

SOCIALIZATION FOR SCARCITY:

Child Feeding Beliefs and Practices in
a Haitian Village

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" Grangou se mizè,

Vant-plin sé traka."

If your belly's empty, you feel miserable.

If it's full, you feel upset.

A proverb taught us by the children of Kinanbwa

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INTRODUCTION

In this report we will present a somewhat detailed description and analysis of the food-related beliefs and behaviors of a community of Haitian peasant cultivators located in the Cul-de-Sac Plain. Our intention is to synthesize for readers interested in Haitian peasant life a complex body of information which we gathered on matters specifically related to food. This entails descriptions not only of community nutrition beliefs and ideals but also of actual community behavior with respect to the preparation and distribution of food. Our hope is to present a clear, descriptive, de-jargonized account of what people do to feed themselves and -- especially -- their children. This will entail delving into local belief systems on the one hand but also making clear the factors which produce increasingly common deviations from these beliefs and ideals. Much of rural Haiti is suffering nutritional stress, and one current body of opinion begins with the premise of nutritional ignorance on the part of peasants as an important cause of this stress. Our research findings simply do not accord with this guiding premise, and we will try to present our own description of what we found to be an impressively accurate understanding of human nutrition. The failure of the Haitian population to achieve nutritional well being is not due principally to defects in local knowledge or belief, but to factors lodged for the most part in a deteriorating rural economy.

This report is an elaboration of field materials gathered originally in 1971-1973, expanded by a second series of observations in the village during the summer of 1980. The original report submitted by the authors in 1973 (Childbearing, Sickness, and Healing in a Haitian Village) to the Division d'Hygiene Familiale has been updated in terms of its treatment of several food related matters, and in addition large sections have been added (some two thirds of the current report) concerning a number of nutritionally relevant behavior patterns not covered in the first report.

As in our earlier research we identify the community by a pseudonym, Kinanbwa. It is a lowland agricultural community whose men are engaged in a particularly heavy brand of the cash cropping that to some degree characterizes most Haitian peasants, and whose women carry on a particularly active form of commerce by traveling frequently to Port-au-Prince.

We have subdivided our information into twelve chapter headings, but have grouped these chapters into three major sections. Part One of the report will deal with the beginnings of life -- that is, with food-related beliefs and practices surrounding the sequence of biological events that begins with the conception of a fetus and ends with the weaning of a child. Part Two will then move analysis into the more general food system of the village, analyzing the different pipelines of food into the rural kitchen pot and discussing the factors leading to the rapid deterioration of these pipelines and the arrival of consequent hunger and nutritional stress as common elements in village life. Part Three will then examine the daily rounds of preparation and distribution of food in village kitchens.

Our methods in gathering the information spanned the gamut of techniques commonly used in anthropological research. Much use was made of transcribed tape recordings and verbatim reconstructions of villager explanations in constructing our model of food related components of the village belief system. Behavioral observations following children through daily rounds were also made. Information on actual feeding schedules and interhousehold differences with respect to food behaviors was gathered with the help of young villagers who were taught to observe and record in Creole activities surrounding the kitchen and cooking pots of their own kitchens. We gathered information on all the food served in seven households during a two week period using this method. And we gathered upper arm circumference data on village children as well as survey data on all village families, permitting the identification of several correlates of differential nutritional status in children.

We are deeply grateful to Linda Morse for her persistent encouragement to undertake this research and for her thorough support during the summer of 1980. We also thank her and Jerry Russell for their patience in awaiting this report, whose compilation proved to be physically longer and more time consuming than anybody involved could have ever anticipated. Our deepest gratitude and affection is reserved for Franjel, Ti Nono, Minouche, Jantal, Vadlin, Tchon and all of the other children of Kinanbwa who for years have enriched us with their affection and taught us about human physical and emotional survival and growth even under conditions as harsh as those prevailing in Kinanbwa.

PART ONE: THE BEGINNINGS OF LIFE

1. MATERNAL FEEDING AND GROWTH OF THE CHILD DURING PREGNANCY

1.1. Folk-Anatomical Concepts

Standard discussions of child feeding practices begin with the food that is given to the infant after childbirth. But in the village of Kinanbwa, there is a prominent series of beliefs, and an underlying folk-biological theory which guides village understanding of the development of the child. All human beings are believed to be born with two intestinal "sacks" (see Figure 1). The first is the sak manjé (the "food sack", also known as the gro sak), which is the repository of the food consumed by the individual. The second sack, which is smaller, is viewed as the repository of liquids. Village anatomy also posits two intestines (the ti-trip and the gro-trip). But these intestines are seen as beginning just beneath the throat. Food is carried from the mouth to the sak manjé by way of the ti-trip which starts at the base of the throat. From the small intestine, food passes on to the large intestine where all of the food is ground (moulin). It is only after the food is totally ground that the food enters the sak manjé, that receptacle which English speaking people refer to as the "stomack". Liquids are also believed to pass first through the ti-trip, then through the gro-trip. But from there they are diverted on to the smaller sack, the blad. It is inside this latter sack that the liquids take on the yellow color that they will manifest when exiting from the body. In short, local folk-anatomical theory has several discrete elements that to some degree correspond to the elements identified by modern science. But the internal arrangement and inter-relationships of these elements are quite different from that found in modern anatomical theory.

All human beings are viewed as having a sak manjé and a blad. But in addition females are viewed as having a third sack, the sak pitit, where the unborn child will lodge during pregnancy. (See Figure 1).

FIGURE 1

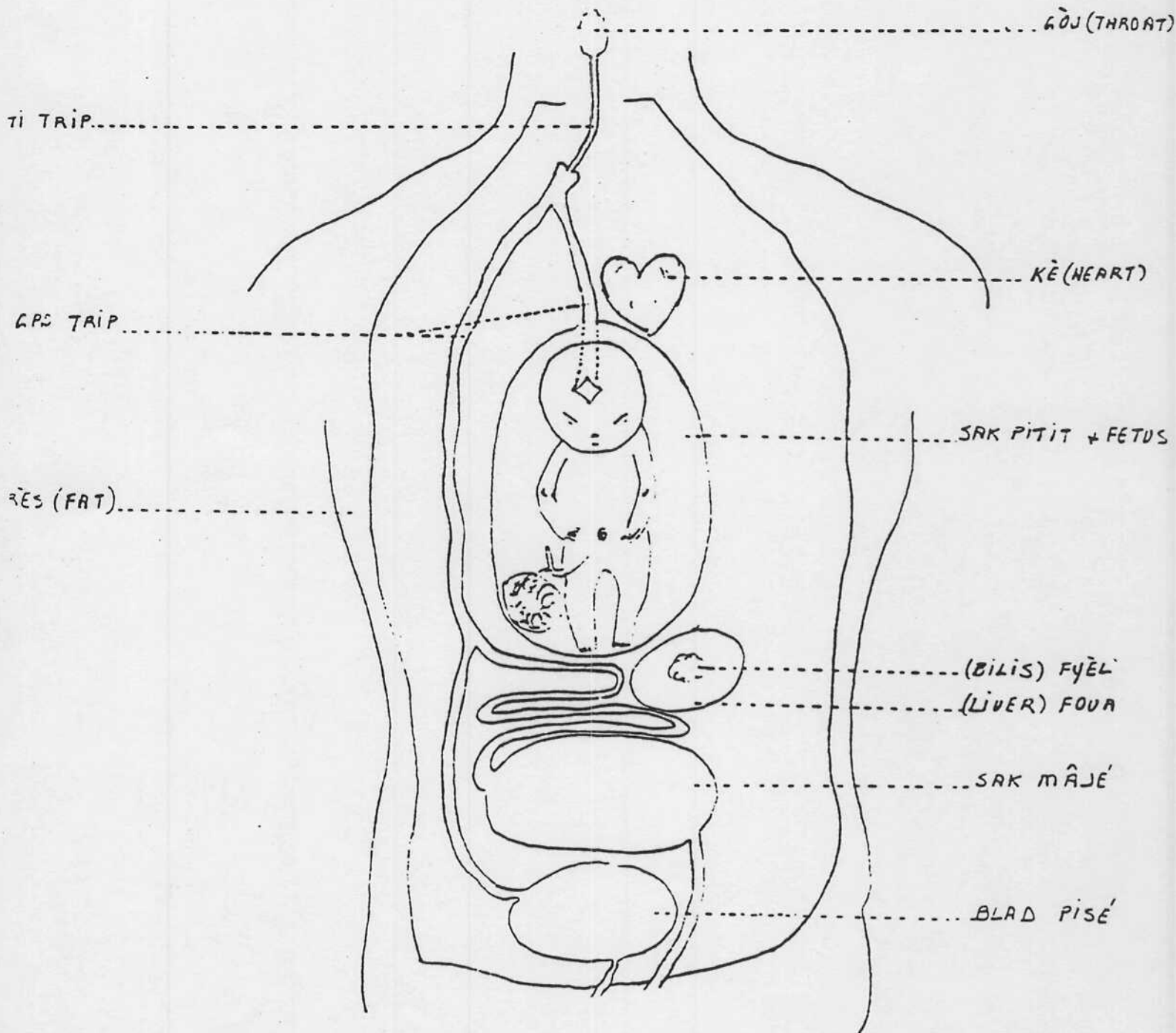


Fig. 1 FOLK ANATOMY OF A PREGNANT WOMAN
AND FETUS AS ELICITED FROM A VILLAGE WOMAN

This sack corresponds to what in English is called "womb". The woman's placenta (mèt vant) are also lodged inside the womb, during pregnancy, and it is into the womb that the woman's monthly flow of blood will enter as nourishment for the child, the flow that would normally exit as her menstrual flow. The womb is completely closed except for an opening at the top, which connects directly with the large intestine.

1.2 Concepts of Fetal Development

The entire body of the woman is believed to be in a process of slow "opening up" during pregnancy. The opening is believed to affect principally her bones, to the degree where some informants claim that the bones can occasionally be heard shaking and rattling. In view of this salient belief, one of the major tasks that postpartum care will attend to is the re-closing of the body of the women.

As for the fetus itself, at the first stages of pregnancy, villagers believe that there is only water in the sak pitit. Within a brief period of time, however, this water will turn into a tiny ball of blood (ti-boul san). It is from this embryonic blood that other parts of the child's body will slowly emerge.

The first two months of pregnancy witness the gradual formation of the major parts of the child's body. By the end of the fourth month, all of the parts will be there, though the body is still very small. It is believed that the fetal development of a female will proceed more rapidly than that of a male. That is, though both will be born at about the same time, the female's body parts may be finished by the end of month three, whereas those of a boy may take a month longer.

It is thought that the body is completely developed by the end of month seven (li fini nèt). Some children are in fact born in their seventh month. Some people insist that no viable children are ever born in month eight. Children born in month seven can survive, but children born in month eight will assuredly die. If a woman delivers during the

eight month of pregnancy and the child does not die, the husband has every right to suspect that the child is not really his but was rather conceived by the woman with another man a month before the woman told her husband that she got pregnant from him.

Villagers will frequently talk about the growth of the fetus during pregnancy in the terminology of house building or in the terminology of sewing. In this case the architect and tailor is Bon-Dié (God). (The loua, the spirits of the folk-religious pantheon, are not believed to have a role in conception and fetal development. They can only have negative effects in these matters, according to village theology). God is viewed as gradually adding pieces to the body until it is finished. The most commonly used verb is "koud" -- to sew. One by one God "sews" on the parts of the body.

It is strongly believed that growth occurs principally when the mother (and child) are sleeping. This particular belief is one which justifies ample sleeping during pregnancy (though there are countervailing concepts that say that the woman who sleeps too much will produce a lazy child). If the mother and child are violently startled from sleep, then the particular part of the child's body that was in the process of being "sewn" may be missing or deformed when the child is born. Thus there are strong norms against startling awake a pregnant woman. If necessary the woman can be awakened by gently touching, but not by violently shaking or loudly calling. This particular mother-protecting belief is merely one in a long series of similar beliefs and practices whose effect is to protect the mother and child before, during, and after pregnancy.

1.3. Cranial Feeding of the Fetus

The above complex of beliefs is intimately associated to a corresponding set of beliefs about the feeding of the child while in the womb. Local folk-theory may attribute the growth of the fetus to the silent hand of Bon-Dié. But people are simultaneously convinced that

the proper growth and development of the child in the womb is intimately linked to the food which it directly consumes from its mother. Comparing Kinanbwa traditions with practices which we have observed in other cultures, we are impressed with the explicit emphasis given in this Haitian community to the biological need for a high-quality diet for the pregnant woman.

The very position which the fetus eventually assumes in the womb is seen as being a feeding-related development. It is believed that the fetus spends most of its pregnancy in a standing position inside the mother's womb. The child is not "floating" in the sack, as modern anatomy would have it. Rather he is standing, his feet resting on the bottom of the womb and his head just beneath his mother's heart. It is only immediately before birth that the child will shift his posture to a head downward position in order to permit normal delivery. The upright position during most of pregnancy is in order to facilitate the direct feeding of the fetus.

When the woman is not pregnant, the entrance at the top of the womb is closed. All of her food thus descends through that branch of the intestine which by passes the womb, to enter directly into the stomach. But when the woman is pregnant it is believed that part of the food which she eats also enters the branch of the intestine leading into the womb itself. This portion of the food is then directly consumed by the growing fetus. The food enters the fetus not through its mouth, but through the hole which is at the top of its head. It is through this cranial aperture, via a branch of the large intestine, that food is transferred from the mother's mouth directly to the body of the growing fetus. Traces of this cranial opening can be seen at birth, and the softness and throbbing that characterizes neonates' heads is believed to represent the as-yet unfinished closure process that seals up the opening that was their major source of nourishment while in the womb.

We have found this particular element on the folk model -- the notion of direct feeding through a hole in the fetus ' head -- to be present in other parts of Haiti as well. Rural Haitian folk-biology thus makes the growth of the child directly dependent on the food which the mother consumes, since the fetus itself is believed to partake directly of this food.

It is perhaps in this light that the general absence of strong food taboos during pregnancy can be understood. There is a general belief that very bitter items should not be eaten by pregnant women, and some informants have mentioned rum and certain types of pills as proscribed during pregnancy. But in general the rule for pregnant women in this village is: eat well and frequently, for the development of the child in your womb depends on it. Informants specifically mention, not only the standard carbohydrate staples, but also meat, eggs, milk, and beans. All are recommended for pregnant women.

1.4. Folk-Theories of Intrauterine Homeopathy

Local folk-belief concerning intrauterine feeding of the fetus is best understood as one element in a broader set of concepts which posit a series of behavioral and emotional interrelationships between the mother and the fetus that go far beyond the purely biological relationships with which modern medicine deals. Not only do the two parties -- mother and fetus -- influence each other's behavior. In addition there is also believed to be a consonance between the physiological states -- hunger thirst, sleep -- and the bodily positions -- standing, sitting, lying -- of mother and child, as well as a similarity of moods. The following examples are of particular interest.

a. Energy and Activity Level. To a large degree the child in the womb mimics the behavior of the mother. The woman's very energy level has important behavioral effects on the child in the womb. If the mother is active (manyin isit, manyin la), the child will jump about in the womb, moving back and forth, up and down, thumping the mother with its head,

puffing out her stomach, etc. If the mother works hard during pregnancy, the child inside her will also "work hard". Hard work on the part of the mother during pregnancy insures not only a more energetic child, but an easier childbirth as well. If, on the contrary the woman spends most of her time sitting or lying down, the fetus will also sit or lie in the womb and will in all likelihood turn out to be a lazy child. The child who stays "lazily" in only one position during pregnancy — i.e. who does not kick about — is thought to be vulnerable to a difficult birth.

But this influence works in two directions. If the activity level of the mother can affect the energy level of the child, the reverse is believed true as well. Some children in the womb make their mothers lazy while others will make her work harder. A mother who is sleeping or sitting down most of the time is believed to be under the possible influence of a fetus with a pre-existing "lazy" character. That is, the explanatory system is broad enough to accomodate built in inconsistencies. On the one hand laziness on the part of the pregnant mother is thought to be the cause of future laziness in the child. On the other hand the same belief system allows her laziness to be interpreted as a possible effect of the fetus' personality. What is constant, however, is a widely shared belief in a literal similarity of temperament between mother and fetus.

The behavior of the woman can not only affect the energy level of the child but also his personality. A child can turn out to be a bad child if the mother's behavior in pregnancy is not proper. In turn the fetus can make the mother dislike and "hate" certain people and induce her to behave meanly toward them. Many women feel unusual antagonism towards certain people (their husbands included) during pregnancy. They may find themselves constantly arguing (fê kont) with them for no apparent reason. Such feelings are believed to be an expression of the feelings of the child in the womb. As soon as delivery occurs the woman's emotions become her own again and she may be again on good terms with the person in question.

b. Sexual Relations of Parents. Though a child in the womb cannot directly prevent intercourse between its parents -- he still has no knowledge of "those things" because he is not yet out of the womb -- he can interfere with its parents sex life indirectly by creating animosity in the mother for the father. Thus there are women who during pregnancy will physically resist the sexual advances of their husbands. They sleep by themselves (pou kont yo). They will sleep in the sal (sitting room) while the male sleeps in the cham (bedroom). If the father tries to approach, the unborn child will make his mother resist him.

But otherwise there are no general village norms against intercourse during pregnancy. Informants say that some couples continue to have intercourse the normal two or three times a week throughout pregnancy, while others may have contact only once a week or every two weeks. (The notion of daily intercourse seemed exaggerated to all who were questioned; not even newlyweds will keep up that pace).

A pregnant woman can have sexual relations with her husband until the day she gives birth. In fact, frequent intercourse is felt by many to be helpful during pregnancy, because it will keep open the uterine canal. If intercourse ceases or drastically diminishes in frequency, it is said that the opening can become blocked.

c. Bathing of the Woman. Though there are no taboos against a pregnant woman bathing in cold water, some children cause their mothers to avoid and dislike such cold baths; the child may want to be bathed only in pre-heated water. Certain children don't want to be bathed at all. Children who resist bathing while in the womb are said to be "not clean". Opposed to these are those unborn children who right from the womb manifest a liking for water. These latter will be delighted if their mothers stay in water all day long. In fact it is believed that they can make her cross-eyed (jé viré) or dizzy if she does not comply to their wishes, at least by occasionally pouring water over her head. Paradoxically the child who disliked water while in the womb will enjoy it more than other children once he has been born; and the contrary will happen to the child that craved for water constantly while in the womb.

1.5 Food Related Behaviors During Pregnancy

Concepts concerning relationships between mother and child in the womb are especially prominent with respect to feeding behaviors.

1.5.1 General Dietary Orientation

As was pointed out above, the general thrust of village tradition with respect to the feeding of the mother during pregnancy is one of encouraging the heavy eating of a broad variety of foods. With the exception of very sour foods and drinks, the mother will be encouraged to eat the foods which are generally considered to be of higher quality in the village. This encouragement is buttressed by earlier mentioned beliefs concerning the direct manner in which food consumed by the mother will be directly channeled into the body of the fetus via the earlier described cranial aperture. That is, in eating abundantly the mother is not only indulging herself. She is also providing the raw material from which the growing body of her child will be fashioned.

1.5.2 Special Pregnancy Beverages

In addition to a general mandate to eat abundantly and well, village feeding beliefs also recommend certain special drinks that the pregnant woman should consume at different times before delivery. Many of these mandated beverages have as their function the protection of the growing fetus against spiritual and magical harm, especially by the nocturnal lougarou, those vampires whose thirst for children's blood leads them to attack children even while they are still in their mother's womb. The various protective drinks which are prepared with this goal in mind are generally very bitter, one of the major potions being made from fyèl bəf, extracted from cow's liver. These preparations are believed to act as tounin-san -- literally "blood changers". Their protective action is achieved by making the blood of the mother bitter. Since part of what she drinks will also be drunk by the growing fetus through its cranial aperture, the blood of the fetus itself will also become bitter and will repulse any lougarou that approaches.

But apart from these magico-religious drinks, village custom also recommends other drinks for pregnant women. In her third month a woman will begin taking a purgative known in Creole as lok. As will be seen in the section on post-partum feeding of the child, there is a very salient set of beliefs concerning the need to actively and regularly purge out the insides of the child. This purgative process begins toward the end of the first trimester of pregnancy. The lok is prepared by mixing castor oil, grated nutmeg, juice from sour orange, bicarbonate of soda, sugar garlic, cinnamon and star anise (anétoilé). The castor oil will be koulé (strained) and bat several times (stirred vigorously) until it turns white. Only then will the other ingredients be added to it. If there is no sugar available, people will sweeten the lok with rapadou, local sugar cane extract.

This purgative is taken on three different occasions during pregnancy. The purpose of this lok is to purge the stomach and blood, not of the mother, but of the child. It will be recalled that part of the lok will enter the fetus itself and directly operate on the insides of the fetus. It is believed that this cleaning of the child's stomach and blood several times during pregnancy will help assure the birth of a healthy and beautiful child. And a child that has been thus purged is believed to be less vulnerable to the tranchman (stomach pains) that frequently attack children after birth, and to the postpartum rashes that also affect many children. The purgative that will be given to the child immediately after birth will be given to expel the meconium. But these pre-partum fetal purges are believed to have their effect by expelling the air that tends to get inside the stomach of children.

In addition to the purgatives, some women will drink a bitter salted tea made from the leaves of asousi (Momordica charantia). This tea is believed to make the child more beautiful. Furthermore pregnant women may frequently drink mixtures of water and commercially purchased laundry starch. This starch is believed not only to "refresh" the child in the womb; it is also believed to have substantial nutritional value as well. As will be seen below, the starch gruel will also be one of the first foods fed to the neonate after delivery. It is perhaps best seen as being part and parcel of the broader purgative complex within which the lok practices are lodged.

1.5.3. Food Cravings and Aversions

The above sections have discussed the general attitude toward abundant feeding during pregnancy, and several special beverages which are taken by women during this same period. But in addition to these practices there is a set of nutritionally relevant beliefs and practices which focus on eating and drinking whims which attack women who have a child in their womb.

Information already presented makes it clear that rural Haitian folk-biology attributes an independent personality to the fetus, a personality that can be affected by the mother's feelings and behaviors, but one that is already autonomous enough itself to exert an impact on the feelings and behavior of the mother. Furthermore it is believed that the fetus even has independent access to the food which the mother consumes. It is in the context of these concepts of fetal "autonomy" that the craving/aversion complex is best understood.

The first principle is: the fetus has an appetite of its own. It wants food and will make that known in a number of ways. Furthermore it dislikes certain foods. And it will make these dislikes known as well.

The most direct tactic which the unborn child has at its disposition for communication its likes and dislikes is to kick, pound, and bang away at its mothers insides. The movements of the fetus during pregnancy are frequently interpreted as an effort on its part to induce the mother to carry out some activity or to prevent her from doing something which she has started to do. We have already seen the manner in which the fetus can make the mother bathe, or avoid her husband. But by far the most prominent topic on the mind of the fetus is food, and most of its messages focus on this concern. If it is hungry, it will kick away until the mother feeds it. If you are near a pregnant woman and can see her stomach in active movement, your first suspicion should be that the fetus is hungry, that the unborn child is complaining about a lack of food.

But the fetus makes its hunger and food preferences known not only by these gross kinetic outbursts. Perhaps even more effective is its ability to communicate hungers, thirsts, likings, and aversions by homeopathic generation of identical feelings in the mother herself. When the pregnant woman is hungry, in all likelihood it is the child itself that is hungry. And it is seen as an injustice to the child to let it remain hungry (a powerful social principle that will be seen to come into frequent play in terms of the organization of the rural kitchen). This universally and strongly felt negative community injunction against letting children go hungry comes into effect even before the child exits from the womb. When a pregnant woman wakes up in the morning with an empty stomach, the hunger she feels is really the hunger of the fetus. And she must take immediate measures to get food to her child. A pregnant woman has no right to let herself go hungry. If she does not eat enough, the child inside her will not grow. And the hunger pangs she feels are no longer her own. They are direct messages being transmitted to her by her child. And not only the mother, but also other family members and neighbors, recognize the right of that unborn child to receive the food that it is clamoring for.

But the complaints of the child in the womb center not only on the quantity of food that its mother is providing. Many unborn children are quite explicit in terms of the types of foods that they want, or the types of food that they don't want.

During pregnancy women will feel unexpected hungers for certain foods that never interested them before, or certain aversions to foods which they used to like. These cravings and aversions are inevitably attributed to the unborn child.

Women differ with regards to the particular cravings which they experience. Obedient to the demands of their unborn child, some continue eating their regular food: cornmeal, ocre, fish, sweet potatoes, beans. Others develop a dislike for generally popular foods like rice, millet,

goat's meat. These common foods may suddenly turn bitter in their throats (sòt amè). Other women may develop a mysterious craving for items they did not particularly care for when not pregnant: clairin, goat's liver, green mangoes, hot pepper (piman) mixed in water, sweet oranges, white peas, poua d'tchous (Phaseolus lunatus), goat's head, eggs, very salty food, and in some reported cases, soil. Some women may even enjoy foods that are "spoiled", e.g. a fish that is not fully cooked, or one that has begun to rot. If the mother obeys the whim of the child, even repulsive items may "turn" and taste good in their mouths. It is the child itself who makes them good. Sometimes the cravings for a locally unavailable item are so strong that a village woman may take a truck all the way to Port-au-Prince to purchase the desired food.

These cravings are particularly strong in the early stages of pregnancy, but last throughout the nine months. Even a woman about to give birth may have a sudden food craving. On the whole, however, cravings diminish over time. As the child grows and the mother's stomach expands, the increasing general "heaviness" leads to a diminishing of appetite.

If a woman fails to satisfy a craving, she is not only prolonging the momentary hunger of the child. She may permanently damage him. If she experiences a food craving, articulates it to herself, and leaves it unsatisfied, the child's body may be permanently marked (maké) with some physical blemish. It works thus: at the moment that the woman articulates a craving, if her hand was touching her cheek, and she does not fulfill the craving, then the cheek of the child will have a blemish. (If the woman merely becomes aware of the craving without verbalizing it to herself or to others, no mark will appear). This theory of cravings, of course, provides one framework within which to interpret birth defects. This, if a child is born with a birthmark on its lower body, it is thought that the mother may have failed to satisfy a craving for liver. If a child turns out to have buck teeth (dan griyin), it may be because its mother did not satisfy a craving for crabs. (Even villagers who ascribe to the general theory of fetal cravings may not take these specific interpretations too seriously).

This theory of fetal food whims endows the pregnant woman with at least some increase in social rights with respect to food. If she explicitly verbalizes a food craving to her husband, then the man is in a position where he is expected to provide the money to satisfy the whim, and to go out and somehow raise the money if he doesn't have it available. He is vulnerable to an accusation of irresponsibility and stinginess if the child is born with some defect and he hasn't satisfied a food craving of his wife's. Pregnant women also enjoy much more freedom to ask neighbors and passers-by for any food item which they want. A pregnant woman whose fancy is struck by someone else's mango has every right to ask for it. Both family and neighbors may tease her for asking, but they will generally be in a good disposition to help her satisfy the craving. It might be added that neighborly generosity does not get the husband off the hook. If the woman has explicitly asked her husband for the food, and the neighbors provide the requested item, the child is still in danger of being marked.

Once the husband, or neighbors, have provided a specific item, they themselves may be the beneficiaries. The woman who has herself cooked the food and inhaled the aroma during cooking has virtually satisfied the child. Others may then eat of the item if she herself suddenly loses interest. This sudden reversal is not an infrequent occurrence. A woman (under the direction of the child in her womb) may request an item and lose all interest in it once it has been given to her. Such behavior is seen as perfectly acceptable, because it originates not in the woman but in the whims of the unborn child. And if outside analysts are in the final analysis obliged to regard all of this as a form of collective prescientific "make believe", they should take careful note that the designers and creators of these dramas have provided a script which, if faithfully enacted, would surround pregnant women and unborn children with special care and protection.

1.5.4. Food Supplements Received from the Dispensaire

At the beginning of our first research there was no functioning dispensary in the town to which Kinanbwa is administratively attached. But by 1980 a dispensary had been functioning for several years. As part of the effort to induce women to come in for pre-natal care, the dispensary has begun distributing wheat flour free of charge. Referred to as farin sinistré, literally "hurricane flour", such foreign donated food has generally reached Haiti in the wake of hurricanes, droughts, or other disasters.

Probably most such foodstuffs have reached the rural population in the form of Food for Work, and it is common knowledge that the food which workers receive as wages is generally sold, rather than consumed by the recipients. The flour that is passed out in the context of public health programs, in contrast, is given out in quantities too small to make sale of it an attractive regular practice, at least judging from the situation in Kinanbwa.

Nonetheless even in this context it appears that the food is not used for the purposes intended. In theory the food is supposed to be used by the pregnant mother herself. In actuality in the cases that we observed the food was distributed by mothers to the younger children in her family.

Food made directly from wheat flour is generally not popular among adults in the village. But the poorer families, who may have no other food available, will take and cook this food. Quite interestingly, when this food is used in combination with other foods in the family kitchen, visitors will tend to get heavier helpings of the wheat. Thus, the food that is in theory intended as a supplement to the diet of pregnant women many times gets used as an inexpensive (or free) substitute which can be fed to young children or given away to visitors, to permit the fulfillment of hospitality norms while simultaneously saving the more highly desired local foods for consumption by family members.

The practice used by poorer mothers of giving to young children the food gifts that the dispensary had intended for the mothers' own use dramatically exposes a pattern which must be kept in mind when interpreting the cultural patterns -- the traditional behaviors and beliefs -- dealt with in this report. Our observations and conversations with villagers have permitted us to identify an impressive structure of mother-and-child protecting norms. But in many cases these must be seen as ideal patterns which are commonly maintained as standards of behavior. But such mother-and-child protecting rules are difficult to follow under conditions of scarcity. The mother who comes from the dispensary with a packet of wheat flour to a home with three hungry children will be under the control of several contradictory sets of rules. Her own internal hunger signals -- generated by the hungry child in her womb, according to local belief -- will be perceived at the same time as the cries of the three live children who are waiting for her at home. In such a situation where different rules are competing with each other, there is little question as to which set of rules will win out in most cases. If the mother followed the advice of the people at the Dispensary, who told her that she should consume the wheat, or if she followed the dictates of a belief system which emphasizes the hunger of unborn children and their rights to food, then she herself would eat most of the donated food. But in such cases, the Haitian mother will do what most mothers around the world will do: hold in abeyance the advice of both Modern Medicine and Traditional Culture and simply give the food to the three hungry children crying outside the kitchen door.