# "Birth is our Spear Battle': Pregnancy, Childbirth and Religion in a Northern Malagasy Port City"

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#### Abstract

"Birth is our Spear Battle': Pregnancy, Childbirth and Religion in a Northern Malagasy Port Town," is an ethnography of the religious practices around birthing and infant care in Madagascar. I focus on newborn infants as a point of departure for understanding how Malagasy use the birth of a child as an opportunity to articulate and ritually construct various historical narratives and religious identities. Through an observational study of the rituals and special objects Malagasy parents use to protect the newly born from spiritual illnesses, I highlight the particular processes by which Malagasy introduce their children to the sacred by way of haircutting ceremonies, rituals of baptism and circumcision, and through the use of "growth medicines" (aody be), teething necklaces, and special jewelries meant to embed the newly born in the powerful legacies of their ancestors.

The setting for this research is the northern port city of Diego Suarez, Madagascar and thus offers a window into the rich religious diversity prevalent in Madagascar's urban spaces. I examine ancestral veneration, not at the time of death, but around the most quintessential of new beginnings – the birth of a child. I contend that an investigation into the prevalence of ancestor spirits and ancestor related customs around the birthing and blessing of children has the potential to change our understanding of the importance of ancestors in Malagasy religions and in African religions more broadly. For it reveals that Malagasy peoples invoke their ancestors, not because they are preoccupied with death or overly concerned with a remembrance of the past, but also, and perhaps primarily, because they are invested in the future.

This research contributes to our understanding of the centrality of ancestors in Malagasy rituals and also to the dynamic medical and religious atmospheres in which parents are bringing children into the world. For with the rapid growth of Pentecostal and Charismatic religious practices on the island, some Malagasy are beginning to question the role of ancestors in their and their children's lives. The birth of a child is a particularly salient moment for the construction of historical narratives and religious identities. Through Malagasy mothers' stories, the complex religious and cultural influences that shape how parents deliver and welcome children into their respective ethnic and religious communities, come to life.

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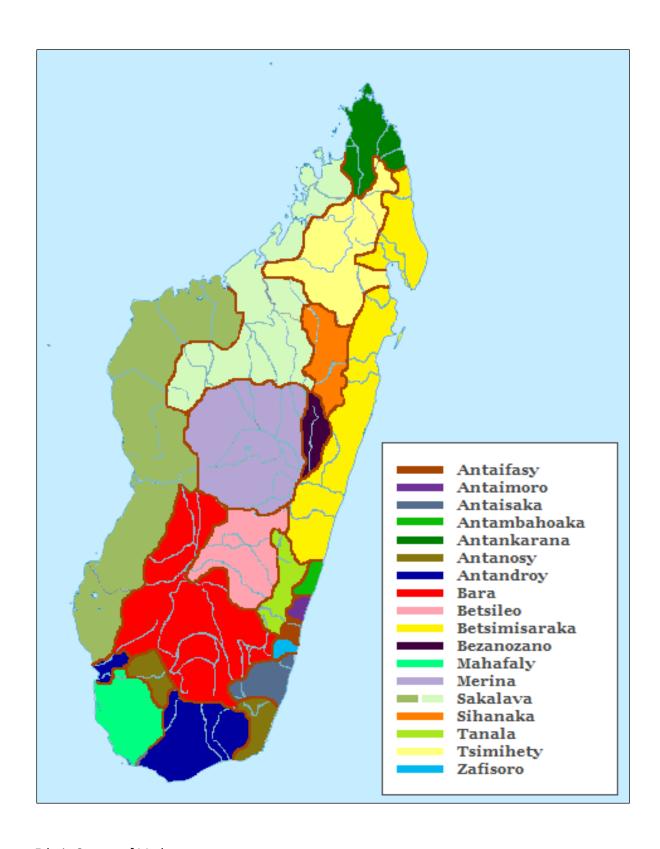
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## Maps



Madagascar. Map based on CIA World Fact Book with additional labels by Ben Nourse.



Ethnic Groups of Madagascar.

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Antsiranana (Diego Suarez).

Map courtesy National Geographic with additional labels by Ben Nourse.



Antsiranana region.

Map courtesy National Geographic with additional labels by Ben Nourse.

## **Introduction: "The Ancestors Have Made Her Pregnant"**

This dissertation begins in the thin, ethereal spaces where the dying lose their breathy consciousness and become cold bones, and where babies make their slippery entrance from warm watery wombs into the earthly realm of human existence. In Madagascar, babies and ancestors are linked in a curious way. Both live precariously close to the sacred liminal space where the dying become the dead and the newly living become as flesh and bone. This dissertation examines how Malagasy think, feel and behave around this sacred liminal space, the divine crossroads<sup>1</sup> where life both begins and ends, the cosmological passageway through which the dead are transformed into ancestors, and through which "water babies" begin their journey toward becoming "real human beings." <sup>2</sup>

In Madagascar, ancestors have a pervasive spiritual presence. By insisting that their descendants abide by certain inheritable customs and taboos, ancestors, called *razana*, govern what land their descendants live on, how they pray, what foods they eat, and with whom they marry and reproduce. Malagasy understand ancestors to be temperamental, ever present and actively involved in human affairs. Their spirits reside in tombs; in the soil their descendants farm and pass down to their children; in the forests where people hunt, gather and mine; and in oceans, lakes and rivers where Malagasy fish, swim, and bathe. Ancestral presence is felt in the fires, floods and droughts they sometimes cause; in the dreams and visions they inspire; and in the powerful words, revelatory actions and healing hands of those possessed by their power. When the ancestors are pleased, their living descendants enjoy bountiful harvests and are blessed with multiple children who will be made to continue in their forbears' powerful legacies.

Conversely, ancestral wrath can be experienced as hunger pangs, sickness, or an empty womb.

The literature on ancestors in Madagascar abounds (Evers 2013; Astuti 2011; Brown 2004; Larson 2001; Lambek 2003; Cole and Middleton 2001; Middleton 1999; Lambek and Walsh 1997; Graeber 1995; Feeley-Harnik 1991; Bloch 1982, 1971). Foreigners have long been intrigued by the elaborate customs of Malagasy, who in differing ways, according to various regional customs, family traditions and religious practices, viscerally venerate the legacies of their forbears. It would in fact be difficult to write anything about Madagascar without first mentioning the pivotal role ancestors play in the lives of many Malagasy peoples. In the famadihana ceremony for which they are famous, Malagasy Merina of the central highlands wrap the deceased in handmade silk shrouds, exhume their bodies when their bones have become too cold (read forgotten), and rewrap them again in clean shrouds, consolidating their ancestors from many bones into one. As part of these elaborate funeral ceremonies, Merina families parade their ancestors in the streets, dance with the dead, and cradle their shroud-encircled bones like babies (Graeber 1995; Bloch 1982). Sakalava peoples of western Madagascar lay the bones of their deceased to rest in elaborately decorated tombs; become possessed by royal ancestor spirits (tromba); practice the ritual reburial of their king; and during a special ceremony called the Great Service (fanompoa), renew their ancestors' royal power through ritual bathing, the care and maintaining of ancestral relics and their reliquaries, and the offering of tributes to the ancestors (Ballarin 2009; Lambek 2003; Sharp 1993; Feeley-Harnik 1991). Antankarana peoples of northern Madagascar bury their ancestors in caves, and among other diverse rituals of remembrance, commemorate ancestral legacies through a periodic mast-raising ceremony called tsangantsainy (Lambek and Walsh 1997).

In both personal and collective ways, many Malagasy honor, remember and care for the legacies of their forbears. They make offerings of honey, rice, and tobacco at the places where

ancestral spirits reside. They request certain things of their ancestors, promising loyalty in return. They sacrifice for them, share their food and drink with them, dress like them, and become possessed by them. But of all the things that Malagasy do with and for their ancestors, there is one vital activity which remains far less noticed. To appreciate it, we must turn our eyes and tune our ears to the procreative stories of Malagasy women, women who customarily keep their pregnancies quiet, who conceal their swelling bellies from the potentially wicked gaze of jealous eyes, and fastidiously observe their family's pregnancy taboos. These women in both physical and metaphorical ways are giving birth to ancestors.

In certain places in Madagascar, among certain people, there is a belief in the "partial reincarnation" of ancestors – that is – that aspects of one's grandparents or great grandparents may reincarnate in the world again as one's children (Jaovelo-Dzao 1996, 130; Jorgen Ruud 1960).<sup>3</sup> And even among Malagasy who do not believe their children to be reincarnations of their ancestors, many nevertheless understand children to grow from ancestors, or as Gillian Feeley-Harnik writes.

From hidden roots – the dead buried in the ground – the living grow up and out over the surface of the land like a tree, which they work to nourish. The deeper the roots, the greater the tree. Ancestors are that fruitful union: expressed in explicitly sexual terms in royal funerals; as a union between husband and wife in the relationships between a spirit and its medium; and as a union between parent and child in relations among the living. Ancestors emerge in the birth of children. (1991, 52)

In northern Madagascar, where I conducted this research, infants are frequently dubbed "water babies," (*zaza rano*), and hidden or handled with extreme care until they have successfully transitioned from their state as newly reincarnated ancestors to fully-arrived-in-the-world humans. When teeth come in, which represents a hardening of the bones, parents mark the occasion with a ritual sacrifice and haircutting, and formally declare the baby a human, a new descendant among the living. Haircutting ceremonies serve not only as occasions to celebrate the

life of a new children, but also offer grandparents the chance to articulate through speech-prayers (*joro*) what it means to be a member of one ethnic group or religious community versus another.

The belief in partial reincarnation, that aspects of the ancestors are reborn in children is common throughout Madagascar and evident in various societies throughout Africa and the African Diaspora (Opoku 1978, 138; Drewal 1992, 39; Gottlieb 2004, 49; Geissler and Prince 2010, 177-179; Olupona 2014, 33). Rites of protection and initiation for infants are meant both to help parents prepare for loss in the event that a child dies, and to help parents discern the spiritual identities of their babies so they can better assist them as they transform from spiritual beings to human beings. This kind of religious understanding of babies as ancestors, or of ancestors as babies, can have profound implications for the ways in which parents care for children. And yet the notion of "partial reincarnation" has thus far not been fully scrutinized. In their respective works, Nancy Drewal, Alma Gottlieb, and Paul Wenzel Geissler and Ruth Jane Prince examine the rituals that Yoruba, Beng, and Luo parents in Nigeria, Côte d'Ivoire and Kenya, respectively, use to identify the ancestral reincarnations in their children (Drewal 1992; Gottlieb 2004; Geissler and Prince 2010). I build on their foundational research in this area to argue that in the Malagasy context, mothers are doing more than simply discerning ancestral reincarnations; they are actually helping to facilitate a connection between ancestors and babies.

Geissler and Prince allude to a kind of parental intentionality in their description of naming practices among Luo parents, which they describe as sometimes less about recognizing a "transfer of essences" and more about "the continuously renewed evocation of relations" (2010, 191). In a similar vein, art historian Suzanne Blier argues that through Yoruba rituals aimed at identifying reincarnated ancestral spirits in children, infants learn about and come to embody the ancestors with whom they are associated.<sup>5</sup> Quoting Geurin Montilus, Blier describes this as a

kind of "diffuse education" more than a mere recognition of inherited qualities within the child (Blier 1995, 181-182; Montilus 1972, 28). In the present study, I frame the partial reincarnation of ancestors as a process by which Malagasy parents, and mothers in particular, awaken in their children certain continuities from the past. As vessels of ancestral reincarnations, and managers of their children's healthcare and spiritual upbringing, women in Madagascar are charged with the formidable task of birthing the next generation of children who are destined to become ancestors and ancestors destined to become children once more.

### Reframing the Importance of Ancestors in African Religions

Of all the defining characteristics one associates with the indigenous religions of Africa, the tradition of remembering and honoring one's ancestors stands out as a pivotal – if not *the* most central – component of religious practice. That said, scholarly discussions around the importance of ancestors in African religions have not always been unified (Hollenweger, 1993, X). While most affirm the centrality of ancestors in traditional African religions, disagreements have ensued over how best to represent these practices to outsiders. There are those who have taken an apologetic stance; most notable among them are African theologians John S. Mbiti and E. Bolaji Idowu who in response to European prejudicies against "ancestor worship" attempted to paint these practices in a more palatable light (palatable at least from a European Christian perspective) (Idowu 1973, 178-189; Mbiti 1990 [1969]). In adamant rejection of the external label "ancestor worship" which he saw as a gross misrepresentation, Mbiti called for a richer, more accurate, and perhaps more indigenous understanding of these practices as "tokens of fellowship, hospitality and respect" and as "symbols of family continuity and contact" (1990, 25). He writes,

The acts of pouring out libation (of beer, milk or water), or giving portions of food to the living-dead, are symbols of communion, fellowship and remembrance. They are the mystical ties that bind the living-dead to their suriving relatives. (Mbiti 1990, 25)

But as an African Christian, Mbiti was not solely concerned with describing ancestor veneration more accurately; he was also attempting to depict these religious acts as foundational for, and also deferential to, the more primary African Christian goal of worshipping God.<sup>7</sup>

Some African scholars later took issue with this approach given that for many Africans, ancestor veneration is a primary rather than deferential practice and should be understood in its own right, rather than exclusively in its relationality toward Christianity. Africanist historian of religion Benajamin Ray writes, "As attractive as [Mbiti's] perspective was to African Christians, to African intellectuals, such as Okot p'Bitek, Wole Soyinka, and Ali Mazrui, it seemed blatantly Eurocentric: a 'dressing up' of African deities in Christian robes' (Ray 2000, xii).

Despite these disagreements over how best to frame traditions of ancestor veneration, and African traditional religions more broadly given that Christianity and Islam are both now intricately interwoven into the fabric of the former, considerable consensus exists that ancestor veneration is a central component of religious practice for Africans of nearly all religious stripes. Africanist historian of religion Jacob Olupona summarizes the importance of ancestors this way:

Ancestral tradition, the veneration of deceased parents and forbears, constitutes a key aspect of African religions. Some traditions regard ancestors as equally if not superior to the deities within the pantheon; also, it is not always easy to make a distinction between ancestors and divinities. Other traditions centralize ancestral veneration, because it remains instrumental to lineage, clan and family formations. Ancestors, having transcended the human realm, occupy a higher realm of existence and are equipped to bestow honor and blessing on the living members of their lineage. A reciprocal relationship links the living and the dead. Ritual offerings are given in exchange for blessings from the ancestors. Conversely, neglect of a lineage's ancestors can lead to misfortune, illness and even death. (Olupona 2014, 28)

Olupona is not alone in asserting ancestral traditions as a key aspect of African religions. Theologian Walter Hollenweger argues that despite argumentation over how best to describe the importance of ancestors in African societies, "take the ancestors away from the Africans and you destroy their roots in the past, their culture, their dignity and their understanding of *communio sanctorum*" (1993, X).

For many people across sub-Saharan Africa, the act of remembering ancestors through family and communal rituals serves as a primary means by which to contemplate collective histories that are foundational to one's sense of purpose and identity in the world. Hollenweger likens the tradition of ancestor veneration in Africa to a kind of historiography and calls for a "theology of ancestors" as a way by which to correct the western notion "that there is no historical consciousness in Africa (1993, X)." He contrasts ancestor veneration in Africa with European "remembrance days" describing the latter as more folkloristic as compared with the more historical approach within the African context. For Hollenweger, a deeper investigation into the ways in which Africans engage the spirits of their past could potentially offer outsiders, and the European west in particular, new ways of understanding their own histories (Hollenweger 1993, X).

The prevalence and centrality of ancestors in African religions is indisputable. Yet, as my research will demonstrate, an important facet of ancestral veneration has been ignored. Without dismissing the remembrance of ancestors as a crucial means for processing collective histories, I am arguing that engagement with ancestors is not exclusively about the past, or remembering the dead, even though much of the literature on ancestors in Africa might lead one toward this assumption (Babayemi 1980; Bockie 1993; Graeber 1995; McCall 1995; Rosenthal 1998; Shaw 2002). Ancestral veneration is *also* one of the ways in which families enact new beginnings. For

families invoke their ancestors not only during times death and crisis, but also during times of celebration, transition, renewal and at the occasion of the birth of a new child.

Remembering one's ancestors during birth rituals serves not only as an opportunity for families to articulate collective identities and relate these histories to their children; it also affords parents an opportunity to verbalize new aspirations for their children's futures in light of everything and everyone one who has come before. Ancestors figure prominently in most communal celebrations and in most rites of passage (birth, coming of age, marriage, death). And yet, despite the prevalence of ancestor spirits at all important moments in a person's life course (birth, puberty, marriage, and death), coming of age ceremonies and funerary rituals have received far more scholarly attention as compared to birth rituals and rites of passage for the newly born. It is in this way that my research on ancestors in Madagascar is unique.<sup>8</sup>

Historically speaking, Malagasy have used rites of passage as an opportunity to root people within ancestral lineages and customs, to recount familial histories, and also as a chance to create innovations within these traditions. In *The Weight of the Past*, Michael Lambek demonstrates that the Sakalava of northern Madagascar "bear" the weight of the past through spirit mediumship rituals, which enable a "re-birthing" of the ancestors and their history (2003). Ancestors are the focus of many traditional Malagasy rituals, such as the famous *famadihana* exhumation rites of the Merina of the Central highlands (Bloch 1982; Graeber 1995; Larson 2001). Ancestors also comprise a central point of reference in sacrifice rituals (Cole 2001), puberty rites (Bloch 1986), and possession ceremonies (Sharp 1993). But while scholars have examined puberty rites, sacrifice, spirit possession and funerary rituals as occasions for engaging historical narratives that anchor individual and collective identities, very little attention has been paid to how Malagasy reconstruct the past at the most quintessential of new beginnings—the

birth of a child. My research examines the centrality of ancestors in Malagasy rituals from this unprecedented vantage point.

It is my contention that too heavy a focus on middle- and end-of-life ceremonies can blind us to the importance of beginning-of-life ceremonies, most of which are just as important for our understanding of religion in Madagascar, and the importance of ancestors in African religions more broadly. If we leave babies out of the equation and focus on the end-of-life to the exclusion of what happens at the beginning-of-life, we make the false assumption that religion is simply about what happens when you die. The fact of the matter is that Malagasy will tell you that ancestor veneration is not just about remembering the past whether in discursive or embodied or subconscious ways. Ancestral veneration is also, and perhaps primarily about envisioning the future. The invoking of ancestors is a common practice in African religions, but it has often been misunderstood as a preoccupation with death; my research on the centrality of ancestors in Malagasy religions reveals ancestor veneration to be a commemorative strategy for imagining and shaping the future – a future that will be as equally fertile and generative as the remembered past. Nothing demonstrates this better than the invoking of ancestors during childbirth and during post-partum religious ceremonies for the newly born.

Anthropologists and scholars of religion have theorized Africans' interest in ancestors to be about many things. Ancestor veneration serves as a means for people to remember the past (Lambek 2003); a means by which some ascertain authority over other family members (Graeber 1995). At a most basic level, ancestor veneration can establish belonging among relatives and can serve as a means by which to incorporate new kinds of kin into their communities, by way of peoples' relationship to a collective of spirits with which their lives intermingle (Sharp 1993). Interest in ancestors has been said to be about claiming or reclaiming one's access to land

(Shipton 2009), about labor (Feeley-Harnik 1991), and about creating intergenerational (and often patrilineal) descent groups that give one a sense of an enduring sense of place within the community (Jay 1992). In this dissertation, I am presenting my own theory on Malagasy interest in ancestors. I am arguing that Malagasy, at times, become increasingly interested in the care of their ancestors in the precise moment when they are faced with the task of caring for a brand new baby. I contend that this recognition of the continuities of the past in the emerging lives of one's children enables a kind of hopeful imagining, and reshaping of the past, that has not been fully explored in the literature that deals with ancestors.

On the one hand, my interpretations are presumptive. For I am writing an as outsider with little personal investment in the practices I describe. On the other hand, my ascription of meaning to the rituals I have witnessed is both human and inevitable. As religious studies scholar Nancy Jay writes, the work of understanding on the part of scholars "cannot be to reach a meaning identical to that of the ritual actors themselves" for their meaning is inaccessible to outside observers. But the desire to interpret is nevertheless "inescapable." Thus the task of the researcher is to "build a bridge between the two to hold the worlds (of the ritual actor and the interpretor) together" (Jay 1992, 13). I attempt to understand the meaning behind Malagasy religious practices not with the pretense that my interpretations are conclusive, but rather with the hope that they will shed new light on Malagasy religions to a curious reading audience. Ultimately, I do not intend to suggest that my theories define comprehensively how Malagasy people feel about their ancestors. Indeed, as humans, our religious activities can be said to mean many things that will change over time. And even when we, whether outsiders or insiders, attribute broader meanings to the religious activities we observe, we often experience religious phenomena less in the abstract and more in tangible, visceral ways.

As my research collaborator Édith once described, ancestors are not merely symbols of the past; they are a real presence of loss in peoples' lives. She continued to assert that family and community are very important in Malagasy society, that community extends beyond death, and that Malagasy believe that if you do not care for your ancestors properly after they die, they can become bad (*masantôko*). In our time together, Édith often spoke fondly of her grandfather in particular, of how she missed him, and of how badly she wanted to see him in her dreams. She complained that her relatives who were most afraid of seeing her grandfather were ironically the ones who more frequently received visits from him in their dreams.

Later in the year, Édith finally did see her grandfather in a dream, an experience she had wanted for the past fourteen years. She did not understand the dream, but there was a baby in it who was just learning to sit and who was wearing red clothes. Her grandfather was introducing her to the baby. Édith did not know who the baby was, whom it belonged to, or how it fit in her family. She remained puzzled by what her grandfather was trying to communicate to her and was overwhelmed by the revelation. When she woke in the middle of the night, she felt inundated with joy upon finally having seen her grandfather, but in the morning, she felt sad again, and cried because she missed him. The spirit that visited Édith in a dream had been her maternal grandfather's. He had been very special to her, and she to him. There had been other grandchildren born in Édith's family before her, including a boy cousin, but as Édith explained, her grandfather did not give the family's heirloom silver necklace to this cousin of hers; instead the first baby to receive the silver necklace in a haircutting ceremony had been Édith. Tears welled up in her eyes as she to me the dream, as well as the special relationship she and her grandfather had shared. In Madagascar, ancestors have come to represent many things to many people, but they are also more than mere representations. For ancestors were once beloved

family members, some of whom were royal, others of whom were slaves, some of whom were gracious, and others of whom were mean (*masiaka*) and imposing. And their spirits and legacies continue to crop up, in both expected and unexpected ways, when families gather, when grandchildren dream, and when mothers give birth to babies.

## **Caring for Baby Ancestors**

In January of 2012 in the small town of Joffreville near Montagne D'Ambre National Parc in northern Madagascar, a midwife by the name of Bernadette showed me what she does to help premature babies grow strong. She indicated that sometimes babies are born prematurely at around seven months of gestation<sup>9</sup> and that there is a traditional Malagasy medicine (*fanafody*) for this. She picked up a clump of dirt from an insect nest<sup>10</sup> and crushed it between her fingers, mixed the dry dirt with honey in a small white porcelain bowl, added a silver coin,<sup>11</sup> and stirred the mixture into a paste with her fingers. She then demonstrated how she encircles this medicine around all of the baby's joints, gesturing on her own wrists, elbows and ankles as she spoke. She called this special medicine *fameno* and said it should be applied every morning for a week and then with each subsequent week another coin should be added and the procedure continued. When she showed me this custom in the dark rectangular room in which we sat, on her straw, hand-woven, reed mats (*lamaka*) neatly placed atop her dirt floor, I was deeply curious and impressed with the seriousness with which she described this practice.

The mixture of medicines (*fanafody*) that Bernadette creates in a bowl is instructive when placed within the larger context of traditional religious practices in Madagascar. Honey is commonly used as an offering to ancestors; coins are symbolic of ancestral power, and healing powers are commonly transferred between generations through a person's inheritance of gold or silver coins. Moreover, spirit mediums paint their bodies with a sacred clay (kaolin) <sup>12</sup>around

their joints in the same way that Bernadette paints the bodies of premature Malagasy babies who are struggling to survive. This material religious culture forms a complex set of beliefs and practices in which ancestors' life-giving power (*hasina*) is channeled through the work of religious specialists, like Bernadette, and impressed upon the newly living that *hasina* might continue in them.

In Madagascar, wrapping, washing, and the application of herbal and ritual medicines upon fragile bodies are religious endeavors. Channeling ancestral power in order to bless the living is one of the principal aims of Malagasy religions. <sup>13</sup> Malagasy do this in a variety of ways, of which imbuing otherwise ordinary materials (buttons, fabric, wood, herbs, and rope) with sacral power, remains one of the more common. These objects, which are understand to be "medicines from the ancestors" are then placed upon the bodies of the fragile, the sick, the possessed, and the newly born that ancestral power might heal, bless, and be made to continue in them.

Material religious culture is integral to our understanding of Malagasy blessing rites. For as religious studies scholar Vanessa Ochs proclaims, it is not just beliefs, ideas and ideologies that matter to people of faith; it is "the weave of objects in the everyday lives of individuals and communities" that matter as well (2007,91). Taking material culture in the Malagasy context seriously allows us to see that the materials that people gather, grow, cook, prepare, construct and inherit can remind them of important people, places and events. When enveloped around the newly born, these materials can serve as powerful ritual objects and "vessels of identity and memory" (2007, 91). For in Madagascar, when colonial era coins become heirloom (such as the ones Bernadette uses to bless premature babies), they are transformed from something ordinary and mundane into something evocative and sacred. Without such treasures in our religious

rituals, Ochs argues that, "we would hold less of our grandparents' lives, less of their memories, and we would therefore be less ourselves" (2007, 92). And while Ochs' comments speak directly to the place of heirloom treasures in the Jewish context, her insights hold true in the Malagasy context as well.

As an ethnographer of religion, I read the objects Malagasy use in rituals in the same way that a textual historian reads old manuscripts. Material objects have worth and meaning in any social context, but for those of us who study the religious lives of individuals within predominantly oral societies, objects and human actions matter even more. In order to fully understand Malagasy religious practice, we must read the culturally constructed meanings given to the holy objects that people place within their homes and use during ceremonial occasions, mining them for the meanings their handlers ascribe to them. Malagasy wrap the deceased in special cloths called *lambas*; they bathe the bodies of parturients, babies and initiates in blessed water; and religious specialists commonly apply ritual medicines around the joints of those in need of spiritual blessing. This dissertation explores the sacred wrapping, washing, eating, and applying of medicines that occurs when a child is born – the ways in which families envelop the newly born, and also new mothers, in the potent and life-sustaining traditions of their ancestors.

In Madagascar, baptizing one's children in the traditions of one's ancestors is a sacred act. Malagasy understand the sacred not solely as an otherworldly supernatural power, but as a tangible, and this worldly life-force that one must cultivate, maintain and reproduce through right relations with land, people and the divine. In Malagasy religions, the sacred (*hasina*) refers both to a transcendent essence as well as to what religion scholar Willam Paden has described as "a matrix of obligations" that "upholds the integrity" of one's worldview (1996, 4). In other words, in Madagascar, the sacred exists as a creative, transcendent, and primal spiritual force (*hasina*),

and also as an essence that people tend to, and grow, by relating to one another and to the divine in mutually beneficial ways according to the "matrix of obligations" that has been handed down to them by their ancestors.

Anthropologist Maurice Bloch describes the Malagasy concept of *hasina* (the sacred) as "the mystical force of primacy" and "a force of excellence, of essence, [that is] associated with high rank and even royalty, but also with the power of blessing in general" (1986, 41).

Anthropologist Oyvind Dahl similarly represents *hasina* as "the sacred power of the whole of creation: the human being, animals, plants, stones, the sky, and especially the medicines" (1999, 26). But I reiterate, *hasina* is not just about who people and things are; *hasina* is also about what people do. For *hasina* does not endure in humans and things indefinitely; instead people are charged with preserving it. Anthropologist Jennifer Cole portrays the *hasina* of the ancestors as intricately connected to the mundane actions they performed while they were living. She wrote

More generally, Betsimisaraka say that *hasina* is first produced through ancestors' mundane actions while they are alive, then simply virtue of their death. In other words, through daily activities like farming rice, building houses, producing and raising children, and dying, ancestors imbue the land and village around them with their *hasina*. (Cole 2001, 136)

Thus while *hasina* originally derives from God (Zanahary), its prevalence in ancestors and in the world at large increases as a result of human actions: when people impregnate the world with meaning by building houses, growing food, bearing children and tending to the land on which they live. And these actions are never exclusively innovative; rather they always build upon, and sometimes diverge from, the actions of one's predecessors.

Malagasy maintain the sacred by abiding by the customs (*fomba*) of their ancestors, by observing the inherited taboos (*fady*) their ancestors followed, and by recalling their forebears' legacies through rituals of commemoration. It is through these kinds of actions that Malagasy construct what Mary Douglas portrays as an ordered and meaningful universe (2002 [1966], 85).

In this dissertation, I understand the sacred to be what Malagasy set apart and hold dear, evidenced by their words, actions, and behavior toward one another and toward their ancestors. The sacred is an essence of spiritual blessing that Malagasy strive to capture, hold onto and maintain, and a way of being in the world that gives the world order and meaning. But the sacred (hasina) is also sometimes thought to be present in places, spaces, objects and times, all of which are made holy by an event(s) that people consider important to their identity. According to Dahl, hasina is "relative to space and land (1999, 26)." Malagasy explained to him "if you leave your home and your family, the hasina will diminish." And as another portrayed, "the inside of a church has more hasina than does the yard outside the church" (Dahl 1999, 26). Thus certain plants and material objects, places, and times have divine worth and can bring forth blessings when people properly care for them.

Religion in Madagascar is about making a connection with the divine: about creating opportunities for people to fortify their relationship with the spiritual forces that sustain them, and about steering clear of those spiritual forces that threaten them. Religious rituals also enable people to come together as a family or community, to reaffirm their sense of collective rootedness in one another via their shared relationships with a family of ancestors, spirits, and/or with God. Lastly, the set of obligations that religious Malagasy observe as members of particular ancestral lineages and religious communities fosters an ethic of reciprocity (*fihavanana*) that Malagasy deem critical to their spiritual flourishing as a people. Religious acts in Madagascar, whether the observance of inherited taboos (*fady*) or family customs (*fomba*); the invoking of ancestors during life-stage rituals; the offering of gifts to one's ancestors; pilgrimages to holy sites; and worship of God in one's community can best be explained in the words of historian of religion Jonathan Z. Smith as "first and foremost, a mode of paying attention" (1996 [1987],

103). In Madagascar people observe *fady* (taboos), make offerings at ancestral sites of memory, and abide by their religious communities' set of creedal and behavioral proscriptions as a way of caring for relationships and paying attention to their world differently. They instruct their children in these customs and belief systems in order than their children might pay attention to, and tune their bodies toward, certain kinds of spiritual awareness, remembrances, worldviews and visions for the future. I enter this landscape of intentional living through the rituals Malagasy observe, and the religious materials they use to consecrate and bless their children.

As we enter the cosmological worlds of birthing and infancy, the sacred spaces parents create around the procreation of children as ancestors and ancestors as children, we enter with the full knowledge that many of my informants have likely concealed as much as they have revealed. Through the stories and images parents have shared with me, some aspects of Malagasy religions will become tangible and others will remain elusive. Through the imagery of hand woven straw mats laid atop dirt floors; porcelain bowls filled with holy water and sacred coins; nursing toddlers in the laps of their story-telling mothers, smiling babies with tiny fingers grasped around chicken legs; fragrant piles of honey, rice, and tobacco at sites of offering to the ancestors; black cotton cloths containing ghost repelling powders wrapped around tiny wrists; spilled goat's blood and shaven heads; herbal medicines and clumps of dirt; fraying baskets hanging from tree branches filled with babies' remains; sun-filled rooms of hospital hallways in Antananarivo; and the dark interior spaces of midwives' homes, this dissertation takes us into the wondrous world of babies, and their parents. In my discussion, I lift up the riveting and authoritative voices of Malagasy women, who, as divine vessels of the newest generation of living ancestors, tell of the joys and struggles involved in their efforts to bring healthy children into the world.

## The Religious Culture of Infancy

My research on ancestors in birth rituals in Madagascar is unique for its focus on the centrality of ancestors at beginning-of-life ceremonies, but I also join the work of other Africanist scholars who have similarly chosen to draw attention to the rich religious culture parents construct around infancy and the new insights such a focus provides (Drewal 1992; Masquelier 2001; Gottlieb 2004). Anthropologist Alma Gottlieb was among the first to recognize that "infants have culture." She argued that babies act as agents; that they make demands; and that they develop and behave largely according to cultural rather than "biologically determined" expectations (Gottlieb 2004). According to Gottlieb, infants -- no less than other beings -- are shaped by those around them, cued into local systems of meaning, and physically trained to tune their bodies towards certain kinds of social and spiritual awareness.

This anthropological perspective, bold at the time, is now more widely accepted and is even catching on in disciplines beyond the humanities. In the emerging field of fetal origins, scientists now know that babies are shaped by the physical *and cultural* aspects of their world long before they enter it. When babies are born, they often recognize their parents' voices and the songs sung to them while in the womb. Research shows that babies are predisposed to enjoy the foods their parents eat because their mothers' diets during pregnancy flavor the amniotic fluid fetuses swallow. They also receive stress hormones as clues about the kind of environment they might expect to find outside the womb as well as other clues about whether or not they are entering a world of scarcity or abundance (Paul 2010). Broadly speaking, scientists are moving away from an emphasis on genetic determinism toward a larger focus on how our social, cultural

and physical environments interact with our genes to determine what kinds of people we will become (Landecker and Panofsky 2013).

In other words, it is not just the genes that we pass on to our children that matter. It is also what we believe about our children, and how these beliefs influence our care of them, that bears significance as well. In her pioneering ethnography, Gottlieb asked her readers to explore the question of where babies come from. Are they newborn souls, or are they old souls? Do they know something when they're born, or are they blank slates? Among the Beng of Côte d'Ivoire, babies are understood to be reincarnated ancestors. They come from the ancestral realm and must be coaxed to stay in the world of the living. Thus they are protected with religious charms, given daily baths, and their desires for food and comfort appeased (Gottlieb 2004).

In Madagascar, as I have already mentioned, similar beliefs about babies' origins influence how parents care for them. This shows up not only in ritual and infant care, but also in how people talk about pregnancy, birthing, and the life cycle more generally. In some parts of the island, for example, pregnancy is referred to as "the ancestors' continuation" (*ny fitohy raza*) (Ruud 1960, 248). Jorgen Ruud's research among the Sakalava of western Madagascar reveals that Sakalava often attribute a woman's conception to the ancestors' favor upon her, saying "the ancestors have made her pregnant" (*ny razana nampitoe-zaza azy*) (1960, 248). And expectant mothers are sometimes known to say, "my father (or grandfather) is inside myself" (*ny babako bababeko anatiko*) (Ruud 1960, 248). In the northern Malagasy city of Diego Suarez where I conducted research for this project, babies are protected in diverse ways according to family traditions, religious affiliations, and social status. But some of the more common practices include the use of amulets (*aody*) and "growth medicines" (*aody be*) placed around "water babies" wrists and necks; keeping young babies far from cemeteries, and indoors after dark

when evil spirits are more likely to roam; placing knives under babies' pillows to protect them from wandering ghosts; frequent trips to medical clinics; and taking babies for regular exorcisms performed by shepherd healers (*mpiandry*) at Protestant churches.

In these contexts, a description of infants as "water babies" speaks to the belief that infants of a certain age are liminal beings making a transition from the spirit world to the human world and require protection until they have successfully "crossed over" (van Gennep 1908; Turner 1969). Spirits in Madagascar are known to reside close to or within the spaces of water. Thus the term "water babies" refers both to babies' ambiguous status as liminal beings (not yet grounded in their social milieu) and also to their association with ancestor spirits who commonly reside in and around water. As reincarnated spirits, "water babies" require specialized care so that they can be encouraged to turn away from the watery spirit world from which they come and learn to settle in the earthly human world.

Despite their best efforts, Malagasy parents know all too well that not all children will survive the vulnerability of their infancy. Early in the course of my field research, informants showed me to a hill where babies' remains are placed when they die at a very early age – that is, before they have reached the status of full-fledged human beings. Malagasy in the area reportedly explained that "water babies" cannot be buried in the same way as older individuals who die because they "don't have bones." Parents explained that infants are not viewed as fully human until they acquire teeth, which represent a hardening of the bones. Thus when some occasionally depart from the world of the living before reaching this developmental milestone, it represents a unique kind of loss requiring a unique kind of mortuary care. For the family loses not a mature adult whose contributions will be missed, but a spirit-being ripe with potential who has slipped back into the realm from which it came. 17

In Madagascar, caring for an infant's spiritual needs is further charged by an alarmingly high infant mortality rate. <sup>18</sup> It goes without saying that the parents I interviewed were worried about biomedical threats in addition to their children's spiritual welfare. Parents voiced concerns about the overwhelming prevalence of intestinal infections, and parasitic diseases such as malaria, which are especially prevalent in temperate coastal zones such as the area where I conducted research for this project. Parents employed various and multiple healing methods, including biomedical ones, as a pragmatic approach toward meeting the whole of their children's health needs to ensure that their children survive. But it any society, survival is a low bar. Malagasy parents do not just desire their children to survive. They also want them to thrive. The parents I interviewed wanted their children to learn to speak several languages so that they could have better job and educational opportunities, to be happy and healthy, and to lead spiritually fulfilling lives.

So how do water babies become full-fledged humans who might go on to lead spiritually fulfilling lives? As stated earlier, the arrival of teeth in infants represents a hardening of the bones, and is a highly anticipated event that marks the child's safe and successful transition from the spirit world to the human world, or from water into bones. This is the moment when parents' extraordinary concern with protecting infants diminishes. The arrival of teeth is celebrated with a traditional blessing (*joro*); a lifting of taboos; a haircutting (*mangadoso fagneva*) and adornment of jewelry upon the child (*mampiravaka tsaiky*); and a declaration of the baby, by virtue of his/her ability to consume solid foods, as a "real human being" – the newest descendant in a long line of ancestors.

Haircutting ceremonies are said to be the means by which "water babies" are transformed into human beings. However within a pluralistic religious community such as Diego, parents

have many layers of both choice and constraint in terms of which rituals and procedures they use to initiate children into their respective religious and ethnic communities. And therefore, it is not the ceremonies alone which make children human, but rather the acknowledgement of the child as having social status that transforms him/her. This thinking is in line with both Victor Turner' and Mary Douglas' notions of the liminal and the sacred (Turner 1969; Douglas 1966). Turner and Douglas suggest that it is the act of anchoring people within a social structure that gives their identities and their lives a sense of sacred worth, whereas not being placed, such as is the case with liminal "water babies," poses a threat that must be carefully managed. In a country plagued by poverty whose social structures have been disrupted by colonial and neocolonial interventions, parents are struggling, perhaps more than ever before, to provide children with the kind of social support systems and spiritual stability they deem critical to their survival.

As a result of punishing labor and tax laws imposed by an external colonial government in the early decades of the twentieth century, as well as more recent changes caused by structural adjustments programs and a move on the part of the Malagasy government to a neoliberal economy, many Malagasy families have been displaced from their ancestral lands, and/or have chosen to migrate from rural settings to urban environs for monetary reasons, leaving behind the supportive social structures they may have enjoyed in the countryside. Within these new urban contexts, parents are struggling to determine which religious communities and ritual practices best provide their children with the sense of belonging and social worth that will ensure their thriving. Some young mothers and fathers who in other ways appear to have abandoned many of their ancestors' customs (fombandrazana)<sup>19</sup> are turning now to them once more, upon the birth of their child. They are holding haircutting ceremonies, and calling upon their ancestors to bless their babies. They are remembering a time when hasina, the sacred life-sustaining force that their

ancestors cultivated by way of right relations with one another and with the divine, was more present. They are striving to re-cultivate *hasina* and instill it in their children so that they, and their children, might have a more fertile future, one that more closely mirrors the past as they remember it.

While my research takes inspiration from Alma Gottlieb's (2004) provocative assertion that "infants have culture," as a religious studies scholar, I am inclined to focus most heavily on the more spiritual dimensions of infants' lives. Because of my training in religious studies, I privilege the religiously charged nature of these formative months in a Malagasy child's life over and above the broader cultural aspects of infancy. Of course, I do not wholly ignore the cultural worlds and the mundane realities that intersect with, and are intertwined in, babies' spiritual upbringing; religion and culture are intricately connected. But, while I agree with Gottlieb's claim that infants are cultural beings who have agency (2004, 47-49), I would like to emphasize that their agency has certain limitations determined largely by their parents' beliefs about them. In this dissertation, I am interested in infants' religious lives' insofar as they inform how we understand new parents' religiosity. For it is the complex way in which parents and newborns interact with one another that has the capacity to alter how mothers and fathers understand themselves, their place in society, and in the larger cosmos.

The birth of a child invites parents to think about their own religious lives in new ways. Most know of parents who suddenly become religious upon having a child, or parents who suddenly become interested in their family's religious heritage when the time comes for them to circumcise or baptize their own child. Similarly most may also know parents whose loss of faith came into relief for them when they realized that they had no interest in passing on the religion of their childhood to their own children. These are the kinds of questions I am exploring in this

project. What aspects of their faith do Malagasy parents strive to instill in their children? How do parents protect the newly born from the social and spiritual threats to their survival? How do they help their children to cultivate a positive relationship with the divine?

But of course parents and childrens' religiosity are intricately intertwined. We cannot tease one from the other. And the implications of a project that focuses on the religious lives of infants also offers fresh insight into the ways in which religion can shape us, long before we are conscious of any of its creedal or doctrinal elements. I was first drawn to this idea because of my own personal religious experiences, not only my experiences as a mother charged with instilling certain ideals within my child, but also out of my experience as the child of a mother who instilled a religion in me that meant something to me long before I understood the meanings of the words I sang, the prayers I made, or the names of the people in my community who loved me and claimed me.

In Barbara Myerhoff's *Number Our Days*, her elderly Jewish informants described this kind of religious upbringing as one whereby "Jewish Comes Up in You from the Roots." As one woman, Rachel portrays,

We couldn't doubt because what we knew came without understanding. These things were injected into you in childhood and chained together with that beautiful grandmother, so ever since infancy you can't know life without it. The boys in cheder could learn the words and forget them, but in this domestic religion, you could never get rid of it...You could not just put it aside when you don't agree anymore. When it goes in this way, I describe, Jewish comes up in you from the roots and it stays with you all your life. (Myerhoff 1979, 344)

Myerhoff, like her informants, refers to this kind of spirituality as "Domestic Religion" and argues that teaching religion to children through rituals in the home lays the groundwork for, and goes far deeper than, the more formalized forms of religious education that occur in institutions.

In "Domestic Religion," infants learn the spiritual world, and of their own religious heritage through particular smells and sounds and tastes they experience in the home. "These

forms," Myerhoff argues, "precede ideas or words. They become expressible later in the child's life, and then their meanings may be overtly taught, but this teaching is an overlay that rarely penetrates the very ground of being in the same way that the first inexpressible meanings do" (Myerhoff 1979, 346).

In the Malagasy context, babies are made aware of their spiritual worlds through the seemingly mundane activities of their parents and grandparents, people who carefully feed them, wrap medicines around them, bless them and bathe them in the traditions that will come to compose them. As we shall see in the chapters that follow, Malagasy parents do this in various ways. Nasreen did it by ensuring that the first words her children heard were the call to prayer whispered in their ears. Camellia did it when she took her newborn daughter out of the house for the first time, in a ceremony at sunrise where her baby was blessed by her grandmother and great grandmother. And baby Asmara's parents did it through a haircutting ceremony, performed in their home where they called forth their ancestors from all four cardinal directions, and asked for them to come and bless their daughter.

I refer to these domestic practices as "the religious culture of infancy" borrowing from Gottlieb's provocative assertion that a "culture of infancy" does in fact exist, while also pointing out my intention to hone in on the religious aspects of infant culture (Gottlieb 2004). Certainly there are cultural practices around infancy in Madagascar that would not be considered religious just as there are religious practices that are not considered part of the dominant culture. So why do I choose to join religion and culture together in this way? I employ the phrase "religious culture" in all its ambiguity because I believe it to connote something broader and more flexible than the term religion alone can convey. Religion, particularly in the parts of the world that we refer to as the West, and by this I mean the Euro-American West, is all too often associated with

Madagascar, the dimension of Malagasy religion that I am referring to in this dissertation is the kind that is embedded in domestic and cultural practices in ways that cannot be institutionalized or teased out into a solidified set of abstract creeds. Some might argue that what I am referring to are spiritual practices, and they would be in part correct. Certainly there is a spiritual dimension to caring for infants. But even the phrase "spiritual practices" connotes something of a personal religious experience more in line with what William James describes in *The Varieties of Religious Experience* (1963). What I am referring to is more communal in nature -- more enveloping rather than inwardly rousing. It is as one of my informants described, "the customs we are bathed in." Lastly, by employing the term religious culture, I do not mean to imply that religion is merely a subset of culture. As a religious studies scholar, I know religion to be its own thing, and the most ultimate of things for those who practice and believe. Yet because of religion's primacy in the lives of those who practice, it invades and takes root in our domestic and cultural practices in ways that can render the mundane divine.

The stories that comprise the bulk of the chapters that follow will give us a closer look into the domestic religious practices of Malagasy who use the birth of a child as an opportunity to articulate and ritually construct various historical narratives and religious identities. This kind of religion comes to people by way of family traditions, oral histories and unsystematized cultural customs. Humans acquire it not by studying sacred texts or by engaging in great philosophical conversations, but rather "by being bathed in it." It came to me, at least in Malagasy form, not from my being immersed in it as a child, but from the words of Malagasy mothers like Nadima, who, when I interviewed her, carefully pulled out a napkin she had prepared for our conversation together, a napkin full of words her grandmother had shared with

her about the importance of keeping postpartum customs. It came to me through my long-term relationships with Malagasy families that housed me, fed me, invited me to attend their children's first communions, and to their children's school performances, showed me pictures of their baby's baptisms, invited me to take part in their children's haircutting ceremonies, had me over for Christmas dinners, and Sunday afternoon brunches, and lastly by my spending time with mothers and their babies and by listening to their stories.

## **Research Methodology**

Research for this chapter and for this dissertation more broadly, comes from open-ended interviews<sup>21</sup> conducted over a nine month period (September 2011 – June 2012) from a sample of approximately 50 informants, most of whom were mothers, although I interviewed fathers as well, and also elders within the community, religious leaders and medical professionals in the city of Diego Suarez. The women and men I intervied do not comprise a representative sample of the people of Madagasar, nor do my interviewees' varying individual perspectives speak comprehensively to the issues presented in this dissertation. Rather their personal stories give voice to the diversity of opionions on issues of religion, mothering and childbearing in Madagascar. This project is an ethnography defined in the broadest sense of the word – that is, I employ

a research process based on fieldwork using a variety of mainly (but not exclusively) qualitative research techniques but including engagement in the lives of those being studied over an extended period of time. The eventual written product -- an ethnography - draws its data primarily from this fieldwork experience and usually emphasizes descriptive detail as a result. (Davies 1999, 5)

Within this broad methodological category, I use a reflexive approach, meaning I am both aware of, and critical of, my own presence in the field. Reflexivity contrasts with the positivist approach employed by most ethnographers prior to the 1970s who tried to minimize their

presence in the field and remain as neutral as possible. Most researchers today recognize that such neutrality (or "objectivity") is neither possible nor desirable, and strive instead to exploit the human tendency toward introspection as an important tool toward understanding one's own biases, how one's presence affects the people one is studying, and the politics behind the gathering and production of ethnographic material. The reflexive approach asserts that knowledge is interpretive and hermeneutic rather than positive, tentative rather than conclusive, relative to time, place and author rather than universal" (Michael Carrithers 1990, 263). Given this assertion, throughout the chapters of this dissertation I will occasionally give my reader a window into some of my thoughts, biases and experiences with regard to how they shaped my conclusions and the relationships I had with the people I interviewed.

Of the interviews I conducted, three were in Antananarivo, the capital city of Madagascar, and the remainder were done with northern Malagasy living in and around the town of Diego Suarez. For the majority of interviews, I had at least one research collaborator with me who helped me understand key Malagasy words and phrases. My level of proficiency in the northern Malagasy dialect used in Diego, however, is such that I am able to carry on comfortable conversations about religious practices, birthing practices and daily living without the help of translators. Four of the fifty interviews were conducted in English. The other interviews were conducted in Malagasy and less frequently in French, or in a combination of the two as residents in Diego often code switch between French and Malagasy. I also attended religious services and participated in familial religious ceremonies when invited by friends and informants. Some of the people in this project are given pseudonyms, and some identifying details about their lives have also been changed to protect the intimacies they shared. Additionally, some of their stories will remain untold, especially certain stories of abortion and of losing children. The experiences that

women bear quietly and share quietly will remain as haunting letters that do not become ink on these pages.

Though I conducted the majority of my interviews in and around the city of Diego, the vast majority of my informants did not consider themselves to be from there. As is true of many large cities throughout the world, newer migrants can sometimes comprise as much, if not more, of a city's total population as compared with long term indigenous residents (tompon-tany). Moreover in Madagascar, being born in a city does not make one "from" that place. Instead many of my interviewees, some of whom were born in Diego, named other towns and villages throughout the northern province of the island as the places from which they were from. Additionally, at least one woman I knew, my dear friend and research collaborator, Zafisoa, lived in Diego all her life, but considered herself neither from the city, nor had she been born there. Her mother, Madame Serafina, who had been living in Diego when she conceived Zafisoa, observed the common custom of returning to her natal village to give birth. And Zafisoa did the same when her own daughter Sera was born. Thus families can reside in Diego for multiple generations without considering themselves autochthonous to the area. Only a handful of women I interviewed expressed that they were from Diego. As one woman, Nadima, related, "I was born in Diego. I am also from Diego."

Those who did not grow up in Diego migrated to the city for numerous reasons, primarily educational and financial. Some young women came to work as maids in wealthier families' homes; others to attend school at the University of Antsiranana, the largest and most reputable university in the northern province of Madagascar; and still others to live with relatives while attending secondary school. Lastly, same came to find work in the naval shipyard, the fish processing plant, or to work in the informal sector of the economy. Viviane was one such woman

who came to Diego looking for work in the informal sector. A single mother, she arrived with the youngest of her five children several years prior to my meeting her in 2011. She came with nearly nothing in the way of savings but quickly found work as a maid. She cleaned a woman's house in the mornings and sold popsicles for another woman outside a secondary school in the afternoons. Viviane explained that she earned only enough money to pay for a place to sleep and to buy two cups of dry rice per day, which she and her daughter shared. As she sold more and more popsicles, she earned enough money to buy her own snacks to sell at Diego's large outdoor food market. During the corn season, she bought and roasted ears of corn and sold them for a marked up price to students at the university. When Viviane first arrived in Diego, she worried she had no way to take care of herself and her children. However, she soon discovered that she could make money very quickly in the city. When I interviewed her in 2012, she was living in a small makeshift house near the University where she sold raw vegetables in front of her house.

I interviewed women and men ranging in age from 17 to 79. The majority were Christian including Catholics, Pentecostals, and Protestants; a minority were Muslim; and an even smaller minority maintained that they "did not pray" (*tsy mivavaka*), which in the context of northern Madagascar typically means they did not participate in institutionalized religion. As one woman explained, "I do not pray. I pray here only [pointing to the ground in front of her house]" (*Tsy mivavaka. Mivavaka eto fo*). Of the people who who claimed no institutional religious affiliation, many still spoke of God (*Anjanahary*), the religious customs and taboos (*fomba* and *fady*) od their families, and of their families' divination practices.

A disproportionate number of my informants were highly educated especially when compared with the Malagasy population at large. I attribute the high educational status of my sample pool to my relatively young age (late twenties during the time in which this research was

conducted), status as a student, and the fact that I lived in close proximity to the University. All of the aforementioned factors made it easier for me to be friend younger Malagasy women, most of whom were first time mothers, and more highly educated themselves. That said, I also interviewed women and men who were illiterate, and and some who never had the chance to complete primary school.

Although I intentionally established the majority of my interview relationships with women, both men and women expressed interest in discussing matters of birthing and other life-stage customs with me. In the course of my fieldwork, formal interviews often gave way to more casual conversations on Diego's busy streets, in the backs of taxi cabs, at neighborhood vegetable stands, and at the crowded farmer's market where my husband and I shopped and became known by our neighbors. I often found myself in the middle of fascinating conversations, some of which had nothing to do with me, but allowed me nonetheless to gain insight into cultural and religious matters.

Upon commencing my research, I initially expected Malagasy to be suspicious of my choice of topics. As a white, middle-class American woman, I worried that Malagasy might view me as having a paternalistic interest in women's health issues in the same vein with colonists, missionaries and development workers, some of whom have had an interest in women's health for less than altruistic reasons. Would people find it inappropriate that as an outsider, I wanted to write about the customary intimacies surrounding childbirth? Is it ethical and even possible as an outsider to gaze into women's personal lives in ways that ask them to expose their personal, political and religious motivations behind their religious practices, parenting choices, and healthcare decisions?

When at its best, ethnographic research can draw attention to the often untold yet highly provocative life stories of ordinary people, drawing us into peoples' personal narratives in ways that shatter and complicate the prejudices we previously had about them. Ethnography can change how humans see other humans and for the better. But ethnographic research can also be exploitative and collaborative with imperialist agendas (Asad 1973; Stacey 1988; Conquergood 1991). In other words, sometimes our writing does the opposite of what we intend. Sometimes we inadvertently craft images of people that make them appear exotic and static. Even in the most well written works, the results can be mixed.

In the Afterward to Karen McCarthy Brown's famous book *Mama Lola: A Vodou Priestess in Brooklyn*, she asked the principal personality in her book, Mama Lola, to reflect upon how her life had changed as a result of the manuscript Brown published about her. Lola responded by offering both praise and criticism,

That book, [she proclaims], it come in like a bomb. BOOM! You know? Lot'a thing change because of that book! I meet more people, important people. I have more respect. People give me more respect you know? ... And also people see other side of Vodou, a better side. You know? They don't see more evil. Very success. (Brown 2001, 383)

Later during the interview, however, Lola complained to Brown about how frustrated she had been by the book because of the ways in which it locked her in time. "I hate that book," Lola replied, and paused, "because I change and it doesn't" (Brown 2001, 399).

I have always felt both drawn to and wary of ethnographic approaches for the aforementioned reasons. I am both inspired by the opportunity to write about people and their religious practices in ways that help illuminate their lives, and also anxious about unintentionally creating static portrayals of otherwise dynamic individuals. Despite these self-reflexive insecurities, I was pleasantly surprised by the warm reception I received from Malagasy mothers

many of whom who were more than eager to share their stories of motherhood with me, and for me to write about them in this project. I attribute their eagerness to several factors.

First, the nature of the topic lends itself toward a willingness to share. Many women not only enjoyed telling their birth stories; they were eager to do so. Childbirth experts have long agreed that a woman's memory of her initial birth experience can have a lasting impact on her emotional well being, and part of constructing a positive memory of one's birth experience involves sharing one's birth story with a trustworthy person (Simkin 1991). The women I came to know in Madagascar spoke candidly about their birthing experiences and even seemed to appreciate my inquiries. I attribute this to the fact that women the world over are experts on issues of birth and parenting and often more than willing to share their experiences, and yet, are seldom asked.

Secondly, I attribute my success in finding interviewees to my approachability. I was curious and eager to meet Malagasy. And my neighbors and acquaintances, seeing this, were likewise curious and intrigued by me. This cannot be said of all foreigners. For example, I was dumbfounded to meet a tourist from the United Kingdom who complained to me that no one wanted to talk to her and that "the people she met on the streets scowled at her." After she shared with me some of her thoughts about "how lazy Malagasy people were," I began to wonder whether her poor reception by locals was a fault of her own. Thirdly, I attribute women's eagerness to share their stories with me in part to my status as a foreigner. My research assistants helped me to see that some Malagasy were keen to be interviewed by me, not despite, but precisely because I was a white foreigner (*vazaha*). My assistants, all of whom were Malagasy, and some of whom had had experience doing ethnographic research of their own, believed that some Diego residents were more willing to talk with me than with them because of my status as

a *vazaha*. Being an outsider of course has both advantages and disadvantages, some of which I will discuss in the chapter that follows this one.

In addition to my ethnographic approach, my research methodology is also heavily influenced by my training as a scholar in the history of religions tradition. As such, I understand religion to be a humanly constructed phenomenon with attributes that are best appreciated when contextualized in their respective historic, geographic and social contexts. My approach is comparative, historical and anthropological. Within such an approach, I aim to look beyond "Western monotheisms" and to expose the institutional, communal and habitus-oriented aspects of religion in addition to systems of belief. <sup>22</sup> And because I am interested in religion as a human construct, I am less concerned with questions of divinely proscribed normativity and more in how religious people make meaning and find purpose in their daily lives. In other words, my approach is in line with that of comparative religionist Wilfred Cantwell Smith who argues that what matters more than the doctrines, gods and theologies of the people we study are the religious experiences of those who claim them (1959).<sup>23</sup>

Following this humanistic approach, I have tried to understand the Malagasy women I interviewed as humans and friends first, rather than exclusively as spokespeople for certain religious ideologies. I have also strived to understand them as co-interpreters rather than simply as informants. On a more practical level, I have tried to model my ethnographic approach after scholars like Karen McCarthy Brown who boldly declared "anthropological fieldwork [to be] something closer to a social art form than a social science." She writes,

It involves a particular type of human relationship, yet one that is subject to all the complexities and ambiguities of any other kind of human interaction This conception of fieldwork does not mean that no standards are applicable; they simply are different from the rational ones. Truth telling and justice, for example seem to be more fitting criteria that the canons of scientific research. (Brown 2002, 130)

My primary aim in this dissertation is thus to represent the women I interviewed, their stories, their lives and my relationships with them, truthfully. By doing so, I hope that their stories will do something more than simply prove, disprove, or add nuance to the theories that help us to think about and better understand people's religious beliefs, but instead do the more difficult work of tearing down stereotypes my readers, no matter how educated, may have about Malagasy women in particular and African mothers more generally, stereotypes that would otherwise blind us to the richness in, and complexities behind, their religious ideas and parenting practices.

Within African religions, rituals have pride of place over creed, and oral histories are often as important if not more important that sacred texts. Like most Africanist historians of religion, my data are based not exclusively or even primarily on texts. Historical documents can form an important piece of Africanist scholarship on religion and I hope to rely on such materials more heavily for future iterations of this project. In its current manifestation however, this project examines historical change through the lens of daily religious praxis and oral narrative. I explain Malagasy religious history by exposing religious rituals for what they are -- as acts of history, as a kind of historiography and window into how Malagasy engage with the past *and* as a window into their dreams for the future.

But I also take my focus on rituals a step further by narrowing in on domestic rituals -the religious environments women and their families create in the home around the birthing and
blessing of children. Domestic rituals, as compared with public rituals, have been grossly
overlooked by most scholars of religion. This might partly be explained by the fact that domestic
rituals fall under the domain of women's religious activities. For as religion scholar Pamela
Klassen asserts, there has been "a general inability [in the field] to see the 'sacred' in the stuff of

women's lives" (2001, 64). Whatever the reason for their prior neglect, domestic rituals form an important component of the larger picture of religious practice in Madagascar. Early religious experiences, the kinds that "come up in you from the roots," matter. They matter to the faithful and they should matter to those of us who have made it our life's work to study the role of religion in human societies.

When Malagasy parents introduce children to the customs they feel represent who they are as members of particular family lineages or religious communities, these parents link their children to the powerful communal legacies that reinforce their own identities and help shape their children into the kind of people they wish them to become. When Malagasy honor the dead or bless the newly born, they invest meaning in the historical experiences they share. "Water babies," by virtue of their liminal status as reincarnated ancestors, provide parents with a special connection between the ancestral legacies Malagasy remember, and the visions they have for their children's future.

My research makes an intervention in the scholarship on religion in Madagascar by shedding more light on domestic rituals and beginning-of-life ceremonies and the role that ancestors play in the former. But my research is also inspired by others who are making similar interventions in their fields, especially scholars such as Alma Gottlieb and Margaret Drewal who highlight the importance of infant blessing ceremonies among Beng and Yoruba peoples respectively, and still others who have examined the political and religious aspects birth and birth rituals in Africa including Margaret Andersen (2010), Lynne Thomas (2003), Janice Boddy (2003), Nancy Rose Hunt (1999), and Carolyn Sargent (1989). I also take my lead from scholars such as Robbie Davis-Floyd (2003 [1992]) and Pamela Klassen (2001) who underscore the importance of ritual and religious meaning in childbirth in an American context. As Pamela

#### Klassen notes,

Ironically, given the fruitfulness of the idea of birth to many religious systems in terms of divinely wrought immaculate conceptions, being born again, and enduring cycles of death and rebirth, in Western religions, women's actual experiences have been sorely ignored and underritualized. In this study, I shift this meaning-making gaze in a different direction. I ask not how religious traditions have ritualized birth, or used it to make sense of human existence, but how birthing women use religion to make sense of their births, and how in turn they draw on birth to make meaning in their lives. (2001, 5)

In a similar vein, my own research privileges Malagasy women's stories of actual physiological birthing as opposed to writing about women as mere symbols of birth and procreation. My privileging of women's narratives and of their real-world decision making within religious communities is as Africanist historian of religion Cynthia Hoehler-Fatton asserts "not simply a matter of presenting 'the female point of view'"(1996, 12). Rather, as she so rightly asserts, leaving out women's voices, especially in instances when they are very much involved in the phenomena we are describing, would leave our representations unnecessarily skewed (Hoehler-Fatton 1996, 8). For in Malagasy religions, women play active roles in religious ceremonies, and yet they have largely been written about as passive participants rather than orchestrators. Lastly, my focus on women's birth stories and the decisions they make with regard to their children's spiritual upbringing is a response to historian Caroline Bynum's urge for scholars to see and "stand with women" rather to look at them as mere symbols of birth and procreation" (1984).

## The Notion of "Spear Battle" as a Way of Seeing with Women

The title of my dissertation, "Birth is our Spear Battle': Pregnancy, Childbirth and Religion in a Northern Malagasy Port City" suggests childbirth in Madagascar to be a high-stakes affair, one that involves a literal fight for one's life. I hesitated at first to use this title precisely for this reason – for fear that I might overemphasize the dangers of childbirth at the expense of some of the less highly charged and more ordinary birth stories of Malagasy women.

Certainly my readers are not lacking for stories of high infant and maternal morbidity rates in African countries. Would the imagery of a spear battle in the context of religion and childbirth in Madagascar conjure up inaccurate images of primitivism? Would I inadvertently perpetuate the image of Malagasy mothers as poverty stricken at the expense of all of their other qualities? Nigerian novelist Chimamanda Adichie warns of the dangers of a presenting "a single story" in one's writing. I do not wish to add to the single story of high maternal and infant mortality rates in Madagascar, or in Africa as a whole. But, if I can ask my reader to suspend any preconceived notions s/he might have and delve into the Malagasy context in which the phrase of "spear battle" (ady antsaboa) has meaning; I find it a provocative description of Malagasy women's experience of childbirth and motherhood.

First, the conceptualization of childbirth as women's "spear battle" comparable to the battles with the sword that men face is not unique to Madagascar. Anthropologist Jane Turrittin notes that "several cultures conceptualize [childbirth] as women's 'field of battle'" (2002, 77). Citing the autobiographical account of African midwife Auoa Keita (1975), Turrittin remarks that "Sonrai, Bambara, Wolof, Malinke, Kassonke, Sere, Samo, Peul, Diola, Sarakole, and Bobo women" all conceptualize childbirth in this way (2002, 77). According to Keita, "The eternal refrain is the following: women do not participate in battle, nor in hunting parties, nor do they fish....The field of battle is childbirth, whose pain they must support with courage and dignity..." (1975, 261). In Madagascar, during the time in which this research was conducted, the risks one normally associates with childbirth were further intensified by the circumstances of poverty under which many, though certainly not all, women were living. Women who entered pregnancy in deficient states of health were less likely to deliver healthy babies and more likely

to suffer complications themselves. Thus poverty, coupled with an insufficient healthcare system, make giving birth in Madagascar a particularly embattled affair.

The notion of "spear battle" does not, however, exclusively refer to the fight for one's life that women face in childbirth. Likening birth to a "spear battle" also highlights the kinds of struggles that can unfold as families disagree over parenting descisions and matters of spiritual upbringing. Mothers, perhaps more than anyone, often find themselves in the middle of these disputes. And in addition to the highly charged, real-life divisions such disagreements can cause, Malagasy also perform symbolic fights over children, at religious ceremonies, as a way to give voice to the conflicting interests of multiple family members. Anthropologist Maurice Bloch describes these as "mock" battles (1986, 71). These playful scenes where relatives pretend to fight over and/or steal the child from one another occur both at haircutting ceremonies for the newly born and at ceremonies of circumcision for toddler boys. Each highlights the kind of mutual investment that paternal and maternal relatives have in their progeny.

In the context of her research in the Analava region of Madagascar, anthropologist Gillian Feeley-Harnik notes that at haircutting ceremonies "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" (2000, 158). Feeley-Harnik goes on to detail how the baby's father's kin must then pay a ransom for the baby which will be used to fund the haircutting celebration (2000, 158). These contentious encounters, according to Feeley-Harnik, speak to the multiple layers of affiliation that children have with both paternal *and* maternal kin despite the popular claim that "men are the masters of children" (2000, 135). According to Feeley-Harnik, the latter statement carried some irony for her informants, many of whom who felt that in the contemporary context the

harder battle was not fought over which parent, or set of kin, would have greater influence, but rather how to get fathers to simply acknowledge and support their children (2000, 137).

In the case of boys' circumcision, Bloch describes several examples of "mock" fighting that occur within ceremonies performed by Malagasy Merina, including fights over the consumption of unripe bananas and stalks of sugar cane which represent the untamed fertility of the uncircumcised. Bloch also describes a scene in which youth attempt to bang on and break down the door of the house where the to-be-cicumcised boy is being held (1986, 71, 74). These youth threaten the child with a spear until they are resisted by the child's father and other relatives inside the house. Bloch describes these episodes of violence as playful and exhilarating for partipants and sees them as part of the symbolic violence needed to dissolve the child of his wild untamed essence and his more natural affinities with his maternal kin so that he might be transformed into a descendent of his father's lineage (1986, 72).

In more recent decades, to the extent that "mock" battles still occur; actual spears are largely absent, due in part to the fact that weapons (including those used in religious ceremonies) were outlawed during the French occupation of Madagascar. During the colonial period, sticks came to replace spears as the instruments used in ceremonies (Feeley-Harnik 2000, 159). In the context of my own research, no instances of violence, or "mock" violence, were documented. And spades, rather than spears, were used in ceremonies of blessing for the newly born. As one woman explained, when a newly born baby is brought out of the house for the first time, at two weeks postpartum, a maternal uncle takes a shovel or a spade (*angady*) and walks around the perimeter of the house singing a blessing while tapping each corner of the compound with his spade. He wears a *lamba* (traditional cloth) around his waiste and encircles the house six times.

Though blunt objects have come to replace spears at ceremonies of blessing for the newly born, the notion of birth as a "spear battle" remained a provocative description for many Malagasy women with whom I spoke in the early 2010s. Likewise, certain forms of symbolic contestation over children's affiliation prevailed. During haircutting ceremonies, babies were sometimes made to be held by a paternal relative for fear that they grow too close in affinity to their maternal relatives, an occurrence Feeley-Harnik also noted in the 1990s in her research on birth rituals in the Analava region (2000, 158). And one mother I knew insisted that all of her children's hair be cut by her sister in order that their hair might come to more closely resemble that of her sister's. Her sister's hair was thick and straight rather than curly, a physical characteristic of which many Merina families were proud. Malagasy highlanders, like Merina, have ancestral roots in Indonesia and Malaysia. Therefore many have lighter skin and straighter hair as compared with coastal Malagasy whose ancestors more commonly originated from East Africa and the Arabian Peninsula. Thus in the present context, contestations over children occur not just with regard to maternal and paternal affiliations, but also with regard to racial hierarchies and racialized ideas of beauty.

And lastly, the notion of childbirth as a "spear battle" carries a significant amount of spiritual weight as well. When we consider the importance of rites of passage within Malagasy religions, in particular, and in African religions more broadly, we find that spears are ritual objects that both literally and symbolically shape persons into new kinds of people. It was Gillian Feeley-Harnik (2000) who first noted the usage of the phrase "spear battle" as a description for childbirth in northern Madagascar, hypothesizing that the phrase enables Malagasy women to liken their experience of childbirth with the experience of male circumcision. She argued that for these women, childbirth is the process which transforms them from girls into women, just as

boys, who undergo the knife during their circumcision ceremonies in Madagascar, find this rather grave experience to be the process by which they are made into men (Feeley-Harnik 2000, 136, 142). In other words, if circumcision is boy's battle with the spear, and their rite of passage; for women, their "spear battle" and rite of passage is childbirth.

My own research in Diego confirms Feeley-Harnik's hypothesis. For as one woman explained to me, "we say, *ady saboantsika magnangy ny fitirahana*," meaning "the spear battle for women is childbirth" or "birth is *our* spear battle." Jacqueline then went on to say,

When you go to visit a woman after she has given birth, the first thing you say to her is, "birth is our spear battle" (*ady saboantsika magnangy ny fitirahana*), and then you say "congratulations for you have made it over to the other side" (*arabaigny fa tody aroe soamantsara*). You also bring the woman a gift; this gift is called *rôm-patsa* (which is small white dried crawfish). This is the traditional gift and it is supposed to help a women produce breast-milk, but you can bring any gift, a bit of money or soap, and all of these things can be called "*rôm-patsa*."<sup>24</sup>

Within this context where women are speaking these words of encouragement to one another as part of the ceremonial exchanging of gifts that takes place after the birth of a child, we might understand women's assertion that "birth as our spear battle" to point to something larger than simply the dangers inherent in childbirth. We might understand that for many women, childbirth with all of its associated risks also provides women with a sense of new found power, accomplishment and camaraderie with other women who have similarly "crossed over."

We might also understand crossing over to mean something more than just surviving. We might realize it to mean that women are arriving at a new place in their lives. Anthropologist Michael Lambek presents a theory of sacrifice which articulates sacrifice as the means by which people create new beginnings for themselves and on behalf of others (2007). According to Lambek, sacrifice ceremonies effectively enable individuals and communities to draw a line in blood between the past and the present, or what the world used to look like and what they wish the world to become. Spears, knives, and scissors, as part of the necessary tools of sacrifice, and

other rites of passage like circumcision and haircutting ceremonies, not only mark moments as sacred but also provide for those present a sense of the seriousness and gravity of the occasion, and an opportunity to simultaneously remember the past and revision the future.

Of course, childbirth and the various rites of passage modeled after it such as circumcision ceremonies are different in notable ways. I will discuss the difference between physiological birth versus religious symbols of birth and being born again later in this dissertation. But for now, let us make note that women in Madagascar see childbirth as a lifealtering and powerfully transformative rite of passage that binds them with other women, in the same way that men's battle with the knife during circumcision binds them to other men. The notion of birth as a "spear battle" is ripe with meaning within this religious contex. But as we shall see in the women's "spear battle" stories which form the core of Chapter Four, birth is also further dramatized and infused with new meaning given the changing contexts in which women are bearing babies today within rapidly changing religious environments and within urban spaces like Diego where an increasing number of medical and religious options are available to women, most of which feel unsatisfactory and may even heighten their sense that their life is at risk while giving birth. These religious and medical options include the invoking of ancestor spirits around a baby's birth, calling on the power of Jesus to save a childbearing woman and her baby from the threat posed by a breach delivery, and the use of knives, scalpels and other medical instruments when vaginal births prove impossible.

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<sup>&</sup>lt;sup>1</sup> In Yoruba religions, and consequently in some African Diasporic religions, the notion of a mystical crossroads, where the earthly world and the heavens intersect, is prolific. Esu, the god (*ori*) of the crossroads, is understood to be tricky and cunning and also the deity through which everything/one must pass. Though I did not encounter such fruitful dialogues about a mystical crossroads in Malagasy religions, I find the phrase "divine crossroads" expressive of the kind of space that liminal beings like "water babies" and ancestors reside in on their journey toward humanhood and reincarnation respectively.

<sup>3</sup> Anthropology professor and Catholic priest Robert Jaovelo-Dzao. Personal Interview, March 14, 2012.

<sup>&</sup>lt;sup>2</sup> In northern Madagascar, infants of a certain age are affectionately dubbed "water babies" (*zaza rano*) and are not considered fully human until they receive their first teeth.

<sup>&</sup>lt;sup>4</sup> Among some African American communities in the southern United States, it is common practice for elders to regard a newborn baby and question whether that baby has "been here before." Upon returning to the United States to write up this dissertation, several African-American friends and colleagues shared this practice with me when I gave birth to my own child on January 5, 2013.

<sup>&</sup>lt;sup>5</sup> The practice of naming children after particular ancestors in certain African contexts can be likened to Catholic naming practices around the Calendar of saints. Children are both discerned to possess similar qualities with the saints they are named after and are also come to embody these qualities even further by virtue if being named after particular saints.

<sup>&</sup>lt;sup>6</sup> Walter Hollenweger, "Listening to African," X.

<sup>&</sup>lt;sup>7</sup> For more on African Christian views of ancestors, and ancestor worship, and on the framing of Jesus Christ as the universal ancestor, see Kwame Bediako, "Jesus in African Culture," 2003.

<sup>&</sup>lt;sup>8</sup> I selected the topic of birth rituals and postpartum religious ceremonies on my third trip to Madagascar in 2008 after attending a hair cutting ceremony for a baby of royal Antankarana descent. During the ceremony, those gathered thanked the ancestors for the health of the mother and baby, while one elder man cut the baby's hair and placed it into a bowl of water, which participants later told me would be poured into the Mahavavy River. Though my command of the Antankarana dialect was not advanced enough at that time for me to understand the full significance of this ceremonial hair cutting, I was struck by what I perceived to be the integration of both Muslim and traditional religious elements within this ceremony. I was impressed by the family's recounting of history at this event. Their recitation of the names of important ancestors within their lineage was a central feature at the time of the welcoming and blessing of their newest descendant. I began to wonder how ritual participants act to shape and socialize infants at these ceremonies, baptizing them into the historical and religious traditions of their families. I also became curious as to why birth rituals and ceremonies of initiation for infants had not been investigated as prominently as other life-stage rituals like funerary rituals and puberty rites, which have received significantly more scholarly attention.

<sup>&</sup>lt;sup>9</sup> Her exact words were, "there are those born at seven months/moons" (*misy miteraka fito fanjava*). Bernadette. Personal Interview. January 17, 2012.

<sup>&</sup>lt;sup>10</sup> It was not clear to me whether Bernadette uses dirt from insect nests to make *fameno*, or whether she was simply using insect dirt as a way of demonstrating to me the process by which *fameno* is made. In Malagasy religions, kaolin is often applied to the joints of spirit mediums. Additionally, there are roots that are ground and made into a paste and applied to peoples' skin as medicine during times of illness or injury. And lastly, bits of dirt from tombs and other sacred locations are sometimes used in religious ceremonies to confer blessing upon individuals or groups.

In Malagasy religions, coins have a symbolic spiritual value. They are customarily used in religious ceremonies to invoke ancestor spirits. Their roundness is associated with the silvery fullness of the moon. Full moons, or moons building towards fullness, provide the proper time for performing religious ceremonies meant to encourage life. The roundness of coins is also associated with open mouths of ancestors. Royalty are buried with coins in their mouths, so that they may continue to speak to the living through spirit possession ceremonies. Families often have one or more coins they use during religious ceremonies to invoke ancestor spirits. Coins are also used to transmit ancestral power (*hasina*) to participants by mixing them in the mediums of water, sacred clays (*kaolin*), and in this case, an earthy medicine Bernadette described as *fameno*. For more on the significance of coins see Michael Lambek, "The Value of Coins in a Sakalava Polity," 2001.

<sup>&</sup>lt;sup>12</sup> Kaolin clay is used in rituals throughout the African continent as well as in African Diaspora communities in the Americas. It is most commonly used by spirit mediums, or painted on religious relics and shrines. A watered down version of the clay is sometimes sprinkled on participants during ceremonial occasions. In Madagascar, kaolin is called *tanimalandy*, which means "white earth." For uses of kaolin in

Madagascar, see Marie Pierre Ballarin, "Royal Ancestors and Social Change," 73. Also see Ballarin "How Spirits Travel along the Western Indian Ocean Rims," 2007. For an example of its usage in the Diaspora, in particular among African Americans in Virginia, see Mark Leone and Gladys-Marie Fry, "Conjuring the Big House Kitchen," 1999.

<sup>13</sup> While others have not necessarily framed the indigenous religions of Madagascar in precisely in this same manner, nearly every scholar I have read who discusses the indigenous beliefs and practices of Madagascar recognizes and discusses the centrality of *hasina*, defined by many as a life sustaining sacred power. See Bloch 1982, 1986; Feeley-Harnik 1991; Jaovelo-Dzao, 1996; Dahl 1999; Cole 2001; Lambek 2003.

<sup>14</sup> For more on material culture in Madagascar, see Sarah Fee and Christine Mullen Kreamer, *Objects as Envoys*, 2002. Also, see Michael Lambek, "The Value of Coins in a Sakalava Polity," 2001.

<sup>15</sup> For more on the history and significance of *lamba*, which Malagasy use as clothing, as wraps in religious rituals, and as a slings for carrying babies, see Rebecca Green, "Lamba Hoany: Proverb Cloths from Madagascar," 2003.

<sup>16</sup> Richard Huntington discovered similar practices among the Bara of southern Madagascar: "If a very young child (*zaza mena*, "red child") dies, there is no funeral or burial in the paternal tomb, nor can the father give the body to his in-laws for burial in their tomb as he might with an older child. The child is not yet part of the social order connected to the father and the ancestors, and the bodies of such babies are simply abandoned in a "a wet place" (*tany le*)." *Gender and Social Structure*, (Bloomington: Indiana University Press, 1988), 31.

<sup>17</sup> Usage of the word "water" as a descriptive term for babies who have not yet gained human status takes on greater meaning when placed within the context of Malagasy beliefs about the significance of water in myth and ritual. Water has many healing properties and is used within religious ceremonies to transfer and confer power. It is also a realm or world in which spirits and mermaids reside, and a realm from which certain animals and peoples are said to have emerged. North of Diego, in a town called Bobaomby, a myth circulates about the origin of cattle (omby). The name of the town comes from the word bobaomby which, when broken down, means lots of (bobaka) cattle (omby) (Jaovelo-Dzao, 1996, 36). According to legend, cattle used to live under the sea until their horns were discovered by fisherman. The myth explains how cows came to live on land and were used by people for food and as sacrificial offerings. A group of people called the Anjeka, a sub-clan of the Sakalava are also said to have emerged from water. The myth tells of a fisherman who once caught hold of a mermaid, and birthed children with her and their descendants came to be known as the Anjeka (Jaovelo-Dzao, 36). In addition to these myths about the origin of cattle and Anjeka, there are also many sacred lakes throughout Madagascar including one in the north called Antañavo where crocodiles live and in whom the spirits of ancestors reside. Informants declared that these crocodiles wear earrings and necklaces and that people visit the lake to make vows and to give offerings of thanks to the crocodiles when requests are granted. Lastly, Michael Lambek discusses a class of water spirits called Anandrano (2003). These are the spirits of Sakalava who drowned themselves rather than surrender to Merina invaders in the 19th century. There are many more stories about creatures emerging from the water, and also stories of people drowning in water whose spirits continue to haunt the living. All of that is to say that water is both valued for its life-conferring as well as life-destroying properties and "water babies" speaks to infants' precarious state as liminal beings bearing a close connection to ancestors spirits and other spirits conceived to reside near water.

<sup>18</sup> According to the World Health Organization's Global Statistics for 2012, 62 out of every 1000 children in Madagascar will die before reaching their fifth birthday (2012, 57).

As of July, 2014, UNICEF listed on its website that the number is even higher: "Nearly 120 out of every 1,000 children born in Madagascar will die before their fifth birthday. Malaria, diarrheal diseases and respiratory infections are among the deadliest threats. A little more than half of one-year-olds are fully vaccinated against preventable diseases. Forty-eight per cent of Malagasy children are chronically malnourished; 13 per cent suffer from acute malnutrition. Only about 50 per cent of households have access to clean drinking water, and only 3 per cent have latrines. Contnadimated water and poor sanitation

greatly increases the risk that children." "Issues Facing Children in Madagascar," UNICEF, accessed July 26, 2014, http://www.unicef.org/infobycountry/madagascar\_2436.html.

<sup>19</sup> The word *fombandrazana* literally means "ancestral customs." Malagasy use the phrase to refer to the customs (*fomba*) and taboos (*fady*) that people inherit from their ancestors. Malagasy observe these customs in order to maintain good relationships with their ancestors. Ancestors insist that their descendants keep these customs. From the point of view of the descendants, this keeping of customs can feel constraining, but is a necessary way of remaining connected to one's forbears and also helps to establish a sense of collectedness and community among members of the same ancestral family. The word *fombandrazana* is sometimes used to refer to indigenous religious practices in Madagascar more generally.

generally. <sup>20</sup> In emic terms, Malagasy refer to cultural practices as *fombagasy* which point to customs that are associated with Malagasy culture more broadly, *fombandrazana* however are "the customs of the ancestors" and therefore entail a religious imperative.

<sup>21</sup> By open-ended interviews, I mean relatively unstructured conversations. As Charlotte Davies notes: "Interviews carried out by ethnographers whose principal research strategy is participant observation are often virtually unstructured, that is, very close to a 'naturally occurring' conversation. However, even in such unstructured interviews ethnographers have in mind topics they wish to explore and questions they would like to pose; thus they tend to direct the conversation with the research in mind, without imposing much structure on the interaction." *Reflexive Ethnography*, (New York: Routeledge, 1998), 105.

<sup>22</sup> The University's of Chicago Divinity School defines the history of religions approach as:

The History of Religions area approaches religion as an exclusively human phenomenon, via the methods of the social sciences and the humanities. It is concerned to theorize at a high level of generalization, informed by broadly comparative and empirical research, and to carry out high-level empirical research informed by theoretical reflection. It pays selfconscious and explicit attention to problems of epistemology, terminology, category formation, method, and motive. Irreverent by temperament and sometimes on principle, it insists that the Western monotheisms should not be the only paradigms and/or objects of legitimate study; religion cannot be reduced to belief, but also includes issues of practices, institutions, communities, habitus, and other factors that often operate below the level of consciousness; and interpretation involves critical probing and systematic interrogation of the idealized self-representations of any religious phenomenon.

"History of Religions," University of Chicago, accessed July 7 2014, https://divinity.uchicago.edu/sites/default/files/imce/ADM%20-%20HR%20AAG.pdf

<sup>23</sup> Smith's exact words: "The externals of religion -- symbols, institutions, doctrines, practices -- can be examined separately; and this is largely what in fact was happening until quite recently, perhaps particularly in European scholarship. But these things are not in themselves religion, which lies rather in the area of what these mean to those that are involved. The student is making effective progress when he recognizes that he has to do not with religious systems basically but with religious persons; or at least, with something interior to persons." "Comparative Religion," ed. Mircea Eliade and Joseph Kitagawa (Chicago: University of Chicago Press, 1959).

<sup>24</sup> Jacqueline. Personal Interview. December 23, 2011.

# Chapter One: Childbirth and Change in the Malagasy Port City of Diego Suarez

At the dawn of the twentieth century, women all over the world began laboring for the first time in clinical settings, giving birth to their babies in hospitals and maternity wards assisted by doctors and midwives and with new reproductive medicines and technologies. The medicalization of childbirth began of course much earlier, but it was not until the twentieth century that hospital births became standard procedure in many parts of the world, rapidly replacing home births as the most common venue for bringing children into the world. The medicalization of childbirth can be traced to a number of consequential episodes, of which I will outline only a few.

#### The Medicalization of Childbirth

Throughout much of human history, midwives and postmenopausal women elders assisted women in childbirth. Midwives had varying levels of knowledge and expertise, but most had basic familiarity with the processes of labor and delivery; some knowledge of plant medicines that could be used to stimulate contractions and to slow down postpartum hemorrhaging; and knew how to assess babies' positions within their mothers' wombs. At the dawn of the sixteenth century, when "medicine began to emerge as s profession," doctors in addition to midwives became interested in supporting women through the stages of labor and birth (Brodsky 2008, 35). But even then, the first doctors, nearly all of whom were male, largely left childbirth in the domain of midwives. Doctors, and the early pioneers of surgery, were called upon only in cases of obstructed labor, and only as a last resort when the manual removal of a baby from a woman's womb appeared the only remaining option. These procedures were done using crude instruments, and usually terminated the life of the fetus, if it was even still alive (Brodsky 2008, 41). And occasionally, in cases of the mother's passing during labor, surgeons

would be called upon to perform primitive cesarean surgeries in an attempt to save the life of the unborn child. Such cases were however exceptionally rare, and almost never performed on living patients. The first officially documented case of a cesarean surgery performed on a living woman who survived occurred in 1793, performed by the James Barlow in Great Britain (Brodsky 2008, 41). Cesarean surgeries during this time period were performed without anesthesia, sanitizing chemicals, or drugs used to control bleeding post-surgery, hence the reason few women survived the operation. <sup>1</sup>

The discovery of anesthesia in the nineteenth century made it possible for new advancements in surgeries performed on living patients, although as childbirth historian Phyllis Brodsky notes, the discovery of anesthesia did not come as "a sudden spark of enlightenment," but rather built upon earlier knowledge of plant medicines. Various societies had long been aware of plant-based remedies which could dull pain including "alcoholic agents, opium, Indian hemp, and juice of mandrake" (Brodsky 2008, 76). As surgeons began experimenting with synthetic versions -- ether, chloroform and other narcotics -- they discovered that certain drugs not only relieved a patient's pain but also took away his/her memory of the event that had occurred. These discoveries paved the way for the use of pain-relieving drugs, not just during surgeries, but on all kinds of patients including childbearing women. In 1853, Dr. John Snow of London administered chloroform to Queen Victoria during the birth of her eighth child (Brodsky 2008, 79). The Queen reportedly praised the experience, inspiring women the world over to seek out painless childbirth. Of course, only certain individuals had ready access to narcotics, which gave physicians and obstetricians an edge in the field of labor and delivery assistance, an edge which would exacerbate the competition beginning to grow between doctors and midwives.

Though welcomed by women, anesthesia presented a doubled-edged sword, as the use of chloroform soon proved dangerous to women and babies, and at times fatal. Use of the drug was also shown to slow down labor, necessitating the use of other interventions to speed it up. In these instances, the fungus Ergot was used to increase contractions, but administering the drug proved difficult, as too high a dosage proved deadly or caused the uterus to rupture (Brodsky 2008, 81). Moreover, because of the use of narcotics and contraction inducing medicines, some women were so intoxicated during childbirth, that they were not awake, had no control over their bodies, nor did they have the strength, nor feel the urge to push to push their babies out. Because these women were in what would later be described as a "twilight sleep," doctors began experimenting more heavily with the use of instruments, including forceps, to manually extract babies from their supine-positioned mothers (Brodsky 2008, 80).

After the industrial revolution, as people moved from the countryside into cities, more women, though still a minority, began opting to give birth under the supervision of male rather than female birth attendants. The wealthier among them had "male midwives" attend them in their homes, <sup>2</sup> while poorer women delivered their babies in clinics, or what were then called "lying-in" hospitals. The latter, constructed during the middle of eighteenth century in Europe, purportedly afforded women a place to go should an emergency occur, but they also provided ready patients for clinical practice for midwives, surgeons, and obstetricians who often entered the field with very little prior experience (Brodsky 2008, 61-62). Most of these male "doctors" were required to have at least a degree in physics, but otherwise had little training prior to commencing their careers in the hospitals. The first childbirth outcomes in "lying-in" hospitals were, needless to say, rather disastrous. The death rates of women attended by men in lying-in hospitals far exceeded the death rates of women attended by women midwives at home births, or

alternatively of women attended by women midwives in "lying-in" hospitals, all of whom employed a less interventionist approach to childbirth than did their male counterparts (Brodsky 2008, 62-66).

Of the women who died, the majority died as a result of puerperal fever, or "childbed fever," a deadly bacterial sepsis infection which spread from patient to patient by doctors' hands and by the medical equipment they handled. Childbed fever quickly became rampant in most urban hospitals in Europe and the United States (Brodsky 2008, 62). Deaths from this disease were caused by medical practitioners' lack of knowledge regarding the importance of sanitation procedures. Men in hospitals would perform autopsies on dead women and then return to the labor room, inserting their washed though not fully sanitized hands into the reproductive cavities of parturients. Thus, while many women in "lying-in" hospitals successfully bore living babies, they themselves quickly lost their lives to fatal fevers. Because midwives typically avoided inserting their hands and other objects into women's vaginas unless absolutely necessary, menmidwives more than women-midwives contributed more significantly to the spread of this disease. These early obstetricians inadvertently caused the death of hundreds of thousands of women despite their purported efforts to offer women safe options for delivering babies (Brodsky 2008, 69). Several doctors made it their mission to solve the problem of puerperal fever. But when some suggested doctors' sanitation practices to be the problem, they were scoffed at, and ostracized by their peers (Brodsky 2008, 70-75). It was not until the advent of germ theory that doctors accepted the importance of hand-washing, not only with soap, but also with sanitizing chemicals that would prevent the spread of disease (Brodsky 2008, 73).

Despite the growing interest in obstetrics that occurred early on in Europe and North

America, the majority of childbirths remained largely in the domain of midwives up until the

beginning of the twentieth century. At the dawn of the twentieth century, after several centuries of experimentation and improvements within the field, obstetricians now offered something women desired – painless childbirth with the safety net of a skilled professional who could assist them in the event of an emergency. During these early decades, women of all social classes across Europe and North America began seeking services more frequently in hospitals. These women were given drugs to increase their labor contractions and ease their pain, though they often gave birth to babies who were blue and sleepy because of sleep producing drugs like Nembutal, which were given to laboring women, but which easily crossed the placenta to the child. Babies born in hospitals during this period had to be slapped, suctioned and oxygenated in order to begin breathing on their own once they emerged from the birth canal (Brodsky 2008, 118). Meanwhile midwives continued to care for those who either did not have the means, or the desire, to give birth in hospitals. At the beginning of the twentieth century, midwives served primarily poor and immigrant populations in Europe and North America.

As competition between midwives and doctors came to a head during this century,

American and European physicians increasingly spoke of the "midwife problem" or the

"midwife question" and frequently blamed any problems on their "incompetence," discussing

whether or not midwives should be educated or abolished altogether (Brodsky 2008, 118). In the

United States doctors chose the latter. During the early decades of the twentieth century,

"American physicians began an active campaign to eliminate midwives" while in many

European countries, midwives were more readily accepted and received medical training at

midwife training schools (Brodsky 2008, 122-123). Several decades later however, the United

States reversed its position, recognizing the importance of trained midwives versus untrained

midwives, given that midwives were still very much in demand. "A report by a 1925 White

House Conference on Child Heath and Protection concluded that 'untrained midwives approach, and trained midwives surpass, the record of physician in normal deliveries' "(Brodsky 2008, 129). The commission therefore recommended providing midwives with medical training, rather than abolishing them altogether. Unsurprisingly, when midwife training programs commenced, not all midwives were afforded the opportunity to further their education. As anthropologist Gertrude Fraser chronicles, African-American midwives in the southern United States were disproportionately "phased out" as compared with their white counterparts (1998).

In later decades, during the second half of the twentieth century, hospital labors became standardized in ways that had never before been seen. Such labor management protocols included

shaving the woman's pubic hair, administering an enema on admission, intravenous infusion during labor while withholding food and liquids by mouth, artificial rupture of membranes, the use of technological equipment, drugs for pain and to simulate labor, episiotomy, and use of forceps to deliver the baby. It was not infrequent that these interventions led to other interventions and operative births. In most hospitals, the rule of nothing to eat or drink during labor, "in case" the patient needs an emergency cesarean section, still prevails. In some settings, women in labor were required to lie flat, despite the commonsense understanding (and later research) that the upright position allows gravity to throw the uterus forward and straighten the longitudinal axis of the birth canal, enhancing the descent of the fetal head. Women's confidence in their ability to give birth without medical interventions was seriously undermined and women experienced helplessness in matters of self-care, as routine hospital procedures and policies gave little support to their belief in birth as a normal event. (Brodsky 2008, 138-139)

Childbirth during this period, which became increasingly standardized and medicalized especially in certain parts of Europe and North America, unfortunately did not always produce the intended outcomes. While maternal mortality rates initially plummeted at the beginning of the twentieth century as a result of advancements in obstetrics offering lifesaving techniques in the event of an obstructed labor, excessive hemorrhaging, a prolapsed cord, or complications from preeclampsia, maternal mortality rates have in recent decades steadily gone up.

In a recent study conducted by the Institute for Health Metrics and Evaluation at the University of Washington (2013), reports show that maternal death rates have risen in the United States over the past twenty years. The report indicated that while the U.S. has a relatively low maternal mortality rate in the global context, the U.S. ranks 60<sup>th</sup> worldwide, lower than any other country in the developed world. Consequently, some have come to question the current models used by the American medical industry and the effectiveness of routine medical interventions.

In the twenty-first century, most women in the United States opt for, and accept, the increasingly standardized medical approach to childbearing. However, as cesarean surgery rates climb steadily beyond what the World Health Organization declares safe, 5 some medical professionals and patients alike are questioning the primacy of the technocratic model of childbirth. An increasing few are advocating for evidence-based care, an approach to childbearing which seeks to employ routine interventions *only* when adequate evidence suggests their effectiveness toward reducing complications and infant and maternal mortalities (Brodsky 2008, 181).

Despite growing evidence of the risks involved in certain routine interventions, fierce debates continue over which methods, and which venues, are the best and safest for women and the children they bear. And beyond differing educational and ideological views, the risk of litigations also heavily influences practitioners' decision-making around these issues. Currently, the United States has one of the highest percentages of women giving birth in hospitals (near 99%), and also one of the highest maternal mortality rates in the developed world. Thus while advancements in medicine and obstetrics have over the course of human history enabled experts

in the field to perform many modern miracles and save countless lives, such standardized procedures do not always result in fewer risks, injuries or deaths.

The medicalization of childbirth has a complicated history, and while it is not my aim to give a comprehensive account of it here (For more on the history of childbirth, see the following: Randi Eptsein 2010; Phyllis Brodsky 2008; Tina Cassidy 2006; Lianne McTavish 2005; Richard and Dorothy Wertz 1989; Judith Leavitt 1986; Margarete Sandelowski 1984), I consider the foregoing summary essential for contextualizing childbirth practices in Africa, and more pertinently, Malagasy women's experiences. Because while virtually all women have been in some way affected by the medicalization of childbirth, all women have not had equal or similar kinds of access to these medical advancements. Depending on social, geographic, and economic circumstances, some women have accessed the life-saving advantages of obstetrical care with relative ease, while others have had little to no access. Some have been treated as bodies to be experimented on, as test-cases, while others have benefited from the experimentations performed on the former. And lastly, there are those in some parts of the developed world who are currently receiving what we might call an overdose of medicine, while women elsewhere, and disproportionately in Africa, receive far too little. Moreover, when women give birth, it is more than a physiological act to be managed. More than medical careers and statistics are at stake for childbearing women. Women's lives and the lives of their children are at stake as well, which is why conversations around the topic are often so impassioned and politically charged. In Madagascar, as elsewhere, childbirth can be both a terrifying and ecstatic experience; a simultaneously spiritual and mundane act; and, an empowering and yet also deeply vulnerable occurrence. For these reasons, we must consider the histories of how childbirth has been

approached and managed over the centuries in order to fully understand the struggles that Malagasy women face today.

Much of the scholarship on the history of childbirth in Africa examines changes in childbearing practices in the early decades of the twentieth century, that is, during the European colonial occupations of the continent. These scholars frame the medicalization of childbirth as part and parcel of the civilizing agendas of the colonists who justified their conquest of peoples' lands under the pretense that they were improving the lives of those they sought to control (Margaret Andersen 2010; Janice Boddy 2003; Jane Turrittin 2002; Lynn Thomas 2003; Nancy Rose Hunt 1999; Carolyn Sargent 1989). The aforementioned historians and anthropologists highlight misunderstandings between Western-trained European and African medical personnel and the indigenous peoples they served; obstetrical objectifications of, and violence toward female bodies; colonial governments' interest in population growth in order to maintain a steady supply of cheap labor for the exportation of raw goods to Europe and the Americans; and African resistance toward these hegemonic efforts to control women's bodies.

Colonial efforts to move childbirth in Africa from home to hospital, and from the hands of traditional midwives into the hands of medically trained professionals, were far from altruistic endeavors aimed solely at improving infant and maternal mortality rates. Instead, the orchestrators of such midwife training (and other medical) programs sought to manage women's reproduction and increase population growth among certain groups. These policies certainly left an enduring legacy on childbearing practices in Africa. But in the contemporary context, neocolonial interventions under the guise of "development" and "aid to underdeveloped nations" play just as important a role in shaping women's childbearing outcomes. I aim to investigate childbirth in these new contemporary contexts. I do so not by examining the history behind, and

motives of donor governments and international aid organizations, though research on childbirth in Africa would benefit greatly from such an investigation. Rather, I allow Malagasy women's childbirth stories to shed light on the current struggles they face, the options they have, and the decisions they make to bring their children into the world.

My research produced a couple of counter intuitive findings. First, many of the women with whom I spoke wanted more medicine, not less. With a few exceptions, most embraced a medical model of childbearing despite the fact that reputable U.S. media sources consistently portray Africa's high rates of infant and maternal mortality as a result of women's refusal or resistance to give birth in clinics. Most of my informants understood giving birth in a hospital-like setting to be a "modern" option to be espoused. Thus while some Africans were initially reluctant to subject themselves to the experiments of the novice midwives and surgeons of the European colonial period, we cannot assume that women in the current context take a similar stance. Secondly, despite the fact that most of the women I interviewed espoused a pro-medical stance toward childbirth, nearly forty percent of those interviewed gave birth to at least one child at home or in the home of a trained midwife. 8

The conclusions we can draw from these stances are twofold. First, in Madagascar, the decision to give birth at home, or in the home of a traditionally or medically trained midwife, is not understood to be in protest to the medical establishment in the same way than such a decision might be framed in the United States. That is to say, Malagasy women are not choosing between homes versus hospitals; their options are both far more numerous and far more limited that such a dichotomy suggests. Secondly, even though the majority of my informants expressed a preference for hospitals, not all of them could afford this option for every birth. Road conditions, proximity to health clinics, and other financial and social circumstances also played into

women's birth venue decisions. And some decided that given the infrastructural state of some of the medical facilities in their area, a birth at home with a trained midwife might be a safer, more preferable option. Malagasy women's stories of childbirth, which are told in Chapter Four of this dissertation, reveal that despite the efforts by both local and non-local governments, and aid given by global health organizations, Malagasy women are still struggling to find safe, affordable places to bear their children.

### Religious and Ritual Aspects of Childbirth

Women's struggles however are not exclusively medical. And as a scholar of religion, I am especially interested in women's spiritual endeavors as they strive to give birth to babies in safe and purposeful ways. Among those scholars who have written on the topic of religion and childbirth, anthropologist Robbie Davis-Floyd is foremost among them (1992), and her insights have heavily shaped my own. She, like many others, understands childbirth to be a rite of passage, ripe with spiritual significance beyond the purely physiological. Where her argument is unique, however, lies in her ability to disabuse [Americans] of the illusion that the "technocratic model of birth" as practiced by obstetricians and other medical professionals in the United States is any less ritualized than the birth rituals of so called primitive societies. She writes,

Cumulatively, routine obstetrical procedures such as intravenous feeding, electronic monitoring, and episiotomy are felt by those who perform them to transform the unpredictable and uncontrollable natural process of birth into a relatively predictable and controllable technological phenomenon that reinforces American society's most fundamental belief about the superiority of technology over nature. [She goes on to say] these rituals, also known as "standard procedures for normal birth," work to effectively convey the core values of American society to birthing women. (Davis-Floyd1992, 2)

Davis-Floyd's framing of American birth as a highly routinized rite of passage that communicates and reinforces the American belief in the superiority of technology, enables us to see *all* women's birthing decisions as heavily influenced by the religious

and medical rituals society ushers them through over the course of their pregnancy, labor and delivery.

In the present study, we should understand Malagasy women's espousal of "modern" childbearing methods as an embrace of a particular belief system – one promoted by European and American medical professionals and laypersons. Davis-Floyd's findings are a sobering reminder that there is often more ritual in the medical models than we may at first presume. And conversely, there is often more medicine and rationality in the so called traditional models than first assumed. Keeping this in mind helps us to see that all models of childbirth (medical, "natural" or otherwise) convey messages to women. For example, due in part to particular experiences, but also in part to the rituals through which they are led, women might come to believe childbirth to be a natural process, a medical emergency, an empowering event, or a traumatic event. At the same time, women are active participants, arguably the *most* active of participants, and therefore are also deriving their own meanings from their experiences of giving birth. In other words, women are not only led through rituals; they are also the inventors and orchestrators of rituals as well.

Religion scholar Pamela Klassen, another prominent scholar in the area of religion and childbirth, investigates this very phenomenon. In her research, she examines how American women who give birth at home draw religious meaning from their experiences. She argues that while institutionalized religion has not always had much to say about physiological birth, focusing instead of symbols of birth and rebirth, women find their own religious meanings in the act of giving birth. Klassen demonstrates how an unlikely group of individuals (from Old Order Amish women, Reform Jews, feminists, intellectuals, goddess-centered spiritualists, and

Pentecostals among them) find common ground in their decision to give birth at home, a venue they feel better enables them to bring their children into the world in a safe and dignified way. While Klassen's study examines the religious beliefs of American women who give birth at home, we might presume that women the world over, regardless of where or how they give birth, understand their birth decisions not just as social or political ones, but also spiritually significant decisions as well. Women find meaning in their birth experiences not solely in the ways given to them by their faith communities or by the medical establishment. Rather, as Klassen argues, they also "procreate religion." They "[make] religious meaning out of the embodied memories and human connections forged in the process of childbirth" (Klassen 2001, 64).

My research, which draws on the insights of both Davis-Floyd and Klassen, looks at religion and childbirth in the contemporary setting of a Malagasy port city. I examine childbirth as a rite of passage that shapes women into certain kinds of mothers. And I also investigate the religious meanings women in this city derive from their birth experiences as those charged with the task of bearing the next generation of babies who are destined to become ancestors, and of ancestors destined to become babies once more. I devote an entire chapter (Chapter Four) to women's childbearing narratives and the religious meanings they derive from these experiences, but I also extend my focus to look at postpartum rituals as well. Malagasy women quickly led me beyond my initial focus on their narratives of childbirth. Their stories of following and disregarding pregnancy taboos; of practicing cold water postpartum bathing to ensure they would not have a fit of epilepsy after their births; the ritual "medicines" they placed on their children; their consultations with doctors alongside massage healers; their taking their babies to church services where Jesus could "chase away the demons;" and their elaborate haircutting ceremonies where ancestor spirits were invoked to bless "water babies" that they might be transformed into

"real human beings" led me to the conclusion that everything that happens before and after the event of birth, is perhaps as integral, if not more so, to the shaping of how women understand themselves as childbearing women and mothers.

Davis-Floyd and Klassen also focus to some extent on prenatal and postnatal rituals. They affirm that the childbirth education classes, baby showers, and Blessing Way ceremonies that precede birth and the checkups, baptisms, brises and other ceremonies that follow add many layers of meaning to the birth experience. But my study focuses on these pre and postnatal practices as its centerpiece. For in Madagascar, these religiously based practices help shape women into the kinds of mothers they will become and also enable them to define themselves and their children in particular ways. In Madagascar, birth decisions in terms of where one will deliver and under whose supervision do not have the same political or spiritual weight as they do in the United States. The weightier decisions in Madagascar revolve around the rituals families will use to bless and dedicate their children, and the religious and medical techniques they will use to keep their children safe from bacterial, viral and spiritual threats to their survival.

Infant and maternal mortality rates are relatively high in the United States, especially when compared with other developed nations of the same economic and political caliber, but in Madagascar they are an alarming eleven times higher. Additionally, while American women find labor and delivery to be the period of time in which their lives are most at risk, for Malagasy women, the risk that they or their children might not survive extends several years beyond their children's first weeks of birth. For this reason, our understanding of the techniques (religious and medical) that Malagasy parents use to ensure that their children survive and thrive in the years following their birth are especially charged and therefore especially significant for this project.

Use of the phrase "birth rituals" as a description enveloping the prenatal, childbirth, and postnatal practices Malagasy observe might at first strike the reader as odd, given that the word ritual often connotes religious activities that are prescribed, patterned, repetitious, symbolic, sometimes directed toward a supernatural being and often modeled upon an ideal. Childbirth is indeed more unpredictable than such a description implies. Yet, understanding childbirth as a type of ritual, beyond a purely physiological act, enables us to see that the process involves more than the already monumental task of producing a child from one's body. The ritualistic activities observed during pregnancy, childbirth, and the postpartum period can add to a woman's sense of childbirth as both a powerful and harrowing act.

Rituals, by definition, are prescribed sets of symbolic activities that follow a pattern, sometimes rigidly so, sometimes loosely. Through rituals, people perform what they believe, not in the sense of merely acting out a conviction as rituals are not merely the performance of a myth (Kluckhohn 1942, 322; Eliade 1954, 27). Rather performing a ritual enables the engaging of one's body in such a way that one's actions come to shape how one imagines the world, and how one imagines the world in turn comes to shape how one lives (Geertz 1973, 112). When we understand childbirth to be a ritual that women simultaneously compose and are led through, we understand that through the process, women come to believe certain things about the experience, about their bodies, and about children they produce. We understand women to be entering into activities (on conscious and unconscious levels) which will transform their ideologies, and their sense of self, which brings us to a second important characteristic of ritual. By definition, rituals transform individuals by marking certain phases of life as worthy of special attention, by taking people out of the day-to-day<sup>10</sup> that they might enter a transcendent realm and reemerge transformed (Turner 1969; Zeusse 1987). In such a realm, ritual pilgrims often lose their

individuality, if even for only a moment, to become part of a greater whole, linked not only to a divine transcendence but also to other pilgrims who have embarked upon a similar journey (Zeusse 1987, 406). When women are encouraged to approach childbirth in certain culturally and ideologically prescribed ways, they become linked with others who have had similar experiences.

That childbirth is an ordinary, mundane life experience is not a reason for its exclusion from the realm of ritual activity. Indeed, rituals are often built upon otherwise mundane human activities. As ritual theorist Evan Zeusse points out, "much ritual symbolism draws on the simplest and most intense sensory experiences, such as eating, sexuality and pain." What rituals do is "provide a focus and framework for living in the 'profane' world of everyday activity. They even sanctify this activity, and so rescue it from the terror of inconsequentiality and meaninglessness" (1987, 407). When we rightly look beyond the physiological aspects of childbirth to see the rituals that help frame it, we will be able to explore more thoroughly (and in subsequent chapters) issues of empowerment and disempowerment; of order and meaning making; of the kind of remembering and envisioning that is born out of the birthing process; and the religious regeneration, restoration, and invention that surrounds the event of childbirth in Madagascar.

Several historians and anthropologists have written on the history of motherhood and childbirth in Malagasy society (Andersen 2010; Rabenoro 2003; Feeley-Harnik 2000; Astuti 1993; Bloch 1993). These respective studies have focused on the following: the pronatalist agendas of French colonialists in their construction of and implementation of maternity wards and midwife training programs (Andersen 2010); the false or slippery boundaries between modern and traditional notions of motherhood (Rabenoro 2003); the affiliation of children – that

is the complex ideas that exist in northern Madagascar with regard to whom children belong to and how families negotiate children's multiple maternal and paternal affiliations through postpartum rituals (Feeley-Harnik 2000); the fear among a group of fishing people that men might become pregnant (Astuti 1993); and lastly, an analysis of Zafimaniry birth rituals that serves as proof, according to Maurice Bloch, that marriage, house building and one's "continuation after death" are all more important than one's birth in determining one's identity and place within the kinship community (1993, 131).

Each of these studies bolsters our suspicion that notions of motherhood and personhood, rather than being universal across cultures, are heavily shaped by complex political, historical and religious factors. But with the exception of Feeley-Harnik's research, none of the scholars above draw from women's actual stories of what happens when a child is born, nor do they highlight real time observations of women's actions within these prenatal and postnatal birth ceremonies, as my project aims to do. A deep ethnographic approach enables us to understand Malagasy mother's decision as personal rather than purely prescribed, as more complicated than normative descriptions portray, and complements the more historical approaches of Mireille Rabenoro (2003) and Margaret Andersen (2010). Moreover, with the possible exception of Bloch's research, none of the aforementioned studies focus on birth rituals in their own right, an area of focus I deem critical to our understanding of Malagasy religions more broadly. Bloch provides a normative description of the ritual activities Zafimaniry parents perform when a child is born. He outlines the postpartum activities that women observe in their homes, and the more communal rituals performed for the child -- the naming of the child, placing soot on its forehead, and the placing of chalk on the bodies of all others present when the child is brought out of the home (Bloch 1993, 125-127). He concludes, however, that these activities bear little significance for the identity of the child in a society whose kinship is based largely on a "house based" and "tomb based" system rather than a "birth based system" (Bloch 1993, 131).<sup>11</sup>

Bloch argues that birth rituals matter only in so far as they enable Zafimaniry couples to solidify themselves as productive members among their kin, by virtue of their ability to produce children and maintain a house together. He writes "as children are born to the couple, this flimsy permeability [that the couple once had] diminishes. The Zafimaniry say that the house is then gradually acquiring "bones." (Bloch 1993, 122) He goes on to say, "It is therefore not through birth as an individual but through marriage as a couple with a hardening and beautifying house that the person becomes a fixed and permanent element of Zafimaniry moral society (Bloch 1993, 123)"

I agree with Bloch's assessment that birth rituals are often more important for parents than for children, but I also strongly disagree with the notion that what happens at one's birth and during one's childhood has no bearing on a person's inclusion (or exclusion) within the moral fabric of society. While birth in and of itself does not serve as a determining factor for people's inclusion, birth rituals *do* serve as one of the means by which children are marked as worthy human members within their communities. At least from the perspective of northern Malagasy, when babies cut teeth, they are understood to be "acquiring bones" (read solidifying themselves within the community). Parents respond to this milestone by performing haircutting ceremonies which mark these babies as "real human beings" and full-fledged members of their communities. Not all babies, however, are equally marked. For as one Malagasy father and oral historian explained, it is not uncommon for a man to have children with multiple women. He went on to say that not all of these children will be seen as equally legitimate. Those who are less so may be given a simple blessing (*joro*), but formal celebrations are reserved for children who belong in

the household.<sup>13</sup> Thus, birth rituals do matter, for they mark a child as fully belonging, instead of partially so, a marking that could potentially follow a person throughout a lifetime and have an impact on his/her ability to "acquire bones" in later years. Granted, the understanding of when and how people "acquire bones" may be different among Zafimaniry, but I suspect that they too see a person's inclusion among kin as gradual and incremental, and beginning first when children overcome the malleability of their infancy.

Bloch makes note of the Malagasy perception that infants often have a malleable/ambiguous status but he glosses over the rest of their childhood as unimportant for their development as moral persons,

Like other Malagasy, the Zafimaniry stress the malleability, softness, bendiness and wetness of infants in contrast to the hardness, rigidity and dryness of the adult and the dead. But unlike the Merina who hold similar ideas, the hardening, straightening and drying of the body occurs not so much in terms of what happens to the body [at death] but, as we saw, in terms of the hardening, becoming rigid and drying of houses. (Bloch 1993, 123)

According to Bloch's point of view, Zafimaniry become members of moral society with discrete identities, not just in death as some of his earlier writings suggest (1971), but also through house construction and through the procreation of children. I suspect, however, that had he engaged in the kind of rich ethnographic research required to fully understand the significance of birth rituals in Malagasy religions, he would have discovered that a person's "hardening" begins even earlier in life, and sometimes ebbs and flows between soft and hard states, rather than suddenly reaching a more defined status upon adulthood.

An historical and ethnographic approach, rather than a purely symbolic analysis, reveals childbirth and its associated rituals to be critical to both parents and children's sense of identity and belonging in the world. For how women give birth -- the histories that have determined the options they have available to them; the political, economic and infrastructural states of the cities

they live in, which affect their ability to access high quality medical care; and the religious and ethnic identities they claim all have a determining influence on childbirth outcomes, both in terms of how they approach childbirth and how they are treated by the childbirth attendants who serve them.

# A History of Childbirth in Madagascar

Malagasy women were not alone when they, at the dawn of the twentieth century, found themselves encouraged to leave their homes to enter wards and hospitals where French colonial doctors and missionary nurses and Malagasy medical students began learning on their bodies. They were promised medicines and devices that would save them in the event that something went wrong. They were given drugs to relieve the pain many of them had learned to endure in silence (Feeley-Harnik 2000). <sup>14</sup> Women the world over were being prodded and examined in new ways, some of them saved from unnecessary fatalities, and others infected with fevers and other deadly infections that came as a result of childbirth being moved to a hospital setting before medical professionals perfected their practices.

The medicalization of childbirth in Madagascar was fraught with both benefits and challenges and shares similarities with how birth became medicalized everywhere. Yet to ignore some of the historical particularities of why and how and when Malagasy women moved their labors to a clinical setting would be to assume that such a process was smooth and inevitable, which it was not. In reality, childbirth was institutionalized as a result of a series of calculated measures on the part of French officials, enacted between the years 1895 and 1906 in order to ensure a large indigenous labor force to supply the colonial government's administrative needs (Andersen 2010, 427). On the human level, we might assume that the doctors, nurses, and midwives who assisted the first hospital patients did so out of a genuine desire to help women

safely give birth to healthy babies. On an administrative level, however, we know that no such altruistic reasons motivated French Colonial Governor-General Joseph-Simon Gallieni to create the first extensive public health system in the island's history.

In 1898, during the French colonial occupation of Madagascar, the French governor (Gallieni) implemented a pronatalist program aimed at increasing the population of the Merina. The Merina, a lighter skinned ethnic group living on the high plateau, were deemed by Gallieni to be a superior race and thus highly desirable recruits for the French colonial administration (Andersen 2010). Gallieni's administration built hospitals and midwife training schools throughout the island and encouraged high birth rates among the Merina through tax credits.

Far from being primarily concerned with the health and safety of childbearing women in Madagascar, Gallieni was influenced by the kinds of fears that were circulating in Europe and North America at the time about what some perceived to be the declining population of the white race and the declining population of the French in particular, the latter of which was caused by France's "intense rivalry with a newly unified Germany" (Andersen 2010, 421). Thus Gallieni and other French leaders during this period sought to increase France's population growth through a variety of means one of which included establishing settler colonies throughout the French empire. Gallieni, as governor of the French colony of Madagascar, therefore sought to entice young French couples to settle in Madagascar. Integral to his larger plan were two lesser projects the first of which was to create European style health facilities to assure prospective settlers that they would have a place to go should they contract any of the diseases rampant on the island during this period including syphilis, leprosy, tuberculosis, smallpox, and malaria (Andersen 2010, 428). And secondly, Gallieni implemented a series of measures aimed at increasing the colony's Merina population, so as to ensure a ready supply of an indigenous labor

force to be used at will by his administration, something he considered critical to the successful establishment of French settler colonies in the African world.<sup>15</sup>

Although Gallieni was not the first to order the construction of European style medical facilities on the island, he was the first to do so on such a wide scale. The first modern medical facilities were built by foreign missionries, but shortly after Governor Gallieni commenced his wide scale medical program, he acquired hold of these missionaries' medical facilities as he believed their efforts to be ineffective due to the fact that "their larger purpose was to convert patients to Christianity" (Andersen 2010, 431). In 1898, through a series of laws and decrees, Gallieni built the first ever medical school, as well as other hospitals, leprosariums, maternity wards, orphanages throughout the island as part of his new pronatalist agenda (Andersen 2010, 431). Thus the presence of larger teaching hospitals in every province throughout the island, including the one in Diego where some of the women I interviewed birthed their babies, owes its origins to these early colonial measures. <sup>16</sup>

The medicalization of childbirth, in any society, is fraught with both benefits and tensions, as new medical and political agendas inevitably collide with more weathered and customary approaches to birthing and infant care. The medicalization of childbirth in Madagascar bears no exception. Gallieni's efforts to improve infant and maternal mortality rates, rather than simply being motivated by altrusitic desires, were part of a larger scheme to encourage reproduction among certain groups of Malagasy whom he deemed superior and to increase the pool of human labor needed to support the French occupation of Madagascar.

Nancy Rose Hunt documents similar motivations on the part of French colonial officials' construction of maternity clinics in the Congo arguing that these projects were intricately tied to the goal of producing a healthy colonial work force in the face of declining birth rates.

A history of childbirth and its associated rituals—medical or religious—in any society reveals much more than simply the idiosyncrasies of pre- and post-natal customs in that particular time and place; it also contributes to our understanding of who controls reproduction and population registration and through what means. During the French occupation of Madagascar in the late eighteenth and early nineteenth centuries, the colonial administration insisted that all infants be given a permanent name and registered with the state immediately following birth (Rabenoro 2003). This law disrupted some of the more common Malagasy practices of adopting new names as adults, upon the birth of one's first child, as well as the Sakalava practice of waiting two weeks to name infants so as to ensure that harmful spirits would not have a name by which to call, and thus provoke, newly born children.

In Nancy Rose Hunt's research on childbirthing practices in the Congo, she proved that the so-called "traditional" Congolese puberty rites for boys, practiced during the colonial period, were actually new inventions, or at least revived traditions that were part of a Congolese attempt to try to reclaim control over the reproduction of their children (1999). In line with Terence Ranger and Eric Hobsbawm (1983), Hunt offers a useful model for a historical examination of "traditional." Some scholars have argued that the centrality of ancestors in Malagasy rituals, in its current manifestations, may not be as traditional (read timeless and unchanging) as was once thought (Feeley-Harnik 1991, 3). In a similar vein, my project seeks to go beyond the indigenous vs. colonial and traditional vs. medical dichotomies in its assessment of birth rituals, seeking instead to examine the religious and historical contexts out of which an assortment of birthing practices emerged and continue to evolve.

The Politics of Birthing and Birth "Choices" in Twenty-First Century Madagascar

In this dissertation, I explore Malagasy women's decision-making around the birthing of, and the spiritual upbringing of children. In so doing, I have attempted to provide the necessary political, historical and religious contexts in which birth decisions were and are being made, so that my readers will not be tempted to assume that the struggles Malagasy mothers face are the same ones that middle class Americans face, the childbearing women my readers are most likely to be familiar with. Moreover, even if one is not comparing cultures, exploring the complexities of Malagasy parents' decision making about the birthing and raising of children are often less than straightforward.

The politics of parenting and childearing both in terms of what options people have, the decisions parents make, and the histories behind the options available to them, is quite complicated no matter the societal context. Religious studies scholar Pamela Klassen faced this challenge when trying to describe the demographics of women who give birth at home in the United States. While the women she interviewed included a diverse mix of women, what she found is that statistically speaking, American women who choose home births in general tend to cluster into two distinct groups, the first of which are older, well-educated women, and the second of which are younger, poorer women and with less formal education. When race is added to those distinctions, Klassen notes,

the effects of poverty and racism in limiting access to healthcare are more clearly evident. Euro-American home-birthers have more formal education and better birth outcomes than African American women in general [regardless of income]. These statistical differences between Euro-American and African-American women's home-birth experiences show that though the alternative-birth movement often considers itself progressive, or even "revolutionary," as one woman asserted to me, it has been so for a particular minority of women. The statistics on homebirth, along with the statistics on infant and maternal morbidity and mortality in general, demonstrate that African American women must still struggle harder for accessible health care of good quality than most of their Euro-American counterparts. (Klassen 2001, 19-20)

In Madagascar, as I have already mentioned, decisions about where to give birth are not politically charged in the same way as they are in the United States. However I present Klassen's categorizing dilemmas only to show that the complexities behind many American women's choices, or lack thereof, are complex just as they are in any society and race and socioeconomic status play just as important a role as "choice" (Klassen 2001; Fraser 1998; Davis-Floyd 1992). As one Malagasy woman pointed out, "It's poor people who go to the hospitals; rich people just pay for someone to assist them at home," a statement which might surprise some of my readers.<sup>17</sup>

In Diego Suarez in 2011, the reality was that the very rich preferred to birth their babies in Antananarivo, the capital city of Madagascar, or even leave the island to give birth in a hospital in France or Mauritius. For most Diego's residents, however, travelling outside of the country or even the city by plane was extremely cost prohibitive. Travelling to Madagascar's capital by road via taxi-brousse (bush taxi), even though more affordable, involved a twenty to forty-hour bus ride on bumpy roads, and was thus not desirable either. As a result, most women in Diego sought prenatal and maternity care either in privately funded clinics, at the large teaching hospital (*Hôpital be*), or in the birthing room of the government funded *Dispensaire*. <sup>18</sup> All of these options could at best be described as somewhat decent. They were staffed by nurses and midwives who cared about their jobs, but were nevertheless poorly trained and working under less than ideal conditions with very little compensation. Though the Hôpital be and the Dispensaire, technically speaking, offer government subsidized care as compared with the more costly private clinics, patients at the government-funded medical facilities must still pay extra for supplemental medicines or to have a doctor attend their birth, expenses that are quite hard for most patients to meet. And given the crumbling infrastructural state of the *Hôpital be*, there were those who found giving birth with elder retired nurse-midwives in their homes a more

comfortable option, especially given that the birthing rooms at the *Dispensaire* and at the *Hôpital* be contain multiple beds, affording women little privacy. For high risk births and emergency situations, women were encouraged to go to the *Hôpital be*, as it is the only facility in the city capable of providing cesarean surgeries. If one gives birth there, however, and does not have complications, there is no guarantee that one can have access to the single obstetrician that serves that hospital.

In addition to Madagascar's history with a racially motivated infrastructure of colonial medicine under the leadership of Governor Gallieni's, maternity care on the island is further constrained by a rapidly increasingly population, due in part to the lingering effects of the aforementioned leader's pronatalist policies. Moreover, a troubled economy caused by structural readjustment programs, a recent ousting of the nation's president in 2009, and persistent political corruption prevent health care workers and health organizations from making the kinds of gains they would like to make with regard to maternity care. And while global health organizations are working to improve the infrastructure of, and availability of medicines within, health facilities throughout the island, many clinics bore more signs of their absence than of their presence. One such clinic in the small fishing village of Cap' Diego, which was just a boat ride away from the city of Diego Suarez, had USAID and WHO posters plastered all over its walls encouraging women to give birth in clinics. But with the exception of free contraceptives, the clinic was stocked with very few medicines or medical equipment. There was one bed on which to labor, no proximate access to running water, no electricity, and the floors were laden with bat guano due to an infestation within the rafters of the clinic. The single midwife who served the clinic, acted as secretary, janitor, and birthing attendant simultaneously. And despite her efforts to bring these problems to the attention of government officials, the problems have thus far remained

unresolved. International health organizations, despite their endeavors, have not yet managed to collaborate effectively with the governments of recipient countries, or to distribute aid equitably. These healthcare struggles heighten, and are deeply intertwined with, Malagasy parents' spiritual ambitions to procreate healthy children who will continue the legacies of their forbears.

### **Background Information**

Madagascar is the fourth largest island in the world, home to just under twenty million people, most of whom observe rituals particular to their clan and region, as well as their religious affiliation. The city of Diego Suarez<sup>19</sup> in northern Madagascar, where I conducted the bulk of the research for this dissertation, is home to a rather diverse mix of Malagasy peoples as well as Arab, European, and Asian immigrants. It is not uncommon to find in the same neighborhood, in the same week, a Muslim family performing an *aqiqa* for a newborn child, shepherd healers (*mpiandry*) blessing and exorcising mothers and infants alongside other congregants at a local Lutheran church, and a woman of Sakalava or Anjoaty ancestry, following cold postpartum bathing practices (*ranginaly*) in her home. My findings on birth rituals reveal a high degree of cultural diversity and religious dynamism in Madagascar. In this kind of cosmopolitan religious climate, rituals for infants can vary widely, but there are nevertheless a few practices common to the majority.

Most Malagasy consider children to be blessings from their ancestors. Infants not only physically bear the remnants of previous generations; they are also the tangible evidence of the ancestors' continued presence among the living. Children are blessings, but they are also fragile. Malagasy describe them as "soft" or "weak" (*malemy*); vulnerable; and therefore, especially subject to physical and spiritual harm. In addition to observing pregnancy taboos and consulting religious specialists who can suggest rituals of protection, parents try to resolve family

grievances and initiate their children into harmonious social and religious networks so the ancestors do not take the child back (Feeley-Harnik 2000, 150).<sup>20</sup>

My research, as presented in the following chapters, reveals that Malagasy parents have a variety of options for safeguarding their children from harm and encouraging their physical and spiritual growth, but choosing among these options requires negotiating intense pressure from family, religious institutions and the medical community alike. Mothers may be encouraged to buy protective amulets and growth medicines (*aody be*) for their babies even as some religious communities warn against it. Pregnant women may be advised to visit traditional midwives (*renin-zaza*) for prenatal massages as well as nurse-midwives (*sage-femmes*) for malarial prophylaxis and medical check-ups. And sick babies invite input from everyone including family members, doctors, church members and traditional religious specialists, all of whom may offer differing explanations for the cause of the baby's illness.

Pregnancy (*mavesatra*) is a serious affair. The word for pregnancy in Malagasy is the same word used to denote something heavy. Women must endure not only the physical weight of carrying a child, but also some of the medical risks associated with pregnancy, <sup>21</sup> and the heaviness of the various ancestral taboos (*fady*) they are expected to follow. Women must bear the weight of *fady* from their own family as well as the child's father's family, as the child-inuterus is a product of both lineages and may decide to abort his journey should the mother fail to respect both ancestral lines. Additionally, women who marry into families who practice cold (*ranginaly*), rather than warm, postpartum bathing rituals must adopt the former as my informants have indicated that of the two, cold bathing is dominant, and thus marriage requires that one "become *ranginaly*."

As I mentioned in the introduction, childbirth, considered a rite of passage for women, is often called a "spear battle" (*ady antsaboa*) and likened to circumcision for men. Women are ushered through this battle with the assistance of midwives and healer-diviners, and babies are named for the journeys they have endured – names like "crossed over," "not struck by danger," and "good to see" (Feeley-Harnik 2000, 145). In recent years, as more Malagasy have moved from the countryside into larger cities, birthing options have rapidly increased, although as I have already indicated, some clinics are in such poor condition that they can hardly claim to offer a viable alternative to the more limited options available in rural locales. Nevertheless, in these new urban contexts, childbirth, as rite of passage, has taken on new meaning. Women and the babies are now being ushered through the birth process by formally trained doctors and nurse-midwives. These practitioners address biomedical threats in addition to spiritual threats, which further dramatize the risks involved and serve to heighten people's sense of childbirth as a battle in new ways.

## Madagascar's Ethnic and Religious Diversity

Although the more than twenty million people who live in Madagascar share a common nationality and language, albeit with dialectical differences, their ancestors have originated from diverse places stretching from as far westward as the Swahili coast of the African continent to as far eastward as present-day Indonesia. Collectively speaking, Madagascar is a fusion of African and Asian heritages mixed with Arab influences. The island was first settled sometime around the middle of the first millennium by peoples from present day Southeast Asia and East Africa (Randrianja and Ellis 2009, 9). In the seventeen or so centuries that followed, more travelers, seafarers, traders, slaves and missionaries arrived on Madagascar's shores coming from the Arab peninsula, Portugal, various regions throughout Africa, the British Isles, France, and less

frequently from the Americas. Some discovered the island by accident on the way elsewhere, and others arrived purposefully to trade, settle, or dock their ships before further journeying. Some were brought to the island by force to be sold as slaves to rulers of the Sakalava<sup>22</sup> and Merina polities that controlled Western Madagascar, from the sixteenth to the eighteenth centuries, and Central Madagascar, from the late eighteenth to the early nineteenth centuries, respectively. Others were captured by, and then purchased from, Merina and Sakalava traders to be shipped eastward and sold to slavers on French owned Indian Ocean islands, and westward to Europe and the Americas. The people who came to Madagascar's shores and remained engaged in trade deals, land struggles, and marriage arrangements. They exchanged the customs, vocabularies and religious ideas that would come to form the various strands that compose contemporary Malagasy society. And those who left, either by choice or by force, remain as an echoing memory in the subconscious minds of their descendants.

Today there are roughly eighteen officially recognized ethnic groups in Madagascar. In reality, however, the differentiating categories that Malagasy use to identify themselves are far more numerous. In Madagascar, ethnonyms (*karazana*) emerged as a way to classify groups according to the occupations that some become known for, like the Vezo who fish along the West coast (Astuti 1995); the areas of land that some are indigenous to, like the Antankarana named after the famous *tsingy* rock formations in the north of the island; and the various forms of political organization that emerged during particular periods within Malagasy history and later became ethnicized, like the Merina of the central highlands named for the Merina polity that became dominant on the Imerina region of the island at the dawn of the nineteenth century (Larson 1996). But perhaps more important to Malagasy than the discretely defined ethnicities that were both imposed upon, and claimed by people, are the ancestral histories that many share

around figures within their families who left legacies that continue to press upon, inspire and shape the current descendants in profound ways.

Malagasy identities, while inherited through birth, are further cemented in individuals by way of their participation (or alternatively their lack of participation) in certain activities, for example, in family rituals that honor one's ancestors; through the observance of ancestral fady (taboos); through membership in religious communities; through one's occupation; modes of speech and dress; and through ceremonies of commemoration in which participants are invited to reflect upon their sense of communal belonging. My intention in this dissertation is not to describe the birthing practices of a particular ethnic group in Madagascar. Rather my intention is to reveal, through my analysis of birth rituals, that Malagasy' sense of themselves are significantly more dynamic and less bounded than ethnic categories alone can suggest. As anthropologists Walsh and Lambek contend, Malagasy identity, at least among Antankarana groups, is framed "less by categorization than by performance" and less by rigid boundaries of exclusion than by inclusion through communally enacted religious celebrations (1997, 308). In a similar fashion, my research looks at how Malagasy are prompted to work out the questions of "Who am I? and Who are we?" not by examining the various ethnic labels they have inherited, but through the process of becoming parents who will then be asked to mark their children with certain kinds of religious identities and with the elements of their family histories that they deem worthy of passing on.

One means of passing on one's family history in Malagasy society is through naming, which in the simplest sense is about categorizing, but it is also more than this. Naming is a process by which parents can imprint the histories of certain personalities upon their children. Parents choose which ancestors they wish to remember by inscribing these names upon their

offspring; and conversely, parents can diminish the memory of other figures in their families by not giving the names of these figures to their children. For example, the surnames of *zafinifotsy* and *zanfimena*, which literally mean "the children of silver" and "the children of gold" respectively, are given to the descendants of Sakalava royalty who were buried with silver and gold coins placed in their mouths. And because parents often give their children names from both sides of the family, and are known to piece together portions of family names to form new surnames, embedded in Malagasy surnames, which are notoriously long, are descriptions of children's multiple ancestries. Thus identities, much like family histories, are long and layered and defined as much by who is remembered as by who is not remembered.

In addition to naming customs, there are many other means by which Malagasy parents pass on identities to their children and these include through baptisms; haircuttings and other rites of blessing; through circumcision; through discourse and dress; and by teaching their children to observe religious or ancestrally based dietary codes, or by showing them how to participate in political and/or religious organizations. All of the aforementioned activities serve to teach children something of their heritage, provide them with a particular worldview, and give them a sense of their social status as rich or poor, outsider or insider, descendant of slaves (makoa) or slave owners, land owners or immigrants. Thus rather than providing a discretely bounded history of the ethnic groups that reside within the confines of my research locale, I will instead argue throughout this dissertation that peoples' identities are best understand through the activities they perform for themselves, and on behalf of their children, and the birth of a child offers one of the more salient opportunities for people to think about these individual and collective identities.

The religions of Madagascar, much like Malagasy ethnic histories, are also best

understood by examining ritual performance, and how people live out their faith, rather than by a system of classification. Nevertheless, I will here offer some conceptual categories by which to understand the diversity of religious practices on the island of Madagascar. The majority of twenty-first century Malagasy consider themselves Christians. This is especially true among Merina as well as other ethnic groups living in central highland regions. In northern Madagascar, where I conducted the bulk of this research, fewer Malagasy claim the Christian faith. Especially among Sakalava peoples, most are non-Christian (Lambek 2003, 25). Among Antankarana groups in the north, the majority are Muslims. That said, religious orientation does not fall cleanly along either ethnic lines or regional boundaries. And despite the growth of Christian practices over the past several decades, and the long history of Islam dating back to at least the since the beginning of the eleventh century, following the arrival of Muslims seafarers from the Yemen and the Persian Gulf (von Sicard 2011, 102), the indigenous spiritual traditions of Madagascar, which are centered upon honoring and remembering one's ancestors, are perhaps the most prevelant form of religious practice on the island, observed by Muslims, Christians, and the nonaffiliated alike. These practices vary regionally and according to family custom, but are collectively referred to as fomandrazana, or "the customs of the ancestors," and as such, have the richest, most dynamic religious legacy. These indigenous religions of Madagascar, which borrow from African, Asian and Arab traditions, form the foundation for the acceptance of, conversion to, or rejection of, all other relatively newer religious beliefs, and thus have a pervading influence across religious boundaries.

One might generally describe the indigenous religions of Madagascar as a collection of customs centered upon a deeply held belief that there are spiritual forces, both malevolent and benevolent, that are actively involved in the world of human affairs and require one's reverence

and spiritual discernment. For as far back as written and oral records extend, the inhabitants of Madagascar have professed their belief in a creator God, who is most commonly referred to as *Anjanajary* in the central highlands, or as *Zanahary* in the north. But as is true in most societies, beliefs about the divine and about the origins of the life more generally, are best understood by a mosaic of beliefs and practices that are more abstract and poetic than definitive. As Malagasy theologian Robert Jaovelo-Dzao explains in his book on Sakalava religions in northern Madagascar, historically, God has been rather loosely defined (Jaovelo-Dzao 1996). *Zanahary* has been understood by different people, and at different times, to be both one and many, male and female, mother and father. Historically speaking, Malagasy peoples have believed in a multiplicity of divine forces at work in their universe, most prominent among them are the creator God, ancestor spirits (*razana*), cardinal gods, water deities, and fragrant lords (*Andriamanitra*) (Jaovelo-Dzao 1996, 215-230).

During the latter half of the nineteenth century, a significant number of Malagasy began to adopt a Christian message as a result of a partnership between the Malagasy Merina of the central highlands and the British. <sup>23</sup> During this period, Malagasy understandings of the divine began to shift. When British missionaries opened schools and churches and translated Malagasy from an Arabic to a Roman script, and the Bible from English into Malagasy, the Christian message as presented by missionaries from the London Missionary Society (LMS), began to merge with an indigenous Malagasy understanding of the divine in ways that left both cosmological models transformed.

As I have already stated, most Malagasy are Christians and are thus inclined toward a Christian worldview and may attend religious services at one of the many Catholic, Protestant, Pentecostal or independent Christian churches that exist throughout the island today. But most

also remember and honor their ancestors in family ceremonies that require them to travel, or send money, to their ancestral homelands where their ancestors (*razana*) reside and still speak to descendants in dreams and visions and through spirits mediums. Ancestor spirits compel and inspire Malagasy regardless of religious affiliation to move with care -- to observe food and behavioral taboos (*fady*), to ask permission from ancestral spirits before making big decisions, and to request their blessings upon children, crops, health and jobs. Through vows, communal speeches, prayers, sacrifices, and invocations, Malagasy recognize and invite their ancestors to take part in their daily living. Most Malagasy Christians affirm that a reverence for one's ancestors is in mutual accordance with the Christian faith. Despite this common stance, there are also a growing number of Christians, mainly of the charismatic and Pentecostal sort, who are striving to dissolve their ties to their ancestors and to family religious practices centered upon remembering them. Nevertheless, ancestors figure prominently in one's religious life whether one is striving to be on good terms with the ancestors, or on no terms as all, as some charismatic and Pentecostal Christians are seeking.

In addition to the diversity of indigenous religions and various forms of Christianity, there are also sizeable Muslim communities in some regions of the country including in the north and western parts of the island, especially among members of the Antemoro, Antanosy, Antalaotra, Anjoaty, and Antankarana ethnic groups. Additionally, there are a very small number of Hindus and Buddhists as well, most of whom are more recent immigrants from China and Southeast Asia. There are also those Malagasy who do not consider themselves religious at all. But regardless of one's religious orientation, or lack thereof, there are certain universal religious ideals and ethical impulses that undergird the fabric of Malagasy society. These include 1) belief in a creator God; 2) belief in the power of other spiritual forces, both malevolent and

benevolent; 3) belief that those who have come before (*razana*) are still present and actively involved in the lives of the living; and 4) an ethic of reciprocity called *fihavanana*, in line with other African societies' emphasis on "the communal ethos." For in Madagascar, the sacred (*hasina*) is maintained and produced when people relate to one another, to the divine, and to the lands on which they live with an ethic of mutual care that ensures that divine blessings and power will infuse the spaces of one's life.

These foundational ideals act as the spiritual lenses through which individuals, and their friends and family, find meaning in and interpret life's major events. This dissertation is about how Malagasy children are brought up within these diverse and also unifying religious frameworks that enable them to understand the world and their place in it in particular ways. If being there, and participating and observing are one's best introduction to Madagascar, I hope this dissertation will serve as the next best thing. Through the sounds and sights and personalities I introduce, I hope fragments of religious practices in Madagascar will become lucid to my reader.

In Madagascar, religion is pervasive. One sees it in the sermons of Christian televangelists and in the musical performances of Christian choral groups from the countryside whose music videos air alongside other more secularly oriented music videos on Madagascar's national television stations. One hears religious messages on radio stations which frequently broadcast the prophetic words of Christian evangelists like Pastor Mayol, a Pentecostal pastor who was predicting the end of the world and the demise of the West, during my time in Madagascar from 2011 to 2012. One experiences the religious fervor of Malagasy in the sanctuaries of Lutheran churches where shepherd healers (*mpiandry*) offer services of healing and renewal modeled upon of the efforts of their founding prophet, Dada Rainisoalambo, a

traditional healer-diviner turned Christian convert, who in 1894 sought to indigenize the Christian message around the central theme of healing the sick. One reads about religion in newspapers and sees it on the decals and icons that decorate the *taxis* and *taxis-brousses* (bush taxis) that bus people to and from work and school. And one discovers it in the tracts that missionaries distribute, and on the billboards and flyers that organizers post around the walls of football stadiums announcing upcoming revivals.

I heard the sounds of people of faith while walking through neighborhoods of Diego Suarez -- the calls to prayer amplified five times daily from the city's mosques, and the drumbeats, electric piano tunes and spirit-filled sounds of Christian worshipers whose voices spill out of the house churches they filled. I found it in the lively Christmas Eve pageant performed by children at an Anglican church, and in that same church's exuberant installation of a new bishop. He was greeted by congregants who ceremoniously paraded up the church aisles dressed in traditional garb performing the customary songs and dances from their respective regions. I found it at a service of baptism for babies at Diego's large Catholic Cathedral. I rose early in the morning to discover the religious commitment of those who had made a pilgrimage to the bay to make vows to their ancestors, bring offerings of honey and rice, and remove their sarongs (lamba) to bathe in the holy waters of the ocean (rano masina) near the sacred site of Nosy Lonjo. I unexpectedly confronted religion in a crowd of people walking through the streets during a funeral procession in Diego, and was invited to share in the religious ceremonies performed in peoples' homes, where friends and relatives gather to feast, celebrate and mourn and where grandparents bless and shave the heads of newly born babies. Lastly, I was led to discover religion as it is found in the house clinics of Madagascar's traditional religious specialists, the midwives, masseurs, diviners, and healers who have made it their vocation to

serve the spirits. I enter this montage of religious beliefs and practices through the vantage point of parents who are discerning how best to introduce their children to the sacred and discovering how these choices will then come to define them.

## **Research Site: Diego Suarez**

Named after two Portuguese explorers said to have discovered the island of Madagascar in 1506, Diego Suarez is the capital city of the northern most province of Madagascar. As such, it is a heterogenous and cosmopolitan city with many regional lures including a large university, a teaching hospital, and several administrative centers. Given its location in the middle of a protective harbor, Diego has served as an important military base for several of Madagascar's governments including the French during the colonial occupation of Madagascar and for the administration of President Andry Rajoelina who held office during my fieldwork.<sup>25</sup> Archaeological evidence reveals that Diego has a long history of enticing people to its shores – longer than is implied by the so called Portuguese "discovery" of Madagascar in the sixteenth century, which inspired its name. According to historians Randrianja and Ellis, "the clearest direct archaeological evidence of people living in Madagascar that can be dated with some degree of accuracy comes from caves in the hills around what would later be called the bay of Diego Suarez" (2009, 20). Remains of animal bones and locally made pottery are carbon dated from roughly 685 to 745 CE and these dates cover an earlier level that may date back to 405 CE (Randrianja and Ellis 2009, 20). Thus the city of Diego Suarez has one of, if not the oldest, histories of human settlement on the island and remains an attractive port city to this day, with an enormous naval shipyard and fish processing plant.

In 2011 when I arrived for the third time since my initial visit to the city in 2004, its streets were busy, full of pedestrians; cyclists; motorists; yellow Renault taxis; children in

uniforms on their way to and from school; chickens; stray dogs; as well as street vendors selling fresh mangoes, oranges, pickled mango chutneys, *sambos*, <sup>26</sup> and other fried treats. Diego was a place full of life inhabited by Malagasy and foreigners alike -- the permanent home of many northern Malagasy and the temporary home of Malagasy from as far as Toliar in the south who came for months at a time to make money as rickshaw drivers or as able bodies willing to break up bits of concrete on the side the roads.

Northwestern Madagascar, the region that encompasses the city of Diego, has attracted a cosmopolitan mix of peoples for at least the last millenium. Archaeologists estimate that from the eleventh until about the middle of the fourteenth century the northwestern part of the island was a highly urbanized and religiously diverse place with both 1) a high participation in Indian Ocean trade, especially the slave trade, by peoples living along the west coast and, 2) significant numbers of Muslims who built mosques and were very much a part of the Islamicized Swahili culture that existed at the time (Insoll 2003, 194). Mahilaka, a coastal town just south of Diego, played an important role in Swahili trading networks, and served a main trading settlement in the region at the time. It is considered by some to be the first major port and urbanized city on the entire island of Madagascar (Radimilahy 2013; La Violette 2013).

Thus Diego's history as an urban economic and religious center for Muslim merchants, Indo-Pakistani immigrants, and Yemeni Arabs, who were brought to Diego by shipping companies to labor as dock workers during the first half of the twentieth century is well established (Thompson and Adolff 1965, 269). Some residents remember this history discursively. For the rest, these histories of the peoples, animals and goods that were brought to, and taken away from, the northwestern coast, linger on in the myths inhabitants tell about the "pirates" and "mermaids" that emerged from the ocean waters and about the "ancestors spirits"

who reside in the bodies of the "jewelry wearing crocodiles" that reside in nearby sacred lakes. Babaomby, a section of land just north of Diego near what is called the Emerald Sea is said to be the place in Madagascar from which cattle (*aomby*) first emerged on the island. A popular myth of their surfacing still reverberates in the stories that locals pass onto their children and share with curious foreigners like me.

The unbelievably blue waters that surround Diego have made it possible for the arrival of vast arrays of foreign peoples, animals, food stuffs, and ideas. And residents continue to relish these waterways as sources for the arrival of things new. Families of all income levels and backgrounds enjoy a walk to the port to see the large vessels that dock in Diego. More recently, people enjoy greeting the enormous cruise ships that arrive during tourist season. And as will become clear in the stories I narrate throughout this dissertation, Diego's residents draw deeply from the waters that surround their city, both literally and metaphorically, as the bay not only serves to bring foreign peoples and goods to the area, but also serves as a wellspring for the emergence of new myths, religious customs and cultural traditions that form the rich fabric of Diego residents' way of living.

I was first drawn to Diego in 2004 by the colors, the deep turquoise color of the bay, and the brightly colored designs on the sarongs (*lambas*) that women wore. But underneath all of these beautiful colors were the fears that people sometimes harbored about how to pay the next month's rent or their children's school fees, fears that have led many to become vulnerable to the false lures of human trafficking. Diego is a city ripe with economic disparities, the kinds of disparities that enable some to build beautiful concrete homes with a view of the best section of Diego's bay water while others, mainly migrant workers from the south of Madagascar, sit crouching under makeshift tents breaking bits of concrete to be used in the construction of these

newer homes by the bay. European tourists come to Diego by way of planes, *taxis-brousses* (bush taxis) and cruise vessels, with cameras and bottles of water in hand, to pay a visit to Ramena Beach or to see the rainbow colored chameleons and lemurs at Parc National Montagne d'Ambre. Meanwhile many locals arise at four in the morning to walk to public water taps to fill up the buckets of water and jerry cans they will use in cooking, bathing and laundry washing -- activities which must be complete before going to work at eight or nine in the morning. Those who go to work count themselves lucky. In addition to the wealth gaps that exist between locals and foreigners, disparity is also high among residents, as is evidenced by the frequency of wealthier Malagasy, Indian, and European city dwellers who hire women from the countryside to come and stay with them in their homes to clean, cook and look after their children.

Despite these inequalities, there is a shared culture in Diego. Residents and tourists alike can enjoy reasonably priced street fare; visit the bountiful food and clothing markets; and dance to live *Salegy* music at local bars. Men and women can be found selling vegetables and prepared snacks at stands while casually chatting with neighbors near their homes, and just about anyone can be found having a THB beer<sup>27</sup> with friends on the sidewalk outside one of the many *épiceries* that dot Diego's streets. Diego is a busy place punctuated by the rhythms of the call to prayer announced from the old gorgeously constructed mosques that decorate its streets, rhythms which are tempered by the less predictable ocean breezes that blow through and the occasional deluges which cause everything to stop and give Diego that characteristic, easy going vibe of a coastal town. Especially when compared with the more congested streets of Madagascar's capital, Antananarivo, Diego has an unhurried feel, but it has a distinctly urban and colonial feel as well. It is the kind of place where congregants of some of the newer Pentecostal churches can repurpose abandoned factory buildings into sanctuaries, and where newly constructed buildings

sit beside the hurricane damaged carcasses of old colonial era hotels and administrative buildings. And if one is there long enough, one is likely to witness a bride and groom being paraded around the city by a caravan of cars after the celebration of a marriage. This, despite one woman's insistence that people in Diego like to delay marriage almost indefinitely, unlike the more conservative Merina of the central highlands who are anxious to get married and do so at a very young age. <sup>28</sup>

Diego has drawn many people to its center. More than half of the women I interviewed did not grow up there, but came for educational reasons, in search of work or to join family who had already found it a suitable place to live. When I arrived in September of 2011, Madagascar was still suffering an economic depression as a result of a devastating political coup. In 2009, Andry Rajoelina, as mayor of Madagascar's capital city led a military backed coup against then president Marc Ravalamanana. The coup culminated in the installment of Rajoelina as interim president until future elections were held. As a result of the overthrow, Madagascar's membership within the African Union was suspended, some foreign donors withheld aid, and other would-be investors took their money elsewhere. Madagascar's tourism economy suffered as well, as few now considered the island a stable enough place to spend a vacation. All of these circumstances left many Malagasy without work and dismayed about the nation's future.

In some ways, Diego, as a northern port city, was shielded from the economic collapse that followed the ousting of president Ravalamanana. Some of Diego's main industries, including its naval shipyard and fish processing plant, are less dependent on governmental and foreign aid as compared with other towns and cities throughout the island. In other ways, however, Diego's economy, especially the tourism industry, and certain government supported services have suffered greatly. During my nine months of field research I had an affiliation at the

University of Antsiranana where I occasionally taught classes to students in the English department and also participated in the department's social activities. Professors, as government employees, frequently complained about salary cuts and about receiving their wages late. They organized strikes. Students held strikes as well. What was more surprising, however, than the frequent strikes, was the industriousness with which professors and students carried on despite the erratic schedules, not being paid enough or on time, a relative lack of resources, and few viable job opportunities upon graduation. Students at the University were incredibly sharp, eager and resilient. And I found their conversations about Diego's corruption problems and instabilities instructional with regard to the larger picture of residents' overall perception of Madagascar's political and economic horizons.

In Diego, in 2011, a brand new hospital was under construction, a seemingly hopeful sign given the troubled economy. If completed, perhaps the new hospital would offer better medical services and a nicer venue for delivering babies as compared with the older crumbling one. Perhaps, the economy was improving and women's childbirth options increasing. Perhaps hope was on the horizons. Or was it? Was the hospital merely a publicity stunt meant to distract residents from the otherwise corrupt policies of Rajoelina? Would the hospital even be completed? Or was it the work of sorcerers as some suggested? And if completed, would more mothers decide to birth their babies in hospitals as the government had intended? These were the kinds of questions Diego residents were grappling with when I arrived in Diego in September of 2011 to begin research for this project.

#### The New Hospital: A Beacon of Hope or a Sign of Sorcery?

On a hot day in January, as part of my teaching responsibilities in the English department at the University of Antsiranana, I began by asking the students where the rain was.<sup>29</sup> It seemed

relatively dry to me, considering that we were well into what should have been the start of the rainy season. One student attributed the lack of rains to climate change. Another student, responding to this comment, declared rather clandestinely, "it's because they're building big buildings" (*satria iro manamboatra trano be*). 30 Curious about her explanation, I asked for clarification, "Are you saying that when people build big buildings, this causes climate change?" "No," she replied, "I'm saying that their building of *trano be* is why the rains haven't come." Later in the week, my husband Ben came home from teaching an English lesson to the same group of students. He walked in the door, excited to tell me about something the students had said. After asking them to brainstorm controversial topics for an argumentative essay he asked them to write, a few mentioned that there was controversy over the construction of the big new hospital. "There are people who think this company is the reason the rains have not come," said one student. When Ben asked why people thought this, the students explained that some thought the builders might be using sorcery to delay the start of the rainy season.

Diego residents' concern over the construction of a new hospital in their city stemmed partly from underlying suspicions many had about the motives of the nation's president Andry Rajoelina, the man who had ordered the construction of the hospital. Although Rajoelina enjoyed some support at the beginning of his presidency due to what had been a growing dissatisfaction with some of his predecessor's decisions just prior to the coup, by the time I arrived in 2011, Rajoelina's popularity had decreased significantly. Most Malagasy expressed little enthusiasm for him and had little hope that leadership would bring improvements. To add insult to injury, coastal Malagasy, which include the majority of my informants in Diego, are seldom fans of highland presidents like Rajoelina or his forerunner, Ravalamanana. Ever since the hegemonic rise and fall of the Imerina Kingdom (1750-1895), coastal Malagasy have been distrustful of

highland political leaders whom they often accuse of funding projects in the central highlands while paying little mind to crumbling infrastructures elsewhere on the island where the majority of the population resides.<sup>31</sup> Many Diego residents saw Rajoelina's promise of a new hospital as a last-ditch attempt to regain popularity after failing to keep earlier promises. In other words, the hospital was a mere publicity stunt. "Why doesn't he repair the already existent teaching hospital?" one student asked. "And how will we know that the hospital will ever be finished?"

One did not have to spend much time in Diego to see that residents' concerns about Rajoelina's motivations were well warranted. At the beginning of his presidency, he had promised several new dormitories for students at the University of Antsiranana only one of which had been built when I arrived, and even that one remained uninhabitable as those in charge neglected to finish the installation of water pipes within the building. The multistory pink concrete building sat beautifully as a tempting icon, nearly finished but without dorm beds or water. Meanwhile students were living in buildings that appeared to be remnants of something that once was, rather than as places people actually occupied in the present. If it were not for the signs of habitation – clothing hanging from the balconies, stray dogs digging through the piles of trash behind the back of buildings, charcoal cookers on the porches, or loud music blaring from a radio – one might assume that no one lived in the older dormitories.

On most days, a lonely guard sat crouching at the front of the newly constructed dormitory prohibiting would be inhabitants from entering, and disappointed students from protesting or vandalizing the property. Students explained that most locals feared that the new hospital might have the same fate as the new dormitory. They believed the rains had not come on time because those in charge of building the hospital had worked with sorcerers to delay the start

of the rainy season so their work would not be interrupted. That way, they could continue to fool residents into thinking that the new hospital would eventually be completed.

Accusations of sorcery enable Malagasy to intimate about suspicions they have regarding a person's, or in this case, a political party's misuse of power. The belief in witchcraft, common in many African societies, called azary in Madagascar, or kindoki in the Democratic Republic of the Congo, or *djambe* in Cameroon is not just the idea that some people are evil, or that humans are capable of committing evil acts; rather accusations of azary or "la sorcerie" as some Malagasy call it, speak to concerns about the misuse of spiritual powers and about the lack of transparency that surrounds these powers. Witches are believed to work secretly, in the dark hours of the night. And sometimes the only purported difference between a witch and a healer is how that person uses his or her powers. As Malagasy explained to me, it is the use of spiritual power for harm or to gain fortune at the expense of another's wellbeing that makes one's spiritual power evil. In other words the belief in witchcraft is the belief that there are material consequences for the wielding of spiritual powers in one's favor, especially when this wielding enables some, namely Rajoelina's and his administration, to benefit at the expense of others, namely Diego residents, who need the season's rains more than they do a false promise of a new hospital.

Not all residents voiced their frustrations about a troubled economy or government corruption as a problem of witchcraft. Some complained instead about the rise of gang-related crime (*faroche*), or lamented the fact that so many young women were turning to sex work in order to fund their or their siblings' or children's schooling.<sup>32</sup> Nevertheless, conversations about witchcraft were common. This kind of couching of political troubles as spiritual ones with words that made reference to "witches" and "vampires" is one of the contemporary ways in which

Malagasy talk about the covert nature of certain forms of power, be they political, spiritual or otherwise. These kinds of conversations occurred among the highly educated and non-educated alike, among rich and poor, among both the powerful and the disenfranchised, and in homes and classrooms alike alongside conversations about climate change. Both Peter Geschiere and Luise White frame contemporary notions of the occult in Africa, and rumors about witches and vampires respectively, as a modern commentary on, and critique of, both historical and present day circumstances" (Geschiere 1997; White 2000). Despite the belief commonly held by outsiders that accusations of sorcery would decline as African nations became modernized, rumors of witchcraft across Africa have actually increased in recent years, and are known to increase in relation to the rise of social and political instabilities.

Malagasy discuss historical events and comment on present day misfortunes with a supernatural language complete with references to the island's first inhabitants, called *vazimba*, who are remembered as pygmies and whose spirits still haunt the forests where they used to dwell; stories that frame indigenous peoples as ghosts; foreigners as vampires and mermaids; and with rumors that paint some projects as sorcery. One might understand these historical accounts and contemporary political commentary to be a kind of coded language, an indirect way to insert moral arguments about the events of the past or about contemporary circumstances. But such metaphoric language also enables Malagasy to talk about historical and contemporary issues with a greater complexity than literal language allows, while also giving voice to their pervasive belief in spiritual evils. In this case, suspicion about the hospital speaks to the larger truth of widespread political corruption caused by morally corrupt leaders, and how it can seep into projects that would otherwise seem promising.

In addition to the sorcery tainted hospital under construction in 2011, Diego had two large hospitals, one government dispensary with a maternity ward, and dozens of other privately funded medical clinics where people sought care, including maternity care. However, the vast number of healthcare options did not translate into an abundant supply of healthcare workers and resources for the northern coastal city. Moreover, as I have already alluded, the plethora of medical facilities did not mean that Malagasy had a plethora of choices. As is true in cities throughout the world, many factors influence a person's ability to access quality healthcare. In Diego, some of these factors included where people lived in relation to the facilities where they sought care, what kinds of transportation options they had available to them, the level of social support they had should they need to leave home for an extended period of time, their income level, education level, feelings toward the different kinds of medical and religious specialists in the area, health care worker shortages, under-resourced medical facilities, and personal beliefs about sickness and health. And in addition to these more tangible factors of limitation, there was also a basic level of existential insecurity that restricted peoples' mobility and decision making. Although Diego's streets often felt pleasant and innocuous during the day, at night, in some parts of town, people were afraid to walk around outside their homes, or travel from their house to a neighbor's. Some wouldn't even or go outside to use the pit latrine, or leave their windows opens during the night despite the sweltering heat, as frequent stories of robbery and assault circulated in a city plagued by poverty.

My research for this dissertation is of an ethnographic rather than medical scientific nature, but my interest in the religious dimensions of childbirth and its associated rituals compelled me to also acquire a broader awareness of the medical resources available to childbearing women in Madagascar so that my readers might have a larger context in which to

understand Malagasy women's childbirth narratives. During my nine months of field research, I made an effort to visit as many medical facilities as possible in order to acquaint myself with the people who worked there, and also to get a feel for the kinds of the places where women give birth to their children and seek therapies when they or their children became ill. At present, I do not have access to the kinds of archival materials that would enable me to give a complete history of childbearing practices in Madagascar. We should nevertheless note that Diego residents' lack of interest in the new hospital, despite their articulated desires for better medical facilities, is less ironic than it would at first seem. Rather, their suspicion that there are ulterior motives behind the construction of the new hospital has an historical precedent that is now enmeshed in their collective memory, one that dates back to the French colonial period, and no doubt influences Malagasy' access to, and desire to seek out, institutionalized medical care today.

### Being Foreign (vazaha) in Madagascar

As an outsider, I had limited, and mostly observational rather than experiential access to the religious and medical facilities Malagasy rely on in the birthing and parenting of their children. I also had limited access to women's stories. As a foreigner, my presence is like a filter that inspired my interlocutors to share some aspects of their lives with me, while hiding others. In the least, the stories that my informants shared with me were no doubt presented differently to me than they would be to long time family member or local friend. But as I mentioned in the earlier, being a foreign researcher has both advantages and disadvantages.

Foreigners in Madagascar, especially white foreigners, called *vazaha*, are greeted by local people with a variety of emotions ranging from curiosity, respect and admiration, to envy, hostility and suspicion. In smaller towns, Malagasy children welcome foreigners with friendly shouts of "*bonjour vazaha!*" accompanied by exuberant jumping, waving and giggling. In larger

cities, where income discrepancies are high and the presence of foreigners less novel, vazaha are sometimes heckled by beggars, street children and road side vendors. For just as Malagasy might represent to foreigners some of the stereotypical images foreigners have about people from African countries (poor, happy, primitive, natural, exotic), most vazaha represent to Malagasy many of the stereotypical images Malagasy associate with Western cultures, (wealthy, individualistic, and with loose sexual mores). The latter are portrayed in the media and derives from people's experience with French settlers (vazaha) during the French colonial occupation of Madagascar, and their experiences with European tourists in more recent years. These stereotypical images sometimes cause people on both sides to make false assumptions about one another and certainly had an impact on my ability to conduct research in Madagascar. Malagasy were sometimes eager to be friend me because I was vazaha for the best and most altruistic reasons. They were excited to learn more about people from other parts of the world just as I was. But some were also looking to take advantage knowing that foreigners in Madagascar typically have more money, and thus more power and more ability to travel than they did. As a result, my Malagasy friends, and even some strangers, frequently urged me to be careful with my relationships, to guard my belongings and to avoid walking around alone late at night.

To complicate matters further, in Diego, because of its history as a port city frequented by people from all over the world, and especially by male migrant laborers who work on the naval shipyard, sexual tourism is more pervasive there than anywhere else on the island.

Befriending a foreigner thus carries with it all sorts of extra implications. I frequently met women who were looking for *vazaha* boyfriends and husbands (*mitady vady vazaha*). They asked me if I could find a mate for them in my country. Even though I came from the United States, a place from which very few people visit Madagascar, my home country was often

conflated with France, and other European countries as the place from which white foreigners come, especially *vazaha* men, some of whom might be looking for Malagasy girlfriends and wives. This is not to say that Malagasy are unfamiliar with geography or unable to have nuanced understandings of foreigners and the places from which they come. It simply shows that the global circulation of knowledge about other peoples in the stereotypical fashion with which I am referring to goes both ways and profoundly influenced how Malagasy thought of me and I of them. Just as I have heard Americans say on countless occasions, "I knew someone who went to Africa, but I can't remember which country," Malagasy also sometimes saw me as coming from a rather vaguely conceived homogenous place that includes all of Western Europe and North America.

Even though broadly speaking, white foreigners in Madagascar are often grouped together under blanket label of *vazaha*, it is also true that Malagasy have particular perceptions about the different kinds of foreigners who study, visit, work and settle in their country. Diego Saurez is a cosmopolitan city home to around 80,000 inhabitants, most of whom belong to one or more of the eighteen officially recognized indigenous ethnic groups in Madagascar, but there are also immigrants from East Africa, China, Southeast Asia and from the Middle East living in Diego as well, some of whom have lived there for multiple generations. In addition, there are retired French military who also frequent Diego either for months at a time or to retire permanently, many of whom *are* looking for Malagasy girlfriends and wives. French and Italian tourists, and occasionally tourists from other parts of the world including from Canada and the United States, also frequent the area but for much shorter stays. All of the aforementioned peoples have earned various reputations with regard to the ease with which they have or have not

assimilated into Malagasy society, their interest in Malagasy customs, and their ability to speak Malagasy.

One afternoon, in the middle of my nine month residence in Diego, I took a taxi across the city. I sat in the back seat of the next to a woman who appeared to be of Indian-Pakistani descent.<sup>33</sup> I greeted her in Malagasy which prompted her to inquire what I was doing in Madagascar. I explained to her that, "I study Malagasy religious customs, especially birthing customs like the ceremony where the child is taken out of the house for the first time, the practice of adorning babies with a silver necklace when they receive teeth, and other haircutting ceremonies."<sup>34</sup> She then began speaking to me in both French and Malagasy and asked if I worked at the hospital and knew surgery. To which I replied no and reiterated my interest in religious and cultural customs rather than biomedicine.

When we arrived at her destination, the taxi driver turned around and interjected rather assertively, "She studies Malagasy customs, of which there are many!" He then went on to elaborate the different kinds of customs that people follow after the birth of a child explaining in detail haircutting ceremonies, and bathing rituals for the postpartum mothers called *ranginaly*. I concurred as he spoke and reiterated, "Yes, this is what I am studying." I was surprised both by the taxi driver's interest in our conversation and his seeming hostility toward the woman in the backseat with whom I spoke. She very politely said goodbye and got out of the cab. When she exited, the cab driver turned to me and uttered, "*raciste*." When I asked what he meant, he explained that "even though she lives here and was even born here, she doesn't care to learn anything of Malagasy customs."

As an American, I often enjoyed a more favorable reception by Malagasy as compared with some other foreigners, some of whom, like the Indian-Pakistani woman in the back of the

taxi were viewed as not having as much respect for Malagasy customs. Many MalagasyAmerican encounters occur primarily between Malagasy and Peace Corps workers, researchers or missionaries and to a lesser extent between Malagasy and tourists, as there are relatively few American tourists in Madagascar as compared with their European counterparts. Additionally, the American field-based study abroad program SIT (School for International Training) hosts groups of American students who learn Malagasy, travel the country and live with host families. As a result of the interest taken by students, Peace Corps volunteers, researches and missionaries in Malagasy language and culture, many Malagasy view Americans as generally more interested in Malagasy language and culture despite the fact that Americans worldwide have a relatively poor reputation for learning languages. I had daily conversations with Malagasy who attributed my knowledge of Malagasy to my being American, and said to me that French people cared nothing about learning the language, even if there were many individuals, both French and American, who defied these stereotypes.<sup>37</sup>

Given all of these circumstances, I tried to be extra aware of, and also sensitive to the perceptions Malagasy had of me and me of them. This meant I strove to be more conscious of my thoughts and actions. I also tried not to flaunt my relative wealth. And given that my husband and I were at the time living on my graduate student stipend, this was not terribly difficult. We cooked at home with foods we bought from our neighbors' food stands and Diego's outdoor markets, and tried to limit our consumption of things like beer and pizza and supermarket foods, which are enjoyed by only a small percentage of Malagasy. We invited people over for dinner. I introduced myself to my neighbors, learned their names and had daily conversations with them, and attempted to reciprocate when Malagasy shared stories and meals with me. The latter proved to be a more difficult process than I had imagined as I often failed to reciprocate at the same

level of ceremony and graciousness with which I was welcomed at family events, religious ceremonies and for conversations in peoples' homes.

Nevertheless, my efforts paid off. As a young woman of childbearing age, discussions of childbirth with Malagasy of a similar age quickly became a topic of mutual interest and concern. Thus, despite all of the ways in which Malagasy viewed me as an outsider, which had both advantages and disadvantages, there is no denying that my age and gender also afforded me a kind of insider status. Interviews among my peers rapidly took on the shape of conversational exchanges where fears and concerns were addressed, and issues of balancing motherhood with work and school came up frequently as many of the young mothers I interviewed were pursuing higher education degrees. And the older women I came to know gladly took me under their proverbial wings, and saw their relationship with me as a mentoring one. They understood my interest in childbirth as "natural" given that I was young and did not yet have children of my own. They pressed me to have a child as soon as possible, insisting that my husband was likely waiting for me to do that, and were quite elated when I shared with them news of my first pregnancy, which occurred during the latter part of my research period, just before I left Madagascar to return to the United States.

I had many successes during my field research, but I also made some mistakes as well.

One such oversight was in the way I looked beyond my initial contacts for more and more people to interview. Often, I was looking for yet another story, consulting friends who would lead me to their friends, neighbors and acquaintances. While on the one hand, this method enabled me to reach a wide range of individuals and enabled me to compare and generalize in a way that a small informant pool would not have; after I began writing, I discovered that my first interviews with the women I had known the longest offered me the best insights for my research. In the

future, I will strive to balance my long-term in-depth interviewing with a select group of individuals, together with the approach of casting my net wide.

A second mistake I made in the field was that I occasionally withheld more of my personal opinions than I perhaps should have. In an attempt to be a neutral listening ear, I sometimes found myself sharing less. When a friend of mine expressed disappointment that her doctor had written her baby a prescription for soda as a rehydration drink, I wish I had stood in solidarity with her, and agreed with her wisdom as a mother that soda was not the best drink for her toddler. At the time, I did not want to be critical of what she was doing or of what her doctor had advised. I thought her doctor probably recommended bottled sugary drinks because these drinks were less likely to contain contaminated water as compared with homemade rehydration drinks, but I also knew that Amélie was very careful about boiling the water her son drank and was right to be concerned about offering him soda. I wish I had simply said that. And when my friend Fitahiana, a friend of nearly ten years, asked me if I planned to breastfeed my baby, I was surprised that I had not shared more of my parenting plans with her. Striking a balance between being a neutral listening ear, and of sharing my personal opinions as I asked women to do with me, proved challenging.

The decisions I made in the field regarding who I interviewed and how much I shared with them were difficult decisions. I wore many hats in the field. I was simultaneously a researcher, a white foreigner, an English teacher, a neighbor, a friend, an acquaintance and a young married woman with no children. But I was also first and foremost a human being with questions, curiosities and flaws. And as such, I endeavored to share as much as I inquired (when appropriate) knowing full well that doing so would mean that interviews might lead in some cases to longer friendships. And given that friendships require an emotional investment, I

committed to far more than simply collecting data that would either support or debunk my research hypotheses. I committed to this style of fieldwork because I believe research in the field of religious studies to be infinitely enriched by humanistic approaches.

In the next chaper, which is the first substantive chapter of this dissertation, I will explore the process by which Malagasy families transform infants from "water babies" into "real human beings" by way of a haircutting ceremony called *mampiravaka tskaiky* (literally: to adorn the child with jewelry). In this chapter, the reader will gain a sense for the ideal Malagasy life trajectory (from water into bones); how people are expected to move through life, and the ways in which they are protected when they experience expected and unexpected states of vulnerability; how new babies in particular are protected from spiritual and biomedical threats to their survival; and what these ceremonies of blessing, initiation, and transformation for babies mean to the parents who perform them. I conclude by arguing that there are significant differences in the way that women and men move through life in Malagasy society, and contend that focus on women's life states (especially including birth and birth rituals) helps us to understand the Malagasy life course in new and important ways.

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Another possibly earlier instance of a woman surviving a cesarean surgery occurred in the year 1500, although the case was not officially documented. Brodsky writes: "One instance was the very unusual case in which Jacob Nufer, a Swiss sow gelder, who in desperation performed a cesarean on his own wife, in the year 1500. It was miraculous that she survived, considering there was no anesthesia or antibiotics to fight infection. The baby lived 77 years and his wife went on to have five more vaginal births, including a set of twins." *The Control of Childbirth*, Phyllis Brodsky (Jefferson, N.C.: McFarland and Company, 2008), 41.

<sup>&</sup>lt;sup>2</sup> In the first centuries of the medicalization of childbirth, the words "doctors," "male midwives," and "obstetricians" were used interchangeably as no standardized education was required of men to assist women in childbirth. Some attendants studied medical textbooks, learned through apprenticeship, or had degrees in physics. Some simply began through experimentation (Brodsky 2008, 61-62).

<sup>&</sup>lt;sup>3</sup> For more on the history of childbed fever, see Phyllis Brodsky, *Control of Childbirth*, 62-65. <sup>4</sup>"Global, regional, and national levels and causes of maternal mortality during 1990-2013: a systematic

analysis for the Global Burden of Disease Study 2013," accessed July 28, 2014, http://download.thelancet.com/flatcontentassets/pdfs/S0140673614604979.pdf. Also see Carol Morello,

<sup>&</sup>lt;sup>5</sup> According to the World Health Organization, when cesarean section rates exceed 15%, their potential risks can outweigh their potential benefits (2009, 5). "Monitoring Emergency Obstetric Care," World Health Organization, http://whqlibdoc.who.int/publications/2009/9789241547734\_eng.pdf. According to the center for disease control and prevention, in 2012, 32.8% of all U.S. deliveries were cesarean. "Births – Methods of Delivery," Center for Disease Control, http://www.cdc.gov/nchs/fastats/delivery.htm. According to the World Health Organization's Global Health Statistics for 2012, in Madagascar, the cesarean section delivery rate was around 2%. Based on WHO recommendations that cesarean rates should fall somewhere between 5% and 15% in order for the benefits to outweigh the risks, it seems that more access to cesareans is needed in Madagascar, whereas fewer cesareans in the U.S. might produce better outcomes.

<sup>&</sup>lt;sup>6</sup> An example of evidence-based care is the new research on perineal tearing which has prompted many care givers to reverse the practice of performing routine episiotimies. The most current research on perineal tears now supports that idea that spontaneous tearing, as compared with routine episiotomies, results in fewer injuries and faster healing among parturients. See Vasileios Pergialiotis, "Risk Factors for Severe Perineal Lacerations," 2014.

In 2012, in an article published in the New York Times regarding high maternal mortality rates in Malawi, author Courtney Martin spoke of the need for "cultural" and "attitudinal change" in regard to the "tribal traditions" and "customs that have governed their lives for as long as anyone can remember." Martin maintained that "a massive cultural shift is needed" before Malawian women can realize their vision of lower maternal mortality rates. In another article published by the Washington Post in 2008, author Kevin Sullivan *does* argue that an alarmingly high maternal mortality rate in Sierra Leone can in part be blamed by the fact that "Governments don't provide enough decent hospitals or doctors; families can't afford medications." He also writes, "a lack of education and horrible roads cause women to make unwise health choices, so that they often prefer the dirt floor of home to deliveries at the hands of a qualified stranger at a distant hospital." Both of these authors, in part paint high maternal mortality rates in Africa as caused by women's refusal to give birth in hospitals, when in reality, poverty, lack of resources, and lack of proximate and well maintained medical facilities should shoulder more of the blame.

<sup>&</sup>lt;sup>8</sup> According to the World Health Organization's Global Statistics for 2012, 44% of all births in Madagascar are attended by skilled health personnel (2012, 102).

<sup>&</sup>lt;sup>9</sup> According to the World Health Organization's Global Statistics for 2012, based on data collected between 1990 and 2010, the maternal mortality rate in Madagascar is such that 240/100,000 women will die in childbirth. Comparatively, in the United States the maternal mortality rate is 21/100,000. In Europe there are 26 countries in Europe with maternal mortality rates lower than 10 per 100,000. Qatar, Japan, Singapore and Australia also have maternal mortality rates lower than 10 per 100,000 for the same period (1990-2010) (2012, 21).

<sup>&</sup>lt;sup>10</sup> Evan Zeuss refers to this process as "recentering," where there is "a kind of standing outside of oneself, a taking up of the position of the divine 'other' and acting on its behalf that is expressed explicitly as a personal submission to it and that is experienced directly as a submersion of the personal will in the divine will. The ritual comes from the ancients and was a gift from the divine; to repeat it means to receive their stamp upon the self and to make their world one's own" (1987, 407).

In this essay, Bloch (1993) offers a very useful correction/qualification to the overly binary distinction that James Fox (1987) makes between "tomb based" and "birth based" kinship systems. Fox argues that in Austronesian societies, as compared with African societies, people belong to a kinship only in their death. Bloch (1971) admits to making a similar argument about the highland Merina of Madagascar. Rita Astuti (1991) also makes this claim with regard to Vezo who live along along Madagascar's southwest coast However, Bloch now proposes that such a dichotomy be qualified to include "house based" systems such as is the case with the Zafimaniry who predominantly live in the southern central highlands of Madagascar.

<sup>&</sup>lt;sup>12</sup> Gillian Feeley-Harnik also disagrees with Bloch's conclusions in this essay. She writes:

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. "Childbirth and the Affiliation of Children," Gillian Feeley-Harnik, *Taloha*,136.

<sup>13</sup> Paul Jaoravoava. (Paul Congo) Personal Interview. January 3, 2012. Paul "Congo's" nickname dates back to his youth as an athlete and soccer player. In 1966 he won second place in the 800 meters race, he won another title in 1968, and another medal for boxing in 1969. He was also selected to be on Madagascar's national soccer team. He was the goal keeper, and because his skin is so dark, his teammates teased him saying "you are not really Malagasy, you are too dark, you are African." And so he earned the nickname Paul "Congo." In comparison with other coastal Malagasy, his complexion is not considered dark, but in comparison with his teammates, some or most of whom may have been from the central highlands, his skin color would have stood out. Paul Congo has been a traditional historian since 1983.

<sup>14</sup> Gillian Feeley-Harnik notes that women from the Analalava region told her that it is forbidden to cry during childbirth, and that loud carrying on indicated incest (2000, 161). Malagasy Theologian and Anthropologist, Robert Jaovelo-Dzao, notes that Sakalava women *are* allowed to moan and cry during childbirth, despite the fact that there are traditions elsewhere on the island which dictate that women must bear their babies in silence (Jaovelo-Dzao 1996, 122). In my own research, I did not encounter any instances of women describing the tradition of laboring in silence.

<sup>15</sup> For more on pronatalism in Madagascar, see Margaret Andersen, "Creating French Settlements Overseas," 2010.

<sup>16</sup> I am currently looking for information on the history of the construction of this larger teaching hospital in Diego Suarez. For example I do not know in what year it was built or whom it was financed. <sup>17</sup> Amélie. Personal Interview. November 17, 2011.

According to the World Health Organization's Global Statistics for 2012, 44% of all births in Madagascar are attended by skilled health personnel (2012, 102). By comparison, in the United States that number is 99% (2012, 104). According to data collected between the years 1990-2010, the likelihood that a child will die in Madagascar before reaching the age of five is 62/1000. By comparison, in the United States 8/1000 will die (2012, 19). The rate of stillbirths in Madagascar is 21/1000. The overall infant mortality rates were 43/1000 in 2010 compared with 97/1000 in 1990 (2012, 57). By comparison in the United States, the still birth rate was 3/1000, and the overall infant mortality rate was 8/1000. Infant mortality rates in the U.S. are significantly lower than in Madagascar, but still by no means low (2012, 59). According to data collected between 1990 and 2010, the maternal mortality rate in Madagascar is such that 240/100000 women will die in childbirth or as a result of complications that occurred during childbirth. Comparatively, in the United States the maternal mortality rate is 21/100,000. In Europe there are 26 countries with maternal mortality rates lower than 10/100,000 for the same period (1990-2010) (2012, 21).

<sup>19</sup> My site of research is a coastal city in the far north of Madagascar called Antsiranana, a word which I was told means port in the Malagasy language. I will refer to the city as Diego Suarez or simply Diego in this dissertation, because this is the name locals themselves most commonly employ. Historians Solofo Randrianja and Stephen Ellis have note that prior to the nineteenth century; Malagasy used multiple spellings and designations to refer to various locales throughout the island. It was not until the French

colonial regime that place-names became standardized. Then, during post-independence, in the 1970s, then president Didier Ratsiraka decreed the use of Malagasy versions of the names of the country's main cities as part of a movement to restore Malagasy language as the official language in government and in schools. Nevertheless many Malagasy still use names of European origin for a few cities, including Diego Suarez (Randrianja and Ellis 2009, 14). Antsiranana city (Diego) is part of Antsiranana province, which may also contribute to people's usage of Diego as a way of distinguishing the city from the province. Fort Dauphin in the south, and Tamatave on the East Coast, are additional examples of cities more commonly known by their European, rather than Malagasy, names. In the case of Diego Suarez, the city is named after two Portuguese travelers, Diego Diaz and Fernando Suarez, who visited Madagascar in 1506.

Feeley-Harnik discusses parents' efforts to treat infants with special care so as to encourage them to continue in the world of human existence rather than return to the world of the ancestors (2000, 150).

<sup>21</sup> Some of the more common complications include preeclampsia or pregnancy-related hypertension, uncontrolled or excessive hemorrhaging, obstructed labors, and excessively long labors causing obstetric fistula. Excessive hemorrhaging and obstretic fistula are the most common caused of maternal death.

- <sup>22</sup> Sakalava refers to a family of ethnicities living along the entire west coast of Madagasar who are of mixed African and Arab origins. Sakalava also refers to the empire, which controlled the trade of cattle, slaves and rice on the island during the 17<sup>th</sup> and 18<sup>th</sup> centuries. The seat of their kingsom was located in several different points along the west coast, mostly concentrated in northwestern Madagascar near the area of present day Mahajunga, south of Diego. They lost significant power toward the beginning of the nineteenth century as the Merina polity of the central highlands began to emerge. The Merina would eventually control most of the island until they lost power to French settlers who arrived in the late nineteenth century.
- <sup>23</sup> A treaty was signed between the Merina polity (under the leadership of King Radama I) and the British in the year 1817. During that year, slavery was abolished, though it continued clandestinely on a reduced scale for several years afterwards. The King invited the first missionaries from the LMS (London Missionary Society) to establish schools and churches in 1818 as part of his relationship with the British. The British were interested in securing a path to India and also preventing the French from settling Madagascar. King Radama I successfully played off competing British and French interests for several decades before the French eventually settled and gained control over the island in the late 1800s (officially in 1895), though they were in Madagascar several years prior.
- <sup>24</sup> For more on the history of Islam in Madagascar, see S. Von Sicard, "Malagasy Islam: Tracing the History," 2011.
- <sup>25</sup> At the time when this research was conducted, Andry Rajoelina, who organized the military-backed coup against former president Marc Ravalamanana in 2009, was acting as interim president of the island. In 2014, a new president, Hery Rajaonarimampianina, was elected. He is widely held to be the puppet of former president Andry Rajoelina.
- <sup>26</sup> Sambos is the Malagasy word for the fried treat originating from India known more commonly as samosas.
- <sup>27</sup> Three Horses Beer (THB) is a pilsener brewed by the Star brewery company in Madagascar. It is the most common beer drunk in Madagascar.
- <sup>28</sup> Many of the women I interviewed explained that young people in Diego do not aspire to marry. They often contrasted themselves with Merina from the capital who they say frequently marry and marry young.
- young. <sup>29</sup> As part of my informal affiliation with the University of Antsiranana, I agreed to help teach English classes. This enabled me to have fascinating interactions with a vibrant and intelligent group of Malagasy students.
- <sup>30</sup> These classroom conversations transpired over the course of the last week of January 2012 at the University of Antsiranana in Diego.
- <sup>31</sup> Tension exists between highland Malagasy and coastal Malagasy. Highlanders tend to have lighter skin phenotypes and trace their ancestry to present day Indonesia and Malaysia, while coastal groups trace

their ancestry to various places throughout East Africa and the Middle East. This tension is both racial and political, as memories of highland Merina invasions during the eighteenth century, when the Merina polity tried to exercise control over the entire island are fresh on coastal peoples' minds. Memories of the slave trade also contribute to the racial tension between coastal and highland groups. For even though both coastal and highland kingdoms sold and purchased slaves, darker skin Malagasy, most of whom live along the island's coasts, are more likely to be decedents of slaves.

<sup>32</sup> For more on sex work on the island, see Jennifer Cole, *Sex and Salvation*, 2010. Though her monograph largely addresses the competing lures of sex work and charismatic Christianity in the eastern coastal city of Tamatave, it portrays a clear picture of the kinds of decisions all youth, especially female youth, in Madagascar's cities are currently facing. In terms of the prevelance of sexual tourism on the island, Diego is probably the most popular destination. I have several accounts of women's struggles with sex work and human trafficking that did not fit well in this particular project. Their stories nevertheless bear witness to the obstacles young women, and mothers face, to feed their children in a troubled economy were sex work is sometimes the only remaining means available to earn cash to feed one's family.

<sup>33</sup> There is a sizeable population of Indian-Pakistanis living in Diego most of whom are decedents of families who have lived in Madagascar for multiple generations. They are one of the largest minority foreign populations in Madagascar, second to the French. Most are involved in commercial enterprises and speak Malagasy in addition to French. Racial tension exists between Indian-Pakistani families and indigenous Malagasy families because of Indian-Pakistanis collaboration in colonialist enterprises during French colonial occupation of Diego.

<sup>34</sup> In Malagasy, "Za mianatra fombagasy ndreky fomba fiterana, indrindra fomba kara mampiboaka tsaiky ndreky mampiravaka tsaiky ndreky mangadosa faneva." This event occurred in the third week of February 2012.

<sup>35</sup> His exact words in Malagasy were, "Izy mianatra fombagasy, misy maro!"

<sup>36</sup> My exact words in Malagasy were, "oui, kara zengy."

<sup>37</sup> I had conversations on a near daily basis with Malagasy who expressed to me their opinion that French people either do not want to, or are "not good at Malagasy," whereas they insisted that Americans learn really fast. I know of no other place in the world where Americans enjoy such a favorable reputation in terms of language abilities and sensitivities toward cultural practices.

# Chapter Two: Turning "Water Babies" into "Real Human Beings": Rituals of Blessing for Infants in Northern Madagascar

On a section of land outside the city of Diego Suarez on the way to Ramena beach, lies a hill, where dead babies, wrapped in special cloths called *lamba*, hang in hand-woven baskets from the trees. This hill, near the mangroves and old salt marshes, is just meters from the main road and stands out in contrast to the flatter terrain that surrounds it. On a walk from Diego to Ramena in search of the hill, Zafisoa and I weaved our way through neighborhoods instead of walking along the paved road that would take us from the University to the junction where you turn off to go toward Ramena. Most of the houses we saw were either new or under construction, and many of them were owned by *vazaha* (foreigners). The houses on the opposite side of the road were multiplying rapidly and threatened to eclipse what was arguably the most beautiful public view of Diego's bay. Residents were concerned about the growing number of new houses, especially given that the panorama of the bay these homes obstructed was one of the most sacred spots in Diego, the ancestral site of Nosy Lonjo. As we walked in between and around the maze of new housing, Zafisoa dreamt about having a house of her own some day and teased me about buying one since I am a *vazaha*.

As we came out of the neighborhoods and back onto the road, we caught a glimpse of Nosy Lonjo. It was a Saturday morning and down the hill from where we stood, we could see people wading in the water. They were walking out into the tide toward the sacred conical shaped island mountain where many of the region's ancestral spirits were thought to reside. Zafisoa told me this was the place where she had gone for a ritual bathing back in 2008 when she had been consulting a spirit medium about a problem she was having. "I remember," I said to her. "I would not do it again," she replied, "it's not of God, and besides, when I was in Lebanon

working as a maid, the problem I was having returned, so I could see that it was less of a spiritual problem, and more of a microbial problem." I understood by her statements that Zafisoa's faith had evolved through the years in such a way that rendered bathing at Nosy Lonjo ungodly in her eyes, and that led her to interpret the health problems she had been having as biomedical rather than spiritual, but I was not sure why.

As we continued past the junction toward Ramena, in search of the hill where babies' remains hung in trees, Zafisoa spoke quietly and cautiously and advised me to the same. "It's a discrete topic," she said. We spotted some people and made our way from the road to the sand below to speak to a group of fisherman leaning against their canoes near the mangroves that bordered the bay. There were some makeshift shelters set up and one man had noticeable sunburn marks on his face, but they were jovial and leisurely in their conversation with us. We asked about the hill with the babies' remains in baskets. They explained that people leave "zana rano" (water babies) in baskets when they die before they have teeth, or while they're still suckling. "It's because they are not yet full of bones," Zafisoa remarked, as she held up her bone-filled arm.<sup>2</sup>

We asked people all along the road about this hill and thus managed to collect several fragments of information before we reached our destination. We stopped to buy some *mofogasy* (rice cakes) from a woman at the top of the road who did not know where the hill was but believed that the location had been moved because "authorities now discourage this [type of mortuary] practice." Another man, who ultimately pointed us toward the right hill, explained that it was not *fady* (taboo) to go there and look around, and that it was his family's *fomba* (custom) to leave "water babies" there, but that he would rather not accompany us. He indicated that he did not want to "see their bones." This fisherman's statement was intriguing, given that most of

the people we met along the way insisted that these deceased babies did not have bones. In fact, the very man who was afraid to see their bones had previously described them as "*mbola rano*" (still full of water).

The fisherman's fear of seeing a dead baby's bones after he had articulated that babies of such a young age do not have bones is instructional. Malagasy do not factually understand infants to be full of water and empty of bones. The affirmation that young babies are still soft and watery does not stand in place of scientific understandings of babies' physiology--how they are conceived and grow, and that they have skeletons and organs; rather it provides a metaphysical description of babies, and a religious explanation for why some of them get sick and do not stick around. For when very young babies die, parents sometimes attribute their death to a spiritual cause. Perhaps the baby's spirit did not want to stay in the human realm, and decided to return to the watery ancestral world from which it came. Or perhaps the ancestors "took the child back." Even when parents blame congenital abnormalities or an intestinal or respiratory infection for the child's death, they may simultaneously understand there to be an underlying spiritual cause behind the "why" and "when" of these biomedical misfortunes.

This chapter is an exploration into a) Malagasy beliefs about the metaphysical origins of babies; b) the strategies that parents employ to shield newborns from bad spirits and other threats to their survival; and c) the celebratory ways by which parents mark their children's transition from water babies (*zaza rano*) into "real human beings." The infant mortality rate in Madagascar is astonishingly high. According to the World Health Organization's Global Health Statistics, 62 out of every 1000 children born in Madagascar will not make it to their fifth birthday (2012, 57). While I do not intend to propose any solutions for curbing an alarmingly high infant mortality rate, as doing so would reach beyond the scope of my expertise, I do aim to expose the obstacles

that parents face in their efforts to ensure that their babies survive and thrive. Lastly, I hope to provide a broader religious context in which to understand both the rites of protection that parents use to keep their babies safe from harm, and the ceremonies of blessing that Malagasy use to welcome babies into their respective families and communities.

When parents root babies in ancestral customs (*fombandrazana*), that is, in the rites of blessing that they themselves were bathed in as children, and their parents before them, they are remembering their ancestors as powerful. They are appropriating the past as something sacred to be preserved, and calling upon the next generation to do the same. Moreover, when parents bless their children by way of a traditional ritual, they are not simply continuing a legacy; they are constructing a legacy whereby they stand as the vital link between a powerful memory of the past and a visionary hope for the future. In this way, family legacies are strengthened through the seemingly mundane activities of parenthood. And when changes are made to the blessing rites that families perform, parents are not simply undoing; or even rewriting their ancestors' customs. They are building upon, and redeeming their traditions, in order to construct a future that will be as generative as the remembered past.

#### The Malagasy Life Trajectory (From Water into Bones)

Northern Malagasy use a variety of names to describe infants including but not limited to: *tsaiky*, *zaza kely*, *zaza mena*, and *vao-teraka*, which mean child, little child, red child, and newly born respectively. Of these the term "water babies" is most striking because it is less a visual description and more a reference to babies' spiritual or metaphysical composition. The softness of babies relates to the life-journey all Malagasy expect to take, a movement where one begins as a warm malleable body and progresses to the cold and hardened corpse of an ancestor. Scholars have described this Malagasy understanding of human growth as a journey from one's mother's

womb to one's father's tomb, a life course which moves from soft to hard, from maternal lines to paternal lines and from warm viral blood to the cold social order of the tomb (Cole 2001,74; Lambek 2003, 103; Bloch 1993, 1982, 1971; Huntington 1988). What this means is that Malagasy understand people to come into the world with an impressionable, indeterminate status. But over the course of a lifetime, as people marry, reproduce, and contribute to society, their status within their families solidifies and increases to the extent that in their dying might will leave an enduring legacy (symbolized by their bones in tombs, which their descendants will remember and care for). Since Malagasy trace descent patrilineally, one of the more effective ways to ensure that one leaves a legacy is to align one's self as an important person (or the relative of an important person) within a partrilineal ancestral family. Hence the phrase "womb to tomb," which refers to a person's increasing attachment to their paternal relatives towards the end of a lifetime. Thus far these "womb to tomb" theories have focused prominently on "the acquiring of bones" that occurs in adulthood and again towards the end of a person's life. What I hope to add to these theories is a description of the rituals of protection and dedication that Malagasy use to help new mothers and the newly born acquire bones. By doing so, I hope to fill in the gaps so to speak highlighting the importance of birth and giving birth as means by which people "acquire bones" and leave an enduring legacy.<sup>6</sup>

As stated in the introduction to this dissertation, the arrival of teeth in infants, represents a hardening of the bones, and is a highly anticipated event that marks the child's successful transition from water into bones or from the spirit world to the human world. This occasion is celebrated with a traditional blessing (*joro*) and haircutting (*mangadoso fagneva*); an adornment of jewelry upon the child (*mampiravaka tsaiky*); and a declaration of the baby, by virtue of his/her ability to consume solid foods, as a fully-fledged human being. The idealized body in

Madagascar is the one who transitions quickly from water into bones, and the one who is able to eat with the community. Taking part in a meal (*sakafo*) is an indicator of one's humanity and one's social and spiritual stability within the community, but cannot be achieved until children have bones, until they have in a sense solidified themselves within the family structure. Not all children, however, reach this developmental milestone.

Two women, one whom I interviewed and the other, a woman I interacted with on a daily basis, lost a child during my nine months of field research. One baby died of diarrhea, and the other of a respiratory infection. Both mothers spent many nights in the hospital and had utilized every means of religious and medical protection they knew to ensure their children's survival. This chapter highlights the religious contexts in which parents bless and protect their babies and incorporate them into their respective communities, and while many of these practices are joyful occasions, it is important to bear in mind that the other side of the equation is loss or the threat of loss, and that the stakes for protecting babies in a country plagued by poverty remain high.

#### The Importance of Water in Malagasy Cosmology

Given that the end-of-life has received more scholarly attention with regard to the "water into bones" metaphors than the beginning-of-life, I aim to flesh out in this chapter the waterier, softer, and more malleable aspects of a person's life as s/he moves from having an ungrounded and determinate status to a more defined status in her/his community. Malagasy describe infants as "still full of water" (*mbola rano*) and lacking in bones because they believe young babies to come into the world bearing a special connection to the spirit world, a spirit world that is often spoken about in terms of its proximity to, and association with, water. The term "water babies" takes on even greater meaning within the context of Malagasy beliefs about the significance of water in myth and ritual. As will be discussed in greater detail in subsequent chapters, water is an

important medium of blessing in Malagasy religions, but it is also a spiritual realm where ancestors, water deities and mermaids are believed to reside. Water is the source from which some have emerged, and a place to which others return. In addition to the story of how cattle arrived at Babaomby, a small island near Diego, there are still other accounts in Diego about group arising out of, and returning to, water's edge. One such legend is about a group of peopled called Anjeka, a subclan of the Sakalava, who are understood to be the product of a union between a fisherman and a mermaid (Jaovelo-Dzao 1996, 36). Many such narratives of this nature circulate. These myths not only serve to entertain the imagination; they also reflect the belief that water has mysterious spiritual properties both creative and destructive. As islanders, Malagasy peoples are drawn to water; they perform rites of baptism and renewal in water, but they are also sometimes afraid of water and occasionally drown in water.

For in addition to the many myths that Malagasy tell about life materializing from water, there are also stories about people losing their life in water. For example there exists a sacred waterfall north of Diego within Montagne D'Ambre National Parc where Malagasy Merina are forbidden from going, less they be drowned by angry ancestor spirits still protesting nineteenth-century Merina invasions into the north of the island. Through this *fady* (prohibition), residents remember the hegemonic history of Merina political domination and teach it to their children. Another example Malagasy give with regard to those who lost their lives in water, and the legacy their spirits leave in the lives of their decedents are about a type water dwelling *tromba* (ancestor spirit) called Antrandrano (water dweller spirits). According to anthropologist Michael Lambek, Antandrano possess people along the western coast of Madagascar from Mahajanga to Diego Suarez And they evoke what Lambek describes as a "dramatic and sentimental story with strong political implications" (1999, 92). After being pushed back to the banks of the Loza River by

Merina invaders, they jumped in the river and preferred to drown themselves rather than submit to Merina rule in their regions. Because Merina still play a dominant role in national politics on the island, northerners still resent Merina and their resistance is viscerally remembered in incidences of possession by these still angry spirits (Lambek 2003, 92).

Water, in Malagasy cosmologies, as is the case in many of the world's religions, is thought to be both a source of life and force of destruction. Consider the following legend recounted to me by a young man, in 2004, <sup>10</sup>

A long time ago, the Antankarana broke a lot of *fady* causing the Mahavavy River to dry up and lots of people died because there was no water. In a dream a *moisy*<sup>11</sup> received a request from the ancestors that a woman sacrifice herself, but all the villagers refused. After several weeks a woman of around sixteen years decided to sacrifice herself, so the villagers cut her head off and put her blood in the river bed. After the sacrifice, the river filled with water once again and that is why it is called 'Mahavavy' which means to become a woman.

Unpacking the full meaning of this particular religious story (*angano*)<sup>12</sup> would require me to delve into topics extraneous to this chapter. Certain elements of it, however, speak to two themes integral to our understanding of the Malagasy life-course, and thus to this chapter. Those themes are firstly women's vitality as those who sacrifice in order to bring new life into the community (women must become soft again in order to bring new life into the community), and secondly the power that water holds as a material medium through which life is both given and taken.

Communities in Madagascar are heavily reliant upon water for all sorts of essential activities from washing and bathing to fishing and crop irrigation. But such reliance creates a vulnerability that often manifests as a reverence towards the unpredictable and sometimes life-destroying fluctuations of water. This reverence compels Malagasy to be ever mindful of their actions, especially with regard to the breaking of *fady* (ancestral taboos) which can disrupt right relations with the earth and with the sacred powers that govern the earth.

In the case of the *angano* above, the breaking of *fady* disrupted Antakarana peoples' relationship to their ancestors, thereby cutting off the flow of ancestral blessings, which often comes to the living in the form of swelling rivers, fertile landscapes and pregnant wombs. And only a woman's sacrifice could restore the relationship between the ancestors and the living. Of course, this story could be read for its political implications as well. For in the delta of the Mahavavy River lies the SIRAMA sugar plantation and factory, a formerly French owned, now state owned operation whose owners and employers frequently disregard the regions fady with regard to working the land (Walsh 2002, 459; Walsh 1997, 315). Although the company does make financial contributions to the royal ceremonies performed by the Antankarana as a way of mitigating their disregard of the "Tuesday taboo," a contentious relationship nevertheless exists between the company and the land owners, called tompontany. Given these circumstances, it is possible to infer that the contemporary telling of this fable serves as a warning to employers of the company, migrant workers, and land owners alike about the possible ramifications of breaking fady. In this context, the woman's sacrifice to restore the Mahavavy River to its proper water levels is particularly ripe with meaning given that ancestors often work through the wombs of women to bestow blessings of fertility upon their descendants. Women are vessels of ancestral fertility, but under such conditions they are suffering and sacrificing much in order to do so. For they lack access to clean water, and their child are dying of diarrheal infections due in part to this lack of access to clean water, and the exploitative takeover of their land by irresponsible companies who ignores the ancestors' pleas to respect the fady (taboos) of the land.

Not caring for one's ancestors can be just as detrimental to human society as remembering them is powerful. Because forgotten ancestors are likely to become wandering ghosts (*lolo*) or vengeful sorcerers (*masoantôko*) who demand sacrifices of their descendants,

threaten the lives of the newly born, and in general insist that the memory of their contributions not be lost. For it is the process having a place within a community, and of having a seat at the table that gives ancestors the power to bless, women their status as mothers, and babies their humanity. Water babies are made human through their ability to take part in the social activities of the family. It is the act of giving them space around the eating mat (*lamaka*) which moves them from that of a watery ambiguous spirit world into the social organization of the human world.

Nearly all societies have criteria for when to confer the status of personhood upon infants -- criteria typically based on measuring development stages, on considerations about when life begins, or on recognition of a certain level of intelligence within the child. It is a commonly thought that delayed naming, delayed initiation of infants or a delayed conferring of the status of human on infants relates to a protective mechanism on the part of parents who refrain from forming attachments with infants until they know they are sure to survive. Though this theory certainly has merit, particularly in places where infant mortality rates are high, relying on psychological explanations alone prevents outsiders from seeing the rich religious contexts in which people think about, protect, and care for the newly living among them.

Anthropologist Gillian Feeley-Harnik's research in northwestern Madagascar suggests that babies do not become people until they are defined in relation to the communities bear them. She explains how a child in the womb is never referred to as such, but is instead called a thing or it ("raha" or "ity") rather than as a child (zaza, tsaiky). And interestingly, children who do not have a relationship with their fathers are sometimes called a thing or literally "a thing without a father" (raha tsisy baba) suggesting that a child's personhood is intricately connected with his to her being properly situated within maternal and paternal lines (Feeley-Harnik 2000, 160).

An American interpretation might frame the reluctance on the part of northern Malagasy to refer to fetuses as children as an indication that Malagasy do not understand life to begin at conception, or even at birth, but rather at some later point. However a closer look at Malagasy language reveals that "thing" does not necessarily mean non-living in the scientific or biological sense. Notions of personhood are significantly more complex. More likely, "thing" refers fetuses, or children, who have no place in society. The fact that older children who do not have a relationship with their fathers are also called "things" suggests that personhood in Malagasy society is not related to a particular moment in time when you are considered living, or to the place of origin from which you have come, but to your having social worth and the kind of social and spiritual security that comes from being firmly rooted among maternal and paternal kin. Babies are considered human when teeth come in, but they are not officially so until they use their teeth to participate in the act of eating – the activity which most makes them social beings. Teeth make them eligible, but it is the haircutting ceremony which effectively transforms and hardens them into humans by way of tying them to their maternal and paternal kin, and to their ancestors around the event of a communal meal.

#### **Malagasy Understandings of the Body**

In order to fully grasp how Malagasy parents care for "water babies" and other liminal beings (read fragile persons), it is first necessary to distinguish between Malagasy and American conceptions of the body. Many American ideas about optimal health and spirituality tend to borrow heavily from the notion of wholeness. In religion and medicine alike, the body is a bounded entity that functions well when all its inside parts are working in harmony with one another (Geertz 1983, 59). In the Malagasy context, hardness and enclosure, rather than wholeness, more aptly describe the idealized bodies mothers seek for themselves and the babies

in their care. Human beings are less understood as bounded individuals, but rather permeable beings whose lives coexist and mingle alongside other spiritual beings. Whereas healthy mind and body in an American context might involve establishing synchrony within the body, in a Malagasy context health involves balancing one's permeability so that one is open enough to the outside world, but not so entirely porous that one is overly susceptible to injurious invasions by roaming spirits.

Malagasy move in and out of these more permeable and more enclosed states throughout a lifetime and learn to guard themselves from harmful spirits when necessary, while also learning to open up when communication with the spirit world is warranted. Another way to shed light on Malagasy conceptions of the human self is to think of the body as less bounded by skin and more by outside forces. In his study of Fulani culture among the FulBe of Burkina Faso, American anthropologist Paul Reisman states that, "in Fulani thought the boundary between self and other, self and world, is located not at the skin, or even within it as we usually think, but somewhere out in the world" (Reisman 1992, 25). To return to a Malagasy context, Malagasy babies, very much like Fulani babies, must learn not simply to gain mastery over their bodily functions, but also mastery of themselves within the social and spiritual realms in which they find themselves. Other scholars (for example, Boddy 1989, 375; Geissler and Prince 2010) have documented similar notions of the body among northern Arabic-speaking Sudanese, Luo and JoUhero of western Kenya respectively, where the self is thought of as porous, and a shared and permeable composite rather than a bounded entity.

What is interesting for the purposes of this dissertation is that these dissimilar metaphysical understandings of the body translate into slightly different methods of infant care. For example, the majority of American mothers tend to focus on helping their babies transition

from a state of dependence to a state of independence which involves helping babies get on a sleeping schedule, helping them sleep on their own, eat food as early as possible (Small 1999). By contrast, many Malagasy mothers are more likely to prioritize protection of babies which involves keeping them close to their own bodies, quickly responding to the baby's needs, and sometimes dressing them in charms that ward off evil spirits until their bodies have become bone-filled and they have fully transitioned into the human realm who will learn to learn more mature ways of interacting with the spirit world.

While it is important to recognize societal distinctions, overinflating these differences has the potential to create a dangerous "us versus them" phenomenon, which has the potential to harm rather than bridge cross cultural understanding. Taking this into consideration, I attempt not to categorize Malagasy notions of personhood into either the over generalized American (read bounded and individualistic bodies) or African understandings (read permeable and communalistic bodies), but instead seek to give ethnographic examples of how Malagasy mothers describe their own bodies, and that of their children's bodies following childbirth and during infancy respectively.

The word most often used to describe women recovering from childbirth and infants of just a few months is *malemy*, which can be translated to mean soft or weak depending on the context. This softness contrasts with the words used to describe the bodies of healthy and older people who are often understood to be strong and hardened. This idea of moving from soft to hard, from something watery to something bone-filled means that personhood in Malagasy belief systems is not fixed, so we cannot say that persons are always permeable and dividual as compared with the bounded understanding of the body in American culture. Rather personhood is conceived of as a progressive state; infants move from something vital, soft and

impressionable to someone whose place in society is more fixed, determined and solidified. Moreover this progression can be interrupted when people experience illness or move from one state to another. Pregnant women become soft again, <sup>13</sup> like infants, in order to become childbearing woman who will bear the newest incarnations of ancestral *hasina* (power) into the world again.

#### Protective Measures for "Water Babies" and Other Soft (Malemy) Bodies

As a result of the softness and permeability of their bodies, both babies and new mothers experience a heightened sense of vulnerability toward invasions from harmful spiritual and bacterial infections. Thus Malagasy employ all kinds of protective measures to help them fight off attacks from evil spirits and survive their periods of fragility. Porous states can sometimes lead to undesired relationships between babies and roaming spirits which threaten the baby's ability to adapt to and grow in the present world, and the opening of and softening of a mother's body during pregnancy and labor reduces her ability to fight off illnesses and infections during her recovery period.

Infant care during the first few months of a child's life is thus centered on the protection of the child from illness and the prevention of, or severing of, unhealthy attachments with beings from other realms. Babies are protected in diverse ways according to the family's traditions, religious affiliations, and social status. Parents make use of vaccines, pills, herbs and amulets simultaneously, and consult medical personnel and religious specialists. But some of the more common *fombandrazana* (ancestral practices) include seclusion periods for mothers and babies; postpartum bathing for mothers; the use of teething buttons, and placing amulets (*aody be*) around infants wrists and necks; keeping young babies far from cemeteries; keeping mothers and

infants indoors after dark when evil spirits are more likely to roam; and placing knives under babies' pillows.

#### **Teething Buttons and Amulets**

Babies are guided through the precarious state of infancy with the help of teething buttons, amulets and other religious paraphernalia. Since the arrival of teeth marks a symbolic transition from water into bones, parents are preoccupied with speeding this process along – both ensuring that teeth come in fast and that the right teeth come in first. The celebratory haircutting ceremony performed after the arrival of teeth cannot be performed until the child has two bottom teeth. Upper teeth do not qualify. If upper teeth come in first, it is considered at best an anomaly, and at worst the child is thought to be something other than human. As Malagasy historian Paul Congo explained, "you should wait for the baby to have two lower teeth first, and then two upper. If the upper ones come in first, it's as if the baby is not human." When asked why, he described lower teeth as a "porte bonheur," or a good luck charm. And then, "when the baby has teeth," he said "it should be given a silver necklace." 14

The practice of placing teething buttons or protective cloth around infants' wrists and necks are common observances in northern Madagascar, however, they are not restricted to this region of the country. A Betsileo man from the east coast of Madagascar once disclosed his family's adherence to this custom as well. He reached down and touched one of the buttons on his shirt in order to explain how "people tie buttons around children's necks to help their teeth come in." He said, "babies get sick a lot before they have teeth, and the buttons help." He also mentioned that Betsileo collect a bit of hair from a wild animal, wrap the hair in black cloth and put in on the child in the form of a necklace. This also protects the child until the teeth come in. When I asked why buttons in particular were helpful, and how some of these things work, he

indicated that he did not know how they work and did not ask. "It's like that with *fomba* (customs). You do them even when you don't understand them," he concluded. Although some Malagasy had more specific explanations for why they used particular amulets on their children, this man's insistence that you do not need to know why certain *fomba* are performed was a common stance. For it is the act of observing one's ancestors' customs, even if one is not familiar with the logic behind them that ensures infants' spiritual security. Placing amulets imbued with ancestral power (*hasina*) around babies focuses parents' attention on babies care, and reminds parents that a child's spiritual health is intricately connected to the child's physical health. <sup>15</sup>

Teething buttons and amulets can be purchased easily at outdoor markets throughout Madagascar. Buttons are also simply collected from anywhere, and later imbued with ritual power. At most large food markets, there is a section for "Malagasy medicines" (*fanafodygasy*) where one can buy amulets (*aody*), growth medicines (*aody be*), herbal remedies, teething buttons and other talisman. <sup>16</sup> Parents can also obtain these ritual objects from *moisy* (traditional healers), <sup>17</sup> *mpisikidy* (diviners), <sup>18</sup> from *mpanindry* (traditional massage therapists) and *reninjaza* (traditional midwives).

Most of the visible protective amulets in Diego were made of black cotton cloth and contained some kind of powder or animal hair inside them that was meant to repel evil spirits (*satoany*) and ghosts (*lolo*). However, there were other amulets were also made of wood, from plant fibers, or from beads. <sup>19</sup> In Diego amulets were common to the extent that one could easily spot them around the necks and wrists of babies and other individuals on a near daily basis. Adults were amulets as well, but only when they were sick or experiencing some kind of vulnerability, whereas with babies, amulets were often used as a preventative measure,

regardless of whether the infant was showing any kind of distress.

One evening while waiting for a taxi-brousse to take me from Diego to the capital of Antananarivo, I stopped to talk with two women sitting in front of an outdoor transportation company counter. They had two babies with them and we began conversing. They asked me where in Diego I lived and how long I had been here. They asked if I prayed (mivavaka) to which I replied that I sometimes attended one of the Anglican churches in town. "Are you a missionary?" they inquired, to which I explained that I was not, but rather a student studying fomba fiterana (birthing customs). 20 The women appeared intrigued by this statement and began sharing some information with me about their babies. One of the babies, whom I was holding, was wearing a black piece of cotton tied around her wrist and had a string with a button tied around her neck. I asked the women about these things and inquired as to whether or not the baby had teeth yet. "No," replied one of the women, "that is why she is wearing the button." "Where can you buy a button like that," I asked. To which they insisted that you did not have to buy it, "you can just find one, even on the ground." "And the bracelet around her wrist" I inquired, "is that to chase away demons?" to which they replied affirmatively. The baby I held was much smaller and also appeared to be a little older than the other baby, who was fat and smiled a lot and wore nothing in the way of protective materials.

When babies appear too skinny or sickly, the pressure to buy protective bracelets and amulets grows. Amélie, a master's student at the University of Antsiranana, discussed this pressure with me. She indicated that so far she had resisted buying *aody* (ritual medicine)<sup>22</sup> for her one-year-old son Lawrence, even though many people have encouraged her to do so.<sup>23</sup> She questioned the efficacy and necessity of using *aody*. All three of the women at the *taxi-brousse* (bush taxi) station volunteered that they were Christian. One mentioned that she attended an

FLM (Malagasy Lutheran) church and another indicated that she attended an FJKM (*Fiangonana Jesosy Kristo eto Madagasikara*) church.<sup>24</sup> None of the women indicated that there was any kind of conflict between their use of amulets and their commitments as Christians, but this was not true of everyone with whom I spoke.

There was considerable disagreement among Malagasy Christians, as well as among Muslims, as to the appropriateness of using of amulets and aody be (ritual medicine) to protect infants against illness. Though many Christians and Muslims engaged in traditional methods for treating and preventing illness in infants, others considered the use of ritual medicines to be outside the bounds of appropriate religious activity. Some Lutherans, particularly those affiliated with the indigenous Fifohazana (revival) movement, as well as Pentecostals, and Seventh-Day Adventists, were more wary of ritual medicines and fombandrazana (ancestral customs) more generally. Instead, the aforementioned groups avoided participation in ceremonies that required them to engage with ancestor spirits. Instead of engaging with ancestor spirits, they chose a more dualistic spiritual cosmology centered on cultivating a relationship with Jesosy (Jesus) and dissolving all ties with other "demonic" forces. For Amélie, however, the decision not to use ritual medicines stemmed less from her religious commitments as a Catholic, and more from her desire to discern whether or not these "medicines" actually worked before using them. For Amélie, and others like her, a good relationship with her ancestors did not hinge upon her use/not use of ritual medicines for warding off evil spirits.

## Walking the Most Difficult Path

Among Malagasy for whom maintaining a relationship with their ancestors remains an important religious act, the task is nevertheless complicated. This is especially true for the parents of babies because babies are not yet grounded in their social worlds to the extent that

adults are. As a result babies' contact with the dead must be carefully managed. As Gillian Feeley-Harnik writes, "To separate from the dead is to live. To forget the dead is to die. But to recall them in ancestors is to walk a most difficult path between the two, brushing against death for life" (1991, 46). Babies are expected to separate from the spirit world in order to become human, but their ties to the ancestral world should never be completely severed. Rather they will learn to grow into a new kind of relationship with their ancestors, one that requires more intentionality on their part. Children are taught appropriate ways of making contact with the divine through prayer, dance, invocations, by paying attention to their dreams and by participating in family ceremonies where ancestors are invoked by ritual specialists called *mpijoro*. They must learn to walk this "most difficult path" of being open to divine revelations, without being overly susceptible to unwanted invasions from harmful spirits.

Mbola and Rajo, a Merina family from the central highlands who do not typically follow a lot of *fombandrazana*, once aborted their decision to move into the apartment in order to protect their children from the dangers of living too close to the dead. With two young children and another one on the way, they were looking for a slightly larger space for their expanding family. After several months of searching, they had decided on a place they liked. The small apartment unit they chose sat in a church yard and was near the neighborhoods where Mbola's parents and siblings lived. They reached an agreement with the landlord, paid a deposit, and made arrangements to move their belongings; however everything halted when the couple spoke of their plans to Rajo's parents.

The apartment shared a yard with the church's cemetery where local saints were laid to rest in large Merina-style tombs. As Mbola's sister Fitahiana related to me, "Rajo's parents didn't want them to live there because it is not good for babies to live near tombs, to live that

close to a cemetery. They will have bad dreams," she said.<sup>25</sup> In this instance, the spirits living around the cemetery were not considered evil, but they were nevertheless thought to be a potential threat to babies who have not yet learned the precarious but vital art of relating to the dead.

#### **Knives under pillows**

Knives, and other sharp objects, are also common ritual objects used to protect both new mothers and babies while their bodies are weak (*malemy*). One woman named Jacqueline described how parents sometimes keep a knife or pair of scissors under the bed where babies sleep. "When I was a young girl, I once saw a knife under my baby sister's bed and was going to remove it," she said, "but my mother cautioned against this, explaining the knife's protective qualities."<sup>26</sup> According to Jacqueline, pregnant women and parturients also occasionally rely on knives for spiritual protection. She explained that since people typically have to go outside to use pit latrines, women, especially mothers, sometimes feel a need to protect themselves against evil spirits, who are thought to be more prevalent at night and around the outsides of peoples' homes. She explained how women take a cotton tissue, which must not be made of nylon or anything that will melt instead of burn, and light it on fire and wave the smoke from the tissue around their breasts seven times, and then wrap the tissue around their arms. "This helps ward off evil spirits as the number seven is unlucky and will chase away these bad spirits away," she explained.<sup>27</sup> Roger, a park guide at the Ankarana nature reserve in northern Madagascar south of Diego, also spoke to me about this need for pregnant women to bring a knife with them when they bathe in an outhouse. He said the knife helps protect women from devils (*satoany*). <sup>28</sup>

My research collaborator Édith explained the use of knives as a means by which to keep babies' spirits inside of their bodies. As she put it, "babies sleep with a knife under their pillow

to help them fight off *lolo* (ghosts), because sometimes the spirits will try to switch the baby."

She went on to describe a sick baby whose mother had failed to protect him in this manner,

I once saw a baby in my hometown with a very large head, the baby couldn't sit and people said the mother didn't follow custom and put a knife under the baby's pillow. Now the mother of the baby is ashamed and she cannot bring him out of the house. I am afraid to see the baby, because it's sad. Some people say we should kill the baby because it can't do anything by itself, it will not have a normal life, but others say it's against custom to kill any person, so we need to care for the baby until it dies on its own. <sup>29</sup>

Although Édith's beliefs about the baby's illness were not necessarily the universal interpretation, her understanding that the mother's negligence caused the baby's illness is indicative of the kind of pressure put on mothers to tend to their children's spiritual needs, in addition to their biomedical ones. Moreover, her statements evidence the kind of blame placed on mothers when their children do not develop normally. And her final statement regarding the disagreement in the community as to what should be done with a baby who cannot function in normally society, reveals how challenging it can be to determine how best to care for suffering individuals, when no medical or spiritual solution presents itself.

The practice of protecting vulnerable people from evil spirits with knives or amulets is certainly not unique to Madagascar. It is encountered in societies throughout the world. Paul Riesman encountered this practice during his fieldwork in Burkina Faso. He wrote,

Another form of protection that is never omitted is a piece of iron, usually a knife. For the first weeks, and sometimes much longer, the baby will always have a knife, or at least a scrap of a knife blade, lying nearby. When the child is asleep, for instance, the knife will be placed near his head. The mother too carries the same protection. Whenever she goes out of the house, to wash or urinate, for instance, she carries her garjaahi (straw-cutting knife) tucked into her skirt at all times. And she is never allowed to be alone at all during the first seven days after giving birth. A companion goes with her to the bush when she needs to relieve herself. (Riesman 1992, 109)

Though the religious and cultural contexts in which knives are used in Madagascar and Burkina Faso certainly vary, the logic behind the use of knives remains the same; vulnerable persons, either because of compromised immunity, unhealthy levels of porousness, or the softness

(*malemy*) of their bodies, require specialized care that comes in the form of protective charms and tissues, knives under pillows, and in keeping vulnerable bodies indoors and away from cemeteries where spirits are less likely to roam.

All of the above mentioned protective measures (teething buttons, amulets, knives, etc) for soft bodies can be grouped under the term *fombandrazana* (ancestral practices) as Malagasy often describe them. By categorizing these practices in this way, I do not intend to suggest there is a homogenous set of ancestral practices that all Malagasy, or even all northern Malagasy follow. If any word can speak to a broader more homogenous set of cultural traditions that Malagasy observe, that word is *fombagasy* (Malagasy customs.) Alternatively, *fombadrazana* are inherited practices that draw people together as members of a particular family, lineage of ethnic-based ancestry. Though broad similarities exist in the way that Malagasy families protect vulnerable bodies, differences are also readily apparent, and differences serve as the means by which people mark themselves as unique. This is evidence in northern Sakalava's usage of cold postpartum bathing in lieu of the more common hot water bathing; or by the use of silver necklaces and coins, rather than gold in ceremonies of blessing, or by Amélie's refusal to use growth medicine because of her decision to raise her child in a more "modern" fashion.

Malagasy frame differences in terms of the "kindedness" (*karazana*) of people and are quick to point our variation in other peoples' customs (Feeley-Harnik 1991, 23-24). In the context of my own research, this came up in conversation about the length of postpartum seclusion, where some of my informants described Comorian Muslims as having more rapid recovery periods than indigenous Muslims groups like the Antankarana. It also came up with regard to the kinds of ritual objects used, namely the usage of silver versus gold coins in religious rituals by Zanifotsy Sakalava descendants (children of silver) versus Zafimena

Sakalava (children of gold). Lastly, conversations about difference came up among different groups of Malagasy Christian who spoke of the customs required of them as Malagasy people (fombagasy) versus the highly church-specific customs required of them as members of a particular church, for example, as members of the Pentecostal church Jesosy Mamonjy (Jesus Saves) which were described to me as "fomba Jesosy Mamonjy" (the customs of "Jesus Saves" Christians).

None of the aforementioned protective measures should be understood as merely magical or superstitious. For though many contain magical or superstitious elements, such practices contain religious elements as well. In Madagascar rituals medicines and amulets are powerful only in so far as they are invested with sacral power in the same way that a rosary becomes powerful only when invested with papal blessings, or a Tibetan prayer cord protective only once prayed over by a lama, or a mezuzah efficacious only when placed it its proper location. As religious studies scholar Vanessa Ochs writes, "it [the mezuzah] would be meaningless, curious, or even offensive when hung around someone's neck as jewelry, and not placed on a doorpost, where Jewish law says it belongs" (2007,105). In a similar manner, the pieces of black cotton cloth, animal air, pungent powders, plastic buttons can become invested with religious meanings when religious specialists imbue them within divine power, and teach parents how to properly use them in order to bless and protect the newly born. Such objects all serve to focus attention on the child, in the same way that a prayer focuses attention and asks for something to be done. And in these cases, it is the act of asking/adorning that is as important as the result.

As infants grow bigger and stronger, signs of their maturation, of their "hardening," begin to emerge. Their eyes start to focus, and they become more adept at holding their head up, grasping with their hands, and sitting by themselves. Their personalities become more

discernible to their families and their teeth begin to cut through swollen gum lines. As babies' grow and become more aware of their surroundings, a parallel process of awakening begins to unfold in their parents as well. When anxieties about infants' extreme fragility diminish, babies start to represent something more substantial to their parents. Parents begin to see in them fragments of the past, the particular ways in which they remind them of deceased family members and also certain potentials for a new kind of future. And in that moment parenting suddenly becomes less a sleep deprived and mechanical act of ensuring mere survival, and more an act of cultivating in children the kind of futures their parents hope for.

When baby Asmara's teeth came in, her mother Genevie shared the news with those around her. The decision to hold a haircutting ceremony in Asmara's honor was not inevitable or automatic. Haircutting ceremonies are far less common in urban areas like Diego, as compared with surrounding rural environments. Genevie began talking about it with relatives and friends first. She also had to decide whether she would perform the ceremony in Diego or in Nosy Be, which is nearer to where more of her extended family lives. When she ultimately decided to have the ceremony, and to do it in Diego, she waited to set the date, checking first to see if any of her nearby relatives from the countryside would be able to come. After hearing from them, she waited yet again, this time for a full moon, as life-giving religious activities are believed to be more successful if performed when the moon is reaching its fullness. The moment of marking Asmara as a "real human being" did not arrive instantly or spontaneously. Genevie planned for it, and what it would mean to her became clear to her slowly as she waited for the day to arrive.

#### **Asmara Becomes a Real Human Being**

When we arrived for Asmara's haircutting ceremony, family and neighbors were still gathering. Guests sat and visited and passed the baby around. Genevie's co-worker and friend

Jacqueline grabbed Asmara from one of her aunts and cajoled her by saying, "Did you know this is your day! Did you know that as of today, you are a real human?" People were coming in and out of the house including some neighbor children, Asmara's parents, her paternal aunt and another pregnant woman. Asmara's mother Genevie was preparing the *sabeda* (rice porridge mixed with milk and honey) in a large aluminum pot. She sent her *vady* (boyfriend), the baby's father, to buy some more canned milk. Jacqueline began stirring the porridge instructing Genevie on the appropriate amounts of milk and honey to add and on how to dole the meal out onto the serving platters. She made sure to portion out an even number of spoonfuls onto the platters. She counted eight, but said what was important was that seven spoonfuls were not added, because seven is an unlucky number, so it's better to stick with six or eight.

One of the baby's aunts began to bathe her in a bucket inside the house. She took off all her clothes and poured water over her head using a plastic cup. Then she sat Asmara down in the tub of water and washed her gently. Asmara splashed about happily in the water. The aunt then wrapped her left arm around Asmara in such a way that Asmara was both encircled by, and standing in, the cup of her aunt's left hand. Jacqueline brought *lambas* for all of the guests to wear, in particular for me, my husband Ben, and the other *vazaha* guests which included one other man besides us. Jacqueline indicated that it was not important that we wore them the entire time, just during the blessing (*joro*). Jacqueline and Genevie wore beautiful headscarves, wrapped tightly around their heads with long pieces flowing out from where the cloth had been tucked together. When the ceremony began, we all sat on a *lamaka* (hand woven straw mat) in the family's home facing east. Their home had a place for sleeping and another room for cooking and sitting. The room were the family had the *joro* was small to the extent that even though we were not a numerous group, our gathering had a fullness to it and our bended knees brushed up

against one another.

Genevie and the baby's father had wanted an elder to perform the blessing (*joro*), but none of the grandparents were able to come into town from the countryside for the ceremony. When everyone present realized this, they reassured Asmara's father that he was perfectly suitable to do the *joro* himself. He wore a red and green Rastafarian t-shirt and athletic shorts for the occasion. He looked very nervous, but spent some time rehearsing before the ceremony began. Some of older women who had more experience attending haircutting ceremonies advised him on what to say. When the room eventually grew quiet, he grabbed his baby daughter and sat her down in front of him. He took a leaf from a palm frond in his hand and dipped it a bowl of water that also contained a coin. He sprinkled water in all four cardinal directions and on the baby's head as he spoke. Asmara was reacting to the water that fell upon her head by pursing her lips, blinking her eyes and flapping her arms up and down. She did not appear at all disturbed by the water droplets that landed on her face and once caused her to sneeze as her father blessed her with his improvised *joro*.

After the blessing was said, Asmara played with the leaf as her father fastened a silver necklace around her neck. "Papa Asmara" then gave the baby some water to drink from the bowl he had for the blessing, and then poured some of the water over her head. Then he and Genevie also drank from the water and poured it remaining liquid over their heads.<sup>34</sup>

After the blessing, everyone went outside to eat *sabeda*. The family invited the neighbor children over and all present kneeled down around two platters and ate. Asmara's aunt held her and fed her overflowing spoonfuls of porridge. Jacqueline kept trying to hurry us along indicating that we were only to have a few symbolic spoonfuls and then turn the platters over to share with the ancestors (*razana*), but Genevie countered arguing that if we turned them over too

quickly, we would give them [the ancestors] all of it. "There will be too much left, "she said. So she instructed the children to eat quickly.<sup>35</sup> And then when everyone had had more than a token amount, we turned the platters over and stood up from the mat looking upon the overturned platters. Asmara's dad went back inside the house and returned with bowls of cookies and candy. He walked around offering the treats to those present. He made the children hold out their shirts and stuffed their pockets full of candy. He gave a piece of candy to Asmara who promptly put it into her mouth with the wrapper still on. Everyone laughed and commented that she did not yet know how to eat candy. Her aunt, who was holding her, took the piece of candy out of her mouth, removed the shiny wrapper, and placed it back in her mouth. She sucked on the piece of hard candy for a while and then spit it out onto her shirt. After the candy was passed out, we stood around the *lamaka* now covered with overturned platters of *sabeda* and silver spoons and watched as Asmara's father cut her hair and placed it in a bowl. Asmara looked at the bits of hair fell on her hands and arms. A little girl stood in front of her grasping at her fingers and cajoling her.

After her hair was cut, those of us who were friends and guests at the ceremony, as opposed to family, left and returned again for lunch to watch the baby eat a chicken leg, <sup>36</sup> the final part of the ceremony. The chicken had not yet been killed, but faced that fate sometime between our leaving and returning. When we returned for lunch, some sat down in chairs and others on an eating mat inside the house as we all watched Asmara struggle to hold the chicken leg. According to custom, the haircutting ceremony is not officially over until the baby is able to grasp the chicken leg in both hands and takes a bite. Asmara was eight months old, and had been sampling food for several weeks prior to the ceremony, even though the symbolism of the ceremony is such that babies are supposed to enjoy their first foods only upon the arrival of teeth

and at the occasion of the haircutting ceremony. In reality, however, most are fed sips of herbal teas, and homemade broths, long before they undergo the transition from suckling babes to solid food-eating humans. Asmara's relatives really wanted her to hold the leg with both hands; she finally was able to do this, but it took a while. Genevie said they would leave her with the piece of meat for the rest of the afternoon so she could get used to it. She grabbed other food items more readily; she grabbed bowls and handfuls of rice and messily crammed bits of food in her mouth. The other adults celebrated by enjoying a meal of chicken over rice with Fanta and other colas. The family had made two separate chicken dishes, one with a coconut sauce, and the other in a curried tomato sauce.

Genevie had been particularly intent on performing this ceremony for her first child. She had struggled to get pregnant for several years, trading partners multiple times in an attempt to find a match that would enable her to produce a child,

Genevie: Before I was not with Asmara's father (Papa Asmara), I was with another person who was a lot older than me. I wanted desperately to have a child (*miteraka*) but I could not get pregnant. Time passed and since I was getting older, I decided to visit a gynecologist (*gynécologue*). I told her I wanted to give birth (*za tehiteraka*). She asked me lots of questions like how old is your partner (*vadinao*)? Is he was white or black (*malandy sa joby*)? Has he had kids before? She asked me questions about all aspects of my life? So I explained everything, that I had never given birth, but that my *vady* had (*izy fa niteraka*) and that he was already old (*izy fa be*). Then the gynecologist gave me some advice. She said, 'You should change partners,' that I should someone younger. So I found someone younger, a man around the age of thirty. We were together for a year but nothing changed. So I returned to Madame Gynecologue and she put me on a treatment plan to help regulate my periods and told me to be with my partner on the fifteenth day of the month, but still nothing changed. When I returned again, she advised me to change partners yet again, this time to find someone even younger.

Author: That all must have been really hard.

Genevie: It was. And I had had abortions before when I was younger. That's the consequence, you see? Now when I want to have a child, God punishes me, I think. For a long time I looked and didn't find anyone younger, and then I found Papa Asmara.

Author: How old is he?

Genevie: He's 25 or 26 I think. So there's like a difference of five or six year difference between us which it too much for me! So we were living together. He was working and I

was working. And after a month like that, my cycle didn't arrive (*cyclenaka tsy navy*).<sup>37</sup> Thus with everything that Genevie had gone through to get pregnant, later in life, and at the right time, she felt it especially important to honor the occasion of Asmara's teeth coming in with a haircutting ceremony. She found it especially important not only for her child who had "crossed over," but also as a celebration of her own long awaited transition into motherhood.

As the celebration came to an end and guests began to leave, someone commented that Jacqueline, Genevie's friend and co-worker at the *lycée*, knew a lot about customs (*fomba*). To which Genevie added, "it is normal because she has already had children." But Jacqueline corrected her, "No, it's because I was raised by my grandmother." Jacqueline had encouraged Genevie to give her daughter a haircutting ceremony, both because she was a friend who was invested in Genevie's happiness and also because she sees herself as someone who will continue in the footsteps of her grandmother, who was a deeply spiritual person and guardian of Malagasy traditions.

For Genevie, motherhood had been a long awaited dream of hers, made more powerful and more real by the ceremony of blessing she performed for her daughter Asmara. And by way of invoking her ancestors to come and bless her daughter, Genevie positioned herself, and arguably the baby's father as well, as vital links between the past and future. In the introduction to this dissertation, I suggested that babies, as reincarnations of ancestors, are the crucial link between everything that has come before, and everything we wish the world to become. They are "the continuation of the ancestors" (ny fitohy razan) in both a spiritual sense and human material sense, but this takes on meaning only insofar as it has meaning for the parents of babies who see them as such. It is parents who must cultivate those aspects of the past that they want to continue, and turn away from those aspects they hope might disappear from human memory. Parents must tease out what it means to make babies human and what kinds of humans they want them to

become. They do not make these decisions alone or with ease, for the past (their ancestors) often beckons them to choose one course, while other messages from family, friends, popular culture and religious communities might persuade them to do otherwise.

#### The Ideal World versus the Real World

On a Saturday morning in February, I attended another haircutting ceremony with my research collaborator Zafisoa. The ceremony was for a cousin of hers and was to take place not too far outside the center of town in a place called Ambalavola would take place just outside of town. Zafisoa and I planned to meet at her house at five in the morning so we could walk, but I arrived late so we decided to take a taxi. When we arrived, the family of the baby was not ready to begin, which prompted Zafisoa and me to laugh at ourselves for having hurried. In the ideal world, ceremonies of blessing are to occur when the moon is reaching a fullness, and the water used for blessing should come from a fresh source and be fetched before the birds have flown across the morning sky, but in the real world, Malagasy parents sometimes perform ceremonies when it's convenient and with less than ideal sources. As one woman once explained, "there are no rivers in Diego, "so tap water will suffice."

As the family finished their preparations, Zafisoa and I waited at another house, where more of her cousins lived, until the hosts were ready for guests to arrive. We walked across a yard to the concrete porch of the house where we would wait. Children crouched on the veranda with sleepy eyes as their mother and grandmother prepared them for the morning washing. They invited us to have a seat in some chairs inside their two room home. It was dark inside and we watched through the sun filled open doorway as one of the little girls on the porch unbraided her hair. Her mother undressed her and poured cups of water over her. The mother scrubbed her daughter's hair with a bar of brown soap. The mother scrubbed it and rinsed it twice, and when

the girl was deemed clean, she stood up, her hair also standing up in all directions. Zafisoa spoke casually with her relatives and playfully to another little girl in the house who appeared to be around the age of three. The little girl was in her underwear and was also wearing purple soft plastic high-aqheeled sandals. Zafisoa teased her, speaking to her as though she were a grown woman. The grandmother of the house brought us some bread and made citronella tea from a plant that grew in the front yard. She gave me some dried citronella to take home, instructing me to "take it home all the way to America."

When the ceremony was ready to commence, the baby's family sent someone to call the rest of us over to the house. <sup>38</sup> There were about ten to fifteen adults at the ceremony, most of whom were cousins (Figures 2.1 – 2.4). The room was relatively empty of furniture. The *lamaka* (reed mat) had been laid in the center of the room, and several aluminum pots rested in a far back corner. The baby sat in front of his mother with his paternal grandfather on one side of the mother baby pair, and his paternal grandmother on the other side. Everyone else crowded around. We all sat in the direction of the sunrise as is custom in traditional religious ceremonies in Madagascar. Many of the women and men wearing *lambas*, but Zafisoa and I were dressed in plain clothing. The baby's grandfather gave the blessing while waving two green palm leaves. Just before the grandfather performed the *joro*, the baby's necklace had been placed in a bowl filled with water. The necklace looked older not like it had just been bought for the occasion, as Asmara's necklace had appeared. The family remarked that the necklace had indeed been in the family for a long time.

When the prayer was finished, the grandfather began snipping the baby's hair with scissors until some others told him, "that's enough" (*bas*) (Figure 2.2). The baby was alert, but he did not look content. He appeared confused, though he did not cry. Then someone placed in

front of the baby two piles of food that were each wrapped in a single folding of banana leaves. One portion contained rice, and the other a chicken leg. They fed the baby and helped him to hold the chicken leg (Figure 2.4). He ate a lot of the food. He was eleven months old. As the formal aspects of the ceremony came to a close, one of the women took the bowl that contained the water that had been used in the blessing and now fragments of the boy's hair and poured it in the crevice of a tree's trunk. Everyone agreed aloud that the water and hair should be disposed in a cool place and far from where dogs might disturb it. When she returned, everyone had begun eating some or the rice and chicken and talked among themselves. A younger man stood in the doorway and began shaving all of the baby's hair off. The baby had particles of hair all over his face and was growing fussy. No plates were ever turned over to be shared with the ancestors.

Zafisoa remarked on our walk back that into town, that haircutting ceremonies "are a much bigger deal in the countryside" as compared with the one we had attended just outside of town. "It's a big party," she said, "and people don't use scissors; they first take a few pieces of the hair in their mouth and pull it out with their teeth." Zafisoa seemed almost disappointed by the seeming lack of fanfare at her baby cousin's haircutting. Indeed many Malagasy, aside from Zafisoa, had expressed to me that *fombandrazana* (ancestral customs) were performed in a more prescribed manner as compared with cities. And while it was my initial observation of a haircutting ceremony performed in the countryside that led me to pursue this research, I ultimately decided to hone in on religious practices in an urban setting with the assumption that the religious diversity that exist in urban centers like Diego gives me a more complex picture of Malagasy religions as cities tend to be more cosmopolitan than their rural counterparts. Zafisoa's disappointment however is instructional. This nostalgia for a time or place when things were done in a more proscribed, or perhaps "traditional" manner, speaks to some of the

disappointment Malagasy have with urban living. For as much as many of my informants strove to be in their words more "modern," and as one women expressed, "to give her child a pure Christian environment," that in her estimation should have nothing to do with the "darker" cultural customs one finds in the forests of the Malagasy countryside; others, like Zafisoa, at times regretted what was lost in urban living – the lack of a sense of community and the lack of reverence for a "right" way of doing things. She lamented the casualness with which scissors came to replace the ceremonial way in which grandfathers had traditionally pulled out seven symbolic pieces of hair with their teeth.

Nevertheless, performing a haircutting ceremony in an urban environment like Diego, regardless of how real rather than ideal it may seem, enables families to claim a contemporary ceremony as traditional. In doing so they construct a legacy around the blessing of children that honors the "ways of their ancestors," a way which may or may not look starkly different from their modern and cosmopolitan life in the city. For what life in the countryside, or during the time of the ancestors was actually like, matters less than how it is remembered, and appropriated and imprinted upon the newly living in the present.

As we made our way back to Zafisoa's house, we walked past the FJKM church that Zafisoa had attended as a child. A woman from the churchyard called out to Zafisoa and spoke with her briefly. Then we stopped and visited with two of her friends at their respective houses along the way. While walking with Zafisoa, it seems that no matter where one goes in the city, Zafisoa always knows of a nearby friend or relative in whose home she may stop for a drink of water, or a chance to use the bathroom, or opportunity to catch up on the latest social news. For women like Zafisoa, who are not from Diego in the sense that Diego is not the home of their ancestors nor the place where they was born, but have lived there all her life, the landscape of the

town has nevertheless become invested with meaning for them. In some ways, Zafisoa's friends and family who also live in Diego, and the concrete places where she played, prayed and spent her childhood have come to supersede her ancestral lands in terms of their spiritual importance in her life. Zafisoa feels connected to her ancestral lands, but slightly less so than her mother. Through relations formed in the urban spaces of Diego and community affiliations, Zafisoa like many other second generation migrants to the city have found a new kind of belonging that relies less on shared ancestral lands and more on friendships, religious affiliations and rituals performed in urban courtyards. At one of Zafisoa's friend's houses, we stopped to get bag for my shoes, which I had removed because a blister had formed. We stopped and had some food at another of Zafisoa's friends' houses. The latter teased Zafisoa about when she was going to give her daughter, who was five at the time, a sibling. Zafisoa laughed arguing that she did not have a vady and therefore had no means by which to have another child. 40 Her friends countered, joking with her that *vady* (in this context: read "baby daddies") are easy to find. "I'm not just looking for any vady;" she replied, "I'm looking for a good one." After sharing some food and conversation, we left and continued our walking journey to Zafisoa's home.

I bought bananas on the way and offered some to Zafisoa but she declined. She indicated they bananas were not her favorite food and then told a story about how her father had once given her bananas for her birthday. Zafisoa's father had never really given her and her brothers birthday presents even though she had always dreamed he would. One birthday when she was around fourteen, he said he had a present for her. She was so happy and excited only to discover that he had brought her a bag full of bananas. Her heart sank in disappointment and she has never since been overly thrilled to eat bananas. She said "these particular bananas were nothing new because my father's family grew them in the countryside and we ate them often. They're the best

kind of banana, the best quality, but not worthy of a birthday gift for a daughter from a father on her fourteenth birthday."

Diego is a city of promise, but it is often a city of broken promises as well. For Zafisoa, her life has not turned out as she expected. As she put it, on one of our many walks through Diego neighborhoods, "normally my father would have given me land by now on which to build a house. Normally he would have remained married to my mother, but he did not, and he is raising baby twins now with another woman, and there is no money left for me." Ideally Zafisoa would not have been trafficked for three years to Liban in her effort to earn enough money to raise her daughter. Ideally, her boyfriend would not have left her after they had their first child and they would by now have another child, a little sibling for Sera. Ideally Asmara's mother Genevie whom we met earlier in this chapter would have been successful in getting pregnant, not as a teenager when she was not ready, but as an adult when the time was right. And ideally the haircutting ceremony for Zafisoa's cousin would have started closer to sunrise, but life does not unfold this way. And religious ceremonies, whether in the traditional past or in the contemporary present, never exist in the kind of ideal prescribed states we imagine them to.

Religious ceremonies are performed imperfectly, by mothers and young fathers, rather than old men, and with modern materials rather than ancient ones, but in the midst of this imperfection, people nevertheless find meaning, and perhaps precisely because of the imperfection they find new ways to honor the past, or to stray from the past, that the life they build might be closer to the idyllic vision they have in mind for themselves, their children and their children's children. For Malagasy are striving for a way of life that includes the ability to own land and a home, and to have access to the many accounterments of modern living, but they are first requesting their ancestors permission, and appropriating their blessing as they move

forward toward these goals. They are requesting that their ancestors permission and blessing upon their contemporary choices, because sometimes they lament what the world has become, the broken promises, the destruction of their cities caused by colonial and neocolonial corruption. Alongside their quests to be "modern" is the quest to re-cultivate something of what their ancestors strove for, which they remember as more good, more stable, more harmonious, more ideal, regardless of whether or not they actually were.

# Haircutting as a Redemptive Act

In the broadest sense, haircutting ceremonies are performed as a rite of passage to celebrate the life of a newly born child and to mark that child's transition from a state of liminality to a state of solidity within a human family (van Gennep 1908; Turner 1969). Parents give thanks that the child has "crossed over," and call upon their ancestors to come and bless the child that s/he might continue to grow into the full life of the community. But more than rituals of transformation, blessing and incorporation, these ceremonies are also performed, simply put, because they are tradition -- because "the ancestors dictate that we do so." For indeed keeping the traditions and customs of one's ancestors is one of the principle ways in which Malagasy maintain ties with their ancestors and with one another (Walsh 2002). In keeping fombandrazana (the traditions of the ancestors) participants forge powerful links with one another through their shared experiences, and through the commitments required of them as members of a common ancestral family.

Malagasy parents use haircutting ceremonies to reflect upon the ways in which their forbears have shaped them, and to teach their children something of the community to which they belong. By adorning babies with artifacts from the ancestral past, bathing them in blessed water, and cutting their hair, parents are shaping these newly minted humans into new kinds of

people who will pay attention to the world in particular ways (Jennings 1982; Davis-Floyd 1992). For as Theodore Jennings and Robbie Davis-Floyd both argue, in teaching people how to behave in rituals, you are also teaching them how to see and behave in the world at large.

Jennings writes,

The performance of ritual, then, teaches one not only how to conduct the ritual itself, but how to conduct oneself outside the ritual space – in the world epitomized by or founded or renewed in and through the ritual itself.  $(1982, 118)^{42}$ 

In rituals of haircutting in Madagascar parents are teaching children to turn over their plates and share their food with the ancestors. Even when young children do not first understand, orchestrators of the ritual are nevertheless instilling in young participants an embodied awareness that their lives are interconnected with, not only those whom they can see, but also with those whom they cannot see. Through rituals of blessing, grandparents and parents are teaching their children that *razana* (ancestors) are worthy members of the human family, who sit alongside them at life's important moments. And the ancestors' physical absence has a palpable, weighty presence.

Broadly speaking, practitioners of African indigenous religions make contact with the divine through invocations, dances, and songs, but the presence of the divine cannot be held onto indefinitely. Rather people must continually care for, and cultivate an openness toward the divine in order that gods and ancestors might speak to them, occasionally possess them, and offer their blessings and advice. Malagasy remember their ancestors through the relics they wear, the customs they maintain, and by inviting their spirits to come and dine (and sometimes dance) with them during family celebrations. In Madagascar, ancestors are invoked, but they also sometimes arrive spontaneously and without invitation, in descendants dreams, and in memories, which are triggered by familiar tastes, smells and sounds that the ancestors cleverly arranged for them to encounter. The ancestors, like any elders, have their say about how their progeny live their lives,

but as such, they can also change their minds. Ancestors in Malagasy religions, similar to other deities within African religions, are dynamic, temperamental, angry, forgiving and always on the move. They dance in and out of peoples' bodies, blessing and disrupting, inspiring and constraining. As Professor of Music and Anthropology Steven Friedson portrays,

[the gods] are always on the move, every arrival a departure, every being-there a being-away. To think that such an existence ever ceases to be in flux is an illusion nurtured by the desire for narrative assurance. This constant leave-taking imparts to Brekete a feel for that which is not there, an absence that echoes... (2009, 197).

Haircutting ceremonies inaugurate a new phase in babies' relationship with their ancestors, for when babies acquire bones their spiritual umbilical cord to the ancestral realm is severed. They must then learn new more mature ways of paying attention to, and maintaining contact with the ancestral spirits that reside in and all around them.

In haircutting ceremonies, parents teach to their children to pay attention to their ancestors, and thereby also teach them about what is sacred, held dear, and set apart in Malagasy Society (Smith 1996 [1987], 104; van Gennep 1908). For according to Jonathan Z. Smith,

The ordinary (which remains, to the observer's eye, wholly ordinary) becomes significant, becomes sacred, not simply by *being there*. It becomes sacred by having our attention directed to it in a special way. (Smith 1996 [1987] 104)<sup>43</sup>

And lastly, through haircutting ceremonies, parents do at least one more thing -- they demonstrate to their children how to remember. Rituals theorists have long pointed out that much of our remembering as humans is collective and embodied rather than merely discursive.

Malagasy educate children on their heritage not just by the stories they tell about certain figures within the family, but also by immersing them in the materials, customs, and taboos – in the "ways of their ancestors" if you will. Social memories, as opposed to individual ones, are cemented in us through the daily rituals we learn to perform, and through the rites of passage we undergo during life's major transitions. We as humans tell of our family and religious histories as

much through customs, habits, and ritual performances as through our spoken words (Lambek 2003; Shaw 2002; Cole 2001; Connerton 1989; Bourdieu 1977). In the same way, through rites of blessing for the newly born, Malagasy families create bonds with one another through the memories they share as the children (zafi-) of their ancestors. Rites of blessing for the newly born are salient occasions for communal remembering. Through them, participants collectively remember a bygone time – a way of being in the world that served their ancestors well -- even as they simultaneously dream of a world to come that might look better than the one they or their ancestors knew.

For these reasons, we might understand haircutting ceremonies as practiced by urban Malagasy families in the twenty-first century as redemptive acts. In their respective works, scholars of ritual Mircea Eliade and Evan Zeusse both draw attention to regenerative and restorative nature of religious rituals (Eliade 1954; Zeusse 1987, 417). The notions of regeneration and restoration speak to the desire on the part of ritual orchestrators and participants to restore, or return the contemporary world to a more perfect harmonious order. Though haircutting ceremonies may certainly carry elements of participants desire to restore and regenerate, I find the term redemption to speak more aptly to the kind of revisioning of the past that parents do in rituals of blessing for the newly born. For such ceremonies allow participants to join the remembered past (in the form of ancestor spirits whose customs and dreams still press upon living) with the imagined future (in the form of newly minted human beings who will be encouraged to live according to the aspirations their parents and their ancestors have for them). As poet Joy Harjo expressed in her poem about the kitchen table, the act of eating at the table, or in this case, a child's first symbolic meal with the family upon a tradition reed eating mat, enables Malagasy to establish a hallowed space where "children are given instructions on what it

means to be human" and where "our dreams drink coffee with us as they put their arms around our children." When Malagasy fasten heirloom necklaces and bracelets around their children, and pour holy water over their heads, they are inviting their ancestors to be present in the making and shaping of the next generation, and also calling upon their children to be mindful of the past in their forming of the future.

According to African historian Nancy Rose Hunt, the challenge is to see traditional rituals (like Malagasy haircutting ceremonies), not as "static articles of culture," but as acts of history that heal and restore. In her discussion of *libeli*, a male puberty ritual performed in the Congo during the Belgian occupation, Hunt described the challenge "to imagine *libeli* as history, as the work of healing and restoring, or recomposing wealth and power, and calming the anger of the ancestors in the face of unspeakable violences and humiliations" (Hunt 1999, 76). Hunt imagined *libeli* as it was practiced during Belgian occupation of the Congo less as a lingering tradition and more as a very timely way for Congolese families to maintain control over the making and shaping of their boys into men at a time when many felt they were quickly losing their children to a colonial regime that sought to turn them into low wage laborers and colonial subjects. *Libeli* was restorative because it enabled families to regain control over the reproduction of their children, in both tangible and symbolic ways.

In light of her interpretation, we might also understand haircutting ceremonies in Malagasy religions to be both restorative and redemptive acts rather than as static articles of culture. For they too are a timely means by which families claim their children and ordain them for the task of living according to the ideals of their ancestors established. In this way, the contributions of their ancestors are remembered in rituals, and thus redeemed, despite the many

ways in which *fombandrazana* have been disrupted through colonial interventions, the pressures of modernity, and Malagasy desires to innovate.

Ceremonies that invoke ancestral blessing upon the newly living are religious act that recall the past as abundant, or in the least, recall the past as something worthy of partial continuation. And even as Malagasy mothers struggle to have access to a way of living that might will look different from the way their ancestors lived (as we shall see from their stories in Chapter Four); they also sometimes lament the loss of what their ancestors were working for which some people remember as a more prescribed way of living, where reciprocity and community where emphasized, where land was owned by one's ancestors, and not be the *vazaha*, and where land was bequeathed to daughters and sons by their fathers. The modern world has not made it possible for all the world's citizens to equitably access the material goods, natural resources, and new technologies associated with modern living. When Malagasy mothers perform traditional religious ceremonies for their children, they do so not out of a longing to return to the past, but in the sense of hoping for a future that will not be filled with broken promises, a future that will include the ideals their ancestors worked for alongside the comforts of modern living and the religious ideals they have as Christians, Muslims or observers of fombandrazana. They long for a Madagascar where farming has not become a form of cash cropping that makes people too poor to feed their children, a world where hospitals are actually full of the kinds of medicines and labor support persons that make women feel safe during childbirth, and a world where women do not have to turn to prostitution or indentured servitude in order to finance a viable future for their children.

While it might not be possible in this project to pinpoint the exact origins of the haircutting ceremony, we do know ceremonial haircutting in Madagascar to be more than a few

generations old. And yet, despite professions that the practice is an ancestral custom, the ceremony as it exists today might be described by its contemporary trappings as much by its traditional ones. Scissors have come to replace knives and grandfather's teeth; cans of evaporated milk and plastic wrapped candies have made their way into the holy meal; Rastafarian-shirt-wearing fathers, in lieu of ritual elders, can perform the liturgical speeches (*joro*); and imported Asian-made *lambas* form the attire of those present. Nevertheless, some continuity exists, and it is this continuance which in part gives the ceremony its legitimacy and weight. For when "Papa Asmara" invoked his ancestors and blessed his daughter, he both continued and updated a well established custom and thereby linked himself and his daughter with others who have observed the practice before them. As Gillian Feeley-Harnik notes,

the practice of invoking ancestors by saying their names dates back to at least the 1840s if not earlier...When Sakalava *mijoro*, they call on the ancestors and sprinkle water' (*Mijoro Sakalava – mikaiky razana, mitsipiky rano*). A white dish (*sahany*, from Swahili *sahani*)- Clean!, as people most often describe it –is used to hold the water. Fresh green leaves are added and sometimes silver coins. (1991, 47)

And in addition to the long history of *mijoro*, there also exists a long history of marking birth in ways that bear continuity with contemporary Malagasy birth rituals.

Based on two separate accounts, one from the foreign secretary to the London Missionary Society (William Ellis), and another from an early twentieth-century explorer, both make mention of some elements within Malagasy birth rituals that still exist today. Their descriptions are a testament both to the ways in which birth rituals have changed over time, and the ways in which they have maintained some continuity as rituals are known to do,

After the birth of an infant, the relatives and friends of the mother visit her, and offer their congratulations. The infant also receive salutations, in form resembling the following: 'Saluted be the offspring given of God! – may the child live long! – may the child be favoured so as to possess wealth!" Presents are also made to the attendants in the household and sometimes a bullock is killed on the occasion, and distributed among the members of the family. Presents of poultry, fuel, money, etc, are at times also sent by friends to the mother...At the expiration of that period [of post-partum seclusion], the infant, arrayed in the best clothing that can be obtained, is carried out of the house by

some person whose parents are *both still living*, and then taken back to the mother. In being carried out and in, the child must be twice carefully lifted over the fire, which is placed near the door. Should the infant be a boy, the axe, large knife, and spear, generally used in the family, must be taken out at the same time, with any implements of building that may be in the house: silver chains, of native manufacture, are also given as presents, or used in these ceremonies... (Ellis 1838,149-153)

A week after childbirth the mother is ready for the birth ceremonies. Relatives and friends ad those who wish to get acquainted carry presents of rice, honey, meat poultry and ornaments and garments for both mother and babe. An ox is killed and there is a feast and a procession of eaters, celebrants, musicians and even children. A record is made of the gifts and of those who gave them as they are to be returned as soon as a birth occurs in the giver's family...Hundreds join the festivities and the conclusion is a dance, the feature of which is the competitive dancing of the father and an uncle of the babe. The father is told that if the uncle beats him in the trial, baby and mother will be taken from him and given to the winner. This is never done, for the father enters into the fame with all his might and his relative lies down, so to speak. (Osborn 1924, 279)

The tradition of giving gifts to the baby and mother postpartum, of dancing and feasting with relatives and friends, of decorating people and spaces with heirloom silver chains, and lastly, of having a playful competition between maternal and paternal kin over the affiliation of the child continues into the present. Though I did not encounter any "mock" kinship contestations in any of the ceremonies I witnessed, Gillian Feeley-Harnik documented these "mock battles" in her research among northern Malagasy, which means that they at least continued through the nineties if not into the present (2000).

Malagasy rites such as this one become traditional not when the details of how they are performed remain unchanged throughout the centuries, for they never do, or when the meanings associated the ritual become uniform, for they never are, but when the act of holding such a ceremony enables families to remember the past as good. As British Anthropologist Paul Connerton proclaims, the repetitive and repetitious nature of rituals implies continuity with the past, but "[rituals] do not simply imply continuity with the past by virtue of their high degree of formality and fixity; rather, they have as one of their defining feature the explicit claim to be commemorating such a continuity" (Connerton 1989, 45, 48). For rituals, though repetitive and

based on a model, are also often as marked by improvisation and invention as by statisticity (Ochs 2007; Drewal 1992). Most *fombandrazana*, at least in their current manifestations, are more recent rather than ancient, preoccupations, but it is their nod to the ways of the past that gives them their authority, relevance and weightiness in the present.

## Making Girls and Boys into Women and Men

I have thus far described a particular ceremony of haircutting in Madagascar called *mampiravaka tsaiky* as one of the processes by which *zaza rano* (water babies) are declared human. There are of course other ceremonies of blessing that Malagasy perform for their children including Christian baptisms; Islamic haircutting ceremonies, which look different from the haircuttings that I have thus far described; and circumcision rituals to name a few. I should note that the parents of babies in Diego Suarez may perform only one of these rites of blessing, none of them, or a several of them contemporaneously. I decided to hone in on this particular ritual (*mampiravaka tsaiky*) in my research for several reasons. First, it was the ceremony most often mentioned to me by my informants when asked about rites of incorporation for babies. Secondly, and perhaps more importantly, I chose to focus on the *mampiravaka* blessing rite because is as important for baby girls as it is for baby boys, whereas circumcision ceremonies which have been more thoroughly researched, the most well known ethnographic account published by Maurice Bloch (1986), only has relevance for baby boys.

In the ethnographic literature on Malagasy religions, men's movements through the life-cycles of birth to death to ancestorhood have been predominantly privileged (Bloch 1992, 1986, 1982; Huntington 1973). But baby girls, like baby boys, are also on a journey toward becoming ancestors. Both genders are learning to move from the spirit world to the human world and from human world to the spirit world once more. There are of course particularities in the way that

Malagasy women and men experience the maturation process and we must focus on these particularities as much as we focus on the universals. For example, while the haircutting ceremony is important for all babies regardless of gender; we could argue that it is the experience of being circumcised and thus welcomed into manhood that matters most for men, whereas the experience of giving birth is what stands out for women as a penultimate moment of meaning in their lives. What we cannot afford to do is to make generalizations about the Malagasy life course based exclusively on men's movements through the life-cycle (e.g., birth, circumcision, fatherhood, death, ancestorhood). 45 As I have articulated in earlier sections of this dissertation, it is true that circumcision ceremonies and funeral ceremonies in Madagascar can look like male triumph over female vitality (Bloch 1992; 1982) especially when analyzed from the perspective of what men do in these ceremonies and what men do to women in these ceremonies. But remember a goal of this project is to see with and "stand with" women rather than to simply look at them as objects to be triumphed over (Bynum 1984). And when we see with Malagasy women, and begin to unpack the rituals that are most important to them (birth, puberty, childbirth, motherhood, marriage, death, ancestorhood), we start to understand the Malagasy life course a little differently.

## **Conclusion: Adding Nuance to the Malagasy Life Trajectory**

An investigation into the birth rituals and postpartum religious ceremonies that Malagasy practice adds nuance to the "soft to hard," "maternal to paternal," and "blood-filled to bone-filled" life-journeys scholars like Bloch (1982), Cole (2001,74), and Huntington (1988) have described. As stated, much of the research behind these models focuses primarily on 1) the "acquiring of bones" that occurs in adulthood and, 2) on men's movement through the life cycles of birth, circumcision, and death leading to ancestorhood. Though these models have accurately

portrayed the life-journey as progressive (people move from a state of social ambiguity toward a state of social fixity), it is important to bear in mind that such social progressions are not always linear. And Nor does a person's "hardness" arrive suddenly in adulthood and once and for all; rather bodies often vacillate between softer and harder states until one reaches the ultimate goal of ancestorhood.

For women, vacillation is especially common, as women move in and out of soft states in order bear the next generation of descendants. For if "acquiring bones" is about finding one's sense of place and worth in one's family, we could argue that for women, the act of becoming a mother invites them to reflect on their place in society in new ways. Because Madagascar is a predominately patrilineal and patrilocal society, women, more than men, enter into new ancestral lineages through the procreation of children. Therefore their "acquiring of bones" is a less determined, more flexible, and more divided process as compared with men's. For when women carry the next generation in their wombs, they are bearing the reincarnation of multiple lineages within their bodies, and must incorporate the customs of all of these lineages in order to best transition themselves and their babies from a watery to a "bone-filled" place within their social milieu.

Of course, women are not the only ones in Malagasy society for whom the "womb to tomb" metaphor does not cleanly fit. Gillian-Feely Harnik has emphasized that childhood affiliation in Madagascar is not always as clear as customary dictates would have us believe. Whether male or female, who children belong to is more complicated that the sacred myth that northern Malagasy tell about how God came to decide that children would belong to their fathers (read paternal kin) and not their mothers (read maternal kin) (Feeley-Harnik 2000, 135).<sup>47</sup> In reality, families do not always remain intact, and children move back and forth between

relatives. People do not always grow from having a closer connection to their maternal kin toward a closer connection to their paternal relatives even if this is the stated ideal.

When families have playful contestations over who their children belong to in haircutting and other rituals, they are demonstrating not that fathers always wins (womb to tomb), but that a person's connectedness to maternal and paternal ancestries will always be web-like and contested. Ideally, maternal kin will always assert their say over best to raise a child, even if/when the paternal relatives' customs take precedence. Over the course of a life time, Malagasy dance between a network of family connections and obligations throughout a lifetime, and this process begins at birth.

In the chapters that follow, we will see these nuanced life-trajectories play out. We will see that Malagasy women do not always remain in relationship with the men with whom they bear children, sometimes children die prematurely, sometimes couples fail to conceive, and sometimes family disagreements over how best to raise a child create permanent fractures in what would be the child's social safety net. Sometimes fathers (and less frequently mothers) abandon their children, and almost always men and women are struggling to find their places in their families in an economy that does not always allow them to contribute to their families in the way they are expected to do so. Thus they abandon, and are abandoned, and they create new ties. Sometimes their sense of worth and place in society is tied more to their religious community that to their ancestral family. Children are caught up in all of these struggles, yet ceremonies of blessing try to preserve the hope that something more harmonious might be established in order that the child might be blessed.

#### Traces of Closure and Loss on the Hill

As Zafisoa and I made our way closer to the hill where babies' remains hang in baskets from the trees, we passed some *omby* (cattle),<sup>48</sup> a security check point where police officers wished us well on our "*marche sur pieds*." We passed others walking along the road, some with things in toe -- a basket on the head, or in hand. There were a couple of women washing in a portion of the bay water to the right of the road, and two workers who said they were from Fianarantsoa repairing a section of broken pavement in the road. We walked, the sun bore down. We drank some water.

Finally, we saw the hill (Figure 2.5). It was a haunted, sad place. There were a lot of baskets, both in the trees and on the ground (Figure 2.6). They seemed to endure for a much longer time than the bodies of the babies who had been contained within them. There were remnants of nearly everything of what these young lives could have been: newborn clothes strewn about, pieces of *lamba*, baby blankets, a stuffed animal, and piles of rocks that looked like small tomb stones. Perhaps some people do bury their babies there, or perhaps they simply leave their little bodies under piles of rocks. We saw the top of a "sippy cup," a knitted sweater, two bottles, a mosquito net, a bag with some medicines and a syringe inside, and some bones (Figures 2.7-2.9). Most of the baskets had nothing in them, except the remaining *lamba* in which baby's body had been wrapped. There was one *lamba* on the ground that looked to still contain the remains of a baby. And there was another one tied to the branches of a tree. It too had the shape of a swaddled baby and a pungent odor wafted from it. Another of the baskets contained bugs, shells, and tamarind fruit that the tree had shed into the basket: no sign of a deceased infant. A lot remained, but it was in disarray. The coastal winds blew everything about. The tide came in and out, leaving shells, and taking all else that found its way down the hill, close enough to the water's edge to be consumed by the engulfing tide.

There was tangible loss on the hill, but a lot of the loss was simply alluded to, by the absence of what should have been. There were no mothers, no fathers, no breasts with leaky milk, no warm coddling arms, no older siblings to coo at these little ones who had left their families too soon, just tattered underpants and broken toys, withered baskets and shreds of cloth along the sand. There were baobabs and tamarind trees and little spiny bushes that scratched my legs. It was hot, sad, but not always terribly so. For it was clear from how these babies had been placed, and the object their families left behind, that these departed ones had been loved by someone, both in their living and their dying. The hill was not proof that "water babies" are not worthy of being buried in the family tomb; it was proof that the departure of a "water baby" was a different kind of loss, a loss not of someone whose legacy would be remembered in their bones but a loss in terms of a potential. This kind of loss required a different kind of mortuary care, and a different kind of mourning. Zafisoa said people probably leave their babies here in order to try to and leave it all behind, the medicines with which they tried to heal their babies, the toys with which they tried to comfort their sick little babies, the mosquito nets with which they tried to protect them. They, the mother, or perhaps the mother and father, carefully and delicately wrapped up these precious things and left them in a tree, not in the ground, but safe in a tree. Time, and the earth's elements will dissolve the materials, as well as some of the pain, but the loss will remain.



Figure 2.1



Figure 2.2



Figure 2.3



Figure 2.4



Figure 2.5

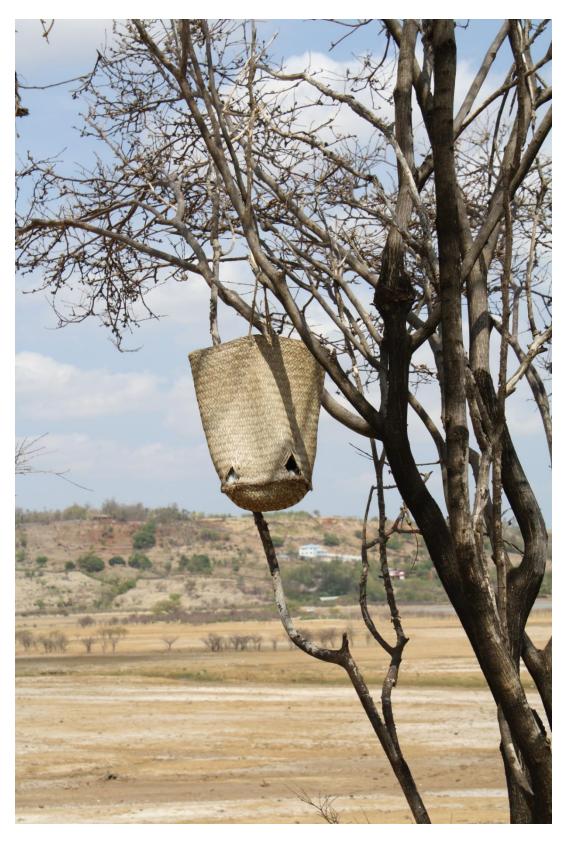


Figure 2.6



Figure 2.7



Figure 2.8



Figure 2.9

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<sup>&</sup>lt;sup>1</sup> Most basically, *lamba* refers to the clothes that people wear. More specifically however, Malagasy use the word *lamba* in reference to the rectangular shaped wraps that people wear around their waists, or under their arms. The term also denotes the shoulder mantles that highland royals and commoners wear as a sign of their status and/or affiliation with a particular group or family. There are many different kinds of lamba throughout Madagascar, thus the word is often accompanied by a modifier. Historically lamba were hand woven from raw materials including from "raffia leaf, bast, cotton, or indigenous 'wild' silk (Borocera)" (Fee 2013, 26). Today, Malagasy use the word to refer to all kinds of ceremonial cloths and wraps made of both local and imported dies and materials. According to Fee, the traditional colors used in the production of *lamba* were red, blue or black, yellow and white which "relate to cosmological systems and the powers of cardinal directions, people, and things," but modern versions of the cloths referred as lamba often come in calicos, and many other vibrant colors (2013, 26). Modern lamba sometimes have Malagasy proverbs printed on them and are often imported from Asia. See Rebecca Green, "Lamba Hoany: Proverb Cloths," 2003. Different kinds of *lamba* were, and are still used today, as everyday clothing; to wrap the dead; as gifts from royalty and esteemed political figures to foreigners; and also by women to carry babies on their backs; and lastly, in the example I provide in this chapter, to wrap around the bodies of young infants who die prematurely. For more on the history of cloth/clothing in northern Madagascar, see Gillian Feeley-Harnik, "Cloth and the Creation of Ancestors in Madagascar," 1989. Also see Lesley Sharp's (1993) description of various regional garbs throughout Madagascar, including details about clothing styles in coastal and northern parts of the island. She writes: "The coastal areas are humid and tropical, and all around the rim of the island men and women wear body wraps made of brightly

printed cloth (called a *lambahoany*). Among the Sakalava this consists of the kitamby for men, which is a waist wrap worn like a sarong, and for women, a salova (salovana), which is wrapped around the waist or chest, and kisaly, draped over the shoulders or head. This style of dress is very similar to that worn by Sahil of the East African coast." *The Possessed and the Dispossessed*, Lesley Sharp (Berkeley: University of California Press, 1993), 57.

- <sup>2</sup> Zafisoa. Personal Interview. October 29, 2011. Her words in the original French were, "C'est parce que ce n'est pas plein de l'os."
- <sup>3</sup> Northern Malagasy explained this view (that the ancestors took the child back) to Anthropologist Gillian Feeley-Harnik. See Gillian Feeley-Harnik, "Childbirth and the Affiliation of Children," 150.
- <sup>4</sup> Attributing illness and other incidences of misfortune to spiritual causes is common and widely documented in many societies throughout Africa. See Ashforth 2000; Bockie 1993; E.E. Evans Pritchard 1937.
- <sup>5</sup> Though I have listed the most common names used for infants/babies in northern Madagascar specifically, it is well documented that Malagasy in other regions (including in central and southern Madagascar) describe newborn babies in similar ways. See Maurice Bloch, "Zafimaniry Birth and Kinship Theory," 123. Also see Richard Huntington, *Gender and Social Structure*, 31.
- <sup>6</sup> Maurice Bloch (1993) similarly argues that Malagasy "acquire bones" not just in their dying, but in their producing of children for the patrilineage which he refers to symbolically as "house building." His analysis, however, does not include ethnographic accounts revealing the messiness of such a process given that couples do not always stay together and mothers sometimes have children with multiple partners. Not all children are seen as equally "legitimate" within families. See Chapter One (p. 64).
- <sup>7</sup> The arrival of teeth is an important developmental milestone in many societies, including in American society. In their respective ethnographies, Paul Riesman and Alma Gotleib note that Fulbe and Beng parents are exceedingly anxious about teething (Gottlieb 2004; Riesman 1992), just as Malagasy parents are. Gottlieb points out that Beng parents use teething necklaces to ensure the proper development of teeth (2003, 223). And in the contemporary American context, there is an increasingly popular practice of having young babies wear teething necklaces made of amber. In the American context, parents believe the necklaces to reduce pain in their children.
- <sup>8</sup> For more on water as a medium of blessing, see Chapter Three.
- <sup>9</sup> This story about the waterfall in Montagne D'Ambre National Parc was told to me by my friend Camellia, whose childbirth story appears in Chapter Four. She is a tour guide of the park and gave me one of my many tours of this beautiful forest during my fieldwork from September 2011 June 2012.
- <sup>10</sup> This story was first told to me by Heriniaina and later by other members of his family including his sister Zafisoa, and their mother Madame Serafina with whom I have stayed on multiple occassions on my many trips to Madagascar.
- <sup>11</sup> *Moisy* is most often translated to mean "diviner" or "spiritual healer." There are other Malagasy words for healer-diviners including *ombiasy* and *mpisikidy*.
- <sup>12</sup> Angano is often translated to mean a "fable" or "tale."
- <sup>13</sup> One of the reasons pregnant women are seen as becoming soft again is because their social standing must be negotiated when they become mothers and must consider their place in their husband's family in addition to natal families. Pregnancy and early motherhood makes women vulnerable to medical and spiritual illnesses until their bodies heal and they become stronger and more firmly grounded in their new social roles as mothers. Also see Chapter Three with regard to religious ideas about women being overly open and vulnerable post childbirth.
- Paul Jaoravoava. (Paul Congo) Personal Interview. January 3, 2012. Necklaces for infants are passed down in families and used by siblings and cousins. Sakalava families either use silver or gold depending on their sub-clan whether or not they are children of silver (*zanakafotsy*) or children of gold (*zanakamena*). For more on these gold and silver distinctions, see Gillian Feeley-Harnik, *A Green Estate*, 26-27.

<sup>16</sup>Fanafody means "medicines," and Malagasy distinguish between different kinds of medicine. Fanafody-gasy refers to Malagasy medicines, which include herbal medicines as well as ritual medicines, while fanafody vazaha refers to European and foreign medicines, mainly pharmaceutical drugs. Lesley Sharp defines fanafody as "any substance that can bring about a change in an individual's state of health – be it beneficial or harmful" (1993, 205).

<sup>17</sup> There is some evidence that the word *moisy*, meaning diviner, (also sometimes spelled *moasy*) indirectly comes from the Swahili word *mwasi* (Jaovelo-Dzao 1996, 293).

<sup>18</sup> In Madagascar divination is called *sikidy* and the person who performs divination is called *mpisikidy*. According to Robert Jaovelo-Dzao, *sikidy* likely comes from the Arabic words "sichel" or "shkill" meaning "figure" and historical documents indicate that this particular form of divination has been around since at least the beginning of the seventeenth century (Jaovelo-Dzao 1996, 273).

<sup>19</sup> Traditionally speaking, Malagasy pharmacology was based on plants and other natural materials. Recently, some synthetic materials like plastic beeds and buttons have entered into the equation, especially with regard to ritual medicines like charms and amulets. "Medicines," whether derived of natural or synthetic materials, are understood to be potent and efficacious only when imbued with sacral power.

The question of whether or not I was a missionary was not posed to me often. In this instance, I imagine the women wanted to find out more about me before deciding what/how much they wished to share with me. All three volunteered that they were church-attending Christians. One attended an FJKM church (*Fiangonana Jesosy Kristo eto Madagasikara*), and another was a member of a Lutheran church. One explained to me that even though she had a Muslim name (Asietti), she was a Christian. None of them seemed embarrassed by their use of amulets as some Malagasy Christians of Pentecostal/Charismatic orientation might be. It is probably safe to assume that had I been a missionary, they may have shared less with me about their use of amulets for their babies. This conversation took place on February 23, 2011 at the *taxi-brousse* (bush taxi) row in Antsiranana.

<sup>21</sup> I used the phrase to "chase away the demons" as one woman had explained this to me as a reason for using on amulets on babies. One can assume, however, that Malagasy have varying explanations for why they use amulets for their babies depending on their religious orientation.

<sup>22</sup> *Ody* or *aody* is the Malagasy word used to describe Malagasy medicines (*fanafody-gasy*). *Aody* can refer to herbs, ghost-repelling amulets, talisman, teething-buttons, and any other kind of religious paraphernalia Malagasy purchase at an herb stand or from a diviner or healer (*mpsikidy, ombiasy*).

<sup>23</sup> Amélie. Personal Interview. October 10, 2011.

<sup>24</sup> FJKM (*Fiangonana Jesosy Kristo eto Madagasikara*) is considered to be the largest protestant denomination called "The Church of Jesus Christ in Madagascar." The church was founded in 1968 and is the successor body of the LMS (London Missionary Society), the Paris Missionary Society and the Friends Foreign Missionary Association. It is a reformed Protestant denomition and Malagasy raised in this church sometimes describe themselves simply as "Protestante." "Protestante" is not, however, used to refer to other mainline churches in Madagascar like Anglicans, Lutherans, etc.

<sup>25</sup> Fitahiana. Personal Interview. March 7, 2012.

<sup>&</sup>lt;sup>15</sup> In this instance, what I mean by "spiritual health" is the child's ability to turn away from the spirit world and settle in the human world. This process of turning away is complex as one must turn away without completely dissolving one's ties and commitments to one's ancestors. Completely dissolving one's ties to the ancestors can make a person sick. For people without such memories have no sense of place or purpose. Whereas remembering one ancestors, either for one's self, or on behalf of one's children, redeems the legacies of the past for future generations.

<sup>&</sup>lt;sup>26</sup> Jacqueline. Personal Interview. November 9, 2011.

<sup>&</sup>lt;sup>27</sup> Jacqueline. Personal Interview. November 9, 2011.

<sup>&</sup>lt;sup>28</sup> Roger. Personal Interview. April 2012

<sup>&</sup>lt;sup>29</sup> Édith. Personal Interview. January 10, 2012.

<sup>&</sup>lt;sup>30</sup> Sometimes Malagasy also use the word *fombagasy*, which means "Malagasy custom" and therefore implies that there are cultural distinct from family-inherited (*fombanddrazana*) practices, but these distinctions vary according to personal perspective.

<sup>&</sup>lt;sup>31</sup> Asmara's hair-cutting ceremony took place on December 3, 2011.

<sup>&</sup>lt;sup>32</sup> Vady is used colloquially to refer to a boyfriend, girlfriend or partner. It is used casually, and less often between people who are married. When people marry or have been together a long time, couples use more weighted and respectful terms like *Ramose* (for men) or *Madame* (for women).

Scholars have described *joro* as a prayer, an invocation, and also a rite of intercession between the living and the dead (Sharp 1993; Walsh 2002, 459; Feeley-Harnik, 1984). An elder, the *loha-joro*, (literally head of the *joro*) or *mpijoro* (invoker), performs the rite and invokes both *Zañahary* and *razana* (God and ancestors) whose presence and blessing ensure the efficacy of the rite (Jaovelo-Dzao, 1996, 106). Malagasy distinguish the word, *mijoro* (to pray), from the word *mivavaka*, which also means, "to pray" but which now carries markedly Christian connotations dating back to nineteenth-century missionary translations of Malagasy words (Jaovelo-Dzao 1996, 105-106).

<sup>&</sup>lt;sup>34</sup> Gillian Feeley-Harnik notes that "the practice of invoking ancestors by saying their names dates back to at least the 1840s if not earlier." One of her informants describes the practice as such, "When Sakalava *mijoro*, they call on the ancestors and sprinkle water' (*Mijoro Sakalava – mikaiky razana, mitsipiky rano*). A white dish (*sahany*, from Swahili *sahani*) - Clean!, as people most often describe it –is used to hold the water. Fresh green leaves are added and sometimes silver coins" (1991, 47).

<sup>&</sup>lt;sup>35</sup> My research assistant, Édith, remembered attended haircutting ceremonies as a child. Though she was not present for Asmara's haircutting, when I told her about it, she said when she was younger she didn't understand why plates were turned over, and often cried when it happened. Now she laughs at the memory.

<sup>&</sup>lt;sup>36</sup> It is not wholly clear to me why a chicken leg in particular is given to babies as a final part of haircutting ceremony, though Maurice Bloch's research on birth rituals among Zafimaniry families offers some potential clues. He writes: "The malleability of the embryo and young person is also demonstrated in a ritual celebrated with greatly varying elaboration according to wealth and circumstances. This is the custom called tolotra harina or 'given food'. The ritual consists principally of the giving of a chicken which has been cooked whole to a mother of an unborn or relatively young child by a man. This gift is intended to ultimately feed to the child and makes the child of the woman resemble the giver physically and psychologically. The giver is usually the father but it may be any other man, for example the mother's brother" (1993, 125). Drawing from these clues, we might surmise that haircutting ceremonies are not just about marking the child as human and about asking for ancestral blessing to grace the child. Haircutting ceremonies also serve as a means by which to connect babies to the multiple affiliations (both living and dead) that give their life meaning. As others described to me, when someone cuts the hair, it is believed the child's hair will come to look like the hair of the one who did the cutting. Thus, the cutting and feeding of the child and mother serve to shape the child spiritually, physically and psychologically which builds upon the argument I make in the introduction of this dissertation that Malagasy parents are doing more than simply discerning ancestral reincarnations; they are actually helping to facilitate a connection between babies and ancestors, and between babies and certain relatives. Although, the context differs significantly, Nancy Rose Hunt discusses the giving of a chicken at birth rituals in the Congo. She discusses symbolism behind father's giving of chickens to their fathers-in-law at the end of their wife's postpartum period. She notes that the purpose of the gift is to give blood (from the chicken) to replace the blood that was lost by the mother in childbirth (1999, 278). I am not aware of their being any connection between the chicken's loss of blood and the mother's loss of blood in the case of hair-cutting ceremonies in Madagascar, but that does not mean such an association does not exist.

<sup>&</sup>lt;sup>37</sup> Genevie. Personal interview. February 10, 2012.

<sup>&</sup>lt;sup>38</sup> This ceremony took place on February 4, 1012 on the perimeters of the city (Diego).

<sup>&</sup>lt;sup>39</sup> These conversations took place on February 4, 2012. Zafisoa. Personal Interview. February 4, 2012.

<sup>&</sup>lt;sup>40</sup> With regard to the meaning of the word *vady*, see note 32 above.

<sup>43</sup> I am arguing that by teaching their children to pay attention to their ancestors, Malagasy parents are showing them what is set apart and held dear – in short, what is sacred in Malagasy society. This is in line with Jonathan Z. Smith's thinking on the sacred. He writes:

The ordinary (which remains, to the observer's eye, wholly ordinary) becomes significant, becomes sacred, not simply by *being there*. It becomes sacred by having our attention directed to it in a special way, This is a most important point, one that is only recently gaining acceptance among historians of religions although it was already brilliantly described by van Gennep in *Les Rites de passage* (1908) as the 'pivoting of the sacred.' That is, there is nothing that is inherently sacred or profane. These are not substantive categories, but rather situational or relations categories, mobile boundaries which shift according to the map being employed. There is nothing that is in-itself sacred, only things sacred-in-relation-to. *To Take Place*, Jonathan Z. Smith (Chicago:University of Chicago Press, 1996 [1987]), 104.

<sup>44</sup> This line of poetry is taken from Native American poet Joy Harjo's poem entitled "Perhaps the World Ends Here" in the volume, *The Woman Who Fell from the Sky: Poems*. New York: W.W. Norton, 1994. <sup>45</sup> This list is not meant to be exhaustive or chronological. Some men marry before becoming parents others become parents; others become parents before marrying, if ever they do so. My point is that women's lives have been analyzed and grouped together with men's. Yet there are some important differences in the way that people understand their lives unfolding, some of which are gendered, others of which have to do with a person's education, religious orientation, personality, family background, etc. <sup>46</sup> Lambek makes this point about the non-linear nature of womb to tomb theories briefly in *The Weight of the Past* (2003, 103).

<sup>47</sup> In this story, told to Feeley-Harnik in the 90s in the Analalava (northern) region of Madagascar, God asked a woman, "Who should be killed, you or your child?" She replied, "the child." When God asked a man who should be killed, he replied, "myself." God therefore declared that men, rather than women, would be masters over their children. Women in the Analalava region note the irony of this story given that women, rather than men, sacrifice more on behalf of their children including in childbirth where they sometimes nearly die in order to give their children life (Feeley-Harnik 2000, 1).

<sup>48</sup> A breed of humped cattle also known as *zebu*.

<sup>&</sup>lt;sup>41</sup> See Andrew Walsh, "Responsibility, Taboos and 'The Freedom to Do Otherwise," 2002.

<sup>&</sup>lt;sup>42</sup> In his essay on Ritual Knowledge, Jennings argues that our participation in rituals not only teaches us to see the world differently, but also to act in the world differently (1982, 117). Davis-Floyd also emphasizes how rituals teach/transform participants' thinking to be in line with dominant cultural values and beliefs systems. She argues "that rituals enact models of reality" (1992, 7) that are imparted on participants who both consciously and unconsciously come to believe and embody the messages they receive. She writes: "A ritual is a patterned, repetitive, and symbolic enactment of a cultural belief or value; its primary purpose is transformation." *Birth as an American Rite of Passage*, Robbie Davis-Floyd (Berkeley: University of California Press, 1992), 8.

Chapter Three: Bathing and Seclusion: Postpartum Rituals that Produce Mothers Who Will Bless their Babies

After the birth of a child, Malagasy mothers and their new born babies often remain indoors for a period time ranging from a few weeks to a few months depending on the family's custom. During this duration of seclusion, mothers continue the food and behavioral taboos (fady) they followed during pregnancy and are fed special meals cooked in banana leaves rather than in the conventional pots from which the rest of the family eats. The newborn's waste, together with the leaves from the mothers' meals, are placed in a corner of the house and are not removed from the house until the mother and child have a coming out ceremony called mampiboaka tsaiky (literally: to make the baby/child come out).

Before this ceremonial outing, mothers usually bathe in a ritual manner following either cold- or hot-water bathing practices in accordance with their family's postpartum traditions. Then, when the mother and baby are ready to come out, the child is taken outside at sunrise, introduced to family members in a small private ceremony, and is given a traditional blessing (*joro*) by an elder relative. Some families use the occasion as an opportunity to ask their ancestors to relieve parturients of the pregnancy related *fady* (taboos) they had been observing; other mothers, however, continue to follow *fady* until the baby receives teeth and is declared a human being at a later haircutting ceremony called *mampiravaka tsaiky* (literally: to adorn the child with a necklace).

Societies around the world and for much of human history have commonly observed of a period of post-partum rest/seclusion for mothers and infants (Hannig 2014; Shih-Yu-Lee et al, 2013; Piperata 2008; Holroyd et al. 2004; Hunt 1999, 276-280; Fraser 1998). Common characteristics of this period include providing women with special meals and/or restricting their

consumption of *taboo* foods; keeping the new mother and child inside the home surrounded by relatives, mostly female, who take care of the mother and instruct her in the ways of caring for her baby; abstinence from sexual activity; and lastly, a suspension of the mother's normal daily household responsibilities.

This chapter is an exploration into the postpartum rituals that northern Malagasy mothers observe. By designating a special time and place, and by orchestrating a set of daily bathing rituals that new mothers must move through, the observance of postpartum rituals within the home creates a hallowed space where women can heal, recover, and enjoy protection from potentially threatening materials or spiritual forces during their period of fragility. Additionally, I am arguing in this chapter that a period of postpartum seclusion enables elders within the community to transmit important knowledge to new mothers and guide them through their transition to motherhood. More than just marking parturients as polluted, postpartum rituals afford Malagasy women a space in which to find blessings and restoration and to be made into the kinds of mothers who will bless their babies.

Most of my informants spoke favorably of post-childbirth rituals and lamented the fact that some of these customs are fading. As Nadima, a grandmother who lived behind the *bazaar kely* (little market) explained to me, "Nowadays people do not cook the special food for the mother so they do not do *mampiravaka* (the haircutting ceremony) either."

Author: Why not?

Nadima: Because life is changing and not everyone can stay for a long time to take care of the woman after she has given birth. If the person has the time to stay, they can cook for the woman, but she probably also has her own house so she is busy with her own cooking. People just come to visit but they usually don't stay for long.

It depends on life. When all customs are followed, then the person who takes care of the mother must stay for two weeks. That means two weeks day and night. And nowadays because people are busy, it is easier to cook food [any kind of simple food not special food] at the mother's house and then return home. It is easier when everyone eats the

same food instead of one person eating one kind and another person eating another. No one can [prepare the special food] now because they are busy with their own stuff (azon'ny jaly).<sup>1</sup>

It is all too often assumed that postpartum seclusion exists exclusively in societies that view childbirth as polluting. Outsiders frequently frame seclusion rituals in terms of the oppressive effects they have on the women who are forced to abide by them. Several of my informants did indeed describe childbirth as a polluting affair (*maloto*: literally, dirty), and spoke of the necessity to either wash or shave the baby's head after the birth to cleanse the infant of "the dirt" acquired by passing through the birth canal, but they did not describe these practices around childbirth as oppressive. In fact, the majority of women I interviewed spoke fondly and nostalgically of this special time, where family members guided them through the healing process, cooked their meals, and enabled them to have a break from their normal household responsibilities. Historian Nancy Rose Hunt also notes similar sentiments of nostalgia with regard to the increasing disappearance of a postpartum period of rest among women in the Congo (1999, 313).

Following Malagasy women's urge to see postpartum rituals of seclusion as a welcome, appreciated and even endangered spiritual practice, I propose a focus on the protective and caring properties of such rituals over and above the emphasis on pollution in our attempt to understand the meaning behind these customs. My approach shares similarities with other recent scholarship on postpartum seclusion rituals in Africa societies (Hannig 2014; Blystad 2007; Popenoe 2004). All of the aforementioned scholars note that while parturients in African societies are often marked as polluted or contaminated by the birthing process and are thought to pose a potential threat to those with whom they come in contact, parturients are also understood to be *in need* of protection themselves. Popenoe writes, "[postpartum seclusion rituals are] a chance for the mother to close herself off again from the dangerous forces childbirth has opened"

(2004, 145).<sup>2</sup> Similarly authors Blystad, Rekdal and Malleyeck point out that *meeta* and *metida* rites as observed by Iraqw and Datoga peoples respectively "not only isolates people and substances perceived to be dangerously contaminating, but in similar ways may seclude the fertile element in order to protect it" (2007, 335).

In other words, in childbirth, women approach death, and this close encounter with death can leave women's own fecundity vulnerable even as they also threaten the fecundity of those with whom they come in contact. Moreover, the aforementioned authors argue that the idea of pollution among Iraqw and Datoga peoples is less about maintaining boundaries between polluted versus nonpolluted categories (Douglas 1966) and more about managing "flows" (Strathern 1988), which they describe as practices based on the understanding of bodies as "open and dynamic systems that mingle with other bodies in social interaction and in intimate exchanges of bodily fluids" (Blystad 2007, 335). This notion of the permeability of bodies enables us to see that rites of protection in Africa, and in particular in Madagascar, might be about the careful managing of the "flows" of breast milk, blood, semen, food, excrements and spirits that pass in and out of peoples' bodies in order to keep vulnerable individuals safe.

Even if some kinds of seclusion, postpartum or otherwise, can lead to the oppression of and social imprisonment of women, we must also consider the degree to which seclusion in some contexts can afford women a kind of care and support they would not otherwise receive. Indeed Malagasy mothers' lament that people are now too busy to take care of women post-childbirth serves as evidence not of women's liberation from an oppressive practice, but of the modern struggles Malagasy women face to balance mothering, work, and household responsibilities with less support from family. Mireille Rabenoro, professor of sociology at the University of Antananarivo in Madagascar argues that the customs and laws in place in what she refers to as

"traditional Malagasy society" afforded women significantly more protection, and a higher status, as compared with contemporary society. This veneration of women, she argued, was especially apparent in the customs people observed after the birth of a child. She contended,

As in many early human societies, where life was precarious and child mortality rates were high, in traditional Malagasy society life was precious, and mothers, being a source of life, were venerated as an essential factor in the perpetuation of the family, and hence of the very social group. (Rabenoro 2003)

Rituals of care for mothers guarantee them rest. They also prepare women for the greater task of raising children in accordance with the prescribed guidelines of the communities they inhabit so that the next generation will be molded according to the wishes of the previous, and the lineage strengthened. And high maternal and infant mortality rates, which have continued into the present, heighten the sense that mothers, in addition to babies, need nurturance and support in order to ensure the survival and proper upbringing of the next generation. But as people become increasingly busy (azon'ny jaly) in contemporary society, some of these practices of care are beginning to go by the wayside.

### A Mother's Baptism: Hot and Cold Post-Partum Bathing

In northern Madagascar, of all the practices women observe during the postpartum period, bathing rituals are arguably the most common. The majority of women in Diego Suarez self identify as *ranginaly* (cold water bathers) as opposed to the *mafana* (hot water bathers) of the central highlands, and insisted on the need to follow the appropriate washing style postpartum in order to recover effectively from childbirth. And unlike some postpartum customs, which are understood to be more optional, countless informants warned that ignoring these ritual baths could lead to illness, seizures, paralysis, or even death. In general, followers of *ranginaly* are expected to bathe with cold fresh water, preferably from a natural source, at least three times a day and it is especially important that water is poured over the head.

One notable informant, "le médecin inspecteur" of the *Dispensaire* in Diego, Dr. Hanitra, likened *ranginaly* to the experience of being baptized. He said, "with *ranginaly*, women first have to take a dip in a river and then take a bath with cold water. It's especially important that water gets poured over the head; it's kind of a like a baptism." Despite some doctors' ignorance of, or ambivalence toward traditional practices, there were others who were quite knowledgeable about and supportive of birthing and postpartum customs. As Dr. Hanitra asserted, "it is very important to respect peoples' customs (*fomba*), unless they interfere with their health." Although my informants gave birth in a variety of settings -- in their homes, in their midwives' homes, in birthing clinics and in hospitals -- nearly all of those who wished to practice postpartum bathing, found a way to do so regardless of the setting. For example, I was told on numerous occasions that if a woman had a cesarean surgery and could not be bathed with water over the head, her family members modified the practice by simply trying to keep clothes of cold water on her head.

In addition to the three daily cold water baths, postpartum women in Madagascar typically bathe with an herbal infusion of either *ravintsôha* (lemon leaves) or *rômba* (African basil). Female relatives splash the parturient with this hot remedy one week postpartum and then again two weeks after the birth. Parturients are also encouraged to drink some of this medicinal concoction in the form of a tea. These herbs are said to speed up the recovery of the woman's internal wounds, while the daily cold water bathing is said to both harden and strengthen her body making her less vulnerable to biomedical and spiritual illnesses. Nadima described the grave necessity of *ranginaly*:

Nadima: After a woman gives birth, once she is able to stand up, they take her and give her a cold-water bath pouring the water from head to toe. If they don't do it, the woman will be paralyzed or dizzy. You should not try it (*tsy mety feky*); it is forbidden to risk not bathing the woman. Even now when people do not follow all of the customs; they still do cold-water baths. If they can't give the woman a bath, they at least wet her head.

Édith: Who helps the woman bathe, her mother, or someone else?

Nadima: You don't have to choose, but it should be someone who knows about customs (fomba) and they should follow the woman to the hospital. If there is no one who knows the customs, her family must assist her. When she goes home, [the new mother] has to take a bath three times a day. She has to bathe in the morning, at noon and in the afternoon - three times a day. During the bath, the head must be wet and then after one week, she bathes with ravintsôha (lemon leaves). The ravintsôha should be hot and when it's still hot she takes a bath with it. It [the ravintsôha] should be very hot, but not burn the woman, so you should wait until the skin can touch it. The second week she repeats the process. And then after she is finished with the ravintsôha she continues with the ranginaly (cold-water bathing). For three months after the birth she should do cold water bathing. After two weeks and the second bathing with lemon leaves, she can go outside with the baby (afaka miboaka an-tany miaraka tsaiky).<sup>5</sup>

The expressed purpose of postpartum bathing rituals is to help women heal and also provide them with a period of rest and preparation for the demands of motherhood, but they serve broader purposes as well. The majority of women I interviewed insisted that the danger in not following postpartum bathing stemmed largely from the fact that failure to do so amounted to a breaching of contract with one's ancestors who insisted that descendants follow the custom.

#### **Bathing in Ancestral Blessing**

In traditional Malagasy religions, following the customs (*fomba*) and inherited taboos (*fady*) of one's ancestors ensures that ancestors' life-sustaining power (*hasina*) continues into the next generation, whereas not doing so could potentially mean brushing up against death (Feeley-Harnik 1991, 46). Among the ancestral customs (*fombandrazana*) that Malagasy observe, bathing is a religious practice for which there is a long historical precedent. In Malagasy religions, water is one of the primary means by which ancestral blessings are bestowed upon people. One of the words for blessing in the Malagasy language is *tsodrano*, which literally translates as a blowing on, or sprinkling on, of water (Bloch 1987, 284). Maurice Bloch demonstrates water's central role in blessing rituals from circumcisions to the highland Merina's famous ritual of the royal bath (1987; 1986; 1982). This royal ceremony, as practiced during the

late nineteenth century by the Merina of the central highlands, was one whereby royal power was transmitted from rulers to subjects through an annual New Year's bathing rite (Bloch 1989; 1982).

The central part of the ritual which gave it its name consisted of the King's taking a bath in pure water in which had been mixed "earth" obtained from the royal tombs of the royal ancestors. After the bath the king sprayed this water on to his subjects by way of blessing. The elements of blessing and of continuity are therefore identical to those found in the *famadihana* and the circumcision ceremony. As for those rituals, the blessing requires contact with the ancestors on the part of the legitimate head of the group and then the spraying on of water. (Bloch and Parry 1982, 221)

In Madagascar, royalty are among the human mediums through which blessings from the divine are channeled. Thus the ritual of the royal bath, in which Merina royalty would bathe their bodies with fresh water and then offer this bath water, mixed with bits of dirt from ancestors' tombs, as the means by which to transfer ancestral blessings upon their subjects, enabled for the transmittance of ancestral blessing (*hasina*) from royalty to commoners.

In the contemporary setting of Diego Suarez, communal bathing occurs more frequently not as part of a royal ceremony, but as a weekly or periodic practice of residents, some of whom, visit a sacred mountain known as Nosy Lonjo which sits in the middle of Diego's bay. There participants arrive early in the morning to invoke their ancestors, request blessings of them, make vows, and perform a ritual bath in the waters that surrounded this sacred site where ancestor spirits are known to reside. It is important to note that Malagasy care both about being on good terms with their own blood ancestors, and with royal ancestors more generally, even when they are not direct descendants of these regal spirits. For even people with no direct ancestral connection to the site of Nosy Lonjo, found bathing in the ancestral power (hasina) of the spirits who reside at there, an auspicious act.

Water is also an important component of domestic religious rituals, especially in rites of passage. In hair cutting ceremonies for babies, and at circumcision ceremonies for young boys,

water for blessing is fetched from a natural source before sunrise, and also before the birds fly across the morning sky. Such holy water is then sprinkled upon the initiate(s) and others present by a ritual head of the family (*mpijoro*) who channels ancestral blessing (*hasina*) and bestows it upon participants. Interestingly, these contemporary practices where heads of families sprinkle water onto new members as a way to bless and incorporate them, appear to be modernized versions of family rituals that predated and also served as a model for the ceremony of the royal bath.

Both the ritual of the royal bath and the circumcision ritual [that the Merina nationalized] seem to represent royal appropriations of common Merina rituals (Bloch 1986: 116-118; 1987; Kus and Raharijaona 2001: 117-20). At the heart of both, for example is the transference of blessings downwards from elders to juniors via the use of water associated with the *Vazimba* ancestors. Merina royalty were inserted into this chain of blessing by organizing and centralizing these rituals such that the sovereign served as the initiatory of a national chain of blessing. In the case of the royal bath, the washing of the king's hair on the New Year initiated the replication of this ceremony down a line defined by status and seniority. It was also the occasion of annual visits to family tombs, linking in this way ancestors, descent and royalty. (Routledge 2014, 56)

In a sense, by appropriating ritual bathing and then nationalizing it, the nineteenth century Merina monarchy, sought to conjoin religious power and political power.

However, despite these attempts to monopolize and standardize ritual practices, there is a wealth of evidence that suggests that communities throughout the island, especial coastal groups, continued to perform blessing rituals according to the various regional customs with which they were familiar. Moreover, Merina attempts to create annual, national versions of religious ceremonies actually inspired some living along the coast to transform and/or hide what had previously been more communal or public celebrations in order to avoid scrutiny by Merina officials (Lambek and Walsh 1997, 310; Feeley-Harnik 1991, 103-105; Middleton 1999; 184-185). These concealed rituals celebrated local relationships with ancestors and privileged regional identities rather such that local

contributions would not be lost in the modern composite national identity the Merina sought to create.

Thus the contemporary use of water as a means by which to channel ancestral power for the purpose of blessing the living, has a long and complicated history, one that predated, and subsequently became a response to Merina attempts to wield and conflate divine authority as royal authority. Blessed water; bits of earth from ancestors' tombs; and gold and silver coins, which are associated with the auspiciousness of full moons, the open mouths of ancestors speaking, and also with royal taxes and royal gifts, are the material means by which Malagasy maintain, produce and make reference to the spiritual powers (*hasina*) they possess as members of particular descent groups. Today's practice of postpartum bathing can be understood as part of these religious practices that conferring ancestral power upon individuals via the mediums of water, bits of earth, and relics from the ancestors.

Like all "customs of the ancestors" (fombandrazana), ranginaly is an inherited practice. It is also however a dominant practice, described as stronger than the custom of hot-water bathing (mafana), and as such becomes a means by which a now less powerful group to preserve its existence in the face of the more numerous and more powerful hot-water bathers of the central highlands. Or alternatively, as a dominant trait, practicing ranginaly can be the means by which mothers assert influence over their children despite a father's more principal claim. Typically when a couple produces children, they follow a combination of both the woman's and the man's ancestral customs, with priority given to the male side of the family, but in the case of ranginaly, if either parent is ranginaly, it is this trait which takes precedence. If a woman marries someone who is ranginaly, she

also becomes *ranginaly* in order to raise her children as such. However if she is *ranginaly* and her husband is not, the woman should remain *ranginaly* as will all of her children regardless of who she marries.

When asked about the origins of *ranginaly*, most informants described it as a regional custom, insisting that southerners and highlanders are hot-water bathers (*mafana*) as compared northerners, mainly people from Diego, Vohemar and Mahajanga, most of whom practice cold-water bathing (*ranginaly*). One woman described the practice as having originated from the Anjoaty, an Afro-Arab ethnic group from the regions of Vohemar and Babaomby in northern Madagascar. Lesley Sharp and Michael Lambek both link *ranginaly* with the more prominent Sakalava, in particular the northern Sakalava as opposed to Sakalava of the west and southwest coast (Lambek 2003, 103; Sharp 1993). Sharp described the practice of *ranginaly* as one which imprints the child with a northern Sakalava identity:

Structurally, the choice to observe cold over the hot practice has a number of effects. From the point of view of the male Sakalava parent, it is straight forward. Having the child's mother follow the cold practice provides him with a means to assert his paternity, since it symbolically illustrates that the child is with Sakalava qualities. (The child is already recognized as such by the bureaucratic rule that stipulates that a child shares the ethnicity of its biological father.) Since the mother must use the cold system, her offspring – as well as future generations of children - will always be considered cold. If the mother is Sakalava and the father is not, however the effect is different. It serves to label the child as being partly Sakalava and endows it and its progeny with coldness, a Sakalava trait. As a result, here it works to assert the *maternal* tie to the child, regardless of the bureaucratic rule. (1993, 110)

Thus, according to Sharp, because *ranginaly* has precedence over other inherited characteristics, cold bathing enables Sakalava mothers to mark their children with the trait even when custom compels families to favor the child's ties with his paternal kin.

Although it is not entirely clear when or from what ethnicity differences in postpartum bathing first emerged, what is clear is that for the people who practice this

style of bathing, it is considered obligatory (*tokony*) and vital to one's health, both from a religious and a medical standpoint. For people with *ranginaly* ancestry, coldness brings health and healing, whereas warmth can cause sickness and even death. Therese, a retired nurse-midwife from the teaching hospital in Diego explained it this way – "we have to follow cold water bathing post-childbirth because our ancestors knew that heat dilates the veins." She went on to explain that people have known for a long time that cool water can speed recovery and that warm water sometimes inflames whereas cool water helps a wound to contract and heal. She described both heat and cold as important elements for healing, sometimes heat is necessary, sometimes cold, but for childbearing women who are *ranginaly*, cold water is essential. For Therese, inherited practices from her ancestors have merged with her bio-medical understanding of health and healing.

Ranginaly is an inherited practice that confers blessing on those who abide by it, but it is also a weighty custom especially for women who find themselves in the position of having to convert. Most hot-water bathers, for instance, really disliked the idea of having to become ranginaly. As one woman expressed, "I'm glad I'm not married to a ranginaly because I would hate to do the cold bathing." Women, seen as the primary caregivers, are charged with the responsibility of guiding infants on the journey from the spirit world to the human world, and from having an ambiguous place in their communities to having a defined social status within their families (fianakaviana). This role carries both privileges and burdensome responsibilities. Holding her grandson in her lap, Nadima described to me the responsibility she had in raising her son as a Muslim even though she herself is not religious and was not Muslim at the time of her son's birth:

Author: Do you practice religion? Are you Muslim, Christian, or just Malagasy?<sup>10</sup>

Nadima: I am just Malagasy (*Gasy fo*) but the baby's father (Nadima's son) is Muslim (*Silamo*). Truthfully, I don't have a religion (*za, teña marany, za tisy*), but when I raised my son I followed Muslim customs. The mother raises the child and if the child sees that the mother doesn't follow any customs, he won't either so I felt a responsibility to raise him as a Muslim. When he was a child, I followed Ramadan. I followed all customs that I could follow until he was nine and then he started to do Ramadan and some customs on his own. And then I did the customs whenever I wanted to but it was not compulsory. [Nadima's sister who was sitting in the room with us interjected to say that they are Christian.]

Nadima: Our parents are Christian. We are Gasy-- but I gave birth to a Muslim child (*Zaho niteraka amin'ny silamo*).

In a sense, Nadima became a practicing Muslim, even if only temporarily, in order to raise her son as a Muslim in accordance with her husband's family wishes, just as non-Sakalava women who marry and bear children with Sakalava or Anjoaty men must become *ranginaly* in order to raise their children accordingly. Though Nadima did not disclose the processes through which she became Muslim, it is quite possible that she went through a formal conversion given that she now goes by a Muslim name (Nadima), a name her Christian parents would not likely have given her at birth. For indeed it is common practice, among women in East Africa and among converts the world over, to receive a Muslim name upon one's formal conversion to the faith (Hoehler-Fatton, forthcoming).

Interestingly anthropologist Anita Hannig notes a tendency among Orthodox Christians in Ethiopia to describe postpartum mothers as "Muslims," but for a slightly different reason than the example above. In the Ethiopian context, mothers are not converting to Islam in order to raise their children as Muslims, as was the case with Nadima. Rather, Hannig refers to a phenomenon in which mothers temporarily lose their Christianity identities by virtue of their being associated with their not yet baptized (read: non-Christian) babies. She writes,

During childbirth and its attendant dangers, a laboring woman is immersed in the loss of self, the ambiguous mother-and-child being, and the bloodiness of the not fully human. In her intimate linkage with the child she brings into the world, she temporarily shares in her

offspring's ambiguous religious status. She thus slips – at least symbolically – outside the margins of Orthodox Christianity. (Hannig 2014, 305-306)

In this example, parturients in Ethiopia have not become Muslim, rather by virtue of temporarily losing their Christian identities in order to bear children, they are described as such. For among Orthodox Christians in Ethiopia "since Muslims constitute the principle religious 'Other," the term "'Muslim becomes a catch-all phrase for non-Christian" (Hannig 2014, 308).

In Madagascar, one of the ways in which women gain status in Malagasy society is by adding to their husbands' lineages through the procreation of children. So a significant part of their responsibility as mothers entails abiding by and incorporating their husbands' customs (manaraka fomba vadinazy) into their own bodily habits and customs that they might be better equipped to raise children with particular kinds of ethnic and religious identities. Such a task sometimes requires women to convert to another religion, or to adopt a new set of ancestral practices. And a temporary loss of one's identity during the liminal stages of childbirth and the postpartum period often precedes women's adoption of a new identity.

Postpartum rituals, especially when women are guided through them by other relatives, give women clues about the kinds of mothers they are expected to become and the kinds of children they are to produce. This does not mean that women cannot teach their children of their own family's customs. It does however mean that women's place in society is more ambiguous, and requires more negotiations, as compared with men's social positions. When couples produce a child, women more frequently than men, adopt their spouse's family's traditions in order to raise the child accordingly. Moreover, because they are often seen as the primary caregivers, women are especially charged with the task of instructing children in family customs. And as anthropologist Jennifer Cole notes Malagasy are taught not to simply remember their histories and religious identities discursively, but also to care for them viscerally (Cole 2001, 158). And

women are deemed especially suitable for the latter task of passing on these embodied histories, of preserving customs (*fomba*), and taboos (*fady*) to their children.

## **Grandmothers as Custodians of Birthing Customs (**Fomba Fiterana)

Throughout Madagascar, it is common practice for pregnant women to return to their natal homes before the birth of their first child. While this is not always logistically possible, it is an ideal that many strive for. And when expectant mothers cannot go home for the birth, they will usually arrange for their mothers to come to them. Or alternatively their families will make the arrangements. In general, someone in the family whether a mother, mothers-in-law, grandmother, or aunt of the expectant mother will ensure that someone is available to be with an expectant mother for the birth of her first child.

Early on in my research, I was struck by young mothers' lack of knowledge about the details of the post-partum practices they followed, this despite their insistence that some of customs were a matter of life and death. I soon discovered that the reason for their seeming unawareness was that most young mothers learned of post-partum rituals by being guided through them when the time for doing so arrived, and not before. With a couple of exceptions, Malagasy grandmothers (*Dady*) were the ones who knew the most about post-partum bathing procedures and coming out ceremonies for babies. And even grandmothers, often turned to their own mothers, if they were still living, for information on the subject as knowledge on birthing customs is understood to be the kind that comes with age, and that comes from having guided others through the process.

Nadima, whom we met earlier in this chapter, was one such grandmother. At the time, she was living in a house behind the food stand where her family sold eggs. Her daughter-in-law used to work behind their wooden kiosk and I would often chat with her about her pregnancy

when I arrived to buy eggs. Once when I asked when the baby was due, she proclaimed, "the next time you see me, I will have the baby in my arms." She was right. The next time I returned the market, her relatives informed me that the baby had been born. They invited me to come behind the food stand and into their home to see the baby. During one of these visits, I explained my research and asked Nadima, the baby's grandmother, if I might interview her more formally. She agreed, but asked for me to come back another time, as she wanted to take me to see her own mother who knew more about birthing customs (*fomba fiterana*) than she.

When I returned for the interview, my research assistant Édith and I were led to one of rooms within their home. It was dark and quiet and Nadima's grandbaby was swaddled and sleeping on a hand woven mat (*lamaka*) on the floor in the middle of the room. There were chairs in the room, but we all sat on the floor nonetheless, Nadima and her sister, and Édith and I. Nadima pulled out a napkin on which she had written notes. It would not be possible for her to take me to her mother, she explained, but she had visited her and took notes for our interview, insisting that her mother's (the baby's great grandmother) knowledge of birthing customs was the most expansive in her family.

As Nadima portrayed, "Once a woman gives birth, there is another phase to do. At first the woman is laying in bed still wearing her sarong (*lambahoany*), but as soon as she is able to stand up, they take her and give her a cold water bath pouring the water from head to toe." Nadima then went on to describe the processes involved in, and the importance of, cold water bathing. Nadima described herself, by virtue of her mother, as Anjoaty, and indicated that this is where the practice of *ranginaly* comes from. "Anjoaty people are from Babaomby and Vohemar, but they have since moved all over, which is why you get the differences in the *ranginaly* customs," she explained. According to Nadima, bathing helps mothers to recover and feel less

faint after childbirth, it also enables mothers to mark their children as descendants of Anjoaty, and in some cases, *ranginaly* can also be the means by which mother's discern and/or assert the paternity of their children.

Since children who descend from *ranginaly* fathers, in effect, transform their mothers from hot water to cold water post-partum bathers, women can sometimes deliver proof of the child's paternity through a pregnancy illness that requires cold-water bathing. According to Nadima, "Sometimes a pregnant woman may not know who the father or the child is. Or sometimes she knows, but will not reveal who the father is until she is ready to give birth." If she waits until she is in labor, *ranginaly* will reveal the paternity for her. Nadima explained,

If she doesn't know who the father is, there may be many problems during her pregnancy and during the labor like bleeding. If the woman is mafana and the father is ranginaly and she covers herself up with too much clothing, she may become paralyzed. She is paralyzed because she has too much heat. She needs cold water. Sometimes she is dizzy and she faints and then by chance the person next to her will pour water over her head and then she gets better. That is how she sometimes discovers she is ranginaly. The ranginaly gives her a signal about her baby and her baby's father. Ranginaly does not let you go like this if the father is ranginaly. Sometimes the woman is malemy (weak) and cannot do anything. They take her to the doctor and the doctor says there is nothing wrong and the person next to her doesn't know what to do. They just put water on her and then discover that it is helpful. Or sometimes, they decided to do a cold water massage. They do a massage with cold water on her feet and it helps her to stand up and get stronger. And some people even suggest outright that they try cold water bathing because maybe the baby's father is ranginaly. Ranginaly does not accept for people not to follow it even if you do not know you are ranginaly. It will give you a signal. Ranginaly doesn't let you (tsy magnambela) disregard it. Ranginaly is difficult. People in town do not follow all customs associated with being ranginaly, but they still follow cold water bathing after childbirth. 11 And even when they do circumcision, they do not follow all of the customs, but they do pour cold water over the child's head before they do the cutting.

Generally speaking, *ranginaly* is more than a description of a particular kind of bathing practice post-childbirth. It is a part of peoples' identity as descendants of *ranginaly* ancestors. <sup>12</sup> It serves as a paternity test enabling women to discern the identities of their children, and in some instances, assert that the father of their child is *ranginaly*, a useful tool, when questions arise about the identity of the child's father. For, although, post-partum rituals mark babies with

particular religious identities and ethnic histories, sometimes what is more difficult than negotiating the multiple identities that maternal and paternal kin wish to imprint upon descendants, is encouraging a father to claim his child (Feeley-Harnik 2000, 137).

Nadima temporarily became Muslim in order to raise her child as a Muslim, and as mothers of ranginaly children permanently become ranginaly in order to raise their children as such. When it comes to childbirth, mothers, perhaps more than anyone, must carry the weight of their children's inherited fomba and fady (customs and taboos) from the moment of conception, through the fragile post-partum period and beyond. And because mothers must be instructed in the ways of their children's customs, grandmothers in particular, from both sides of the family, are the custodians of culture, guiding their daughters, daughters-in-law and grandchildren through the practices that will teach them something about their religious and ethnic heritages. When it comes to blessing rites for babies, like haircutting ceremonies, baptisms and circumcisions, grandfathers may be equally involved, as will aunts and uncles as all relatives have a vested interest in the child's upbringing. But, with regard to childbirth, grandmothers are the experts. And in Malagasy society, once babies have crossed over from fragile water beings (zaza rano) into full-fledged human beings, it is their mothers who will bear the bulk of the responsibility of raising them, which is why grandmothers are so concerned with instructing young mothers. It is also why some lament the disappearance of a strictly observed postpartum period where new mothers have the time and space to learn of the fombadrazana (ancestral customs) they they will be asked to bathe their children in.

In Malagasy society, mothers are the primary caregivers, the primary managers of their children's health, and sometimes their children's primary spiritual advisors. It is thus mothers who ensure that children grow up with some knowledge of their ancestral roots. As was

evidenced by Nadima's temporary conversion to Islam, and countless mothers' baptism into ranginaly, Malagasy women do not make parenting decisions alone or based solely on their own individual interests. Rather they are being made into mothers who will bear ranginaly, or Christian, or Muslim babies, which begs the question, how are mothers by virtue of the processes through they participate in to endow their children with certain qualities, also marked themselves? Some of them are marked as ranginaly, but what other kinds of spiritual transformations occur? If periods of post-partum seclusion are for the purpose of making women into particular kinds of mothers who will parent in particular ways, according to the religious heritages of their and their husband's families, how does such a process work and what do women gain from these experiences on a spiritual level?

# "Emerging from the Chrysalis": Women's Rites of Incorporation

Rites of incorporation for infants including *joro* (blessing, invocations), first haircuttings, baptisms and circumcisions all serve to make babies into humans, or in the least, to mark them as new initiates of certain religious communities, but do parallel ceremonies not also exist to initiate women into mothers? I have suggested that mothers are "made" in order that they might bless their babies. However, aside from the ritualistic observance of pregnancy-related *fady* (taboos), and the practice of postpartum bathing (*ranginaly*), no formal initiation ceremony exists to usher young women over the threshold to motherhood. Indeed it is difficult to pinpoint what precisely makes women into mothers.

As one mother, named Jacqueline, declared, childbirth is a rite of passage called a "spear battle" and a time of "making it over to the other side" for many women. <sup>13</sup> The narratives of childbirth I collected and highlight in Chapter Four, underscore this claim, that women see labor and childbirth as a precarious but also powerfully transformative experience of "crossing over"

in their lives. Even as Malagasy recognize childbirth as a necessary marker of womanhood (Rabenoro 2003), Malagasy are also quick to point out that childbirth does not always or automatically turn women into mothers. Rather, as Jennifer Cole explains, based on conversations with women in eastern Madagascar, "Not all women who bear children are mothers; rather, motherhood is a fluid status that women constantly seek to manipulate by keeping some children and giving up others" (2010, 8).<sup>14</sup>

What is it then that makes women into mothers? And what is it about childbirth, and the rituals that surround it, that make it so powerful for some? Using van Gennep's three part schema for rites of passage (1908), we could force women's prenatal and postnatal activities into a three-stage model emphasizing a woman's return to her natal home, her eating of special food and observance of fady during the period of postpartum seclusion, culminating with a reentry into her husband's household. We could argue that these practices collectively form the ceremonial processes that transform women into mothers, and render childbirth momentous. But reducing childbirth and motherhood to a three-part ritual schema is misleading because women do not always return to their natal homes, and re-enter their husband's households with a child in hand. Women's transition into childbearing is significantly less prescribed or fixed as compared with, for example, the way boys are forcibly and sometimes violently separated from the "maternal" spaces they inhabit during the circumcision ceremony in order that they are reborn into the social hierarchical worlds of men (Bloch 1986). Instead, childbearing women are often guided by the competing agendas of multiple families, who perform rituals differently, or who perform no rituals at all.

Ironically, rites of passage, which have long been modeled after physiological birth, do not help to ellucidate women's passages into motherhood. Women's experiences of childbirth

and the transitioning role from young women into mothers does not fit with the predominant literature on rites of passage which emphasize abrupt separations from the old habits and spaces, and reentry into new spaces transformed. Moreover, as ritual theorist Nancy Jay argues, ritual sacrifices, often a component of men's initiation ceremonies, are actually thought to oppose physiological childbirth in most societies. Rites of passage for boys and young men are understood to be "man's childbearing" and "superior to women's childbearing, that is, sacrificial reproduction of social and political order is considered superior to [and a remedy for] sexual production of individuals" (Jay 1992, 77). <sup>15</sup> Jay puts it another way as well, "man born of woman may be destined to die, but man integrated into an 'eternal' social order to that degree transcends mortality" (1992, 39).

Thus not only do women's initiations into motherhood not fit the predominant literature on rites of passage, but women's childbearing is thought by some to be inferior to, and to produce children destined to die, as compared men's ceremonies of initiation which produce supposedly eternal descent groups. Jay's insights are indeed illuminating, especially when applied to the kinds of ritual sacrifices that Malagasy use to initiate people into patrilineal ancestral orders. However, when applied to peoples' individual experiences within these ceremonies, her overly functionalist interpretation does not always fit. Additionally, such an interpretation obscures the fact that many forms of enduring social order, in addition to patrilineal orders, exist within societies. Religious communities, one's integration into a family, or one's legacy as a mother, father, grandmother or grandfather can *all* outlive a person's earthly life and contribute to one's sense of "eternal" worth and belonging within one's community.

Women's experiences of life's transitions may be significantly more fluid, experienced more as a deepening rather than as a rupturing and renewal (Bynum 1984, Lincoln 1981). Bruce

Lincoln proposes the metaphor of the chrysalis as a more appropriate model of women's experiences of transformation. He writes

Without a clear enactment of separation, one might question whether there can truly be a liminal period or a process of reincorporation, for nothing has been left behind and there is nowhere to which one can return. Thus, although women's initiations regularly conform to a three-part structure, the three stages cannot accurately be described as separation, liminality, reincorporation. Something different seems to be at work, and in place of van Gennep's terms I would suggest three others: enclosure, metamorphosis (or magnification), and emergence...The seclusion chamber is her chrysalis, where she acquires her new mode of being. (Lincoln 1981, 57)

Lincoln's model, at least in terms of imagery, seems a more apt description of Malagasy women's evolution into motherhood. For after the birth of a child, Malagasy women enjoy a flexible period of seclusion at home (in their chrysalises), followed by a gradual introduction to new mode of being, where relatives guide her until she is ready to emerge (read come out of her house) on her own.

But what about the notion of "spear battle" (*ady antsaboa*), the Malagasy proclamation that childbirth is women's battle with the sword, comparable to circumcision for men (Feeley-Harnik 2000, 142)? Certainly the notion of a "spear battle" seems ripe with violent imagery, of a transformation made powerful by a dangerously close encounter with death. While the notion of a "spear battle" may seem to connote a rupture or clean break more than it does a gradual metamorphosis, in fact women do not experience a symbolic exposure to death, as neophytes do in puberty rites; women use the metaphor of "spear battle" because they know that some among them may literally die or come close to death. Thus no three-part ceremony to make this life experience seem real is needed, precisely because it *is* real. The moment Malagasy women become pregnant (*mavesatra*), <sup>16</sup> they are instantly charged with the responsibility of growing, birthing and transitioning their "water babies" into hardened bodies who will move from states of ambiguity to defined places within religious and social spaces.

# Conclusion: Childbirth is a Rite of Passage Unlike All other Rites of Passage

In short, the postpartum rituals that Malagasy mothers sometimes observe possess many meanings and serve many functions. A period of seclusion can afford women rest and care while also serving to protect, harden and close their bodies. And cold water bathing (ranginaly) serves to transfer ancestral blessing to mothers and mark them (together with their children) as members of a particular descent group. Ranginaly bathing sometimes transforms mothers, and at other times enables those who are already so to claim a more dominant influence over their children. Seclusion periods can create a hallowed space in which grandmothers (paternal and maternal) might teach women how to care for the life of their babies that these women might be made into mother who bless their babies in the particular and prescribed manners to which their families are accustomed. But such practices do not always come together to form a cohesive set of religiously adhered to rites of passage.

In summary, no comparable rite of passage to transition Malagasy women into mothers exists in the way that circumcision readies young boys for their journey toward manhood. Malagasy women nevertheless have claimed childbirth as a transformative battle, as *their* rite of passage, though it may at times be significantly less ceremonious, and considerably more unpredictable. Ritual and regalia are no doubt involved, in the blessings that women receive, in the *fady* they follow, and in the ritualized baths they endure. However, it is not the pouring of water over women's heads that gives them the sense of having "crossed over" despite Dr. Hanitra's proclamation that *ranginaly* represents "women's baptism." Most women rather described ritual bathing as more discipline-like than spiritual, and even as they enjoyed a period of postpartum rest and seclusion, most described bathing with cold water and with hot herbal medicines as "difficult" and "unfair."

There is a reason why religious communities have modeled rites of passage after childbirth and not the other way around. The act of giving birth becomes a religious act, and therefore a powerful one as well, not because of any kind of structured ceremonies that may surround it, but from the harrowing physiological experience of having another being come out of one's body. The act giving birth, and of being born, are among the mysteries of life, upon which religion builds. Religion becomes meaningful for participants by giving members a sense of rebirth, of being made new, of belonging, a feeling that their life matters.

Women sometimes desire that their experiences of childbirth to be marked as sacred, which why their families give them blessings (joro) before they go into labor, and why loved ones visit them after the birth bringing them gifts of *rôm-patsa*.<sup>17</sup> It is also why Malagasy women say to one another "congratulations for you have made it over to the other side." This need to have what is momentous about childbirth recognized is why North American women give each other gifts and words of blessing at a baby shower, or the purpose behind the Native American prenatal ceremonial called Blessing Way. One purpose behind rites of passage is to consecrate transitions in our lives that we have deemed sacred -- our births, our comings of age, our unions, our entrances into religious communities, and our deaths (Lambek 2007). But rites of passage also function as a way for communities to shape initiates into new kinds of people, or at least, to give new members the experience of having been transformed or made new. Sometimes this goal is achieved through ritual, other times not, which accounts for diversity of religious experiences that people profess. Sometimes women are made into mothers; and other times they are not. This latter purpose of making people is where post-partum bathing fits in. Malagasy use postpartum bathing to ensure that women's bodies heal and harden post-childbirth, but also, and perhaps

primarily, as a way to ensure that new mothers will know something of their ethnic and religious heritages that they might impress them upon their children.

Women's bodies are contested sites. Women are often used as instruments in the perpetuation of both matri- and patri-lineages and in the construction of competing religious identities within their families. Motherhood can be a time of discernment and choice, and it is an opportunity for a woman to negotiate and reconstruct her place in her family, and in the larger society. And though women are often used to implement others' agendas, and as instruments of the perpetuation of lineages and religious identities, women also act as agents of their own schemes, carving out paths, using family and neighbors, religious institutions, and medical technologies to reach personal goals and establish more satisfying identities for themselves and their children.

In the current chapter, I have emphasized the extent to which women are shaped by those around them through ritual bathing, through instructions given to them by elders throughout the postpartum period, but throughout my research, there existed a tension in the way that Malagasy women spoke about their birthing and parenting decisions. Sometimes family and friends guided or dictated to them what kinds of blessings or ritual medicines were to be used in the birthing and raising of children; other times my interviewees made their own decisions based on personal religious convictions, on their knowledge of science, or in their efforts to be as they described "more modern" and "independent." In the chapters that follow, I will dive more deeply into the decision-making of Malagasy women, with regard to their acts of giving birth, and with regard to the rituals and ceremonies and medicines they used, or did not use, to transform their "water babies" (zaza rano) into "real human beings."

<sup>&</sup>lt;sup>1</sup> Nadima. Personal Interview. May 22, 2012.

<sup>&</sup>lt;sup>2</sup> In her research on the "forty days and forty nights" postpartum practices among Ribeirinha women in eastern Amazon, Barbara Piperata offered similar ideas about women being open and vulnerable as an explanation for why they needed to undergo this period of *resguardo* (rest). Interestingly, however, she notes that women who were undergoing *reguardo* never described themselves as feeling weak or vulnerable, but instead described it as a joyful period and welcomed the new status they experienced, and "the alternations to their daily routine (2008, 1102).

<sup>&</sup>lt;sup>3</sup> Dr. Hanitra. Personal Interview. October 27, 2011.

<sup>&</sup>lt;sup>4</sup> Nancy Rose Hunt describes similar postnatal bathing practices among Congolese women. In particular, parturients have hot water splashed on them by female relatives similar to what Malagasy described (1999, 278-176).

<sup>&</sup>lt;sup>5</sup> Nadima. Personal Interview. May 22, 2012.

<sup>&</sup>lt;sup>6</sup> When I refer to Sakalava peoples in this dissertation I am referring to an ethnic group with many different sub clans. Sakalava can also refer to the polity/monarchy that ruled over much of Western Madagascar from the 16<sup>th</sup> through the 18<sup>th</sup> centuries. They began to lose power to the emerging Merina polity in the 18<sup>th</sup> century. Sakalava remember and reclaim their lost power in a variety of ways including through the ritual reburial of their kings (Feeley-Harnik 1991).

<sup>&</sup>lt;sup>7</sup> Therese. Personal Interview. January 2, 2012.

<sup>&</sup>lt;sup>8</sup> Interestingly, most Datoga believe that certain kinds of death, and certain kinds of experiences which cause people to come close to death (like childbirth) can anger spirits. To calm the spirits, various rituals are prescribed which are said to cool the ancestors' anger (Blystad 2007, 335). While cold water bathing likely serves other purposes, the reader should note that Malagasy also have complex ideas about hot and cold, not only in relation to healing and biomedicine, but also in relation to spirits and other religious ideas as well. And these associations about temperature vary regionally. It is possible that some Malagasy mothers require a cooling down after childbirth, because childbirth is understood to be a dangerous (hot) affair.

<sup>&</sup>lt;sup>9</sup> Amélie. Personal Interview. November 17, 2011.

<sup>&</sup>lt;sup>10</sup> I posed this question in Malagasy using the phrasing "Anao mivavaka? Anao Silamo, Chrétienne sa Gasy fo?" which literally means "Do you pray? Are you Muslim, Christian or only Malagasy?" I learned to ask questions about religious affiliation in this way after hearing informants self-identify as "Gasy fo" which literally means "only Malagasy" and indicates that they practice Malagasy customs (fombagasy) or ancestral customs (fombandrazana) exclusively and do not adhere to any Christian or Muslim religious observances.

<sup>&</sup>lt;sup>11</sup> This was the first instance of someone describing *ranginaly* as more than a bathing practice. Nadima did not elaborate as to what other practices are involved.

<sup>&</sup>lt;sup>12</sup> Ranginaly is a way of life with customs and dietary restrictions beyond the cold water bathing practices that women observe postpartum. That said, most people of *ranginaly* ancestry do not worry about observing these customs except during vulnerable periods. Thus, generally speaking, cold water bathing refers to a particular style of bathing post childbirth and not to a more general manner of bathing. Almost all residents in Diego bathe with cold water on a daily basis because few families have hot water in their homes, but people do sometimes warm water over a stove for use in bathing on particularly cold days, or when someone is ill. If, however, a person is *ranginaly*, it would be dangerous to use warm water during a time of illness, or during the time of one's recovery from childbirth.

<sup>&</sup>lt;sup>13</sup> Jacqueline. Personal Interview. December 23, 2011.

<sup>&</sup>lt;sup>14</sup> Here Cole is referenceing Jennifer Johnson-Hanks research (2002, 2006) on motherhood, among young Cameroonian women, but arguing that the same applies for young women in Madagascar.

<sup>&</sup>lt;sup>15</sup> Quoting Valerio Valeri's account of ritual sacrifice in Hawaii, Jay notes that Hawaiins describe sacrifice as "man's childbearing" (Valeri 1985, 114). Jay writes: "Men's childbearing is superior to

women's childbearing, that is, sacrificial reproduction of social and political order is considered superior to sexual reproduction of individuals." *Throughout Your Generations and Forever*, (Chicago: University of Chicago Press, 1992), 77.

Mavestra, which means "heavy" is the same word used for pregnancy in the northern dialect of Malagasy.
 Rôm-patsa are a type of small shrimp that women give to other women who have just given birth, as

<sup>&</sup>lt;sup>17</sup> *Rôm-patsa* are a type of small shrimp that women give to other women who have just given birth, as they are understood to help a woman's milk come in faster. *Rôm-patsa* can also refer to any type of gift given to women post childbirth.

# Chapter Four: Birth is our "Spear Battle": Stories of Pregnancy, Childbirth and Motherhood

Childbirth, the process of one body becoming two (or more), is an act of creation that leaves echoes in a woman's body and memory.

Pamela Klassen, 2001

This chapter is an exploration into the narratives of several Malagasy women's experiences of pregnancy, childbirth and motherhood. For some of the women I interviewed, pregnancy came by surprise and altered their life course in unexpected but retrospectively fortuitous ways, while others' surprise pregnancies still leave them wondering what the future holds. Some hoped that having children would bring them the fortune they had long anticipated, and all of the women I interviewed wrestled with the joys and tediousness of balancing family obligations, motherhood and work.<sup>1</sup>

Childbirth, and the subsequent passage into motherhood that often follows it, is widely held to be a penultimate rite of passage in a woman's life, a transition made more meaningful by the elaborate birth and postpartum rituals women are often led through. Through these ritual orchestrations, women are taught to find certain meanings in their birth experiences and to become mothers who will bless their babies and care for them in particular ways. <sup>2</sup> But women are also more than recipients of ritual knowledge. As participants and orchestrators, they too are accomplishing their own tasks and finding their own meanings within such ceremonies. Childbirth can be a powerful moment in a woman's life. And in addition to being potent on a personal level, childbirth can propel women into new positions within their social circles as well.

As the women I interviewed testified, women's status in Malagasy society is very much tied to the latter – to their ability to bear children who will continue in the traditions of their forbears (Rabenoro 2003). Many of my informants emphasized women's worth as intricately connected to this, their role as mothers. In Madagascar when a woman gives birth, she is given a new name within her community (ex: Mama'ni Zafisoa). This new identity, as the mother of the children she bears, can sometimes come to supersede other defining characteristics. Women in Madagascar who never become mothers are viewed as less grounded and as falling short of societal expectations. Malagasy described the tragedy by which some women's partners left them when they could not produce a child. "For what good is a wife who cannot bear children?"

Of course, as I already emphasized in the preceding chapters, childbirth does not automatically bolster a woman's status or make women into mothers, as others have observed (Cole 2010, 8; Johnson-Hanks 2002, 2006). Women do not always keep the children they bear nor do they always remain tied to the men with whom they bear children. And when women do keep children, what is sometimes more common that the experience of being harmoniously incorporated into a family by virtue of one's ability to bear children for it, is the experience of being abandoned in a situation of pregnancy or new motherhood: when a man decides to leave his pregnant girlfriend, or relinquish his responsibilities as a father an experience to which many of the women I interviewed could attest.

The normative life experience for a Malagasy woman begins at her own birth where she is named and welcomed into her community, and her life celebrated. She learns from her parents and grandparents, and aunts and uncles what it means to be human and what it means to be a little girl and subsequently a woman. The start of her menstruation cycles mark her entrance into the potentiality of becoming someone who will be able to contribute to the continuation of a

lineage. And the birth of her first baby thrusts her into her husband's family in ways that give her life new social importance and meaning. After bearing several children, she grows old and becomes an ancestor whose legacy will continue to shape and guide her descendants for generations to come. This is the ideal: but life does not always or even often unfold this way. As I have already made clear in preceding chapters, this dissertation deals with the real rather than the ideal. Families do not celebrate with ceremony every life that comes into the world. Children die before reaching maturity. Women do not always observe the food and behavioral pregnancy taboos they are expected to follow; they sometimes lose children in childbirth, or worse, their own life.

As we shall see in the stories that follow, women do not always feel supported by their parents, partners and in-laws. They may experience unplanned pregnancies, surprise pregnancies or even fail to achieve pregnancy; paternities are sometimes questioned, and disagreements ensue about to whom children belong and how best to raise them. Yet despite the many ways in which life sometimes fails to unfold in normative ways, childbirth remains a life changing and meaningful experience, sometimes in the best most expected of ways, and sometimes in the worst and least anticipated ways and under the most challenging of circumstances.

I have asserted that when we see and "stand *with*" women, rather than look *at* them as mere procreative symbols within a prescribed set of ritual procedures, we see that childbirth rituals do not move people along a clean linear path within the life cycle.<sup>3</sup> As opposed to simply ushering babies and new mothers and fathers into the next inevitable phase, performing birthing rituals affords parents, and mothers in particular, an opportunity to think about family histories and religious identities, and to renegotiate their place in their families and religious communities. Of course, as I have also demonstrated, birth rituals are not just for parents. They mark children

as well. By blessing and dedicating the newly born, parents and elders transform children into particular kinds of humans who will come to understand themselves and their place in their communities differently. And while a lack of religious fanfare around a child's birth does not always mean s/he has no worth in the social structure of the family, sometimes no ceremony does mean precisely this. Sometimes, the absence of a dedication ritual means the child is not understood to be as worthy, legitimate or as "bone-filled" (read: socially placed/grounded) as other children.

Childbirth is a "spear battle" in so many ways. Parenthood offers new challenges and new opportunities, new ways in which to think about the past and also new ways in which to envision the future. Women face these battles alone in deeply personal ways, and collectively with the support and constraint of their families and friends. In Chapters One, Two and Three, I offered several ways in which to consider the struggles that Malagasy women face to bring healthy children into the world, but no theories evidence women's struggles better than their own stories. It is my hope that by providing women's own narratives of childbirth in this chapter, their stories will illuminate aspects of their "spear battles" in ways that a purely theoretical analysis could never do. For this is where an ethnographic approach to the study of peoples' domestic religious practices can make a provocative contribution to theories on the role of women in Malagasy society, and the role of childbirth, and of symbols of childbirth in Malagasy religions. Life stories enable us to better see childbirth, less as a cleanly arranged rite of initiation for women, and more as a messy, complicated, and sometimes frightening though almost always transformative, moment in a women's life.

The approach I employed in the collection of these women's birth stories closely aligns with that of Jean Davison's in her documentation of the life stories of rural Gikuyu women in

Kenya (1996). Davison uses an ethnographic approach which she calls "person-centered" which "forces the person undertaking it to give up 'the comforts of home'... while also spending enough time in a place to learn the local language that one does not have to depend on intermediaries" (1996, 13-14). It means spending time with women and participating in the activities in which they themselves participate on a daily basis. In Diego Suarez, this meant trading my car in for a bicycle, learning how to get around the city, and the island, by way of taxi, taxi-brousse, hitchhiking, walking and boating. It meant cold water bucket baths, learning to cook almost exclusively from foods bought at Diego's outdoor food market, living in a house with no air conditioning and infrequent electricity, and only sporadic access to running water.

According to Davison, ethnographic methods such as this one involve near full immersion and "privilege oral information-gathering techniques," which she argues is especially suitable in nonliterate societies. For collecting oral histories "allows us an opportunity to hear the voices of those who cannot write but who have opinions and ideas that we need to hear" (Davison 1996, 16). In my case, many of the women I interviewed were highly literate with university degrees. Others however were less so. I learned of this fact, when I would occasionally ask an interviewee to write down a word for me in my notebook only to discover the embarrassment I had caused her by highlighting her inability to do so. The stories I present in this chapter are not comprehensive of the "spear battles" Malagasy women face. They are, however, stories we need to hear. Through Adeline's, Marie's, Nasreen's, Camellia's and Céline (and Roland's) stories, it will become clear that women's experiences of motherhood are as unique as they are representative, and as challenging as they are powerfully transformative.

The women's stories that follow will show the reader that decisions about whether or not to keep or abort a child, are not a mother's alone, but more often a decision women must make in

consultation with other relatives. The first birth story, of a young woman named Adeline, will reveal that family pledges to help young women raise their children sometimes fall short of women's expectations. Additionally, the birth of a child, though often praised as the means by which families are brought together, can sometimes do the opposite and highlight disagreements instead, as the second story -- Marie's narrative -- will demonstrate. Marie's struggle to respect her boyfriend's parents' customs while struggling also to stay true to her own religious commitments shows the extent to which family discord over how best to raise a child, can create a potentially impassible divide between parents.

These stories are not all somber however. All of the women I interviewed shared that their children gave them a sense of deep joy and purpose. This is especially true in the third story I narrate. Nasreen perhaps more than any other, expressed this sentiment. But for Nasreen, motherhood gave her a new sense of worth, not simply because she was continuing a lineage through the propagation of children. Her worth stemmed not from the fact the she now held a more esteemed place in Malagasy society because she was able to bear children, as some more abstract gender theories might suggest. Her joy and purpose came from her sense that her home environment reflected the kind of life she had always dreamed of, but had never had the chance to create. Her joy came from finding a home within a religious community and discovering the peace that came from living by that community's ideals. In the fourth birth story, Camellia's discussion of the importance of observing certain dietary codes during pregnancy sheds light on the larger significance behind women's observance of food taboos (fady) while pregnant.

Camellia demonstrates that the weightiness of caring for ancestral customs can be a disciplined choice that feels more freeing than constraining. And lastly, Céline's and Roland's story reminds

us that parenthood in Madagascar, even with its challenges, can sometimes be as picturesque as many young Malagasy couples dream it to be.

# A Young Mother's Sadness

Though the heartening and life altering aspects of motherhood often overshadow the more painful and disappointing ones, women the world over know all too well of the depression that can fall upon them suddenly after the birth of a child. Postpartum depression has both psychological and biological components, but the sadness that Adeline expressed to me when I interviewed her in 2012 might be better explained by her social circumstances at the time than by her medical condition. When Adeline became pregnant, she was only seventeen and living far from her hometown and her parents, in the more exciting, though sometimes frightening city of Diego, Suarez. A pregnancy had not been in either in her or her boyfriend's plans. And like most young Malagasy couples struggling to make ends meet, they had to rely on their families to help them navigate this new juncture in their lives.

I met Adeline through my research collaborator Édith, who was Adeline's neighbor during that year. Like Adeline, Édith was a young woman who had moved to Diego for the numerous opportunities such a city provides. And like Adeline, Édith was living with her boyfriend. Together, the two couples earned enough money to rent small make-shift houses, but each was far from ready to bear children, or to marry, according to their estimations. Young people come to Diego for a variety of reasons. Some come to live with relatives in order to attend a better secondary school than would be available in their respective hometowns. These young people live with relatives and help out around the house in exchange for room and board.<sup>5</sup> Other poor rural youth, especially young girls, are sent to larger cities like Diego to work as young maids in the homes of wealthier Malagasy, Indian and *vazaha* families. As maids, they

earn a pittance that they send back to their families. They seldom go back home on a regular basis as travelling back and forth via *taxi-brousse* is too expensive a journey. Most of these girls will never finish school and will move from house to house serving as maids until they reach adulthood. At that point, they will return home, or search for an alternate means of making money in the city. Some will become romantically involved with Diego boys and will attempt to escape their poverty by integrating themselves into their boyfriends' families, but such efforts are rarely successful. Other young people from families with more financial resources come to Diego to attend University, or to better find work that is available in their hometown or village from which they come. In Diego, the more common jobs are found in government administration, in the tourism industry, and at the shipyard or fish processing plant. When Édith approached Adeline about the possibility of us interviewing her, Adeline readily agreed, affirming that we could come anytime as she was "always at home." Although Adeline did not volunteer why she had moved to Diego at such a young age, we can surmise that she likely came in order to attend secondary school or more likely to work as a maid in a wealthier household.

Adeline was washing clothes when we showed up at her home for the interview. She asked that we give her a few minutes before beginning. So Édith and I walked across the dusty dirt path that separated Adeline's house from hers, a path that was big enough for bicycles and motor bikes to pass, but possibly too small for a larger vehicle. Édith was living in a newly built house made from sheets of corrugated iron. It was hot inside and there was not a lot of furniture nor electricity, but there was a bed, bookshelves filled to the brim with English novels, economics manuals, and other books from her and her boyfriend's respective college courses; a couple of chairs, a refrigerator used for storing food, a portable gas burner, a table with some spices and pots upon it, a bicycle, plastic buckets in which Édith hauled water each morning for

the daily washing and cooking, and a single chicken. Édith and her boyfriend had been trying to set up electricity for months, but there was a long waiting list, and as she explained, "one would have to bribe the company [JIRAMA] to be moved up on the list." Édith offered me a chair and some litchis as we waited for Adeline. She fed the chicken a handful of dry rice and then took her outdoors and tied her to a tree. "We mean to eat her," Édith explained, "but we keep buying other things for dinner and putting it off." Now, she said, "I don't want to kill the chicken because I have grown to like her." A few minutes later when Adeline arrived, I could not help but think how young she looked and also how nervous she seemed. When we began the interview, the questions I posed seemed to pain her. Adeline could barely speak, but she insisted that she wanted to continue. Perhaps as the mother of a two-month-old whom she held in her arms, she was feeling emotionally overwhelmed. Or perhaps she was intimidated by the fact that Édith, a University student, and I, a *vazaha*, took interest in her story.

#### **Adeline**

"I come from a town south of Diego just off the road toward Ambilobe. My baby's name is Alain. His father chose the name. I come from a family of eleven children. I have eight older siblings and two younger ones. My "grandmother" (*dadiko*), that is, my bofriend's great aunt, lives next to us and she was the first to notice when I became pregnant. When it happened, I asked my boyfriend and his family what I should do -- whether I should keep the baby or abort the baby. They told me to keep the baby and offered to help, so that is what I did. During the pregnancy, it was *fady* (taboo) for me to eat sour foods as well as wrapped foods (*raha mofogno*) like egg rolls and *sambos* (samosas). And it was *fady* for me to have sex beginning around the seventh month because the baby's head was on bottom and sex at that stage would have made the baby impure. But even though my relatives cautioned me about these *fady*, I disregarded them often. My grandmothers on both sides warned me that my legs would tremble during labor

if I ate too many sour things. I was not supposed to eat cold food during the pregnancy either. My grandmothers told me, 'If you break the *fady* and don't get sick, then you might lose the baby (*mangadoso tsaiky*). If however, you breaks the *fady* and do get sick,' then they explained, 'the baby will be fine.' When my legs trembled during my labor, I knew it was because I had broken the *fady*. That is why my legs were weak and I needed an injection during the labor.

The night I went into labor, I felt pain in my stomach and lower back but I didn't tell anyone about it at first. When the pain became unbearable, I finally told my sister-in-law<sup>8</sup> who told me I should prepare to go to the hospital, and advised me to eat a little something, but I was in too much pain to eat. I went to the 'hôpitaly' at ten that night. Which hospital did I go to? Actually, it was an 'hôpitaly an trano' (house hospital) near the fish processing plant at Place Kabary.<sup>9</sup> A retired rasazy<sup>10</sup> (midwife) who used to work at the *Dispensaire* works out of her home there. I did all of my prenatal care with her except for my blood work, which I had done at the *Dispensaire*. The birth was difficult, but the injection made it easier. My boyfriend, mother-in-law, and dadiko (grandmother) were all there for the birth. My labor pain began around 7:30 in the evening and the baby came out around 7:40 the following morning.

The day before I gave birth to Alain, I was very sad. I had wanted to go home to see my family. The pregnancy had worn me down and I longed to go home, but my mother-in-law encouraged me not to leave. 'Go home when you are happy,' she said. 'You are sad now, and it is not good to go home when you are sad. Besides, we have already given you a blessing (*joro*) for the birth; there is nothing you need to go home for right now. Wait for a happier occasion,' she implored. I did not go home that night, and that night my labor pains began. I would not go home to see my own family for several more days.

What is the significance of a *joro*?<sup>11</sup> The *joro* is a blessing usually given by the baby's father's side of the family. *Dadiko* (my grandmother) performed the *joro* before Alain's birth. There are many different kinds of *joro* for many different kinds of occasions. They are an opportunity for families to ask for the blessings of the ancestors. If you don't give a *joro* when one is needed, you will always be sick. Certain occasions warrant the blessing of certain people, and they are usually given by an elder, but anyone can give a *joro*. If you are with the baby for a month or so, and then the baby and mother leave, you can invoke the ancestors and give them a departing *joro*. When you visit a baby and leave without giving him/her a departing *joro*, you might miss the baby too much and your missing him can make him sick. But if you give a departing *joro*, even when you think of him and miss him, he will be fine, and so will you.

What kinds of *fomba* (customs) did I observe after the birth? After Alain was born, I did *ranginaly* (cold water bathing). I bathed this way three times a day. And I bathed with *rômba* leaves as well, one week after the birth, and again after the second week because that is my custom. My [boyfriend's] family helped me to sit in the *rômba* and also poured it on me from the front and back. They also made me drink a tea right after the birth called *anamaganan-jangahary*, which helped me heal faster. I did this every day until the bleeding stopped. My mother also told me to drink a tea called *agnamafana* and to bathe with *ravin-tsôha*. The midwife I used was nice and my family showed me everything I needed to know to recover and care for the baby. We brought the baby out of the house in a formal way, with a *joro* two weeks after his birth.

How did my life change after the birth? Life is more difficult now. Before things were a lot simpler, whereas now my work is never done (*tsy vita asa*), and I am always in a hurry. And my work is always interrupted by the baby, who cries often and needs to be held often. My house

is dirty now which is why Idid not invite you in and asked for you to wait for me at Édith's house instead. What I want to tell you is that I had not wanted to have a child. I was counting my cycles, but I must have miscounted and gotten pregnant anyway. I never planned to have a child this young."

As the interview came to a close, I thanked Adeline for sharing her story with me, and asked, "Can I help you with any of your housework?" "Do you know how to hand wash clothes?" she inquired. I replied that I did. "Even clothes for adults," she asked incredulously. "Yes, especially clothes for adults," I answered enthusiastically. Still skeptical of my hand washing competence, she agreed that next time I came I could wash the baby's clothes. Édith and I walked back to Adeline's house and held her baby Alain as she finished washing clothes. Édith was surprised that I knew how to hold a baby. She had heard that American women did not know how to hold babies until they became mothers themselves. She had seen a movie with Ben Affleck and Jennifer Lopez, and the mother in the movie did not know how to care for a baby. I conceded that this was sometimes true that American women did not know how to hold babies, perhaps even generally true, but also explained that it depends on the person. I shared that I had had plenty of practice because I had always enjoyed holding babies. Édith replied that she, on the other-hand, did not have as much practice holding babies as compared with most Malagasy woman. She held Alain, but was nervous doing so.

During the interview, Adeline had appeared anxious and even seemed at a certain point as though she wanted to cry. However when we moved back to her house and sat on the ground in front of her house while she washed clothes, Adeline appeared more relaxed, even happy and seemed to enjoy our company. Though I was privy only to a miniscule snap-shot of Adeline's life, I understood from what she shared with me, that it was her boyfriend's family who had

encouraged her to go ahead and have the baby even though the pregnancy had been a surprise. They promised their support. Yet there Adeline sat in his family's courtyard, at seventeen, washing her boyfriend's pants. In that moment, no one else was around, just she and the newborn baby, and all of the household chores. I let her in on my judgment of the situation when I asked, "Does your boyfriend ever help out with cooking?" "Yes," replied Adeline. "He does when he's around and sees that there's work to be done." Then Adeline asserted to Édith and me, "You know if you want to have children, its gets increasingly difficult with age." Her statement offered an alternative angle from which to view her surprise pregnancy, the silver lining if you will. Her statement also evidenced a more critical perspective on what she understood as mine as Édith's respective decisions to delay parenthood. Moments later Adeline's grandmother passed through the yard with several other people. Their passing through offered a slight correction to my initial assumption that Adeline spent most of her days at home alone. Indeed after subsequent visits to Adeline's house, I would see that Adeline often had company as she and her boyfriend lived side-by-side many of his relatives.

As her grandmother walked by, knowing nothing of why I was there, she jokingly said to Adeline, "You should sell the baby to the *vazaha*. You can make a lot of money that way." "I would never sell him," Adeline replied. "If she wanted to take him to the U.S. for a period of time to give him a good education and possibly a better life, I would like this very much, but I would never sell him." After her grandmother was gone, Adeline told us that she was upset by the conversation that had transpired. "I know she was joking, but I still don't like it. It's not funny to talk about selling my child." As she shared her irritation with us about her grandmother's words, I could see in her demeanor how Adeline at seventeen had long ago

claimed the decision to have Alain and all the responsibility that came with caring for him. Even though she had not made the decision alone, it was hers now.

Adeline's story reveals the sadness, loneliness and uncertainty that often follow a young women's journey into motherhood. Rather than ushering her into a more esteemed place within her community, the *fady* (taboos) she had been encouraged to observe, and the rituals of blessing she and her baby received sometimes felt arbitrary and constraining. By insisting that the *joro* (blessing) her family provided was the only blessing Adeline needed, Adeline's mother-in-law had signaled to Adeline that she was now under the care and supervision of their family.

Adeline's story reveals that young Malagasy women do not always have much say as to whether or not they should keep or abort their babies, nor the financial means to decide where they will give birth to them, and with the support of whom.

Nevertheless, Adeline claimed motherhood proudly and bravely and loved her newborn son very much. But a cloud of uncertainty robbed her of the full pleasures of motherhood as she wondered whether or not she would be able to finish school. She wondered if she and her boyfriend would stay together or ultimately part ways. And if they parted ways, would she get to keep Alain? Or would her in-laws fight for custody? Or perhaps worse, would they abandon all responsibility in raising him? And if she late became involved with another man, would that man love Alain as she did? Would another man want to be with her even though she already had a child? In earlier generations, Malagasy men were known to find mothers desirable and adopt the children they had had from a previous relationship, but in contemporary times, Malagasy note that the opposite is sometimes true (Rabenoro 2003).

Adeline's story is in many ways representative of the struggles Malagasy women face when they become mothers at a young age. But while she ended up keeping her baby, there were

certainly other young women I interviewed who ended up having abortions when they became pregnant while still in school, sharing stories of how they had kept their pregnancies secret in order to make the decision to terminate their pregnancies privately. Some of the latter were students who feared that their unplanned pregnancies would disappoint their parents who had sent them away "in order to have a better life, not to come home pregnant." And of those who had faced abortions, many did so alone. <sup>12</sup> One young woman described how her doctor had driven her back to her dorm room, and helped her into bed before leaving her under the care of a roommate. Some of the young women I interviewed took birth control pills in order to avoid an unwanted pregnancy, even though they worried about the pills' consequences for their overall and long-term reproductive health. Others used alternate means of contraception. Several managed to delay motherhood in order to obtain a university degree or pursue job training. Of these, a few later regretted this decision. For they later found themselves older and out of place for not having a child. They felt envious of the seeming joy their peers' children seemed to bring.

For Malagasy youth, it seems that pregnancy does not always afford women a newfound sense of status and worth. Parenthood brings both joys and sadness, and uncertainties, not only financial, but social ones as well. For Adeline, her lack of financial resources made becoming pregnant at an early age especially difficult, and left her especially vulnerable to others' decision-making at the possible expense of her own. The next story will demonstrate however that even when wealthier Malagasy become pregnant unexpectedly, matters do not always unfold easily or ideally.

## When Mothers Bear Family Discord

Marie was in the middle of completing a *maîtrise*<sup>13</sup> degree at the University of Antsiranana when I first met her in 2011. That year, she spent a portion of her time living with

her toddler daughter in her parents' house in Diego, but she and her daughter also traveled frequently back to Madagascar's capital, Antananarivo, where they stayed with one of her sisters. Of all the women I interviewed, Marie had some of the more exceptional social and financial resources available to her. As the daughter of two history professors, both of whom received degrees abroad, she had many opportunities and life experiences available to her. However, as she saw it, these opportunities did not make her transition to motherhood any easier. Marie experienced her pregnancy and journey into motherhood as a surprising event and as "a beautiful thing" that brought her much contentment. But as the pregnancy progressed, difficulties began to ensue. Though markedly different from the struggles that Adeline faced, Marie found her transition to motherhood to be nonetheless physically and emotionally trying. Moreover because of what she understood to be her educated and enlightened perspective on cultural and religious matters, she often felt distanced from her peers, and ignorant of the traditions of the dominant culture. And upon bearing her first child, her sense of feeling removed fell into even greater relief as she and her boyfriend struggled to put their lives together in a way that both of their families deemed acceptable.

## Marie

"Being a mother was not at all in my plan," answered Marie as I began my interview with her. And for my husband, I think he felt the same way. But it happened nonetheless. You see, I had *un copin*. I had *un garçon* (boyfriend) of about twelve years and I became pregnant. For me, it was a beautiful thing. I was surprised but also very content. I took my responsibility and he did too. During that time, I left to go to France for some months and he stayed in Tana. So we were apart for a while. I was there for just five months and he was always in Tana. We continued to communicate very often. I kept him informed about the progress of the pregnancy. I

sent him the sonogram pictures. And I thought that he was also content. But when I returned to Tana after five months of being away, I saw that things had become a little bit difficult for me.

First, I was tired. The travelling made me tired. And the placenta had come down too far so the doctor put me on bed rest for a month. I had to do everything from bed. I ate and went to the toilet near my bed. But everyone was there. My mother, my sister, and my boyfriend were all there. And overall my pregnancy was fine. I did not have too many problems and was well supported. When it came time to give birth, I gave birth in a clinic. We did not do things according to tradition because we in my family, we do not following *fombagasy* (the traditions), not when my parents are educated like they are. We are familiar with the traditions vaguely, but in reality we do not follow them. No one in my family follows fombagasy à la maison (domestic customs) because of my parents. Perhaps because they are history professors and have travelled a lot and they have taken a lot of culture from elsewhere. So they don't see the need to strictly adhere to what Malagasy culture dictates that they do. Instead they mix things. They've acquired une culture propre (a proper culture). We're educated like that. I don't know if it's good or bad thing. There's a negative side to this because it's difficult to live in a society without truly knowing the culture. And for example, the father of my child, his family *does* follow the culture. Thus when his parents came from Morandava in the southwest of Madagascar for the birth, they asked 'what is your culture? what are your customs?' I said, 'No, we don't really know the culture so it depends on you.' But then they didn't really say anything about what their culture is. There were some words said between us and now things are a bit cold and I regret that very much but it is not easy.

Yes, it is difficult to negotiate things between families. For example, with the date of the marriage, we had wanted to get married before the baby was born but it was difficult to decide

on a date for the marriage. But for my boyfriend's parents, before deciding to get married, it was necessary to first consult a wise person, a *moasy* (diviner). They insisted that it's up to this man to decide if the day is good or not because there are certain days that are *fady* (taboo). My boyfriend and I, we had already prepared all the paperwork for the marriage. But when his parents came, they said the day we had chosen was not good for the two of us because that day was *fady* for them. And for me, right away, that shocked me. For me, all that is *fomba* (custom), all the traditions, I'll consider all that. And because of my education, I respect all of that, but consulting a *moasy*, that's taking it too far, that's *maiz-maizina*.

What does *maiz-maizana* mean? It comes from the devil. It means dark. It comes from darkness. It's the opposite of light. It's the opposite of God. My parents are very pure. And because we're educated as we are, for me, I don't like to follow things that are *un peu sombre comme ça* (a bit dark like that). For me, that seems a bit occult to consult *un mage* (a magician) to see if two people are compatible. So that's how things stand and we still haven't arrived at a decision regarding the marriage. And so we live apart for now because we are not together. I live with my sister, and my boyfriend lives elsewhere. He still lives in Tana, but in another neighborhood from where my sister and I live. <sup>17</sup> And when his mother comes to Tana, I bring my daughter over to his house so his mother can see her granddaughter. Clara is her name. My daughter's name is Clara.

But when his father comes, that's different. Because my boyfriend's father often goes into the forest (*il va souvent dans la fôret*). And I don't know what he does there. So when my boyfriend's father is in town and I take the baby over, I prefer that my sister accompany us, because my sister prays a lot and I feel safer when she is with me. I don't know. His father is still a mystery to me. He often goes into the forest like I said before and I don't know what he does

there. I guess he goes to see *les gens sages* (wise people) like I said before, *les moasy*. And so for now, my boyfriend and I have decided to take a break. I'm beginning to imagine that his parents have a real problem. Right now I prefer to stay with my sister because I want to create a healthy environment for my daughter. I no longer know if I'm going to baptize her. Me, I'm baptized, but before I baptize her, I want to first to study the Bible because according to the truth of the Bible, I should be better educated. So before baptizing her I need to better educate myself. I don't want to baptize her right now because she's so small. She doesn't know anything. I want her to have the choice. I want her to know the difference between good and evil. I don't want the baptism to be just like a passport, just like that.

Yes, I want her to have some understanding first. And for me the fact that she is small means she is protected because God has said that children are without fault. So maybe someday when she is ready, I will baptize her. I have not cut her hair either. Well I have, but not as part of any kind of ceremony. I just cut it because it is so hot in Diego and the hair on her neck makes her especially hot. I had to wait until she was sleeping, because when she is awake, she moves around too much. My father told me about *ranginaly* (cold water) bathing when my daughter was born. He told me that we, my family, we were *ranginaly*, but he was just telling me, not insisting that I do anything with that information. My baby is my reason for living. When she naps, I miss her and want to wake her up.

How does my boyfriend feel about the problems we are having? I think he feels torn. He feels torn between his parents on the one hand and me and his daughter on the other. But we just have to give it time. At first I wanted to get married, because since I am well educated, I know that it's not good to have a child without first being married. Because you see, we, the well educated, we have *fomba* (customs) as well. Well, it's not really *fomba*, it's just good sense, but

we too have our things that we follow. For example, when a woman becomes pregnant, the man must come with the woman to the parents to assure them that he will take responsibility. In Madagascar, we call it *faire la fangatahana* (take one's responsibility).

My parents, when they were in Tana, they tried to talk with his parents. My dad is very good at being diplomatic, but my boyfriend's parents weren't interested in negotiating. They are angry because they have never met Malagasy who don't follow *fombagasy* (Malagasy customs). For people like my boyfriend who come from Morandava, just like with Indians, their parents are like a God. They are very sacred. You have to please them one hundred percent of the time. Everything that they tell you to do, you must do. I learned about this from friends, but I learned about it too late. For me I'm not used to doing things without a reason. I'm not used to being forced to do something. I can't just do something if I don't believe in it; it would be like killing my personality. I asked his parents why we must we do this and they responded simply by saying, "fady les andry" (It's taboo for Andry people).

Finally my mother said, let the father of the baby decide, and he said he needed a night to think about it, but then he decided he would wait until after she is born. When the baby turned a year, I asked him for an update, and he said it's still not the right time. So I don't know what that means. Maybe he still needs a little bit of time. My husband's mom invited me to Morondava to bring the baby to show to the family, and I wanted to. But my mother told me not to go because she said, 'If you bring Clara there, they will do the *fomba*. You don't know what they will do to her. Maybe they will take her into the forest and do *les rites* (the rituals).' I agreed with my mother. I did not want to go there by myself. You see, I am no longer *la belle fille* (a single woman). I am a mother and now the situation is a bit more delicate. I do not want to go by myself. It should be the three of us if I am to go. I know my daughter is their child also, so I am

not sure how to handle the situation. I don't follow *fomba* (customs) but there are some things, some dictums. For example, there is this saying, this Malagasy belief that the mother-in-law does not like her daughter-in-law so you should not go see her by yourself. That's why I told my boyfriend to come with me. But he always has excuses. Usually he says he has to work. I truly don't know what's going through his head. I don't know if he's being influenced by his parents or if it's a cultural thing. Maybe there's just a difference in culture. If you are entering into a relationship with someone who is of a different religion or culture, you need to inform them to the fullest extent beforehand so together you can decide what to do. Fortunately my parents are very supportive and understanding. And when I was pregnant, I went to France to stay with a friend of my father's for five months. She was a nurse. She was very nice to me and treated me like I was her own.

How did I decide on Clara's name? Well, the advantage of Malagasy names is that you can cut them into smaller parts. So we decided on Clara-Élis for the first part because our mothers' names are Élise and Élisabeth, and her middle name Soafara comes from one of my names (soa) and one of my sister's names (fara). And for the surname, we used both my boyfriend's surname and my father's surname. It's good because it saves our family name. You see, we have no boys in our family. My dad loves his name. When we told him the name we had chosen, he pleaded that we add his surname as well. So we did. My Dad's surname is long, like most Malagasy surnames, but we took off the first part and then added it together with my boyfriend's surname. I thought to myself 'oh, the family name is too long.' But I think it's okay. Malagasy have long names. And it keeps her connected to both sides of the family.

I have never been to the place where my Dad is from. I think it's because again, my parents didn't want us to be involved in their traditions. They live in a small village and they

follow a lot of traditions there. This is especially true for my father's mother. Her family observes a lot of *fomba* (customs). So maybe he didn't want his children to do all of that. Clara is twenty-one months old now. She is climbing on furniture. She is *maditry* (very naughty). She takes all the pens and pencils in the house and writes on everything including on the bed mattress and on my books. But she is lovely."

When our interview came to a close, Marie reiterated that she loved motherhood and that she wished everyone to have the chance at being a parent. However she also implied in so many words that her pregnancy had been at first for her a source of embarrassment given that it occurred before she was married. Because of her religious upbringing, she felt that she had "done things out of order." But her trip to France during the first part of her pregnancy afforded her a chance to reflect upon how she would proceed given the pregnancy, and also enabled her to received good prenatal care, under the care of a nurse with whom she lived. When she prepared to come back to Madagascar and feared revealing her pregnancy to her community, her own mother reassured her insisting that "people in Diego do not care about that sort of thing." Marie's mother assured her that her fellow parishioners at the church where they worshipped would understand and support her. At the time of the interview, Marie was sure of only one thing. She was committed to raising her daughter in "a pure and healthy environment" defined by her and her parents' religious and intellectual commitments. Everything else in her life however remained unclear as she waited for her boyfriend's decision regarding their marriage and regarding the customs they would (or would not) observe in the raising of their daughter. Marie confessed that she struggled to find her way among friends and family because of her ambivalence toward fombagasy (Malagasy customs). Though she was not the first or only Malagasy to adopt such a stance toward so called "traditional" and cultural practices, she

reiterated over and over again that she felt it to be a "difficult" position. Ultimately, she wondered how she would raise her daughter given that Clara-Élis belonged to two families, and given that the families had different religious cultures.

Marie's story reveals that strong disagreements over how best to raise a child have the potential to forge an impassible divide between parents. Ideally speaking, Malagasy parenting strive to preserve multiple aspects of their respective heritages in their children. And traditionally a child's father's customs are privileged more heavily that the mother's, but parents' religious commitments, social class, and educational background also strongly inform how parents will navigate these competing ancestries that vie for continuance in the lives of their children. Marie's story reveals that Malagasy mothers can assert just as strong an influence over the religious and cultural upbringing of their children as fathers when they want to, and when it is within their power to do so.

Furthermore the birth of a child is one of the more quintessential moments to give birth to new histories, but sometimes this process simply cannot be achieved within a union of families. Women do not always give birth to children who will bring families together. On occasion, mothers must bear the family discord that can come with the arrival of a new child. When this is the case, giving birth to new histories can feel like an embattled and at times solitary act. The parenting of Clara offered Marie an opportunity to think about her family history, how her parents emerged from a family of cattle herders to become history professors. In doing so, they traded some of their "traditional customs" for what Marie referred to as a more "proper culture" that "mixes" and diverges from the cultural norm. It is important to note however, that despite Marie's insistence that her parents wished to protect her from the ways of village life, her parents have in other ways remained connected to their rural roots. This was evidenced by her father's

return to his natal village for the funeral of a relative, which occurred during my time in Madagascar. His presence and financial contributions at this important event speak to the fact that even when Malagasy turn away from the customs of their ancestors, most still maintain some ties with their natal villages. They do by sending money home, and by returning for funerals, marriages and births. Nevertheless, Marie's insistence that her parents have created a "proper culture" spoke to her perspective that they had moved out of the forest into a brighter way of life in the city. <sup>19</sup>

Marie adopted a view of progress where village life and some of the customs associated it were in her mind darker and less rational that the more modern worldview she espoused as a highly educated urbanite. 20 Because of this position, she found herself less concerned with bathing her daughter in the "customs of the ancestors" (fombandrazana) as compared with others. Instead she strove to preserve in her daughter what she understood to be her family's progress – their move from the countryside to the city, from the observance of "dark" rituals performed in the forest, to the more "pure" and luminous rituals of the Cathedral in which she worshipped. By teaching her daughter to read the Bible, decide on her own time about baptism, and avoid "les rites dans la forêt," Marie was teaching Clara-Élis about modern individualism and introducing her to a spiritual view of the universe that framed some rites as obscure, magical and dark, and others as transparent, rational and enlightened. In doing so Marie was also giving birth to a renewed story about herself, and about her ancestors, a story of a family of cattle herders who became a people with many books, who experienced a spiritual transformation as well as they began to turn their eyes and ears away from the spirits of the forest toward a more exclusive and monotheistic focus on God.

Marie's story is pf course unique, but the struggles she faced in the early years of parenthood were also representative of the challenges many Malagasy youth face as they strive to make their way in new urban contexts far from the supportive social structures their parents and grandparents knew. They are at a crossroads and are charged with task of either continuing the ties their parents have maintained with their ancestral homelands, or alternatively, forging new paths, and new identities that rely less on bearing the histories and customs one one's forbears. Most urban youth make choices along a spectrum of these two divergent life paths. In the next story, we will meet a woman for whom motherhood offered a more dramatic turning point in her life than was the case with either Adeline's or Marie's experiences. For Nasreen, becoming a mother was like a life vest that saved her from the loneliness of her youth. This momentous event caused her to reevaluate her relationships to her friends and family, her ancestors, and to God. Like Marie, this new juncture in her life enabled Nasreen to give birth to a new story about herself. But unlike Marie, Nasreen did so with relatively little support from her parents and family.

### Motherhood as a Newfound Sense of Belonging

Nasreen was in her twenties and a mother of three when I first met her in 2011. She was an undergraduate at the University of Antsiranana, married and living in student housing alongside several other families with children. Unlike some of the other women whom I interviewed, Nasreen experienced more hardship preceding her entrance into motherhood than she did afterwards. Her pregnancy gave her life new direction. She found a sense of purpose and inclusion that she had never before experienced. In some ways her story reinforces the Malagasy proclamation that women gain status in Malagasy society through their entrance into motherhood, but Nasreen's story also diverges from this narrative in important ways. First, she

did not conform to her husband's customs and religious practices in order to become incorporated into his family. Instead, he converted to Islam in order to join with her. And together they found a sense of belonging within an Islamic community.

Secondly, her story demonstrates the level of discernment required of parents to decide which religious ideals and family traditions they will (or will not) pass on to their children. As Nasreen portrays, these decisions require much discrimination and reflect the important role that mothers play in the spiritual upbringing of their children. Rather than always converting to, or simply abiding by their husband's customs (*fomba*) in order to raise their children accordingly, mothers make spiritual decisions based on their own family heritages and personal religious points of view as well.

In General, Malagasy Muslims, like Catholics, are thought to be the more accommodating toward cultural customs and indigenous religious practices, as compared with more strict Protestant Christians, and Pentecostal Christians. This phenomenon has been found to be true among many throughout Africa and in other parts of the world as well, but of course on an individual level, it is much harder to surmise how people will combine and differentiate between the various kinds of religious beliefs and practices to which they subscribe.

As discussed in Chapter One, Madagascar is a majority Christian country. However, in northern Madagascar the number of Christians and Muslims is much more evenly divided. And Islam, despite its minority status as compared with Christianity, has a history in Madagascar that predates Christianity by at least seven centuries, which explains Islam's pervasiveness within the religious fabric of Malagasy society (von Sicard 2011, 102).<sup>21</sup> By contrast, the first sizeable number of Christians in Madagascar did not emerge until well into nineteenth century, and even then its roots took hold much deeper in the central highlands as compared with the north. Thus,

the religious practices of adorning babies with amulets and growth medicines, called *ody*, *aody*, or *aody be*, so widespread in Diego, stem from the Islamic heritage of many indigenous Muslim groups whose divination practices performed by *ombaisy* or *moasy* borrow from heavily Islamic theories on destiny and have become such an important part of the indigenous religions of Madagascar (von Sicard 2011, 105). Not everyone who subscribes to some of these Islam based customs considers themselves Muslim. For example, many Malagasy in northern Madagascar refrain from eating pork because their ancestors did so. Most of them however do not consider themselves Muslims. But their continuation of these religious practices is a testament to the old roots of Islam on the island, roots that have become interwoven into the indigenous ancestral religions. And on the flip side, not all Muslims view divinatory rites or the use of ritual "medicines," though loosely based in Islam, as orthodox.

What Nasreen's story reveals is that even though generally speaking Catholics and some Muslims have fewer qualms combining their global religious practices with the more domestically and communally oriented *fombandrazana* (customs of our ancestors), we must not gloss over the particularities of how individuals combine multiple religious ideas and practices in a pluralistic religious environment such as Diego. Nor can we assume that women will always give deference to their husband's familial and religious commitments when disagreements ensue. According to Nasreen, she had to carefully decide which *fomba* and *fady* (customs and taboos) were in agreement with her faith as a Muslim. She was no doubt influenced by family and friends and members of her religious community, but one also has the sense that these are personal choices as much as they are also sometimes collective due to denominational and familial differences.

#### Nasreen

"I was not lucky enough to have a father," began Nasreen as she narrated her story of motherhood to me. 22 "Okay, he exists but he lives very far away. My mother had me when she was still in school. My parents decided to continue their studies so they eventually separated and my father left for Yemen when I was still small. He lives in Saudi Arabia now. And then my mother left for Russia and left me with my grandmother. I was raised by my grandmother. So I had a lot of difficulties. It was a very difficult experience. Then when I was ten years old, my mother returned and took me and she remarried someone else. My step-father loved his children but wasn't able to love us. Thus that was an equally difficult experience for me. I had a lot of problems with affection growing up. My mother is Malagasy. She was born here, but my father is mixed. He is Arab and Malagasy, which is why he returned to Yemen. Perhaps he may be remorseful about what happened, perhaps, but there's no way of knowing.

Then when I was in my second to last year of high school, I met my husband. And right away... well, we were friends for one year, but after that, we fell in love. I was nineteen when I fell in love and until today we have never separated. He has fulfilled everything in my life especially everything that happened with my father. Thus I was really lucky to have met him. And we had our first child in our second to last year of high school. I had a difficult pregnancy so I decided to abandon my studies temporarily with the intention of returning to school right afterwards. But as soon as I returned, I got pregnant with my second child. I was embarrassed about this and didn't go back right away but my teacher encouraged and even insisted that I return and so I did. So after four years of not going to school, I returned. And then I met my friends and that's that. That's how I had my children successively like that.

What does my faith mean to me? My faith in God is really important to me because it has helped me to surmount so many problems. Without God I wouldn't have had the chance to do

anything in my life. When I was with my mother and grandmother, when I was with them, I suffered a lot. God was the only thing I had. With my grandmother, it was only me and her and that was difficult for her and when I was with my mother, my step father didn't love her children, and because it was difficult for my mother and grandmother, they didn't give me the love I needed. They were distant. So I took God as my parent. I talked to God by myself. And as I got older and grew deeper in my faith I started to wonder why I believed in the God that I imagined and started to ask questions. Why do I take this faith in Islam? Then I did some research on Islam and I was convinced that it was the best religion for me.

Do I go to mosque? Well, in Islam we learn that going to mosque is especially something that men do. You can go to mosque as a woman, but it's not as obligatory as it is for men, because men go out and work in town and don't return during the day, so it's easy for them to go to mosque and pray, but for us, for women, we are always at home and can pray at home. We are always at home or at school, and so we prefer to pray at home. I prefer to stay at home.

What was it like when I had my first child? During my first pregnancy, it was difficult for the first four months. I had some bacterial illnesses and for example when I came in contact with water, my feet would get sores on them to the point where I couldn't walk. But there was a remedy, a small white powder that cleared it up so I could walk again. And I vomited some especially at night. But from month five to month nine, I didn't have a lot of problems but I did continue to vomit occasionally. I didn't really follow a lot of *fomba* (customs) when I was pregnant because almost all of these beliefs are not based in Islam. For the beliefs that are well founded, I follow these, but for the others, I do not observe them. For example, the prohibition against killing animals while pregnant, it's not a well-founded custom, so I didn't follow this one. But I did abstain from drinking milk during my pregnancy, because it's true that there are

people who can't support milk during their pregnancy. It depends on the person. And for eggs, the same is true. Malagasy always say they follow *fady* (taboos) but they don't necessarily know the reason why. But for me, I don't follow things unless there's proof. You have to do research before you follow these customs.

When I went into labor with my first baby, it was very difficult; he wouldn't come out. We had to force him out and when he came out he was already blue. But the midwife brought him back to life. He was almost dead. He was too blue because for one hour he was in the birth canal so it was too long that he was in there. But eventually he came out. I was a bit discouraged afterwards because the birth had been so difficult. But then I had my baby and it was fine. But right now he is a little retarded. He's not very retarded, but he has trouble understanding things quickly. He's got a lot of strength and energy though. He's robust but also a little fragile.

When I had my first baby, I went to stay with my mother. But for the second and third it was only me and my husband. I gave birth to all of them in my house, not this house. We lived in another house before. I met my midwife because someone told me about her. I was seeing someone for massages during the pregnancy and someone told me which midwife to use. Her name is Inès. She is older and has a lot of experience. I went to her for my first two children but with the third one, I used another midwife, because some of the other midwives told me Inès was getting too old and it was more difficult for her to work so they encouraged me to find another midwife which I did.

Did I walk around during my labor? No because for me it was very difficult. I didn't want to walk, but my midwife encouraged me to. With my last child, the labor was only two hours, it was very quick. But with the other two it lasted the whole night. I didn't using any medicine for the pain. My midwife used a serum to multiply the contractions, but nothing else. Most Malagasy

use nothing for pain. It's very difficult but that's how we do it and the reward of the baby is worth it. <sup>23</sup>

How did it change my life when I became a mother? For me, it didn't change my life because I always wanted to have a family of my own. So it didn't change my life drastically. Because my life before with my parents was not successful, so I really wanted to have a successful family of my own with good character. So this is what I was always waiting for. This is what I had prepared for.

Did I perform any ceremonies for my children when they were born? In Islam when the baby is born, after seven days if you have the means, you must have a ceremony. If it is a girl, you have to kill a goat and if it is a boy, you have to kill two goats or sheep. It's a ceremony the Prophet used to protect children from all sorts of diseases. Because children do lots of things that could make them sick and that ceremony protects them. During that ceremony, you cut the baby's hair. Everything happens on that day. And you also give to the poor a gram of gold. For example if the baby's hair weighs a gram, you give a gram of gold. The ceremony is especially important for poor people. I mean, you should share the meal especially with poor people.

We call it *aqiqa*. If you can't do it seven days after the birth, you can do it after twentyone days or another time related to seven. I did this with all of my children. How did I choose my
children's names? The Prophet instructed us to choose the best names for our children, to never
reference anything harmful, but to choose the best. You can choose the name of a virtuous
person like Ibrahim for example [Nasreen she patted her son Ibrahim on the head as she spoke].
Ibrahim was a great man during the time of the Prophet. And when the child is born, the father
must speak the call to prayer in the child's ear. Because the child's mission on earth is to obey
God and so it's the first thing the baby should hear when he is born.

Did I observe any bathing rituals after the birth? I did *ranginaly*. I took cold baths every day. After one week, I bathed with hot water and I used *ravin-tsôha*. You can bathe with either *rômba* (basil leaves) or *ravin-tsôha* (lemon leaves). My religious community helped me with this. They gave me the bath, because it's too hot! You can't do it yourself. You have to have someone do it for you. And sometimes you even cry when they do it because it's simply too hot. And according to Malagasy customs, all women must do this. If you don't, you won't heal. That's what we say, but I've never met someone who hasn't done it. Usually, it takes forty days to heal. That's how long it takes in Islam, but for the Comorians or the Arabs, it's just two weeks or maybe even one week and you can be healed. I really like to learn about the culture of others,<sup>24</sup> how they heal, because for them they heal very quickly. I'm not sure how they are capable of this. How do I keep my children healthy? I take them to the hospital and sometimes pray for them because their health depends entirely on the will of God. So of course you go to the hospital and give them medicines and pray and hope that together these things together will help them stay healthy."

Several months after my initial interview with Nasreen, I returned to her house to bring her a gift and some pictures. I returned on Easter Monday which is celebrated by Christians in Madagascar by lunching at the beach or near the bay, or by eating a big meal with one's family. I visited Nasreen on Easter figuring that because she was Muslim she would not be preoccupied with Easter activities. I brought a gift for a baby boy's *aqiqa* ceremony, which Nasreen had hosted at her house and invited me to attend.

When I arrived, Nasreen was wearing a beautiful blue dress and headscarf (*hijab*). I complimented her on it and she explained that it was her favorite color. I noticed that she had a fresh application of *moina* (a henna-like body makeup made from crushed leaves) on her

fingernails. I told her it looked nice and showed her the faint remains of *moina* on my fingernails. Nasreen indicated that is was not allowed for Muslims to paint their nails with the kind of polish you buy at the market, the ones that come in containers. She explained that when Muslims pray, "you have to wash your hands and purify yourself (*mikotawaza*), and if you have nail polish on, the water cannot penetrate and thus will not purify your hands entirely." Whereas, according to Nasreen, water does penetrate through the application of *moina* and thus does not interfere with a person's practice of the five daily prayers (*salat*).

Then Nasreen promptly placed her hand on her belly and shared the news that she was expecting another baby in July, which she explained would work well for her school schedule. Her children were around as we spoke, running around the dirt courtyard in front of her house. They were eating candy that Nasreen's husband had brought back from a recent trip to Paris for a tourism conference he attended earlier in the month. In the pavilion area where we conversed there was a chalk board with the Arabic alphabet on it. Nasreen's husband was teaching his children the alphabet. Before he came out, Nasreen shared a bit more with me about her relationship with her husband. She also told me a piece of her high school education I had never heard before, about being sent away, and about her husband's (then boyfriend's) conversion to Islam.

"During high school," she explained, "I was sent to study in Ambanja for a year because my mother didn't like it that I was in a relationship with another boy, my now husband. I was not very devoted to Islam at the time. I was not deep in my faith as I am now. So my mother sent me to Ambanja to keep me from my boyfriend and to encourage me to return to my faith. But I refused to end the relationship. Later my husband, who was Christian at the time, decided to adopt the Muslim faith. He liked Islam. He liked that there were intergenerational relationships

within the community." A few minutes into our conversation, Nasreen's husband and a mutual friend of theirs joined Nasreen at the table where we all sat and the conversation shifted away from Nasreen's life story.

For Nasreen, becoming a mother had given her a sense of value, a purpose that she did not feel she had had earlier in life. Her relationship with her husband and children made her feel as though she had been successful and seemed to heal some of the emotional pain she experienced as a child, when her father abandoned her and her mother left her in the care of her grandmother. Nasreen's faith in God was also very important to her as she often saw God as her parent, as "the only thing she had." When asked what kind of a Muslim she was, Nasreen insisted that there was only one Islam. As she saw it, "there are different kinds of Muslims only because people don't follow the messenger." According to Nasreen, "Muslims are required only to follow the Prophet and the law of God as it is written in the Quran, but when people don't do this correctly, it creates many unnecessary branches of Islam."

Nasreen's story reveals that motherhood does in fact give some a sense of self worth they might not otherwise have had. But her newfound sense of worth did not stem from her being incorporated into the structure of her husband's family by way of her producing children for them. Instead it was as she portrayed her acts of piousness; she and her husband's inclusion in, and participation in, an intergenerational religious community; and their parenting of many beautiful children that made her life feel more meaningful. Her worth came from creating the kind of family life that provided everyone within it a sense of belonging and purpose which has up to now remained intact. Her life since motherhood however was not without challenges. She struggled to finish school and faced the daily difficulties of raising a child with a slight

developmental disability, but with her faith and the support of her community she felt as though she were able to surmount many such obstacles.

In the next story, we will meet a woman whose pregnancy brought many financial challenges, many joys and much good luck to her life. Though Camellia's first pregnancy arrived earlier than she had anticipated, the pregnancy and birth of her daughter Corinne nevertheless unfolded uneventfully. Camellia enjoyed the support of her parents, and quickly found work to cover the added expenses that would come with motherhood. And her observation of ancestral fady, more than any other of the women, whose stories have thus far been told, was described as neither overly burdensome, nor overly enjoyable, but rather as a necessary perhaps vital part of being Camellia. Camellia's story of motherhood could be described as rather unremarkable marked neither by an abundance of struggles, nor a lack of thereof, but her transition to motherhood was no less momentous for it. And her discussion of the pregnancy fady (taboos) she observed and the infant outing ritual she performed for her newborn daughter provides insight into the significance of such practices in Madagascar revealing the extent to which birth rituals and pregnancy fady even though burdensome can also be empowering. For through the observance of family inherited taboos and customs, women are linked to their families in ways that give their lives and their children's lives a sense of worth, security and purpose.

### **Spiritual Discipline as an Empowering Choice**

Camellia moved to Diego to attend the University of Antsiranana. There she completed her undergraduate degree in Biology. She later stayed to obtain her *Maitrisse* in the same program. During her many years of schooling, she often moved back and forth between Diego where she was in school, and Ambanja, a coastal town south of Diego, where she grew up. She was there, in Ambanja, when she discovered that she was pregnant. She did not feel ready to be a

mother. She did not even have a job. But her mother reassured her, "You'll find a job. You can handle this." She eventually found a job at the chamber of commerce which Camellia described as a "blessing from God." It was a part-time job and thus not quite sufficient to meet all of her financial needs at the time, but Camellia managed to piece some other work together by serving as a private tour guide for a company in Diego. When she was pregnant, she could only lead short expeditions to Ramena beach or take people on circuit tours around Diego city, but it was enough money to get by. As she recounted her pregnancy journey to me, which began as an unexpected and somewhat worrisome surprise, she described how things quickly got easier once the baby arrived.

#### Camellia

"The baby brought good luck (*misy anjara*)," Camellia declared with a grin. <sup>25</sup> "I followed many *fady* (taboos) during my pregnancy. Every family has different *fady*. I couldn't drink milk or eat any milk products like cheese, butter or yoghurt, which was very hard because I sold yogurt during my pregnancy and I couldn't even taste my own yogurt! I could never be sure if the yogurt had the right sweetness, but throughout my pregnancy I remained disciplined and my clients assured me that the yogurt's flavor was sweet and good. I measured everything carefully. It was also *fady* for me to wear a necklace during the pregnancy, or a scarf, or anything tied around my neck in order to prevent the baby from strangling by the umbilical cord. <sup>26</sup>

What's my ethnicity? Well, we have Sakalava, Antankarana and some Anjoaty ancestry in my family. But when I say I follow my family's *fady*, I mean the people I am related to, not the *fady* of my ethnicities (*karazana*). And the *fady* are not all pregnancy specific. For example, my mother's family does not eat pork.

Did I want to know the sex of the baby? At first I wasn't sure. In the past it was *fady* for mothers to know the sex of the baby, but now with globalization, and with the common use of

echographie (sonograms), many people want to know the sex of the baby. And [laughing as she spoke] it was necessary to know the baby's gender in order to prepare clothes. Girls wear pink clothes and boys wear blue and it's nice to know what color to buy! I had three sonograms during my pregnancy, one at three months, another one at five months, and a final one about a month before the birth of her baby. It was an opportunity to see whether or not the baby was in a good place. During the fifth month of my pregnancy, the sonogram technician tried to determine the sex, but the baby was moving a lot and tried to hide its sex. I had another sonogram during the eighth month of my pregnancy because the baby wasn't moving as frequently and I became worried. So we did another sonogram to put my worries to rest.

All throughout my pregnancy, I thought I was having a boy, even though I really wanted a girl. The inside of me wanted a girl, but my mind told me it was a boy. During the last month, I wasn't sure if I still wanted to know the sex of the baby. It had been a surprise for so long that I wondered whether I should keep it a surprise, but another part of me wanted to know. When the technician was performing my last sonogram, I blurted out 'it's a boy.' It was a statement, but really it was a question as well. Then he told me, 'it's actually a girl.' The suspense had been building and then a rush of joy came over me. I alone when I found out? My sister Hortensia had already gone to work that day and I went to the  $H\hat{o}pital\ be^{27}$  by myself. My boyfriend was working in Tamatave so he couldn't be there either.

Did I see any other specialists during my pregnancy? I met with a midwife throughout the pregnancy. Her name was Yasmina. She used to work at the *Hôpital be*. I saw her once a month. I did not have any massages during my pregnancy; these are traditional methods for putting the baby in the right place, and I was afraid to have them for fear that they might harm the baby.

This kind of massage is called *maneritery* and my mother had had this kind of massage when she was pregnant, but I didn't want to do it.

When my labor started, I was at home. It was around 1:00 in the morning. My mother, grandmother, my sister Hortensia and another sister were all with me. They had come to stay with me a few weeks prior to the birth so as to ensure that they would be with me and could help me when the baby arrived. My mother was worried, even though she had had six daughters of her own with no trouble or complications during pregnancy or childbirth! But, she knows childbirth can be dangerous sometimes and found it hard to watch me go through the process. Yasmina lived near me, so when the labor began, we all moved to Yasmina's house for the birth. We went there when my contractions became too painful, when I felt the need to go to the toilet. When we arrived at Yasmina's house, we asked Yasmina if I was really in labor. She said yes, and that the baby was ready to come out. She made me walk around as much as I could; she said it was important to exercise during labor. So I walked around in the yard, which was very difficult. The baby came out a few hours later, at 5:00 that morning.

During my labor, they poured warm water on my back to help the baby descend. After the baby emerged, Yasmina pushed on my abdomen to help me deliver the placenta. Then Yasmina took the baby, cut the cord and wiped her off. She put clothes on the baby and sent us home. After the placenta came out, and when the baby was wiped off, then I was given the baby for nursing.

After my daughter was born, I followed *ranginaly* bathing. It made me feel better. You must pour the water over your head. That especially made me feel better. If I started to become dizzy, the water would make me feel better. And then after one week, and again after two, I bathed with *ravin-tsôha*. <sup>28</sup> I was really hot. [Laughing as she spoke], it's not fair!

Two weeks after the birth, we brought my daughter Corinne out of the house in a formal way with a ceremony called *mampiboaka tsaiky*. We bring the baby out to see the sun. Before this ceremony, the baby and I stayed in the house, not strictly speaking. We left the house for vaccinations and, of course, I moved with the baby from my midwife's back to my house right after she was born. And I also left my house to bathe, because we bathe outside, but otherwise remained indoors with my baby.<sup>29</sup> When we bring the baby out, this is when we officialize the baby and the birth. It's a simple party. We did it early in the morning in my yard. Everyone went out and sat on *lamaka* (woven mats)."<sup>30</sup> My mother, grandmother and two sisters, who were present for the birth, were all there for the ceremony as well. We went out early in the morning, sometime between 6:30 and 7:00 and sat down. I wore a good *lamba*, not just any. I wore a nice one that was relatively new and it had a matching second piece that I draped over my head.<sup>31</sup> My grandmother held the baby and my mother gave the baby a *joro*.

What was said during the joro? My mother asked for health and strength for the baby and for me. She thanked *Anjanahary* (God) and the *razana* (ancestors) that we had survived childbirth and were doing well. We always thank and speak to God first, and then to our ancestors. We cooked and ate *sabeda*, a special ride porridge made with milk and honey, and at that time all of the *fady* I had been observing during my pregnancy were lifted (*magnadoso fady*). I was really pleased about this. I could eat milk, eggs, and *sakay* (spicy peppers) again. During the ceremony, I ate some of the things that had been *fady* for me to eat. I was happy. I was very excited to eat these foods again."

At the time of the interview, Camellia had not yet given Corinne any kind of formal haircutting. As she explained, "really it's the father's family who is in her charge of this, and I have to respect the father's family because it's customary for the father's family to do this. They

are the first to cut the baby's hair and it is they who know how." Corinne was sixteen months old when I interviewed Camellia for the first time. She was still breastfeeding though Camellia was considering weaning her. She had tried to give Corinne a bottle once at around three and half months of age because she had a job interview one day and wanted to leave her with a care giver, but she explained that it had not worked. Corinne would not take the bottle. So the caregiver gave her some sugar-water on a spoon to appease her and keep her calm until Camellia returned.

Camellia did not do anything special for Corinne when her first teeth came in. She started feeding her solid food before her teeth arrived, like rice porridge among other things. She also fed her a store-bought brand of rice porridge called Farilac. This type of infant feeding is becoming increasingly popular and there were billboards around Diego with advertisements for Farilac when I was there in 2011. One of the slogans in town read in French, "up until three years of age, babies have specific needs."<sup>32</sup>

"Is Corinne walking yet? She runs!" replied Camellia. "She crawls all over the tables.

She climbs! She gets into everything and you have to watch her carefully. She also likes to sing and dance. She watches television and learns how to dance from the television."

Camellia was starting to potty train Corinne and appeared shocked when I explained that American mothers tend to wait until babies are closer to two years of age before they begin this process. Camellia then asked me about childbirth in the United States, and about breastfeeding, and about my plans to have children. I answered her as best I could. When I informed her of my plan to have a homebirth, she replied, "are the hospitals not nice!?" I explained that they were and reiterated my reasons for opting for a home birth. Interestingly, though Camellia gave birth to Corinne at the home of her midwife, she did not promote home birthing, neither did she seem to be on the side of home birthing. In fact, the whole idea of "sides" when it comes to birthing

practices seemed less relevant among the women I spoke with in Madagascar as compared with my American peers. Camellia saw herself as having gone the medical, rather than the traditional route, because she used a retired medically trained midwife, rather than a traditional midwife (*renin-jaza*). She also informed me of the Malagasy government's campaign to encourage more women to give birth in clinics and hospitals and seemed persuaded by their efforts.

For at least half of the women I interviewed, one or more of their pregnancies came to them as a surprise. Camellia and her boyfriend had not anticipated that they would have a child when they did. Both were finishing school and in the early stages of their career. Moreover, Camellia and her boyfriend were not living in the same town. He was working in Tamatave while she worked in Diego and finished her degree at the University there. But the birth of their daughter was a surprise which Camellia would later interpret as fortuitous. Corinne brought her good luck and Camellia welcomed her into her life even though doing so meant she would struggle to finish her Master's degree. She would also struggle to find enough work to meet her growing family's financial needs. Camellia is a Catholic whose faith is important to her and she planned to make it an important part of Corinne's life as well, which is why she later took Corinne to be baptized at her hometown church in Ambanza. And she is a Catholic who also understands her family's ancestral fady to be important too, which is why she refrained from tasting the yogurt she sold during her pregnancy, and steadfastly observed other ancestral fady. She observed her family's fady against eating pork and against consuming milk products during her pregnancy, not because she was being superstitious, but because she firmly believed herself and the child growing inside of her to be a particular kind of person. And as such, she and the growing child were worthy of dietary and behavioral attention.

In Madagascar, people follow taboos as a conscientious act of responsibility. Andrew Walsh has argued that, "[the observance of *fady* in Madagascar] might be understood as a responsible act: one indicating the deeply felt willingness of individuals to be grouped among some and in 'contraposition' to others" (2002, 453). Observing taboos, while pregnant or otherwise, binds people together as a family or as members of a religious community committed to certain food and behavioral practices. But I argue that the act of observing *fady* while pregnant also does something more profound. When a pregnant woman observes *fady*, it is her way of signaling not only her commitment to her community, but also her intention to raise her child according to the collective behavioral restrictions of the collective kin.

According to Camellia, *fady* are not an arbitrary list of prohibitions that all Malagasy observe; rather they are the inherited customs and taboos that she and her relatives have acquired. She also preoccupied herself during her pregnancy with other kinds of advice from strangers and neighbors and medical professionals, but when it came to *fady*, she observed them as an act of responsibility and commitment toward the people with whom she is related. She did not have to comply, although her family members may have warned her of the dangers of disregarding *fady*, dangers that might cause sickness or death to her or her unborn child. Rather she chose to comply. For of all the women I met in Madagascar who observed pregnancy *fady*, there were just as many who did not, and still others who were selective about which *fady* they deemed important and which they deemed expendable. As Walsh explains in his essay on the importance of *fady* in Madagascar, it is "the freedom to do otherwise" that makes a person's observance a powerful and responsible act.<sup>33</sup>

As I have stated earlier, beliefs about who babies are and where they come from can have profound influences on how parents care for them. And Camellia's commitment to observing

fady during her pregnancy proves that this premise holds true long before babies are born. If Malagasy believe their babies to be reincarnated ancestors, as some of them do, then certainly pregnant women would want to be careful not to feed the babies in their wombs foods which they have long since abstained from eating. On the flip side, observing certain dietary and behavioral restrictions can be an act of spiritual discipline that sends signals to the fetus about what kind of person s/he is expected to become. For behavioral restrictions within families and religious communities not only bind people to one another; they also shape people.

Most parents believe their children to have some combination of both inherent qualities as well as shapeable ones. With regard to pregnancy *fady* among Malagasy mothers, this begs the question, is the point to respond to who these fetuses already are (ex: reincarnated ancestors who do not eat pork) or to shape them into the kinds of people parents' wish them to become (ex: children who will learn to behave in ways that honor their religious heritages)? The answer is decisively both. To focus on one to the exclusion of the other would miss the complexity inherent in raising children. Infants, the mysterious spiritual creatures Malagasy affectionately call "water babies" (*zaza rano*) are at the apex of Malagasy remembrances of the past and the visions they have for their and their children's future. They are as science writer Annie Paul (2008) writes, "a mix of influences" shaped by their ancestors and their mothers' actions just as much as they are shaping their mothers into bodies who must pay attention to the lives growing inside of them. According to Paul,

Much of what a pregnant woman encounters in her daily life – the air she breathes, the food and drink she consumes, the emotions she feels, the chemicals she's exposed to – are shared in some fashion with her fetus. They make up a mix of influences as individual and idiosyncratic as the woman herself. The fetus incorporates these offerings into its own body, makes them part of its flesh and blood. And, often, it does something more: it treats these maternal contributions as information, as biological postcards from the world outside...What a fetus is absorbing in utero is not Mozart's Magic Flute, but the answer to questions much more critical to its survival: Will it be born into a world of abundance,

or scarcity? Will it be safe and protected, or will it face constant dangers and threats? Will it live a long, fruitful life, or a short, harried one? (2008, 6)

The things pregnant women encounter in their daily lives, the activities that expectant Malagasy mothers embrace and the foods they steer clear of, gives the fetus clues to the kinds of feelings, sounds, and flavors that prevalent in his/her environment.

According to ritual theorist Mary Douglas (1966), taboos help preserve the categories of the universe and help to frame people's experiences in such a way that renders one's life as ordered and meaningful. Societies create a structured existence where everything thing and person has a place in order to render the world meaningful, or as Clifford Geertz' would articulate in order to fuse "the world as imagined with the world as lived" (1973, 112). Water babies, because of their liminal status as beings who are not yet placed pose a threat to the categories of the universe. Thus they are approached with caution and also carefully protected until they transition into the more defined status of a human being. But as I noted earlier in this dissertation, even as taboos help to create order and meaning, prohibitions also reflect a pervasive belief in the permeability of people, and the transiency of their statuses, such that liminal states, which cause people to become even more porous, require the careful management of the 'flows' of foods, bodily fluids, and spiritual forces that pass in and out of bodies (Strathern 1988; Blystad 2007).

Taboos may seem arbitrary to outsiders, but within their proper cultural and religious contexts, they mean and function to do many important things. Taboos help to mark certain moments in life as sacred (Zeusse 1987, 415). The observance of *fady* in Madagascar can be understood, as Walsh has argued, as an act which binds people together through a set of shared commitments (2002); but they are also an act of spiritual discipline which help to shape those who observe them into certain kinds of people – people who will no doubt see the world and

their place in it differently because of the ways in which they chose to live; thirdly *fady* help frame the categories of the universe and at the height of peoples' transiency (Douglas 1966); fourthly, taboos are the ways by which people remember the legacies of their forbears, or as Jennifer Cole's informant declared, "they are the ancestor's stones" (Cole 2001, 107); and lastly *fady* are the ways by which Malagasy shape new generations into the kinds of people they wish them to become.

Fady are not merely acts of superstition meant to keep mother and child alive; even though high infant mortality rates in Madagascar might lead us to believe this. Fady are also about something much larger. They are about establishing community between individuals through shared acts of spiritual discipline. Fady, the food and behavioral codes that Malagasy inherit within families, bind people together in a similar as does the practice of fasting and keeping kosher. Food restrictions within religious communities are not merely meant to help people avoid unclean foods, or to avoiding foods that are thought to cause miscarriage in the Malagasy context. Rather, the choice to observe them means one is choosing to respect and living by the customs and habits of one's ancestors in order that one might share in a visceral memory of them with one's kin, and in order that one's self and one's children might benefit from living in this way.

## "The Fruit of Our Love"

In the last story, we meet a couple whose story of parenthood came with the kinds of struggles that many young Malagasy couples expect to encounter. Their union also represents, at least up until now, the sort of relationship that most young Malagasy dream of. Both Céline and her husband Roland were born in Diego, as were Céline parents. Roland's parents migrated to the city before he was born. Both attended school in the city, and the two met one another at a

post-secondary school graduation party. When Céline became pregnant, it came as no surprise, for the couple had already been together, and was ready for such an event. The transition to parenthood was nevertheless difficult as Roland had to work longer hours in order for them to have enough money to eat and pay their rent. And Céline's pregnancy was complicated and ended in a cesarean surgery, which left her feeling sad despite the joy that she had in her son Giovanni, whom her doctor deemed a miracle.

## Céline

"How has my life changed since I became a mother?" pondered Céline as we began our interview with her and her husband, Roland. "Before I was free and did not have many responsibilities; but now I have too many. I can't do all the things I want to do anymore. And our lives changed even before the pregnancy really because we had to start preparing. Roland started working more and I began to take care of myself during the pregnancy. I didn't follow very many *fady* (taboos) when I was pregnant, nothing complicated. I followed the *fady* (taboos) of not eating *sabeda*, *sakay tany*, and *bengy* (sweet rice porridge, chilis, and goat meat). These are the only things that are *fady* for me."

### Roland

"I was not astonished or surprised (*tsy manaitry*) when Céline became pregnant because we were already together and ready to have a baby. If two people are together as a couple then they should be ready for a child. I remember that I could not believe it when she told me, but I was happy. And from then on I realized that I had to work hard because I did not yet have a fixed job. How did we meet? I was in University at the time [described Roland]. I was in my first year and Céline was ahead of me but I didn't know that when I first met her. We met when we went to "Boom," a dance held at the Hôtel de la Poste for students who completed "*le bac*" (secondary degree). All of us who had received *le bac* went to the party. I went to the party early because I

thought my friends would already be there, but they weren't there and then I saw this beautiful girl. And then I saw in the same place, at Place Joffre, some of my old friends and I went to sit with them. We [Céline and me] sat in the same bunch of people and I talked with my friends and then I asked this beautiful girl [Céline] to move over and she did, but she moved only just a little and didn't say anything. She was a snob [Roland said while laughing]. Then my friends left and it was just the two of us together alone. And that's how our relationship began. We've been together for eight years now."

#### Céline

"Can I talk about my birth? Yes, I had a caesarean section. Is it was okay to talk about that? [Céline asked as her lips began to quiver]. It was very difficult to carry the baby (*mitondra kibo*). At seven months the baby turned down and tried to come out and it felt really painful (*tegna narary*). I had to go to the hospital. They said the baby was not in a good position because I had a *fibrome* (tumor). They said the baby was coming out, but he didn't come all the way out. And then the doctor told me I needed to stay in bed until nine months. I couldn't move. I couldn't do anything. I just had to stay in bed and at that time Roland was working away from home all day and well into the evening. So it was very hard. I couldn't even sit on the floor. I just had to stay in bed. The doctor let me wait until after Christmas and I had the baby on the twenty-eighth day of December. I didn't hemorrhage and they did not have any trouble with the surgery. The cause of my pregnancy complications were all because of the *fibrome* (tumor).

At nine months when I was ready to have the baby, the doctor gave me some medicine to keep the baby calm so I would not go into labor. They did not even allow me to labor (*Tsy nambela ndro nitsôngo kibonaka*). But the doctor told me that I can have a vaginal birth the next time because my uterus and cervix are fine now. The problem was strictly because of the *fibrome* (tumor) which is what they removed when they took the baby out. They did the surgery at

Hôpital be and the sage-femmes élèves (student midwives) were very happy because they were able to learn from my case because they had never seen a woman with a baby and a fibrome. Normally a woman who has a fibrome cannot have a baby because the fibrome can disturb the placenta and cause the baby to die, but I was able to have a baby and the baby came out with no problems, no fever, and the weight of the baby was normal. The doctor said the baby was a precious baby because it was a special case.

Was my family with me when Giovanni was born? My mother and father were there and also Roland's mother and father. Everyone was there for the occasion. I was very spoiled because everyone was there and everyone was taking care of me. I don't know if it will also be like that the next time. After he was born I bathed with *ravin-tsôha* (a hot herbal made from lemon leaves). And I am also *ranginaly* so I did cold water bathing as well. After one week of me and the baby bathing this way, <sup>35</sup> we took him out (*mampiboaka tsaiky*) to see the sunrise and gave him a blessing.

Who taught me how to bathe this way, and to take the baby out in this manner? For women here in Madagascar, when we give birth, we must go back to our mother, especially for the first baby. And if we cannot go to them, we ask them to come to us. So I stayed with my mother in Diego after the birth. [Roland commented that when a woman is with her mother, she feels more confident.]

Did I do anything special to protect Giovanni when he was first born? We used a black bracelet called *vonjy*. But we eventually took if off because there are many [evangelical] Christians who come to pray in our house and they told us it to not good to have something like that. They told us we just needed to believe in God. So we took off the black bracelet and replaced it with a silver one.<sup>36</sup> People told us the silver one would help Giovanni to "grow up"

(*mampitombo izy*). The black bracelet was supposed to protect him from devils (*shaitans*). [Zafisoa commented that usually Muslims use wear black bracelets.] They need something. It is not good for a baby to go out at night even if you are just taking him out to go and get something to eat. It is dangerous for the baby, which is why we wanted to protect him. [Édith agreed adding that if you buy something outside at night with baby, the baby can get *arakaraka*."]<sup>37</sup> Yes, our baby had that and he was really sick and had to be hospitalized.

How can a person be healed of arakaraka? Well, there are things you can do in addition to going to the hospital. You can burn newspaper and put it in water and and have the person who is sick drink it. <sup>38</sup> Or to prevent the *arakaraka*, when you are coming in the house, you can burn a piece of *lamba* (cloth) and encircle the smoke around the baby or put the piece of burnt fabric under the bed. The smoke smells and will scare the spirits away."

### **Roland**

"Did we do anything special when Giovanni cut his first teeth? We gave him *fen'akôho* (a chicken leg) but we did not have a special ceremony. Life is changing (evolué) and we're not the kind of people who complicate customs (*zahay tsy mankasarotra raha*) because a *joro* needs many things (*satria joro mila raha maro*) and we do not know how to do all that. [Céline added that *joro* is normally transmitted from parents to children.] Yes, and we don't know how. We baptized him, but we did not have a big party for him as some parents do. But baptism is important because baptism for us Christians is like our *fahasoavana* (traditional blessing). Is everyone Christian here? [Zafisoa responded that she is Muslim though she was rasied Christian.] I am sorry then for the way I said 'for us Christians.' Well we all pray to one God. For Christian culture (*fomba Chrétien*) baptism is a very good thing (*raha tsara*).

What is the name of the baby? His name is Giovanni [answered Céline and Roland in unison]. What is the meaning of his name? His maternal grandfather gave him the name

Giovanni. His full name is Andrianasolo Marc Alexandre Giovanni. It's a little bit of a long name. Marc was given because of our imagination. M stands for Manitra which is the family name of Céline. A is for Andrianasolo which is my family name, R is for Roland, and C for Céline. Thus, he is the fruit of our love. That is why we named him Marc."

## Céline

"Did I like to talk with other women when I was pregnant? I didn't have anyone special to talk with I was different from other people because I didn't have many *fady* (taboos) to observe and I didn't vomit much. When my belly was bigger I felt dizzy though, like I was going to faint, but I never became angry during my pregnancy like most people do. When Roland was gone, I was always looking for him. I preferred him to stay with me but he had to work in the countryside often and sometimes we argued because of it. But if he didn't go to work, we wouldn't have had anything to eat, so I talked to everyone while he was away -- older people to keep from being bored and even little children. [Roland interjected that Céline was mean (*masiaka*) during the pregnancy.] Well, I didn't like you working there."

## Roland

"Anyway it doesn't matter if she is mean because I understand why she wants me next to her when she is pregnant. But I had to look for money. When a woman is pregnant the man has a strange strength to work hard in order to have everything that the baby needs. Even if I am skinny, I still work hard and sometimes I am sick or I feel pain, but I still work hard. Céline said she didn't need special food when she was pregnant, but that I not true. She liked sour cherries. She liked sour foods (*matsiko*) too much. When she was pregnant, she was brave (*mahasaky*). She wasn't afraid to climb trees to get fruit even when she was pregnant. And the cherry tree is very soft; it is easy to cut up. I did not know its limbs could support a pregnant woman!"

### Céline

"When I was pregnant, I spent a lot of time talking to Giovanni. I think it's habit for all women to talk to their children (in the womb). I spent a lot of time with him, even when he was in my stomach. I read books to him and I talked to him a lot, especially at the end of my pregnancy, when I was in bed, because I could not go out of the house because of the problems I was having. I just caressed my stomache. And then Roland would come home at 7:30 or sometimes 8:00 and I would talk to him. Sometimes it was very hard. It is difficult to carry a baby, give birth, and raise him."

#### Roland

"At the beginning it was difficult for us, but fortunately for us our parents are still around and available to help us. And we have a book for when you're pregnant all the way through when the baby is older. We moved to this house in this neighborhood about six months ago. It was in August and we moved because I felt we were getting old and it was time for me to take Céline from her family's place and for us to find a place of our own."

# Conclusion: Birth, a "Spear Battle" that Extends Beyond the Act of Giving Birth

For Céline and Roland, parenthood presented struggles they had not anticipated, but for which they were not unprepared. As Roland described, Céline's pregnancy inspired a kind of strength in him to work hard so his wife and family would have enough money to eat, pay rent, and buy medicines for the baby. Céline had a difficult pregnancy, and felt lonely for much of the nine months, but the outcome of the pregnancy was a beautiful child who was healthy and deemed special for the difficulties she had endured. And Céline and Roland had the support of their parents both during the pregnancy and after their son Giovanni was born, something not all youth in Diego have given that some travel to the city alone in search of work or school far from their parents and grandparents hometowns.

At the time of the interview, Céline and Roland rented a relatively comfortable house by most Malagasy standards, but they lived in a country where even among the educated and those with jobs, "it is often difficult just to eat." Their story was nonetheless heart-warming for the love and support they demonstrated toward one another during the difficult but joyous event of bringing their first child into the world.

All of the women I interviewed for this project experienced some difficulties in their pregnancy, labors and postpartum period. Like women the world over, the "spear battle" that is childbirth extends long before and after the momentous event of a baby's emergence from his/her mother's womb. Some women's struggles stemmed from the fact that they became pregnant long before they were ready, and faced the challenge of deciding whether or not to keep the baby, a decision which many could not make alone due to financial and social reasons alike. That said, there were a minority who did make the decision alone and who still bear the emotional scares of that lonely act. *All* of the women I interviewed who had abortions ealier in life expressed worries that "God would punish them" and make it difficult for them to become pregnant later in life. Other young women, like Adeline, carried their babies to term even before they were ready for motherhood. As a result, they bore a sadness for the ways in which the birth had alterted their dreams of finishing school.

And still for other young women, their pregnancies came as a surprise but in ways they later interpreted as fortuitous. And then there were women like Genevie, whom we met in Chapter Two, who struggled for years to become pregnant. The women I interviewed experienced many obstacles. One woman, a longtime friend of mine, gave birth to a healthy baby boy, only to later discover that he would need two surgeries, one for a hernia, and another for a congential heart condition, the latter of which could not be performed in Madagascar. She was

forced to wean him before he was a year old so that he could be flown to France for the surgery where he stayed with a French host family. Her family managed to come up with the expenses for his flight to France, but they did not have enough money to fly with him. Thus my dear friend was forced to send her infant son away for two months knowing it to be his only way to survive. Another friend often complained that her cesarean surgery still causes her pain several years after her child was born and feared having another child because "her uterus may have been damaged by the surgery."

In some ways, women in Madagascar encounter the kinds of struggles that women the world over encounter during prengnancy. Many experience pregnancy as a normal live event, but when complications arise, the severity is heightened in places like Madagascar where women are living in situations of poverty and in a country with a relatively broken medical system. And not all women perceived their situations of poverty to be improving, either for themselves, or for their daughters. One older woman lamented, "Childbirth is more difficult for my daughters than it was for me. Things are different for my daughter. It's not like it was for me," Helene explained. She characterized her daughter as a bit faint (torana) and attributed her feebleness to the fact that she works all day in a factory. "She sews from seven in the morning to ten at night. They make European clothing," Helene remarked. 40 She believed her daughter's strenuous and sedentary working conditions to have contributed to her childbirth complications. "The baby does not get to move around as much because of her work. And then the baby cannot get into the right position before it comes out." For Helene, her daughter's poverty, and the long hours and conditions under which she works in a sweat shop, have a direct impact on her overall health and pregnancy outcomes.

But of course, not all of women's struggles during pregnancy and childbirth are medical or related to povery. Some women, like Marie, found it nearly impossible to merge their family's customs with that of the baby's father, and of course the merging of religious customs cannot be separted from families' social and economic status, education level and ethnicity. Though babies are meant to join families together, they can sometimes create an impassible divide between parents, highlighting disagreements and social divides. Some women experienced ancestral fady (taboos) as burdensome, others as a more neutral matter or fact of obligation required of them during pregnancy. And still others, like Camellia, embraced pregnancy related prohibitions as an important part of their identities. The birth and postpartum rituals mothers performed (or did not perform) carried many meanings for them and their families. The descisions that mothers made to keep their children healthy, and spiritually supported were not easy, or clear, given peoples sometimes multiple religious affiliations, but mothers nevertheless found joy, and sometimes a sense of newfound belonging as was the case with Nasreen. In the next chapter, I shift focus from the narratives of mothers to the life stories of two midwives, one medically trained and one traditionally trained, in their efforts to help women safely endure their "spear battles."

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<sup>&</sup>lt;sup>1</sup> I met the women in these stories through a variety of means. Some I came to know through relationships formed with students at the University of Antsiranana. Others were friends I acquired on previous trips to Madagascar beginning in 2004. I also met my neighbors, who introduced me to their neighbors, and struck up conversations at the nearby food stands and the many *épiceries* that dot the corners of Diego's streets. I met women and men simply by walking along the roads, by visiting religious sites, and by striking up conversations with people on my way to the market.

<sup>&</sup>lt;sup>2</sup> Robbie Davis-Floyd is perhaps the most prominent of scholars today to emphasize the ritual as well as physiological aspects of childbirth. She demonstrates that these ritualized qualities make childbirth one of the more powerful and transformative life experiences. In particular, she emphasizes how the rituals of childbirth to communicate certain messages to childbearing women about what the experience should mean to them within their respective cultural contexts (1992). Despite the power of ritual to transform our thinking/believing/behavior, women no doubt find their own meanings in childbirth as well, and are more than the recipients of ritual knowledge. They too are actors, a point I address in Chapter One, and reinforce in chapters Two and Three.

<sup>&</sup>lt;sup>3</sup> As I stated in the Introduction, my attempt to see *with* Malagasy women rather than to look at them, is inspired by Caroline Walker Bynum call for research that "stands with" women (1984).

<sup>&</sup>lt;sup>4</sup> As stated in the Introduction, Malagasy women refer to childbirth as women's "spear battle" comparable to the battle Malagasy boys/men face with the knife when undergoing circumcision.

<sup>&</sup>lt;sup>5</sup> It is slightly more common for girls than boys to be sent away to live with relatives in order to go to school because girls are viewed as more capable of helping their host families around the house with cooking and washing.

<sup>&</sup>lt;sup>6</sup> Adeline. Personal Interview. January 6, 2012. This interview was conducted in Malagasy with the help of my research collaborator Édith. I recorded her story on paper as we spoke. My placing of her words in first person follows the style employed by Jean Davison in *Voices from Mutira* (1996).

Adeline was referring to her boyfriend's great aunt. It is common in Madagascar to refer to one's mother's mother, and one's aunts of this generation with the phrase *dady*, meaning grandmother.

Adeline referred to her boyfriend's sister as her sister-in-law despite the fact Adeline and her boyfriend were not married. Formal marriages are rare in Diego, especially among young people. Religious institutions often encourage young people to marry before they have children, and some heed this advice. But culturally speaking, the norm is to wait until one is older, and has been in a relationship for a long time. People often have several children before marrying. Nevertheless, Malagasy refer to boyfriends/girlfriends relatives as family regardless of whether or not the relationship will last.

Adeline may have described the house where she gave birth as a "hospital" (*hôpitaly*) for a number of reasons. Either she did not want Édith and me to know that she gave birth in her midwife's home because she assumed we would be critical of such a decision, or perhaps she used the phrase in a less conscious way. It is possible that she and others use the word hospital to describe all birthing venues as a way to avoid disclosing that kind of information to non-trustworthy individuals and to avoid scrutiny from various authorities who now discourage Malagasy women from giving birth with midwives in their homes.

<sup>&</sup>lt;sup>10</sup> Rasazy is one of the many Malagasy words for midwife. It is a combination of the Malagasy word *renin-jaza* used to refer to traditional midwives, with the French word *sage-femme* which Malagasy use to refer to medically trained midwives. *Rasazy* speaks to the blurred lines between medically and vocationally trained midwives in Madagascar.

<sup>&</sup>lt;sup>11</sup> The first blessing Malagasy babies typically receive is a *joro*, which is performed while the child is in utero as part of a private family ceremony where ancestors are invoked in order to protect the mother and child from harm during the birth. Sometimes another *joro* is immediately performed after the birth to protect mother and child until the child has crossed over (*tafitsaka*). For more on the full meaning(s) of *joro*, see chap. 1 note 33.

Abortions are illegal in Madagascar. They are, however, readily available at clinics and hospitals. They are expensive, but women know where to go to obtain them. Because they are illegal, the procedures are often not explained in detail. For example, one woman was given pills to terminate her very early pregnancy. The doctor however never used the word abortion, nor confirmed or denied her pregnancy. She simply performed a sonogram and gave her a prescription. Other young women told me that doctors would agree to perform abortions, but requested that women arrive at the clinic or hospital after hours.

13 The *maîtrise* degree is the equivalent of the master's degree in the American school system, but is based on the French model of education.

<sup>&</sup>lt;sup>14</sup> Marie. *Personal Interview*. May 12, 2012. This interview was conducted in French and recorded by tape recording. I did not have a research collaborator with me during this interview.

<sup>&</sup>lt;sup>15</sup> Marie referred to her partner and father of her daughter with the word boyfriend (*garcon, copin*) on some occasions, and the word husband (*mari*) on other occasions. They had, however, not yet legally married, something she discusses later in the story.

<sup>&</sup>lt;sup>16</sup>Malagasy sometimes refer to the capital of Madagascar, Antananarivo, by its abbreviated name, Tana. <sup>17</sup> Marie lives in Tana with her sister and her daughter, but she spent a lot of time in Diego at her parents' house. I interviewed her in Diego.

<sup>19</sup> For more on the Malagasy youth turning away from ancestral customs in order to forge new ways of living in Madagascar's cities, see Jennifer Cole, *Sex and Salvation*, 2010 and Laura Tilghman, "City Livelihoods and Village Linkages: Rural-Urban Migrants in Tamatave, Madagascar," 2014.

<sup>20</sup> Jennifer Cole also notes this tendency among urban Malagasy to associate ideas about modernity and progress with lightness as opposed to the darkness of the countryside (2010, 65).

progress with lightness as opposed to the darkness of the countryside (2010, 65). <sup>21</sup> The first Arabs in Madagascar arrived around the 10<sup>th</sup> century as seafarers from the Persian Gulf and Yemen. These first Muslims established Swahili trading stations, some settled and built the first mosques along the north-west coast which date back to the 11<sup>th</sup> century. The Muslim population in this area grew steadily until the 14<sup>th</sup> century and then subsided significantly (von Sicard 2011, 102).

<sup>22</sup> Nasreen. Personal Interview. January 12, 2012. This interview was conducted in French, though Nasreen also occasionally code switched between French and Malagasy, and posed questions to me in English as well. I had an assistant with me named Tiana for the inititial interview. I returned alone for follow up interviews at a several points throughout the year.

<sup>23</sup> I was told multiple times that epidurals are only available in Madagascar's capital of Antananarivo, as there are no anesthesiologists who work outside the capital.

<sup>24</sup> At one point during the interview Nasreen asked me what it was like to give birth in the United States. I answered her as best I could trying to explain the norm, as well as all of the variations on the norm, which was a refreshing reminder that every women's birth is both unique and representative of what childbirth is like in her society. "What is birth like in the United States?" Nasreen asked. "I have never known what the vazaha do when they are pregnant and when they give birth." I answered, "It depends on the person of course." "Sometimes women feel sick during the pregnancy, just like you did. Sometimes we have a baby shower for the mother or the parents and friends and family bring gifts of clothing and food. Usually women go to see a doctor or midwife during the pregnancy. Most people have their babies in the hospital, but some women have babies at home or at birthing centers. The majority of women use medicines for the pain and to make the birth go faster, though some people are concerned with the amount of medicine used in hospitals and some worry about birthing positions, about how a lot of women are on their backs in the hospitals, which makes it more difficult for the baby to come out. We probably use a lot more medicine that Malagasy do, comparatively, but there are those who think too much medicine is a problem as well. Sometimes women have to have surgery to get the baby out. A lot of women have cesarean sections. Usually at the hospital, you can have only a few visitors in your room. At home however, you can have as many as you want. After the baby is born, people bring food and gifts for the baby. And depending on the family's religion and customs, sometimes the parents will circumcise the baby. If the parents are Christian, sometimes they will have a baptism for the baby, or if the parents are Muslim, sometimes they whisper the call to prayer in the baby's ear just like you did. "How do you take care of the healing?" Nasreen asked curiously. "I don't think we do anything special to speed the internal healing process." I said, and then paused and added, "but I'm not sure," and I suddenly became internally aware of how little I know about what women in my own country do immediately after the birth. Nasreen and Tiana, a friend of Nasreen who had introduced me to Tiana looked at me stunned." "But how do Americans heal," they pleaded. "The mother rests," I said, "and takes some time off of work but the amount of time for healing depends.""Do you use hot water?" Nasreen inquired. "I think the mother bathes as she normally would, so yes, probably with hot water, but not super hot water." Trying to redeem myself in their eyes, I added, "I've heard that the practices that Malagasy use to help speed recovery are very good and efficacious." "How long is the healing process," they both wanted to know, which was hard for me to answer because I didn't know of any set time. "For example," they said, "Comorians are known for having a quick

<sup>&</sup>lt;sup>18</sup> Interestingly, at this point in the interview, Marie asked me, "You don't have that problem do you?" referring to the cultural/class divide that was occurring between her family and that of her boyfriend's. "No I don't, not right now," I answered, "but I have friends and family who do." Even in the same culture?" Marie asked incredulously." "Yes, because in the United States, we don't have just one culture. Just like Madagascar." I then shared a couple of stories with her to give her examples of the kinds of cultural and religious divides that exist between families and put strains on new parents.

recovery. "Sometimes" I said, not sure of what exactly was being asked, "women go back to work quickly after just a few weeks and sometimes mothers stay home for a while for months or even years, but when they're at home they aren't necessarily resting or recovering." "And there are no consequences to the mother?" Nasreen asked incredulously. "It depends," I said.

<sup>25</sup> Camellia. May 21, 2012. This interview was conducted in English. I did not have any research collaborators with me for the interview.

<sup>26</sup> It was not until I returned from the Madagascar to the United States, to write up my field notes that I realized that pregnancy taboos and all of the other behavioral restrictions around pregnancy were not as unique to Madagascar as I had previously thought. Nor was it unique for expectant mothers to be suddenly more aware of their cultural and religious heritages prior to giving birth to their first child, as Camellia had done by familiarizing herself with not only with her family's pregnancy taboos, but also with her family's *fady* more generally. I realized these things through my own pregnancy, which began shortly before I left Madagascar and returned to the United States. As I prepared for my first prenatal appointment with my midwife, I printed out several forms including one that was to become my food journal. I was to record everything I ate and found myself reading about the foods I should avoid in American pregnancy books. These foods that were prohibited either because they might contain harmful bacteria or because my baby simply might not enjoy them, things like spicy foods. And in my prenatal yoga classes, I listened attentively as concerned mothers discussed whether or not it was safe for us to lie on our backs past a certain point in the pregnancy. We shared complaints of heartburn and laughed about peoples' predictions that mothers with heartburn would produce babies with heads full of hair. All the while, we secretly wondered whether there were any truths to these seemingly illogical predictions. On a walk home from my yoga class that night, I was shocked when a perfect stranger slowed down in her sports utility vehicle to ask what I was having. When I explained I was not going to find out the sex of the baby, she paused, gave my belly a hard look, and then exclaimed "it's a boy!" Just before leaving Madagascar, I remembered sitting in a Malagasy grandmother's living room, holding her newly born grandson. I listened as she excitedly interpreted her grandson's smiles toward me as an indication that he, the baby, knew I was carrying a boy. Thrilled by her interest in my pregnancy and intrigued by her predictions, I can remember also feeling a little jealous of her belief that a baby of such a young age could know something like that. In those last few weeks in Madagascar, which were the first of my first pregnancy, I experienced several such startling encounters where strangers asked me if I was pregnant, not because my belly was swelling, but because they simply "had a feeling." I could not recall ever having been asked that before in all my months of prior research on birthing related topics. Did Malagasy know something I didn't? Were they more in tune with such matters than my Americans peers? When I returned to the United States, I realized that Americans were just as curious and perceptive, albeit in different ways, about fetuses. I had simply never noticed, because I had never before been the object of peoples' curiosity, advice and scrutiny as pregnant women often are. Interestingly, I eventually gave birth to a baby girl in January of 2013, despite many more predictions by Malagasy and Americans alike that I was carrying a boy.

<sup>&</sup>lt;sup>27</sup> *Hôpital be* is the larger teaching hospital in Diego Suarez.

<sup>&</sup>lt;sup>28</sup> *Ravin-tsôha* is an herbal infusion made with lemon leaves.

<sup>&</sup>lt;sup>29</sup> As Camellia described this two week period of relative post-partum seclusion, flashbacks of scenes I had seen at the *Dispensaire* ran through my mind. I remembered seeing women leaving the *Dispensaire* with babies wrapped in such a way that they were completely enclosed. One woman walked out of the facility with her baby tied around her abdomen. She was wearing a wrap (*lamba*) and had I not been sitting outside of the birthing room of the *Dispensaire*, I might not have any suspected that the lump around her waist was a baby. On another occasion, I saw a woman buying vegetables with a baby tied around her completely hidden. She also had her toddler daughter by her side. Other babies who left the *Dispensaire* were completely covered, everything a part from their faces, and it's hot in Diego, so surely I thought, this method of covering, was not exclusively meant to keep them warm.

<sup>&</sup>lt;sup>30</sup> Lamaka are the woven mats that Malagasy use to eat upon, sleep on, and/or to sit upon during special ceremonies

<sup>&</sup>lt;sup>31</sup> In Madagascar, women who do not ordinarily wear headscarves will often don one during a special occasion, or as part of a traditional religious ceremony. This practice is common among both Muslims and Christians. Additionally there are some Pentecostal churches in Diego that require women to wear headscarves during services.

<sup>&</sup>lt;sup>32</sup> The billboards always reminded me of the Nestle formula episode in which third world mothers were encouraged to switch from breastfeeding to formula, because of "baby's very specific nutritional needs" which could supposedly only be met with scientific formulas. I lamented that some Malagasy mothers as a result of this advertising (by Farilac) might be choosing to feed their babies an expensive, powdered, and highly processed cereal rather than the whole grain rice and vegetable porridges their mothers and grandmothers might have chosen. Despite my internal musings, Camellia herself offered no evidence that she was similarly concerned about Farilac's advertising practices.

<sup>33</sup> See Andrew Walsh, "Responsibility, Taboos, and 'The Freedom to do Otherwise," 2002.

<sup>&</sup>lt;sup>34</sup> Céline. Personal interview. February 12, 2012. My research collaborators Zafisoa and Édith were both present for this interview. Thus the interview was more of a group conversation with the three of us and the couple (Céline and Roland). Their toddler son, Giovanni, was also present as the interview took place in their home. The interview was conducted in Malagasy, with French phrases occasionally intertwined.

<sup>&</sup>lt;sup>35</sup> Ranginaly mothers occasionally place cold water on their babies' heads, but newborn babies do not bathe in the same ritual manner as do their mothers. That is, they do not bathe in cold water from head to toe thrice daily. Children of *ranginaly* mothers are understood to be marked as such even when they are not bathed in a particular way as infants.

<sup>&</sup>lt;sup>36</sup> Malagasy commonly wear silver bracelets around their wrists. They are given as gifts to children and are markers of many things. Some Malagasy have told me that if you want to find out who still practices *fombandrazana* (ancestral customs), look for people who are wearing the silver bracelets. Paul Congo, the informant who described himself as Catholic but insisted that he could not abandon the traditions he was bathed in, pointed to his bracelet as evidence that he continues to observe such ancestral customs. In the case of Céline and Roland, they placed a silver bracelet around their infant son's wrist because they discovered that some of their Christian friends frowned upon the black cotton bracelets containing ghost repellents. Céline and Roland nevertheless wanted to put some form of religious protection around their son, so they opted for a less controversial silver bracelet instead.

<sup>&</sup>lt;sup>37</sup> Édith described this as a disease that occurs when a spirit follows a baby back to its house because the spirit wants to eat the food that was bought for the baby. Arakaraka is the name of the disease and the name of the spirit that causes the disease. When someone becomes sick with the disease, you say they "caught" the spirits (*nazon'ny arakaraka*).

<sup>&</sup>lt;sup>38</sup> This healing remedy is modeled after similar Islamic practices where scriptures are ingested after having been washed off a chalk board, or dissolved in paper in an effort to offer someone healing and/or protection.

<sup>&</sup>lt;sup>39</sup> Antoinette. Personal Interview. September 18, 2011.

<sup>&</sup>lt;sup>40</sup> Céléstine. Personal Interview. October 2011. This interview was conducted in French in Diego Suarez without the assistance of a research collaborator.

## **Chapter Five: Malagasy Midwives Deliver More than Babies**

When I first met Joffresville's traditional midwife (*renin-jaza*), Bernadette in January of 2012, she invited me into her modestly constructed wood frame house, a house that served simultaneously as her home and as a birthing space for the dozens of women who gave birth to their babies under her care. She proudly declared that she had attended one hundred and forty-seven births and never encountered a serious problem. In fact, her reputation within her community was such that when complications arose at the medical dispensary just up the dirt road from where she lived, the medically trained nurse midwife (*sage-femme*) who worked at that clinic would sometimes send for Bernadette's help in the event of a complicated birth.

Unlike the *sage-femme* who worked at that clinic however, Bernadette did not learn her work through any kind of formal training; rather her work would better be described as "a gift" (*un don*) bestowed upon her by her ancestors¹ whose knowledge was transmitted to her in the following way. One day a man alone with his laboring daughter came to her searching for someone to wait with his daughter while he went to look for help. Bernadette had never seen a woman give birth, but agreed to stay with the woman anyway. While the father was away looking for someone to help with his daughter's childbirth, the baby started to descend.

Bernadette caught the baby's bottom and then the legs came out next. She caught the legs as well, but as sometimes happens with breach births, the baby's head then became stuck. Fear swept over Bernadette until all of a sudden, she turned around to find in a dark corner of her house her grandmother's spirit. The spirit showed her how to place her fingers inside the woman to make a space wide enough for the baby's head to emerge. Bernadette did as the spirit showed her and the helped the baby to emerge. Then when she turned around again, her grandmother's spirit was gone. Soon after helping the woman to give birth, Bernadette began having vivid

dreams in which her grandmother would visit and show her the techniques of midwifery. Word quickly began to spread and people started coming to Bernadette to give birth. And like that, Bernadette became Joffreville's traditional midwife, their "mother of children" (*renin-jaza*).

Malagasy refer to midwives as matrons, sages-femmes, renin-jaza, and mpampivelona, of which, the latter two terms mean "mother of children" and "one who delivers/makes people living." Though all of the above words describe midwives, all but the term sage-femme are used more frequently in reference to traditional midwives who enter the profession in response to a divine calling rather than by way of a medical training program. Residents of Joffreville referred to Bernadette as a renin-jaza. When I would occasionally take a taxi-brousse (bush taxi) from Diego to Joffreville to visit her, on more than one occasion townspeople greeted me on the road to ask where I was going. "Za mitady renin-jaza" (I am searching for the midwife) I would say. "You mean the sage-femme, at the clinic?" two women asked, finding it incredulous that a vazaha would need to see a renin-jaza. "No, I mean the renin-jaza" I would reply. "The Malagasy one?" they inquired. "Yes" I confirmed. And then satisfied by my response, the women smiled and accompanied me to her yard, which was about a ten minute walk from the town's main road. Of course, both of Joffreville's midwives are Malagasy in the sense that both are native to the island, but the women's description of Bernadette as "the Malagasy one" points to their understanding of her as the more indigenous of the two.

That *renin-jaza* are considered both more traditional and more indigenous than *sage-femmes* does not mean that *renin-jaza* exist everywhere in Madagascar and in equal numbers.

The presence of *renin-jaza* (or lack of presence) in communities throughout the island hinges upon many factors, some of which are political in nature, and some of which have to do with community needs, and how residents feel about traditional specialists and healers. In the case of

Bernadette, it is important to note that while she describes her entrance into midwifery as a calling, embedded in her narrative is likewise the story of a lack of midwifery support in her community. Joffreville (Ambohitra), where Bernadette lives, is a small forested town to the south of Diego bordering Montagne D'Ambre Parc National. It has approximately five thousand inhabitants, most of whom farm or raise livestock, and a small percentage of whom who work in the tourism industry in the many guest houses where tourists come to stay in order to tour the national park. During the French colonial period, the town served as a retreat for French settlers and officials who spent most of the year in Diego, but occasionally escaped to Joffreville to enjoy the cooler weather that exists in the town due its higher elevation and close proximity to the rain forest. The father of the laboring woman who sought Bernadette's help some decades ago, had been looking for someone to assist his daughter in the birth of her child, help he presumably did not find, at least not in time for the birth, which speaks to the need for women like Bernadette to become proficient in midwifery. In crafting her story in this way, Bernadette lent legitimacy to her decision to become a midwife, by highlighting both the need within her community for more midwifery support, and the divine ordination she received as one "called" into the vocation by an ancestral spirit.

While Bernadette narrated her story to me, and to my research collaborator, Édith, one afternoon in the dark den of her home, two different families with babies came to see her.<sup>3</sup> The first family arrived at her door, entered her house and sat down on the floor before her. The mother handed her baby over to Bernadette who placed the baby on the ground, giving her a gentle examination, feeling the baby's stomach, checking her awareness and reflexes. Bernadette advised the mother to take the baby, who was experiencing some stomach pain (*marary kibo*), to a Lutheran funded SALFA clinic<sup>4</sup> on the road between Joffreville and Diego, a journey, when

taken by bus, would likely consume much of the family's waking daylight hours.<sup>5</sup> When the next family arrived for a consultation with Bernadette, Édith and I offered to leave, fearing our presence might have altered the advice Bernadette had provided the previous family. After the consultations were over, Bernadette invited us back in, and informed us that she had helped both of these mothers to give birth to their babies and she continues to give them advice and provide them with herbal and ritual medicines when their children are ill.

Traditional midwives in Madagascar deliver more than babies. They also provide advice to families, and not just with regard to health matters, but also with regard to the things like feeding, and the spiritual care of infants. Because of their special intimacy with ancestral spirits, these midwives pay attention to causes and treatments that might otherwise be overlooked by their medically trained peers. Traditional midwives are taught to look for unseen causes, and underlying spiritual causes to the ailments from which babies sometimes suffer. They are trained to see what cannot always be detected by the naked eye, or with a microscope, or testing strips. They understand that babies, as reincarnated ancestors, have particular needs that discerning parents must address. Through their careful observance of fady and fomba (customs and taboos), parents help newly reincarnated ancestors feel comfortable in the world. And when babies become sick, midwives know that babies sometimes need medicines, herbal and ritual ones, in addition to the antibiotics and vaccinations that medical doctors sometimes proscribe. Through traditional midwifery care, babies are enveloped in *hasina* imbued (ancestrally powered) medicines that protect them from spiritual harm and help them to grow strong as they make their transition from newly reincarnated ancestors to fully-arrived, in-the-world humans.

Moreover, as mediums of ancestral power, midwives deliver mothers of some of the spiritual, in addition to the material, weightiness of their pregnancies. They do so by shouldering

some of the knowledge pregnant women must gain with regard to the food taboos, birthing customs, and postpartum practices they are expected to follow. Midwives instruct their clients, guiding them through the maze of advice and prohibitions their neighbors and families may offer. And lastly, midwives help women find strength in transcendent powers when complications arise. Midwives however do not presume to have ultimate authority over all matters of health and spirituality. As Bernadette made clear by sending one of her clients to a health clinic, not all maternal and childhood illnesses are within her domain. But she, as an experienced midwife and religious specialist has divine powers that together with her experiential knowledge of labor and delivery make her a desirable support person for childbearing women.

# Midwives are Religious Specialists

Within most African religions, religious specialists, such as healers, diviners, priests and shamans hold esteemed positions as those who guide people through life's major transitions; help individuals, and communities, to ward off evil; and assist religious practitioners in their efforts to establish beneficial relations with one another and with the divine (Olupona 2014, 40-44; Luedke and West 2006, 6-7; Ray 2000, 72; Sharp 1993, 207-209; Bockie 1993, 69-70; Turner 1972). For much of human history midwives have also been recognized for their spiritual propensities (Gaskin 2002 (1978); Klassen 2001; Fraser 1998, 26; Davis-Floyd and Sargent 1997, 216, 337; Jordan 1980 (1978)). That said midwives have not always been included in scholarly discussions on the importance of religious specialists within African religions. And yet midwives in Madagascar, more than simply offering prenatal and delivery support, offer the same kinds of spiritual services as do other indigenous religious leaders within Malagasy society. Certainly religious leaders offer distinct services, but all, including midwives, share in the

common task of providing their clients with herbal and ritual medicines, direct contact with the divine and discerning advice on spiritual matters.

Those with even an elementary knowledge of Malagasy religions will likely have some familiarity with the role that spirit mediums, healers and diviners play in helping people to maintain right relations with one another, with their ancestors, and with God (Anjanahary) (Halvorson 2010; Rich 2008; Sharp 1993; Lambek 2003) Those acquainted with the literature on Malagasy religions will likely have read about the importance of possession trance in Malagasy religious ceremonies, and about spirit mediums (tromba) who channel voices from the ancestral past (Mack 2011; Lambek 1998; Sharp 1993); or about the elders and mpijoro (prayer/liturgical leaders) who preside over ritual sacrifices and rites of passage, elders whose speeches appease the ancestors when they have become angry, and whose authoritative words at funeral services can transform the bones of the newly dead into living ancestors (Lambek 2003; Joavelo 1996). Midwives are virtually absent in the literature that deals with Malagasy religious customs. Yet they too play a central role in helping Malagasy to negotiate their relationships in the spirit world. For midwives help women push their reincarnated grandmothers and grandfathers from their warm, wet and bloody wombs. Such an act is no less laced with religious meaning in a society that places a fundamental value on preserving and maintaining, while also distancing, oneself from the powerful spiritual presence of the ancestors. When we rightly view Madagascar's traditional midwives as religious specialists, we see the important role they play as those who "make people living" – as those who assist parents in their efforts to envelop the newly born in the life sustaining blessings of their ancestors, which is why childbearing women often consult with traditional midwives, diviners and massage healers for spiritual advice, even if they also see gynecologists and obstetricians as well.

My insistence that midwives be classified as religious specialists alongside Madagascar's other indigenous religious leaders fits with emic descriptions of the role midwives play in Malagasy society, and is also based on an understanding of religious specialization as a vocational trade learned through experiential processes often combined with esoteric knowledge and apprenticeship with a spirit, rather than through certification alone. The distinction I make between religious specialists and the more institutional roles of doctors, nurses, therapists and priests is in line with Victor Turner's categorization of religious specialties where institutional functionaries differ from inspirational functionaries by virtue of their attention to the spiritual characteristics of the job (Turner, 1972). Most Malagasy view traditional midwives (renin-jaza) as inspirational functionaries by virtue of their specialized ancestral knowledge. Though as we will see in this chapter, the boundaries between "spiritual" and "biomedical" knowledge, between "traditional" and "modern," "indigenous" and "foreign," and "local" and "global" healing practices are being continuously dismantled and redrawn by specialists and clients alike. For not all traditional midwives have spiritual gifts, and not all medical midwives are blind to the spiritual components of childbirth and infant care.

According to anthropologists Tracy Luedke and Harry West, in East Africa, indigenous healers' ability to transcend these socially constructed boundaries between traditional and modern, and spiritual and biomedical, among others, is precisely what gives them their power and appeal (2006, 2). For so called traditional healers "broker access" to cosmological and geographical spaces, and to times and materials, "otherwise inaccessible to their clients," and do so not by learning and preserving an unchanging system of traditional healing, but by indigenizing a medley of imported and exported religious and scientific healing practices (Luedke and West 2006, 6, 28; See also Rekdal 1999). In other words, traditional healers are

powerful when they offer their clients access to spiritual and material resources which are not otherwise readily available -- to exotic and novel healing techniques and medicines, and to other transcendent worlds that require spiritual mediation.

Given this crossing of boundaries that healers do throughout southeast Africa, and also in the context of my own research, we might question whether the terms "traditional" or "indigenous" even fit. In many ways, these terms obscure the creative borrowing that such specialists do, but these practitioners are nevertheless reliant on such categories even as they also must destruct and transcend them. For a traditional healer, diviner or midwife who knows something of Chinese or Western medicine no doubt increases his/her power and appeal, but one who behaves too much like a doctor, will likely be considered a fraud. Thus the balance between transgressing the boundaries and maintaining them is a careful one. In Madagascar, as is the case in other parts of Africa, and indeed among religious specialists across the globe, healers do most of their work in liminal spaces, in the borderlands between the human and spiritual realm, where spirits more readily reside, where the boundaries of our human skin is made thinner, where otherwise distinct religious healing practices sometimes collide and intermingle, where the lines between illness and wellness, and biomedical and spiritual causes, affliction and mediumship, are harder to discern. In this chapter I am arguing that an understanding of the spiritual powers of midwives gives us greater insight into the role of midwives in Malagasy society and the complex birth decisions that Malagasy mothers face.

### Bernadette

Bernadette worked in these liminal spaces. She spoke confidently about her practice, as if guarding what she deemed a sacred knowledge. But despite her competitive edge as a midwife with a spiritual gift; she also alluded to her struggles for legitimacy and her difficulties defining her work in a society that increasingly values midwives "with certificates." In such a context,

she found it increasingly important to assert her knowledge of the physiological, in addition to the spiritual, aspects of birth and infant care. Bernadette described in length her knowledge of the processes of labor and delivery. She knows when a baby is ready to come out; she can tell if the woman is having pain because the birth is imminent, or if the woman needs to wait longer. If the birth is near, Bernadette asks the laboring woman to prepare; she asks her to walk around. And after the birth of the baby, Bernadette is well versed in the various techniques needed to help woman give birth to the placenta. She massages her clients contracting uterus after the baby arrives, helps women to get into a squatting position, and sometimes, if the placenta has still not come out, she orders them to blow into an empty glass bottle until the afterbirth emerges.

Bernadette also contended that she has a good sense of whether or not she can attend a birth, or alternatively, if a client of hers should go to the hospital in Diego or the medical dispensary in Joffreville instead. Bernadette wanted Édith and I to appreciate that she sometimes advises people to go to the hospital and also that she had the support of the people at the hospital, and also and perhaps equally important to her, she wanted us to understand that she at times knew more than they did and that the staff at the medical dispensary in Joffreville often consulted her and not the other way around.

Bernadette declared that sometimes the *sage-femme* at Joffreville's medical dispensary sends women to her because the *sage-femme* does not know how to handle some pregnancies. When Bernadette assists these women, they go back to the *sage-femme* and tell her how it was done. Bernadette said the *sage-femme* trusts her and that they sometimes work together, but implied that a kind of tension exists as well. According to Bernadette, the *sage-femme*, who just recently received her diploma, relies on her help in difficult circumstances, but does so almost reluctantly, and without always acknowledging Bernadette. That said the two must work

together, given that they are among the only two midwives in Joffreville. Thus when one is away, the other will be the only one available to help a women deliver her child no matter who the woman intended to have as her support person for the birth.

Despite Bernadette's mostly collaborative relationship with Joffreville's government appointed sage-femme, friction more normally characterizes the relationship between older renin-jaza and younger sage-femme. In Madagascar, traditional midwives are customarily older and local to the communities in which they work. Comparatively many sage-femmes are selected for training through a national exam they take immediately following high school. They are afterwards placed in government dispensaries throughout the island, at a very young age, and often with very little experience under their belts. By contrast, the majority of traditional midwives reported inheritance or family legacy, or possession by a spirit, as the catalyst which led them into their current occupation and some reported spending years training under the supervision of older more experienced midwives before beginning their own practice. Traditional midwives have the benefit of being known in their communities and also the respect that comes with age. Sage-femmes however have the benefit of a degree, more standardized medical training, and a salary from the government, but not all are warmly received by the communities in which they work, in part because they are often not always local to the communities in which they live and work, and also in part because they are viewed as young and lacking in real world experience.

Moreover, *sage-femmes* often lack the kind of spiritual attentiveness that traditional midwives are said to bear, spiritual attentiveness that is appreciated not only during a woman's childbirth, but in the trying months postpartum, when the family is struggling to help a young infant become comfortable in his/her new world. Bernadette showed us what she does to help

premature babies grow strong.<sup>7</sup> She indicated that sometimes babies are born prematurely at around seven months<sup>8</sup> and that there is a traditional Malagasy medicine for this. She mixed dirt from insect nests together with honey in a small white porcelain bowl. She added a silver coin<sup>9</sup> and stirred it together with her fingers. Then she described how she encircles this paste around all of the baby's joints and called this mixture *fameno*. She said this should be done every morning for a week. As she showed us this in the dark rectangular room in which we sat, on her straw mats neatly laid atop her dirt floor, I was deeply curious and impressed with the seriousness with which she described this practice.

This mixture of medicines that Bernadette creates in a bowl is powerful when placed within the large context of traditional religious practice in Madagascar, when one has an understanding that honey is commonly used as an offering to ancestors; that coins are symbolic of ancestral power, and that ancestral vocational wisdoms are commonly transferred between generations through a person's inheritance his or her families' gold or silver coins; and that spirit mediums paint their bodies with a sacred clay (kaolin) around the joints in the same way that Bernadette paints the bodies of premature Malagasy babies who are struggling to survive. This material religious culture forms a complex set of beliefs and practices where ancestors' lifegiving power (hasina) channeled through the work of religious specialists, like Bernadette, and impressed upon the newly living that this sacred life-giving hasina might continue in them.

In Madagascar, ritual medicines (*aody*) contain a power that pharmaceutical medicines do not. Malagasy do not use ritual medicines to the exclusion of pharmaceutical medicines, but rather as a way to materialize a prayer for their child's survival and for the promotion of his or her well being and continuation among a long lineage of family legacies. Babies grow strong when they are bathed, quite literally, in the traditions of their ancestors. The transfer of sacred

power (*hasina*) upon them through the materials of fresh water, <sup>10</sup> sacred clays, coins and protective charms is prevalent throughout Madagascar and representative of the pervasive belief in the reciprocity Malagasy share their ancestors, one where Malagasy viscerally care for and remember their ancestors in the hopes that their ancestors might in turn bless them with the gifts of fertile land spaces and wombs. In this way, upholding the traditional religious practices that Malagasy call *fombandrazana* (the customs of our ancestors) ensures that Malagasy peoples will continue in the traditions that formerly brought prosperity to people.

Bernadette's modest housing where such esteemed spiritual practices take place is characteristic of most religious specialists, whose wealth, or lack thereof, is carefully guarded in ways that speak to a spirit of servitude which specialist are encouraged to exhibit. In the den in which we sat, Bernadette, had very little furniture, save a few hand woven sitting mats (*lamaka*), some wooden stools, and mattresses and sheets leaning against the walls, which she used to as make shift examining "tables," and as a padded birthing space for her clients.

On most visits, Bernadette's toddler granddaughter ran around her dirt courtyard, wearing tattered clothes as she played outside sporting the same closely shaven hair-style that Antionette wore. The granddaughter appeared happy and healthy evidenced by her frequent smiles, round stature, and close affinity with her grandmother. Malagasy learn about "the customs of their ancestors" (fombandrazana) beginning at a very young age, and the venues for such transmission of knowledge occur less in the public spaces of cathedrals, mosques and town squares, and more in the modest courtyards of their grandparents' homes, in the private corridors of caves, near discretely marked natural areas, and in dimly lit and modestly constructed homes where babies are born, and their and their grandparents' placentas buried.

Such discreteness around the transmission of ancestral wisdom owes its origin to several factors. First, some ancestral matters in Madagascar are distinctly family matters and therefore take place in the privacy domestic quarters rather than in public spaces, and secondly, when the Merina of the central highlands invaded northern Madagascar, threatening the autonomy of the Sakalva and Antankarana polities that governed the northern part of the island during the late eighteenth and early nineteenth century, Merina officials prohibited northern community festivals centered upon royal ancestors fearing that such large gatherings around such powerful symbols of power might enable protestors of the Merina to further organize (Feeley-Harnik, 1991, 103).

In turn, northern groups took it upon themselves to further transform formerly public rituals into concealed ceremonies, and to temporarily transfer their attention from the construction of royal tombs to the care of ancestral relics, which could be more easily moved and hidden (Feeley-Harnik 1991, 103). Bernadette's religious practices fall more in the domain of the already private domestic sphere. And the transmission of wisdom from grandparents to grandchildren by having them spend long periods of time in their grandparents' homes has a long history in Madagascar and in other regions of East Africa as well. <sup>11</sup> But Bernadette serves the public as well, as one charged with helping her clients mediate their relationship to their ancestors, and is therefore aware of the kinds of political and authoritarian gazes that threaten her professional sovereignty. Her midwifery practice goes largely un-policed. That said she is increasingly aware of the government's intent to medicalize childbirth and knows they have no plan to involve midwives like her (*renin-jaza*) in that transition. Therefore the guarded nature with which Anoinette talks about her work speaks to its private nature, the collective memory northerners have of imperialistic policing of their religious ceremonies, and the current move on

the part of the government to eliminate traditional midwives likely in part because Western donor countries have urged them to do so.

As my first interview with Bernadette came to a close, I asked if she had any questions for me. She asked if I could bring her some things, some materials for birthing. She wanted some things from the United States government to help her with births. She said the U.S. government gives boxes of gloves and medicines to the midwives who work in the town dispensaries and provincial teaching hospitals, but not to her. "I too have need of these things," she pleaded. She mentioned gloves and said that the mayor of Joffreville had given a box of gloves to her and to the *sage-femme* who worked in the dispensary. "They trust me to use the medical materials and equipment at the clinic, but when the *sage-femme* is out of town, the clinic doors are locked, and when women come to birth, I do not have access to these things." I explained to Bernadette that I had no control over how or to whom the United States government distributed aid to midwives in Madagascar, but offered to have my father-in-law, a physician's assistant, bring her a stethoscope when he and his family came to visit my husband and me in Madagascar (Figure 5.1).

Bernadette was pleased with this gift. And while it was never entirely clear to me why she wanted gloves and/or other medical equipment from me, a person with virtually no medical expertise, I came to realize that as a *vazaha* I represented to Bernadette both a person with ready access to resources, and was associated very particular style of medicine form which she wanted to borrow, and from which she understood clients were in need. And lastly, having and using medical materials that came from the United States, rather than from her own home country, could increase her official status in the eyes of her clients and the other medical professionals with whom she competed and collaborated. Anthropologist Harry West came to similar

conclusions with regard to the request for razors he received from a healer in Northern Mozambique. He writes,

In time, however, it became apparent to me that Kipande wanted better-quality' razor blades than could be found in the local market. Such quality 'instruments' would set him apart from his *vakulaula* competitors. Similarly, latex gloves constituted a component of a more official 'uniform' that would enhance Kipande's credibility with potential clients. (West 2006, 31)

Medical aid from wealthier countries to relatively more impoverished ones introduces materials and techniques that are creatively appropriated by medically *and* traditionally trained specialists alike, and not solely in the ways that donor countries and organizations intend. For practitioners use medical materials as part of the creative borrowing that comes with marketing one's self in an environment of simultaneous medical pluralism and scarcity.

As a white American, my presence in doctors' offices, in *sage-femmes* clinics, and in the living rooms of parents, grandparents and midwives like Bernadette in Madagascar became entangled in Malagasy perceptions about American wealth and foreign aid regardless of my own lack of relationship to the medical community. I nevertheless represented a particular image of healthcare to most Malagasy. Because of this, Bernadette shared certain aspects of her story with me, but no doubt concealed others. She wove into her narrative seeds of legitimacy mentioning that one of the doctor's in Joffreville brings his son to her for traditional medicines. Perhaps Bernadette assumed that as a white American I would be impressed by such a statement, or perhaps she simply wanted me to know the extent to which she was respected by the members of her community. Bernadette placed on proud display her knowledge of certain traditional practices, like the use of *fameno* on premature babies, but also claimed to know nothing of the black cotton fabric tied around one of her clients' wrists. "It was probably given to the baby by a *moasy*," she declared, thereby positioning in line with but also distinct from other religious experts like *moasy*, who specialize in Islamic divination practices and ritual medicines.

Traditional religious specialists share many common characteristics, but they are market themselves differently, borrowing from some practices, and distancing themselves from others, and always presenting themselves in a light palatable to the persuasion of the person seeking their care.

Bernadette would not necessarily have wished any kind of technical training to replace her spiritual ordination into the practice of midwifery, but she was nevertheless unopposed to medical technologies or more medical training, and to the kinds of modern clinical materials that would give her work more legitimacy and clout. Despite traditional midwives desire for access to medical training and equipment, few attempts have been made to offer them the kind of instruction afforded to young nurse-midwife trainees. At the time in which this research was conducted, I knew of only one attempt on the part of the government to offer continuing medical education to traditional midwives. Medical and religious specialists commonly borrow from one another's practices, in terms of material used as well as techniques, but as I have already suggested, such borrowing has its limits given that each also has a vested interested in maintaining some boundaries around the "traditional" and "medical" approaches in which their respective practices have meaning. 13

#### Alicia

If Bernadette bore the wrinkles, wisdom and warmth of a Malagasy grandmother, then Alicia, the young medically trained midwife (*sage-femme*) appointed by the government to serve in the small rural fishing village of Cap Diego, exemplified the ambitiousness and vibrancy of Malagasy youth. She dressed professionally and stylishly often sporting sundresses and heals. And she had a *vazaha* husband, a much coveted commodity among her peers. She spent weekends at her home located several kilometers outside of Diego Suarez on the road toward Joffreville, but during the week she worked and slept at the medical dispensary where she served

residents of Cap Diego, a village with a population of about 1,400 just across the shore from Diego's main shipping port at the north end of town. Alicia was cordial and casual with the residents of Cap Diego, and seemed well respected by her neighbors. Each week when she disembarked from the boat that brought her from Diego onto the shores of Cap Diego, Alicia would quickly trade her heels and dresses for more casual attire. And when there was no work at the clinic, which was rare, she was known to take out a pirogue to do some fishing. Her neighbors seemed to appreciate the fluidity with which she moved in and out of the urban and rural environs of Diego and Cap Diego respectively, a fluidity with which they themselves were also familiar.

After first meeting Alicia at the main medical *dispensaire* in Diego, she invited me out to her clinic in Cap Diego. She agreed to with talk me about matters of birthing and midwifery if I would provide her with some English language lessons. Out of this informal agreement, our friendship grew. I frequently visited Alicia at the clinic. The clinic had two small corridors, one where she slept and cooked, and the other where Alicia provided consultations and helped women to deliver their babies. To get to Cap Diego from Diego, you board a small motor boat for the price of 1,000 ariary (the equivalent of around 30 U.S. cents at the time). The motor boats ferry passengers across the small channel separating Diego from the small fishing village and military base of Cap Diego.

On one particular visit in November of 2011, Alicia and her mother Josette had been eating on the floor of the health center, near the left entryway, when my research collaborator Zafisoa and I arrived for a visit. Josette began telling us about the problems in the building. "There are bats that hang out in the ceiling space and they poop on the clinic floor," she explained. "There is also a water problem. There's a public tap behind the clinic, but the tap in

front of the clinic, often doesn't work." The tap behind the clinic was close, but not as close as you might want water to be for a health center. Electricity was also a problem. When we arrived, Alicia was charging two solar panels on the concrete steps that lead up to the front of the health center. She said she does not like staying in Cap Diego because "it smells, and the work is strenuous." She alone provides *planning familial*, monthly vaccines for children, and attends births. And she does not have an assistant which she said makes her work extremely difficult. Sometimes laboring women come to the clinic to give birth, but other times, she must go to them. Relatives of laboring women will call or send word that the woman in labor "can no longer walk," and in those cases, Felica attends the women in their homes.

Zafisoa and I sat in chairs that Alicia and her mother offered to us upon our arrival and commencement of our informal interview. Alicia and her mother continued to sit on the floor. Alicia's mother Josette sat on a Malagasy cushion, and Alicia sat between her legs while Josette combed and styled Alicia's hair for a good couple of hours as we talked about birthing customs (fomba fiterana). Josette described some of customs used to stimulate labor. She mentioned that women will sometimes sit in a doorway and pour water over their heads when they are ready to start labor. She said women will shave off some wood from the side of a doorway, mix it with water, and then pour it over their head. Josette, Zafisoa and Alicia all called this a "benediction" (blessing).

The conversation about starting labor soon gave way to a more general discussion of the traditional medicines Malagasy women use during labor. Alicia mentioned an herb called *sitandrykibo*, a plant whose flowers closes when you touch it. This plant is used to help a woman who experiences a lot of blood loss during or following birth. Alicia, Josette and Zafisoa spoke about birthing customs and traditional medicines in a neutral and matter of fact tone neither

criticizing nor praising these practices, but when the topic of blood loss came up, Alicia took a more critical stance. She described traditional midwives handling of blood loss as "une des points faible de toutes les matrons" (one of their points of weakness). When I asked what she meant by this, she said that when a woman loses blood, there is a cause. According to Alicia, matrons (the word she used for non-medically trained midwives) fail to understand or address the underlying causes of blood loss. In her view, traditional medicines address symptoms but not causes. Interestingly, I met other traditional healers in Madagascar who made the same claims about medically trained specialists. They insisted that doctors and nurses, who rely on vazahastyle medicines only address symptoms rather than seeking to cure the underlying cause of the illness from which the patient is suffering. Alicia maintained that renin-zaza are fine for normal births, but when complications arise and there is a lot of blood loss, women should go to the hospital.

According to the women, *rômba* (African basil) and *ravintsôha* (lemon leaves), were among the most widely used of herbal medicines by women in postpartum bathing rituals. <sup>15</sup> They insisted that nearly all Malagasy bathe with these herbs after birthing. "It helps remove the blockage of blood in the uterus," Zafisoa explained. Zafisoa then went onto explain that she had an Arab friend, a "*métisse*," who pounded ginger, mixed it with water and then wrapped mixture in a piece of *lamba* (cloth) which was then inserted into her vagina to speed up recovery postpartum. Zafisoa said this method of recovery reduced the period of abstaining from sexual relations, which she understood to be a good thing because men get impatient and will go sleep with someone else if the recovery period lasts too long. "So, it's a useful tool for women," she explained.

Josette then went onto explain that after the birth of a child, everything from the birth, including the baby's first excrements are kept in the home during a two week postpartum period. During this time, women who have just given birth eat a special meal of rice cooked in banana leaves (*androsorona*) and the waste from these meals together with the newborns waste are kept inside in a designated location until the woman and baby are formally introduced to the community. Babies should not leave the house for two weeks following the birth. After two weeks, babies are welcomed into the community by way of a *fangaboanazaza* ceremony, which takes place at dawn where the baby greets the sun and prayers (*joro*) are said for the health of the mother and child.

Alicia never intended to become midwife. According to her, it just sort of happened that way. Her grandmother had been a very well known and expert *matron*, but it never occurred to her to follow this line of work, until a friend of hers casually suggested they go and take the *concours* (test) to see if either of them qualified for the midwifery training program at Diego's main hospital. Alicia agreed to go only because her friend had really wanted her to, and her friend had also suggested that the salary was good. When they took the test, Alicia had the fourteenth highest score out of nearly one thousand participants. The top performers were then selected to go through the training at the *Hôpital be* (the big hospital). After completing the training, Alicia was placed by the government in the clinic that serves the fishing community of Cap Diego. On average Alicia attends about six women a month.

When I asked Alicia if she is ever scared, she looked at me strangely. I clarified, "I know you have a lot of experience, but still, are you ever scared that something might go wrong." She never really answered the question, but did mention several times that midwifery is her vocation. She must (*tokony*) do the work, even though there are odd hours and there are risks involved and

sometimes women have difficult labors and experience still births. Before becoming a midwife, Alicia had studied law and was preparing to work in the tribunal. She recalled that her husband once asked her, "Why did you decide to change jobs?" The only explanation she had for his question was that despite the long hours and risks involved in attending births, she nevertheless felt midwifery to be her calling and saw the hardships of her work simply as "le drôle de travail" (In Malagasy: asa afa-afa. In English: what comes with job's territory).

Thus while Alicia earned her living and reputation within her community as a medically trained midwife whose legitimacy stemmed from her medical training at Diego's Hôpital be, she, much like Bernadette, also understood her work be a calling. She did not enter midwifery by way of spirit possession or a spiritual vision, but she believes her grandmother's spirit to have nevertheless had a hand in her career path. Alicia comes from a tradition of midwifery in her family which gives her work a kind of authenticity in a society that values the intergenerational transmission of healing therapies. I have emphasized that some traditional midwives should be understood as religious specialists because of their work with spirits, because of the kinds of advice they give to their clients, and because the spiritual components of the job are an important part of their work and identity. But, in Madagascar, the lines between traditional and medical midwives, and between being called and being trained, are not always hard and fast. And just as traditional midwives have incorporated some medical technologies into their work, medical midwives are also sometimes very aware of herbal medicines, and birthing and postpartum rituals. Because Alicia was one of the only medically trained specialists to serve the small fishing village of Cap Diego, her rural roots and familiarity with traditional birthing practices made her clients feel more comfortable and thus served her well. Yet her access to some pharmaceutical medicines that other traditional midwives in the area did not have also gave her an edge and

made her work distinct and appealing. After several interviews with Alicia, she invited me to spend a week with her at the clinic in Cap Diego in order to better observe the kind of work she does.

When we opened up the clinic doors, it smelled, and we had to sweep out the bat feces. I was not feeling overly excited about the prospect of sleeping there, but knew that I wanted to learn more about Alicia's work. Alicia does many things for the people of Cap Diego beyond the perimeters of providing family planning services, and labor and birthing support. Every day and well into the evenings, people buy phone credit from her because there place on Cap Diego to buy phone credit for residents pay-as-you cell phones. Alicia brings scratch-off phone credit cards to Cap Diego each week and residents give her money. She then sends them phone credit through a text message. Towards the end of the week, one man came over to ask for credit. He was shirtless and brawny you could see he was feeling good. He told Alicia he had caught three hundred kilos of fish that night.

Alicia explained that most of the men who live on Cap Diego are fisherman. They also raise goats, and grow vegetable crops, but fishing is the most common and most lucrative way of earning a living. They fish at night, both because it is excessively hot during the day and because fish bite better at night. Later that evening, as Alicia and I had dinner on the front steps of the clinic the music from one of the bars was really loud. Alicia explained that they were celebrating this man's bountiful catch. Alicia explained that for men out at Cap Diego, "fishing is life; it buys him everything, his house, his food, his medical expenses, his clothing."

Alicia sees many clients every day and she has to work by candle night if a woman gives birth at night. She has solar panels and a boat battery that powers a tiny television, and some circular red lights that resemble the lighting directing you towards the exits on airplane aisles, but her access to electricity is very minimal. If the batteries are functioning well, and they were not during the week I was there, Alicia can watch the news at night, or at least listen to it. At night, it is hard to sleep because the bats are almost piercingly noisy. A couple of nights, I awoke to Alicia banging on the walls with a long stick in an attempt to shut them up.

When the day broke, Alicia expressed to me that she felt concerned that so many women were having so many children and at such a young age. Twice during the week, two women in their twenties, who already had three and four children, came to her for a consultation at the clinic. The first woman brought her mother and her two month old baby with her. While the woman was still in Alicia's consulting office, Alicia came out of the office and said aloud to me in French, "this woman is only twenty and already has three children." I did not know if the woman could hear us or if she understood French. I guessed that she did not by the way Alicia was talking about her. I felt embarrassed, like we were using a private language to talk behind their back. I did not respond to Alicia's comments to me. I just listened and acknowledged what she said. When the women left, Alicia told me that she understood this to be the reason why Madagascar is poor — people have too many children at too early an age and then they cannot afford to send them to school and take care of them. Alicia did not mention that there is also very little work for people in Madagascar, regardless of how many children they have to support.

Alicia explained that birth control is free and implied that there is no excuse for women not to space their children. There are calendars and pamphlets all over Alicia's desk with info about oral contraception, injections, and IUDs. She has posters on her walls with pictures of happy healthy Malagasy families getting injections or contraceptive pills. <sup>16</sup> There are posters all over her clinic that encourage people to go to the hospital for birthing, vaccines and otherwise.

They picture happy healthy smaller families going to clinics, and starving sickly looking bigger families staying away. She did not mention that other women with whom I spoke were afraid of the side effects of contraceptives and felt that nurses and doctors could not provide them with reliable information about their safety.

Despite her many complaints about the job, Alicia appeared to enjoy helping people, and felt that Cap Diego was calmer and safer than Diego. She leaves the clinic windows open at night when she sleeps despite the fact that there are no bars. "It's too high for anyone to climb in, and anyway life is safer here," she said. She maintained that Diego was not always as unsafe as it is today. She explained that it used to be that you could walk around at night, anytime of night, with little worries, but now things are different. When I asked her why things have changed, she attributed it's because of *faroche* (gangs) and corruption.

Alicia had her own perspective on why life is hard in Madagascar, and on why Diego has become an increasingly dangerous city in which to live. Regardless of how accurate any one person's insights on such matters are, her descriptions spoke to the extreme poverty in which people lived, and the existential level of insecurity many people experienced living in Diego. While these aspects are not always highlighted as a reason for Madagascar's relatively high infant and maternal mortality rates, I contend that they should be. Instead reputable media sources, often blame women's "preferences" for traditional midwives — "their stubborn adherence to tribal traditions." In 2012, in an article published in the New York Times regarding high maternal mortality rates in Malawi, author Courtney Martin spoke of the need for "cultural" and "attitudinal change" in regard to the "tribal traditions" and "customs that have governed their lives for as long as anyone can remember." Martin maintained that "a massive cultural shift is needed" before Malawian women can realize their vision of lower maternal mortality rates. She

spoke of the country's controversial ban prohibiting women from birthing the children under the supervision of traditional midwives. Articles such as this perpetuate American myths about Africa—myths that portray poverty as consequences of the widespread observance of regressive cultural traditions. <sup>17</sup>

Portraying women, whether Malawian, Malagasy or otherwise, as stubborn adherents of "tribal traditions" ignores the complex decisions that Malagasy women face on a near daily basis and overlooks the environmental realities of Malagasy women's lives. Likewise, portraying traditional midwives as charlatans who stand in the way of women's access to better alternatives blinds outsiders to the realities of health worker shortages, while at the same time undermines the important service traditional midwives provide women in their communities. Approximately seventy percent of the Malagasy population lives in rural areas separated from hospitals and dispensaries by poorly paved roads, with few viable transportation options in between. With a few exceptions, government funded hospitals and medical dispensaries and non-governmental funded medical clinics, especially in urban and rural coastal areas, are poorly stocked. When women seek the assistance of traditional midwives, they do so not because of stubborn preferences; but because traditional midwives (or poorly trained medical midwives) are sometimes the most knowledge and experienced women within geographic and financial reach.

According to the World Health Organization, there are approximately 1.6 trained doctors per every 10,000 people in Madagascar. Comparitively in the United States, there are 24 physicians for the same population density (2012, 126, 128). Additionally, the WHO estimates the number of nurses and midwife personnel in Madagascar to be far fewer than what are needed (2012, 102)<sup>18</sup> Yet despite staggering discrepancies in the quality and quantity of healthcare resources available in first world countries as compared with third world countries, reputable

media sources frequently frame Africa's poverty and inadequate access to healthcare in terms of a stubborn adherence to backwards cultural traditions.

What such media sources do not always say is that women are sometimes afraid to leave their homes at night, that the clinics are poorly stocked, that medical midwives cannot perform emergency cesareans in the event of an obstructed birth, and that the difference between a homebirth and a hospital birth, or a *renin-jaza* and a *sage-femme* are sometimes relatively small. The reality in Madagascar is that midwives in Madagascar, whether medically trained, or experientially trained, must be well versed in a variety of traditional and medical approaches to childbirth in order to meet all of their clients' needs and wants, and even then, often by no fault of their own, they sometimes fail them.

I have already suggested that traditional healers, and midwives among them, must do a lot of border crossing in order to broker access to the kinds of diverse materials, techniques and spiritual forces their clients desire (Luedke and West 2006). This border crossing is part of their appeal. What I have not yet said, but already alluded to, is that medical experts (and their clients) must cross borders as well. For in an environment of poverty where healthcare resources are also scarce, parents are desperate to try any and all means necessary to ensure that mothers and their children survive and be well incorporated into the kinds of social and spiritual communities that will keep them healthy and safe from harm.

According to Luedke and West (2006), "periodic drought and environmental degradation," "massage flows of refugees," "the end of the Cold War" which meant the end of "Eastern bloc support for socialist regimes in southeast Africa," "structural readjustments programs," and the emergence of "neoliberal states which have largely abandoned the public

projects of development," have together created devastating circumstances for African's health systems (3). They write,

In short, the interrelated catastrophes the region has suffered have been felt acutely in the realm of health and healing. Besides bringing about the collapse in many countries of health care networks constructed by post-independent states (Andersson and Marks 1989; Cliff and Noormahomed 1988; Cliff and Noormahomed 1993; Feierman 1985; Pfeiffer 2002; van der Geest 1997, 903), these crises have placed the institutions of kinship and community, through which people might seek relief, under enormous strain. Under these desperate circumstances, residents of the region have been compelled to piece together disparate therapeutic resources in an attempt to meet their health needs. (Luedke and West 2006, 3)

In other words, just as healers must reach beyond the boundaries of their scope of expertise in order to market themselves as effective in a landscape of scarcity, with pluralistic and intersecting therapeutic resources, clients must also creatively rearrange these disparate therapeutic resources into new "constellations" in order to meet all of their health needs — constellations that no doubt redefine local and global, traditional and modern, and religious and scientific healing therapies (Luedke and West 2006, 8).

In the following women's narratives we will see that a variety of factors influences how women and their families seek care around the birthing and blessing of their infants. Preferences for particular approaches play a role, as do beliefs about health and illness, but we cannot chalk down women's decision-making to any one motivational factor. For sometimes "choice" is not even an option; sometimes ones environment and financial resources decide. And sometimes women's families decide on their behalf. And lastly, even when people express preferences and beliefs, they do not always seek care based on said preferences. For we, as humans, occasionally (or perhaps commonly) use medicines and participate in religious ceremonies even when we do not necessarily understand how the medicines work, or believe in the efficacy of the rituals. As we will see in the stories that follow, many issues determine which kinds of midwives, and other

medical and religious specialists, women consult with in order to give birth with purposely, and safely.

## Seeking Care in an Environment of Simultaneous Medical Pluralism and Scarcity

When women "cross over" into the sacred liminal space where ancestors (reincarnated as their babies) make their slippery entrance from warm watery wombs into the earthly realm of human existence, they open themselves up to a host of spiritual dangers and possibilities (For similar notions about women being open to spiritual dangers post childbirth, see Hannig 2014; Popenoe 2004, 145; Masquelier 2001, 234; Lamb 2000, 186; Boddy 1989). When Malagasy women are in the midst of their "spear battles," many feel as though they could approach death just as easily as they might deliver life from their loins. They, like the babies they hope to soon deliver, are betwixt and between (Turner 1969) states. They enter that hallowed crossroads where the dying become the dead and the living become as flesh and bone. And traditional midwives, because of their work with spirits, are understood by some to be especially equipped to guide women through these spiritually ripe moments of transformation. To the extent that traditional midwives are ever preferred; it is for their high level of experiences and their aforementioned spiritual propensities. Françoise was one such woman who preferred them.

#### **Francoise**

Françoise is a woman I met on one of my Françoise many walks from the neighborhood in which I lived, to Diego's main street, where one finds the specialty shops, restaurants, shipyard and the city's largest outdoor food market (*bazaar kely*). Françoise is a grandmother, though the reader should note that many grandmothers in Madagascar are in their forties and fifties and some are still having children even as their eldest children are providing them with their first grandchildren. Of all the women I interviewed, Françoise was among the few who

wholeheartedly insisted on the superiority of traditional midwives (*renin-jaza*). She was concerned not only that children survived their births, but also about the disappearance of traditions, the disappearance of what she described as "Malagasy ways of doing things" which she deemed an important method of keeping children well. In other words, she, and several others with whom I spoke, were concerned not only that their children and grandchildren surviving the fragility of their infant years, but also that their children and grandchildren grew up with some knowledge of the traditions they considered sacred and vital to their survival as a people.

Françoise sat crouched in the doorway that led from her room into the courtyard when my research collaborator Édith and I arrived to interview her. <sup>19</sup> She was making a ramen style noodle soup on a charcoal cooker and feeding a little girl some bread dipped in concentrated milk. Édith and I sat on a woven mat beside her. It was hot and I covered my head with a long sleeved shirt I had brought for that purpose. I started the conversation slowly, but soon Françoise began talking to me about many matters.

She started explaining how the *renin-jaza* work with the *sage-femmes* in Ambilobe -that they can help women whose babies have died inside them. *Renin-jaza* know how get dead
babies out so the mothers will not also die, when the *sage-femmes*, in her estimation, failed to
help these women deliver in time. She told me that if I really wanted to know about *fomba fiterana* (birthing custom), I should go out to Ambobatany, which is sixteen kilometers from

Ambilobe in northern Madagascar. "You can take a *taxi-brousse*," she explained. She explained
that there were two *renin-jaza* who lived there, both of whom were in their sixties and whose
names were Henriette and Marovavy. Françoise explained that the second of the two has a lot of
children, and "they don't need injections." For Françoise, it was not a question of *renin-jaza* 

not using injections as much as it was a statement that they, unlike the hospital trained *sage-femmes*, do not have to rely on pharmaceutical drugs in order to help women deliver babies safely.

Françoise clarified, attributing the source of their power to spirits as opposed to pharmaceutical drugs. When they help women, "it's like there's something on them. <sup>21</sup>It's like they have someone with them." <sup>22</sup> Françoise gave birth to nine children in all. She had all of them in a hospital except for one, a girl who was one of her youngest, but not the last to be born. Of the nine children, one died, though she did not say how and I did not ask. "The girl, born at home, was the easiest birth," she declared. She described the other births as hard and complained that the medical staff gave her a lot of injections. But with the girl born at home, it was easy and fast, which Françoise attributed to her having been born at home with the help of a traditional midwife who appeared to be working with a spirit.

When Françoise's labor began for the girl who was born at home, she called the midwife (*renin-jaza*). During the birth, the *renin-jaza* asked for her own grandmother's help. As Françoise portrayed, the *renin-jaza* laid her hands upon Françoise's stomach and called upon her grandmother saying "Eh mama, help me help to birth this person. Do not leave me without your blessings." Françoise said you could see that the *renin-jaza* was with her grandmother's spirit. You could see that she was "possessed by something" (*nisabohandroha*).

Françoise was born in 1965 and was forty-six when I interviewed her. Some of her children were with her including one daughter who is twenty-nine. Françoise's daughter very much resembled her and sat quietly listening to her mother as she spoke to me. According to Françoise, people are starting to return to the *renin-jaza*. "They are starting to go back to *fombagasy* (Malagasy customs) for a lot of reasons," she explained. "The *sage-femmes* ask a lot

of questions and make women feel uncomfortable," she asserted, "whereas the *renin-jaza* don't ask you a lot of questions." Françoise explained that the *sage-femmes* also ask you to buy a lot of things, a lot of medicines and a lot of equipment for the baby, but argued that people here do not have money to buy all of those things. The *renin-jaza* simply ensure the baby comes out, that mother and baby are well, and that the mother has some clothes for the baby.

She also explained that many women believe the *renin-jaza* are more knowledgeable. "If you talk to the *renin-jaza* in Ambilobe," Françoise commented pointing to the notebook I was writing in, "you will fill a whole copy book." "I don't know much compared to them," she insisted. I countered insisting that she has a lot of personal experience, a comment with which she agreed. Françoise added that there are a lot of good birthing customs and the women who take you to the hospital do not always know these customs. "I went to the hospital with my aunt and she used cold water to bathe me while I was in labor, and I was in labor for three days!" Françoise exclaimed. "My aunt did not know that warm water on the front and back of the mother is what helps the baby come out.<sup>24</sup>" "Once we tried warm water, the baby came out almost immediately."

Françoise's sentiment that *renin-jaza* possess a knowledge that doctors and *sage-femmes* are ill equipped to provide resonates with many Malagasy women, and indeed with segments of women the world over, who feel disappointed by what the medical approach to childbirth has offered them, especially when their technologies threaten to displace the more established wisdoms of midwives who have a wealth of experience helping women to birth in normal, non-emergency, non-medicalized situations and who are attentive to the spiritual as well as biological processes involved in bringing children into the world. That said, despite her praise of traditional midwifery, Françoise had only one of her nine children at home. Perhaps Françoise arrived at

these conclusions about the superiority of traditional midwives later in life, after having one of her children at home. Or perhaps her story reveals that preferences do not always have the largest determination over one's birthing decisions. Based on her circumstances, the choice over where to have her child may not have been Françoise's alone. Or perhaps she and her family did not have the resources, or live in close enough proximity, to consult with the birthing attendants they deemed the best equipped.

Despite Françoise's insistence on the superiority of traditional midwives, not all Malagasy women shared her sentiments. The majority of the women I interviewed gave birth under the care of midwives, but few insisted on their superiority of traditional midwives as opposed to medically trained midwives. Many of the women I interviewed gave birth with retired nurse midwives in their homes. And almost everyone with whom I spoke consulted with multiple caregivers and specialists. Some preferred to consult with midwives only during their pregnancy, while relegating the actual birth to medically trained hospital staff. Alternatively, others decided to give birth with a traditional midwife, but while also receiving prenatal care and postnatal checkups from government clinics. Some preferred to see midwives for spiritual advice alone, and doctors for illnesses that appeared to have no religious causation. Like women the world over, the childbirth decisions that Malagasy women make are layered and complex, and intricately interwoven with personal beliefs, politics, and racial and economic circumstances. Moreover, as I have already emphasized, women's decision making often transcends the kind of categories we try to brand on them. And sometimes what might look like an ideological preference to an outsider is really more a matter of practicality as mothers decisions are often governed more by finances, social circumstances, and a lack of good options than by personal preferences. For example, one woman, named Amélie, expressed to me that she much preferred

doctors over midwives, but her many decisions over the course of her pregnancy, childbirth and parenting of her son Lawrence reflect the fact that preferences alone do not determine what kinds of birthing, parenting and healthcare decisions mothers will make.

#### Amélie

Amélie gave birth to her son Lawrence at the government hospital (*Hôpital be*) in Diego. <sup>25</sup> She had been seeing a nurse for her prenatal care, but nervousness during her last month of pregnancy prompted her to switch to an obstetrician. "The *gynécologue* (obstetrician) is expensive and the only one in town," Amélie explained. <sup>26</sup> "And she doesn't automatically attend your birth. So if you want to ensure that she is with you, you pay extra. Otherwise you have to wait in line," Amélie lamented. She labored at home and waited until the last minute to go to the hospital birthing Lawrence within an hour of arriving. "He's a good baby," she said with a smile, "He doesn't cry very much."

Amélie was not at first aware of, or very attentive to the all of the spiritual aspects of childbirth when making a decision about who her provider would be for her first child's birth. Instead she, like many young people, pieced together bits of information from family, friends and neighbors and made the decision she felt most comfortable with given the limited health care resources available to her in Diego. And while her decision was constrained to some extent by her financial resources, she did have more access to money than some which enabled her to switch from a nurse to what she described as "the single *gynécologue* (obstetrician) who served the city." Amélie's decision to pay extra to have the one obstetrician attend her birth in the capital city of the northernmost province of Madagascar, with a population of nearly eighty thousand, points to the problem most, though certainly not all, Malagasy women face – few affordable options for safe and high quality care during childbirth.

As Pamela Klassen observed in her ethnography of American women's birthing practices, "[birthing decisions are] rarely made with complete freedom [but are instead] always embedded in social, economic, cultural, and bodily contexts" (2001, 14). Similarly, Malagasy women's birthing decisions should be understood to be multifaceted, influenced by the religious beliefs women ascribe to, as well as the social and economic factors governing their lives. For Amélie this meant consulting with a nurse and a traditional massage healer (*mpanindry*) during her pregnancy, both of whom were more affordable by her standards, and then switching to an obstetrician towards the end of her pregnancy in order to ensure that the person she deemed most qualified would be there at her birth should something go wrong. While many of the people I interviewed for this project, identified themselves with seemingly distinct identities such as "modern," or "traditional," or "Catholic," or "Muslim," their choices around religion and medicine revealed the extent to which such categories sometimes collapse in an environment where religious and medical pluralism predominate and where the stakes for keeping pregnant women and children alive are so high.

Amélie's narrative of giving birth, her decisions about who she consulted with, and the rituals she and her husband performed for her son once he was born precisely exemplify this kind of collapsing of categories. Amélie was living in the University dormitories when she discovered that she was pregnant. At which point, she promptly asked to be moved to larger university housing to help accommodate her expanding family. Her new home within University housing is indeed large by Malagasy standards with a much coveted concrete foundation, metal siding and a metal roof.<sup>27</sup> Amélie is a master's student and the appointed secretary in the French department at the University of Antsiranana. She is petite, intelligent, has a friendly yet striking appearance, an independent spirit, and an effervescent and generous personality.

When she and I arrived at her house after a walk from the University library, she immediately grabbed her one and a half year old son Lawrence from his nanny. I sat down on her sofa, and she and Lawrence sat together in an armchair. Then she offered Lawrence her breast. He nursed for a minute and then resumed eating the eggroll he held in his hand. Amélie explained to me that her husband Laurent had wanted to have a baby before she had. As Lawrence got down from her lap, and stood in front of a full length mirror smiling at his own reflection, Amélie described the difficulty involved in deciding when to have a child. Her sisterin-law had had a baby a few years prior, and her husband had been eager for one ever since. Amélie had wanted to wait until she finished her master's degree, and also had wanted to wait until they had more money, but her husband assured her that she could breastfeed the baby, that you did not money for that, and argued that people poorer than them have babies all the time reassuring her that she could continue writing her master's thesis. Amélie laughed and said "my husband and my sister were co-conspirators in encouraging me to have a child now. And I guess they won out, because he [Lawrence] is here!"

Amélie describes herself as "not very traditional" but indicated that she became more acquainted with traditional birthing practices (*fomba fiterana*) when she gave birth to her son Lawrence. In other words, while she describes herself as "modern" and saw this as having an influence on many of her decisions including the one to hire an obstetrician for the birth her son, her discourse of modernity did not mean that she did not also engage in a plethora of what she would describe as "traditional" rituals once her son was born. Lawrence's paternal relatives held two ceremonial hair-cuttings for him, one soon after his birth and the second when he cut his first teeth. <sup>28</sup> And as per custom, Amélie bathed with *rômba*<sup>29</sup> after the birth. "I wouldn't have known to bathe this way, except that my mother-in-law instructed me to do so," she admitted. "And,"

she added, "We happened to have a *rômba* plant growing behind our house." She recalled that she and her husband had cut down a lot of grass and weeds when they moved into their new house, but left the *rômba* plant, even though they did not know what it was at the time. She implied that there has been something providential in it not being cut down. She bathed with *rômba* after one week after Lawrence was born, but not again despite the usual custom of repeating the ritual bath at two weeks postpartum. "I didn't know I was supposed to do it again. Perhaps I should have," she confessed. "And [the *rômba*] wasn't as hot as they say it's supposed to be, but maybe that's because my sister didn't make it hot or my mother-in-law didn't put in too many leaves."

Customarily, women in Madagascar return to their natal homes to be with their mother for the birth of their first child. However Amélie's own mother passed away and thus could not be with her for Lawrence's arrival. Increasingly, younger Malagasy women who have moved to cities for more educational and employment opportunities find it difficult to return home to birth their children and thus rely on various other kinds of social support when during childbirth. In Amélie's case, her mother-in-law fulfilled this role and introduced Amélie to the traditional customs she might not have otherwise observed during the pregnancy, birth and postpartum period.

Amélie explained that she feels she must (tokony) observe these birthing customs, even when she does not always believe in their necessity, because she has to respect her husband's family. And as she also confessed, "I'm not sure. They might help." But she indicated that she also knows that non-Malagasy people do not always bathe in the same manner after giving birth and understood that these people heal just fine. She added, "I'm glad however that I'm not married to a *ranginaly* because I would hate to do cold bathing!" implying that had she married a

Malagasy of *ranginaly* descent, she would be forced to do cold water postpartum bathing against her wishes.

In conversations with other informants about the necessity of observing Malagasy customs (fombagasy) such as the hot and cold postpartum bathing many observe, most indicate that the "need to do this" stems from the fact that their ancestors also did so. Unlike Amélie, many of the other women with whom I spoke did not wonder why vazaha (Europeans, or foreigners more generally) have different practices. Vazaha have different ancestors, so it seems likely that they would have their own postpartum rituals. Even among various Malagasy groups, people are born into different ancestral lineages and ancestors require of their descendants things they do not necessarily require of everyone. Thus the danger involved in not observing the proscribed postpartum bathing customs (it is described as dangerous) is not simply that a person will not heal properly, but also that one will anger one's ancestors, or that one will abandon something which has become sacred in one's family or religious culture, and that is enough to make a person deathly ill. In other words, there is a spiritual weightiness behind these practices, they are divinely proscribed by one's ancestors, and disregarding them, when one is undecided on their efficacy, is not an easy task.

Amélie's family, like that of her husband's, is Catholic, but as Amélie described, the two families have different levels of investment in their ancestral customs (*fombandrazana*). Unlike her husband Laurent's family, Amélie's family much less little interest observing their ancestor's *fomba* and *fady*. In describing her family's religious history, Amélie stated rather matter-of-factly that her maternal grandmother was a fervent Catholic. Her grandparents on the paternal side, however, "were not very religious." Her father, born in the 1940s, was the first among them to have what Amélie described as a "developed religion." He was the president of the church he

attended, participated in church trainings and often traveled for the church. Amélie did not use the word missionary to describe him, but implied that his work for the church was of an evangelical nature.

When Amélie's father asked to marry her mother, her maternal grandmother was the first to accept, but the rest of the family remained reluctant complaining that her father was "too religious" and would not be able to make money that way. But Amélie, as if countering her maternal relatives long ago arguments defended her father's position arguing that "He thought that church is good for children -- that it provided them with a good education. He really valued education." Before Amélie was born, her four sisters were sent to study in the east coast town of Sambava while the rest of the family remained in the rural town of Antsambaharo. This was difficult for the elder siblings as they had to live by themselves, and her father traveled a lot selling commercial goods, which meant Amélie's mother was often alone in Antsambaharo. When Amélie's paternal grandfather died, Amélie's father decided to move the entire family to town of Andapa. Amélie, who is the sixth of eight children, was only a year old at the time.

Now Amélie lives in Diego along with two of her younger siblings. At the time of our interview, her mother had recently passed away, but her father remained in Andapa. "Sometimes, however, he contemplates going back to his natal village," Amélie added. He has a vanilla plantation there, but Amélie and her siblings encourage him to stay where he is, which is closer to all of them. He sometimes argues that all of his relatives are there and he needs to oversee the plantation, but his children rebut with, "but we're your family and the plantation is fine. You need to stay near us."

Amélie's son Lawrence was born in 2010. "After his birth," Amélie recalled, "one of my husband's father's friends came to us asking about when we wanted to baptize him. "Prior to

this" she said, "we hadn't really given it much thought and we didn't go to church that often."

But when she and her husband Laurent heard that the Catholic Church at the University was going to have a baptism service for babies they decided to take advantage of this opportunity and baptize Lawrence at the student service as opposed to the larger downtown Cathedral. The campus church had a more lax policy about performing baptism ceremonies for the children of unmarried parents, and given that Amélie and her husband Laurent were not yet legally married, they decided to baptize him there. There were eleven babies baptized that day which surprised Amélie because she had never actually heard much about, or been to, a service where a baby had been baptized.

Midway through my interview with Amélie, we moved our conversation outside, as Lawrence was getting antsy. "He likes to walk outside," she said. As Lawrence cheerily made his way across the arid and uneven terrain of the University grounds, Amélie cautiously spotted her novice walker. We talked outside about in-laws and hospital and home births and how people around you have so many opinions. Lawrence had a bump on his head behind his ear that was bothering him. "He once got one on his nose as well," Amélie remarked. "Lots of babies get them. I don't know, maybe it's because I ate eggs when I was pregnant," she wondered. "Do pregnant women eat eggs in the United States," Amélie asked, to which I replied, "I think most do, but sometimes doctors discourage mothers from giving eggs to very young babies because of concerns about allergies."

"People in Diego are very traditional," Amélie explained, and "if you pay attention you'll see that many of the babies wear necklaces with things tied to them." She referred to these *aody* be, or "growth medicines." Some of her neighbors encouraged her to get some for Lawrence advising that it would help him grow bigger and stronger. She worried that he was looking thin.

"But he used to be plump," she complained, "and mothers who use growth medicines still have babies who look thin and mother's who don't eat eggs still have babies who get bumps on their heads so I don't see the point of all the customs, even though I still wonder sometimes whether I should do them." Amélie referred to mothers who aren't traditional as more "knowledgeable, educated and civilized" and counted herself among this faction, but also frequently felt pressure to use some of the growth medicines her friends and neighbors recommended.

Amélie then volunteered a story about a blessing (*joro*)<sup>32</sup> her father-in-law gave her before giving birth to Lawrence. During the religious speech, he did not use her name, and asked twice of those around him what her name was. She was very confused by this and asked her husband Laurent about it afterwards. She implored incredulously, "How can he not know my name? It's not like we've been together for just a short time." Laurent reassured her that of course his father knew her name, but that it was custom for fathers-in-law not to say their daughters-in-law's names, and custom for her not to use his name as well. She had not known of this custom. "He's Tsimihety<sup>33</sup>," she explained to me and that is their custom. Amélie asked me if there was anything like this in the United States -- if there was any kind of respect between me and my in-laws that manifested itself in an interesting way. I confessed I was not sure, explained that I got along well with my husband's family, but affirmed her sentiment that when you have a child you become wedded to the child's father's family in interesting ways.

Amélie, though she considered herself "not very traditional," still wound up composing a constellation of both modern and traditional, and religious and biomedical therapies in order to promote the health and growth and her and her son's postpartum bodies. And like many of the women I interviewed, Amélie described herself as having multiple ethnicities, this despite the fact that cursory descriptions of Madagascar often describe there being eighteen different

bounded tribes who live discretely defined regions of the island and follow discretely laid out customs. She had her husband's family's birthing customs and their respective multiple ancestors to consider, as well as her own personal beliefs about approaching childbirth in a "modern" and "civilized" manner. Yet even Amélie sought the help of what her peers might describe as a traditional religious specialist, a massage therapist (*mpanindry*) who proudly combined traditional Malagasy massage with knowledge of Chinese acupuncture. Her neighbors had advised her to receive prenatal massages from a *renin-jaza*, but she chose instead to receive prenatal massages from a male therapist, who like the *renin-jaza* she had been encouraged to see, was similarly called into the profession by way of a spiritual calling and family legacy.

As a self described Catholic, Amélie did not immediately think to baptize her son. Instead she was her encouraged to do so by a family friend. And though she did not necessarily believe in or feel compelled to follow her or her husband's family's *fombandrazana* (ancestral customs), she was not entirely sure she could give up on ancestral practices either. In the end, her husband's family persuaded her, and instructed her, to abide by some of the customs they deemed important to Lawrence's upbringing. In discussions on religious and medicine, clients' beliefs are often emphasized over and above all other motivational factors that inspire peoples' decision making around the spiritual upbringing of their children. But of course more than matters of belief influence people to participate (or not participate) in various religious practices. And participation does not always serve as evidence of one's wholehearted subscription to the practices in which one participates.

Sometimes mothers are forced to observe postpartum bathing rituals. In other instances, parents perform blessing rituals for their children as act of duty or respect for the family members who wish them to be performed. Or alternately, some women observe pregnancy *fady* 

and adorn their children with ritual medicines because they wish to be linked with, bound together with, members of their family/community who abide by similar observances.

As ritual theorist Nancy Jay portrays, sometimes rituals are meaningful to participants for reasons unrelated to the expressed purpose of the ritual. As she writes, in ritual, oftentimes,

the means *are* the ends. The ritual is done because it is important to do it. Much ritual has to be done exactly right, as if the way it is done is what is done. It is not enough to do the ritual just well enough to produce some separate effect. There is no separate effect, it is all in the doing. (Jay 1992, 1)

This "all in the doing" is why some Malagasy explained to me that they observed their certain religious and/or ancestral practices. "It is simply what we do." For doing so was what was required of them, and enabled them to remain connected to those within their community (living and dead) whose lives gave them a sense of meaning and purpose. And interestingly, this sense of connectedness and social security can actually have a real impact on one's spiritual and physical wellbeing. Few of the people I interviewed found it necessary to contemplate the meanings behind the rituals they observed, or to eloquently describe the beliefs behind or ritual logic of the blessing rites they observed. Instead they understand the rituals, medicines (fanafody, aody), and taboos (fady) as what they as particular kinds of people must do, and the massagehealers, diviners, and midwives they consulted assisted to help ensure that the doing was done right.

Upon commencing my research, I assumed, however incorrectly, that if I could convince my Malagasy interlocutors that I was genuinely interested in learning more about traditional religions and traditional methods for bringing children into the world, they would open up to me and reveal that they preferred birthing their children under the supervision of midwives rather than doctors, that they lamented colonial medicine, and the sometimes patronizing governmental impositions in women's healthcare.<sup>34</sup> This assumption, of course, exposes the heavy cultural

baggage I brought to my research site. Even though I tried to see beyond the traditional vs. medicalized debate over birthing practices that prevails in North American contexts, I often found myself imprisoned by my American feminist leanings, and had to consciously resist importing a structural dichotomy onto my research that does not exist in Madagascar. Dialogues around childbirth in Madagascar are not polarized by the same issues that spark debate in the United States. With a few exceptions, many of the Malagasy women with whom I spoke wanted more medicines, not less.

While Amélie and I found many points of common interest, particularly around discussions of the timing of a pregnancy given our common pursuits as women/mothers pursuing careers in academia, and our fascination with religious customs, a discussion of child birthing venues brought to the fore our diverging opinions in terms of what felt like the safest most comfortable place for us, as women, to give birth to our children. When I confessed to her that I planned to give birth to my children at home with a midwife, she spent the next twenty minutes or so trying to convince me otherwise and jokingly referred to me as "the Malagasy one" and her as "the American one."

As an outsider conducting research on religious and cultural practices surrounding childbirth, I frequently encountered sober reminders of the distance between me and the women I interviewed both in terms of our access to high quality healthcare and information, but also in terms of my ability to understand the cultural contexts in which women in Madagascar are birthing their babies. As Pamela Klassen points out

While scholars focusing on North American birthing practices have emphasized the paternalistic, interventionist, and capitalist nature of obstetrics, many of those studying childbirth in nonindustrialized countries...have grappled most directly with the reality that 'in the world as a whole, every minute a woman dies as a result of complications during pregnancy and birth, and every minute eight babies die because of poor care for their mothers in pregnancy and birth. (Klassen 2001, 33)

Amélie and her peers were not concerned about unnecessary medical interventions, as some of my peers were; she was worried about not having access to high quality life saving technologies should an emergency arise. Yet, these points of divergence, or points of tension between us, represented for me the moments that best answered the question of why more research on the birthing practices in non-industrialized countries is needed.

Amélie's birth story, the benediction she received from her father-in-law before her birth, her decision to pay extra to have the one obstetrician in Diego attend her birth, the postpartum birth rituals she practiced, the postpartum blessing rites she and her family held for her son, together with the decisions she makes on a daily basis to use or not use "growth medicines" (aody be) – her testimony — alongside the other fifty women and men I interviewed for this project, represents the many real world decisions Malagasy face on a near daily basis. These women's decisions, rather than being timeless "tribal traditions" are among the timely strategies women, and their families employ to create a culture of infancy that connect babies to the social, spiritual and medical resources available to them in the form of family members, faith communities, medical and religious leaders, and sacred ancestral wisdom.

### **Keeping the "Customs of our Ancestors"**

Scholars have long abandoned the tendency to frame traditions as timeless, in Madagascar, or elsewhere. However, even if scholars have abandoned such binary ways of categorizing other peoples' practices, the terms "traditional" and "modern" still have meaning to the people whose lives scholars seek. In Madagascar, there was a discourse around the terms traditional and modern. Amélie described herself as "not very traditional" and insisted that she preferred consulting doctors which they described as a "more modern" ways of managing illness in their children. She seemed perplexed by the fact that her father-in-law's family was "so

traditional" and observed so many birthing customs. "He's a civil servant," she stated inquisitively. "He's a civilized man. And my family -- my father is not a civil servant, but we are not so traditional."

However, despite some Malagasy mothers' preferences for "more modern" birthing and healthcare practices, the vast majority of the women I interviewed, including Amélie, also recognized the importance of keeping *some* traditions (*fombandrazana*) whether that consisted in observing ancestral taboos (*fady*) during pregnancy, adorning children with religious amulets and "growth medicines" (*aody be*), caring for ancestral lands, or attending religious services. As one person proclaimed, "I am Catholic, but we cannot forget our [Malagasy] traditions. I was bathed in those traditions and have a duty to pass them on to my children." <sup>35</sup>

Moreover keeping traditions alongside the adoption of "more modern" options, as Amélie and others of her peers did, allowed young mothers to lend legitimacy to the choices they make, by adding to and building upon the legacies of their parents and grandparents generations rather than simply diverging entirely from their ways of living. Anthropologist Jennifer Cole describes this as one of the ways in which Malagasy youth implement change. Rather than wholeheartedly abandoning the traditions of their parents, young people instead create multidirectional generational changes. In other words, younger generations have always invented new ways of doing things, while also sometimes returning to, and resurrecting older ways. Cole argues that the generational gap between Malagasy elders and youth, those who are seeking different kinds of educational and employment opportunities in larger urban areas away from their natal villages and ancestral lands, involves a process whereby younger generations are choosing to disinvest in ancestral customs (fombandrazana), but do so in strategic ways, ways that do not require total

divorce, but instead require a negotiation between letting go of some traditions while adopting some newer practices as well.

In the contexts of the birthing and raising of children, this process of disinvesting means that some of the younger women I interviewed chose alternative methods of protecting and blessing their children, methods that involved faith healing in the newer Pentecostal and charismatic churches.<sup>37</sup> Some also experimented with a heavier reliance on biomedicines, as opposed to the herbal medicines their parents and others of their peers used to keep babies safe from harm. This kind of disinvesting in ancestral customs (*fombandrazana*), or to frame it more positively, investment in alternative paths, also involved experimenting with a heavier consumption of Western material culture as compared with their parents' generations. These sorts of investments are what Malagasy would describe as their interest in European practices (*fomba vazaha*), and it looks like pacifiers, strollers, bottles, high chairs and cribs for babies, even when babies do not use them. As Amélie indicated, "I wanted him to try [the crib] because I want Lawrence to be independent, but he never sleeps in it. I nurse him at night and it's too difficult to nurse him when he's sleeping in his own bed."

What I wish to emphasize is that younger Malagasy women, even those experimenting with alternative paths almost never wholly abandon the traditions they were "bathed in," which means that babies with strollers, who frequently go to doctors and wear Western style clothing, also sometimes visit healer-diviners (*moasy*) and wear religious amulets (*aody be*) under their clothes. And women who "prefer doctors" also sometimes simultaneously consult with traditional midwives (*renin-jaza*), diviners and/or massage healers (*mpanindry*).

As mentioned previously, despite Amélie's preference for doctors, she also frequented a massage-healer (*mpanindry*) throughout her pregnancy and after the birth as well. On one

occasion during my time in Madagascar, Lawrence was suffering from a persistent case of diarrhea. Amélie was worried because he was looking thin, so she took him to see her massage-healer Jean, as well as to see her doctor. Jean provided his clients with massage therapy and also proscribed medicinal herbs for their various ailments. After Lawrence's session with Jean, Amélie wanted to wash off the coconut oil before going to see the doctor. She did not want her doctor to know she was also seeing a traditional specialist, but some of Jean's other clients who were waiting in line to see him at the time of Amélie's visit warned her that washing off the oil so quickly would diminish its effects and make Lawrence sick. In the end Amélie opted not to wash him, and to go see the doctor as well.

Like people the world over, Malagasy are pragmatists who opt for what works within a constellation of practices -- pragmatists and innovators who nevertheless root the construction of change within the authoritative constraints of the traditions their ancestors handed down to them, choosing new paths rather than divorcing themselves from the paths their ancestors paved. The mothers I interviewed routinely employed multiple healing methods as a kind of catch all approach toward meeting their children's health care needs in an effort to ensure that fragile "water babies" would grow into healthy bone-filled human beings. As Lesley Sharp writes, "Medical pluralism is an essential element of life in Madagascar, where a wide variety of healers and healing practices operate" (Sharp 1993, 203). In the world of infant care, biomedicine and indigenous practices are neither wholly at odds, nor even entirely complimentary, but are instead part of a fluid system of options Malagasy must choose between in their efforts to effectively navigate pregnancy, childbirth and the raising of children.

Employing multiple methods protects babies by helping mothers focus attention on their care, while also ensuring that the whole of babies' spiritual and biomedical needs are addressed.

Parents with the financial resources to do so took babies to medical dispensaries for vaccinations against deadly diseases, and requested medicines in the form of pills and injections when their babies showed signs of respiratory and intestinal infections. Some of these same parents also took their children to see traditional healers, treated their children with medicinal herbs<sup>39</sup>, adorned them in growth medicines (aody be) and power infused amulets and charms; wrapped ghost repelling powders around their children's wrists; placed teething necklaces around their necks; made vows at ancestral sites of power; invoked the blessings of ancestors (mijoro) at the occasion of post-partum blessing rituals; offered thanks to God (Anjanahary) for the health of their children; and through a variety of means, expunged their children of harmful spirits when such spirits appeared to be threatening their well being. 40 And as strong as is the tendency, we simply cannot create clean categories to determine what kinds of mothers seek what kinds of therapies, or make generalizations about the services that medical and religious specialists offer. What's "modern" to one person may be "traditional" to another. For a preservationist stance towards one's family's religious and ancestral customs can be as much a contemporary and modern response to the pressures of urban living, as is the decision to adopt new customs. Similarly notions of what makes some medicines efficacious, while others less so, depends upon the vantage point of the person seeking a cure.

When parents introduce children to the customs they feel represent who they are as members of particular family lineages or religious communities, these parents link their children to the powerful communal legacies that reinforce their own identities and help shape their children into the kind of people they wish them to become. Outsiders have often misunderstood the indigenous religious of Madagascar, centered upon ancestor veneration, as a preoccupation with the past. However ancestral veneration, in its current manifestations, does not always a

means by which to remember as much as it represents a commemorative strategy for imagining and shaping the future for one's children into a world as fertile and generative as the remembered past.

As examined in Introduction to this dissertation women are the vessels through which ancestors reincarnate, <sup>41</sup> but if we are also to understand women as more than mere symbols of procreation; we must be willing to hear their perspectives. <sup>42</sup> Mothers like Amélie do not passively turn their bodies over to be used as symbols in their husbands' and in-laws and grandparents religious ceremonies. Instead they are considering which ancestral and religious customs suit their families' spiritual needs. Ethnography is crucial a tool toward understanding Malagasy religious practices in ways that go beyond the purely abstract and theoretical. Malagasy women are agents of their own experiences, and involved in the kinds of real world decision making that leads to different futures for their children, futures which are contingent upon theirs' and their children's survival.

### **Keeping Babies Alive**

I have thus far described two women's varied perspectives on childbirth, and the specialists with whom they consulted. The last story I present, about a mother named Sylvie, serves to highlight a point I made earlier that the stakes for keeping pregnant women and the children they bear alive remain high. I met Sylvie because she cleaned the property in which my husband and I lived during my research tenure in Madagascar. I never formally interviewed her, but my conversations with her strongly influenced my understanding of the weightiness behind mother's birthing and parenting decisions. I have thus far written of ideological preferences, of the varying approaches of midwives, as simultaneous spiritual leaders and medical experts, and attempted to theorize about the rationale behind mother's observance (or lack of observance) of

family rituals. Lastly I have suggested that there are limiting constraints around all of women's childbearing choices. All of this reflecting however dances around the harder truth that Malagasy mothers are simply trying to keep their babies alive.

In exchange for teaching a few classes at the English department, my husband and I were allowed to live in the University's guest housing for visiting teachers, which enabled me to live in the city of Diego, and near the university, while conducting research for this dissertation. The "Gite d'Etape" as it was called afforded us basic accommodations with a beautiful view of Diego's bay and a breeze that offered us some relief from the oppressive heat. <sup>43</sup> Two women, Valentine and Sylvie, cleaned the common spaces of "la Gite," replaced the gas we used for cooking in the communal kitchen, and filled buckets of water when the water tap outside of the building was not working, which was often.

The following story, told through fragments of my field notes, reveals the stakes of this research, both in terms of 1) the thorniness of my wealth and power as a *vazaha* (white foreigner) interacting with, and staring into the lives of men and women who had significantly less in the way of access to monetary and material resources than I did, and the stakes of this research in terms of 2) Malagasy women's ever-attentive efforts to give birth to, and bless, and safeguard from harm, and keep their children alive.

## **Sylvie**

In October of 2011, I wrote, "I am getting to know the women who clean at the "la Gite d'Etape" where we are staying. Sylvie, the younger one, has four kids. Yesterday, she brought a picture of her children. At some point during our conversation, it became apparent to me that two of her children, a boy and a girl, were twins. I gestured to the picture with admiration pointing out that 'these two had been in her belly at the same time.' She laughed and said 'yes.' To which I replied 'sarotro,' meaning difficult, and Sylvie laughed again."

Four months later, in February of 2012, I continued, "On Wednesday of last week Sylvie came to our door. It was cracked open, but rather than entering, she stood at the door and knocked softly. Sylvie had not been at "la Gite" on Monday or Tuesday of that I week and I remember wondering where if she had been sick. There was also a small part of me that thought she did not come on Monday because she owed me money. I was not concerned that Sylvie was trying to cheat me, but I thought she might have spent my change and was too embarrassed to come back to work without the money. I had paid her to wash some of my clothes. This was the first time I asked Sylvie to wash my clothes. I always hand wash my own clothing, but she had asked multiple times the week before if she could wash them. Realizing that she probably needed the money, I gave her some of my clothes and when she returned them all carefully folded, I gave her 10,000 ariary (50,000 FMG or roughly the equivalent of five dollars) and told her she could return the 30,000fmg on Monday of next week. 44

A week before this, I had told her that the cooking gas in the kitchen had run out and she asked me if we could wait a while because she did not have time to take care of it because one of her kids was in the hospital. I assured her that it was not a problem and we used one of the other resident's reserve tanks until Sylvie replaced the kitchen's gas tank. I asked a few times that week how her child was and I remember once she said he was still sick and once she said he was better. Sylvie is almost always smiling and we talk often, but not long in depth conversations. She once brought two of her children to "la Gite." I think they were the twins. They are three, and they were dressed in their preschool uniforms, water bottles and backpacks in tow. I talked with them and shook their hands. They ran around a little, but were mostly very well behaved and listened to their mother's instructions. I told Sylvie they were cute and she responded

playfully by saying, 'yes, but they're *maditry*' (naughty)<sup>45</sup> Then she left to escort them to school. "*Handeha l'école*," (off the school) she said to them as she scooted them along.

Once, earlier in the year, Sylvie talked to me about taking one of her kids to live with me in America, 'to go to school there,' she explained. I have had conversations like this with others. These requests are always lighthearted, but almost always also carry a tone of seriousness as well. She asked me if I wanted a boy or a girl, and I said one and then the other and then confessed I was not sure which I would prefer. Sylvie then reflected that if I took a boy, she would only have one boy left so maybe I should take a girl. Sylvie said 'you would have to send me pictures though. If I did not have pictures of my child, I would miss them and that would make me too sad.'

During another conversation, while I was standing outside the kitchen window waiting for a bucket of water to fill up from the tap so I could take my bath, Sylvie and I talked through the window. She informed me that she was looking for a *vazaha* (*mitady vady vazaha*). We laughed, but again there was a sobering seriousness hiding behind her smiles. 'I need a really old one,' she explained. I then asked her, 'don't you already have someone?' remembering an older man who had been at "*la Gite*" with her once before, a man whom she had introduced as her *vady*. <sup>46</sup> Now as we stood on either side of the kitchen window, she implied that he was no longer around, which I surmised to either be true, or her way of telling me that she needed a *vazaha* in addition to her Malagasy *vady*, as Diego women sometimes do in their efforts to do the kind of sexual work, or to engage in the kind of mutually beneficial and mutually exploitative sexual relationships that enable Malagasy women to provide for themselves and their children. <sup>47</sup>

So there she stood last Wednesday morning. She had a big basket of another residents clothing at her feet and the change she owed me in her hands. It was then obvious to me that she

had knocked on my door in order to return the money she owed me, but she looked awful. Her face looked as if there were no color in it. And her eyes looked red and tired. She stood there rather stoically. I greeted her normally and then asked if she had been sick, both because of how she looked and because she had missed two days of work. As we stood there face to face, she whispered softly, 'zanakanaka mort (my child died). And I know I must have had a look of shock on my face. I know my eyes widened as I repeated aloud in disbelief, 'zanakanao naty (your child died)?' I had tears in my eyes and did not know what to do or say. I asked what the child's name was and she whispered. I asked how old and she whispered. I held her hand. She handed me the change and I handed it back and explained I did not need it. I put my hand on her shoulder. She looked away and tears started running down her cheeks. She wiped them away and then barely able to speak asked me to take another resident's clothes which she had placed at the door. I wanted to hug her, but people do not always do that here. I stepped across the threshold and put my hand on her shoulder. I took the basket and put it in the room. Soon Valentine came and another woman who cleans the University's president's house across the road from "la Gite" came over. I was relieved that they had arrived because I Sylvie she needed them. They talked with her and then she left. She has not been back. It is Monday morning.

Sylvie's baby died of diarrhea. I had not even known she had a baby. I knew she had at least four children. She had told me her child had diarrhea. She had taken him to the "Hôpital FJKM<sup>48</sup>" she said, but I assumed he would recover. I had no idea the child was in such grave danger; perhaps neither did she. She does not know what I do for research and I was not too embarrassed to tell her for fear that she would think I brought it up to prime her for information. She only knows I am learning Malagasy and that I sometimes teach classes in the English department at the University, but I never asked to interview her. Our conversations had remained

at the day to day sort. I stood in the bathroom paralyzed after she left, not knowing whether to cry or to be strong. It changed the way I saw my research. I had seen the dead babies hanging in baskets in the trees near the bay<sup>49</sup>, smelled death, but still there had been distance between me and the realities people face every day. On Wednesday death came just a little bit closer. It was on Sylvie's face. It removed her smile and replaced it with the deepest of sorrow, with regret with shame with loss with tears, and I and my money had been involved.

The next day I asked one of the women who works at if Sylvie was okay (*karakory Sylvie*?). She seemed annoyed by question insisting that Sylvie was fine (*tsara fo*). 'It was her child who died,' she explained to me, 'Sylvie is fine.' 'She was at work yesterday.' When she said this it occurred to me that she might have been worried that I would report her absence to someone in authority. I failed to convey my concern for Sylvie and interest in how she was doing after losing a child. Later that day I overheard this woman and Valentine talking, and heard Valentine say 'There's nothing that can be done for a child that small.' <sup>50</sup>

Later that week, I asked Amélie what I could do to give Sylvie my condolences. She said I could put money in an envelope and give it to her as we had done for Michel, when Michel lost his mother. Amélie said she gives one or two thousand ariary for an acquaintance and sometimes around 10,000 for a good friend (roughly the equivalent of four U.S. dollars), but that I could give more if I wanted to because I am a *vazaha*. Later I told Amélie that the child who died had been a baby, a year and a half. 'That's Lawrence's age,' she said, and I watched it hit home. 'This is why I worry when he gets sick. It's why I take him straight away to the doctor. They're so little,' Amélie said. Later after we went to the bank together, we were walking down a sidewalk and saw a little boy who sat on a wooden stool eating an ice cream cone. He looked to be around five or six. Amélie remarked, 'I can't wait until Lawrence is that age,' to which I

replied, 'it won't be long.' But Amélie seemed to think it would be long. And then I realized that for her, getting through this period of fragility meant something. She was not worried about her son growing up too fast. She was worried of the small, but terrifying risk, that he might not grow up at all."

# Conclusion: Creative Constellations of Therapy are Critical to Children's Survival

Françoise's, Amélie's and Sylvie's parenting experiences prove the argument that Tracy Luedke and Harry West make in their monograph on health and healing in southeast Africa (2006). As mothers living in countries with failed healthcare systems, people must piece together creative constellations of therapeutic resources in order to meet the whole of their children's spiritual and health related needs. And even then, sometimes these therapies fail them, leaving them with unfinished stories, with children who never had the chance to become the bone-filled ancestors that their children and grandchildren might one day remember.

In societies where healthcare resources are scarce, those seeking care are particularly desperate to find good options, especially when an episode of a child's cough, fever or diarrhea could mean loss of life. In these circumstances parents will want to try a variety of approaches simultaneously. And healers, those traditionally trained, and those with medical training alike, must offer therapies that reach slightly beyond the scope of their practice in order to offer holistic care, without violating the integrity of the professional boundaries that give them legitimacy.

As Alicia's and Bernadette's stories conveyed, both nurse midwives (*sage-femmes*) and traditional midwives (*renin-jaza*) in Madagascar are working to do just that. Both work tirelessly to provide the invaluable service of midwifery to the women in their communities in a landscape where working conditions are difficult and reproductive healthcare resources scarce. And both consider their work to be a calling. Bernadette was called into midwifery by her grandmother's

spirit, and Alicia, through the providential circumstances of her friend inviting her to take a test. If we are to fully understand the lives of Malagasy midwives, we must acknowledge that in addition to their knowledge of labor and delivery, many also understand themselves to be spiritual leaders. Bernadette, by virtue of her connection to her grandmother's spirit, possesses the knowledge needed to assist parents in their efforts to ensure not only that their children survive, but also that their children are welcomed into the world in ways that honor and nurture the sacred ancestral legacies growing inside of them.

Secondly, we must bear in mind that in Madagascar, the boundaries between a *renin-jaza* and a *sage-femme* might be thinner than we may have at first presumed. Forcing midwives into hard and fast classifications would be to ignore the fact that there is a shortage of labor and delivery support personnel in Madagascar that has been filled by *all* those willing, called, and trained. A home birth with Bernadette is only slightly different than a clinical birth with Alicia, who has limited access to medicines and technologies to assist her in the event of a complication. But boundaries *do* exist, thin as they may be, and they have been erected in response to a variety of political and historical circumstances. Given this, specialists must decide where in the maze they fit, and their clients in turn must decide which services will best meet theirs and their children health and spiritual needs.

In societies that value holistic healthcare approaches; health is understood to be more than the absence of disease. As Lesley Sharp notes, "well-being [in Ambanja, a northern Malagasy town] is defined in broad terms and extends into the social and economic relams of human experience (1993, 208). In time, I learned that in Diego, a child is considered healthy (*salama tsara tsaiky io*), when s/he is free of sickness, when s/he has a "bone-filled" (read solidified) status within the ancestral lineage(s) and social circles of which she is a part<sup>51</sup>, and

when s/he has a good rapport with the people and spirits that inhabit her universe. The word for health (*fahasalamana*) in Malagasy comes from the Arabic word *salam*, meaning peace. The various contexts in which Malagasy use the word *salama*, in greetings, and to describe a person's physical and emotional states, underscores the degree to which Malagasy understand health to comprise a variety of different facets of a person's overall wellbeing.

Parents visit diviners, massage-healers and traditional midwives not because they are weary of, or resistant to modern medicine, but because they seek to dedicate their children to the causes for which their ancestors fought and religious specialists by virtue of their close proximity to ancestors provide the divinatory revelations and ritualized medicines (*aody*) that help parents tune their children's bodies toward appropriate relationships with other people, ancestral lands (*tanindrazana*), and with the divine.

Midwifery biographies, together with the health narratives of some their clients, helps us to compose a more complete picture of the importance of ancestors in Malagasy religions. As other scholars have shown, spirit mediums, diviners, and ritual liturgists (*mpijoro*) play important roles in helping Malagasy to fortify their relationship with the spirits that sustain them, while also helping them to steer clear of those spiritual forces that threaten them (Mack 2011; Lambek 2003, 1998; Jaovelo-Dzao 1996; Sharp 1993). And as I have thus far demonstrated, midwives also play a special role as well in assisting Malagasy with these religious goals. As those "who make people living," midwives enable Malagasy to consider their connection to their ancestors, and to the divine, at a particularly salient time, in the moment when a woman approaches death to bring forth new life. For ancestors in Madagascar do not simply turn over in their graves, demanding to be rewrapped (exhumed) when they become cold. They also demand to be born again, to be pushed out into the world from women's bodies, to be coddled into

something new even as they also insist that certain of their customs and *fady* (taboos) be preserved. Ancestor spirits in Madagascar are male and female, grandfatherly and grandmotherly, old and among the newly born. And they are actively involved in the processes of birth beyond the act of being reborn in the world anew. They also guide the hands of midwives, and bless the medicines (ritual and herbal) that midwives and other specialists grow, harvest and prescribe. Giving birth to ancestors requires that delicate balance of appeasing one's forbears that they might decide to make the earth their home once again, while also parenting them into new persons that they might become adults who will establish new legacies, traditions, and codes of conduct that will guide the next generations to come.

Healers exist in all societies. Sometimes they are appealing when conventional health care resources are scarce or overly expensive. And sometimes they are appealing when the healthcare market is flooded with conventional therapeutics that somehow fail to address the health from a holistic standpoint. In Madagascar, healers might be understood to be important because of the country's dire economic circumstances, but we should not chalk their importance to this alone. Healers, including midwives, also meet an important spiritual need in Madagascar as well — a spiritual need to remember and dream with one's ancestors in moments of birth and loss, transition and renewal.

Françoise's decision to consult with *renin-jaza*, as opposed to doctors and sage-femme alone, provided her access to the kind of ancestral wisdom she feels to be a vital component of the child birthing process. She found consolation in the fact that people, as she sees it, are beginning to return to "Malagasy ways of doing things" and thus, in her view, preserving the spiritual aspects of childbirth. But her preference for *renin-jaza*, did not mean that she consulted

with *renin-jaza* exclusively or for every birth. Rather as her story reveals, women's decision making is far more complex and multifaceted than preferences alone might lead us to believe.

For Amélie, having a gynecologist attend her birth, was an affordable option that made her feel safe. Some of her other decisions, a number of which she alone made, and others of which were made for her, regarding pregnancy *fady*, the burial of her son's placenta, the postpartum bathing rituals she practiced, her choice not to use growth medicines on her son, the haircutting and baptism ceremonies she and her family held for her son, her decision to consult with a doctor and a massage healer – all of these decisions created a culture of infancy that marked her son as Catholic, as Tsimihety, and as a sacred member of her and her husband's ancestral lineages. The religious environment she and her family fashioned around Lawrence not only encouraged his survival, but also helped to shape his identity, together with hers and theirs, by awakening in him the legacies she and her family wished to preserve, and no doubt silencing the legacies they hoped might fade away.

Healthcare worker shortages, a devastating political coup in 2009, and a depressed economy, together with poorly stocked healthcare facilities and bad roads, limit women's ability to birth their children safely and comfortably, and limit doctors and midwives abilities to provide good services to childbearing women and their families. Within these contexts, women are nevertheless involved in complex decision making that influences their children's health outcomes, spiritual identities and futures. Sometime decisions are made for women as I point out in Chapter Three, "Making Mothers who will bless their Babies," but women nevertheless have a certain degree of agency in the decisions they make regarding the management of their children's health and spiritual needs and a thorough investigation into their choices highlights the creative ways in which Malagasy women, together with their families, use the birth of a children to

articulate and ritually construct religious identities and historical narratives that remember their ancestors as powerful.

As more and more Malagasy move from their natal homes to urban centers like Diego in search of work and educational opportunities, they face new decisions about how they will bring their children into the world. They find themselves in urban contexts far from the support and sometimes critical gaze of their extended kin. They find themselves far from their ancestral lands, and in cities haunted by unfamiliar spirits, with novel specialists, medicines and religious communities upon which they will learn to rely. In Madagascar, as is the case in much of east Africa, land has a sacred value. The land on which one's ancestors were born bears a kind of power over one's moving, marrying and decision making. Many Malagasy understand the land on which one's ancestors farmed to be impregnated with a kind of sacred power (hasina), and to be a source of social security in one's family by virtue of the land's ability to produce the kinds of plants, medicines, and food crops upon which one's descendants will rely.

People are born belonging to places and are beckoned back to these same places when they die. But increasingly as a result colonial labor policies and other economic circumstances that compel people to migrate to cities; peoples' sense of belonging is no longer tied up in ancestral lands (*tanindrazana*) as it once was. As Amélie explained to her father, "we're your family and the plantation is fine. You need to stay near us." Parker Shipton explains it thus,

If we cannot easily hold onto or preserve the land we are on, we may find strength in remembering that others have come before us and that others will follow. If humans make up the continuing life of their ancestors, perceived as spirits or conduits to the divinity, these may in turn help humans cohere, and to find and accept their places on share ground. (Shipton 2009, 227)

Belonging is established in people through ritual process that connect people to one another. When Malagasy honor the dead or bless the newly born, they invest meaning in the historical experiences and land spaces they share. Water Babies, by virtue of their liminal status as

reincarnated ancestors, provide parents with a special connection between the ancestral legacies Malagasy remember and the visions they have for their children's future. The bulk of Malagasy religious practices around pregnancy, childbirth and infant care are about situating children within sacred legacies, and about connecting children to, or dissolving their ties with, the spiritual forces that compose their cosmos.

As the locus of Malagasy' sense of belonging shifts from ancestral lands to people connected to one another through ancestral spirits, religious specialists, as mediums of ancestral power (*hasina*), have a value that may very well increase rather than decrease with time, just as Françoise predicts. In the chapter that follows, I explore the processes by which Malagasy make religious investments in the specialists they consult – in the traditional midwives, *mpijoro* (ritual liturgists) and shepherd healers that guide them through the birthing and raising of their children – through a process of reciprocal gift-giving called *hasin-tanana*.

<sup>&</sup>lt;sup>1</sup> The history of midwifery as a spiritual vocation predominates in societies throughout the world. Among African-American midwives in the Southern United States, Gertrude Fraser documents the extent to which "There was a shared conviction that formal training, no matter how detailed, could not replace the need for the divine intervention of God to guide the midwife when she was attending a woman." *African American Midwifery in the South*, (Cambridge, MA: Harvard University Press, 1998), 26.

<sup>&</sup>lt;sup>2</sup> The transmission of healing practices through the medium of dream revelation is common in Madagascar. See Jennifer Cole, *Forget Colonialism*?, 138.

<sup>&</sup>lt;sup>3</sup> Bernadette. Personal Interview. January 13, 2012. My research collaborator Édith assisted me in this interview. The interview was conducted in Malagasy.

<sup>&</sup>lt;sup>4</sup> SALFA (*Sampan'asa Loterana Momba ny Fahasalamana*) is the biomedical arm of the Malagasy Lutheran Church (FLM). There are SALFA clinics throughout the island of Madagascar offering medical services. Some clinics have places for women to give birth. Through its health ministry, the Lutheran church has also established midwife training schools in the central highlands.

<sup>&</sup>lt;sup>5</sup> In addition to the larger government teaching hospital in Diego and the main government medical dispensaries in every town, there are dozens of privately funded clinics and medical dispensaries in and around Diego and Joffreville. The privately funded clinics are better stocked that the government clinics, though they are also more expensive. As one woman complained, the church funded clinics do not really feel like a mission because they are too expensive.

<sup>&</sup>lt;sup>6</sup> As Simon, a local tour guide in one of Madagascar's national forests described it, "[In cities], when the doctors arrive, the midwives leave." Despite this portrayal of a rather antagonistic relationship between professional and traditional specialists, Simon claimed that the *renin-zaza* and nurse midwife who work in

Joffreville's dispensary, a town just twenty kilometers north of Diego Suarez, get along quite well. He understood their collaboration, however, to be an anomaly rather than the norm and went on to say that the midwife who worked at the dispensary often wondered why the renin-zaza, who worked from her home, would not go ahead and get a certificate – a statement which suggests the tension that also constrains their collaborative relationship. Simon. Personal Interview. December 11 2011.

<sup>7</sup> These paragraphs also appear in the Introduction as a vignette to demonstrate the kinds of care that are given to "baby ancestors," especially when they are born prematurely.

Her exact words in Malagasy were "misy miteraka fito fanjava."

<sup>9</sup> For more on the ritual significance of coins in Malagasy religions, see Intro, note 11.

<sup>10</sup> Maurice Bloch (1989) demonstrates water a medium of blessing most clearly in his work on the ritual of the royal bath whereby royal power is transmitted from royalty to subjects through an annual bathing rite. Water is also an important component of other blessing rituals used at circumcisions, and infant haircutting ceremonies. One of the words for blessing in Madagascar is "tso-drano" (rano = water).

<sup>11</sup> Paul Geissler and Ruth Jane Prince note that among Luo in Western Kenya, the transmission of knowledge related to healing is embedded in the reciprocity and care that occurs between grandparents and grandchildren (2001). In Madagascar, based on accounts from the women and men I interviewed and on observations, similar relations exist between grandchildren and grandparents, and similar ways of transferring healing knowledge occurs as well.

<sup>12</sup> Other scholars have demonstrated the extent to which traditional midwives are often not opposed to further medical training, so long as they are guaranteed the freedom to continue their religious practice alongside medical technologies. Usually they are not guaranteed this as one kind of authority (religious/medical) is often perceived to threaten the other. See Klassen's discussion of Gertrude Fraser's research on how African American's midwives "spiritual authority" was derailed by "new secular medical authority" (Klassen 2001, 26; Fraser 1998, 340, 365).

<sup>13</sup> Authors Janzen and Feierman note that "certainly not all [traditional] practitioners may wish to become recognized village health workers...Traditional midwives may feel denigrated by their trained counterparts, or the traditional midwife may be a substantial political figure at the local level who outranks and dominates young educated midwives." The Social Basis of Health, ed. Steven Feierman and John Janzen, (Berkeley and Los Angeles: University of California Press, 1992), 432. Thus, the desire among traditional healers for access to more medical training and materials is tempered by a desire to maintain the legitimacy they hold as traditional, rather than purely medical, healers.

<sup>14</sup> Josette. Personal Interview. November 15, 2011. This interview was conducted in Malagasy (intermixed with some French) with the help of my research collaborator Zafisoa.

<sup>15</sup> The medicinal properties of these herbs, and information on the usage of them by northern Malagasy peoples, has been well documented by the international organization Jardin du Monde.

These posters were sponsored by USAID, The Malagasy Ministry of Family Planning, and UNICEF.

<sup>17</sup> This kind of prejudicial thinking is what Curtis Keim describes as American myths about Africans' cultural inferiority – myths that have replaced the older depictions of Africans' racial inferiority, but similarly serve as justification for Western dominance in the developing world (1999, 8).

According to the World Health Organization, only 44 percent of births are attended by "skilled health personnel (2012, 102). <sup>19</sup> Françoise. Personal interview. January 10, 2012.

<sup>20</sup> Her exact words in Malagasy were "tsy mila piqure."

<sup>21</sup> Her exact words were "kara misy raha abony izy."

<sup>22</sup> Her exact words were "kara misy olo miaraka izy."

<sup>23</sup> Her exact words were "Eh reniko, anao magnampy za hampiteraka olo. Aza alagna Baraka."

<sup>24</sup> Bathing women in warm water is a customary practice used to help women relax during childbirth. When Françoise insisted on the need to use warm water, she was not referring to the postpartum bathing that women observe when recovering from childbirth. She herself is *ranginaly* and performs cold water bathing after childbirth.

<sup>&</sup>lt;sup>25</sup> Amélie. Personal Interview. October 2011. The government hospital in Diego is referred to as the "*Hôpital be*" meaning big hospital. The "*Hôpital be*" is the largest medical facility in the city and also serves as a teaching hospital for the northernmost province of Madagascar. Diego also has a government funded medical dispensary with a birthing room, a military hospital, and more than a dozen other privately funded clinics and dispensaries offering services to pregnant women.
<sup>26</sup> In this conversation, Amélie used the French word "gynécologue." I will however use the English word

<sup>&</sup>lt;sup>26</sup> In this conversation, Amélie used the French word "gynécologue." I will however use the English word "obstetrician," given that the woman about whom Amélie spoke would be more accurately described as an obstetrician in English. I refer to her as such throughout the remainder of the chapter.

<sup>&</sup>lt;sup>27</sup> For a discussion of tin-roofed houses and what they represent insofar as they are associated with colonial wealth status, see Jennifer Cole's *Forget Colonialism*?(2001, 194).

<sup>28</sup> As discussed in Chapter Four, haircutting ceremonies, called *mangadoso faneva* or *mampiravaka* 

<sup>&</sup>lt;sup>28</sup> As discussed in Chapter Four, haircutting ceremonies, called *mangadoso faneva* or *mampiravaka tsaiky*, cleanse babies of their birth and also serve a larger initiatory function. Haircutting ceremonies are often performed when babies receive their first teeth and are poised to become full-fledged members of the human community. During the ceremony, ancestors are invoked to bless the mother and child, and the baby is given a special rice porridge and chicken leg.

<sup>&</sup>lt;sup>29</sup> The English name for *rômba* is African basil. For more on the medicinal properties of *rômba* and its uses in northern Madadagascar, see Jean Pierre Nicolas (2011, 214).

<sup>&</sup>lt;sup>30</sup> Amélie bathed with and drank the herbal medicine prepared for her. *Rômba* is valued for its internal cleansing properties, and is understood to promote the healing and shrinking of the uterus post-childbirth. For more on women's postpartum bathing rituals and their significance, see Chapter Three.

<sup>&</sup>lt;sup>31</sup> It is *fady* (taboo) for many Malagasy to consume eggs during their pregnancy.

<sup>&</sup>lt;sup>32</sup> A *joro* is a style of traditional blessing through which ancestors are invoked. See chap. 2 note 33.

<sup>&</sup>lt;sup>33</sup> Tsimihety are an ethnic group traditionally from the north-central coast of Madagascar. For more on Tsimihety and their cultural practices. See Michael Lambek, "Taboo as Cultural Practice among Malagasy Speakers," 1992.

<sup>&</sup>lt;sup>34</sup> Governmental involvement in reproductive healthcare, particularly when that involvement is a result of top-down foreign and domestic policy decisions is fraught with tensions. Altruistic efforts to improve women's health often go together with patronizing agendas that seek to manipulate women's reproductive capacities. Gertrude Fraser (1998), Nancy Rose Hunt (1999), Janice Boddy (2003), and Margaret Andersen (2010) draw attention to the ways in which the United States government, in the case of the first, and the respective colonial governments in the Congo, Sudan and Madagascar, in the cases of the latter three, all had an interest in maternal healthcare precisely for reasons of eugenics, in the case of the first, and population growth, in the case of the latter three, in order to maintain a steady supply of labor for colonial governments. These well documented colonial policies have now been replaced with neocolonial policies on the part of American and European powers who through the giving and withholding of aid, encourage women living in third world countries to reverse the aforementioned practice of having more children with the now prudent advice to have fewer. For more information on colonial medicine in Madagascar, see Margaret Andersen, "Creating French Settlements Overseas," 2010. Andersen (2010) documents the ways in which the French Governor of Madagascar (Galliéne) instituted tax policies that encouraged Merina women, whom he deemed a "superior" race to produce more children in the hopes that the lighter skinned Merina of Madagascar, would supply more labor for the colonial workforce (2010, 430). Also see Chapter Two.

<sup>&</sup>lt;sup>35</sup> Paul Congo's exact words, transcribed, "Za, religionaka Catholique...vraiment nous sommes Catholique mais nous on repond nôtre traditions même nous sommes Catholique. C'est pas possible d'oublier nôtre traditions. Je m'ai baigné dans nôtre traditions." Paul Jaoravoava. "Paul Congo." Personal Interview, January 3, 2012.

<sup>&</sup>lt;sup>36</sup> See Jennifer Cole, *Sex and Salvation*, 50.

<sup>&</sup>lt;sup>37</sup> The use of religious amulets and growth medicines (*aody*) which derive from Islamic religious culture are not seen to contradict the dominant customs. Participation in Pentecostal and charismatic churches is considered more of a diversion from Malagasy customs (*fombagasy*) or from Malagasy ancestral customs

(fombandrazana), as compared with other religious practices. Islam, as compared with Christianity, has a longer history in Madagascar. Especially in northern Madagascar where this research was conducted, archeological evidence of mosques along the northwest coast of Madagascar dates back to at least the 11<sup>th</sup> century. See S. von Sicard, "Malagasy Islam: Tracing the History," 102. von Sicard argues that the religious practices of adorning babies with amulets and growth medicines, called *ody*, *aody*, or *aody be* stems from the Islamic heritage of many Malagasy groups which can be seen in their divination practices performed by *ombaisy* or *moasy*, and in Malagasy theories on destiny (2011,105). Although Malagasy is considered to be a Malayo-Polynesian language (brought by Austronesean settlers from Borneo), a number of Arabic and Islamic words have been adopted into the Malagasy by way of Swahili (introduced by East African settlers). This is especially true in northern Madagascar.

<sup>38</sup> In Madagascar, infants are affectionately dubbed water babies and are not considered human until they receive teeth.

<sup>39</sup> Basic knowledge of medicinal herbs (*ravin-draha*) is common in Malagasy society. Even in urban areas like Diego, knowledge of herbal remedies is common. People commonly grow medicinal herbs in their yards and around family farms, and are familiar with medicinal plants growing in forested areas. Neighbors and family frequently advise one another on herbal medicines.

<sup>40</sup> Parents seeking to exorcise children of potentially malicious spiritual powers sometimes take babies to healing services at Protestant churches where an indigenous group of Christian shepherd healers, called *mpiandry*, cast our demons using the phrase "*miala amin'ny anarany Jesosy*" (out in the name of Jesus). The history of the shepherd healers and the indigenous Christian healing movement called *Fifohazana* which began in the late nineteenth century, will be discussed in greater length in Chapter Six. For more, on the history of the movement see Britt Halvorson, "Translating the *Fifohazana* (Awakening)," 2008. 
<sup>41</sup> In northern Madagascar, pregnancy is referred to as "the ancestor's continuation" (*ny fitohy raza*) (Ruud 1960).

<sup>42</sup> Pamela Klassen (2001) Caroline Walker Bynum (1984) both argue for the need for ethnographic study of women's lives to counter the literature that sees women exclusively as symbols of birth and procreative powers. Klassen writes: "Ironically, given the fruitfulness of the idea of birth to many religious systems in terms of divinely wrought immaculate conceptions, being born again, and enduring cycles of death and rebirth, in Western religions women's actual experience have been sorely ignored and underritualized...I shift this meaning-making gaze in a different direction. I ask not how religious traditions have ritualized birth, or used it make sense of human existence, but how birthing women use religion to make sense of their births, and how in turn they draw on birth to make meaning in their lives." *Blessed Events*, Pamela Klassen (Princeton, N.J.: Princeton University Press, 2010), 5.

<sup>43</sup> Although our accommodations at the University were generous in that they were free to visiting teachers/professors, the premises should not be understood to be in any way luxurious. There were water taps, but the water was not often running. The electricity was infrequent, and given that it was not safe to leave windows open after dark because that there were no bars on the windows, the rooms were like ovens during the night. The residence was, however, kept very clean. Moreoever, as a consequence of the 2009 military-backed coup which then Antananarivo mayor (Andry Rajeolina) ousted president Marc Ravalamanana, the economy has suffered and the government frequently misses payments to public school teachers and university professors. As a result, strikes at the University are frequent and the University of Antsiranana looks abandoned even when classes are in session.

<sup>44</sup> Five dollars might not seem like much money but 10,000 ariary can buy a lot in Madagascar, and is nearly five times what a Malagasy person might pay to have someone wash a small bag of clothing.
<sup>45</sup> The word *maditry* means naughty and parents almost always playfully describe their children in this way.

<sup>46</sup> Vady is a term meaning partner or lover. See chap. 2 note 32.

<sup>47</sup> These kinds of conversations come up often. Women in Diego are often looking for foreign partners (*mitady vady vazaha*) and asked me if I would look for one when I went back home.

They also asked if I would be willing to take some of their children home with me so they could have better schooling opportunities.

<sup>48</sup> The FJKM *hôpital* is a privately-funded clinic or medical dispensary run by a Protestant denomination FJKM (Fiangoanana Jesosy Kristo eto Madigasikara) (Church of Jesus Christ in Madagascar). There are several privately owned clinics in Diego, run by various ONGs and religious organizations.

<sup>49</sup> In Chapter Two, I discuss a mortuary practice in which babies who have died before receiving teeth, are

<sup>49</sup> In Chapter Two, I discuss a mortuary practice in which babies who have died before receiving teeth, are wrapped in *lamba* (cloth) and hung in trees near water.

<sup>50</sup> Her exact words in Malagasy were "Tisy raha manao miaraka tsaiky madinky kara io."

<sup>&</sup>lt;sup>51</sup> Gillian Feeley-Harnik discusses the importance of children being situated in both maternal and paternal lines, reporting that Malagasy call those not properly situated in their paternal lineages "a thing without a father" (*raha tisy baba*) (2000, 162).

### **Chapter 6: Bearing Babies in Dynamic Religious Urban Landscapes**

Kely and Nasreen stopped me on my way down the stairs from the library at the University of Antsiranana in Diego Suarez. Nasreen was dressed in a long black dress and head scarf (*hijab*), and Kely wore a t-shirt and jeans. They were smiling with apparent news. Nasreen's friend had just given birth to a baby and would soon be having an *aqiqa*, an Islamic style haircutting ceremony performed for the newly born. They wanted to know if I would come. "We're still looking for the goats," Nasreen explained. "If we don't find the goats in time, we will reschedule. But if we find them, the ceremony will be on Saturday," she said. On Friday evening Nasreen confirmed that the family had in fact purchased the goats needed for the sacrifice, and that the ceremony would take place the following morning.

In Diego, there is a discourse among locals that religious rituals and family traditions are both more pure and more prevalent in the countryside, this despite the fact that neighbors and friends frequently invited me to various family and religious ceremonies held in the city on a near weekly basis. On countless occasions, I was told, "If you really want to know about *fombandrazana* (ancestral customs), you must go to the countryside." By contrast, cities were understood to be the place where traditions and the specialists who help orchestrate them disappear, or are in the least harder to find. As one man explained, "when the doctors arrive, the traditional midwives get out of town." Malagasy frequently framed cities as the places where people could more easily disregard the inherited *fomba* and *fady* (customs and taboos) of their ancestors.

In truth, traditional specialists probably *are* more plentiful in rural locals, and birth rituals, rites of passage, burial ceremonies and other traditional religious ceremonies *are* known to be more readily and elaborately observed in the countryside. In northern Madagascar, royal

*tromba* (ancestor) spirits frequently possess mediums in smaller towns, far from the authoritative gaze of city officials who, threatened by the power regal institutions still hold among Malagasy peoples, frown upon religious practices centered on the care of royal spirits and relics.

That said religious rituals, family traditions, and incidences of spirit possession are far from absent in Madagascar's cities. Moreover cities bear the unique distinction of serving as host to the convergence of diverse religious practices and family customs that have found their way there by way of the generations of Malagasy who brought them there. As I have already indicated, such migrations from various regions in Madagascar, and abroad, contribute to Diego's cosmopolitan vibe, as the kind of place where one might find in the same neighborhood and in the same week a woman practicing cold water postpartum bathing (ranginaly) in her home; a Muslim community assembled together for a newborn baby's aqiqa; an extended family gathered in a relative's courtyard yard preparing food for the occasion of a loved one's burial; a taxi filled to the brim with friends on their way back from Ramena beach, jubilantly singing and practicing the rhythmic clapping that Malagasy use to animate the kind of dancing that leads to possession at larger social and religious gatherings; or parishioners in a Lutheran church kneeling before shepherd healers (mpiandry) who are exorcising them of demons.

Cities like Diego are home to a dynamic conglomeration of traditions inherited from ancestors who came from a diversity of places, who practiced a diversity of religions and were themselves of mixed ethnicities. Cities are the places where such traditions intermingle and evolve, and where ancestors still visit their descendants in dreams, still beg for remembrance upon a person's death, and still need invoking when babies are born. Discourses exist everywhere about the traditionalistic nature of life in the countryside. But discourses also exist about the cosmopolitan nature of cities. In cities, people are faced with a kind of religious and

cultural pluralism that can inspire a multitude of responses from a questioning of one's former religious perspective, to a desire to hold steadfast to one's faith and preserve and conserve less one lose one's heritage and sense of identity in the urban melting pot. In cities, religion can become obsolete. Or, it can become increasingly important by providing peoples with refuge, community, and new ways to both combat and connect with spiritual forces (Jenkins 2002, 87; Cox 1995, 15, 104; Orsi 1999; Sharp 1993; Finke and Stark 2005 [1992]).

In this chapter, I argue that Diego is indeed such a cosmopolitan place where people often gain, rather than lose, their religious, ethnic and customary distinctions. Diego residents will tell you they can easily assess whether a person is from the north of Madagascar, or from the south based on habits of dress, speech and religious affiliation. Of course, many will tell also you that they make mistakes. Not all of the women who carry their babies in sarongs on their back come from the south of Madagascar. And as one Comorian student complained, "not all women who wear a *burka* are from the Comoros islands." In other words, migrants to Diego often retain some of the religious and regional characteristics that make them unique, even as they also sometimes convert from, transform, and defy the identifying qualities that formerly defined them.

Cities are like marketplaces, offering many different kinds of therapies and religious services. Though, as I have already made clear in preceding chapters, people can rarely choose freely among such services. Instead, in cities, people are faced with both many layers of choice and many layers of constraint as various traditions and religions practices thrive around them. As religious studies scholar Stephen Selka argues, competition and rational-choice should not be emphasized to the extent that we eliminate morality from the equation (2010). Instead, he argues, in our discussions of "religious marketplaces" we should be looking at the "imagined differences" between various religious cosmologies and the competing "moral orders" that

"anchor people in one community or another" (Selka 2010, 292). In the context of the marketplace of Diego, residents make choices based on deeply held (though sometimes shifting) beliefs about the divine, how best to behave as moral beings, how best to access spiritual blessings, and how best to combat forces of evil. And when they do, religious communities, family traditions, and various healing therapies can all become increasingly valued for the sense of community they provide; the promise of wellness that they offer; and the sense of purpose, meaning and identity they instill in participants.

In this chapter, I offer three distinct stories of 1) a mother's investment in her religious community by way of hosting a baby's *aqiqa* ceremony; 2) a woman and her two young children's participation in a service of spiritual exorcism; and 3) two mothers' pilgrimage to the sacred ancestral site of Nosy Lonjo. I reveal the extent to which these seemingly divergent activities all help mothers (and their families) to create the kinds of communities that give their lives meaning and security. Through the story of a baby's haircutting, a woman's discussion of shepherd healing, and two mothers' ritual bathing at the sacred site of Nosy Lonjo, we will see that Malagasy employ a host of activities in their quest to find community, achieve spiritual wellness and tune their children's bodies to certain kinds of spiritual awareness. We will see that in the pluralistic urban context of Diego, there are distinct religious and medical approaches for the birthing, blessing and spiritual upbringing of children. Even still something uniquely Malagasy pulses through the heart all of them.

In Madagascar, there is a shared and commonplace belief in the presence of God (Zanahary); a strong reliance upon religious specialists like midwives, massage-healers, diviners, priests, pastors, spirit mediums and shepherd healers; a pervasive emphasis on spiritual and holistic healing methods; a belief in the real presence of evil spiritual forces and the need to

combat such forces; and an ongoing interest in ancestors' power, regardless of whether ancestral power is considered auspicious, threatening or otherwise. If we are to understand the story of Malagasy migrations which have transformed the island's cities into dynamic sites of religious pluralism, as well as the rapid religious change that has occurred over the past century, and how infants are made to embody these respective changes, then we must concede that the story is complex, at times personal, at other times collectively remembered, and best told in the descriptive snapshots that will compose for us a clearer whole. Nasreen's hosting of her friend's *aqiqa* provides such a snapshot.

## Nasreen's Hosts an Agiga, and Invests in her Community

When Édith and I arrived at Nasreen's house early on Saturday morning just before seven, Nasreen and her next door neighbor were already busy preparing food. They were sorting rice, as Malagasy women often do, looking for the tiny stones that may have found their way into the bulk bags as a result of the way in which rice is harvested, dried on the ground, hulled, polished and packaged (Figure 6.1). The women talked among themselves and tended to their younger children. Nasreen's older children were running around the courtyard, splashing in the mud that resulted from the several day deluges that commenced the rainy season. The two women sat just outside their doorways, on the concrete porch that encircled their houses.

Nasreen's neighbor sorted rice as her youngest baby sat on the inside of the doorway. The doorway was open, but a chair was propped up to keep him inside. He amused himself as his mother occasionally peeked in to check on him.

Nasreen's boys, Ibrahim and Samir, were amused by the camera that Ben had brought.

They helped him take pictures of their yard, and of themselves. They screamed in delight, which prompted the neighbor baby to his announce his own cheerful squeals. The baby then pushed the

chair that was blocking the doorway aside, crawled out onto the porch. When he did, he lost his underpants as well as the piece of cloth that had been folded between his legs. His mother complained, "he still hasn't pooped yet!" Later in the morning, she sat her baby on a tiny plastic toilet. After he pooped, she placed him in a shallow bucket of water and went inside the house. He splashed in the water. Moments later, his mother returned to pour water cups over him, bathe him and dress him for the day. We all continued to sort the rice that would be used in the *aqiqa*. Nasreen's three-year-old daughter Aliyah was particularly interested in helping with this task, though her assistance proved largely unhelpful as she insisted on pouring cups of unsorted rice into the large marmite that the women had designated for the already sorted rice.

When the time arrived to slaughter the goats, Nasreen instructed me to go and watch. In the end, I declined as none of the other guests appeared to be headed in that direction either. My stomach was tied in knots just at the thought of doing so, and then I quickly understood the *fady* (taboo) against pregnant women killing, or even seeing someone kill an animal. Suddenly the prohibition made sense in a visceral way. Two men killed and skinned the animals (Figure 6.2). They slit the goats' throats. Blood spilled out across the ground, and I remember looking up to see that one of the goat's tails was still twitching. Within minutes, the goats were dead and tied upside down to trees to be skinned and prepared. One of the men, who completed the sacrifice, related to Ben that the animals should be laid to face Mecca when they are killed and that a short prayer should be said in order to make the meat *halal*. Just before the goats were slaughtered, Nasreen's son Ibrahim began to cry. She then escorted all of the children inside the house to watch a cartoon (*dessin animé*) on television. Some of them did not know why they were going inside; others did. After the goats were killed, Ibrahim ran back outside, this time not crying, but

rather intensely curious by the work his father and another man were engaged in. He was staring at the men carving up the bodies. When his mother saw him, she led him back inside the house.

The rest of the morning, the women continued to prepare what would become the feast. As more guests arrived, more women began assisting in the preparations. One woman prepared coconut milk to flavor the rice, by shaving out the inside of a coconut and pressing water through the shredded coconut meat. Other women cut up the goat meat into cubes as men washed the skin and cleaned out the intestines. Soon more people arrived including the tiny guest of honor, who appeared days old, as well as some other children. Most of the children watched cartoons. Nasreen gave the children coffee candies, and some of the other women who arrived helped cut up cucumbers for a salad, and peeled potatoes.

At midmorning, a woman approached me to tell me that the haircutting was underway. She led me around the back of the houses and into one of the rooms. The baby's mother held her tiny infant in her arms. He was wrapped in warm white clothes, and in a blanket, and Nasreen was cutting his hair off with ordinary house hold scissors (Figure 6.3). Few of the other guests observed this procedure, save the mother, the host (Nasreen), and several children who climbed upon the bed, peaking over to watch what was occurring. The baby did not cry. He appeared to be sleeping during much of the haircutting. When he did become fussy, his mother, who wore a long dress and *hijab*, unabashedly pulled her clothing aside to nurse and console him, while Nasreen continued to remove the downy newborn hair from his head. Ben watched from the outside, peeking behind the doorway unsure of whether his presence was appropriate. In the adjacent room, more of the children watched television while one of the men tended to them.

When the women deemed the baby's head sufficiently shaven, Nasreen gathered up the corners of the handkerchief she had been using to collect the hair, shook the hair into a piece of

white paper, rolled it up, and handed the paper to the man who was watching the children in the other room. Nasreen explained that the hair would be weighed in a local *épicerie*, and that gold would be bought in proportion to the weight in grams of the baby's hair. This gold would be given to the poor, as a token of gratitude for the life of the child. Though the baby had been largely oblivious to the ceremony which took place around him and on his behalf, other children were not. They were in and out of the room, trying to touch the baby, observing the haircutting with infectious grins.

The meal in celebration of the occasion was served rather unceremoniously. No speeches were made. Men and women gathered in separate spaces, and young children shared their own space. Children, who had been running around in rain boots and underpants, traded their play attire for the gorgeously decorated religious dress complete with head scarves (hijab) and hats (taqiyah) their parents had brought for the occasion. They were made to line up and wash their hands and were given two round platters of food. They ate with their right hands as is the custom for Muslims in Madagascar and on a traditional Malagasy eating mat (lamaka) on the floor near the table where the non-Muslim guests were seated (Figure 6.4). Ben, Édith, Kely, other of Nasreen's student colleagues and friends and I gathered at this table. We were given food in communal style bowls, but we all had our own individual plates, spoons and forks unlike the Muslim guests who all ate indoors and on a shared silver round platter. We ate in the outdoor thatched patio. The rice was seasoned with coconut milk and with accents of cinnamon, and it tasted of the fire on which it had been cooked, a flavor Malagasy describe as distinct from the flavor of rice cooked on normal (non-religious) occasions over gas or charcoal.

After the meal commenced, more people arrived prompting Nasreen and her husband to run through the rain, which had begun again, to collect more food from the huge marmites

cooking under over fires under the tarp in the yard. The guests at our table spoke about goat meat, how some of them did not like the taste because "it smells" but they concluded that Muslims know how to cook it well in a curry sauce with turmeric, onion, garlic, tomato sauce and potatoes. A Comorian student and friend of Nasreen's sat at the table with the non-Muslims. Omar was in fact Muslim, but not part of the Muslim community of which Nasreen and her husband were a part. He had a large personality to the point where some at the table began rolling their eyes at his jokes. He was code switching between Malagasy, English, French and Comorian Swahili. The students found his accent and use of Comorian Swahili amusing, given that the northern dialect of Malagasy has enough Swahili borrowings in it to make his language sound simultaneously discernible and strangely foreign.

Omar complained about disagreements among Muslims in his home country. He argued that Muslims who dress in *burqas* are adding to the traditions of the Prophet and his wives, which he described as a sin. He seemed well versed in the theological arguments against wearing *burqas*, and less versed in the religious rationale behind some Muslims decision to do so. He was primarily concerned by the fact that Muslims who wear *burqas* in Madagascar are usually thought to be Comorian. Sometimes they are as he described "pure Malagasy." He also complained that most Malagasy think Comorians are always "very black." Some of the students concurred that they too used to think this, but agreed that Comorians in fact come in all shades "just like Malagasy" some described. "Though to win the Miss Comorian contest," Omar explained, "you have to have very black skin and you have to have curly hair. We have to stand up for ourselves," he proclaimed." "What about in Madagascar?" Ben inquired. The Malagasy students all agreed there were no set criteria for skin color for winning the Miss Malagasy contest, but conversations I had overheard during my months of research made me wonder

otherwise. I remember distinctly one Merina mother's concern that her children might look "black like the father," a disappointment to her given that her family had worked so hard to preserve their noticeably lighter skin hue. I also recalled students from the north of Madagascar, who, without knowing a *vazaha* was listening, boldly spoke of the beauty of blackness; and listened as two recalled a visiting American student, who had guest taught in some of their classes. "Do you remember the African one?" said one. "You mean the African-*American* one," the other replied. To which the first one declared "the beautiful one."

This particular aqiqa ceremony, celebrated in the courtyard of two Malagasy families' homes, in student housing at the University of Antsiranana, was as much marked by its lack of fanfare than by its officialism. Moreover the discreteness and casualness around the cutting of the baby's hair, despite this being the stated reason for the gathering, could be interpreted as evidence that birth rituals in Madagascar are in fact performed as much on behalf of the adults gathered as on behalf of the child (Bloch 1993). After all, the sleeping newborn was virtually ignored by the dozens of adults who gathered excepting the baby's mother, Nasreen in the moment in which she cut the baby's hair, a few curious children, and two observant vazaha. One could argue that rather than serving as an occasion in which to bless a newborn baby, the ceremony served more to fulfill the interests of the ceremony's host and the parents of the child. Hosting the agiga provided Nasreen a special opportunity to invest in her community by demonstrating her generosity and leadership while also providing the parents of the new baby a space in which to gather together with members of their faith community around the accomplishment of their parenthood. But if we reduce this aqiqa to a mere social gathering, important only to the adults who hosted and attended, we will miss some other important aspects of the ritual as well.

Rituals of course are known to serve multiple purposes and are attributed as many meanings as there are meaning making participants. Though there may always be intended beneficiaries in rituals, rituals almost always serve to benefit a greater whole. That is, rituals often never transform the intended beneficiaries to the exclusion of all the other witnesses. For even when sacrifices are performed with the intention of healing or honoring a specific individual or group of individuals, the ritualized act usually confers good fortune on more than just the intended beneficiaries. That does not mean, however, the intended beneficiaries, even when they are sleeping, are not also themselves transformed.

Thus, as interpreters we do not need to decide for whom this ritual haircutting and sacrifice had more meaning. Instead we would be wise to recognize the multifaceted nature of the ritual's significance for all involved. First, the baby whose hair was cut was surely blessed. If we take seriously what researchers are now proclaiming about how human development, we know that learning begins not just in the preverbal stage, but in the womb (Paul 2010; Mampe 2009). According to the latest research, we now know that newborn babies, beginning from day one, will cry with melodic contours that mimic that of the language(s) heard by them from inside their mothers' wombs (Mampe 2009). Thus humans learn of their physical, cultural and even spiritual environments long before they are conscious of the overt meanings attached to them. As Barbara Myerhoff's explains, early and domestic religious experiences "penetrate the very ground of [our] being" in ways that "precede ideas or words" (1979, 346). Infants do not to be conscious of creeds or doctrines, nor do they even need to be awake, to be immersed in a religious environment that will shape them for years to come. Even sleeping babies can hear, smell, and feel the noises, aromas, and blades of scissors that are molding them into particular kinds of beings who will pay attention to the world in particular ways.

The baby boy at this *aqiqa* ceremony in Diego Suarez, Madagascar was certainly not the first to have slept through a ceremony performed in his honor. Many adults have had the occasion to witness a crying, babbling, or sleeping infant at a haircutting ceremony, *bris*, rite of dedication, or baptism. My own four month old daughter slept through her baptism. I, together with my family and spiritual community, watched in amazement as she slumbered through the pouring of cold water over her head. Our priest assured us that Margaret did not in fact need to be awake for the occassion. "Our our journey with God begins long before we are conscious of it," he declared. In other words, most of us begin our religious pilgrimages long before have the wherewithal to participate in, or acknowledge, the transcendent realities and moral orders our parents, neighbors and kin and are striving to immerse us in.

Secondly, if the ritual meant something to the newborn child in whose honor it was performed, it also made an impression on the older children present, who in their donning of religious garb and witnessing of a child's haircutting, observed something of what it meant to be Muslims in Madagascar, on that day. And lastly, the adults, in their gathering and feasting together, were bound together through the act of sharing in a meal, and thereby reminded of what it means to be in community with one another. On that particular day, being in community meant gathering in the rain in the courtyard of two members' housing, with young and old together talking about the mundane as well as other matters of religious concern, as children played, ate coffee candies, and snuck in an adjacent room to watch the newest member's hair being snipped away as he was metaphorically fashioned into something new.

Rituals cannot and should not be analyzed in isolation from the social contexts in which they are conducted. In other words, we cannot ignore the aspects of the *aqiqa* that might otherwise be understood to be altogether ordinary or purely social. A lack of religious fanfare

does not indicate a lack of religious meaning. The otherwise ordinary acts of cooking, killing, haircutting, eating and socializing can become sacred when they are done in a prescribed manner. As Zuesse points out, "much ritual symbolism draws on the simplest and most intense sensory experiences, such as eating, sexuality and pain" (1987, 407). It is the intentionality behind normal everyday activities that makes them sacred and transforms the way participants understand themselves in the world.

When Malagasy women wake early in the mornings to sort rice, prepare the coconut milk, spices and vegetables before an *aqiqa*, they are helping to cast the day with its proper investment of meaning. When men say prayers over the slaughter of an animal, they are offering something of worth toward their God, that their God might in turn bless them with good fortune. And this contact with the divine and the restoration that succeeds it, I would argue, extends beyond those who were present for the slaying to all those who consume the flesh of the animal. For in the act of eating the slaughtered goats, participants were inescapably linked together. The feast that follows a sacrifice is the common meal that binds those present in their commitment to live together in a particular way (Smith 1894), and offers an important opportunity for the recovery of vitality that was lost in the killing (Bloch 1992).

Birth rituals, such as this one, offer communities a chance to gather together in celebration of the life of new child. They are opportunities to remember (and re-member) what it means to be members of a particular family or religious community. As I stated in the introduction to this dissertation, spears, knives, and scissors, as part of the necessary tools of sacrifice, and other rites of passage like circumcision and hair cutting ceremonies, not only mark moments as sacred but also provide for those present a sense for the seriousness and gravity of the occasion, and opportunity to simultaneously remember the past and revision the future.

Anthropologist Michael Lambek describes sacrificial rituals as those which mark beginnings. According to Lambek, humans as moral beings are composed of a series of new beginnings most of them enacted for us before we were conscious of their significance baptisms, circumcisions, and haircutting ceremonies among them. Later in life we consciously make new commitments, make amends for transgressions made, and consecrate new paths via our participation in such rituals (Lambek 2007). These new beginnings to which Lambek refers are more historical than mythical in nature. For new beginnings occur in the midst of our life's histories and offer opportunities for new directions and new orientations. And it is not the regalia or fanfare that consecrate these moments of transformation. Rather, it's the intention behind these acts, and the act of simply doing the ritual, and doing it right, that matters (Jay 1992, 1). This particular agiga ceremony was performed and planned by mothers, who did so in a prescribed though informal way. The ritual likely served many functions and carried many meanings for those involved, most of which were embodied rather than articulated. For rituals such as this one provide opportunities for Malagasy not only to think about their distinct religious identities, but also to perform them, and on behalf of their children.

Guests involved came from varying backgrounds, but were unified as members of a particular Muslim community in Diego Suarez, or as friends of the latter. Lastly, birth rituals provide the spaces for discussions about the appropriateness of certain religious acts and modes of dress within Islam; for conversations about what it means to be "purely" Malagasy, or "purely" Comorian; and conversations about ethnicity, skin color and religious orthodoxy. These are the spaces where questions of one's identity are worked out, and not only among the incrowd, but among those external to the religious community as well. For though such

conversations can and do occur anywhere, the birth of a child serves as a unique opportunity to think of one's own religious heritage and markings.

# **Jacqueline's Struggles with Spirits**

As I have stated elsewhere in this dissertation, Islam has a long history in Madagascar. In many parts of the island, Islamic style divination practices, amulets, and religious rituals have been more thoroughly woven into the traditional religious practices that Malagasy describe as "the customs of our ancestors" (*fombandrazana*) (von Sicard 2011, 62).<sup>2</sup> By contrast, Christianity, particularly protestant and charismatic forms of the religion, are understood to be newer and to offer alternative ways to combat spiritual problems (Sharp 1993, 245). Protestant forms of Christianty are not new to the island per se, but northern Malagasy have been far slower to adopt Protestant Christianity as compared with Malagasy highlanders. <sup>3</sup>

In these newer Protestant cosmologies, ancestor spirits (*tromba*) are considered evil.

Rather than adopting a laissez-faire attitude toward possession and other ancestral practices as the Malagasy Catholic Church has done in response to enculturation policies, or to reframe *tromba* spirits as *jinn* (supernatural creatures, both malevolent and benevolent) as many Malagasy Muslims have done, Protestant churches have in recent decades offered an alternative more polarizing spiritual cosmology where God is on one side and all other spiritual forces including ancestors are thought to be demonic (Sharp 1993, 252). Of course, not all Protestant Christians consider the people of their ancestors to be evil. Some only consider possession threatening, where acts of remembrance towards one's ancestors are perfectly acceptable within the paramenters of proper Christian behavior. But a minority of Protestant Christians, primarily of a charismatic orientation, considers any contact with the dead, or remembrance of the dead by way of traditional religious ceremonies, to be harmful to one's relationship with God. By

comparison, among Antankarana Muslims in northern Madagascar, the invoking of ancestors alongside practices like the recitation of the Quran existing within a single cohesive ceremony is commonplace, as is the experience of possession by ancestral spirits. Undoubtedly there are Muslims who steer clear of ancestors and ancestral practices, and Protestant Christians who proudly care for their ancestors in traditional religious ceremonies. And then there are women like Jacqueline, whose story represents an even more complicated relationship with spirits.

On a Saturday morning in early December, Jacqueline and I sat on the steps of the Alliance Francaise cultural center, where she worked part time as an instructor of Malagasy language. Jacqueline, a teacher, wife, and mother of two, had been telling me about *tromba*, a word Malagasy use to simultaneously refer to ancestor spirits, the experience of being possessed, and the human mediums that are possessed by such spirits. Jacqueline thought she might be next in line to receive her grandmother's *tromba* (the spirit that had possessed her grandmother). When her grandmother died, there had been some disagreement in her family as to who would be next in line to receive her grandmother's *tromba* and Jacqueline thought it might be she.

Jacqueline had been very close to her grandmother and always spoke very fondly of everything her grandmother taught her. When we spoke, Jacqueline was still living in her grandmother's home and even though she had been working on building another home for herself, her husband and their two children; every time she tried to leave, something bad would happen, as if her grandmother's spirit insisted that she stay. Unlike her cousins, Jacqueline observed a lot of the family's *fady* (taboos), including the restriction against eating pork, which Jacqueline implied made her a more suitable candidate to receive her grandmother's *tromba*.

Jacqueline then paused to ask if I was interested in learning more about *tromba* to which I replied affirmatively. She said she could help me with this by taking me to see a spirit medium,

but that she might not be able to go herself because she also goes to church and *tromba* are forbidden for those who go to church. She planned to go to church later in order to attend a shepherd healing service at a Lutheran church along with her two young children "to chase away the demons" (*pour chaser un peu les demons*). "This is why I can't take you to see *tromba*, because I think they're a bit demonic," she explained. To which I inquired, "Does everyone think that? Do people who have *tromba* think they are demonic too?" Jacqueline clarified,

No, they don't think that and I didn't used to think that either. You see, I was raised around tromba and didn't used to think they were evil, but I changed my mind about it later. I knew someone in college who had tromba and it was bad, and also my daughter had some trouble with bad spirits, and it was after these experiences that I decided tromba were no good. Actually, there are different kinds of tromba, the real ones and the false ones, and it's possible to tell the difference between the two. There are some that are actually ancestors, but most of them are devils. You can tell if they're true or not by going to Ambilobe. There are different methods, but one method is to go before the king, the one who lives in Ambilobe, who is the king of the Antankarana. If the *tromba* regarde le roi (see the king) then they are true tromba, but if they don't, they're devils because devils are afraid to come out in front of the king. My grandmother told me that before there weren't a lot of tromba, at least not as many people with tromba as there are today. The traditional way of speaking with ancestors was in dreams and visions and only a few people had tromba, and the ones who did were those who had un don (a gift), like healers. Now, lots of people have tromba but my grandmother said this is a more recent phenomenon.

In Madagascar, older generations attest to an increase in the number of people afflicted with malevolent spirits. Where previously, mediums and important religious figures were the only individuals possessed by *tromba*, now more and more Malagasy find themselves afflicted by *tromba* and other spirits. Some of the afflicted are understood to be victims of evil spirits, jealousies or witchcraft; others are written off as charlatans trying to appear possessed in order to earn money as healers.

Jacqueline herself struggled with her relationship to *tromba*. While she viewed her grandmother, who had been possessed by an ancestral *tromba*, with great respect, she spoke more cautiously and even guarded herself and her children against invasion by "false *tromba*." At the same time, a part of her hoped she would be an honorable enough vessel to receive her

grandmother's *tromba*, something which would afford her a great deal of respect within her family, which is one of the reasons she diligently observed ancestral taboos especially her family's *fady* (*taboo*) against eating pork, performed the necessary haircutting and circumcision ceremonies for her two children, and regularly took them to church to be exorcised of evil spirits by Malagasy shepherd healers (*mpiandry*).

In Lesley Sharp's (1993) research in the town of Ambanja, she attributes the rise in incidences of spirit related illnesses, particularly among disaffected women and youth, to societal disruptions caused by the creation of cash crop economies during the French colonial period which left many people displaced from their ancestral lands unable to grow the foods and participate in the kinds of communal observances that previously sustained their families.

Throughout my fieldwork tenure, informants urged me to consider increases in the number of people afflicted with malevolent spirits not necessarily as legacies from an indigenous religious past, but part of a more recent phenomenon representative of the societal disturbances plaguing peoples' spiritual wellbeing. In other words, in times of crisis, people are more susceptible to invasions from evil spirits. And even when the spirits afflicting people are *not* themselves considered evil, they may be nevertheless be understood to be angry or increasingly disturbed by the state of affairs in which their human descendants live.

In the case of infants and children, their particular vulnerability toward spiritual invasions stems both from their fragility as liminal beings (water babies) and their status as young people who do not yet know how to interact with spirits appropriately. Infants and young children are considered especially vulnerable to invasions from evil and angry spirits. Yet infants and children also suffer from the same political and social instabilities that make their parents more susceptible to spiritual illnesses, instabilities caused by indigenous land struggles among

Malagasy polities,<sup>8</sup> their ancestors willing and unwilling participation in a global slave trade (Larson 2009, 2008, 2000),<sup>9</sup> and the socially disruptive experience of being forced to work in colonial labor camps during the earlier part of the twentieth century, which contributed to the creation cash crops at the expense of local food systems (Feeley-Harnik 1991, 124-128; Cole and Middleton 2001).<sup>10</sup>

For Jacqueline, the best way to provide her young children with the kind of spiritual sustenance that would ensure their surviving and thriving was to bless them with haircutting ceremonies in the same manner in which her ancestors had been blessed, assist them in keeping the family's *fomba* and *fady* (customs and taboos), cultivate her own body that she might one day provide a direct link to her ancestors power (*hasina*), and shield them from false *tromba* by way of taking them to church that they may be exorcized of demons by shepherd healers (*mpiandry*), a group of specialists who emerged in the late nineteenth century to address a Malagasy thirst for healing that the missionary churches at the time failed to provide.

# The History of the Shepherd Healing Movement (Fifohazana)

The shepherd healing movement, upon which Jacqueline relied, began in 1894, when a Betsileo healer-diviner (*mpisikidy*) by the name of Dada Rainisoalambo converted to Christianity and became the leader of Madagascar's indigenous Christian healing movement known as *Fifohazana* (awakening). As a child Rainisoalambo attended a mission school, served as a catechist, and even contemplated becoming a minister. It was later in life that he left the mission school and began working as a healer- diviner in the village of Ambatoreny. Thus prior to his more formal conversion to Christianity and his leadership in the creation of the *Fifohazana* movement, Rainisoalambo was already familiar with certain tenets and practices of the Christian faith (Halvorson 2010, 417-418).

At the time of his conversion, Rainisoalambo had been suffering from a relentless skin disorder and sought relief through a variety of means. On October 15, 1894, he, out of desperation, prayed to Jesus that he would be healed of his affliction. According to the story, Jesus healed Rainisoalambo but demanded of him in return that he destroy the traditional medicines (*fanafody-gasy*) he had used as part of his practice as a healer diviner. Grateful for his newfound health, Rainisoalambo complied, threw away his traditional medicines in a latrine, and created a village called *Soatanana* (beautiful land/village). Within the village, Rainisoalambo formed the first of many healing camps (*toby*) where he and his followers tried to live by the example of the community of Acts 4:32-35. They sought to heal the sick in Jesus' name, preach the gospel, and train others as apostles (*iraka*) and shepherds (*mpriandry*)<sup>13</sup> of Jesus' healing powers (explain apostles and shepherds). He promoted literacy, the cleanliness of one's home and clothes, and asked others to abandon divinization and service to the ancestral dead just as Jesus had required of him in a dream revelation (Halvorson 2010, 417-418).

Rainisoalambo came from a long line of traditional healers. His family were royal servants, and he succeeded his father as a keeper of the royal talisman or charms called *sampy* (Rafanomezantsoa 2008). During that time period however, being royalty or servants of royalty meant that you were educated in the Christian mission schools (established by missionaries from the London Missionary Society) even if you also served as a traditional healer-diviner for the royal courts. So Rainsoalambo was very much engaged in both the indigenous religions of the Betsileo peoples of south central Madagascar and the Protestant Christianity observed by Merina royalty of the central highlands at the time. <sup>15</sup> Even though Rainisoalambo's conversion to Christianity is often professed by members of the movement as a clean break from his older religious commitments, one could argue that his experience as a traditional healer informed the

version of Christianity he created. And consequently Rainisoalambo's creation of Christian healing camps (*toby*), represented, not a break from, but an evolved continuation of his abilities to harness divine spiritual powers for the purposes of healing the sick.

The emergence of Madagascar's indigenous Christian healing movement came at a perilous time in Malagasy history, a time when the Malagasy Merina of the central highlands were losing their political stronghold on the island and at a time when the French were quickly moving in. Rainisoalambo's rise to prophet hood coincided with a period of intense political crisis and instability. Diseases like plague, leprosy, cholera and small pox were rampant, and though missionaries offered some medical services, their services were not as wide reaching as people would have liked, and they made no attempt to address illness in the kind of holistic spiritual manner with which Malagasy were familiar (Rich 2011, 1). Thus Rainisoalambo's version of Christianity resonated with Malagasy in ways that the mission churches' version of Christianity did not.

Madagascar's *Fifohazana* movement is unique. As a Christian community that emerged autonomously from the institutional affiliation of the mission churches that were established by missionaries during the nineteenth century, *Fifohazana* shares similar qualities with African Independent Churches that arose in the earlier part of the twentieth century, but unlike AICs its emergence came during a time of colonial predation rather than during a time of impending colonial independence (Rich 2011, 12). *Fifohazana* both combines and diverges from the qualities that compose the variants of Christianity found in AICs, and also in the more recent Pentecostal and Charismatic churches rapidly multiplying across the African continent. What began as a small scale community of Christians serving the sick and mentally ill in the highlands of Madagascar is now a global movement with a branch in the United States (Halvorson 2010).<sup>16</sup>

Moreover, what began as a separatist movement can now be described as transdenominational as it has become interwoven into two of the largest protestant denominations in Madagascar – the Malagasy Lutheran church (FLM) and The Church of Jesus Christ in Madagascar more commonly known as FJKM (*Fiangonana Jesosy Kristo eto Madagasikara*).

This incorporation of *Fifohazana* healing therapeutics into the liturgical structures of these two mainline protestant churches is, according to anthropologist Britt Halvorson, a recent phenomenon (Halvorson 2010). Historically leaders of the two Christian denominations, previously frowned upon what they considered the "syncretic" and "overly emotional" practices of the fifohazana movement, but as Malagasy interests in Pentecostal and Charismatic Christianity increased, mainline denominations eventually embraced and institutionalized shepherd healing within their churches as a way to gain converts in the 1980s (Halvorson 2010, 420). Thus, despite the difficulty in classifying in *Fifohazana*, the current growth of the movement can be understood within the broader context of the rapid growth of other Pentecostal and Charismatic forms of worship over the past several decades which emphasize healing, the experience of being born again, and the power of the Holy Spirit.

#### **Shepherd Healing in Diego Suarez**

Nearly a century after the movement began, shepherd healers continue to offer healing and renewal to the sick and spiritually hungry, including to mothers like Jacqueline in Lutheran churches (FLM) as well as in the reformed protestant denomination FJKM (*Fiangonan'i Jesoa Kristy eto Madagasikara*). In April of 2014, my research collaborated (Zafisoa) and attended such a service of healing and renewal for a new convert. A neighbor of mine, and trained shepherd healer (*mpiandry*) by the name of Noémi, invited us to attend the service.

Noémi described her calling into the ministry as one which came slowly to her after a long period of illness and discernment, followed by months of prayer, scripture reading and training with other shepherd healers. She portrayed the work of healing as tiresome but fulfilling, as she recounted the story of the 140 kilometer journey she and other healers had embarked upon over the Easter weekend to heal a woman who had been possessed of a "devoly" (devil) which she later called a "bori be." Noémi's description of the woman as possessed by a "big" West African bori spirit speaks to her understanding that spirits travel trans-nationally and require experts, liked herself, who are trained to identify and release people from all the evil spiritual forces that could potentially threaten their wellbeing. Noémi rememberd the afflicted woman as "sick, walking funny, and possessed by a violent spirit." "But now," Noémi proudly proclaimed, "she is healed and will receive a new life (aina voavoa)." Noémi then had me kneel before her as she demonstrated just how the woman was freed of her spirit and given new life. She placed her hand on my head, uttered her prophetic words, and then assisted me back onto to my feet.

When the day arrived for Zafisoa and I to attend the healing service Noémi had invited us to, I met Noémi at her house. She transported me to the FJKM church on the back of her motorcycle, and Zafisoa met us there. Zafisoa already knew the location of that particular FJKM church as she had grown up attending services at the church. She had never however attended a shepherd healing service at the church. When Noémi and I arrived in the churchyard, we met the other shepherd healers who serve that congregation. They were sitting in a circle in a back room of the sanctuary, talking with the new convert. The woman shared her struggles, and her decision to abandon her reliance upon traditional medicines (fanafody-gasy). The shepherd healers then prayed with her and escorted her into the church yard, which stood in close proximity to downtown Diego, near one of the larger clothing markets, where cars frequently passed. The

shepherd healers began singing hymns as they dug a hole in which they instructed the woman to place her traditional medicines. She did as they instructed. The shepherd healers burned the bag of medicines, continued singing, said prayers, and then stomped upon the fire, covering it at last with dirt. After the burning of medicines, everyone proceeded inside for a worship service. Inside the sanctuary, scriptures were read, songs were sung, and then congregants were invited to come and kneel before the shepherds who would bless congregants one by one. The shepherd healers, donned white robes<sup>18</sup> inside the sanctuary, the traditional costumes of shepherd healers, and began blessing and exorcising the people that came forward (Rafanomezantsoa 2008) (Figure 6.5).

At one point during the service, a woman, though not the same one who had burned her traditional medicines outside in the courtyard became possessed by a violent spirit. What had begun as a calm altar call grew into an ecstatic experience of possession that necessitated a rapid gathering of shepherd healers around the afflicted woman. The shepherd healers shouted and screamed to the spirit "out in the name of Jesus" (*miala amin-ny anarany's Jesosy*) as they laid their hands upon her. Soon the woman collapsed on the floor, was then helped to her feet, and declared free of the spirit that had been plaguing her.

## **Continuity and Discontinuity in Malagasy Healing Therapies**

More than a century after the emergence of the *Fifohazana* movement, participants in the movement continue to model their entrance into the community by way of burning their traditional medicines, just as the founding prophet had destroyed his. However, rather than praying to Jesus directly, as Rainisoalambo did, followers within the movement pray to shepherd healers, who as mediums of Jesus' power, provide services of healing and renewal. For one of the enduring legacies that the prophets of *Fifohazana* established was a tradition of healing

professionals within the Christian tradition modeled upon the tradition of healers, diviners (*mpisikidy*) and spirit mediums within Malagasy indigenous religions. As religious studies scholar G. C. Oosthuizen writes, "The office of prophet/prater healer in the African Independent Churhces fulfils a much felt need because of the tradional society's age-old role of the diviner and herbalist" (1992, 75). The services that shepherd healers provide are somewhat continuous with traditional healing methods in Malagasy society which rely upon specialists (mediums and healers) who provide amulets, herbal and ritual medicines (*fanafody*), and spiritual advice.

In this sense, we might argue that whether a mother is adorning her child with amulets (aody) or taking her child to a shepherd healer to be exorcised of demons, she is engaged in religious practices that share the common goal of protecting infants from harmful spirits that they might cultivate proper relationships with the people and spirits that will afford them blessings and health. The difference between using amulets versus using exorcism lies in peoples' perceptions of where spiritual power and protection comes from. Amulets and traditional medicines are efficacious only when they are imbued with ancestral power (hasina) whereas shepherd healers power derives from Jesus' ability to work through his disciples to cast out demons.

Several prominent scholars of the shepherd healing movement have also noted that the emphasis on healing and on an emotional connection with the divine explains the longevity of the movement. Cynthia Holder Rich, who has written extensively about the history of *Fifohazana* in central Madagascar points out that within the indigenous religions of Madagascar, women often held prestigious positions as spirit mediums, but were not allowed these kinds of prominent positions in mission churches (Rich 2011, 18). She, as well as other scholars whom she cites, namely Malagasy theologians Celine Ratovoson and Mariette Razivelo, argues that

Fifohazana made room for female religious leaders and prophets in a way that other Christian organizations did not and attributes the success of the movement partially to this factor (Rich 2011, 18; Ratovoson 1989, 128; Razivelo 1980, 2-3). Therefore not only did Fifohazana create and preserve a place for spiritual healing within Christianity, Fifohazana also created a prominent place for women, who were accustomed to serving as mediums within indigenous religious cosmologies. That said, even as shepherd healing builds upon indigenous healing methods and strengthens female participation in religious communities, Malagasy also often frame traditional medicines and shepherd healing as opposing religious strategies.

As Lesley Sharp notes in her research on "protestant therapeutics" in northern

Madagascar, distinctions do exist between varying methods or religions and medical healing,
even as they also share similarities. As she points out, many northern Malagasy are unwilling to
consult with Protestant exorcists (Sharp 1993, 245). Among those who do, they do so only as a
last result. Sharp attributes their reluctance to two reasons. First, shepherd healers are
predominantly of Merina ancestry from the central highlands, as compared with the more
dominant Sakalava and Antankarana ethnic groups of the northern Madagascar. Thus ethnic
factionalism sometimes discourages northern Malagasy from seeking treatment from highland
shepherd healers. Secondly, "[Shepherd healers] embrace a competing view of reality and, more
specifically, of possession. Since they consider [ancestor spirits called] *tromba* spirits to be evil,
few Sakalava are willing to seek out their treatments" (Sharp 1993, 245). When Malagasy do
seek the help of shepherd healers, they do so because their services offer a welcome relief from
the heaviness or burdensomeness that often accompanies possession by ancestor spirits.

Additionally, they may do so because they feel genuinely compelled by a religious message that

affirms the real power of evil spiritual forces, while offering seemingly effective ways to combat them.

## Spiritual Work within a Competitive Religious Landscape

Ethnic factionalism, the binary categorization of spirits as either good or evil that occurs within Protestant theologies (which has become an increasingly compelling cosmology to some), and the burdensome nature of ancestral possession all play into peoples' decisions to consult or not to consult with shepherd healers. But I would argue their services are alluring for at least one more reason as well. Shepherd healers have become increasingly appealing because they promote their services as distinct, and altogether unique, despite having continuities with more traditional religious healing practices.

In the cosmopolitan city of Diego Suarez, religious specialists, be they healer diviners, midwives, bone-setters or shepherd healers, all are likely to market themselves and their practices in terms of the unique services they offer rather than the ways in which their practices are similar to one another. As I suggested in Chapter Five, this is part of the boundary crossing that healers must do in order to make their work attractive. All operate within a scope of practiced define by the religious institutions, medical institutions, or spiritual powers that give their work legitimacy, but all also borrow from other therapies, in their attempt to broker their clients' access to unique therapies that might not be unavailable anywhere else (Luedke and West 2006).

Sociologists Roger Finke and Rodney Starke argue that the success of religious movements in the free market religious economy of the United States directly correlates with movements ability to remain in tension with society (2005 [1992]). Finke and Starke's research largely explains the success of religious sects within the context of American society. They argue

that throughout America's religious history, sects have experienced more rapid growth as compared with established mainline churches because sects require a greater amount social investment on the part of participants. The rapid growth of sects eventually levels out when these groups becomes institutionalized and thus loses the tension they once had within mainstream society. According to this theory, religion means something when it costs something. And the greater the cost, the greater the potential reward. While this theory is intended to explain religious success in the American context, it bears some fruitful insights in the marketplace of Malagasy religious healing as well. In the case of consulting with shepherd healers in the competitive religious landscape of Madagascar, the price to pay for becoming a charismatic Christian is abandoning one's ancestral practices, which looks like burning traditional medicines and discontinuing participation in certain familial ceremonies — high costs in a society that places so much value on caring for ancestral legacies.

In a competitive religious landscape, it may very well pay for religious leaders to highlight the distinctiveness of their services even if it means demanding that followers adopt a binary categorization of spirits that frames one's competitors and the spirits they work for as evil. For people of faith are often willing to invest a lot if they are convinced that the returns will also be great. Of course we should not reduce religious orientation to a cost-benefit analysis alone. Shepherd healers genuinely believe in the work of healing and in the evil destructiveness of spiritual affilication, as do the invidiuals who seek out their services. As historian of religion Philip Jenkins reminds us, "members join or convert [less for strategic ones and more] because they acquire believe about the supernatural realm, and its relationships to the visible world" (2002, 142). The shepherd healing movement offest an alternative religious solution to a problem nearly all Malagasy are striving to address – how best to protect one's self, and one's

children, from the forces of evil in the world. And this alternative is appealing, and arguably more so for, rather than despite, its rhetoric of ultimacy. As other scholars of charismatic Christian movements in Africa have claimed, the success of these varients of Christianity lays in part their willingness to recognize evil (Halvorson 2010, 418; Jenkins 2002, 143; Sharp 1993, 270; Oosthuizen 1991, 71; Meyer 2004), something that has always been emphasized in African indigenous religions, but has rarely been addressed mainline and missionary churches.

Pentecostals commonly use the language of rupture to frame their conversion from traditionalist, or mainline Christian practices, to Charismatic ones (Daswani 2011, Halvorson 2010). Malagasy shepherd healers (*mpiandry*) encourage participants to abandon ancestral practices (*fombandrazana*) and burn traditional medicines. However, more often than not among people who profess dramatic change, few wholeheartedly abandon older religious commitments. This language of rupture and the rituals that accompany it (like burning medicines) enables religious specialists to market their work as powerful. Such rituals of rupture also enable Malagasy to envision new religious experiences as transforming and dramatically life altering even when in reality religious change is more fluid and continuous than these rituals of rupture suggest. Often converts to charismatic forms of Christianity, like Jacqueline, undergo a more subtle process of renegotiating their relationships to their ancestors even as they emphasize the distinctiveness of various religious practices.

And at the institutional level, incremental change more than rupture is also the norm. Religious movements, like *Fifohazana*, emerge from a fabric of well established and intricately connected religious traditions, and therefore do not merely break away. They may fill a spiritual need and offer something more or less unique and timely, but they do within the confines of a well an already established religious culture. As religious studies scholar Cynthia Hoehler-Fatton

contends, often there is a "fluid character" to the indigenous forms of Christianity in Africa as they "develop alongside," "borrow from," influence and are influenced by the mainline and missionary forms of Christianity that predate them (1996, 206).

For Jacqueline, shepherd healing offered an important service to her family, a religious technique for ensuring that she and her children would not be possessed by false *tromba* or by harmful spirits that would prevent her from reaching her religious goal of one day becoming a traditional spirit medium. And while Jacqueline's framed her commitment as a church going Christian as one that prohibits her from engaging with the *tromba*, her religious activities around the spiritual upbringing of her children borrow from competing religious perspectives that, in her case, complement one another, even as they also function to do opposing things.

## Mothers' Ritual Bathing Bears Witness to the Ongoing Relevance of the Ancestors' Power

If Jacqueline's struggle with spirits involved a careful negotiation between her Christian commitments and her ancestral ones, for mothers Camellia and Amélie, their bathing at the sacred ancestral site of Nosy Lonjo offered no such challenge to their religious obligations as Catholics (Figure 6.6). Both saw bathing at Nosy Lonjo as complementary to their faith commitments as Catholics even though they knew other Malagasy Christians who felt otherwise. Both wanted to learn more about bathing at this sacred site given that the rapid development of houses alongside the section bay from which one could view Nosy Lonjo, threatened the existence of the site. Moreover Amélie and Camellia were concerned about the welfare of religious specialists like Hussein, who resides near Nosy Lonjo in order to assist Malagasy with their vows to their ancestors.

On a Saturday morning in May of 2012, Camellia and Amélie knelt before a stone near the shore, and across the water from, the sacred mountain island of Nosy Lonjo. 19

They laid out their offerings of snuff, honey, rice and coins and made their requests before their ancestors. Behind them, a line of people waited for their own chance to visit the stone, sitting in groups ascending the grassy hillside. One family gathered around a large plastic crate of beers, which they intended to offer to the ancestors as a way of upholding their end of a vow after a request they made earlier in the year had been granted (Figure 6.8). There were people of all ages among them including several small children. They indicated that they would not leave until the beer was finished. "Especially in the case of alcohol, nothing can be brought back," they explained to Camellia and Amélie who had been asking questions about how to properly perform their requests and vows.

Nosy Lonjo, a conical island in the middle of Diego's largest bay, also commonly referred to as the "Pain du Sucre" because of the island's resemblance to other famous "sugar loaf mountains," is one of the more sacred sites in Antsiranana. Aside from a very small number of religious experts, it is strictly forbidden for anyone to set foot on the island, but Malagasy from all over come to bathe along the shore in the sacred waters that surround this picturesque rock formation. Located in the sandy beach where people enter the water is a stone upon which people offer gifts of honey, tobacco and rice to the ancestors to whom they make requests in the form of vows. Zebu (cattle) horns, remnants of sacrificial offerings, adorn the trees that line the water's sacred shores, offering evidence of the ancestor's faithfulness in regards to their descendants prayerful pleas.

As Amélie and Camellia were leaving their homes to embark on a morning pilgrimage toward the waters near Nosy Lonjo, Camellia remarked that it was already getting very light out and she was not sure how many people would still be down by the water. "These days some

people are embarrassed of their traditions because of the European religions, which discourage people from pray to their ancestors" she said. As a Catholic, Camellia maintained however that it was not necessary to give up her "culture." She is among a growing number of Malagasy who recognizes the externally imposed nature of the notion that her Catholic faith is in conflict with her Malagasy commitments to honor and pray to her ancestors. She, like others, is in a sense reclaiming her indigenous practices, despite the fact that she has been made to feel that "European religions" do not fit cohesively with Malagasy "culture."

After making their requests, Camellia and Amélie removed their clothing and jewelry, and hung them in the tree. They donned *lambas* (traditional Malagasy wrap), which they had brought along for the occasion, and processed out into the water with other pilgrims who had come there to bathe. They walked up to their waists, bowed several times immersing themselves in the salt water and finished by circumambulating a tree and returning to the shore (Figures 6.7 and 6.9). Upon completing the ritual bath, they walked up the hill and stopped at the home of the sacred site's spiritual guardian who lived in a small metal framed house just up the hill from Nosy Lonjo. Camellia had wanted to interview him for a project she was working on, as part of an effort to have Nosy Lonjo designated as a protected religious site.

Hussein invited them in. He sat on the floor against the wall, his knees held loosely in between his arms, while Amélie and Camellia sat on traditional Malagasy wooden stools that hover only a few inches off the ground. Hussein spoke in a very relaxed and generous manner and wore nothing in the way of clothing save a pair of old tattered shorts. His teeth, however, especially for an older man appeared remarkably healthy, white and straight. Amélie was struck by the appearance of his teeth. Hussein, of Anjoaty lineage, and his father before him lived in the same spot and also served as the spiritual guardian of the place. He, like his father before him, is

charged with "opening the door," not in a physical sense as there is no material barrier that prohibits would be bathers from kneeling at the stone, making offerings or bathing in the waters that surround Nosy Lonjo. But in order for this rite to be effective, a medium is required to daily invoke the ancestors that their spiritual presence might be more readily available to those who come to the water in search of them.

Hussein has several children all of whom were living in Madagascar's capital, Antananarivo, at the time when Amélie and Camellia arrived to speak with him. They asked him questions not only about his life as Nosy Lonjo's spiritual guardian, but also about the fady (taboos) they are expected to observe around the area, and about the correct ways to perform a joro (traditional Malagasy speech prayer). Camellia informed Hussein that she was a student, but also a practitioner of Malagasy indigenous religions (fombandrazana). He appeared comfortable and pleased with her inquiries and explained the various fady and fomba (taboos and customs) associated with the practice of bathing near Nosy Lonjo. He explained that sometimes people ask him to help them with their joro (prayer, invocation) and he always agrees. Occasionally if their requests are fulfilled, they remember him, and offer a gift. He made a point of telling Amélie and Camellia, however, that he never asks for a gift. After they said goodbye and began walking up the hill from Hussein's house and back onto the road, they saw some people escorting an older blind man down to the water. They also met some Malagasy missionaries, men and women in suits and dresses, together with their children, who handing out religious tracks. Amélie received one of the tracks from a small little boy. She smiled at him, and politely thanked him. "If we did not take their pamphlets, they would feel sad," she said, indicating that it did not hurt to take them.

On the walk back to their respective homes, Amélie voiced concerns about Hussein's poverty commenting on his tattered shorts, and the small and impermanent nature of his house. Camellia was taken aback by Amélie's concern and was not at all bothered by his simple attire. "Someone as important as he should be taken care of" Amélie insisted. Amélie's view was that if someone asked Hussein for help with a joro, and then received an ancestral blessing as a result, they should in turn offer to build Hussein a nicer house. "But he's not supposed to be rich," Camellia countered. "Even if he has money he should not spend it on a nice house," she maintained. Amélie and Camellia did not settle their difference of opinion. Amélie felt strongly that such an important figure like Hussein should be able to live comfortably and should feel taken care of by Malagasy, and in particular by the people who seek his services as a religious specialist. Camellia held her ground however and maintained that poverty comes with the territory for spiritual leaders like Hussein. "Making money is not a priority, and it can even detract from his power," she explained. Camellia was also under the impression that his living conditions only gave an appearance of modesty. In other words, he might not be as poor as he looks. She reminded Amélie that his children were after all living in the capital of Antananarivo, an opportunity available only to a minority of Malagasy. On this point Amélie agreed, remembering his white teeth.

Amélie and Camellia's disagreement about Hussein's poverty points to what might seem at first to an outside observer, and even to some Malagasy, a contradiction. Esteemed figures such as the spiritual guardians of sacred sites, spirit mediums, herbalists, traditional midwives, and other well respected religious leaders often live lives of poverty. Yet among their work is considered an invaluable to the communities they serve. "Why then should they not be

compensated in way that might lead to a more materially prosperous way of life?" was the question Amélie's concerns posed.

In Madagascar, religious specialists are charged with the task of channeling the divine. In their presence, one has greater access to the wisdom and healing powers of one's ancestors (hasina), and also to God. And yet, despite these rare gifts, religious specialists, especially traditional ones, currently occupy a precarious place in Malagasy society. They have been placed on the less popular side of the traditional versus modern continuum, but even among those who identify themselves as "not very traditional" or as proponents of modern parenting styles, consulting religious specialists like traditional midwives, masseurs or diviners remains an integral component of raising healthy children. Even among parents who shun one kind of specialist, or a particular person, as a charlatan, other specialists remain high on their lists of people to consult in the event of a crisis or in a moment of transition.

As I suggested at the beginning of this chapter, religious institutions, family traditions, religious specialists can become increasingly valued in cosmopolitan contexts like Diego for the sense of community, services of healing, and purpose and meaning they provide participants. In the case of traditional religious specialists, which I am defining as those possessed by ancestral powers (*hasina*), I am arguing that as peoples' sense of community becomes increasingly in flux as a result of social instabilities caused by colonial and other foreign imperialistic interventions and a turbulent economy, Malagasy' relationships to these important religious figures, whose gift it is to channel the divine, may become more rather than less important, even as some of them will also be labeled old-fashioned, evil or even frauds.

With more and more Malagasy moving from places of rural residence to larger cities, people are beginning to lose hold of collective memories constructed around shared ancestral

land spaces they once had. Mothers like Amélie are burying their babies' placentas beside rental properties rather than on the lands where their ancestors farmed. They are abandoning some of their family customs, and refashioning others. In these new urban contexts, belonging is increasingly established in people through rituals and through religious communities that do not rely so heavily on family owned sacred spaces as much as they once did. Mothers and their families find refuge, healing and community in Christian and Islamic religious institutions, and rely on traditional religious specialist like Hussein to help them create a sense of meaning and community around the ancestral powers they deem critical to their and their children's wellbeing (tanindrazana). Religious specialists, despite sometimes being labeled as the antithesis of modern, may slowly become a much sought after human resource for the ways in which they offer families a way to connect with their ancestors, or at least to connect to a collective sense of a more fertile ancestral past, but without having to travel back to one's ancestral lands.

Urban Malagasy still have connections to their ancestral lands (tanindrazana) and many are likely to continue to return to their ancestral lands for funerals and other important occasions, but increasingly urban Malagasy are also investing in a different kind of community, one that is more transient, and one whose remembering does not rely on one's homeland to the extent that it once did. Religious specialists are both sought out after and shunned because Malagasy are engaged in the kind of paradoxical yearning that is at the heart of modern urban living. Young Malagasy want access to the material goods and way of life that the global society portrays as good, and yet many Malagasy know the current world economy to consistently deny them these comforts. Instead many Malagasy feel themselves being delivered into greater forms poverty than they remember their ancestors as having. And so, while many Malagasy strive for a modern way of living that shuns some religious practices as overly "traditional," many are also

simultaneously seeking to preserve the certain older systems of reciprocity (*fihavanana*) upon which their ancestors relied, in the hope that such activities might offer a more fruitful future for their children. And religious specialists are helping them to achieve these goals. To the extent that shared sacred spaces will be important in these new urban contexts, I am predicting that they might become less centered on family's ancestral lands, as making a pilgrimage to Nosy Lonjo might offer individuals and families a chance to restore their relationship with their ancestors in different and perhaps more accessible way than would a pilgrimage to one's great grandparents tombstones.

### Serving the Ancestors, and Preserving Relations of Reciprocity

One of the purported reasons why religious specialists, like Hussein, remain poor is that they do not accept payments for their services. People like Hussein and Bernadette view their work as a religious vocation. They understand their wisdom and special abilities to be "a gift" (*un don*) from the ancestors, and an extension of the ancestors' power. They are the mediums through which ancestors continue to offer advice and healing, in the form of herbal and ritual medicines (*fanafody*), to the living. Such a relationship requires investment in the form of mutual care both between ancestors and religious specialists, as well as between religious specialist and their clients. Paying for services, as opposed to gift giving, terminates rather than furthers the mutual responsibility both parties seek to establish with one another.

I have entered into several such relationships of mutual responsibility throughout my many travels to Madagascar, though it has taken me years to realize how best to honor these relationships. It took years to apprehend that paying for friends hospitality towards me would indicated an unwillingness on my part to engage in the kind of long term relationship my Malagasy friends were seeking to invest in me. According to anthropologist Dahl,

Malagasy society places a fundamental value on personal relationship. Different members are bound together through mutual rights and obligations, both horizontally and vertically. A person is forever indebted to others, who, in turn, are constrained by their own. Under this system of reciprocity, the individual does not calculate what he or she gives and receives. To calculate would be to think about immediate personal profits, which is contrary to the principle of *fihavanana*. The practice of basing relationships on complementary bonds creates lasting human relationships. Investment in ceremonies of 'turning the dead,' for instance, cannot only be seen as a 'hemorrage of the Malagasy economy,' as it has been characterized (O. Dahl, 1976). It is also an investment in social relationships. Mutual exchange of services and gifts is a way of expressing communal identity and maintaining adherence to a greater social unit, which is also the ultimate social warrant in case of personal or family crises. (1999, 104)

According to the Malagasy ethic of reciprocity known as *fihavanana* of which Dahl writes and of which Malagasy so often speak, friends invest in one another by helping them out in times of need knowing that when a need arises for them, they will in turn be there for them, months or perhaps even years down the road. Religious specialists in Madagascar are deeply committed to this ethic of reciprocity, even, and perhaps most especially, in a society where other kinds have specialists, namely medical and administrative ones, have turned to credentials and payment contracts.

I first observed this tendency on the part of religious specialists when I consulted my research collaborator Zafisoa's cousin Fred, a massage healer and bonesetter in Diego. I met Fred in the back of a small *épicerie* where he worked. When we arrived, he was sitting on the floor of his office which was dressed with woven mats atop a dirt floor in the middle of a room which could not have been much larger than ten feet by five feet. Zafisoa and I entered the room and sat down on the ground before him. It was dark until he reached his hand up to open a window. In the corner of the room was a bowl with water and some leaves in it, some other bottles which appeared to contain various kinds of liquids, and a pack of cigarettes. Fred began massaging my injured leg, pushing on it at certain points and also altering the orientation of my foot, as a chiropractor might do. He cracked my toes and feet, applied intense pressure in a couple of locations on my leg, and kneaded my muscles all the while holding a casual

conversation with Zafisoa and me. He rubbed oil on my leg and finished by pouring cold water on it from a bowl.

Fred did not learn massage formally; rather, it was a gift passed down to him by his parents. He showed me inside a basket where he had some sticks and cloth that he used for fixing broken bones. Zafisoa indicated that he once fixed a man's broken foot so he could walk again. He sometimes performs surgery as well, though not often. There were many miraculous stories that circulated around his practice. As we were leaving, I asked him how much I should pay him. He replied that I could pay whatever I liked which prompted me to look to Zafisoa, who often advises me in these kinds of situations, but she refused to give me any kind of estimate. When we left, there were two women waiting on a bench outside of his consultation room waiting to see him. They were there with a sick toddler who appeared to have a mental or physical disability. Fred receives lines of clients daily. Later that day, I continued to wonder why Fred had not asked me for a set amount of money. Was he testing my generosity? Did he think that by not designating a set amount I might be inclined to give more than he would ask for? Was it something he did only with me, a *vazaha*, or with all his clients? And if the latter, how could he earn in a living in a society that increasing values capitalistic modes of exchange?

Later, I would encounter many more such persons, including Hussein, the spiritual guardian of the sacred mountain of Nosy Lonjo, traditional midwives like Bernadette, spirit mediums, other massage healers and even some oral historians who refused to ask for designated sums of money preferring "gifts" instead. In Madagascar, gifts of payments to religious specialists are referred to as *hasin-tanana* and can come in the form of money, or other material goods like chickens, rice, food or soap. British missionary James Richardson translated *hasin-tanana* as "a present given to the *mpisikidy* [diviner], etc., after the cure of a disease, or to a

midwife after the birth of a child" (1885).<sup>20</sup> Malagasy linguist Rakotosaona translated the phrase as "the customary money given to a massage-healer."<sup>21</sup> In Malagasy, *hasin* comes from the word *hasina* signifying sacred power. And *tananana* means hands. Thus *masin-tanana* refers to a healer, or someone who possesses a healing touch, and *hasin-tanana*, which is different from the former only in that it is in future tense, refers to the customary gift given to such a healer. In other words, giving healers gifts of money and foodstuff will render their healing touch more powerful in the future. In a nineteenth century French dictionary, Jesuit missionaries describes *masin-tanana* as someone "whose remedies are efficacious, who heals with the mere touch of a hand." <sup>22</sup> The sacred power that *masin-tanana* possess comes from a divine source, usually understood to come from one's ancestors, and is made more powerful through reciprocal engagements with the divine and with one's clients. In Madagascar, the power to heal is an embodied knowledge, given rather than chosen, inherited rather than acquired and often accompanied by work with a spirit.

Like Fred, massage healers (*mpanindry*), diviners (*moasy*), and traditional midwives (*renin-zaza*) often describes their work as a gift, but this gift is best understood in the Maussian sense (2000 [1925]) where a gift is never freely given but instead embedded with the expectation of reciprocity. Healers' power belongs not to themselves alone, but to the ancestors from whom the gift is given. Healers attest to this fact by emphasizing the great deal of tireless work and responsibility their talent requires of them. Countless specialists described their work as "difficult" (*sarotro*) and emphasized that they had been chosen for this work, rather than choosing the vocation themselves.

Clients giving of gifts (*hasin-tanana*) to religious specialists can be understood within the broader context of Malagasy relationships of reciprocity which occur on the human divine level,

between royalty and their subjects, and in a less hierarchical manner between family members and friends (*fihavanana*). Malagasy commonly provide conciliatory gifts of rice, tobacco, and honey to their ancestors when asking for fertile harvests, just as royalty commonly request gifts of *hasina* from their subjects. During the reign of Merina Queen Ranavalona II (1868-1883), subjects provided *hasin-tanana* as tributes during the royal bath (*fandroana*) at the annual New Year's celebration

the scene on the first day of the festival is most imposing. Representatives of all the various tribes and families of the people, arrayed in holiday *lambas*, robes of coloured stripes, and often of silk or other rich material, assemble and proceed in procession to the *rova*, or palace, and present *hasina*, as a sign of subjection and submission to the central authority. This *hasina* is always presented in interviews with the Government, and generally consists of a new silver dollar or gold piece, which is received and acknowledged by one of the officers in attendance on behalf of her Majesty. Foreigners, as well as natives, follow this custom of presenting *hasina* as a recognition of the sovereignty and protection of the Hova Government. (Little 1884, 80)

Malagasy create relationships of accountability between religious leaders and their clientele through reciprocal gift giving, or more precisely through the exchange and production of *hasina*. Malagasy articulate that gifts of *hasin-tanana*, in the form of money and foodstuffs, and in amounts determined by the client rather than by the religious specialists, increase specialists' power without binding them into a payment contract, an act which many argue reduces healing practitioners' potency and credibility. As my research collaborator Édith explained,

When you give someone *hasin-tanana*, it should not be a lot of money. Before it used to be coins, but now it is paper money. Now it is paper money because you can no longer buy anything from coins. *Hasin-tanana* literally means 'holy hands' and it is a gift from the ancestors. It is power and it is also what you ask in payment, because giving it to one of these specialists contributes to their power. If *hasin-tanana* is a large amount of money then it's like the hospital payment at a hospital, rather than true *hasin-tanana*. And if people ask for a large amount of money, it is like their power may diminish. "*Ameza zaho hasin-tanana*," that is why when you ask a specialist for the price of something, they say it depends on you, because if they name an amount, it may destroy their power, but if you give something to them, it is okay. The midwife in Joffreville said you didn't need to pay to see her, only asked if you could give her *hasin-tanana*.

Religious specialists gain credibility by offering advice and medicines voluntarily, out of benevolence rather than for profit. If they ask for payment, then the ancestors, from whom this specialized knowledge comes, may decide to relinquish their powers. Yet, these specialists are dependent upon their clients' generosity in order to survive. In a society that is increasingly governed by contractual monetary exchange, and decreasingly governed by reciprocal gift-giving, midwives, healer diviners and masseurs are struggling to continue their practice and establish themselves as knowledgeable and efficacious community resources in Malagasy society.

As a whole, especially in urban areas, Malagasy' reliance on traditional religious specialists, and knowledge of traditional customs and medicines has diminished, especially when compared with rural counterparts, but this decrease has also spurred a counter resurgence of interest in things like plant knowledge by Malagasy, both young and old, who care about preserving certain systems of knowledge they inherited from their ancestors. In a similar vein, just as some urban Malagasy parents desire to hold traditional religious ceremonies for their children have decreased, for others living in an urban environment far from one's natal village highlights the need to bathe one's children in *fombandrazana* (the traditions of one's ancestors). It is as if the desire for progress simultaneously feeds a nostalgia and desire to preserve certain other traditional ideals. As poet William Butler Yeats once said, "things reveal themselves passing away" and these revelations are spawning a small but growing resurgence in Madagascar toward the maintenance of preservation of certain traditional practices, sacred sites like Nosy Lonjo, and systems of reciprocity like *fihavanana*.

#### When Healing Hands Resist, Redistribute and Reciprocate

In Madagascar, there is a long of history, and not only among religious specialists, of resisting labor that works toward the benefits of someone else, rather than in engaging in work that furthers the foundational efforts of one's ancestors, and consequently works towards a better future for one's children (Feeley-Harnik 1991; Rakotolahy 2000; Cole and Middleton 2001).

Feeley-Harnik, Rakotolahy, Cole and Middleton, all discuss the strategic ways in which various Malagasy groups have resisted efforts on the part of French administrators to draw them into the colonial labor force insisting that such would be tantamount to slavery. Feeley-Harnik argues that Malagasy, particular Sakalava, distinguish between the work of "growing/tending/nursing crops' (*mitsabo*) and 'working for people' (*miasa amin'olo*)" (1991, 250) arguing that Sakalava associate wage labor "with the work of purchased slaves who worked for others with little benefit to themselves (1991, 250)."

Specialists who earn a living through honorariams rather than through salaried labor take pride in the fact that they work for themselves or for a higher calling, rather than as slaves of someone else's work (Rakotolahy 2000, 126). <sup>24</sup> But the refusal on the part of local populations to work with and for colonial and neo-colonial enterprises has not been without consequences. The Karembola of southern Madagascar, long known for their refusal to participate in colonial cash economies witnessed the destruction of a cactus crop, upon which their livelihoods depended, when a French settler released a pest to destroy the crop in an attempt to demoralize and force Karembola to join with colonial labor camps (Cole and Middleton 2001, 8).

Malagasy rules around payment of religious specialists can be theorized from a variety of different perspectives. Some have emphasized that restrictions around the use of money can serve as symbols of resistance, can function in redistributive ways, and can sometimes serve as a

critique of capitalism. Parker Shipton (1989), Jennifer Cole (2001), and Steven Friedson (1996) have made arguments along these lines. Resistance indeed bears some fruitful insight. By refusing payment for their services, religious specialists argue that their work is not salable, and moreover, that the wisdom they offer resists commodification. They are employees of the ancestors, vessels of ancestral wisdom who refuse to participate in capitalistic enterprises. More broadly, their commitments can be seen as creative resistance to both capitalism and neoliberalism. Parker Shipton's writings on the Luo concept of "bitter money" is useful in this regard (Shipton, 1989). According to Shipton, the Luo conception of ill-gotten money, and the restrictions placed on how this money can be used, reflect several possible Luo resistance agendas. To summarize, Luo, through the concept of bitter money, effectively put social pressure on people within their communities to attain cash in ways that keep ancestral lands within families, probably because these methods present the most disruption to the social balance and peoples' sense of collective wealth. Ceremonies to make this money clean arguably serve to redistribute this money back into the community for as Shipton argues, "Luo perceive a problem in the rise of possessive individualism" (Shipton 1989, 66).

Resistance also seems an apt explanation for why Malagasy religious specialists and their clients prefer to relate to one another in ways that do not treat religious specialists as commodities but rather as human resources that uphold the moral social order. In line with this mode of thinking, Jennifer Cole documents similar practice in Madagascar, with regard to clean and dirty ways of acquiring money. She gives the example of two contemporary sacrifice rituals that the Betsimisaraka perform in an attempt to incorporate colonial traditions into ancestral ones, or in an attempt to redefine the foreign in terms of the local (2001). The first such ceremony is "the house cleansing ceremony." The Betsimisaraka say that all tin-roof houses

must be marked with a bull. Tin-roofed houses are a sign of wealth and status associated with *vazahas*, European foreigners, but they also represent the thorny problem of unequal access to wealth. By sacrificing a bull and demanding that the taboo (*fady*) on building tin roof houses be lifted, wealthy Malagasy home owners of these tin roof houses redefine their wealth in relation to the ancestors and redistribute their wealth by sharing with the community. A second similar ritual is the *fafy kafe* sacrifice performed after an abundant coffee harvest. Growing coffee is not a traditional practice among the Betsimisaraka, nor is it usually a practice that benefits the whole community, but so long as coffee growers share their wealth with a sacrifice accompanied by a feast, such practices, which emerged during the colonial period as a way to pay taxes to the French, are permitted both by the ancestors and the society at large (Cole 2001, 177, 196).

Both Shipton and Cole emphasize the degree to which wealth accumulation in ways that threaten the social order, is frowned upon, and that there are cleansing rituals to help people make amends for this. Restrictions on capitalistic wealth, or dirty money, can be understood as a religious form of tax the rich and feed the poor. And some rituals do indeed serve to redistribute wealth in symbolic if not actual ways, but more importantly, they also serve to bring the community together in order to make a person's wealth accumulation transparent and sharable, and this is the point I would like to emphasize. For as Shipton noted, one of the things that makes "bitter money" bitter, is its concealability (1989, 51). Resistance and redistribution are however not the only aims behind prohibitions against capitalistic modes of wealth accumulation.

Reciprocity, or perhaps an ethic of mutual care, also factors into peoples' decisions with regard to monetary exchange and the accumulation of wealth. Religious specialist like Hussein, Bernadette and Fred refrain from asking for set amounts of money because they want to be seen by their clients as legitimate, as benevolent and concerned for the greater good, rather than as

simply out there to make a buck. They do not flaunt their wealth, if they are in fact wealthy, because for religious specialists', the perspective is that wealth should be shared, rather than hidden away, for it belongs not to them alone, but to all the benefactors of the ancestors' blessings. In essence they seek to distinguish themselves from specialists who work by contracts and treat health and spiritual as commodities rather than as the product of right relations with one another, with the earth, and with the divine.

## Growing Ancestral Power (Hasina) through Engaging in Relations of Reciprocity

Anthropologist Michael Lambek describes "hasing" as the "sacred potency" of ancestors (2003, 3). Mediums with access to this power through the spirits that possess them can imbue relics and other ritual objects with this potency (Lambek 2003, 36). However, it is people rather than objects who possess hasina. Objects merely serve as the vehicles through which power is transferred and exchanged. Lambek also notes that Bloch's description of hasing is one whereby hasing can be produced through correct behavior between royalty and subjects (Lambek 2003, 36), and it is this understanding of sacred power which interests me. Malagasy understand their relationship between lay subjects and royal spirits as well as between ancestors and their descendants in terms of correct behavior centered on the notion of reciprocity. Royalty are accountable to their subjects, and their subjects accountable to them, and it is this way of relating to one another that produces and maintains the hasina that both parties desire to possess.

Similarly, living persons remember and honor those who come before and those who have come before continue to care for and offer guidance to the living in the form of fruitful wombs and harvests. In this way, the sacred is preserved when people strive to live in the mutually beneficial manners that have historically brought prosperity to people. Peoples' observance of taboos (*fady*), and their adherence to gift giving, enables them to invest in one

another and honor the traditions and legacies of the latter generations, their histories, the struggles they bore, all the while also reinventing and remaking those histories within contemporary contexts.

# Remembering a Time when a Chicken was Payment Enough

While most religious specialists abide by the principles of mutual care through gift giving rather than contractual payments, there are a growing number of traditional midwives (*renin-jaza*) who are setting a price for their services. According to Alicia's mother Josette whom we met in Chapter Five, "it used to be that three cups of rice, a chicken and a couple of bars of soap were the standard payment for a *renin-zaza*, but now they cost upwards of 300,000 FMG (the equivalent of around 20 United States dollars.)" This comes as a disappointment to those seeking their care as such a price can make giving birth under the supervision of a midwife as cost prohibitive as giving birth in a hospital, government dispensary, or privately owned clinic. Such a price also prevents midwives from engaging in relationships of mutual care, by limiting their clientele to those willing to operate by contractual payments. Moreover, by putting a price on their services, some Malagasy might argue, *renin-jaza* are placing themselves in the same category as a credentialed specialist which detracts from rather than adds to their legitimacy.

And people are not disappointed that traditional midwives are charging for their services based on financial reasons alone. Josette's complaint that midwives can no longer be paid with chickens is indicative of her disappoint, or her nostalgia for an earlier time. For an economy that is increasingly driven by contractual monetary exchange disrupts this social system of reciprocity that some are seeking to preserve. When services are paid for, people have trouble creating long term investments in one another, the social safety net that ensures that people are looking out for one another. In times of social crises and in a turbulent economy such as the one Malagasy are

currently living in, such a social safety net is vital for it may in fact be a greater predictor of a child's ability to survive and thrive than the frequency of time s/he visits a medical doctor. For a mother who must choose between spending her money on pharmaceutical medicines or food, is much more ill equipped to produce a healthy child than one who can trade a chicken or soap for a prenatal checkup, or who can pay for services or medicines over time. When midwives begin charging for their services, some would argue that they do the opposite of elevating their status to that of nurse midwives; they actually make themselves appear as frauds, as people without paperwork, or as fraudulent religious specialist who are not really serving the ancestors. And yet, Malagasy understand why some traditional midwives are making this decision. For in a society that is increasingly governed by contractual monetary exchange, specialists are sometimes struggling to receive enough gifts of money and food to feed their families.

In the previous chapter I suggested that women who birth under the assistance of traditional midwives do so not because they are disinclined toward allopathic medicine, but because they desire to root their children in sacred legacies and traditional midwives, are more equipped to help them do this task as compared with doctors, whose expertise serve other functions. As I have shown in the chapters that precede this one, parents often consult multiple care givers in their efforts to raise children who will both survive and thrive, choosing both among specialists whose power is derived from degree-conferring institutions, as well as among specialists whose power (*hasing*) is derived from the acquisition of ancestral knowledge.

Mothers like Nasreen, Jacqueline, Amélie and Camellia make complex choices influenced by a host of factors from ranging from family obligations, religious perspectives, geographic, and economic circumstances. And they make seemingly divergent choice. The thread however that unites all of their decision making is their common desire to create a world where they and their

children can preserve the kinds of spiritual and social networks that will ensure their survival, provide them with a sense of community, and lend their lives meaning.

## Conclusion: Ancestors' Uncertain Future in Malagasy Religions

Anthropologists and historians of religion alike have recently turned their attention away from traditions of ancestor veneration in African societies in favor of new focuses on the growth of Pentecostal churches, charismatic Christianity and Islamist movements. Indeed the rapid growth of Charismatic Christianity throughout the global south represents a fascinating religious phenomenon that warrants scholarly attention. That said, engagement with ancestors remains central to most Malagasy practices. As Cole and Middleton (2001) wrote recently, "the disappearance of ancestors from Africanist literature since the 1970s owes more to a shift in anthropological paradigms than to changes in African practices on the ground" (2001, 2). The importance of producing timely relevant scholarship cannot be overstated; however scholarly trends that overlook ancestral traditions simply because they are unfashionable or outdated must be reexamined. Among those who have sustained their attention on ancestors, most rightly position Malagasy concern with their ancestors as historical responses to the struggles they have endured, struggles caused by the hegemonic rise and fall of the Merina Kingdom whose reign during the late eighteenth and early nineteenth century threatened the political autonomy of coastal groups (Larson 2000), <sup>26</sup> and by the French colonial government during the late eighteenth and early nineteenth centuries, whose settlements disrupted local economies and threatened indigenous access to land and vital resources (Feeley-Harnik 1991; Lambek and Walsh 1997; Cole and Middleton 2001).

Framing ancestral practices as historical, rather than timeless, honors the struggles of Malagasy, both past and present, to claim their land and children as their own for the causes for

which their ancestors fought, and who seek to sow reproductive vitality back into the sacred spaces of their lands and wombs, once governed by, and continually threatened by, imperialistic powers. Even as Malagasy discover new forms of religious practice in charismatic and neo-Pentecostal churches, the struggles and dreams of their ancestors pervade in new and innovative ways. Their legacies beg for acknowledgement, pressing on their descendants as a force that must be reckoned with. Malagasy remember legacies through rituals of commemoration and during every moment of transition when their ancestors are invoked be it for the birth of a child, the coming of age of a young person, the union of a couple, or the death of a loved one. Even when Malagasy sometimes wish to forget, forgetting is still a process by which ancestral power (hasina) is acknowledged, however conceived, as a sacred force, a burdensome legacy, or a potentially malicious force which must be either exorcised, or negotiated, appropriated, and restrained.

Perhaps more than anyone, Gillian Feeley-Harnik revealed the extent to which preoccupation with ancestors, at least in current manifestations, are a relatively recent phenomenon owing as much to the historical disturbances of slavery, colonialism and neocolonialism than to peoples' preoccupation with observing timeless traditions of the dead (1991). As I have already noted, Nancy Rose Hunt observes a similar phenomenon in the Congo when she discovered that "traditional" initiation ceremonies for boys actually augmented during the Belgian occupation of Congo as colonial officials sought to increase the population school boys who would be prepared to work in rubber plantations (1999). Congolese fathers both imagined and sought to claim another future for these boys and tried to maintain influence over them by creating religious rituals that preserved the values and ways their ancestors instilled in them rather than submitting to having their sons recruited into exploitative foreign labor markets.

I am arguing that mothers like Amélie and Camellia, are in a similar vein, reclaiming their children for the causes for which their ancestors fought even though they might seem the unlikeliest of Malagasy to do so. For their desires to preserve the sacred site of Nosy Lonjo, and to hold onto some traditional ceremonies of initiation for their children, alongside Catholic traditions, actually go together with, and are motivated by their alternate desires to raise their children as "modern individuals" and in tri-lingual households where they will be better equipped to study abroad and obtain high paying jobs. Certainly there are some young Malagasy mothers who have decided that bathing at Nosy Lonjo is "not of God" as one informant, and former bather, declared. And others will decide that haircutting ceremonies and growth medicines (aody be) are unnecessary or antiquated. Amélie herself is undecided on the latter, as these are difficult parental decisions, but there are nevertheless a growing number of Malagasy, of all demographic stripes, who are turning once more to fombandrazana, not because they are stubbornly adhering to traditional customs as an unenlightened outsider might first assume, but because their sense of place in the modern world is compelling them to preserve certain ideals that are announcing themselves as endangered in these new urban contexts.

Abdel Cadere, a professor, herbalist, and proponent of ethopharmacology is one such Malagasy, seeking to preserve the wisdom of his ancestors on behalf of future generations of Malagasy children.<sup>27</sup> Abdel works and teaches at the University of Antsiranana in Diego Suarez during the week, and returns to a town outside of Ambanja, south of Diego, on the weekends, where he owns a house and runs a Catecom clinic with a doctor. Together the two operate a lab and pharmacy and provide consultations to patients. Abdel Cadere an in a moment's time list a comprehensive list of traditional medicines used by women in childbirth and also name their

pharmaceutical equivalents. His knowledge extends far beyond pregnancy and childbirth, however, into nearly all aspects of a person's health.

Abdel Cadere insisted that people are quickly losing this knowledge, and that Malagasy are ignoring important health customs, because they are not being advised properly. When women for example ignore the northern Malagasy custom of bathing with cold water after childbirth, they risk a splitting headache. "These days," he said, "doctors will tell you that a woman cannot give birth without the pharmaceutical drug biscopam. That's nonsense," he contended, "for we have been giving birth without biscopam for a long time, before modern medicines and before the doctors were here." According to Cadere, there are plant alternatives that produce the same results. Women have been using these alternatives and hydrating with coconut water during labor long before the introduction of intravenous fluids and pharmaceutical drugs. There is a mentality, he argued that chemical products are better than plant products and this mentality is threatening the loss of an invaluable traditional knowledge system.

According to Cadere, traditional massage (*manindry*) by experienced specialists helps to ensure a baby's proper position. He claimed that *renin-jaza* know how to massage the uterus so as to promote the proper position of the baby inside and know how to assess the position of the baby, and know how to make adjustments when necessary. He recounted a story about a young *sage-femme* who had just completed her training. She was assisting a woman in childbirth whose baby's foot presented first during the birth. The *sage-femme* immediately indicated that she could not handle the birth and that the woman should be taken to the hospital, but transportation to the hospital in the moment of a baby's imminent emergence, would likely have meant the death of the baby. Fortunately, a *renin-jaza* was been called to the scene and had experience handling breech deliveries. She managed to push the baby's leg back into the mother and was then able to

deliver the baby safely. Although other outcomes might have ensued in a birth as difficult as this one, Cadere's recounting of this story is demonstrative of his, and presumably other peoples', confidence in the knowledge possessed by *renin-jaza* and their alternate lack of confidence in newly minted though medically trained *sage-femmes*.

Cadere spoke of "traditional knowledge" (conaissance traditionelle) as both sacred and in desperate need of preservation. He said renin-jaza are starting to have a bad reputation and he blamed this on "charlatans," on people who pretend to know what they are doing and who claim to have gifts and powers, but actually have very little experiential knowledge. "They," he argued, "are giving renin-jaza a bad name." And according to Cadere, it is not just renin-jaza who are being accused, but also people like him as well, those who specialize in traditional medicine as opposed to what he described as "modern medicine." Europeans (vazaha) will reportedly come to his clinic and then shy away when they discover that the remedies he provides are herbal rather than pharmaceutical. There is from his perspective a mentality that chemical products are superior to organic ones and this mentality exists among "bourgeoisie Malagasy" in addition to vazaha. This mentality, he argued, is the obstacle he is up against, but he also takes heart in the fact that there are other foreigners who are promoting the use of traditional medicines in traditional societies, naming the international association Jardin du Monde, whose president, Jean Pierre Nicolas, recently visited Diego after publishing a book on the traditional medicines of Madagascar (Nicolas 2010).

According to Abdel, if these knowledge systems are not preserved Malagasy people "risk losing everything." For currently the Malagasy government, and the international medical community, are promoting the idea that modern medicine is a better alternative, rather than a complementary component, to people's knowledge of plant based medicines. His views were

corroborated by the plethora of foreign and domestic sponsored medical posters tacked onto clinic walls throughout Diego that pictured happy, plump, two-child families visiting clinics, while scrawny and sickly looking, multiple-child families shied away. These posters bore no witness to Alicia's testimony, the nurse midwife we met in Chapter Four, whose government supported medical clinic was infested with bats, had no electricity, and no proximate access to running water. Nor do these poster or the organizations who sponsored them, take responsibility for the fact a costly and subpar medical system is threatening to replace, rather than complement, traditional Malagasy methods for healing the sick, and then blaming mothers for its own shortcomings when children die.

In this dissertation, I have sought to describe the complexity behind the decisions that parents make around the birthing and rearing of children, and to explain the role of ancestors in Malagasy religions, in particular the role they play in shaping how parents welcome the newly born into the world. Abdel's perspective that something vital and dear is on the verge of extinction is worth giving voice to in this context. For there exists a subset of the Malagasy population, whose demographics might surprise, who are growing concerned by a seeming loss of ancestral wisdom. These Malagay are concerned not just about losing their ancestors' knowledge of medicinal plants, but also about losing some of the *fady* (taboos) and *fomba* (customs) they inherited, which guide and constrain them to relate to god, their ancestors, to one another and to the earth in mutually beneficial and life supporting ways.

Amélie and Camellia's interest in preserving Nosy Lonjo should be placed within this context, where younger and highly educated urban Malagasy are taking an interest in customs that seem traditional, despite, or perhaps because of their similar interest in being modern.

Traditional religious specialists and the people they serve are standing currently at a crossroads.

Only time will tell whether or not traditional religious specialists will become more or less important in the increasingly competitive medical and religious economies of urban Madagascar. Will urban living highlight for Malagasy the need to preserve certain religious ideals, and/or will new religious ideals emerge in ways that make consultations with diviners, massage healers and traditional midwives obsolete? Currently Madagascar's traditional religious specialists are working hard to present themselves as vital human resources. They spend years earning a reputation as healers through experience based training. They work tirelessly and without asking for payment in order that their work might honor the ancestors whom they serve, and that they might cultivate intimate relations with their grandchildren that their knowledge might passed down, and embodied by them. Such traditional specialists may appear poor, like Bernadette or Hussein, and lack the dressings of someone whose work is worthy of attention, but this is precisely where their power lies, not in the fraudulent images of a new hospitals that may in the end fail to deliver what had been promised, but in the more unseen and carefully guarded spaces of their homes where their ancestors spirits still dwell.

Traditional specialists' decision to live a bit under the radar might be a strategic political one, or it might be externally imposed. Either way, the somewhat veiled nature of their practices parallels a general trend of concealment with regard to all aspects of Malagasy indigenous religions over the last several decades. As I have already stated, military invasions on the part of Merina during the late eighteenth and early nineteenth century prompted Sakalava and Antankarana polities in northern Madagascar to conceal formerly publicly displayed religious relics and to privatize public religious ceremonies (Feeley-Harnik 1991, 103). And although Merina officials made several attempts to nationalize the ceremonies of the royal bath and circumcision in an attempt to regulate religious practice and as part of their overall plan to

incorporate communities throughout the island into a modern national composite polity, these attempts had the opposite effect of spurring local communities to conceal local variations of the same rituals. Moreover, with the arrival of foreign Christian missionaries and French colonialists, during the late nineteenth and early twentieth centuries, both of whom conflated Christianity with the notion of being civilized, as voiced by Camellia statement earlier in the chapter that "European religions discourage people from praying to their ancestors" may also have contributed to Malagasy efforts to hide away their traditional religious specialists. Possibly Malagasy are embarrassed of their association with these specialists as a result of the aforementioned historical circumstances, feel their relationships with them are being policed by authorities, or feel it is the only way to preserve their knowledge. More likely all of the above historical circumstances have contributed to people like Camellia, Amélie, and Abel's desires to preserve certain religious practices. Likewise the kind of religious and medical pluralism Malagasy now face in urban cities like Diego have prompted some to preserve rather than lose their religious, ethnic and customary distinctions.

But of course not all Diego residents feel equally nostalgic about their ancestors' customs and knowledge as do Camellia, Amélie and Abdel. And not all religious leaders in Madagascar live according to the same ideals as do traditional midwives, massage healers, and diviners.

Traditional religious specialists' habits of receiving compensation through gift-giving and of taking an informal vow of poverty are not shared by all religious leaders in Madagascar.

Pentecostal religious leaders in Madagascar do not feel similarly constrained with regard to their wealth. Rather pastors of the burgeoning Pentecostal and charismatic churches in Madagascar often advertise and believe their wealth to be proof of their religious authenticity. Certainly not all Pentecostal pastors are wealthy. Arguably speaking the majority live modestly and serve

house churches earning very little salary for doing so. But the more prominent and well known of Madagascar's charismatic Christian leaders own multiple cars and live in mansions that according to their followers serve as proof of God's blessing upon them. In Madagascar, there are currently competing spiritual and moral ideas about how best to access divine powers and about how these divine blessings manifest among the living. Pentecostal variations and traditional religious specialists share in a common vision for a more thriving Madagascar. But whether that will materialize in the fall of the west and the rise of Madagascar, as a Pentecostal pastor by the name of Mayol currently predicts, or a return to more equitable modes of sharing and exchanging, as traditional religious specialists like Hussein and Bernadette promote, remains unseen. What is clear is that Malagasy parents live in a complex world of full of competing religious and medical ideas about how best to raise healthy children, and none of their decisions can be singularly explained.

In Madagascar, birth is a "spear battle." Malagasy women enter it with the hope of crossing to the other side unscathed, but more often than not, they bear the burdens of living in inescapable situations of poverty where rats run across the rafters in their homes, and in neighborhoods where they are afraid to go out at night. They sometimes give birth at home with midwives, or in government or church-sponsored clinics, and in crowded hospitals with too few doctors to properly attend their needs. Women bring to their labors the struggles of their ancestors, some of whom lived through slavery and colonialism, and experienced dislocations from their farmlands, ancestors whose religious practices have changed drastically over time, whose *fomba* and *fady* have evolved to accommodate their descendants' changing needs, but whose wisdom nevertheless pervades and persists providing some semblance of continuity despite the turbulence their lives bear witness to. In this chapter, I have described three

seemingly divergent snapshots mothers' efforts to piece together the kind of religious activities and services of healing that give their and their children's lives security and meaning. Of course the religious activities that families engage in are far more numerous. These descriptive snapshots of mothers' lives do not give us a complete picture of the whole of Malagasy religious practices around the birthing and spiritual upbringing of children, but they nevertheless provide much needed insight.

The stories that compose this dissertation reveal that Malagasy often feel the presence of their ancestors as a real and pervasive force, and especially in the moments of the birthing of their children. The birth of a child often highlights the need to remember one's heritage, to remember it correctly, and to remember it well on behalf of future generations. Children no not automatically become worthy members of these sacred ancestral lineages. Rather, parents fashion their children into particular human beings, protecting them as they make the journey. And when babies die before reaching maturity, parents handle the loss with special care. Such a unique loss warrants a unique response quite unlike the one of placing one's elders' bones into the ground. In Madagascar, new mothers are bathing in the ancestral powers of their forbears, even as some question the efficacy of such practices. If the sacrifices at boyhood initiation ceremonies and funeral ceremonies are men's struggle to create social systems of enduring patrilineages (Jay 1992), then childbirth, and its associated rituals, are women's battles to enduring legacies as mothers, and to produce children who will survive and thrive.

In Madagascar, childbirth is the battle in which a woman nearly loses her life in order to bring forth life. It is this battle that makes her a woman, not inevitably, but through her family's urging and instructions, and through her own agency and decision making. Women's stories give us insight into the many aspects of the battle they face, the sadness of their dreams going

unfulfilled when they give birth too young, or without the support of their families, their struggles to merge their family's heritage with that of their husbands, their stories of how such unions around the birth of a children never succeed, and their stories of how they sometimes do. Grandparents, midwives, massage healers, doctors, diviners, herbalists, shepherd healers, pastors, and priests are all working hard to provide the services and guidance that young childbearing women desire. In the midst of religious pluralism and in a context where the health system could be largely described as broken, religious and traditional specialist must sometimes fill the gap of the medical health system, even when they recognize the limitations of their training. As Lesley Sharp maintains, "The proliferation and professionalization of *tromba* mediums and other indigenous healers is I believe, evidence of the limitations of clinical medicine in Madagascar" (1993, 208). And yet, in the landscape of religious pluralism, and medical scarcity, babies continue to arrive, and mothers persevere, finding joys, sadness, successes and loss.

The birth of a child represents a new beginning, but babies nevertheless enter families in the midst of powerful and painful histories. As fragile members of society, their status is not well defined. Therefore, their spiritual and social identities must be carefully managed until they are sufficiently bathed into the powerful narratives of history their parents strive to produce. By remembering some traditional birthing practices and discarding others, Malagasy parents rebirth the parts of their heritages which they wish to preserve in their children, and deliver themselves of the more painful or regrettable parts of their past they hope might fade away.

With regard to the blessing and safeguarding of infants from spiritual harm, there are at least two dominant modes of thinking. One approach is rooted in a belief in "partial reincarnation" and operates within a system of weighty engagement with ancestors, where

ancestral power (*hasina*) called is channeled through the work of religious specialists and impressed upon the newly born. The other is what Britt Halvorson describes as a "reenchantment of the body" toward ecstatic engagement with the Holy Spirit and is evidenced by Malagasy mothers' thirst for new kinds of spiritual healing for themselves and on behalf of their children (2010, 426). The latter of these approaches are found in the abundance of shepherd healing services at Lutheran churches and Pentecostal services that offer people deliverance from present day spiritual ills.

In other words, in Madagascar, there is a tension between the desire to root children in ancestral lineages, and the desire to deliver them from the spiritual illnesses of the past and present. Some of these spiritual afflictions are understood to be caused by infants close relationship with ancestral spirits, the very relationship others are trying to preserve. Sometimes parents find themselves on one side of this disagreement, and other times individuals like Jacqueline find themselves in the middle of an internal struggle between the two. There is on one the hand a desire to teach children to connect with the spirits (and/or stories) of their past, and a struggle on the other hand to help them to avoid the kind of close contact with spiritual forces, ancestral or otherwise, who might make them sick. This discord is in part a relatively recent religious phenomenon, stemming from very different systems of belief, one traditional, and one derived from the growth of charismatic Christian thinking. The former asserts ancestors as an important, and loved, part of the spiritual community. The latter sees the spiritual universe in binary terms where God, Jesus and the Holy Spirit are good and on one side and every other spiritual entity evil are on the other side. But this tension between simultaneously celebrating and disengaging from ancestor spirits actually predates the emergence of charismatic Christianity in Madagascar. Malagasy have always had a reverence for, and also a fear of, their ancestors, who

inspire, but also press upon and coercively plague and interfere in the lives of the living. It is this tension between the maintaining of traditions in order to preserve the moral order and the invention of new traditions in order to construct a new future that makes the parenting of young children, and indeed all of life, so complex.

Childbirth in Madagascar is currently intricately entangled in healthcare agendas, changes in local religious climates, and in what Phillip Jenkins describes as new modes of spiritual awareness among certain groups of African Christians, in the "shifting gravity of global Christianity" (2002). We are currently witnessing, in the southern hemisphere at large, and in Madagascar in particular, a rapid growth of charismatic, Pentecostal and transdenomination Christian movements such as the Malagasy Christian healing movement called *Fifohazana*. *Fifohazana* is one of the many varieties of charismatic Christianity now rapidly taking hold among Malagasy throughout the island. And this version of Christianity does not look like the version some expected. For as Jenkins explains,

while some Western Christians have since the 1960s expected that the religions of their Third World brethren would be fervently liberal, activist, and even revolutionary, the model represented by liberation theology...while many espoused political liberations, they made it inseparable from deliverance from supernatural evil. (2002, 7)

It seems the charismatic versions of Christianity now growing in Madagascar and throughout the African continent align neither with the agendas of Western conservatives or Western liberals. For Malagasy in particular, and Africans at large, are currently rewriting Christianity and religion as we know it. And yet, the manner in which infants and children are made to embody history, within these changing religious contexts and not yet been fully investigated. It is my hope that this dissertation has unearthed some small but nevertheless rich portrayal of how Malagasy think, feel, behave at the cosmological crossroads where the dying become the dead and the newly living become as flesh and bone.



Figure 6.1



Figure 6.2



Figure 6.3



Figure 6.4



Figure 6.5



Figure 6.6



Figure 6.7



Figure 6.8



Figure 6.9

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<sup>&</sup>lt;sup>1</sup> Simon, Personal Interview, December 20, 2011.

<sup>&</sup>lt;sup>2</sup> Sicard writes: "Since around the 4<sup>th</sup>/10<sup>th</sup> century, Muslim traders and immigrants brought various aspects of Islamic culture, which have had a considerable impact throughout Madagascar. There are evidences of this in the theories and practics of divination, destiny, temporal and spatial categories, as can be seen in the manuscuipts of the Antemoro. As noted earlier some of these aspects have beomce local cultural practices. The term for a diviner, *ombiasy*, noted ealier, is used throughout Madagascar. Belief in *vitam* (fate) is widspread as is the use of *ody* (talisman)." "Malagasy Islam: Tracing the History," *Journal of Muslim Minority Affairs*, 62.

<sup>&</sup>lt;sup>3</sup> Christianity was first introducted on the island by missionaries from the London Missionary Society beginning in the year 1818 when invited by Merina King Radama I. Catholocism was introduced by the French in the mid nineteenth century, but did not gain popularity with a significant number of Malagasy until the French Colonial Period (roughly 1895-1960).

<sup>&</sup>lt;sup>4</sup> Sharp notes that Muslims in northern Madagascar are more tolerant toward possession because "possession is common cross-culturally within the context of Sunni Islam, which recognized the possibility of possession by *jinn* (see, for example, Crapanzano 1973, 1977b, 1983; Eikelman 1968; L.M. Lewis et al., eds. 1991; Nimtz 1980). Among Muslims of Ambanja, *tromba* and other Sakalava spirits are relabeled as such, and are called *jiny* or *devoly* (devils, demons)." *The Possessed and the Dispossessed*, Lesley Sharp (Berkeley: University of California Press, 1993), 254-254. Sharp also notes that some

mosques provide services of exorcism, but in general, possession is tolerated. She also attributes this tolerance toward possession to the fact that in northern Madagascar marriages betweens Muslims and nonMuslims are common.

- <sup>5</sup> Jacqueline. Personal Interview. December 4, 2011. The Malagasy language courses Jacqueline offered were geared primarily toward French expats, and other foreigners living in Madagascar. I enrolled in one of her courses.
- <sup>6</sup> The restriction against eating pork, common in northern Madagascar, is likely a residual practice that stems from peoples' ancestors' Muslim heritage though many of the descendants who observe this *fady* no longer practice Islam.
- <sup>7</sup> Currently, there are two kings of the Antankarana, an ethnic group residing in Northern Madagascar, and a dispute as to who is the legitimate heir to the throne. The king Jacqueline is referring to is the elder of the two who lives in Ambilobe.
- <sup>8</sup> In northern Madagascar where this research was conducted, various Sakalava and Antankarana kingships have predominated, and have successfully resisted military incursions on the part of the Merina of the central highlands who sought to unify the island under the reign of King Andrianapoinimerina in the early nineteenth century.
- <sup>9</sup> Malagasy both slaved and were enslaved. For more on the history of slavery in Madagascar, see Pier Larson, Ocean of Letters, 2009. Also see Pier Larson, *History and Memory*, 2000.
- <sup>10</sup> For a discussion of forced labor, and Malagasy resistance to forced labor, see Gillian Feeley-Harnik, *A Green Estate*, 124-128. Also see Jennifer Cole and Karen Middleton, "Rethinking Ancestors and Colonial Power," 2001.
- <sup>11</sup> The movement was originally known as "Students/Disciples of the Lord" but eventually became known as *Fifohazana*, meaning awakening –related to the Malagasy word *mifoha*, which means to wake up (Rich 2011, 23). As Rich notes, "[The movement] features a number of traditional emphases of Christian ecstatic movements the world around, including evangelism and Bible study, and one that is less standard: care for people with mentall illness." *Indigenous Christianity in Africa*, Cynthia Holder Rich (New York: Peter Lang, 2011), 23.
- <sup>12</sup> Soatanana means beautiful village.
- <sup>13</sup> The words *iraka* and *mpiandry* refer to those who are sent out and those who wait, respectively. *Iraka* (disciples) were trained to travel and spread the gospel, while *mpiandry* were trained to offer healing and spiritual guidance to communities within the camps (*toby*). Originally, *iraka* were called *apostoly* (apostles), but movement leaders changed the title of those sent out from *apostoly* to *iraka* under pressure from mission churches who were concerned with the use of the words apostles and disciples within a movement not officially sanctioned by them. The office of *mpiandry* (shepherd healers) emerged during this same context (Rich 2011, 45).
- <sup>14</sup> This historical account of how the *Fifohazana* movement comes from Britt Halvorson, "Translating the *Fifohazana* (Awakening)," 418.
- <sup>15</sup> In 1869, after several decades of missionionization from the missionaries of the London Missionary Society, Merina Queen Ranavalona II officially converted to the religion and had all talisman (*sampy*) burned publicly.
- <sup>16</sup>Shepherd Healer missionaries from Madagascar serve in a Lutheran Church in Minneapolis/St. Paul Minnesota. See Britt Halverson, "Translating the *Fifohazana* (Awakening)," 2010.
- <sup>17</sup> According to Halvorson, in the 1960s foreign missionaries and the leadership of the Malagasy Lutheran Church (FLM) were concerned by the activities of shepherd healers which they considered overly emotional and syncretic and no doubt a threat to their instutional church power. This began to change in the late 70s/early 80s, though the processes by which this change occurred are not entirely clear. It seems the FLM slowly began to accept the movement and now claims the movement as an integral part of its ministry (Halvorson 2011, 417-420).
- <sup>18</sup> Rainsoalambo and his followers wore white robes modeled after an indigenous style of dress called *didy mananjara*.

(malagasyword.org).

This definition of *hasin-tanana* comes from the online Malagasy language dictionary (malagasyworld.org).

<sup>22</sup> This definition of *masin-tanana* comes from the online Malagasy dictionary (malagasyword.org). According to the site, Jesuit missionaries defined the word to mean, "Dont les remèdes sont efficaces, qui guérit au seul toucher » masin-tanana (malagasyword.org)

<sup>23</sup> Feeley-Harnik writes, "Wage labor – 'getting a wage' (*mikarama*, *mangala karama*, from Swahili

<sup>23</sup> Feeley-Harnik writes, "Wage labor – 'getting a wage' (*mikarama*, *mangala karama*, from Swahili *gharama*, expense) or 'getting a day's work' (*mangala journée*, from French *journée de travail*, day's work) – was associated with the work of purchased slaves who worked for others with little benefit to themselves." *Green Estate*, Gillian Feeley Harnik (Washington D.C.: Smithsonian Institution Press, 2001), 250.

<sup>24</sup> Rakotolahy notes a conversation with a massage-healer who indicated her preference for non-salaried labor, because she equated salaried labor with slave labor. If one is salaried, one is not working for oneself but for another person or persons (2000, 126).

<sup>25</sup> Josette. Personal Interview. November 15, 2011. Josette listed the price according to FMG (*Franc Malgache*). Madagascar switched back to its precolonial currency, the Ariary (1 ariary is equal to 5 malagasy *francs*), in the year 2005, but most paper money still contain *ariary* and FMG denominations, and often people will still quote prices in FMG. Thus the ability to multiply or divide by 5 on the spot, and be able to guess whether or not someone has given you a price in FMG or *ariary* is crucial.

<sup>26</sup> African cultural historian Pier Larson describes the formation of the Merina "Kingdom" as the product of a collection of strategies employed by the people of the central highlands in order to capitalize on the changing economic and social circumstances that resulted from the slave trade (2000). He argues that people living on an area of land in the middle of Madagascar called Imerina began to align themselves together under a hierarchical monarchy both in order to effectively manage and produce economically beneficial relationships with European slave traders in the western Indian Ocean and to comprehend and deal with the loss of human lives to their communities as a result of the raiding, capturing, enslaving, and selling of people that was characteristic of the slave trade in Madagascar and much of Africa.

<sup>27</sup> Abdel Cadère. Personal Interview. February 1, 2012.

<sup>&</sup>lt;sup>19</sup> Camellia is working to preserve *Nosy Lonjo* as a cultural heritage site. Currently in Diego, this religious site is threatened by the construction of homes along Diego's bayfront which would block residents from walking down to the bay in order to perform their prayers and ritual bathing. Camellia is very concerned about this and is writing her Master's thesis on the matter in the hopes that more research will enable her to make a case before city administrators to set aside a portion of Diego's bayfront for public ritual use. Camellia is heavily invested in this project and her efforts will determine whether or not her daughter Corinne will ever have the opportunity to pray at *Nosy Lonjo* as Camellia is accustomed to doing.

<sup>&</sup>lt;sup>20</sup> Richardson's definition of *hasin-tanana* can be found on the online Malagasy language dictionary (malagasyword.org).

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