

**HIV/AIDS AMONG THE BASARWA OF GHANZI DISTRICT IN  
BOTSWANA: EXOTIC OPTIONS IN THE FACE OF A DREADFUL  
MALADY**

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**ABSTRACT**

This paper is generated from the findings of a study conducted amongst the Basarwa (San), in the Ghanzi District of Botswana in 2010. The study was necessitated to find out if Basarwa were knowledgeable about HIV/AIDS, whether they are any behavior traits and attitudinal manifestations that can be attributed to their accrual of information about HIV/AIDS. The study was conducted in the whole district of Ghanzi and it employed the qualitative paradigm, which allowed for the use of interviews, observations and perusal of documents as a triangulation measure. The respondents were identified through the purposive sampling, which allowed for the selection to be accommodative; as all segments of the population were selected, making the sample to be representative. The findings did reveal that Basarwa did not have enough knowledge about the scourge, which placed their lives in jeopardy because they did not change their risky behavior resulting from the dissemination of information about the malady. It was found out that Basarwa because of their low socio-economic status the government and NGOs paid less regard to their lives and did not put in place HIV/AIDS provisions that catered for them in their own language. The study also revealed that Basarwa culture was not taken into consideration when providing information to Basarwa on HIV/AIDS, which undermined efforts to utilize their unique indigenous knowledge. The paper presents an argument that the Basarwa do have a unique culture that cannot be ignored if any programme is to be accomplished, hence the need for them to be catered for through the use of the indigenous educational options.

**Keywords:** Basarwa (San), HIV/AIDS, Ghanzi District, Botswana, Exotic and culture

**1. INTRODUCTION**

Botswana is a country in Southern Africa which has a population that is estimated to be around two million people. The country has about thirty four (34) different ethnic groups amongst them the Basarwa population. Basarwa (San) are the oldest inhabitants of Southern Africa, thought to have made the Kalahari their home for over a hundred years and are the most indigenous or aboriginal (French 2011 and Ng'ong'ola, 2009). According to Ditshwanelo (2007) Botswana has an estimated population of about sixty thousand (60 000) Basarwa (approximately half the population of San in Southern Africa and 3.5% of the

population of Botswana). Ditshwanelo goes on to indicate that, the population of Basarwa is amongst the most vulnerable sections of the population of Botswana. This can be attributed partly to their political, economic and social disempowerment characterized by illiteracy, poverty and disregard for their rights by the government of Botswana and their itinerant life style.

Basarwa are believed to be the first settlers in Botswana, though they are the most poverty stricken and exploited in the country. According to (Good, 1993) no people in Botswana today are poorer and weaker than the Basarwa. The population of Basarwa is highly concentrated in the Ghanzi District, which is part of the Kalahari Desert and they were fifty thousand of them currently spread throughout the country, but the researcher felt it was necessary to focus on the Ghanzi population because of its significant numerical strength.

The study that was conducted wanted to establish if Basarwa were furnished with information on HIV/AIDS, which would have influenced them to embark on some attitudinal transformations aimed at saving themselves from the scourge.

It became noticeable that no measures were employed to ascertain that Basarwa are educated about the malady so that they can protect themselves because the HIV/AIDS campaigns were not customized for them and yet they are conspicuously different from other ethnic groups in Botswana.

It emerged from the study that Basarwa were not educated about HIV/AIDS by the government nor other stakeholders, which led to their behavior not changing significantly, which endangered their lives as they continue with their risky behaviors. It was also revealed that Basarwa have not formed any attitudes towards the scourge notably because of their interpretations, which are influenced by their cultural practices.

## **2. KNOWLEDGE ABOUT HIV/AIDS AMONGST BASARWA**

Basarwa are traditionally different from other groups of people in Botswana, which qualify them as indigenous. They are indigenous because of their non-dominance status compared to other ethnic groups, are under the state structure with social and cultural characteristics alien to them, do not control the national government and perceive themselves as different from the majority (Nthomang, 2004). It is important to note that Basarwa in the Ghanzi District do not enjoy the mastery or fluency of the official and national languages, which are English and Setswana respectively. These are the languages through which knowledge on HIV/AIDS is disseminated by both the government and Non-Governmental Organisations (NGOs) in Botswana. The study revealed that the language barrier is amongst the reasons why Basarwa cannot access information that is promulgated both orally and through written form about the HIV/AIDS scourge. The other reason is that most Basarwa owing to their low literacy level and socio and economic status do not know how to read and write, which has denied them the opportunity to get knowledge on HIV/AIDS.

It is important to note that Basarwa have been moved into squalid resettlements camps where there is no opportunity to pursue their traditional way of life. They face high rates of unemployment, alcoholism and have been exposed to HIV infection (Minority Rights Group International, 2008; NORAD, 1996 and Lucas, 2000). This situation was confirmed by the study that this paper is based on. It emerged that the HIV/AIDS knowledge was not designed to benefit Basarwa, but got to them because they could not be laterally excluded from its consumption as that would have attracted international condemnation and castigation of the government of Botswana.

The other significant reason is that Basarwa are grossly ill-treated by the dominant ethnic groups in Botswana including the government, and this has often made them to resist any relationship that tends to bring them close to their persecutors. As noted by Hitchcock (1987), interethnic interactions between Basarwa and members of the dominant groups have often ranged from severe maltreatment of the Basarwa to a kind of paternalistic interest in their welfare. The Basarwa have tended to become part of the lowest class in a multitiered socioeconomic system in Botswana (p.219). It is this conditions that Basarwa are subjected to by the dominant groups, which make them less receptive to government programmes including those on HIV/AIDS.

The illiteracy amongst the Basarwa has rendered any HIV/AIDS programmes by the government of Botswana and other entities not to have significant impact, but has also proved that the cultural barrier that exists between Basarwa and the dominant ethnic groups required thoughtful attention. This means a common ground should be created, in which Basarwa will be socially and politically empowered through training. The participation of Basarwa in the design of the programmes that are meant for their transformation is highly pivotal because that will allow them to inject their influence, which will be based on their indigenous approaches. However, Basarwa cannot be allowed to participate in the decision making processes by members of the dominant ethnic groups because in their view they are less human. Their lack of participation in the design of the HIV/ AIDS programmes is premised on the point that their deaths from the opportunistic infections is not a concern to the government that is led by members of the dominant groups, such as the Bangwato. According to Ntseane, (2004) the experience of Basarwa with other ethnic groups is characterised by exploitation and marginalization, which has dehumanized them through a deculturalisation process.

Basarwa as a result of the ill-treatment that is meted out to them by the members of the dominant ethnic groups have not discarded the risky behavior that could expose them to HIV/AIDS infections. For example, the retention of their sexual cultural identity *Xakanaxaamaa* or casual sex practice with any person, which is based on the hunting and gathering mode of production that necessitates round the clock male protection of females in a rather hostile environment is still common amongst them. This is an example of a cultural trait that designers of programmes and materials that provide knowledge to Basarwa about

HIV/AIDS ignored. The HIV/AIDS information is not categorized according to social class, but they are signs that the scourge is patterned by the inequalities (Maundeni, 2003).

It is important gathering from what Ntseane observed that, Basarwa needed to have been involved in the design of the HIV/AIDS interventions, which should have been specifically designed for them because of their unique culture. According to Ntseane (2004) each ethnic group has access to national HIV/AIDS education processes, but the messages do ignore the cultural aspects of sex and health education that most people identify with. It is important to note that findings from the study that was conducted amongst the Basarwa in Ghanzi District also confirmed that they have not benefitted from HIV/AIDS messages that were packaged for Botswana because of their cultural traits that are different from those found amongst other ethnic groups. For instance, it was found out that Basarwa could not believe that HIV/AIDS existed because the opportunistic infections that claimed lives of the victims were those that they have suffered from long before HIV/AIDS was discovered. They also believe the traditional medicine (Herbs) provided by Basarwa traditional healers can cure the infections, which include HIV/AIDS.

Basarwa also believed that HIV/AIDS was *Boswagadi* (Infections that are believed to be inflicting the widows and widowers who do not observe the rituals to cleanse themselves following the death of their partners, such as wife, husband, paramour or concubine. They believe HIV/AIDS can be cured through administering traditional medicine that is administered for cleansing of widows and widowers.

It is important to indicate that for Basarwa to benefit from HIV/AIDS programmers it is essential that they should be involved in the design of programmers that are supposed to benefit them. It is so because the designers do not have knowledge about them, as evidenced by Saugestad (1994) who noted that, the main problem associated with research studies on Basarwa is that they are often carried out by Europeans and Americans and knowledge that is accumulated is not easily available in Botswana. The point that is closely related is also that the researchers cannot be called for teaching and training purposes from aforementioned backgrounds.

The reason Basarwa are normally not allowed to participate, even in the modern age, in the design of their training materials including that on HIV/AIDS is historical. It can be attributed to the hostile relationship resulting from ill-treatment they are often subjected to by the dominant ethnic groups, such as Bangwato. As observed by Gadibolae (1985), Bangwato ill-treated Basarwa in Botswana by forcing them to herd their cattle and got seriously maimed or even killed if they resisted or escaped from their servitude. It is observed that the killing of Basarwa who escape and resist their servitude doesn't exist nowadays as it was the case in the distant past, but their exploitation and ill-treatment continues, which has some negative consequences. This partly explains why Basarwa do not normally welcome any educational programmers that do not take their cultures into recognizance.

It has to be aired that the members of the dominant ethnic groups are of the view that Basarwa should be assimilated so that they can be part of the modern world, than for them to be accommodative of their culture. According to a government official who was quoted by Wilmsen (2009), there is no future for Basarwa if they do not join the modern world. This best explains why government programs are often obtruded on Basarwa than to allow them to participate in their origination.

The dominant ethnic groups do not regard Basarwa as capable of making decisions because their decision making structures are different from those of theirs. As observed by Hermans (2013) Decision making amongst the Basarwa was a collective practice as there were no powerful chiefs in their communities. Finding solutions for new problems or “knowing what to do when you don’t know what to do” necessitated all stakeholders’ involvement. It is important to note that Herman’s observation explains why Basarwa do not have knowledge about HIV/AIDS. It is because they are never allowed to participate in the design of their programmes resulting from their ostracisation, which is based on the misconception that they do not make decisions because they do not have structures similar to those of the dominant ethnic groups such as Bangwato .

### **3. BEHAVIOR AND ATTITUDINAL CHANGES RESULTING FROM HIV/AIDS AMONGST THE BASARWA**

It became vivid from the findings of the study that Basarwa have not changed their behaviour because they do not comprehend HIV/AIDS messages or do not accept the messages because they regard the conveyers as illusory. The study revealed that Basarwa were not knowledgeable about HIV/AIDS, which endangered their lives because they still had unsafe sex and had multiple partners. It got clear that they enjoyed sex for recreational purposes as that was part of how they lived. As noted by Hermans (2013) although poor in personal wealth, these people had more leisure time than any society. The attitudes of Basarwa towards HIV/AIDS were found to have not significantly changed because of lack of knowledge about the pandemic.

The risky behaviour of Basarwa demonstrates that they have not received or understood information that is disseminated about HIV/AIDS through campaigns and other related activities. As indicated by Ntseane (2004), to a Mosarwa woman every man is a potential sex partner because due to the nomadic culture of the Basarwa, it is believed that every woman needs protection from a hostile environment, especially in relation to wild animals. The male who provides this service receives sexual favors in return. It has to be noted that due to the changes that are political, social and economic that have taken place amongst the Basarwa some of them are no longer nomadic as before, but what remains is their behavior of having sex in the manner described by Ntseane. This behaviour is also compounded by their subservient character, which exposes them to assortment of abuses including the sexual exploitation by members of the dominant ethnic groups. The attitude that the Basarwa have

formed was instead against the dominant ethnic groups that they indicated were deceitful, which make them less likely to accept anything they say or do. Some of the respondents felt it was not easy to accept that the government that is made up of members of the dominant groups can be sympathetic to them and provide information that is intended to save their lives.

It is important to note that it was revealed during the study that Basarwa did not know various programs that are provided by the government, such as the prevention of Mother to child transmission. This according to the responses that were gathered was because they did not understand the biological makeup that could explain the relationship between the foetus and its mother. Basarwa from their responses also indicated that Anti Retro Viral Drugs (ARVs) were meant to fatten people who were infected with tuberculosis and those who are infected by an infection that attack widows and widowers who do not undertake the rituals that are for cleansing them during mourning period. Most sadly, some respondents were of the view that ARVs were used by the members of the dominant ethnic groups to infect them with HIV/AIDS so that they can be extinct. The explanation given for this conclusion was that Basarwa felt the government which is made up of members of the dominant ethnic groups wanted to extinct them so as to have their ancestral land. Closely related to this view is that which was advanced by Ntseane (2004) who averred that, most Basarwa did not know about HIV/AIDS even though they are aware that mortality rate has increased amongst them.

Lack of knowledge of HIV/AIDS by the Basarwa population means that they do not know the risk factors, which according to AIDS Calgary Awareness Association (2009) are denial of HIV, lack of awareness of HIV transmission, prevention and treatment, low perception of HIV risk, inconsistent condom use and lack of family and community dialogue on the epidemic. It can be safely stated that, the Basarwa communities does not have awareness and confidence to champion discussions about HIV/AIDS, which requires that any future interventions on HIV/AIDS be accommodative of the varying cultures in the country. This arrangement can indisputably benefit the Basarwa communities not only those in the Ghanzi District where the study was conducted but in the whole country.

The problem of lack of knowledge on HIV/AIDS amongst the Basarwa is a serious problem that should be attended to urgently and through the form of education that will be accommodative of their unique cultural traits. This means they should be allowed to actively participate in the design of such programs.

#### **4. BOTHO AND THE POWER OF HUMANIZATION**

The risky behavior of Basarwa demonstrates that they have not received or understood information that is disseminated about HIV/AIDS through campaigns and other related activities. This behavior is also compounded by their subservient character, which exposes them to assortment of abuses including the sexual exploitation by members of the dominant ethnic groups. The attitude that the Basarwa have formed was also against the dominant

ethnic groups that they indicated were deceitful and brutal towards them, which make them less likely to accept anything they say or do. Some of the respondents felt it was not easy to accept that the government that is made up of members of the dominant groups can be sympathetic to them and provide information that is intended to save their lives. They indicated that government officials such as wildlife officials do torture them when suspected to be engaged in poaching, which has worsened the hostility that Basarwa do have against them. It is this relationship that has made it difficult for government officials to work harmoniously with Basarwa communities.

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The problem of lack of knowledge on HIV/AIDS amongst the Basarwa is a serious problem that should be attended to urgently and through the form of education that will be accommodative of their unique cultural traits. This means they should be allowed to actively participate in the design of such programmers. It should be executed with the respect and the necessary recognition of the cultures of all the communities that are meant to benefit. This is also necessary because is acquiescent with the spirit of "*botho*", which is derived from the word, "*motho*",(Human being). As noted by Matambo (2015) "*Botho*" refers to the

possession of the good attributes associated with good human being, in other words, qualifying an individual to be called a human being. It refers to the yardstick of good behavior, which is consistent with the expectations and cultural norms of Setswana society. That code of behavior includes good manners, helpfulness, politeness, humility and consideration for others, respect for older people and many more positive attributes expected of a human being. It emerged from the study that dominant ethnic group do not have *botho* " towards Basarwa."

## 5. INDIGENOUS KNOWLEDGE RECOGNITION

Basarwa do have unique cultures that qualify the conviction that any educational interventions should be contextualized if they are to have some positive impact. As noted by AVERT (2013), HIV and AIDS education can be effective when targeted at specific groups that are particularly at risk of HIV infection. The groups that HIV and AIDS programmes need to target vary depending on the nature of the epidemic in an area. It is very important noting what AVERT advanced, to justify the need to have HIV/AIDS education programme designed specifically for Basarwa. According to Brody (2003) they are groups that live in the margins in Botswana, such as Kweh, !Xoo, !Kung, Jo'//uan and Naro that constitute a group known as Basarwa, which has long and complex links to a greater part of Botswana.

According to Ntseane and Preece as cited by Su (2010), In Botswana unlike in other parts of the world sex is culturally regulated, and accepted types of sexual behaviours are learnt through socialization. Any education processes that ignore the cultural sex and health education with which most people identify, has little to no chances of succeeding. It is important to note that the education of Basarwa cannot ignore the reality that they do have their indigenous knowledge that is influenced by their unique culture. As noted by Nfila and Jain (2013) indigenous knowledge (IK) and indigenous knowledge systems (IKSs) have long been undermined especially in Africa. It is therefore important for HIV/AIDS programme providers to know and acknowledge the importance of the indigenous knowledge of Basarwa. This means whoever embarks on an empowering process through provision of knowledge should first consider the use of indigenous knowledge as a starting point for transformation and behavior change. It is important to admit that the process where change is indigenized often result in making the process expensive and time consuming. However, the process provides an avenue for humanisation and sustainable change. As noted by Freire (1993), this form of change has always been from axiological point of view, been humankind's central problem but having become an inescapable concern.

The training of Basarwa should be based on the principles of lifelong learning, so that they also benefit from learning on continuous bases than to only learn about HIV/AIDS. This can be achieved through employment of the Southern African Development Community (SADC) strategic plan, which advocates for action to be taken on HIV/AIDS issues. This view is supported by Aitchison (2003) who stated that, developing, funding and implementation of



five years SADC strategic plan should take into account the priority areas for action, which include the HIV/AIDS issues and its impact.

## 6. CONCLUSION

This paper discussed the findings of the study that was conducted amongst the Basarwa in the Ghanzi District in Botswana. The study was meant to find out if Basarwa had any knowledge about HIV/AIDS and whether that has resulted in the change of their behavior. The study also went into finding out if Basarwa do have any attitudes that can be attributed to their knowledge of HIV/AIDS.

It is important to indicate that the researcher found out that Basarwa were not versed with any knowledge about the epidemic, which rendered them vulnerable as they had not changed their risky behavior.

The study revealed that the reason why interventions that were given to Basarwa have not had any significant impact was because the language that is used in the HIV/AIDS campaign by both the government and the NGOs, was not that which Basarwa used. The lingo problem was therefore identified as a significant barrier that impeded the communication that was intended for Basarwa community including that on HIV/AIDS. It also emerged that Basarwa were grossly disempowered economically, politically and socially, which made it difficult for them to relate closely with members of the dominant ethnic groups in Botswana. The hostile relationship that exists between Basarwa and other ethnic groups in Botswana makes it difficult for Basarwa to benefit from the interventions that are designed to provide knowledge on HIV/AIDS to them.

It also emerged that it was pivotal for the providers of knowledge on HIV/AIDS to foster the participation of Basarwa in the programmes that are designed for them, which could allow them to exploit avenues for decision making.

It is therefore concluded that Basarwa should be empowered through lifelong learning endeavors, which will inculcate in them the sense of learning all the time. This arrangement will also promote the use of indigenous knowledge amongst the Basarwa communities in Botswana. The use of indigenous knowledge is important in dual fronts. Firstly, it is a process by which Basarwa can be communicated to effectively. Secondly, it is capacitating and empowering processes that will make Basarwa realize that their indigenous knowledge is as important as any other knowledge in the country.

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