
Ju/'hoansi Survival in the Face of HIV: Questions of Poverty and Gender

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Abstract: Both the debate around poverty among the Kalahari San and the discussions of gender autonomy are significant for identifying possibilities for prevention of HIV/AIDS among contemporary Ju/'hoansi. This paper discusses fieldwork with respect to HIV/AIDS conducted by Richard Lee and myself in Ju/'hoansi villages in Namibia and Botswana in 1996, 1997, 1999 and 2001. Our findings suggest variation in the experiences of both poverty and gender among the different villages which may have implications for the prevention of HIV/AIDS. In the villages where people still constructed simple, moveable homes from clay and branches and foraging was still a possibility, women and men expressed more stable views of their relationships and women seemed to maintain a degree of power and independence in marriage. In contrast, poverty and the disintegration of households seemed markedly manifest in villages which served as administrative and market centres and where most of the population lived in brick houses and had little access to a foraging subsistence.

Résumé : Le débat sur la pauvreté chez les San du Kalahari et les controverses au sujet de l'autonomie des genres sont pertinents pour signaler des possibilités de prévention de VIH/SIDA chez les Ju/'hoansi. Cet article rapporte des observations reliées au VIH/SIDA recueillies par Richard Lee et moi dans des villages Ju/'hoansi en Namibie et au Botswana en 1996, 1997, 1999 et 2001. Nos données indiquent des différences selon les conditions de pauvreté et de genre dans les différents villages qui pourraient avoir des implications pour la prévention de VIH/SSIDA. Dans les villages où les gens construisent encore des maisons simples et déplaçables, faites de branches et de terre, et où la cueillette est encore possible, les femmes et les hommes expriment des vues plus stables de leurs relations et les femmes semblent garder un certain degré de pouvoir et d'indépendance après le mariage. À l'opposé, la pauvreté et la désintégration des ménages semblent évidents dans les villages qui sont des centres administratifs et des marchés et où la majorité de la population vit dans des maisons de briques et n'ont pratiquement pas accès à la cueillette.

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Since 1996, Richard Lee and I have been working in Namibia and Botswana to contribute to the struggles against HIV/AIDS: the most serious contemporary threat to the newly independent southern African nations. Since the prevalence of HIV/AIDS in Namibia and Botswana is among the highest in the world, clearly a crucial immediate intervention has to be to provide treatment to save the lives of those already infected. Nevertheless, since currently no cure exists, treatment has to be accompanied by prevention and to be successful both forms of intervention have to take into account the social relations of particular groups.

The research among the Ju/'hoansi was possible only because of Richard's decades of work in the area, knowledge of the language and deep familiarity with the local issues. I had been focussing on the social context of HIV/AIDS and the significance of gender inequalities in addressing the spread of the epidemic in South Africa when I asked Richard if he was interested in research on HIV/AIDS in Namibia and specifically to consider the impact of the disease among the Ju/'hoansi. This article builds on what I have learned from Richard. Here I want to address two historic debates that have arisen with respect to the Ju/'hoansi from the perspective of our research on HIV in the 1990s: the question of poverty and the issue of women's autonomy. Although we did not have the opportunity to conduct extensive research, I hope that outlining these preliminary and suggestive findings may assist in further research and also help anthropologists and others consider useful expedients to protect local people from the AIDS epidemic.

As the question of poverty is crucial to the spread of HIV infection (Farmer, Connors and Simmons, 1996; Parker, 2002; Schoepf, 2001) we need to examine when people are poor. Although poverty is self-evident within capitalism, it is less easy to define among groups with a

long history of autonomous subsistence or at least, subsistence outside capitalism. In fact, in order to understand the dire costs of poverty within capitalism, it has always been salutary to examine different kinds of societies. As is well-known, Richard's 1960s fieldwork among the still-nomadic Ju/hoansi provided confirming evidence for or possibly even inspired Marshall Sahlins theoretical argument that hunters and gatherers did not have to work as hard as wage earners in industrial societies. In their ability to feed themselves well, house themselves adequately and still find many hours of leisure, the Ju/hoansi constituted an early affluent society, according to Sahlins (1972). Others have pointed out that the Ju/hoansi have long interacted with the surrounding settlers and colonial administrations and that the Ju/hoansi nowadays cannot be understood separately from their negotiations with the neighbouring pastoral groups, (Gordon, 1992; for a review of these issues see Solway and Lee, 1990). The association of HIV/AIDS today with patterns of inequality led us to re-examine these contrasting perspectives. As Richard's lifetime of fieldwork powerfully demonstrates, the Ju/hoansi have managed to create unique patterns of subsistence, sharing and ritual that partially protect them from being destroyed by the encroachment of surrounding groups and allow them to survive as a people. We needed to understand the particular ways in which the Ju/hoansi might be protected from the exigencies of "poverty" by an ongoing degree of autonomy as well as the ways they currently might be categorized as the underclass in the encompassing regional political economy.

Poverty has always been understood to be a relative phenomenon. Studies in international health have convincingly demonstrated that it is not the lack of material wealth such as manifested by the Ju/hoansi but relative inequality and the widening gap between rich and poor which contributes to higher rates of disease among the poor in contemporary societies (Pappas et al., 1993). The underclass in capitalist societies have little access to formal employment and are frequently deprived of nutrition, education, health benefits and decent housing. This, in turn, undermines the efforts of the poor to provide for their families and support the next generation. Societies with less material wealth, such as the Ju/hoansi villages, may have their own sources of subsistence and sharing of resources which allow them to maintain kin connections and reproduce supportive social relations from generation to generation. In the examination of a continuum of independence from capitalism towards marginalized dependence on capital, our work suggested that the degree of Ju/hoansi autonomy

as opposed to comparative poverty within a wider society appeared to have a direct effect on the spread of HIV infection.

The question of women's power, status, independence and economic autonomy is also basic to the prevention of the spread of the HIV epidemic in southern Africa, and, indeed, many other regions of the world (Cook, 1999; Farmer et al., 1996; Freedman, 2000; Piot, 2001; Preston-Whyte, Varga, Roberts and Blose, 2000; Schoepf, 1997; 2001; Susser, 2001; 2002) In southern Africa today, young women from age 14 to 25 are three times as likely to be infected with the HIV virus as young men of the same age. In Botswana, the prevalence of sero-positivity for young girls is 34%, in Namibia, 20% (UNDP, 2000). Gendered inequality is fueling the epidemic, as women, marginalized in the informal economy and responsible for supporting themselves and their children, are often forced to depend on men with more resources in the struggle to survive.

In the light of HIV/AIDS, the arguments initiated by Eleanor Leacock (1972) and Kathleen Gough (1971) and further developed by feminist anthropologists since the 1970s (Gailey, 1987) become newly and tragically significant. From her archival work with respect to the Algonquin of North America, Leacock (1972) argued that while women maintained autonomy in hunting and gathering societies, such autonomy was undermined as people in these societies came in contact with missionaries, traders and other mercantile influences and as the relations of production shifted towards capitalism, women lost their previous independence. Based on fieldwork among the Ju/hoansi in the 1960s, Richard Lee's (1979) path breaking ethnography, *The !Kung Ju/hoansi* stands as a classic benchmark in providing powerful, systematic contemporary evidence for women's autonomy in a foraging society. His later co-operation with Leacock (1982) in research on the relations between men and women in hunting and gathering societies takes on new meaning in the face of the current threat. The ensuing work by Marjorie Shostak (1981), Patricia Draper (1975) and others, documenting the life experiences of sex, work and family among the Ju/hoansi provide us with a rich history on which to base our current efforts with respect to HIV.

As Richard and others have documented extensively, much has changed among the Ju/hoansi over the past 40 years (Lee, 2002; Lee and Hurlich, 1982). As a result of colonialism, wars, agricultural incursions by both settlers and African farmers, much of their way of life has disappeared and some aspects have been retained or recreated. In addressing the HIV/AIDS epi-

demic, we need to understand the extent to which Ju/'hoansi women may still be autonomous or in what ways they are able to control their sexuality and their life choices. Our ethnographic research sheds some light on contemporary Ju/'hoansi women's autonomy and sexual authority and the particular ways in which their history may protect them from HIV as well as their current vulnerabilities.

Funded by a Fogarty Award for Training and Research with respect to HIV/AIDS in Namibia and Botswana (the only Fogarty Award yet targeted for training in ethnographic research), Richard and I trained local researchers in the ethnographic method, and, simultaneously, with the help of our trainees, conducted research among many groups, urban and rural. As part of this project, Richard and I made trips to interview men and women in the Namibian Ju/'hoansi villages, including Tsumkwe and Baraka in 1996 and 1997. In 1999 and 2001 we conducted exploratory fieldwork with respect to AIDS at Kangwa, Dobe, and /Xai/Xai, villages on the Botswana side of the border. Although still remote and inaccessible in comparison to other rural settlements in southern Africa, Tsumkwe, Namibia and Kangwa, Botswana, initially small Ju/'hoansi villages, now each houses a clinic, a few stores and a boarding school. Brick houses have been constructed and many people from other groups live there. Although even more remote, /Xai/Xai has a school, a clinic and a store and Baraka, constructed as a co-operative centre, has some rustically built rondavels. The other Ju/'hoansi villages in both Namibia and Botswana, are now largely clusters of clay rondavels and brush shelters surrounded by bush and sand. In Dobe and /Xai/Xai, I went with Richard in 1999 and 2001 as he conducted censuses house to house. He asked in each village about births, deaths and marriages and using an intricate knowledge of past kin relations, was able to trace children to grandparents and identify relationships among the various households. At each hut Richard asked whether there was anyone not well or lying inside the rondavel and whether people knew about HIV/AIDS. Most people mentioned that they had heard about AIDS on the radio. On only one occasion, at Dobe, were we told that a woman was lying sick in the hut. Also at Dobe, there were two occasions when people came to us for help with medical problems. Once a family messenger came to ask us to help a young man who had broken his leg and on another occasion a mother asked us about her sick child. Such events suggested that people were not hiding illness from us, but rather regarded Richard and our van as a resource to help them seek

medical care. In addition, to visiting households and sitting talking with men, women and children outside their rondavels, we also informally interviewed some of the young unmarried women of the village, in small groups of two or three, about their relationships. The girls seemed more willing to talk in little groups than one at a time, as they teased each other and giggled and helped the conversations along. In 2001 at /Xai /Xai, I went around the village with Richard as he interviewed folk healers and sat and talked with them, among much else, about their knowledge and experience of HIV/AIDS. In 1999 and 2001, we also assembled several larger groups, of young men or young women. Richard, accompanied by both his son, David, and my teenage son, Phil, talked to the young men who congregated after the informal nightly soccer game about their views of women, sex, condoms and HIV/AIDS. The group included local Ju/'hoansi boys and young men, Herero youth who also lived in the village and some visiting Ju/'hoansi. The local Herero youth seemed much more knowledgeable about condoms than the local Ju/'hoansi, although one of the Ju from Tsumkwe (Namibia) seemed familiar with them. Richard, David and Phil gave out boxes of condoms to the young men, which they all took eagerly.

The Dobe preschool teacher, born in the village of a Herero father and Ju/'hoansi mother, spoke English and Ju/'hoansi and helped me to gather and talk several evenings with a group of young married women about condoms, female condoms and HIV/AIDS. We sat on the sandy ground, outside the huts and away from view of the men, who were meeting with Richard at the soccer game. I brought female condoms which always interest people and have been a conversation starter all over the world and we talked about their usefulness. I also gave out boxes of condoms to the women.

Although we did more fieldwork at Dobe, a main site of Richard's long term work, we also met with groups of men and women at /Xai/Xai and Kangwa in Botswana and Baraka, Tsumkwe and other villages in Namibia. While staying at Baraka, in 1996, we met with a mixed group of men and women to discuss condoms, female condoms and HIV/AIDS.

We were able to make some comparisons among the experiences of women in different groups, since as part of our ethnographic training workshop at the University of Namibia, we took Ovambo-speaking students with us to conduct fieldwork among other populations in Namibia (Lee and Susser, 2002; Susser, 2001: Susser and Stein, 2000). Findings which emerged from this fieldwork are clearly only suggestive, but do serve to highlight certain issues with respect to gender and poverty.

Poverty

In 1996, Richard and I initiated our discussions of HIV/AIDS at Baraka among the elected representatives of the Nyae Nyae Farmers Cooperative, a local group created among the Ju/'hoansi for self-government. In the meeting which the representatives called at Baraka, all the participants were men. When we asked about their knowledge of HIV/AIDS, the representatives told us that they knew about AIDS. A visiting linguist had, in fact, translated a handbook on AIDS into Ju/'hoansi a few years earlier, before he, himself, died of the disease. The men at the meeting implied that they expected AIDS was brought among the Ju/'hoansi by Ju/'hoansi women who had sexual relations with men from other groups and that they disapproved of this. We were told that at Tsumkwe there were many men who were not Ju/'hoansi who came to buy beer from the numerous temporary grass shelters set up as bars and then met with the Ju/'hoansi women. Drinking was widely discussed and seemed a major problem both to the local people and the anthropologists.

On the Namibian side, Tsumkwe was once a Ju/'hoansi village centred around an ancient baobab tree but since 1960 has been the site of a government resettlement station with many social problems. It is now the administrative centre for the Tsumkwe District, a Ju/'hoansi region. Before Namibia won its independence in 1989, the South African government built a clinic, a store and rows of cement houses similar to those that were constructed under the disreputable Bantustan policy in South Africa (Lee, 1994). There is also a co-educational boarding school at Tsumkwe where we watched soccer games on Sundays. This is where the film *The Gods Must Be Crazy* was filmed and where the star of that film still lives in one of the few small brick houses next to the store. His wife died in the early 1990s of a long illness said to be tuberculosis. By 1997, a Safari Lodge was operating in Tsumkwe to provide a base from which tourists could visit the Ju/'hoansi villages and witness Ju/'hoansi dancing and healing rituals staged for their consumption.

In 1996, in Tsumkwe, we interviewed two health workers employed by Health Unlimited, a Scandinavian NGO. They visited the Ju/'hoansi villages monthly to provide some medical assistance and health education. These two health workers were aware of HIV and beginning to discuss it on their monthly rounds to the villages. This was the extent of AIDS prevention in the Namibian Ju/'hoansi area at that time. Testing and diagnosis were not yet readily available and treatment

at that time was not even considered. Although, tuberculosis had long been epidemic in the Kalahari, the fact that it was sometimes resistant to treatment suggested that AIDS may have been present, if not recognized. By 2001, AIDS had been diagnosed by doctors who served the Ju/'hoansi region. Health Unlimited had initiated a program to train Ju/'hoansi grade school teachers, who worked in the villages, about AIDS prevention. In 2001, we met one of the teacher trainees, who spoke excellent English, visiting his relatives in Dobe (on the Botswana side). He was extremely well-informed and helpful in discussing AIDS with his kin in the community suggesting that such training has important implications for knowledge and prevention beyond the confines of the school.

Throughout our research in the last 6 years, Tsumkwe has emerged as a main centre for the spread of HIV for a variety of overlapping reasons. Firstly, the South African army was based there in the 1980s and the local soldiers, from many populations, may have introduced new diseases among the Ju/'hoansi. Secondly, the border guards and other administrative personnel spend many lonely nights in the region and some frequent the local nightlife. Thirdly, nowadays, there are passable gravel roads from Namibian towns into Tsumkwe (although the nearest non-Ju/'hoansi village is about 200k away) as well as a nearby air strip. The Ju/'hoansi who live in Tsumkwe and those who live elsewhere but have visited the area, talk about the incidence of drinking and sexual exchange as different from the surrounding villages. In fact, on one occasion, Richard and I drove through the back reaches of Tsumkwe in our four-wheel drive and were met by drunken men and women clustering outside clay rondavels.

In 1999, at Dobe, a young teenage girl who had spent several weeks staying with kin at Tsumkwe, said: "There is no AIDS here, but I know they have it at Tsumkwe. The girls over there told me not to sleep with the boys because they have that disease there. I am afraid of AIDS at Tsumkwe."

In 2001, a discussion with an older couple and two younger men in a village at Dobe led to their naming three women who they believed had died of AIDS. All of them lived at Tsumkwe although they were near kin to the people at Dobe. We were told that one young woman died, unmarried, at age 20. The ages of the other two were estimated at 35 and 40. The two older women had young children, but there was no knowledge of children's deaths. No sense of shame or stigma seemed to be expressed in this conversation.

In contrast to Tsumkwe, among the Ju/hoansi villages at Dobe in Botswana and also the Ju/hoansi villages in Namibia outside Tsumkwe, there was no centre of liquor shops and fewer outside visitors. Possibly due to a lack of diagnosis, but more likely because couples appear more stable, there were not yet any clear cases of HIV/AIDS known to the local people.

The Ju/hoansi village populations have been interacting with the surrounding populations for at least 150 years and they have not been living by hunting and gathering for decades. Nevertheless, people do still gather berries and nuts. Men still set snares for small animals—we saw the snares, the mongongo nuts and the berries as we walked through the villages of Dobe in July 2001. However, we also observed men and women stringing beads, making twine, and carving wooden spoons, drums and other objects for sale to eco-tourism traders as well as missions. In Botswana, both men and women also participate in work groups to clear brush and other tasks and are paid through government supplements. Contrary to the expectations of the wider society, men and women labour equally side by side, despite the fact that men are paid almost twice as much as women reflecting the institutionalized discrimination of the state. Although households congregate in proximity to the bore holes constructed and maintained by the government and external funding agencies, the Ju/hoansi still move their families from place to place and rebuild their grass and clay shelters to reflect kin relations. I would suggest that these strong manifestations of earlier patterns allow couples to maintain some stability in their households.

In another manifestation of the strong continuity of family relations in the face of adversity, in Dobe, Richard and I noted an older daughter in a family where her mother had died of unknown cause, was breastfeeding her own new born baby as well as her infant sister. Since HIV can be transmitted through breast milk, such customary practices might offer a potential opportunity. If a woman had been tested in pregnancy and knew she was HIV positive, she could ask another pregnant woman, who had tested HIV negative, to take over the nursing of her new born. Such practices could be implemented in villages with extensive supportive kin relations.

Although the few current known HIV/AIDS cases are concentrated in Tsumkwe, there are many sources for future infection. Tswana and Herero cattle farmers, border guards and construction workers pass through the Ju/hoansi villages. Indeed, an improved gravel road into the heart of the Dobe area is fast nearing completion, heralding new forms of tourism, economic develop-

ment and, as well, new possibilities of infection. Among the mothers living in the remote Ju/hoansi villages, most were married. However, we interviewed a Ju/hoansi woman who lived along the paved road to a Botswana rural town. She was not married and she told us that her daughters too had children but no husbands and she was afraid they were at risk for HIV.

It would appear that the patterns of inequality so evident at Tsumkwe, the Ju/hoansi with few possessions and the people from other groups, soldiers, border guards, construction workers with money to attract or pay for sexual partners, was fuelling the transmission of HIV/AIDS. Although the Ju/hoansi have a long history of both economic and sexual negotiations with outside men and women, the increasing relative inequality and the disintegration of household reciprocities and couples' relations that it precipitates might be one useful definition of poverty as opposed to subsistence. This is certainly the case at Tsumkwe, and also possibly in many similar settlements, such as Kangwa and Sehitwe in Botswana. Perhaps, although they travel frequently to Tsumkwe and Kangwa, the people living in the more stable Ju/hoansi villages should not be seen as poor in the same way. Inequality does not threaten their conjugal relations so dramatically and for this reason, they are, in fact, more protected from HIV infection.

Next, I would like to highlight our observations with respect to gender and HIV transmission.

Women's Autonomy and HIV/AIDS

Preliminary findings suggest that Ju/hoansi women differ in their sense of autonomy from other women whom we interviewed in Namibia. Our conversations with women and young girls among the Ju/hoansi revealed a greater degree of confidence in sexual negotiation with men, than Ovambo women in the rural homesteads of Northern Namibia. In 1996, we asked young Ju/hoansi women at Baraka whether they would ask their husbands or boyfriends to use a condom. They insisted, without apparent doubt, that if the men did not do as the women and young girls asked, the women would not hesitate to refuse sex. This might be usefully compared to our interviews in the same year with a group of Ovambo women in a rural homestead, who said they would not dare to ask their partners to use a condom.

In 1996, Ju/hoansi women whom we interviewed saw no particular advantage to the female condom, as they said if they wanted a man to use a male condom they would ask him to. In contrast, Ovambo and Kavango women were extremely enthusiastic about the possibilities of the female condom as they saw it as an

alternative strategy which would be under the woman's control and acceptable to men (Susser and Stein 2000). In a group discussion with young married women in Dobe in 2001, I asked the women if they would be able to use a box of male condoms. "Give us some and we will teach our husbands how to use them" they said. Although this does not indicate whether behaviour would be different, the remarks of Ju/'hoansi women expressed a sense of entitlement and straightforwardness with respect to sexual decisions, which was not evidenced among the Ovambo women with whom we spoke.

When Richard interviewed the young men in Dobe in 1999, their responses seemed to corroborate the women's views. They talked as if women had the power to turn down sexual advances and they said that if a young woman were to accept such advances, they would see that as representing the opportunity to marry her. Ethnographic findings by one of our research associates, Pombili Iipinge suggested that, in contrast, Ovambo men expected to have sexual relations with more than one woman and did not say they expected to marry a woman if she agreed to a sexual relationship.

However, this picture is complicated by the many relationships between Ju/'hoansi women and Ovambo, Herero and Tswana men. The availability of relationships with men from surrounding populations who have more money and resources in general than the Ju/'hoansi may allow women more negotiating power with men from their own village. Nevertheless, the terms in which Ju/'hoansi women speak, for example seeing the opportunity to "teach" their husbands about condoms, suggests a different kind of autonomy.

Unfortunately, Ju/'hoansi women seem to have less leeway in their relationships with men from the surrounding populations. Women we spoke to mentioned that their Tswana or Herero boyfriends might give them presents but were, in fact, married to other women. As noted above, a woman visiting Dobe said she lived far from the Ju/'hoansi villages near the road to Sehitlewe, where men worked in highway construction. She was afraid her daughter might be at risk for HIV.

As the men at the first meeting at Nyae Nyae pointed out, it may be the women who have broader outside contacts and in fact may be the first to come in contact with HIV/AIDS and also more likely to be the first to die from the disease. As we were told in 2001, three women were known to have died from HIV/AIDS at Tsumkwe. Another woman, whose family had just returned to Dobe, had died from an unknown cause. Her husband, who had been taken from Dobe as a young boy

and spent decades in farm labour, had stayed on in Dobe with the rest of his family. No deaths among men were reported to us.

Conclusion

Both the debate around poverty and the discussions of gender autonomy are significant for identifying possibilities for prevention of HIV/AIDS among contemporary Ju/'hoansi. When the Ju/'hoansi leave their villages, around the newly dug boreholes, and work along the roads, and on the cattle ranches, they are clearly transformed into the underclass or the poor of the new African states. As a result, they become vulnerable to HIV/AIDS. Men work far from home and seek sexual partners elsewhere. Poor Ju/'hoansi women no longer protected from the sexual discrimination of the surrounding capitalist society, are seldom hired for construction or farming, and are forced to earn money through casual sex work or simply seek sexual relations with men who will provide gifts for themselves and their children.

In villages such as Dobe, where foraging was still a possibility, women and men expressed much more stable views of their relationships and women seemed to maintain a degree of power and independence in marriage. Certainly, to supplement their subsistence, people earned small sums of money in government work groups and both men and women worked at a variety of crafts, such as beading and carving. However, such partial incorporation into wage labour combined with market exchange did not lead to the destruction of sturdy, long-standing strategies of survival. As Richard's ethnographic work has extensively documented (Lee, 2002), if people were poor, in terms of their clothes and their shelter, they did not seem to suffer the poverty of an underclass in which family and household relations are undermined. The historical autonomy of women seemed to offer the opportunity for forthright sexual negotiations and mobilization to prevent the spread of HIV/AIDS.

Clearly, none of the villages are isolated from ecotourism and development efforts today. Our research suggests that every small outpost of development, whether it be sending men from a nearby town to dig the foundation for a new store, or developing a trust to allow tourist hunting from safaris, also introduces the threat of HIV. Mobilization for HIV prevention among the Ju/'hoansi will have to take different approaches in different villages, but might well be able to build upon the autonomy of the women and the respect of the Ju/'hoansi men. However, every new development

effort, will have to be immediately associated with HIV education and strategies, such as male and female condoms, testing and treatment, to prevent the spread of the disease.

As Solway and Lee (1990) argued, the resilience of the foraging societies in the Kalahari Desert has protected people, so far, from many of the exploitative incursions of capitalism. However, this too is a historical phenomenon and as other populations are forced to impinge on the lands of the Ju/'hoansi and as global capital brings tourism, safaris and development plans further and further into the centres of their territory, their survival strategies are drastically threatened. In Tsumkwe, Kangwa and other villages that have been torn apart by the invasion of capitalist relations, and where the Ju/'hoansi clearly constitute a poverty stricken, demoralized underclass, the women too have become more dependent on cash from men and especially susceptible to HIV. In villages such as Dobe and /Xai /Xai which continue to centre around a foraging way of life where families can sustain their households and women maintain aspects of their historic autonomy, the spread of HIV infections appears to have been limited if not prevented.

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