

POSTPARTUM CARE OF MOTHERS AND INFANTS

There is a lengthy and complicated inventory of culturally mandated "rules and regulations" that govern the behavior of individuals in the perinatal period. Analysis must begin with a listing and description of these rules and behaviors. But if presented as a simple list, the reader is confronted with what appears to be a helter-skelter potpourri of beliefs, commands, injunctions, and taboos. Such descriptive lists are more helpful when they are simultaneously accompanied by an analysis of the underlying concepts and principles from which the heterogeneous surface behaviors ultimately derive their underlying unity and inner coherence. We can approach this task by examining the two general sets of problems to which most human cultures explicitly attend in the postpartum period:

1. Protecting the neonate against forces that can harm it.
2. Assisting in the physical recuperation of the mother after the experience of childbirth.

Haitian villagers are no different from the members of other human communities in the concern they feel for these two general sets of problems. Where cultures differ from one another is in the precise way in which they conceptualize the problems and in the specific behaviors which they recommend or forbid. The different paths--both conceptual and behavioral--which different cultures may have themselves been determined by historical forces no longer easily visible. But no analysis of remote causes is possible without first a satisfactory description of the practices and beliefs as they exist in the present.

The following pages will be an effort to describe and understand the strategies which the villagers of Kinanbwa employ to resolve these two "panhuman" postpartum problems. Anticipating the conclusion: the protection of the neonate tends to involve restrictions and taboos, whereas the restoration of the mother entails the encouragement of certain positive behaviors. Food

related beliefs and practices play a critical role. But in its attitude toward food, the traditions of Kinanbwa (and probably those of many other Haitian peasant communities) have been shaped by a clear and decisive cultural choice: protective restrictions surrounding food, though present, are kept to a minimum; food consumption is rather governed by those positive rules whose goal is the rapid and complete restoration of the mother's body.

2.1 Childbirth Beliefs and Practices

2.1.1 Preparation for delivery

Through most young women now deliver their first child in the Port-au-Prince maternity hospital, subsequent births still tend on the whole to take place in the village. Many women will continue their marketing activities right up to the week before delivery is expected. But as the anticipated delivery date approaches, the woman will return to Kinanbwa. She will have purchased a standard set of childbirth supplies, including soap, a razor blade, kerosene cooking oil, matches, baby powder, safety pins, seasoning, cotton, and charcoal. If the woman herself was not in Port-au-Prince, she will entrust these purchases only to close relatives or trusted friends, to minimize the chances of magic against the soon-to-be-delivered child.

There are also immediate pre-delivery food preparations to be made. The woman will have purchased the ingredients for the postpartum purgative which will be given to the child (to be described below), and will in addition have a supply of arrowroot and laundry starch. The latter will be part of the purgative given to the neonate. The former is a favorite item for early infant supplementation, which, as will be seen, also begins shortly after childbirth.

But the delivery preparations in addition entail the purchase of food which the woman herself will consume. During the five days which she will spend in confinement in the bedroom of her house, the woman is counselled to consume substantial amounts of chicken, to be followed by large quantities of goats meat once confinement is over. (Many women simply prefer goats meat from the beginning). The husband will purchase a male goat or two (female animals, of course, being spared because of the offspring which they will produce). Childbirth is the one occasion on which a family will regularly slaughter animals for home

consumption. Ordinarily when meat is eaten it is purchased in small quantities in the market place. But since the woman will consume so much goat's meat after delivery, it is more economical to slaughter an animal. Second to goats meat in importance is a large supply of plantains. These two heavy foodstuffs are the major items in the special abundant diet that is felt to be the newly delivered woman's need and right in the village. The days before delivery will also be the occasion for the receipt of food gifts from friends and relatives—rice, sweet potatoes, plantains, whatever they have available at the moment. The emphasis at this time is on food. Well wishing friends and neighbors will generally make food gifts rather than other types of gifts.

2.1.2 Food and Drink During Delivery

Traditionally childbirth is handled by village midwives. The details of the delivery practice have been described elsewhere by the authors and need not be recounted here. With respect to food consumption even during labor, village tradition permits a woman to eat if she so desires. But is up to the woman. At one extreme are those women who will devour an entire plate of boiled plantains and drink several cups of herb tea during delivery. But in other women the pain of childbirth and the sight of blood may remove any desire to eat. The one drink that appears to be specially recommended during childbirth is given with a view of purging out the blood which has gathered in the womb. Villagers believe that even during pregnancy the woman will continue to have her monthly blood flow, but that the blood will flow directly into the womb and thus build up over a nine month period. There are special teas which are believed to help clean out this "bad blood" from the womb. One recipe involves the leaves of kasé-lé-zo (Boerhaava scandens) combined with ginger, ground pepper, peanut skins, and portions of spider web taken from the kitchen. But aside from this specifically recommended portion (which many women may decline), the only general rule is that the woman should follow her own inclinations with respect to eating during delivery.

2.2 The Organization of Postpartum Confinement

The postpartum period can be divided into two general phases. The first is a five-day period of confinement to the house, followed by a more loosely structured phase of about three months when the woman may leave the house and resume domestic work provided she is properly covered and the work is not heavy. Here we shall focus on the first period: the confinement period.

The days following childbirth are particularly demanding for the family. The midwife's services for the most part terminate once she hands the clothed infant over to the mother after cutting the umbilicus & bathing him. Hereafter she will come only for medicinal leaf baths and massaging of the mother and to escort mother and child out of the house on the day they exit from confinement. Thus it is the mother and the family's responsibility to provide the child with adequate care. In his early days of life, especially before the umbilicus has fallen off, the infant is seen as being particularly vulnerable to cold, illness, and magic. It is believed that only dedication and skill on the part of his family members, especially the mother and father, can protect the neonate from disease as well as from magic.

On the days following childbirth, all the activities of the members of the immediate family will focus almost entirely on the mother and on the child. Though the husband will diminish his work activities, he must not only provide money for a plentiful food supply, but also provide sufficient charcoal or firewood for the cooking, kill the goat(s), and keep watch at night. Other children will play hooky from school and older girls may temporarily abandon sewing lessons or trading activities in Port-au-Prince, so that they can assist in the many delicate activities that can only be confided to very close relatives during this extremely vulnerable period: washing and ironing clothing, buying food, cooking for the mother and child, gathering leaves for medicinal baths, boiling water for the baths.

The ideal is to have the woman freed from all such tasks during the five-day confinement period.

When strictly adhered to, village tradition even restricts the movement of the mother to certain parts of the house. The ordinary village house has two rooms. The front room, through which people enter the house, serves as a sitting room during the day and is referred to as the sal. The back room serves as the bedroom for the adults, and is referred to as the cham. Though delivery traditionally takes place in the front sal, the neonate and its mother will immediately be put to rest in the back cham, and in principle the woman should not exit from this cham during the entire period of confinement. She is ideally freed from all cooking, washing, and other domestic activities. Likewise all of her own personal functions--eating, bathing, waste elimination--will be done in the cham. Other family members will prepare food, make tea and coffee, heat up water for her bathing, and wash and iron for her. The woman is supposed to spend these days lying still, caring for the baby, taking prescribed baths, and in general assisting her body to recuperate from the trauma of delivery.

In practice the economic or domestic situation of many families does not permit strict adherence to the traditionally mandated rules. Many women will thus have to forego some of the privileges which custom defines as their right. Some women may have to do much of their own cooking and washing. But in such cases the rêcho (cooking brazier) will be brought into the house. Such women will venture out into the front room of the house and carry out other minor domestic chores. But the prohibition against leaving the house itself will be generally respected.

2.3 Protecting the Neonate

With respect to the first of the two universal postpartum problems mentioned earlier, a number of the traditional postpartum restrictions which may initially baffle outsiders have been erected to protect neonates (and their mothers) against a series of dangers to which they are believed especially vulnerable in the postpartum period.

2.3.1 Danger of Magic

There are a number of visiting restrictions which address themselves to the dangers of negative magic. Some magical harm is carried out on young children by persons who intentionally take measures with this end in mind. But many types of harm can be done by individuals who may not intend harm to the child. Some person's glances can simply harm the child even in the absence of malevolent intentions on the individual's part. For

this reason visiting restrictions are maintained.

Confinement is a period when relatives "in good terms" (byen ak moun-nan) will pay brief visits, and neighbors will salute timidly from the door. But though non-kin from the same lakou will be allowed to visit the woman in confinement, these visits are delicate. People already have ideas about who is good and who is not good. And some people have the reputation of being lougarous--human by day, vampires by night. In general people are reluctant to visit a woman in post-partum confinement. If something happens to the child the outsider may be accused of being a djab, of casting an evil eye, of sending a ghost on the child or of practicing some other form of sorcery. In general the villagers are very careful about who they let in the room or who they let handle the child. It has to be moun-ou, "your people", meaning either relatives or proven friends.

There are fewer reservations about receiving presents, however. Both the mother and the child may receive presents. Small amounts of cash may be left by visitors, and relatives send presents of goat meat, plantains, rice, or chicken. Such gifts may arrive all the way from Port-au-Prince.

2.3.2 Danger of delayed umbilical healing

Village understanding of the role of the placenta and the umbilicus differ greatly from modern understandings. The role which modern science gives to the umbilicus as the principal conduit of nourishment for the fetus is unknown to the villagers, who posit instead (as we have seen above) a direct intrauterine feeding of the fetus through a cranial aperture. In village terminology, the child's lombricit (umbilicus) is sometimes called its met trip, literally "master of the intestines". The midwife will have cut the umbilical cord only after the mother has been bathed and put to bed. The cutting is traditionally done with a razor blade (generally unsterilized), and is surrounded with magical concepts. One such concept, for example, is a belief that the eventual size of an individual's genitals can be influenced by the length of the stump which the midwife leaves when she cuts the umbilical cord. The ideal stump size is about 4 pous (which in village terminology refers to

a literal thumb-width measure rather than a standard "inch"). A longer or shorter stump will increase or reduce the size of the infant's genitals, the penis in the case of a male, the vaginal opening in the case of a female.

But village tradition differs from modern medicine not only in terms of umbilical-related beliefs. There are serious differences with respect to practice as well. The major difference is found in the traditional belief in the necessity of treating the umbilical stump immediately after cutting. Drops of a magico-religious lotion prepared against vampires may be applied to the stump. And there is a general practice of cauterizing the fresh wound with a piece of heated (and unsterilized) iron.

The dessicating function attributed to this cauterization is believed to help bring about a rapid falling of the umbilical stump in the days following birth. The rapid healing of the umbilicus is seen as a delicate process and there are several types of maternal carelessness which are believed to be able to cause harmful delays of umbilical healing in the postpartum confinement period. Loud speech on the part of the mother is one behavior which is believed to delay the healing of the stump. Thus during the postpartum confinement period a woman lying in the back room is not supposed to carry on conversations with people in the front room. Other people believe that a woman should not handle a needle in this period for fear of unintentionally "sewing" the umbilicus, thus delaying or totally preventing the fall of the stump.

2.3.3. Dangers from Cold and Airs

The preceding two sets of dangers--sorcery and umbilical harm--involve magical or quasi-magical beliefs. But there is an even more salient third sphere of danger with which village tradition is concerned. This third danger area concerns the perceived vulnerability of mother and child to two purely natural phenomena: cold (fredi) and airs (van). There are two interacting somatic concepts which come into play here. The first concerns the extraordinary degree of opening which is believed to characterize the body of the woman after childbirth.

In addition the woman's body is considered to be unusually empty after the exit of the child. This open, empty body is believed particularly vulnerable to cold airs. Thus the windows and doors of the house are to be kept

carefully closed both day and night--creating a dark stuffiness in the confinement room which may startle outsiders, whose own belief system may emphasize the therapeutic value of light and ventilation. Ventilation is emphatically not recommended by village custom. Quite the contrary. Women who expose themselves to cold and airs are viewed as behaving irresponsibly, not only toward themselves, but also to their child.

But protection against cold and airs involves more than merely keeping doors and windows shut. In addition the woman must even be careful about her own body postures. Those women whose domestic situation does not permit them to spend the entire five days confined to bed are strongly mandated to avoid body positions which may increase the likelihood of the entry of cold. The danger is particularly great with regards to cooking posture. The ordinary village cooking posture entails either sitting on a very low chair (chèz ba) or of squatting. In either case the woman's knees will be spread open. If a woman is forced to do her own cooking during the confinement period, she must avoid this traditional posture. The principal entry point for air is through the vagina, and the traditional spread-leg position is an open invitation for the entry of cold and air. Women who cook during this period are supposed to keep their bodies in a more hunched, closed position, by squatting, for example, on their heels.

But in addition to open windows and spread legs, cold may also enter through contact with cold water. Thus not only can the woman drink no cold water during this period. In addition she is not allowed to have any physical contact with cold water at all. In short there are a large number of discrete commands and prohibitions whose underlying cognitive rationale is the belief in the particular vulnerability of the open, empty body of the recently delivered woman to fredi and van.

But this belief in the harmful power of cold takes on further significance in light of yet another cognitively salient element in village belief: the existence of homeopathic relations between mother and neonate. We have already discussed the role of homeopathic beliefs during gestation, the

manner in which mother and unborn child are believed capable of exerting mutual behavioral and emotional influences. These homeopathic interactions continue throughout the early months of life. This means that the mother who exposes herself to cold is not only endangering her own body, but that of her infant as well. Many neonatal problems--including, in traditional belief, neonatal tetanus--are believed to be caused by cold. And whereas the cold may enter the infants body directly, its presence in the child may also have come through carelessness on the part of the mother with respect to her own body... The intervening mechanism is generally believed to be the mother's milk. The mother who has been careless enough to let cold or airs get inside her will transmit this to the child through her milk.

Unlike the earlier discussed belief in umbilical danger, which is contextually confined to perinatal events and bears a low functional load in the overall village belief system, the belief in the noxious power of cold and airs is a highly generalized theme that affects a broad variety of health-related situations. But in no context are the dangers of cold seen as being as serious as they are during this immediate postpartum period.

2.4 Restoring the Mother's Body

The above practices address themselves principally to the first of the two major postpartum problem which confront human cultures: the protection of the neonate. Even the protections which are afforded to the mother are in general done with a view to preventing harm to the infant through homeopathic illness transference. These infant-protecting rules for the most part rely on restrictions and thus are largely negative in character.

But in addition there is another set of customs which address itself to the second major postpartum problem, the recuperation of the body of the mother. Prevailing village beliefs posit the occurrence of a number of necessary but potentially detrimental changes which come over a woman's body during

pregnancy and childbirth. Though these processes are seen as necessary and normal, it is believed that positive steps must be taken to reverse these processes in the postpartum period and to restore the woman's body to normal. In these pages we will discuss three of these processes which affect a woman's body during pregnancy and birth and toward which village tradition directs recuperative concern.

1. The opening and loosening of her body

In order to prepare for delivery, the woman's bones slowly open up during the course of pregnancy and her body becomes generally "loosened" (lach). This overall openness and softness must be immediately reversed in the early postpartum period by a series of therapeutic interventions whose effect is to make the woman's body once again "tight" (dri) and hard.

2. The filling of her womb with menstrual blood

Menstruation does not cease during pregnancy, in the view of the villagers. It is merely redirected. The monthly flow of blood, instead of exiting the woman's body, is merely redirected into her womb. Thus there is a nine-month internal buildup of blood which, though necessary for the development of the fetus, becomes harmful after childbirth. Steps must be taken to ensure and hasten the drainage of this "bad blood" immediately after childbirth. And, in addition, precautions must be taken so that no other child is conceived until this reservoir of contaminated blood has been completely purged from the woman's womb.

3. The trauma of sudden, debilitating internal emptiness

The exit of the child from the womb has left a gaping internal hollow inside the woman. It is the presence of this sudden emptiness which accounts for much of the weakness that a woman feels after childbirth. Custom mandates the immediate filling of this emptiness.

For each of these above mentioned problems, the folk-medical traditions of the village provide a set of specific remedial procedures.

1. The bones will be closed and the body hardened by means of a series of hot medicinal baths given to the mother while still in confinement.

2. The bad blood will be drained from the uterus through the administration of special teas and other preparations.

3. The internal emptiness will be filled by providing the woman with solid, abundant and frequent food.

There are other less important physical alterations that may occur in isolated cases. A woman may get fever, or may develop an itchy rash on the head and body (due to the heat of the medicinal baths). She may also get stomach colics (referred to as tranché kaban) from having drunk cold water prematurely. Some women suffer from disjointed teeth and jaws (kasé le zo nan bouch). In this case, soaking the mouth and teeth in vinegar is believed to restore closure to the affected bones. But such problems do not present themselves in every childbirth; these are specific and isolated cases. The other three problems to be discussed, however, are common to all births.

2.4.1. Medicinal Leaf Baths

On the day following delivery, the midwife will return for the first of the three very hot leaf baths (beng fey) which she will give the woman while in confinement. The purpose of these baths is to pull together the body of the woman again, to close her bones, her stomach, and her genital and pelvic regions. At the same time they are also meant to keep her body warm.

In preparation for the baths, immediately after delivery, the husband will have dug a deep hole on one of the corners of the bedroom (most village houses have dirt floors). Across the hole he will have placed a board on which the woman will sit while she is being bathed. And he will himself have gone (or will have sent a close relative) to secure the medicinal leaves and barks which will be boiled for the bath: boua chandel (*Amyris balsamifera* L.); maskiti (*Ricinus communis* L.); boua lèt (*Sapium Jamaicense*); Kalbas (*Crescentia linearifolia*); ciruel, avocado, papaya and mango leaves. Mango barks will also be used.

For the baths, the midwife comes around midday, when the sun's heat is at its peak. In preparation, a family member will have boiled the leaves, producing a fragrant water whose pleasant aroma fills the house. Using other aromatic preparation the midwife proceeds to bathe the woman.

A family member will have ascertained the stability of the board, and the door that leads from the front-room to the outside will have been closed. The woman takes off her clothing, steps on the board, and sets directly on a handful of very hot leaves which the midwife will have put there.

The locus that receives special attention is the vagina. The woman first soaps her own genitals. Taking a handful of these hot leaves, the midwife applies them to the woman's genitals. Many women will cry out in pain at this operation, which has the function not only of cleaning out the genitals but also of making them firm and hard. Then the woman herself (or the midwife) proceeds to soap the rest of her body and to rub it energetically with leaves. The midwife will then massage the woman's belly for about two or three minutes, and in addition soap the woman's back and rub it with leaves.

Some more hot leaves may be applied to the woman's genitals at this point. All throughout the bath, the midwife slaps the woman's body, using leaves dipped into the hot water. The purpose of these slaps is to help make the woman's body hard and solid again. This bath lasts about fifteen minutes. On termination the midwife pours the rest of the water over the woman. The water will still be very hot and some women may plead with the midwife to stop. But the midwife usually finishes her task imperious to the complaints of the woman.

After the bath the woman will be given a cloth to wipe herself dry. The midwife will then apply one of the most frequent and important elements in her therapeutic repertoire: the abdominal massage. In contrast to the rough treatment of the leaf bath, the abdominal massage is firm but basically gentle.

Massaging is done by midwives in a variety of contexts and is generally conceptualized as an attempt to put some displaced internal organ of the patient "back into place". In the case of these postpartum massages, the

organ that has become displaced in childbirth is the woman's lamè. Though the term lamè is sometimes (erroneously) translated into English as "womb", or even "placenta", in village belief the lamè is a special female organ for which there appears to be no counterpart in modern anatomical science. The role of this locally invented human organ will be discussed when postpartum feeding practices are described. For now it is sufficient to point out that the lamè tends to get "displaced" in childbirth, and like so many other internal organs that shift out of their proper positions, it is located by the skillful diagnostic hand movements of the midwife, and coaxed gently back into place by her therapeutic massaging.

The midwife will then tie up the woman's stomach with a large band, (The woman may tie on her own stomach band if she is experienced in these matters). This tight band is thought to function to prevent air from getting inside the woman (pran van). In addition it will help flatten the woman's stomach. This abdominal band is changed every third day and the woman continues to wear it until she begins to bathe in cold water, two or three months after childbirth.

Her leaf-bath terminated and her stomach bound, the woman will tie a cloth to her genital region (maré anba-1) to absorb the blood and keep her warm. With the aid of the midwife she will then clothe herself and return to her bed or mat.

These leaf baths are a central part of the recovery process. Even a woman who has had her child in the hospital will be given the special baths when she gets back to the village. (People express concern because women in the hospital may be bathed in water that is not sufficiently hot; in the village it is a cardinal rule that mother and child be bathed only in hot water during the confinement days). If the woman is not given the very hot leaf baths it is feared that her body will not harden and close but will rather remain open and slack, especially in her genital region.

In addition to the leaf baths which she receives while in confinement, the woman also washes herself two or three times a day. Every morning somebody will heat water for her to wash her face, and in the course of the day water

will be heated up several times for the woman to wipe herself clean, and to change her vaginal rag. Female relatives--her mother, sister in law, children, etc--will take charge of washing the cloth for her. But her clothes are always washed apart from other clothes because of the blood.

After the woman comes out of confinement, she is counseled to wait about a month-and-a half before bathing herself in the cold water of the river again (though some women will wait only a month). If a recently delivered woman takes a cold bath too soon she may be unable to have children again, or at least have a hard time in conceiving again.

2.4.2. Draining away "bad blood"

The bleeding that accompanies and follows childbirth is seen as a necessary part of the recuperation of the female. During nine months her womb was the receptacle for the monthly flow of blood. This accumulation of blood is seen as necessary for the development of the child in the womb. But once the child has left, this old blood is not only useless to the woman, but also harmful.

The vaginal bleeding that occurs during confinement is thus seen as a healthy process, and steps are taken to induce and increase this bleeding. Every morning the woman will be given a tizann prepared from the leaves of boua kanpech (*Haematoxylon campechianum*) and the bark of avocado tree. Both of these are believed to stimulate more rapid bleeding.

It is believed that in slower cases, the woman's womb may not be cleaned out until as long as a month after childbirth. But it is also believed that the conception of a new child must be avoided until her insides are totally clean. Local custom imposes a general three month period of sexual abstinence as the proper protection for the woman. Her genital region is seen as slowly closing up and premature sexual relations are believed to impede the full closure that is necessary for a full recuperation of "tightness" and "hardness" of the woman's body. However, it is also known that some men are too impatient

to abide by this ideal and may even begin to insist on sexual relations before the woman's uterine blood has been fully purged. If a new child is conceived in a womb that has traces of old blood left, it is thought that the child is likely to be born underweight and emaciated. Such a child is thought to have been "tricked" by its parents.

In short, both for the health of the mother, and for the safety of the next child to be conceived, village custom dedicates a great deal of attention to encouraging ample vaginal bleeding by the recently delivered woman.

2.4.3. Eating abundant and solid foods

Food plays an important role in the events surrounding childbirth. As was pointed out already, some women will eat food even during childbirth. This eating is believed to help keep the woman from fainting. But it is viewed as entirely optional. Postpartum feeding, in contrast, is viewed as obligatory, as a serious responsibility which the mother must meet, not only for her own good but for that of the neonate as well.

The major concept which governs the provision of abundant postpartum food to the mother is the need to fill up the hollow space created by the exit of the child. In addition there is the need to create positive emotions in the mother which will be homeopathically duplicated in the neonate itself. With respect to the first concept, it is observed that after childbirth the "stomach" of the woman has been emptied, a condition which accounts for the weakness that women feel in the postpartum period.

But postpartum weakness and the local beliefs concerning the need for abundant postpartum food cannot be understood apart from the concept of the female lamè. In an earlier section, it was pointed out that the lamè is an internal female organ whose existence is posited by rural Haitian folk medicine but for which there is no counterpart in modern anatomy.

Even in village explanations, the woman's lamè is described as an organ which nobody has ever seen but whose effects are felt. Sometimes referred to as the manman vant (the mother of the womb), the lamè remains firmly attached to the womb during pregnancy (li makoné ak sak pièt-là)

and functions as a companion to the child. The attachment is not only physical, but quasi-emotional as well. For the sudden exit of the child triggers off a panic reaction in the lamè. Li chaché plas koté pitit-la té yé. "It looks around in the place where the child was". When it fails to find the child, it moves about frantically in the womb, as a mother who has lost her own child. Some women claim to be able to feel the lamè moving about inside them during the immediate postpartum period. It hurts them from its violent search, failure to find the child in the womb may even cause the lamè to leave the womb and to look for the child in other parts of the woman's body. The complete debilitation of the limbs that many women experience is thought to be caused by a roving lamè desperately searching for the missing child. The major function, therefore, for the earlier-described postpartum massage by the midwife, is to locate the lamè and to coax it back to its proper place behind the woman's navel.

But the major remedy for the lamè is the consumption of large amounts of solid food by the mother. This food is believed to go directly to the space vacated by the child. It is principally this postpartum filling of the empty space with certain mandated foods which gradually appeases the lamè and causes it to cease its frantic internal movements. The hands of the midwife will locate and properly reposition the lamè. But it is only large quantities of certain prescribed foods which will bring a halt to its debilitating movements and keep it at rest.

With respect to the types of food "mandated", reference has already been made to the two items which are de rigueur: goats meat and plantains. The ideal is for the husband to purchase (or separate from his own herd) two male goats. One will be killed and fed to the mother during the five days that she is in confinement. This first goat is referred to as the Kabrit cham. The second, which will be slaughtered after exit from confinement, is referred to as to kabrit déyo.

The preference for goats meat is partially to be understood as a practical capitulation to the importance of the goat in the local economy. In this semi-arid region, goats are a very popular animal, and the only meat regularly butchered in the nearby town market, for example, will be goats meat. But the

is, in addition, a positive belief in the special nutritional value of goats' meat. Pork, for example, is believed to be substantially inferior to goats' meat in terms of the ability to restore strength to a woman drained of energy because of the sudden exit of a child from her now-empty stomach. The rationale for this belief in the superiority of goat over pork is not clear, but the preference is explicit. Older traditions appear to have held up chicken as the best meat to feed to a woman while still in confinement; goat's meat would come after exit from confinement. But the prevailing opinion in Kinanbwa is that goats' meat should be the confinement meat as well. Beef would compete with goats' meat in terms of its perceived strength-restoring power. But the preference would be academic. No beef is regularly slaughtered for sale in the local market, and few if any village husbands would take their husbandly concern to the point of killing an expensive cow for their wife. Occasionally the local spirits may get a cow sacrificed to them, but we have never seen a village woman receive this offering. On the whole cows are the bank which villagers use to amass capital for the ultimate purchase of land. Thus the equally appreciated--but less expensive--goat emerges as the traditional vehicle for providing the newly-delivered mother with the large quantities of strength-restoring meat which local tradition declares to be her right.

As was mentioned above, the goats' meat is not seen as being sufficient by itself. For it to have its full strengthening effect, it must be accompanied by generous quantities of boiled plantains. This combination of goats' meat and plantains is best understood in terms of the general food categorization schemes prevailing in the village. A meal is felt to be less than optimal unless there is at least one representative of two general food types: vyann and viv. The term vyann literally translates into English as "meat". As will be seen in a later section, however, other foods such as eggs and milk also are categorized as vyann by the villagers. As for its companion, the term viv may be glossed as "vegetable". But likewise many items--including cornmeal--will be called viv by the villagers which fall outside of the English category of vegetable. As will be discussed below, there is an uncanny correspondence between the vyann/viv distinction prevalent in the traditional food categorization scheme of the village, and the protein/carbohydrate distinction which is given such prominence in modern nutrition texts. For purposes of the discussion here, it suffices to point out that the meals prepared for the newly-delivered mother

are not only supposed to meet this vyann/viv criterion. The postpartum food traditions are somewhat more precise and mandate a specific vyann and a specific viv that are locally believed to be of exceptionally high nutritional quality: goat's meat and plantain.

But the specific mandate for goats meat and plantains does not rule out the provision of other foods as well. On the contrary, there are a variety of local popular foods that are considered to be, not substitutes for, but occasional alternatives to, these two essential staples. Chicken and salted codfish are two popular vyann that will be served. Rice, black beans, and red beans will, in addition, serve as alternative viv to the plantains. In addition the woman will be given coffee in the morning, and will be given various herb teas and bisywit at different points of the day and just before sleeping. One typical day might be:

8:00	a.m.	Boiled plantains, goats meat, and coffee
10:30	a.m.	Medicinal <u>tizan</u> (tea) with <u>bisywit</u>
12:00	p.m	Boiled plantains, and goats meat
4:00	p.m	Codfish, rice, and plantains
6:30	p.m	Ginger or cinnamon tea accompanied by <u>bisywit</u>

Thus, post-partum period--even more so than the period of pregnancy--is the one period in a woman's life when she can ask for large quantities of these popular food items. Her body is seen as a recently emptied vessel whose cavities must now be filled with large quantities of food. If the woman downs a hefty plate of goats meat and plantains and asks for more, it is not because she is gluttonous (*voras*), but because she has an important restorative task to perform, a task on which not only her future child-bearing ability hinges, but on which the well-being of the recently born infant also depends.

As can be suspected the provision of these usually large quantities of rich foods does not leave unaffected the diet of other family members as well. Other children also get to consume smaller portions of the meat, plantains, beans, and other food which are ostensibly being prepared for their mother. Thus the postpartum confinement and immediate postconfinement period is looked forward to by other household members as well. Even husbands are permitted to appropriate for themselves at least some of the food which they are providing for their wives. If the man is found taking more than the small morsels of meat which are considered proper, he may be teased by his wife-- "apa ou nouris tou". "You act like you've just had a baby too."

Of course not all husband/father's have the resources to purchase two goats and to provide the other abundant food supplies which tradition mandates. But there will be a great deal of pressure--not only from the woman, but also from gossip-ready neighbors-- for the man not to skimp unnecessarily on his responsibilities at this time. But in cases where resources are simply lacking or in cases where the woman has no husband, the two-goat ideal will not be met up to. The woman may have to make do with smaller quantities of meat and plantains purchased in the market place. But in all cases some effort will generally be made to provide her with at least small quantities of the special foods which are seen as being the right of women who have delivered a baby.

The preceding discussion has focused on the positive food rules which village tradition supports with respect to the feeding of the newly-delivered mother. But much anthropological research on these matters tends to emphasize rather the negative, nutritionally detrimental postpartum food taboos found in traditional cultures. If the preceding paragraphs, however, have emphasized the foods women are supposed to eat it is merely because village discussion of the postpartum period is overwhelmingly positive when it comes to food. That is, though informants spontaneously enumerate a list of prohibitions when talking about certain other postpartum behavioral domains, their discussion of the feeding of the mother is dominated less by a series of don't's than by a long list of do's.

There are, however, some don't's. There appears to be widespread agreement that the following foods must not be eaten by the mother during the first three months: white beans, poua tchous (*Phaesolus lunatus*), poua inkoni (*Vigna sinensis*), tomatoes, and kalalou (ocre). (Note: despite the prohibition of the three types of beans on this list, common red beans and black beans are both permitted and encouraged in the village.) The villagers' attitudes toward milk and eggs appears ambivalent. Some informants say that they should not be eaten. Others say that they may be eaten, but will simply be of little nutritional use to the woman. In village idiom, they will not do anything for the woman" (yo pa fè anyin pou li). They will not sustain her. (yo pap kinbé-l). In general the villagers appear to take these food prohibitions much less seriously than the positive mandates discussed above. And the words of one informant expressed well the general attitude toward prohibitions: if you believe in "those things" and still violate them, you will be harmed. But if you don't believe in them, then you can eat and drink them and nothing will happen to you. Women who deliver in the Port-au-Prince maternity ward drink the milk that is offered to them there with little sense of endangering themselves or their child. In contrast, the behavioral prohibitions against getting "cold", for example, are held with firmness and conviction. But the postpartum food taboos, at least in the village of Kinanbwa, seem to be inconsistently believed and only weakly adhered to. Thus, in this village, as perhaps throughout much of rural Haiti, the stance which local postpartum traditions generate toward food is one which encourages, not restriction or abstention, but heavy, unashamed indulgence in a varied and nutritionally rich menu.

To sum up the preceding: local tradition surrounds the events of childbirth with two general sets of rules. One set of rules attempts to protect the infant against a number of dangers to which local belief views him as highly vulnerable. These rules tend to be restrictive in character. But the second set of rules has as its general objective the restoration of the body of the mother. The thrust of these rules tends to be positive. What is most important for the student of food-related behaviors in rural

Haiti is the tendency for food to be conceptualized as the most important element in the positive restorative process, rather than as a dangerous element to be surrounded by negative restrictions. There are other social context in rural Haiti in which eating is seen as dangerous. But perinatal customs are overwhelmingly positive when it comes to food. The newly delivered mother is viewed as having a right, not only to a broad variety of foods, but to large quantities as well.