

CHILDBIRTH AND THE AFFILIATION OF CHILDREN IN NORTHWESTERN MADAGASCAR

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Introduction : Childbirth and the "Mastery of Children"

Harena ny zanaka – throughout Madagascar, people concur that "children are wealth", identified with the value of life itself. Perhaps for that very reason, scholars have documented considerable regional and historical variability in assessing a mother's and father's claims to a child -- who has the greater right to be considered the "master-owner of a child" (*tompon' ny zanaka*), or the "master-owner of the fate of the child" (*tompon' ny anjaran' ny zanaka*), as the relationship is most commonly posed. This paper explores how childbirth figures in claims to children, and to parenthood, in the context of changing relations of partnership and marriage. I use particular case studies based on ethnographic fieldwork in the Analalava region of northwestern Madagascar in 1971-73, 1981, and 1989, to raise issues that might be relevant to Malagasy ethnography and history generally.

The paper is inspired by a story that two women in Analalava told me about childbirth and the mastery of children when I was doing fieldwork on childbirth in 1989. According to the story, when God asked the woman who should be killed, herself or the child, she chose the child. When God asked the man who should be killed, he chose himself. Therefore God made the man the master of the children. The story paints a bleak and unforgiving picture of women in childbirth : "men are the masters of children" (*tompon' ny zanaka*), not the women who give birth to them, because a man has the courage to sacrifice his own life to save the life of his child, whereas a woman does not. Yet the story is directly contradicted by childbirth as actually practiced. The most striking feature of childbirth in the Analalava region is the woman's courage in putting first the life of another, well before it is clear whether or not that other will be a living human being, and despite the current infant mortality rate of 120 in 1000 live births and a maternal mortality rate of 2.4 in 1000 live births. Men's supposed "mastery of children" also proves to be complex as soon as "men" are seen as fathers, lovers, husbands, brothers, and sons, as well as citizens

of the state of Madagascar, subject to laws as well as local practices concerning the identity and custody of children.

I will argue that the contradictions between the story and the practice of childbirth and the mastery or custody of children derive from ongoing debates among Malagasy, picked up by anthropologists, concerning the relevance of ancestry, procreation, and gender to the formation of personal identities and social hierarchies. Like Bloch (1993), I see childbirth as critical to the emergent identities of the "mother" and "father" of a child; but I also argue that childbirth is critical to the emergent identity of the child as having both a mother and a father, who is both –to use the Malagasy idiom – the "child of women" who are sisters among siblings and the "child of men" who are brothers. The minimal social identification of the child, which is ideally completed in the union of spouses in "one house" (*trano araiky*), who remain tied to the siblings with whom they are united as "one belly" (*kibo araiky*), is essential to ensuring that the child will not only be, but thrive. In Madagascar, as in the United States, women and children who are destitute of the networks of social support these affinal and natal pairs imply are most vulnerable to the increasing social divisions between rich and poor that afflicts a growing majority of people in both countries.

In addition, I argue that we need to see through the polemics surrounding childbirth to appreciate the heroism of women who confront a potentially deadly struggle without complete assurance that they will survive it. Following Heald's (1982) work on the ethnopsychology of circumcision among the Bagisu of Uganda, I have tried to do justice to the "fear" and "confidence" in childbirth, which women in northwestern Madagascar describe as a "spear-battle" for women (*ady antsaboa*), comparable to circumcision for men.

The sharp imagery rendering these distinct practices into comparable experiences for women and men recurs in ethnographic and historical accounts of childbirth and conflicting claims to children, thus providing a kind of conceptual common ground for examining the diversity of the issues involved. In the first half of the paper, set in the Analalava region in 1989, I will contrast the story of women's behavior when threatened by death in childbirth with their actual practices. In moving from the "big knife" (*meso be*) so prominent in the women's story to the "risks of childbirth" (Kaufert and O'Neil 1993 : 32-34) as they currently experience them, we will be in a better position to assess the range of social and historical factors that seem to be involved in changing moral claims to children. The second half of the paper focuses on the changing web of social relations from which the birth and affiliation of children emerges. Here I compare the archetypal claims over children implied in the biblical and koranic accounts of Abraham and Isaac, the probable source of the women's story, with the radical transformations in claims

over children over the past four to five generations in the Analalava area. While kin and affines still held mock battles over children in the early colonial period, women now struggle to get fathers to acknowledge and support their children. In concluding, I advocate the integration of previously divided approaches to the study of childbirth, parenthood, marriage and related partnerships.

The Analalava Region in 1989

The commune (*fivondronampokontany*) of Analalava encompasses about 10,071 km² west of Route Nationale 6 from the Sophia River south of Narinda Bay to the northern reaches of the Amboloboza Peninsula. The population of the region in 1989 numbered an estimated 62,765, including an estimated 10,000 in the commune seat of Analalava¹. The town includes a daily market, district primary and secondary schools (E.P.P., C.E.G.), district police and court, and a national prison, as well as medical services housed in the buildings of the former hospital. Agriculture (rice, manioc, coconuts, and small amounts of sugar-cane and coffee), cattle-raising, and fishing along the coasts, are the main sources of subsistence and cash for most people in the area. The government is the main employer. Since the late 1980s, when then-President Didier Ratsiraka shortened weekend hours to allow time for other forms of subsistence, many impoverished civil servants in this area started farming. Shop-owners provide a few jobs as handyman, custodian, or laundress. Most women in town sell varying amounts of produce acquired from rural relatives or raised in urban gardens. Since the early 1970s (when there were two palm-wine bars run by men), an increasing number of women start or manage palm-wine bars, working together with kin or affines who own or tap trees in surrounding communities.

Residence is polylocal. Few people born here emigrate elsewhere in Madagascar, yet there is considerable movement within the area. At least three different ways of living are identified with rural farming villages (*antsabo*), the town (*ampositra*), which is the main source of cash and wage-labor, and the two villages (*doany*, *mahabo*), where services honoring living and ancestral Sakalava royalty are still conducted. People are likely to live for varying lengths of time at

¹ See *Image régionale de l'économie malgache. Chiffres provisoires* (Ministère de l'Économie et du Plan, 1989 : 12, 13). These figures are based on the *Enquête démographique 1980* and subsequent projections in the 1980s. The *fivondronana*, defined in 1977, corresponds to the *sous-préfecture* of the Première République (1960-1972). I did two and a half years of fieldwork in this area in 1971-73, followed by visits of a month in 1979 and 1981 and three months in 1989. The names of individuals mentioned in the tapes and fieldnotes quoted later in this paper have been changed to protect their identities.

different places in the countryside, in town, or in the royal centers, depending on their networks of kin, affines, working and trading relations, and friends (Feeley-Harnik, 1991 : 155-364). Although some families have lived in the town since its founding as a French administrative post in 1897, rural farmers still describe going to Analalava as "going to the glittery-eyes" (*mandeha amin' ny garamaso*), as the French, and their political heirs, are known. Yet pregnant women may move to Analalava temporarily in order to get help from government midwives in bearing their children. More attention to how local people view childbearing will help to explain why.

"Who Do You Prefer To Be Killed ? You To Be Killed, or Your Child ?"

When Soa Riziky, then twenty-five years old, gave birth to her fourth child in Analalava in the fall of 1989, she was accompanied by her husband and young children and two female relatives – her husband's mother's sister and her mother's younger sister. The husband hauled water and firewood to heat the water; the women attended Soa Riziky during the birth. Soa Riziky's mother, who was at the hospital caring for a sick child, visited with two of Soa Riziky's children at the end of the birth.

While Soa Riziky was still walking around, her mother-in-law and mother's sister talked with a couple of younger women in the shade of the verandah. Soa Riziky's mother-in-law said that she had eight children and had begun "to be afraid" (*mavozo*). She was not sure whether she would be able to bear more, whether she would have the strength "to push them out". The Catholic nursing-sister had said, "Why not stop ?" How was she supposed to do that ? One of the younger women responded, "Four children is plenty, enough. Go to FISA¹". The mother-in-law answered, "You can get sick there. Many women in Antsohihy are struck (*voa*) by lengthy bleeding, and other problems". They all agreed. Later in the birthing room, as Soa Riziky's contractions intensified, and her mother-in-law had begun to massage her belly, the mother-in-law explained to me that she was "fairly

¹ *Fianakaviana Sambatra* ("Happy Family"), the national family-planning organization, was founded in Madagascar in 1967 ; coastal branches were established in the early 1980s (CABRAM, 1992 : 43). The nearest branch of FISA was in Antsohihy, the capital of the neighboring *fi vondronana*, located about 60 km (about 40 miles) away. The journey by *taxi-brousse* in 1989 cost 8 000 malagasy francs per person round-trip (roughly equivalent to the cost of eight kilos of hulled rice) and took three to four hours one-way, depending on road conditions. Unless the woman had kin or friends in Antsohihy, she would have to count overnight lodging and food into the cost of going to FISA.

confident (*matokitoky*)" about her own births, because "I am master [of the birthing] (*zaho tompony*)". But for other women, she was afraid. Soa Riziky's mother-in-law was unusual in expressing her worries so openly during a birth, although not to Soa Riziky herself. Yet women did speak freely about their worries outside of these events. One woman finally said to me impatiently, "Weren't you afraid?"

During one of my many subsequent visits to Soa Riziky after the birth, she raised the subject of fear herself. She and her *rañaotra* Njarahita (her father's brother's son's wife) were talking about the vicissitudes of marriage: how a man who took another woman should keep his "wife inside the house" and compensate her for the offense rather than separate; how separated parents struggle to keep their children, or "borrow" (*mindraña*) them back temporarily. Their discussion of divorce and claims over children confirms the conclusion of a nation-wide study of women and development in the late 1980s: "Le problème majeur qui se pose à la dissolution du mariage est la garde des enfants. La situation de ces derniers peut être réglée conformément aux coutumes" (CABRAM, 1992: 155). But they questioned those customs – who should get to keep children and why? The following excerpt from a tape recording of our conversation (December 4, 1989) illustrates the range of concerns which finally provoked their story of women's fear.

Soa Riziky: But the really bad thing about separating – the mother of the child and the father of the child – is, for example, if the mother of the child wants to borrow it, she doesn't get it. That's really bad. Because when you're sick with that child's-pinching (*marary tsongoentsaiky igny*, contractions), its father there is just its father, there's nothing he endures (*tsisy raha iaretany*). He might worry a little, but really just one person endures that [the "child's-pinching"], your own belly is where it was.

Njarahita: If they separate, then she asks to borrow the child, he doesn't give it.

Soa Riziky: He doesn't give it. That's really bad, causes sadness.

Njarahita: It really causes suffering. "Please may I borrow my child o!" [says the woman]. The man doesn't give it.

Soa Riziky: Yes. Often that happens.

Njarahita: *Moah!* [exclamatory]. We here, our father did that. Because he was longing for our mother [sad and angry at her for leaving]. Mother, our mother, goes to borrow us, he doesn't give. Our father doesn't give. [*Soa Riziky*: Unh unh.] It causes suffering. He doesn't give. Our mother cried.

Soa Riziky: Yet she endured, she carried [each of us] nine months, feeling sick. Sick, worrying. Even food doesn't go down much. Because of worrying. Whether you will make it to the other side

[survive] or whether what! There in your own mind (*agnatin' ny jerintena ao*).

Njarihita : Whether you will be dead or alive, there in your own heart's thoughts (*agnatin' ny eritreritry fon-tena*).

Soa Riziky : You don't know after all! You don't make life, just ... just one arranges (*anao fa tsy mañano fa veloño, fa ... fa mandahatra araiky [Zañahary] fo*). You can only beg God (*Zañahary*): "May I live", only that can be begged. But your mind by itself does not make [something] alive. Because [*Njarihita, scolding and smacking a child, He!*] that's difficult. You saw me there, I alone endured the pain (*zaho araiky fo miaritry 'lai hotsoko*). Its father wasn't there. The mother of the child ought to be the master of the lot of the child, but he/they (*izy*) don't do that.

Njarihita : The woman's fear is why she didn't get it. She didn't get the... [*Soa Riziky* : child] fate of the child. Men are confident (*Lelahy matoky jery*), confident, that's why the man get the child, but women are afraid. There's an old story about that, how the woman didn't get the child, how the man gets the child. There's a story about that. According to the story, so they say, there was a God, so it's said, came along. When it came, it brought a sharp thing. [*GFH* : Sharp thing?] It brought a big knife. Having come, it asked the woman : "Now. Who do you prefer to be killed? You to be killed, or your child?" "O! My child!" said the woman. "Is that so?" "Yes [*on second thought*], aaa-iii-I", said the woman. "Better I dead than my child", said the woman. That big knife got close, close indeed. "Aaa! Aaa! Better my child be killed, eh!" said the woman to the God. The God moved , it went to the man. "Which do you prefer? Your child to be killed, or yourself?" "Ah! Let I, better I dead!" said the man. "Is that so?" "Yes". The God did just that [cut the man], just that, did it on the neck. It did that on his neck. [*Soa Riziky, to a child* : Join in. Go eat. Go eat, I say.] He got a small cut there. Thus men here have a little thing like a scar here. [*Soa Riziky, to a child* : Go eat.] [*GFH* : Yes, we call it Adam's apple.] "Ah!" said the God , [*Soa Riziky, to a child* : Unh! I don't know eh!] "That man trusts his mind (*matoky jery*). [*Soa Riziky, to a child* : Sit down.] The woman can't endure to be cut like that. Now since you [the man] gave up your breath of life (*nahafoy fofoñ'aigninao*), would rather [you] be dead than your child – starting today, the woman has the lot of birthing only, but is not master of the lot of that child. Men are masters of the lot of the child".

Because that woman who fears is an enemy (*fahavalo*). Her child she put from her. Her life (*aignin'azy*) she could not endure dead. Yet the man : "Let me be dead!" said the man, "not my child". That is how it came to be that men get the lot of the child. Women just give birth. That's the story, whether that's true I don't know. Story from before. That how they tell it. Men are masters of the lot of the child. Women

just give birth. Because that woman was afraid (*satria mañangy zeny mavozo*).

Njarahita and Soa Riziky told this story attributing men's mastery of children to their brave willingness to die so their children can live. Yet, as we shall see, the very endurance that Soa Riziky emphasized is characteristic of the stoic courage that most women show in childbirth. Thus we might ask, do the women themselves believe their story about who was willing to let a child be killed? And why should anyone be risking death? Njarahita concluded with the conventional disclaimers about the truth of a story. Yet in remembering and repeating this story, filling in for each other, in the midst of their own child-caring, both women clearly acknowledged the existence of negative views of women in childbirth. They were also well aware that childbirth entails the humiliating exposure of bodily substances, like urine and excrement, that adults try to handle discretely. Yet they were critical of the consequences of men's mastery for women and children, emphasizing the suffering. Both of them challenged the logic of it, emphasizing that the woman, not the man, is the one who endures the pain and faces the possibility of death. Soa Riziky claimed me as a witness to the validity of their views: "You saw me there, I alone endured the pain. The mother ought to be the master of the child's lot in life...". Yet, while Soa Riziky and her sister-in-law rejected the argument at face-value, they also knew too much about the strength of a woman's fears, even in anticipation of childbirth, to dismiss the story entirely. They repeated the story because they could imagine circumstances in childbirth when a woman might consider saving her own life before her child's. Yet they did not say that women, like their mother and like Soa Riziky herself, as we will see, "endure" (*miaritry*) by striving in near silence to maintain their self-mastery in childbirth, and that their "friends" (*namana*) help them to do this.

Scholars have rightly emphasized the violence inherent in ideologies of male procreation. They focus on the violence entailed by a cultural logic in which men's potency and paternity have to be defined by "negation" (Bloch, 1986), or by "an element of expropriation of female fertility and an element of alienation" (Pina-Cabral, 1993 : 117), or by men's claim to be the creators of children and thus their right to be their killers (Delaney, 1998). In Europe and America, Oakley (1993) argues that maternal mortality rates increased during the period in which physicians, most of them men, wrested childbirth from midwives, most of them women, and from birthing women themselves. Yet Leavitt's (1986) study of childbirth in America from 1750 to 1950, based on women's diaries, letters, and autobiographies, as well as doctor's diaries, medical texts, and journals, shows that women's own concerns about dying in childbirth contributed to the formation of feminist political action for more

medical intervention in childbirth, albeit with unanticipated consequences.

At the heart of these contradictions is an irreducible potential for violence in the event itself, and thus – to keep this point clear – an irreducible courage in women confronting that potential violence, whatever the polemics of gender relations. According to the estimate of one medical historian (cited in Ulrich, 1990 : 169-170),

96 percent of all births occur naturally and spontaneously. The remaining 4 percent involve obstructions of some kind and require intervention. In addition 1 percent may result in accessory complications, fainting, vomiting, tearing of the perineum, or life-threatening hemorrhages or convulsions.

Ulrich (*ibid.* : 170) is quick to qualify this statement on behalf of the eighteenth-century American midwife, Martha Ballard, by adding that "a natural process might still be [seen as] uncomfortable and frightening, and when mismanaged even a normal birth could be dangerous". Yet social evaluations of "a normal birth" can vary dramatically, as Kaufert and O'Neil (1994 : 32-34) show in their analysis of the ongoing "dialogue on risks in childbirth" among epidemiologists, clinicians, and Inuit women in northern Canada in the late 1980s. Thus, to understand the Malagasy debates about the confidence and fear of women and men in giving their lives for their children, we must consider in more detail how they evaluate the material and social circumstances of childbirth.

Childbirth as a Spear-Battle for Women, Comparable to Circumcision for Men

In the Analalava region, childbirth is commonly described as a "spear battle" (*ady antsaboa*) for women, comparable to circumcision for men¹. The phrase *ady antsaboa* is understood in at least two different ways. The most obvious, as Soa Riziky and her *rañaotra* plainly stated, is that women consider childbirth to be potentially deadly. A second sense has to do with the mastery of children, which was the subject of the discussion in which Soa Riziky and her *rañaotra* brought up the story. The bodily, interpersonal, and moral struggles are practically inseparable, as we shall see.

From the perspective of the Malagasy epidemiologists and clinicians who advocate public health funding, women's circumstances are spelled out in the following figures from the *Image régionale de l'économie malgache, 1989 : chiffres provisoires* (Direction de la Planification Régionale, 1989 :7), when the national population was an

¹ People in Antalaha also use this phrase – *adi-lefon'andre viavy* (CABRAM, 1992:45).

estimated 11 million, including 44.3% under fifteen years and scarcely 5.5% over sixty years.

	rural centers	secondary urban centers	primary urban centers
Expectation of life – males (years)	49.1	50.1	55.6
Expectation of life – females (years)	50.1	53.1	57.5
Infant Mortality – males (per thousand)	128.0	104.9	112.7
Infant Mortality – females (per thousand)	115.4	92.7	102.4
Average infant mortality of males (per 1000 live births)			125.1
Average infant mortality of females (per 1000 live births)			112.8 ¹

Epidemiologists and clinicians in Madagascar point to the insufficient number of health centers, health-care workers, and the lack of medicines, especially following structural adjustment (CABRAM, 1992 : 219-220; see also Alubo, 1990)². Midwives in the Analalava region echoed these concerns, and they too related worsening health care to national political and economic problems, exacerbated by structural adjustment policies. In addition, a midwife in Antognibe described the area as *saro-dalana*, "hard of roads". Even if help were available at the hospital in Antsohihy, about 60 kilometers away, a woman in childbirth might not survive the long, hard journey over the deeply rutted, windy dirt roads, criss-crossed with sand-traps and dry stream-beds that become roaring torrents in the rainy season.

Women in the Analalava region are also keenly aware of the ways in which their impoverished conditions contributed to exhaustion and poor health. As one woman said, "People who have money live, people who don't have money die". Their main worry is that they will become

¹ These figures derive from the *Enquête socio-démographique 1984 MPCJS*. "Infant" mortality is the number of children under age one per 1000 live births in a given year. In Madagascar in the mid-1980s, the average mortality rate of children under age 5 (in 1000 live births) was 184; the maternal mortality rate (in 1000 live births) for 1980-87 was 2.4 (Population Reference Bureau, Washington, D.C., 1990 : 1).

² As a result of the global recession, as well as then-President Ratsiraka's domestic and foreign policies, including successive devaluations of the malagasy franc in 1982-1988, rural health care throughout Madagascar, especially in the smallest communities (*fokontany* and *firaisana*), worsened steadily throughout the 1980s. At the same time, Malagasy citizens became steadily more impoverished and, by their own account in this area, less well fed and more disposed to illness. "Availability of rice" ("disponibilité en riz") in northwestern Madagascar (Boina) fell from 163 kg/person/year in 1977 to 127 kg/person/year in 1987 (CABRAM, 1992 : 219-220; G. Rabearimanana, 1994 : 44).

worn out by childbearing, and possibly ill as well. Tiredness, hair-loss, poor teeth –these are the “customs of women who give birth” (*fomba mañangy miteraka*), as one woman put it. A woman who is too exhausted (*lonja*) will not have the strength (*angôvo, forisay*) to push the baby out; or their body will give out, and they will not be able to stop bleeding. Their concerns would be further supported by epidemiologists and clinicians in France and the United States who argue that “deaths in the first month of life, the most treacherous, were clearly due more often to the mothers' condition during pregnancy and childbirth than to the care the children received” (Klaus, 1993 : 182). While French government policies have focused on women's wage labor, American policies focus on prenatal care (Klaus *ibid.*). For women in the Analalava area, their strength before, during, and after pregnancies, is directly related to the help they are able to get from “friends” (*namana*), including their husbands or lovers.

Women's concerns about their strength are also evident in midwives' records, which document the increasing use of Syntocinon and Méthergine, commercial drugs used to induce uterine contractions and to stop bleeding, respectively¹. One couple from the northern Amboloboza Peninsula came to Analalava for the birth of their thirteenth baby specifically to assure that Syntocinon would be available. As the husband kept saying to the midwife, who was reluctant to give a shot while his wife was still having contractions, “We're used to shots. If there's no shot, there's no birth” (*Zahay zatra picure. Tsisy picure, tsy miteraka*). They must have discussed their concerns openly at home, because they were accompanied by one of their children, a little girl about ten years old, who was so worried that her mother would die in childbirth that she had insisted on coming

¹ Birthing women secrete from the pituitary gland the hormone oxytocin, which stimulates the contraction of uterine muscle. People in many parts of the world use other substances to quicken labor, but the Malagasy midwives I spoke to did not include them in their herbal medicines, nor are they listed in Dandouau's “pharmacopée sakalave et tsimihety” (1922). Dandouau does include remedies for postpartum hemorrhage: “washing and ... injections with a decoction of *vahitambody* or leaves of *voatrotroka* [*Tristemma cirusanum*, Comms.]”

Syntocinon is the brand name of a synthetic oxytocin, like Pitocin, that the midwives used to quicken labor, and more rarely to induce it. The other most commonly used drug is Méthergine, an ergot alkaloid (methylergonovine maleate) used to stop postpartum hemorrhage. The midwives' records, which do not include all the times they used the drugs, indicate a steady increase in usage from the mid-eighties, when they first appear in the record to the late-eighties. In 1989, the midwives in their private practices charged 3,000 fmg for a vial of Syntocinon or Méthergine. Syntocinon was said to cost 1800 fmg in Antsohihy, while merchants in Analalava once sold it for 1500 fmg. Local merchants claimed not to remember the exact prices, only that they were expensive and always rising.

with them to Analalava, and had not eaten since they left two days earlier. The birthing woman, in her early to mid forties, also requested a shot. Otherwise, she was quiet, even though, after three shots of Syntocinon over six hours, her labor seemed to be so protracted that the midwife began to get worried. Between the first and second shots, the midwife asked her, "Are you always like this?" and she said, "Yes". Between the second and third, the midwife commented to them, "You both are too used to shots (*zatra loatra picure*)". They agreed, and the husband added that all but two of their children had been born with shots.

Like Soa Riziky, as we shall see, many women are also worried that the placenta will not come out completely, leaving some behind, causing a debilitating, possibly fatal, illness known as *pia*. In Soa Riziky's case, the midwife pushed down on her belly to help deliver the placenta. One midwife in particular asked the birthing woman whether she was accustomed to having the midwife feel inside (*mankarona*) the uterus for remaining placenta. If so, the midwife scooped out the uterus by hand, usually finishing with a shot of penicillin. The concern for a young woman giving birth for the first time is that the birth will be hard because she must also "open the way".

Most of the "journeys" of childbirth - envisioned as a kind of crossing-over, as Soa Riziky indicated - end well. The "thing" (*raha, zaka*) in the womb proves to be a "child" (*zaza*). Names like *Tafitsaka* ("Crossed Over"), *Tody Aroy* ("Two Arrived"), *Soanavy* ("Well Come"), *Tsivoandoza* ("Not Struck By Danger"), *Vitasoa* or *Viatsara* ("Well Finished"), *Tsarahita* ("Good To Sec"), *Njarahita* ("Secs Mother") celebrate the child's safe crossing and sometimes the mother's as well. Yet there are always deaths within recent memory that exemplify how the journey can go wrong. Six months before I arrived, a woman in the family with whom I stayed -- a woman in her early thirties -- hemorrhaged to death giving birth to her third child. Almost everyone agreed that she had died from the oath of another woman who coveted the father of the child. "May you die in childbirth!" her rival is reported to have said. The French Catholic nursing sister, called in the middle of the night to care for the stricken woman, did not share this view, but could not explain why, given her youth and strength, it was impossible to stop the bleeding.

"The belly follows people's talk (*Lai kibo manaraka kabarin'olo*)", explained one of the midwives. Women must have the strength to push the thing out, perhaps struggling against their rivals' oaths or their husband's or partner's hidden sexual relations with other women during the pregnancy. They must also have the strength to struggle for the claims of themselves and their kin over the child alongside the father's claims as *tompon' ny zanaka*. Now, increasingly, they must struggle to get the father to acknowledge that he is the

tompon' ny zanaka and thus will help support the child. In the most general terms, these struggles are expressed in a woman's irresolvable contradiction – analogous to the medical historian's irreducible 4% – between maintaining the closedness of the body and womb essential to protecting the thing, yet the openness essential to its growth until it is "full" (*feno*), then its emergence as a living being. The radical opening of birth must be accomplished in a covered way, in a "house" of some sort, perhaps even the glittery-eyes' maternity service, with the covering care of friends, and perhaps also the cover of the mother's powerful reserve in childbirth. Turning to the role of men in the conception, gestation, and birth of children will help to begin clarifying these relations.

Home Births and Hospital Births

In this region, most women give birth at home. A young woman prefers to return to her mother's home for her first birth. Thereafter, she is most likely to give birth in her own home, assisted by her husband or female in-laws, and perhaps also women from her natal family visiting for that purpose. Ndramañavakarivo, one of the best-known Sakalava rulers of the nineteenth century, was known for having assisted his wives in childbirth. In 1989, Saha Barimaso, a man who worked as a tailor and served as a medium of the ancestral spirit of Ndramañavakarivo, explained the closeness of wife and husband in childbirth. In the following excerpt from my fieldnotes [10/1/89, p. 38], the double-quotes mark Saha Barimaso's words, while the single-quotes within them mark the words of midwives and others whom he is quoting :

He had helped his wife to deliver at least two of their children.... Key issue again was "massage, like a midwife making a visit, 'Ah, ah. The placement of this here is bad.' Arrange the thing while it's still small. Each day, two or three times a week. When it comes to the birth, maybe only the husband and wife are there, husband helps the wife give birth. She who is the master of it [the birth] knows when the time has come. 'I'm feeling ill because I need to get this thing out (*Zaho koa marary fa mila hiboaka raha 'ty*)'". Then he explained : "That is, you in charge put in your finger [gesturing with his right middle finger]. If it goes in up to the first knuckle or less, you know it's close to coming out. You see that it's touching the child's head. If it's not yet close, you don't sit, but walk around, so [the path] opens wide".

Saha Barimaso always said *raha* ["thing"] or *izy 'ty* ["this here"] or *raha 'ty* ["this thing"], almost never *zaza*, *tsaiky*, or other terms for living infants. If the "thing" is still not completely straight, the husband may stand in front of the wife, grasp her thighs and shake the buttocks by the thighs to make the thing move back a little, so it gets a clear

path (*mahazo lala mazava*). Only the husband (*vadin'olo*) may do this, no one else.

I asked if men were not forbidden to be present at births. He said there can't be any other man, except the husband. But otherwise someone like a doctor is not forbidden. I asked if a woman wouldn't usually be attended by other women or other relatives. This seemed to be unusual. "[You] call a lot of relatives only if [you] fear that the person might die". What if the thing is turned around in the womb? If there is any problem with the thing coming out, then they will cut it up so the woman is saved.

The closeness of spouses in childbirth is a continuation of their closeness, at least in principal, in the conception and gestation of new life and in the post-partum period when the newborn is still considered "soft" (*malemy*), thus vulnerable to harm. These activities, more than any other they do together, contribute most powerfully to unifying the spouses, generically *vady*, into the evenly matched pair they are idealized to be, each one person who has found a "friend" (*namana*). Both contribute to the mixing of bloods from which the thing is created, and their bloods should be compatible (*mifanaraka*). While the woman houses the thing and contributes to its growth through the food she eats, the man should keep strengthening it with his semen, which is "like vitamins", as one woman explained it. The man should also be solicitous of his wife's food cravings. Both spouses should take particular care to observe each other's ancestral prohibitions during this period and after the birth, governed by the mother's "cold" (*ranginala*) or "hot" (*mafana, mifana*) customs. They should refrain from quarreling, or having sexual relationships with other partners.

As we have seen, married women who give birth at the hospital are usually accompanied by their husbands as well as female affines or kin. Most men work outside the birthing room, like Soa Riziky's husband. Yet when the couple came with one of their young children from the northern Amboloboza Peninsula, a day away by canoe, the husband assisted his wife in the birth. The midwife delivered the baby, but the husband was constantly at his wife's side, helping her on and off the table, feeding her, and eventually, when the birth was over, carrying her into bed.

The hospital (*l'hôpitaly*), a small complex of single-story buildings, blocks of one to four rooms opening south on common verandahs, was built during the colonial period, when the town was the capital of the *préfecture* and the center of the *circonscription médicale*. Most governmental services were transferred to Antsohiby following independence in 1960; in 1985, the remaining medical services were transferred there as well. The hospital is now classified as an *hôpital secondaire*. Full-time medical personnel living on or near the grounds in 1989 included a doctor (*doktera*), then on extended leave, searching like his predecessors to be moved to another post, a

nurse (*infirmiera*), three midwives (*rasage*), and the midwives' assistant (*servante*). In effect, the only services then provided were the maternity and the consultations of the male nurse standing in for the doctor. Another government midwife was stationed at the clinic in Antognibe. The government midwives have degrees from two-year government training programs. I met two older women who worked as *renin-jaza* (literally, 'mothers of children') in rural villages, using massage and herbs considered to be *malagasy*. Since *renin-jaza* are not counted in official documents, I do not know how many might still be practicing in the commune¹.

Since the colonial period, nursing sisters serving the Catholic Church's mission to a nearby leprosarium have provided weekly clinics for residents of surrounding villages. In 1989, residents were also able to consult a nurse from *Médecins du Monde*, who was stationed in town for a year. Hoping to revitalize what she called "*l'hôpital fantôme*", the nurse arranged for the rooms still in use to be cleaned and repainted, beginning with the maternity. The four-room block included the birthing room furnished with a stainless steel cart to which a metal headboard had been attached; the midwives' small office for prenatal examinations; and a room with a metal bedstead in each corner, where women could rest after childbirth; a former examining room on the east end remained closed.

In 1989, going to the government's hospital was still described as "going to the glittery-eyed", just like going to the town in which it was located. Despite its newly cleaned and repainted rooms, the maternity offered little besides the midwives. For prenatal examinations of albumin in the urine, a pregnant woman had to bring the ball of cotton, the alcohol for fuel, and the match to light the tiny flame for heating the urine. For births, the woman and her companions also provided everything – bedding, food, firewood, and buckets to haul their own water from a distant source, as well as the money for the medicines, if any. They were responsible for cleaning the room after the birth. For those who lived locally and could afford the additional cost of calling the midwife to their home, a home-birth was therefore much easier. In 1989, the midwives' charge for assisting in a delivery were 10,000 fmg for a boy and 8,000 fmg for a girl ; in Antalaha on the east coast the corresponding costs were said to be 20,000 fmg and 15,000 fmg. Women who birthed at the maternity gave the midwife a gift of at least 5,000 fmg.

¹ "*Rasage*" combines the honorific *ni* with the first syllable of the French term *sage-femme*. The terms for Malagasy health-workers reflect the historical origins of the national public health system in English missionary medicine beginning in the nineteenth century and French colonial medicine beginning with the conquest in 1895-96.

Nevertheless some five percent of women mainly from Analalava, but also from rural villages within a half-day's journey north or south of Analalava, chose to come to the hospital to give birth, bringing produce to sell to support themselves during their stay¹. Judging from the cases I encountered, the cost of calling a midwife to the home was not the main factor, but rather an actual or anticipated problem with the birth. The perception that the hospital was a place for problem births might seem self-evident. Yet as Kaufert and O'Neil (1993 : 40) point out, "as in the debate over home versus hospital births in the United Kingdom, the presumption of a causal linkage [between birth at home and an increased risk of mortality] is not only nonproven, but unlikely to be ever established". A controlled study is unlikely "as no health professional would accept such a trial as ethical. Belief in the power of technology to preserve life and, conversely, in lack of technology as a cause of death are just too strong" (*ibid.*). Whereas Inuit women in the 1980s argued that the Canadian government's insistence on evacuating pregnant women to hospitals in southern Canada was a political, not a medical issue, women in northwestern Madagascar decided that travelling to the midwives in Analalava or in Antognibe was sometimes warranted.

The maternity provided a place outside the home of any interested party, where people unrelated to kin or affines could testify that a birth was handled properly, even if either or both the mother or baby died. Thus the hospital, like the home, provided for a "housed" birth (*an-trano*), albeit in a structure like a foreigner's house (*tranombazaha*), but attended ideally by the kin of mother and father, as opposed to a birth "in the mud" (*am fôtaka*), implying the kind of sexual relationship outside of marriage, literally "on the ground" (*an-tany*), that resulted in "outside children" (*zaza an-tany*). For women in

¹ According to the records that the midwives kept for the government, the numbers of prenatal consultations in the 1980s were : 125 (1983), 205 (1984), 226 (1985), 205 (1986), 234 (1987), 243 (1988), and an estimated 294 (1989, based on 270 through 11/89). The numbers of births during this same period were : 152 (1985), 126 (1986), 173 (1987), 127 (1988), and an estimated 157 (1989, based on 144 through 11/89). The consultations include repeat visits and the births include the midwives' home-births (even though the midwives charged for these as part of their private practices), so the actual number of women using the hospital is less than the recorded numbers suggest.

Extrapolating from demographers' estimates of a national population in which 44.3% are under 15 years old and 5.5% are over 60 years old, the child-bearing population of women (15-50 years old) in Analalava (est. 10,000) would be less than 2510 (the number of women 15-60 years old). Based on the midwives' data on the women's residence, about eight to nine times as many women came from Analalava and neighbouring rural communities, as from farther away. Yet 1-5 women came each year from rural villages up to a day's walk or canoe-trip away.

Analalava, the hospital was a place where, as one woman explained, women could go who were "sick for a long time and feared giving birth at home". The maternity provided a refuge for women from surrounding villages who came to Analalava to get away from malevolent kin or affines, yet who did not have a home in town where they could give birth. Or if the birth occurred during harvest time, when everyone was in the fields working, then Analalava might be a place where a woman could find more "friends" who would be around to help her with cooking and washing after the birth. The maternity was also a place where women were directed if they, or the rural health-care workers who had cared for them during their pregnancies, anticipated problems that a midwife could handle better if only because of the medicines, like synthetic oxytocins and hemostats, that she could give if their own strength failed them, if the placenta failed to come out on its own, or if they began to hemorrhage.

Thus, women giving birth at the maternity were most likely to be anticipating some kind of problem. Soa Riziky at twenty-five years old was no exception. As she explained later, she was pregnant for the sixth time and had three living children. Two children had died as infants. She attributed the deaths to the malevolent actions of people to whom she or the baby was related. The first baby was an "outside child". By the time it was born, she had separated from the father. The father's family wanted the baby, but her father refused to agree if they didn't accept her also. After her father died, "their talk became big, the child died.... that fighting among people summoned up the child's death, the ancestors took it" (*nanjary be volañindreo, naty tsaiiky... nalain' folak'tsaiiky iadivan'olo izany, nalain' razana*). When Soa Riziky married, she and her husband continued living in her father's village, where she as his only child had inherited his land, coconut palms, and cattle, as well as the house in Analalava. She attributed the death of the second baby to her father's sister who had returned to her natal village after being divorced and would have her brother's closest heir if he had died childless. With her son, she put poison in Soa Riziky's belly, almost succeeding in killing her in childbirth. The baby, because it was softer, was born dead.

To protect herself, her pregnancies, and her newborn children in the future, Soa Riziky had placed herself and them under the care of two Sakalava royal ancestors, to whom she always spoke through the same mediums, one in her natal village (a father's sister by another mother), the other in Analalava. She went to the hospital for the birth of her oldest living child, which was "easy" (*mora*). She was heading back to the hospital, to the same midwife, by canoe with her husband and various in-laws and relatives to bear the second living child, when she started having contractions. Her husband helped to deliver the baby in the canoe, but a midwife in his natal village on the shore nearby delivered the placenta. She might have decided to have the

third living child at home, because the father's sister had just moved to join one of her children in a neighboring village, but events proved that they were still giving her a little medicine (*amiandreo aody hely ata tsy ao*), which worked at a distance. In the current pregnancy, she had decided to leave her natal village, "left there and ran here. When the last month comes, the things they did are penetrating too much (*raha nataondreo miditra loatra*), because they see too much each day. Here, far away, they don't see". Thus, Soa Riziky had chosen to return to the same midwife at the maternity for the same reasons she had put herself and future child under the care of spirit mediums, as a way of combatting the various problems she was encountering. In my view, the powerful reserve that Soa Riziky was able to maintain while opening the way for a sixth birth also exemplifies how women try to ensure the safety of themselves and their soon could-be-living children vulnerable to getting caught up in relations already ramifying through generations.

Soa Riziky Gives Birth to Fanazava

Soa Riziky, her husband, children, and mother-in-law and mother's younger sister already were waiting on the bench outside the midwives' office, when the midwife and I arrived at 8:00 am. Soa Riziky occasionally sat with the women, but spent most of her time walking. Although she could have walked up and down the verandah extending the length of the four-room building, she chose to walk mainly by herself on the dirt road beyond the sick-ward, located north of the maternity. In the following abbreviated excerpt from my fieldnotes (1989, pp. 446-448), the double-quotes mark participants' words.

Around 10:30 am, perhaps 10:45, Soa Riziky came into the birth room with her mother-in-law. The Rasage examined her, said it would be pretty soon. The water broke shortly afterwards. Or rather, Soa Riziky asked me to call the Rasage back in, because after examining her, the Rasage went back out to sit on the bench with the other older woman. When she came back in, her colleague who was still on duty, said to her, "*La poche est cassée*. [The midwives always spoke malagasy among themselves, but their professional language included many French loan-words, and occasionally they used French phrases in consultations and the birthing room]. At this point - at 11:00 am - the Rasage gave her a shot of Syntocinon, then went out again. Soa Riziky and her in-law said that they hadn't asked for it. It was the Rasage's idea. The Rasage said later she had some left over from the birth of twins down in Afongony this morning. If she didn't use it up, then it might go bad. This way, this birth, which otherwise would have happened around noon, happened faster. The Rasage had already left around 10:30 or so to put up her rice for the noon meal.

The baby was born at 11:20 am. It was like the other births in that Soa Riziky made very little noise. She asked her mother-in-law to rub her stomach, which she did through the cloth, which she had stretched carefully over Soa Riziky when she got on the table. (They were careful to cover her breasts, belly and genitals, whereas none of the others bothered with that). When she groaned a little, her mother-in-law motioned to her to grit her teeth, which she did. She had nothing under her head or the rest of her body except the metal cart.

The baby was born with the next couple of pushes. Soa Riziky closed her eyes, gritted her teeth, tilted her pelvis up, and pushed so hard that her head began to go through the bars of the head-board. The Rasage helped the baby out, which was born face down with no complications, came out quite easily and started to cry almost immediately. It was a girl - 3,100 mg. The Rasage laid the baby on a clean cloth and rinsed the scissors and clamps in the bowl of wash water near the dry sink. She clamped the cord and cut it about 4-5 inches from the body of the baby, tossing up the placenta-end on Soa Riziky's stomach. The Rasage washed the baby in the clean enamel pan, using soap and water they had brought, then put the baby on the clean white cloth they had laid out for it.

Soa Riziky was still lying there with her eyes shut, and face slightly grimaced. No blood, generally very little blood. The Rasage asked her if her belly still hurt and she nodded, and the Rasage asked if she usually had *pia* [illness from retained placenta] after a birth, and she said yes. The Rasage then delivered the placenta, while pushing down on the upper part of the belly toward the genitals, while the second Rasage dressed the baby's end of the umbilical cord and wrapped it up.

It was only after the placenta was out that Soa Riziky really focused on the baby, looking over at it, saying that it the first time she had a girl, the other three were boys. Her mother-in-law made a cloth band to catch any remaining blood. Once this was done, the Rasage asked if the bed were made up and if she could get into the other room. By that time, Soa Riziky's mother, with the two younger kids, had come in. Soa Riziky said yes and, helped by her mother-in-law, went into the other room where she lay down in the bed in the SE corner (usually the first choice).

Having been through six births by the age of twenty-five, Soa Riziky was moving into the time when she might begin worrying about having enough "force" to "push out" another child. Yet Soa Riziky still felt confident enough about her own strength that she did not ask for Syntocinon, nor did she ever express the worries of her mother-in-law. Her main concern was to protect herself against the efforts of others to harm her or her child, or both. She remained composed throughout labor, despite the fact that the Syntocinon that the Rasage gave her to hasten the birth might have made her

contractions more intense, and perhaps more erratic and less amenable to her control. When once she groaned slightly, her mother-in-law at her side – the same woman who felt afraid for her – silently tightened her lips so Soa Riziky would do the same, which she did.

One effort to assess the strength of uterine contractions as if they were independent of the social-cultural, historical and material circumstances of birthing women in 35 countries on six continents, including their attitudes about pain or fear, concluded that 15 % had little or no pain, 35 % had moderate pain, 30 % had severe pain, and 20 % had extremely severe pain. The height of sensation as the head of the baby stretches the perineum beyond the full dilation of the cervix, as measured on a dolorimeter based on thermal heat, is comparable in intensity to a third-degree burn (Bonica, 1996 : 29, 31). Scholars acknowledge that such measures have many problems not only in their design, but also precisely because perceptions of pain in childbirth have proved to be so sensitive to the circumstances of the birthing woman, for example, her knowledge of the process, fatigue, loss of sleep and general state of health, the length of her labor, the presence of others, including the father of the child and their attitudes (*ibid.* : 35-38). One study found that "confidence in ability to handle labor was the most significant predictor of all components of pain during active labor. The greater the confidence the parturient had, the less the pain and vice versa" (*ibid.* : 37).

My interpretation of the behavior of Soa Riziky and other birthing women in the Analalava area as a sign of courageously resolute self-mastery, if not fearlessness, follows their own emphasis on the value of stoic self-control in potentially dangerous circumstances not limited to childbirth or women alone. Many lesser incidents, accidents and the like, provide opportunities for learning to master oneself and remain calm and quiet – *mangina* is the key term in childbirth and such other circumstances, sometimes as a command – *Mangina anao!* Women and men elsewhere, for example in Malaysia (Laderman, 1983 : 159-166), in Benin (Sargent, 1990) share a similar view of the value of stoicism in childbirth. Yet woman may also claim that vociferousness in childbirth is the ideal approach, for example, to hasten the birth, as among the Fon of southern Benin (Sargent, 1990 : 73) or to show a man "how a woman suffers", thereby inducing him to help in spacing children, as among the Maya in Mexico's Yucatan (Jordan, 1978 : 24, 37). Based on my limited personal experience prior to 1989, giving birth in the communal birthing room of a hospital in Antananarivo in 1972, and sleeping through a home-birth in a farming village south of Analalava a few weeks later, quiet composure seems to be the valued ideal for women identifying themselves as "Merina" and "Tsimihety" as for Tañala women around Ifanadiana in 1979 (Ravololomanga, 1992 : 125) and women in Manambondro in southeast Madagascar in 1991-1993 (Thomas,

personal communication, December 1997). Yet Vezo women in southwest Madagascar in 1987-1989 cried out in childbirth (Astuti, personal communication, April 30, 1997), and, as we shall see, crying out in childbirth was the valued behavior for "Sakalava" and "Tsimihety", but not "Hova", women in the Analalava area just four or five generations ago.

To summarize the argument thus far, common stereotypes about women's behavior in childbirth are belied by what women actually do. Contrary to their alleged cowardice, they "endure" – and forcibly teach others to endure, as I witnessed in the case of a seventeen-year-old girl giving birth for the first time. Given the data on how women perceive the risks of childbearing, outlined in the first half of this paper, I would argue that their capacity to remain contained in a condition of ever-increasing openness is critical not only to the dignity they are achieving as a growing women, but also to the perilous process of bringing life out of death. Through the binding power of their restraint, set against the deadly knives, spears, and midwives' scissors that keep recurring in accounts of childbirth, they "bring forth" (*miboaka*) a unifying being. In addition to being "one belly" (*kibo araiky*) with its siblings born of the same mother, a living child testifies to the compatibility of the pair of friends who joined to make it and may thus contribute to their continuing union. In any case, the child binds together the two "sides" (*lafiny*) of their kin, who will remain "one through the child" (*miray anaka*), even if the two in the originating union later separate or divorce.

In the first part of this paper, we have focused mainly on the bodily processes through which women and men create and bear children. Yet, as Soa Riziky's account of her childbirths suggests, the path of new life, which women open with such striking reserve, is like the continuation of a much longer path, brought forth in silence out of thickets of speech that may be bristling with "big words". The path of new life is not simply channeled through the woman's body and the pair of friends, but also through many others embodied in their words and actions. The uniting and severing of many more people than the woman and man of the story are involved in the procreation of children as actually practiced in the Analalava region.

Soa Riziky was fortunate in having the fullest possible array of "friends" connected to her own family and her husband's family to help her give birth. In addition to her work with the two royal spirits (one embodied in a kinswoman), the support of Soa Riziky's mother-in-law and her mother's sister, as well as her husband's help outside the birthing room, clearly contributed to her strength and to her ability to show no sign of pain or fear. We will now turn from the importance of a woman's resolution in the gestation and birth of a new child to the importance of her resolution in clarifying the place of a newborn child in the widest possible network of support, extending well beyond

the union of "friends" from which its birth has most immediately derived and to which it may yet contribute. Establishing the identity of a child as both the "child of women" and the "child of men" is critical not only to its health and well-being of the child, but also of the mother whom the child may support in old age. In pursuing these points, we will expand our historical perspective in order to relate the shifting social channels of life- and death-giving in a woman's lifetime to the radical changes that people have experienced over the past four to five generations in the Analalava region.

Abraham, Isaac, and Sarah in Madagascar

The very story with which we began provides some evidence of the many sources from which current debates over the relative strengths of mothers and fathers in childbearing have arisen in the Analalava region, and possibly even a hint of their history and regionality in Madagascar. The story's emphasis on whether a parent will allow God to kill his or her child, the "big knife", the parents' fear, and the dialogic form of the narrative, all suggest to me a variant of the biblical story of Abraham's near-sacrifice of Isaac.

In the Bible (*Genesis* 22), God tells Abraham to sacrifice his only son as a sign that he fears God (22 : 12). Only when Abraham raises his knife to kill Isaac does God's angel stop him and tell him to substitute a ram caught in a nearby bush. Seeing that Abraham fears God, God blesses the father, promising to "multiply thy seed as the stars of heaven and as the sand which is upon the seashore" (22.17). The Koran (*Sura* 37) differs mainly in that Abraham tells his son, who is not named, of God's plan. Delaney (1998) uses the Abraham story to question the assumption that "fatherhood" means merely the social acknowledgement of a biological tie to a child rather than a social construction derived from a particular theory of procreation, a theory that imputes creativity and agency to the male, exemplified in Abraham's control over Isaac's life and death, at the expense and devaluation of the female role. Delaney argues that the story associates monotheism with a monogenetic theory of procreation, in which the male's "seed" is considered to be the generative element and the female merely its nurturer, an ideology perpetuated among latterday heirs of the "Abrahamic religions" of Judaism, Christianity and Islam.

As Soa Riziky and her *rañaotra* told the story in Analalava in 1989, "Sarah" and "Abraham" are there before God together with the child, whose gender is not specified. Their focus is not the father's fear of God, but the mother's greater fear for herself than for the child and the father's greater fearlessness to be killed so the child may be spared. Yet, as Delaney would have predicted, the story revolves around the question of "who has the right over a child's fate", finally confirming the father as *tompon' anjaran' ny zanaka*. Perhaps the story itself is

evidence that the introduction of Muslim or Christian doctrines in Madagascar has contributed to the philosophical and social complexity of the debates we have been considering¹.

¹ How variants of the Abraham story might have been historically or currently associated with particular theories of procreation is far from clear. Malagasy Catholics and Protestants, translating from French and English Bibles, express "seed" in *Genesis* 22 as *tanakao*, "your descendants", not as "seed" (*vao*). Tandroy in southern Madagascar tell stories of sacrifice to explain why men, not women, have mastery over children: whether they are associated with seed and soil metaphors of male creativity is yet to be explored. In the Tandroy stories, the child has a mortal illness. The parents take it to God who demands that they run naked through a crowd of people. In contrast to the woman who cannot overcome her shame, the man is willing to run naked for the sake of the child's life. Thus God makes the man the master of the child. In another version, the man not only ran naked, but offered his own life as a sacrifice in place of the life of the child. "Zanahare took a swipe at him, but only made a token cut, cutting off his foreskin. Hence the origin of circumcision" (Fee, personal communication, April 10, 1998 ; see Fee, 1997 : 268). Here, in the late 1980s and early 1990s, children still remained with the father after a divorce (Fee 1997 : 267).

People in the Antalaha region of northeastern Madagascar justify the father's position as *tompon' ny zanaka* according to the male-seed and female-soil or -container metaphors of procreation that Delaney finds central to Judaism, Christianity, and Islam, perhaps as a result of missionization in the area (CABRAM, 1992 : 42-43), but there is no evidence of the story.

The ethnography on childbirth among Vezo in southwestern Madagascar in the late 1980s compounds the historical and social complexity suggested by these examples. Like people around Antalaha, Vezo also claim that "it is the semen that the man puts inside the womb that causes the fetus to form inside the woman," while the woman houses the child (Astuti, 1993 : 280). They categorically and consistently denied that a woman might also contribute to the formation of the fetus placed within her womb, though some women claimed that menstrual blood might contribute to the formation of the placenta, considered to be the elder sibling of the fetus. "Women have the 'house' in their body, but men are the 'origin', the 'source' of pregnancy (*ampela trano, lehilahy ro fotoran' ateraha*); it is men who give pregnancy to women (*manao akory tsika ndra teraky tsy mana, rozy avao ro omena azy*)." Yet Vezo argue that men are simply "throwing away" (*aria*) their semen in the woman's womb. The woman who works so hard to bear and later feed the baby is thus "the real master of the child" (*ampela ro tena tompony*) (Astuti, 1993 : 280-281). Only after performing a special ritual (*oron' anake*) for his first-born child does a man acquire the right to bury the bones of the first and subsequent children in his tomb (*ibid.* : 287. fn 13). Norwegian Lutheran missionaries have worked in southwestern Madagascar since the late nineteenth-century, but whether their doctrines or practices have contributed to local debates is an open question.

Among Tañala in Ifanadiana, a man (and his kin) have no claim on a child unless the man has given the marriage gifts uniting him with the mother (Ravololomanga,

Although Soa Riziky and those of her kin and affines whom I met were neither Muslim nor Christian, some of Soa Riziky's husband's relatives were *silamo*, long-time Muslim converts, and all were likely to have some familiarity with Christianity as well. Many practices identified in this area as *malagasy* – for example, certain aspects of Sakalava royal services – have clearly developed in dialogue with Muslim and Christian liturgical practices. Muslims have been trading and settling in northwestern Madagascar since at least the twelfth century (Gewar and Wright 1993 : 431ff.). New mosques and a Catholic church were built in Analalava, and a Protestant chapel in Ampasikely, shortly after 1897, when a French military post was established in Analalava. In addition to the church and chapel, there were four mosques in Analalava in the early 1970s still in existence in 1989 (Feeley-Harnik, 1991 : 238).

The *Contes populaires des Sakalava et des Tsimihety de la région d'Analalava* (1922), which André Dandouau, a French school teacher in Analalava, compiled from stories he heard during the first decade of colonial rule, includes nothing like the Abraham story. Thus we have no quick answer to when or how Muslim or Christian doctrines might have contributed to Malagasy debates about gender, procreation, and the mastery of children in this area. Yet Dandouau's account of childbirth in the Analalava region, published in 1908, indicates dramatic changes in local practices since that time, clearly responding to political and economic, if not also religious considerations. As I will now suggest, colonial and post-colonial policies in this area seem to have favored men's mastery of future children, but perhaps men more narrowly conceived as fathers, not also mother's brothers, compounding differential political and economic subordination and limiting the options of women, as mothers, sisters, and spouses, and the options of children.

Dandouau (1908) describes the birthing mother surrounded by her female relatives and friends, old and young; the father is absent. The "Sakalava" and "Tsimihety" mothers, in contrast to the "Hova" in the area, can cry and complain without reproach (*ibid.* : 164, 175). The "sword battles" of childbirth in 1989 have a curiously concrete

1992 : 187-188). Among Temanambondro in southeast Madagascar, both the man and the woman are said to bear the child of their union. Thus a man may be recognized as the genitor of a child, but he is not recognized as the father, through his Ancestry, unless he has completed the *fafy*, the sacrifice of a zebu completing the marriage with the child's mother. Children born of unmarried women (*zanak'andrao*), also said to "have no father" (*tsy nana aba*) are affiliated with their mother's father's Ancestry (Thomas, n.d.). Temanambondro do not speak of "mastery" over children (Thomas, personal communication, December 1997). Whether Muslim or Christian stories, doctrines, or practices figure into local debates in these areas is a matter for future research.

precedent in 1908. The participants' stock question to the midwife about the birth is said to be : "What do you think... of this expedition" – *Kabarimareo avy manafika?*" (*ibid.* : 168)¹. While the mother and child are still confined, the father gathers his relatives to celebrate. Formerly they would have shot off guns and danced with spears and shields, but since the French have forbidden the Malagasy to carry arms, people knock on old oil drums and empty flour boxes (*ibid.* : 167)².

When the mother and child present themselves outdoors a week later, the mother is dressed in new clothes from her husband. Yet one of her brothers takes the lead in calling their ancestors to bless the baby, using what would have been a spear, but is now a stick, to tap out the steps between his invocations as they circle the house (*ibid.* : 169-170). A few months later, at the child's first hair-cut, a mock battle is held in which the mother's kin sneak up on the father's village, where she is living, and try to steal the baby. Forbidden to carry weapons, their "spears are replaced with illusionary sticks". The mother is not allowed to hold the baby "because she might favor the designs of her family"; the baby is guarded by one of the father's sisters or by his mother. If the father's kin fail to prevent the baby's capture, the father must pay the mother's kin in money and cattle, which are immediately contributed to a huge celebration in which a grandmother, preferably the father's mother, cuts the baby's hair (*ibid.* : 170-171).

In 1971-73, people in the Analalava region no longer staged mock battles between father's and mother's kin. Sakalava royal services were the only occasions in which wooden guns representing the weapons of old were still carried. Furthermore, as I was told repeatedly, "the father is the master-owner of the children", even of children born of outside unions. The father's mastery was marked by his burial of the newborn's placenta, considered its elder sibling, in the yard of his house, usually located in his father's natal village, if not in

¹ The midwife is said to respond, "We who have gone to battle declare that the child is well born, born according to custom The intimates and relatives here present are witnesses (*témoins*) of the fact..." (*ibid.*:168), suggesting that Saha Barimaso's emphasis on the need for "witnesses" in difficult births has some precedence in the area (See also Feeley-Harnik, 1991 : 270 on the use of witnesses.) Tañala in Ifanadiana in 1979 described birth as a *tafika*, or "battle" (see Ravololomanga, 1992 : 110).

² Dandouau (1908 : 166) noted on his personal copy that the enclosed place where the mother and child are confined after the birth is protected by implements hung on the center post: a shuttle for weaving raffia, a batten with six transverse marks in white chalk on it, and some little half-woven baskets. These objects would once have been attached to the blade of a spear planted near the hearth. Women in this area stopped weaving sometime during the colonial period.

town. When spouses separated, the father invariably got the children. Stepmothers (*mamakely*) were and are considered infamously neglectful of former wives' or rivals' children (*zanakam-bady*, *zana-drafy*). As one woman said, the stepmother likes being able to order them around, but doesn't like the body (*fa tsy tia ny vatana*)¹. Thus, the father almost always gave the children to his mother or a sister to raise (Feeley-Harnik, 1991 : 172, 216-225). In refusing to respond to his former wife's plea to "borrow" children from their marriage, a man made her suffer not only emotionally, as Soa Riziky and her *rañuotra* explained, but also economically, given children's important contributions to childcare and other tasks, especially critical to women who bore most of the domestic workload, and especially as increasing numbers of children were leaving for regional schools as they got older.

The bias toward fathers as the masters of children evident in 1971-73 may have derived in part from the practice of the French, now Malagasy, governments to consider the man to be the *chef de famille* and to register citizens as newborns, school-children, taxpayers (males only), and so on, according to the identities of their fathers (Feeley-Harnik, 1991 : 179, 244-245, 552 n. 16)². Yet, as the father's relationship to his sister might suggest, brother-sister relations were still a powerful counterpart to spousal relations in 1971-73. Weisner (1987) suggests that sisters' and brothers' close relations through caretaking in childhood are likely to contribute to their conceptions of parenthood in later spousal relations. Weiner (1992, 1995) argues that the full range of a woman's reproductive and productive roles is too valuable to be lost entirely to her natal family. Even though her physiological role in bearing children may be given in marriage, or other partnerships preserving prohibitions against siblings' sexual relations, other reproductive capacities, for example, raising a brother's children, may be retained. In Madagascar, as in Southeast Asia and Melanesia, enduring close relations between sisters and brothers – what Weiner (1992 : 72; 1995) calls "sibling intimacy" – seem to form the basis of an alternative theory of the procreation of kin existing alongside procreation ideologies based on spousal

¹ Residents of Ambanja and Antalaha follow the same practice (CABRAM, 1992 : 35).

² Currently, the Malagasy government still identifies the nationality and ethnicity of a child born in Madagascar according to the nationality and ethnicity of its father, unless the father's is unknown or nonexistent (CABRAM, 1992 : 149). Currently, a woman is recognized as "*femme-chef de famille*" only if she is a single mother, a divorced mother of a family, or a widow, but not if she is an abandoned wife with children. A wife occupies that position only if her husband is "*incapable, hors d'état de manifester sa volonté ou décédé*" (*ibid.*: 157-158).

relations. The existence of each possibility may help to mitigate unpredictable difficulties arising in the other. Yet sibling intimacy is regionally very variable, expressed in some areas through endogamy, including marriages of the children of brothers, or brother and sister (but not of sisters); in other areas, including the Analalava area, through exogamy combined with close brother-sister relations (see Feeley-Harnik, 1991 : 183-186, 216-229; 1997 : 161-168). Now I would question how national political-economic transformations, such as I have described, might expand or limit how women and men evaluate their generative relations as siblings and spouses.

"Things Without Fathers" (*Raha Tsisy Baba*)

Soa Riziky's account of the death of her first child, born "outside" of a housed relationship in the early 1980s, shows how intensely the kin of both the father and the mother may struggle to keep a child. Perhaps because of their greater wealth, Soa Riziky's kin were able to insist that the father's kin had no right to take the baby if they did not also take its mother. Yet in 1989, the more common problem for women was not retaining a child after separating from its genitor, but getting the man to acknowledge his role as genitor (see also CABRAM, 1992 : 43, Ravololomanga, 1992 : 145, 204-205). Formal marriages legitimated through the exchange of gifts had become increasingly difficult for young men to achieve. With the rising cost of living, exacerbated by successive devaluations of the malagasy franc, the gifts have become steadily more costly, while well-paying jobs have become more scarce for women and men alike (Dorosh and Bernier, 1994). The gifts cost more, partly because they must acknowledge the rising costs of education. Yet a man is less able to count on his kin for contributions, or their contributions may take longer.

In many parts of Africa, young women and men are trying to solve these problems by forming new kinds of unions (Bledsoe and Pison, 1994; Karanja, 1987). Some scholars have argued that young women are using childbearing as a way of inducing men to support them, what Fayorskey (1992/1993 : 37) calls "multiple, sequential marriages" involving a new kind of "consensual marriage". Whereas a man may define the status of a union – inside or outside, hidden or open – to marginalize a woman and the offspring of a marriage, a woman may use childbearing to "stabilize an otherwise fleeting relationship. Without the child there is no basis to claim any longer-term goals" (Guyer, 1994 : 237). In the Analalava region, the gift-exchange through which a marriage achieves public recognition, is expected to continue throughout the relationship. Men are also expected to give gifts (*tangy*) to their girl-friends before marriage and their lovers outside of marriage (*vady an-tany*). Men's relationships

outside of marriage are still attributed to their manliness, but women are not regarded in the same way. In the words of a common saying, "A woman is the spouse of one person, but a man is not the spouse of one person (*Mañangy vadin'olo araiky, fa lehilahy tsy vadin'olo araiky*)". Yet a man's obligations to the children of such unions have little sanction besides what local ideology and practice can provide¹.

One way for a woman to retain a man's support, even temporarily, even divided among other women, is to bear a child with him. In addition to persuading a man to observe the behavior appropriate to a genitor during conception and gestation, a woman may also lay the groundwork for her claim by her courageous behavior in childbirth. The following event suggests the value of exploring this possibility in further research.

In October 1989, Zaramisy Isabelle, a schoolgirl then seventeen years old, gave birth to her first child. She came from a village at the base of Narinda Bay to Analalava in order to attend the district high-school. Although she had been living with other school-mates, she was taken into the home of her boy-friend's parents during her pregnancy and after the birth. The boy's mother attended her throughout the birth. Judging from the girl's quiet fortitude, strikingly different from the behavior of another schoolgirl about the same age, but in less fortunate circumstances, the boy's mother is also likely to have counseled her in what to expect and how to behave.

Returning to the family where I was living, I said to Maman' Leon that the girl had hardly made a sound. In this excerpt from my fieldnotes (10/17/89, pp. 179-180), double-quotes mark the words of Maman' Leon and her mother :

The most she did was quietly pant, tiny groans of effort, not really groans. Maman' Leon said, "It is forbidden to cry (*fady mitomany*), crying indicates incest (*mandoza*). The meaning of *mandoza* : to marry a relative, whether her brother or her father [using "marry" as a polite substitute for intercourse]. Must not cry, need to be quiet. Just groan very quietly in pushing. Don't cry in giving birth. People say [crying shows] committing incest". Then her mother came in, and Maman' Leon asked her : Isn't that right? And her mother said, "No, crying just means that the woman is feeling ill [with contractions]. One doesn't think that the woman has been committing incest unless she calls for her father (*miantso papa izy*). If she calls for her father, it's as if she were committing incest. She should only be calling for her

¹ According to current Malagasy law concerning the filiation of children born out of marriage: "*seule la mère peut exercer l'action en recherche de paternité pendant la minorité de l'enfant...Le père qui reconnaît un enfant adultérin ne crée à sa charge qu'une obligation alimentaire*" (CABRAM, 1992 : 158).

mother (*Izy koa miantso papa izy, karaha mandoza. Reny fo niantsoavany*).

Incest (*mandoza, manantambo*) is considered a terrible act. As Maman' Leon explained, *mandoza* refers to sexual relations with a "relative", usually identified as a brother or sister, born of the same parents, or father, but never mother. Perhaps Maman' Leon's mother worried that I would assume that local people commonly committed such terrible acts, or perhaps she simply disagreed with her daughter. In fact, incest as such is very rare (see Feeley-Harnik, 1991 : 84-88, 172-176). Generally, *mandoza* refers to sleeping with anyone known to be a "relative", a preferred practice elsewhere in Madagascar, as evident in the views of migrants from those areas to the Analalava region. The local practice of exogamy is almost always described by contrast to the practices of Silamo or Merina who favor endogamous marriages between siblings' children. From the point of view of Malagasy in this area who have not converted to Islam, the unions involved in these marriages are also unacceptably "incestuous".

By her conduct in childbirth, a woman is able to bear witness that she is bearing a child formed out of a properly exogamous conception and gestation. Even if the father has not yet publically acknowledged the child, the mother had laid the basis upon which that can be done. In so doing, she may be able to get support for herself, but more important, she will be better able to get support for her child, from whom her future support is more likely to come. The mother's status as a spouse may contribute to her economic well-being, but not invariably. The status of the child as someone who is both a "child of woman", born of a woman who is a sister, as well as a spouse, with access to all of its mother's ancestors, and a "child of man", born of a man who is a brother as well as a spouse, with access to all of his ancestors, is essential to its well-being.

A child who has not been acknowledged by the man as well as the woman who formed it into being is a "thing without a father" (*raha tsisy baba*), hardly more than the undifferentiated thing still gestating in its mother's womb. Such a child will be raised by its mother's kin. Nevertheless, the person who is only a sister's child has more limited access to land, water, and other critical goods. The father's sister and her child, whom Soa Riziky believed were trying to harm her, was running into that problem. Such a child is also vulnerable as an adult to committing incest inadvertently because it doesn't know who all its relatives are (see also Astuti, n.d., 34, fn 21). Furthermore, its health and well-being may suffer directly from the lack of connection with the man who contributed to forming it. An ill child can be diagnosed as "needing its father" (*mila baba*), or needing to "search for its father" (*mitady baba*), even years later. Its father's ancestors may strike it with illness as a way of forcing the connection. If the father does not

acknowledge the child and intervene with his ancestors, the child may die.

The following brief account of how Maman' Meva was trying to arrange for the recognition of her daughter's new baby exemplifies the problems involved in the economically hard times of 1989. In the following summary of our taped conversation (October 10, 1989), the double-quotes mark Maman' Meva's words.

Meva was living with her father Djoma and *mamakely*, his third wife after her mother, but the stepmother threw her out after accusing her of planting medicines from her mother to break up the father's new marriage. Meva's mother's brother then asked his sister if Meva could stay with him, but then "used her like a servant", so she returned to her mother's house. When Meva started having contractions, her father took her up to the maternity. Now she and the baby are staying with his mother. I asked who was the father of Meva's child. Maman' Meva said you don't know right away. Meva told her, but she still didn't dare to say anything to that family, because it might not be right. "Among us Sakalava, you have to know exactly who the father is, because a sick child who needs its father (*mila baba*) [to get well through invocation to his ancestors], it's being not the right man can make it sicker". Maman'Meva had notified the grandmother of the boy who was here in Analalava, so that she and Maman'Meva could take care of the baby together. His grandmother is happy about this, keeps giving little gifts whenever she can, but the father still hasn't seen the child, because he's married up north. "He is afraid of his wife after all (*Mavozo vadiny ke*)". He married after he separated from Meva. Whenever he comes down to Analalava, he's with his wife. He couldn't get the child because it's still too young. But "he must get the child, because he's never given birth, that's his first. He has gotten the child of relatives to raise (*Tsy maintsy mahazo, satria tsary niteraka, sambany io. Nalain' zanaka havana*)". He's still having difficulties taking care of the marriage of his younger brother. When that's done, he may look after his child. He's still a young boy, younger than me, perhaps thirty year old.

Yet these speculations about using childbirth to begin establishing claims to a properly exogamous union should be set alongside the possibility that women may be trying to help themselves and their children by retaining close relationships with their brothers. My evidence here is also tenuous and indirect, but perhaps sufficient to indicate that women and men may have multiple strategies. Although Sakalava royalty have not governed officially in this area for almost a century, they are still prominent in representing and achieving solutions to interpersonal relations within natal families and between lovers and spouses. Particular well-known groups of royal spirits have long served as models of alternative ways of forming generative

unions through siblings or through spouses. In the early 1970s, when fathers predominated as masters of children, the two most prominent family groups of ancestral royalty consisted of a group of fathers and sons (*Zafinimena*) and a group of a brother and sister with the brother's children (*Zafinifotsy*) (Feeley-Harnik, 1991 : 200-25, 310-313). Although the second group was also focused on a father and his children, the prominence of the "father's sister", as she was identified from the perspective of the children in the group, contributed to the ability of sisters, their spouses, and children to remain in or return to their natal farming villages where their fathers and brothers controlled the distribution of land and water (*ibid.* : 216-225).¹

In 1989, the *Zafinifotsy* were not so commonly seen. A group of young royal mothers' brothers called *Zama*, mother's brother/s, were fast becoming the most popular spirits in the area, possessing young women in particular. Another brother-sister pair of young royal spirits was active in Ambanja, north of Analalava (Sharp, 1995 : 82). Here the focus seemed to be on the sister. Not only was Mbotimahasaky unmarried, but her lover, with whom she had just had a baby, seemed about to abandon her. She and her brother, fighting with each other when they first appeared in their mediums, then usually making peace, were specialists in conflict resolution and love medicine.

¹ In the most popular song honoring the brother-sister pair, they are presented as a generative couple in which the brother had given birth to the children and his sister was raising them: *Bevaoko namaitry, Anjelabe mitarimy* (Feeley-Harnik, 1991 : 223-225).

Conclusion

Ny zanaka no lamba itafiana – "the child is the *lamba* in which one is clothed". Yet Malagasy people have many ways of wrapping their *lamba*, as Ravololomanga (1992 : 17) points out in citing this Merina proverb. As I have shown here, a woman's conduct in childbirth is a critical to the social-historical processes by which children bind women and men to each other and children are bound up in newly emerging networks of relations. Yet there are significant local variations in how childbirth and the "mastery" of children are viewed, with people in some areas claiming men to be "masters of the fate of the child", while people elsewhere claim women to be. Grounds for making these claims also vary. The focus may be on theories of conception in which men are said to be the creators; or on the woman's hard work in raising a child, regardless of the man's role in its conception; or, as presented here, on debates about the relative capacities of women and men to brave the death that bringing forth new life may entail.

For women in the Analalava area, childbirth is a hazardous journey, requiring great strength and composure. The struggles of women and men for the "mastery of children" are similarly complex. The very cutting, wrapping, and tying through which they articulate their bodily, interpersonal, and moral concerns, may help us to comprehend how they relate their lifetimes to the dramatic political and economic changes of recent generations in this area. Men are currently regarded as the "masters of children". Yet historical and ethnographic data show considerable variation in both childbirth and the affiliation of children throughout the colonial and post-colonial periods. These data suggest that in understanding the relevance of ancestry and natality in determining the affiliation of children, we need to recognize that competing gender ideologies about male and female forms of birth may coexist, as well as competing ideologies of generative relations derived from the different ways in which women and men participate in kin groups as spouses and as siblings. We need to ask what happens to these relations when the rising costs of formal marriage outstrip the ability of most people to pay, and many children must "search for their fathers" in order to live to adulthood. We need to examine the local struggles of women and men for the mastery of their children in the context of of the policies and practices through which governments attempt to bring the births of its citizens under the oversight and control of national public health system, as well as changing governmental policies identifying people as citizens through men or through women. Finally, we might consider how the problems of women and children in such apparently distant places as Madagascar, France, and the United States are linked not only by common concerns of childbirth and parenthood, but by their common

involvement in global political-economic relations which contribute to the impoverishment of women and children overall.

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ABSTRACT

According to a story told in northwestern Madagascar in 1989, "men are the masters of children" (*tompon'ny zanaka*), not the women who give birth to them, because the men have more courage than women to put the life of the child before their own. When God asked the woman who should be killed, herself or the child, she chose the child. When God asked the man who should be killed, he chose himself. Therefore God made the man the master of the children. Yet the most striking feature of childbirth in practice is the woman's courage in putting first the life of another, well before it is clear whether or not that other will be a living human being, and despite the current infant mortality rate of 120 in 1000 live births and a maternal mortality rate of 2.4 in 1000 live births.

I argue that the contradictions between the story and the practice of childbirth and child mastery, or custody, derive from ongoing debates among Malagasy, picked up by anthropologists, concerning the relevance of ancestry, procreation, and gender to the formation of personal identities and social hierarchies. Like other scholars working in Madagascar, I argue that childbirth is critical to the emergent identities of the "mother" and "father" of a child; but I also argue that childbirth is critical to the emergent identity of the child as a being who has both a mother and a father, who is both – to use the Malagasy idiom – the "child of women" who are sisters among siblings and the "child of men" who are brothers. The minimal social identification of the child, which is ideally completed in the union of each of these pairs, and clear relations between them, is essential to ensuring that the child will not only be, but thrive. In Madagascar, as in the United States, women and children who are destitute of the networks of social support these pairs imply are most vulnerable to the increasing social divisions between rich and poor that afflicts an increasing majority of people in both countries.

RESUME

Cet article est inspiré d'une histoire concernant la naissance et la maîtrise des enfants racontée par deux femmes lors d'enquêtes sur la naissance en 1989 dans la région d'Analalava. Selon cette histoire, Dieu donna le choix suivant à une femme: qu'il la tue, ou qu'il tue son enfant. Elle a proposé l'enfant. Dieu a proclamé que dorénavant, les enfants appartiendront aux hommes. Cette histoire crée un portrait morne et rancunier des femmes en couches: "l'homme est le maître des enfants." et non pas la femme qui donne la vie, parce que le premier a eu le courage de se sacrifier tandis que la femme, soi-disant, ne l'avait pas. Pourtant cette histoire contredit directement les réalités de la naissance. L'aspect le plus frappant de l'acte d'accouchement dans cette région est le courage des femmes de mettre en avant une autre vie qui n'est pas encore certaine, et le

courage face à un taux de mortalité infantine actuel de 120 sur 1 000 couches et un taux de mortalité maternelle de 2.4 sur 1 000 couches. "La maîtrise des enfants" par l'homme se complique aussi dès qu'on considère les identités variables de cet "homme" générique : suivant les circonstances, il peut être le père, l'amant, le mari, le frère, le fils, ou bien un citoyen de l'état malgache, soumis aux lois et aux coutumes locales qui ont aussi leur mot à dire sur l'identité et sur la garde des enfants.

Le premier but de cet article est de documenter l'héroïsme des femmes face à une lutte potentiellement mortelle qui ne garantit jamais qu'elles en sortiront vivantes. Les gens de cette région disent que la naissance est la "lutte de sagaie" des femmes (*ady antsaboo*), comparable à la circoncision des hommes. Dans ses études sur l'Imerina, Maurice Bloch (1986) insiste sur le fait que le rite de circoncision (comme les rites funéraires ou ceux des deuxième enterrements) est le moyen par lequel les hommes s'établissent comme chefs de lignée en dévalorisant les relations associées avec la naissance, la mort, et les femmes. Cette dévalorisation des actions humaines à travers les rites, de plus en plus isolés des croyances et pratiques quotidiennes, transforme les rites en idéologie: "des présentations sous un faux jour du monde qui justifie l'exploitation" (1986 : 175). La défaite des femmes, effectuée, soi-disant, au cours de ces rites, permet la mort physique de se transformer en une renaissance sociale. Ce sont les hommes qui contrôlent ces transformations, tandis que les femmes "laissées porter le cadavre" sont polluées par la mort. Bloch insiste aussi que ces rites de passage - la circoncision et les funérailles - sont plus importants que la naissance pour former l'identité sociale de la personne.

Comme Bloch, le problème est abordé avec une approche sociologique et non psychologique. Mais dans la perspective de l'auteur, les intérêts en jeu sont beaucoup plus compliqués à cause des variations régionales, et des facteurs politico-économiques et historiques qui s'y insèrent. Il est certain que les résidents du Nord-Ouest malgache considèrent certains aspects de la naissance comme impurs, dangereux et pernicieux. Or, comme je le démontre, ils ont conscience aussi des inégalités politico-économiques qui contribuent à rendre la vie de certains des leurs, dangereuse ou polluée.

Dans ses travaux antérieurs (Feeley-Harnik 1991), l'auteur a souligné que les rites funéraires, quelque soit le rang social du défunt, nécessitent une collaboration étroite entre les femmes et les hommes. Il en est de même pour la naissance. A partir des données ethnographiques et historiques présentées ici, la naissance est un événement critique dans la formation de l'identité de l'individu parce qu'elle l'établit comme étant l'enfant d'un père et d'une mère.

Il serait utile de voir comment les problèmes des femmes et des enfants dans des sociétés diverses comme à Madagascar, en France, et aux États-Unis, sont liés non seulement par les préoccupations communes de la naissance et de la maternité, mais aussi par leur participation dans les rapports politico-

économiques mondiales qui contribuent à l'appauvrissement des femmes et des enfants en général.

FAMINTINANA

Ity lahatsoratra ity dia notakarina tamin'ny tantara momba ny fiterahana sy fifehezana ny zaza notantarain'ireo vehivavy roa tamin'ny fikarohana natao momba ny fiterahana tamin'ny taona 1989 tany amin'ny faritr'Analalava.

Araka io tantara io dia nampisafidianin'Andriamanitra hono ny vehivavy indray mandeha ka nanontaniany na izy no hovonoina na ny zanany. Novalian'ny vehivavy anefa hono izany hoe "aleo ny zaza no hovonoina". Noho izany fitiavan-tena nasehon'ny vehivavy izany ary, dia nanapaka hono Andriamanitra fa "manomboka izao dia ny lehilahy no tompon'ny zaza". Ny lehilahy mantsy hono sahy nanolotra ny tenany fa tsy mba nanao tahaka ny vehivavy.

Hita amin'izany fa manome endrika ratsy ny vehivavy tokoa io tantara io mba hanamarinana ny fanarahan'ny zanaka ny lehilahy. Ny antsoina hoe "lehilahy" eto dia mety ho ray, na sakaiza, na vady, na anadahy na olon-kafa koa aza. Tena mifanohitra amin'ny zava-misy marina anefa ny hevitr'io tantara io, satria ny vehivavy dia tena misedra ny mafy tokoa eo am-piterahana. Azo lazaina ho manafo sorona ny ainy mihitsy izy mba hahazoana zanaka. Hita izany amin'ny isan'ireo maty ao amin'ny toeram-piterahan'Analalava.

Ny voalohany kendren'ity lahatsoratra ity izany dia ny fanehoana ny herim-pon'ny vehivavy. "Ady an-tsabo" na "ady lefona" ny fiterahana hoy ny filazan'ny olona azy any amin'ny faritra avaratra iny, izany hoe mahafaty. Ka azo ampitahaina amin'ny famorana izy amin'izay. Tao amin'ireo fikarohana nataony nikasika ny Merina, dia nanantitrantitra i Maurice Bloch (1986) fa ny famorana (tahaka ny fandevenana sy ny famadihana) dia fomba iray ahafahan'ny lehilahy mametraka ny tenany ho filohan'ny taranaka amin'ny fanamaivanana ireo fifandraisana miaraka amin'ny fiterahana, ny fahafatesana ary ny vehivavy.

Ny faharesen'ny vehivavy, izay mitranga, hono, amin'ireny lanonana ireny, dia miova ho fahavelomana ara-tsosialy ny fahafatesana ara-nofa. Ny lehilahy no manamarina ireny fiovana ireny, ary ny vehivavy dia "avela hilaña ny razana" ka noho izany voaloton'ny faty izy ireo. Manantitrantitra ihany koa i Bloch fa ireny lanonana fiampitana ireny – ny famorana sy ny fandevenanana dia lehibe kokoa noho ny fahaterahana amin'ny famoronana ny maha-izy azy eo amin'ny fiaraha-monina ny olona iray.

Tahaka an'i Bloch, dia fomba fijery ara-piaramonina fa tsy psykôlôjika no ampiharina eto. Sarotra kokoa ny mijery ireo tombon-tsoa miditra an-tsehatra noho ny fiovana isam-paritra sy noho ny fidiran'ny toe-javatra ara-toe-karena, ara-tantara ary ara-politika.

Ny mponina amin'ny faritra avaratra andrefana iny dia mihevitra fa ny endrika sasan'ny fiterahana dia maloto ary mitera-doza miandalana. Saingy

voaporofa koa anefa ny fahatsapan'izy ireo, fa ny tsy fitoviana ara-politika sy aratoekarena no miteraka sy mahatonga ny fiainan'ny sasany ho maloto na miteradoza.

Hamafisin'ny mpanoratra amin'ny fikarohana nataony taloha (F.H. 1991), fa ny lanonam-pandevenana, na inona na inona ny sarangan'ilay maty, dia mitaky fiaraha-miasa akaiky eo amin'ny lehilahy sy ny vchivavy. Tahaka izany koa eo amin'ny fiterahana. Araka ny hita amin'ny riba sy ny tantara dia miharihary fa ny fahaterahana dia toe-javatra mafonja eo amin'ny fiforonan'ny maha-izy ny olona satria mametraka azy ho zanaky ny rainy sy ny reniny.