TRADITIONAL MIDWIFERY IN COLONIAL MAURITIUS

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Abstract

This article presents the symbolism and the ritual practices which, during the time of Indian immigration, once surrounded the birth of a child. These rites were aimed at the immediate integration of the child into the group of parents, maternal and paternal. These cults once celebrated at the place of birth, at the parents' home in the sugar company camp where they resided, are less and less common today or simply do not disappear. The ritual of purification of the bath of the mother and the child continues because it is decisive in that it assigns to the child his particular position in society (with a name and caste). In the first part of the article, it is a question of birth rites as they were practiced at the time of life in the sugar camps. Then it is a question of examining what remains determinant today in the practical rituals to analyse in conclusion their mutation, even disappeared in contemporary Mauritius.

Key words: Birth, rites, Mauritius, history, anthropology

Midwifery is one of the oldest professions of the world. The oldest epic, that of Gilgamesh (c. 2000 BCE), refers to Ishtar of Arebla, the senior midwife and wet nurse of Esarhaddon. In the writings of Hippocrates and two eminent physicians of ancient India, Charaka and Sushruta, there are references to the profession of midwifery, as well as to the social status of midwives (Mukhopadhyay, 2011). Perhaps childbirth was considered a "woman's affair" and reproduction was not studied in academic literature as such to provide an anthropological theory and research. Later, Margaret Mead and Niles Newton's work in 1967 entitled 'Cultural Patterning of Prenatal Behaviour' and the work of Lucille Newman's on reproductive issues in the middle of the 1970s were dimly exposed to the anthropological scholarship. It was only in 1978 with the publication of Brigitte Jordan's award winning book *Birth in four Cultures: A cross-cultural investigation of Childbirth in Yucatan, Holland, Sweden and the United States,* the anthropology of birth started burgeoning. Jordan's insistence that childbirth is ecology and could therefore be studied behaviourally, socially, structurally, and historically, as well as normative, dramatically widened the range of tools, personnel and social relations worthy of the anthropology of birth. Childbirth is an intimate and complex transaction which topic is physiological and whose language is cultural. It is embedded in a socio cultural matrix.

This article demonstrates that the traditional midwife, known as *dai* in Mauritius was a key figure in maternal care not only for women in pregnancy and

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delivery but is often an influential opinion maker at the time of an obstetrical during the immigration period. It will also look at the status of the tradition of midwifery as body of knowledge. The paper draws upon primary data on research and unstructured questionnaires administered to, and interviews with, 15 traditional midwives who do not practice the craft today. The age group of my informants was above 80 years old. They hailed from different communities, namely the Hindu, Muslim, and Creole communities.

Midwifery in India is the traditional occupation of the low castes such as the chamars or leather workers (Briggs, 1920), sweepers (Minturn and Hitchcock, 1963) and barbers (Ghosh, 1968). This is due to the belief that birth is an unclean and polluting process. As represented in Hindu textual codes, menstrual blood, while dirty and dangerous is less so than the blood of parturition; the placenta, blood and feces associated with birth elevate birth fluids to a zenith of pollution in a ranking of bodily substances (Pinto, Sarah 2008).

As such, pollution may be an exaggerated trope of anthropological studies of Hinduism. In north of India the status of the birth attendants may be stigmatized. Stigmatization therefore describes the process of devaluation within a particular culture or setting, where certain attributes are seized upon and defined as discreditable or unworthy. The stigmatized attribute is "neither creditable nor discreditable as a thing in itself" (Goffman, 1963: 3). Since the stigma is socially constructed, and partially arises from cultural norms about what a person should be like and what people who deviate from the norm are. Therefore in Mauritius even in the early days people were not talking negatively of the *dais* . On the contrary, their work was valued.

These traditional birth attendants acquired the skills by means of experience, demonstration, instruction and careful monitoring by senior midwives, who were their grandmothers, who got it from their grandmothers. The mode of transmission was hands-on rather relying on manuals or text books. These women in the rural communities drew on a large body of wisdom that was assembled in each of them from a shared history; from their experience and those who are present that is the women's immediate family, the village midwife and the other experienced women in the community. In such situations, all participants lent a hand to give aid – physical, emotional, ritual, spiritual. If the labour was drawn out and difficult, they built a shared store of knowledge through stories, demonstrations and remedies. In this manner, a joint view of what was going on in this labour, with this woman and this baby, was constructed, in which everybody was involved and in the one who participated in contrast to western medicalised births, where there is no one in to look after the birth giver and the child.

Traditional birth being practiced in ancient Mauritius

In Mauritius, midwifery has existed since the first settlement but unfortunately no written evidence is found. It is assumed that women gave birth with the help of those more experienced in the field. During the French colonial rule the slaves who worked in the household helped their mistress in child delivery.

These women slaves were of African origin, and some were from Malagasy as well; Hence they had their own technique. They had acquired their knowledge from their respective tribes and they knew more about medicinal herbs and ways to diminish the pain of birthing mothers. It was evident that these women were themselves mothers and had already experienced such labour pains. They may have seen their elders doing this job and hence worked as assistants to the birthing mothers.

During those days, the white masters raped slaves. During the colonial years rape was part of a cultural configuration which included interpersonal violence, male dominance, and sexual separation. According to my informants, some male slaves were being sodomised and their women sexually abused before them. Those female slaves had to give birth to these unwanted children. Even the girls of the bourgeois families became easy preys and got pregnant before their weddings and they were those slaves who came to deliver the illegitimate child. The other women of the community had to give a hand and thus developed their own method of attending childbirth. They found some herbs to kill pains or brewed drinks and even prepared hot baths to alleviate the birthing women's suffering.

In 1834, just after the abolition of slavery, the East India Company brought in indentured labourers from India, more precisely from Bihar, Uttar Pradesh, Tamil Nadu, Hyderabad and Maharashtra. These indentured labourers were dispatched by the Protector of Immigrants in different sugar estates around the island, while the slaves made their homes in the coastal areas and fishing became their main occupation and livelihood.

The coolies who came with their wives started families, and some of the women brought along with them the skills of midwifery. But they had to reinvent some of the ritual practices and there was a kind of syncretisation among the inhabitants. The traditional midwife, who lived in remote areas, was rare but often on call in different sugar estates for help. The Afro Malagasy midwives sometimes helped as they were close neighbours to the Indians at times. The Hindu *dai* had different knowhow, from the creoles had more rituals and used different herbs. They would sing lullabies or birth songs (lalna) in other languages and their rituals also differed from the other communities.

The traditional midwives *'dais'* were not paid for their services, as they perceived themselves as midwives by role, rather than by choice. They engaged in other

traditional functions and agricultural works. They instead were given gifts such as clothes, drinks, nominal sums of money and food as payment for their services. They provided many related services in addition to birth delivery, such as washing clothes, massaging the mother and her baby twice daily, providing herbal medication, performing magico-religious ceremonies, postpartum care and advice. They were the local saviours of the women and even knew what treatment to give to certain ailing of babies. They were well regarded in the community, but at times people even dreaded their curse. It was believed that she should be given due respect for her treatment or else might curse the family, with misfortune falling upon the family and the newborn. At one time, whenever the newborn got ill or had any pain, the midwife was called for advice. Even when the child cried all day long and refused breast milk the midwife was called for help. She usually had a cure and even did some rituals to ward off the 'evil eye' from the child. This was done with some dried red chillies, bits of used broom and dried peelings of garlic and onion, which were circumambulates seven times around the baby with the left hand to cast off the 'evil eye'. The midwife would see to it that the following measures should be taken.

- Burying the umbilical cord
- Baby wearing a protective amulet
- A knife or a nail cutter being kept under the pillow
- Banging on a steel plate with a spoon
- Throwing the child up in the open air three or four times
- A black dot to avoid the evil eye

The Practice of Massage and Use of Herbs in Midwifery

Since time immemorial, traditional medicines which are also called Ayurvedic medicines have been used to cure several maladies and for massages. The herbal ointments were used to massage the body of the mother and the new born by the *dai* . One of my informants believes that there are a lot of benefits to massage during pregnancy and after. Some of them are:

- assisting the mother to cope with the physical changes of her body
- relieving the pregnant woman from physical discomforts like nausea, fatigue, headache, backache and stress
- relieving the patient from constipation and tension
- lowering the strain on the muscles of the abdomen, neck, shoulders, lower back and hips
- relaxing and giving relief from muscular tension brought about by contractions
- reducing labour pain and giving proper relaxation

The massage for the new-born is also of paramount importance as it:

- helps in the physical and emotional development of the child
- strengthens the child
- improves the baby's digestion
- Keeps the child away from colic and gastric pain.
- Makes the child sleep within few minutes.

Pregnant women often turned to the traditional midwives to cure them for particular suffering. These elderly ladies had often seen their mothers or grandmothers using herbs and so it became a means of treatment for others. These concoctions had drowsy or lethargic effects as well and thus helped in certain treatments. Pain was alleviated. The hot baths were common things seen in those moments.

So these midwives were so experienced that they would try to cure children who had a cold or even flu. Sometimes they had bruises, and herbs were used as 'cataplasm' on the wounds. Children who vomited continually were also cured with medicinal plants. Even fever was treated with herbs, and any oedema was covered with leaves of a specific plant. People believed that it was really working and people were assured that this treatment was efficient.

Those women who had a miscarriage also consulted the *dai* , who knew all the secrets of curing the ills of people. But it was believed that these traditional midwives were not always considered as good women. Whenever any misfortune befell any family in the sugar estates, the blame would be on the midwife who was then referred as the '*dayne* ' witch. People would become suspicious and would watch her move.

There was a *kalimai* in almost all sugar estates, where the adepts prayed and offered gifts and sweetmeats to the deities after delivery. Hindus have a deity who is venerated as she is considered to be the provider of children to mothers who do not have any. The 'Mother' as she is called was thanked with red dress, a baby doll, fruit and all fragrance and bangles that a wedded woman should wear. So the *dai* was the one who advised women who crave for a baby to pray at the *kalimai* (Chazan Gillig and Ramhota, 2009). Sometimes the midwife put the newborn baby in the lap of a woman who wished to bear a child so that she got the luck next time. They were staunch believers in God or other forms of spirits. Before starting any delivery, they worshipped and sought blessing from the particular god or goddess who they believed would help them. The midwives ventured to do their job only after prayers, so as to be successful in their task. After delivery they often performed rituals to thank the deities.

It was once a tradition to announce the arrival of a baby by hitting on a copper platter for a boy and a steel platter for a girl. The sound differed and the surrounding people would know the sex of the baby that had been born. At that time people strongly believed in gender inequalities and the boy and girl were socialised

differently. It was ever present in conversation, humour, and conflict, and it is called upon to explain everything from driving styles to food preferences. Gender was embedded so thoroughly in our institutions, our actions, our beliefs and our desires, that it appeared to us to be completely natural. The gender differences were very much ingrained in the society those days.

Three days after the delivery, the *dai* would come to the home and ask for several types of leaves, which were boiled, and gave the mother a complete bath, in which only married women under the supervision of the *dai* would be involved. This ritual bath should include neither widows nor women who were in their menstruation periods. From the perspectives of enactment rituals, however, women's activities change with age and status. For instance, menopause signals a change in their status. Menstrual and postpartum discharges are considered ritually unclean and so the birth givers did not participate in sacred rituals. Cultural mores altered in different stages of life, particularly for women. Traditionally religious and cultural mores imposed several strict restrictions on women such as not going to their maternal place for 40 days. They should not wash their hair on saturdays. (Mazumdar and Mazumdar, 2002).

Then another hotter basin was kept to be thrown on the woman's belly so that she did not have any pain and any dirt or blood left inside her uterus was washed out. After bath, the hair of the mother was dried with perfume made of incense. The baby was massaged with the heat of a burning stove in a closed room. Then it is the mother's turn to be massaged with the warmth of a pad put near the heat of the stove. It was not an easy exercise and mothers had to bear it to become strong again and be able to nurse the baby. All these rituals healed the mother and invigorated the muscles. The role and status of the woman changed and the mother saw the world from another angle that is from the eye of a parent.

Birthing also comprised of a special diet for the mother:

Traditional foods consumed after delivery	Remedy for
• *Satwa*	- lack of vitamins
• *Kasar*	-backache, tiredness, cleansing
• Milk with saffron	-weakness
• Bombay duck	-lack of lactation
• Rhum	-pain
• Masala (condiment of several spices)	-cold in the body

The midwife also had cures for all types of pain and diseases for all, even adults. The women would call her in cases of miscarriage, abortion, menstrual pain and other unknown ailing.

Even men had recourse to her, they would call her whenever they had unknown pains and she would massage them with oil. She also had herbs and other

concoction made to cure people. She soon became the local doctor. People trusted her, as she prayed while performing her rituals. Some people got relief and as such she was called upon for cure more than the registered doctor.

Midwives helped a lot before independence, even though hospitals existed in Mauritius, because the hospitals were far away. Even people who lived near hospitals thought that they should go there only when they were ill and not for having a baby. On rare occasions, upon advice of the midwife, some women would go to the hospital for delivery. That was when the midwife found that the woman could not have a normal delivery.

Women had numerous pregnancies in those days, as they had no means of birth control, the country was facing all sort epidemics and sometimes the children died in early childhood. There was no family planning program and as such midwives worked for the same family many times and became as famous as the doctor. The frequent pregnancies were common to women from all ethnic groups, and the *dai* had a lot to do.

In the agrarian society, the family was an extended one, and at times there could be more than one birth in a family, which means that the midwife had a lot to do, as she worked for them all. She was then helped by the female elder member. It was a great moment of rejoice, and the whole family enjoyed such events. Then came the independence of the country and many changes took place. Family welfare and the health of the people progressed with the help of the government and aid from foreign countries. Community health was established, and as such treatment started for the expecting mothers. Free antenatal and postnatal treatment was compulsory for women, and they had to abide by the law. The mass media informed the public of the policies of the government and women started to get used to the hospital.

Now that these midwives are no more in service, many modern families are unaware of these rituals with the food and drinks that they implied. Those women who missed their menstrual periods often consulted the midwives for advice and help. They used all sorts of herbs and mixtures to treat those in need. Nowadays it is common to see women trying to abort their foetus and soon end up in hospital with acute problems, suddenly dying.. Society no longer needs the traditional midwives and they die away with their secrets, which could have been beneficial to people.

Soon after independence came industrialization, some women became emancipated and economically active and the process of the nuclearisation of family became more common. With this, childbirth was controlled and mothers did not have time for large families. The limited number of children in families resulted in less work for midwives. Hospitals had registered professional midwives who attended childbirth. The traditional midwives were asked to follow a course at the hospital, but they were to be helped by the professional midwives. Most of these daises were

illiterate and they could not understand the technical and medical terms. They were not allowed to perform child delivery without assistance of a professional. However, whenever someone called them for delivery at home they were present and did all after-birth services.

Traditional midwives felt that they were being kept aloof and that it was humiliating to work with no trust from the young generation. Others ceased work as they grew old and the younger members of their family did not want to continue this traditional business. They were educated, so they turned to do midwifery professionally with license and certificate. These midwives worked either in hospitals or clinics, and did not do any chores or rituals like the traditional ones did. Many rites and rituals surrounding the birthing disappeared. They could go to the house of the birthing mother in case of an emergency. The women living in urban areas were the first to adopt clinical delivery and those who were educated found it easier to do so in a hospital. For those who lived in rural areas it was not easy to adopt this habit, but with time it became acceptable.

The government did not want to indulge in cases of home delivery due to cases of stillbirth and other complications. People relied more on professionals, as they were more educated and found it easier to cope with the norms of hospitals. In cases of problems there was always availability of doctors and nurses trained to do this job. Also because of the media, awareness of worldwide progress in medicine caused people to believe that traditional midwives did not provide security and clinical service, as they had no notion of hygiene. Somehow traditional midwives continued their practice in remote rural areas in the early 1980s due to transport problems, especially in the far western regions of the island. But in these rural areas the elderly people did not accept to send their daughters or daughter-in-laws to the hospital for child delivery.

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