. This also highlights the gap between people's individual experiences and narrativizations of shared experience, as these reflect each person's unique needs, motivations and identities. Instead of the static image of relative stability put forth by scholars in some of the development and anthropological literature, a more detailed examination of rural villages in Tanzania sheds light on intra-community inequalities that challenge

the notion that villagers are passive members of a shared culture or merely statistical objects, only occasionally differentiated into sexes or age groups (see Seppala 1998).

Stories and cultural analysis of discourse enable us to explore the cultural meanings that underlie people's discursive practices in a rapidly changing social environment – 'cultural meanings that are often implicit in what people say, but rarely explicitly stated' (Quinn 2005: 4). While many scholars, including anthropologists working in Africa, have highlighted the overall negative impact of neo-liberal economic policies on disadvantaged populations, this article recognizes that where market reforms are introduced, people and their communities do not tend to be just pliant recipients of change, but subjectivities that absorb, manipulate, or reject the new market parameters (see Burawoy and Verdery 1999: 14–15). In studies that explore the impact of neo-liberal policies on the lives of disadvantaged populations, the charge often involves determining the extent to which the everyday lives of the people, especially in places like Mbande, have been 'structured' mainly by the macro-level programmes ushered in by the government. Ethnographically informed case studies such as the ones discussed in this article, that are grounded in a discourse-oriented approach, help provide more nuanced representations and evaluations of people's interpretation of lived experience of certain changes that occur at the individual and community level in a rapidly shifting neo-liberal socio-economic and political environment.

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ABSTRACT

Oral accounts of the past play an important role in the construction of cultural memories as they are reconstructed in dynamic social contexts. Based primarily on participant observation in a peri-urban village in Dar es Salaam, and life-history interviews with twenty-five elderly residents, this article focuses on reminiscing and cultural understandings of neo-liberal policies in Tanzania's post-socialist context. The article examines how people use narratives to understand and to give meaning to their individual experiences in the context of broader socio-cultural, economic and political changes. Narrators' oral life-histories and illness narratives reveal the ways in which the transition from Tanzania's unique form of socialism (*Ujamaa*) to Western-style neo-liberalism has led to the erosion of social cohesion at the community level, disrupted existing social support networks and limited access to healthcare. Participant observation and analysis of discursive data draw attention to the fact that the expression 'This is not our culture!' and its attendant sentiment 'Life is hard!' have become formulaic pronouncements, especially among poor and socially excluded people. These expressions indicate a loss of community values, and a decrease in respect and deference towards the elderly in the post-socialist era that is inextricably bound up with the hardships engendered by neo-liberal economic policies.

RÉSUMÉ

Les récits oraux du passé jouent un rôle important dans la construction des mémoires culturelles telles qu'elles sont reconstruites dans des contextes sociaux dynamiques. Basé principalement sur une observation participante dans un village périurbain de Dar es Salaam et sur des entretiens de récits de vie menés auprès de vingt-quatre résidents âgés, cet article s'intéresse à la réminiscence et aux interprétations culturelles des politiques néolibérales dans le contexte post-socialiste de la Tanzanie. L'article examine la manière dont les personnes utilisent la narration pour comprendre et donner un sens à leurs expériences individuelles dans le contexte de changements socioculturels, économiques et politiques plus larges. Les récits de vie et de maladie oraux des narrateurs révèlent comment la transition d'une forme de socialisme (*Ujamaa*) propre à la Tanzanie vers un néolibéralisme à l'occidentale a érodé la cohésion sociale au niveau de la communauté, bouleversé les réseaux de soutien social existants et limité l'accès aux soins de santé. L'observation participante

et l'analyse de données discursives attirent l'attention sur le fait que l'expression « Ce n'est pas notre culture! » et le sentiment qui en découle, « La vie est dure! », sont devenus des formules du langage, notamment chez les personnes en situation de pauvreté et d'exclusion sociale. Ces expressions indiquent une perte des valeurs communautaires et une baisse du respect et de la déférence envers les personnes âgées au cours de l'ère post-socialiste inextricablement liée aux conditions de vie difficiles qu'ont engendrées les politiques économiques néolibérales.