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Care and carelessness in rural Bolivia. Silence and emotion in Quechua childbirth testimonies*

Tristan Platt**

Abstract

This article moves beyond ideal expressions of duality and embodiment to examine three couples through their narratives of the birth of their children. Close analysis of three Quechua interview texts yields three types of relationship in which the obstetric care and carelessness of husbands are manifest in different ways. The ritual practice of *yanantin* is confronted with birthing women's actual experiences of husbands' thoughtlessness, self-importance and error. The materials are analyzed as dramatic performances and as case studies that illustrate the emotions and moral demands behind the shared practice of childbirth.

Keywords: *care, childbirth, husbands and wives, emotions, morality, North of Potosi, Bolivia*

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Resumen

Este artículo va más allá de las expresiones ideales sobre la dualidad y la encarnación para examinar a tres parejas en el relato del nacimiento de sus hijos. Un análisis preciso de tres textos de entrevistas en quechua produce tres tipos de relación en los cuales los cuidados obstétricos y el descuido de los maridos se manifiestan de diferentes maneras. La práctica ritual de *yanantin* se enfrenta con experiencias actuales de mujeres que dan a luz y hacen frente a la falta de consideración, la suficiencia y el error de sus maridos. El material es analizado como representaciones teatrales y como estudios de caso que ilustran las emociones y las exigencias morales detrás de la práctica compartida del parto.

* An earlier version of this article was presented at the REELA conference accompanying Professor Rosaleen Howard's inaugural lecture at the University of Newcastle in 2007.

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Palabras clave: *cuidado, parto, maridos y esposas, emociones, moralidad, Norte Potosí, Bolivia*

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Résumé

Cet article va au-delà des expressions idéales sur la dualité et l'incarnation afin d'examiner trois couples à travers le récit de la naissance de leurs enfants. Une analyse fine de trois textes d'entretiens en quechua produit trois types de relation dans lesquels les soins obstétricaux et l'insouciance des maris se manifestent de différentes manières. La pratique rituelle de *yanantin* est confrontée à des expériences actuelles de femmes qui accouchent et font face au manque de considération, à la suffisance et à l'erreur de leurs maris. Le matériel est analysé comme des représentations théâtrales et des études de cas qui illustrent les émotions et les exigences morales derrière la pratique partagée de l'accouchement.

Mots-clés : *soin, accouchement, maris et femmes, émotions, moralité, Nord Potosí, Bolivie*

INTRODUCTION

This article describes the emotional relations of three couples from the North of Potosí, Bolivia, as these emerge during interviews in Quechua concerning their shared experiences of pregnancy, labour and childbirth.¹ During this period husbands are expected to give their wives constant care and support; but the degree to which they do so is variable. These conversations allow us to move beyond the generality of existing analyses of Andean gender perspectives: beyond the mirrored symmetry (*yanantin*) reiterated through the duplication of gestures and implements in many rituals to express the ideal relations between couples (Platt, 1978; 1986); beyond the generalized masculine symbolism of condor and bull (Harris, 1994); beyond the ubiquitous dualism which pervades Andean cosmologies and forms of embodiment (González Carvajal & Bray, 2008; La Riva, 2012). Such idealized considerations may influence, express or reflect ideal identities, and relations between human couples *generally*, but they lack the clinical intensity of these oral narratives of specific cases of misunderstanding, care, negligence, love, inexperience, anger and loyalty, as experienced and narrated by the fathers and mothers whose testimonies are presented here.

¹ I draw on interview materials collected in Potosí Quechua in the North Potosí highlands during an EC project (DG XII) organized from Trinity College Dublin on Aymara and Quechua childbirth practices, and carried out in 1995, as well as on my fieldwork with some of the families involved since the 1970s. I am grateful to the co-ordinators of the EC Project, Barbara Bradby and Jo Murphy-Lawless (TCD).

In a recent *summum* of his work on oral and written narratives, William Labov privileges three narratological themes: sex, death and moral indignation (Labov, 2013: 4). I suggest that childbirth, a theme missing from Labov's list, may combine these concerns into a key existential locus, particularly for rural women beyond the reach of biomedical attention (Murphy-Lawless, 1998). The dramatic power of our interviews is both skilful and moving, comparable in many ways to those analyzed by Labov. I begin by situating them in their linguistic and social context, and then examine selected passages in search of their significance, both as dramatic performances that transform experience, and as conversations about a dynamic and sometimes contradictory set of representations of traditional birth practices.

In presenting these materials, I also move *behind* the synthesis of birth practices presented in an earlier article to show some of the disparate ethnographic and linguistic components from which that synthesis was constructed.² Specific cases will be seen to depart interestingly from the overall model. Yet some general considerations are still useful as points of departure. As in certain other regions of the Andes, the dead are sometimes said to be reincarnated in human foetuses. According to one view, a women's huaca, or *kamiri* (Aym.; cf. Que. *kamaq* = "infuser of animacy"), appears to channel a spirit (*animu*) into the womb to set in motion the plying of the threads of life spun from white semen and red blood to form the foetus, which grows as it feeds on its mother's blood. Giving birth involves a struggle to expel this intrusive little creature, a battle in which life and death are co-present, for there is no automatic recourse to the *minimization of risk* such as we find in biomedical approaches to childbirth (Platt, 2002). Parents may confront the crisis together, and the woman looks to her husband for essential support and care during the process of gestation, labour and birth. She does not always find it.

Analysis of the three interviews leads to a consideration of the unspoken relations between the texts. I find that silences may conceal important interpretative keys. Beyond the silences we can set up conversations between the testimonies, and note how each addresses different but related aspects of gendered behaviour in situations of cohabitation and parenthood. These keys are sometimes brought into the open due to stress and/or communicational breakdown between the marriage partners. However, we shall see that, although in some circumstances stress can bring hidden meanings to the surface, in others it may provoke their repression.

Each couple we interviewed in 1995 represents a unique situation, and I have deliberately chosen here to discuss three contrasted cases, although all inhabit related and overlapping worlds of meaning. Complementary reciprocity between man and woman —*yanantin*, considered as an optimal but elusive Andean ideal— may constitute a point of reference and a conceptual fulcrum around which

² A deconstruction of this text (Platt, 2002) was first presented in Lima in 2002 during a seminar at the Universidad Nacional Mayor de San Marcos, organized by Patricia Oliart with funding from the British Council / DIFD.

the variety of real-life situations —often very imbalanced— can be distributed. However, some of the individual cases interviewed also manifest autonomous “types” of their own, as is implicit in the titles I have given them, suggesting the need for further research into the emotions and moral qualities, the virtues and vices, which may accompany each situation.

As is well known, a “normal childbirth” barely exists in biomedical practice: in hospital births, normality is usually pre-empted to avoid risk, for example, by automatic oxytocic injections (Murphy-Lawless, 1998). The worst possible outcome is assumed as the “bottom line” (much as in today’s politics of security), and action is taken to prevent in every case what would otherwise be a rare occurrence. The woman’s compliance is often secured by what Murphy-Lawless terms “shroud-waving” (*i.e.* medical warnings of the mother’s and/or the child’s possible death).

In North Potosí, however, there does exist the idea of a normal or successful birth, which depends on the husband assisting his wife during pregnancy and labour. Giving birth, seen as a woman’s struggle with the foetus, is equivalent to men’s battles over land-boundaries, a parallelism known among other Amerindian societies (for the Nahua, see Sullivan, 1966). In each context, the other sex is expected to help and support the main protagonist. In childbirth situations, other people —experienced mothers, male and female midwives and shamans, other women and men, and occasionally the whole community— are brought in as additional support when problems arise which the husband cannot deal with himself. For first or difficult births the woman’s mother-in-law may also help her son attend her daughter-in-law. However, we shall see that the husband may also claim responsibility for the outcome of the woman’s labour, congratulating *himself* on a successful birth, and reproaching *himself* if she suffers, or if the baby dies. In “normal circumstances”, according to both men and women, the husband supports the woman as she gives birth, and she may literally put herself in his hands while still remaining the central agent in the struggle.

The Quechua source materials were taped, transcribed and translated first into Andean Spanish, and then into English. The quality of the interview depends on the interviewee’s willingness to talk freely, and on the eliciting skills of the interviewer. In this article I examine cases of younger women and couples, where the interviewer was a social worker, a native Quechua-speaking woman from a village along the Cochabamba road from Sucre. She got on well with our highland hosts, staying with them for days at a time, though she commented on the differences between her own variant of Chuquisaca Quechua, and the dialect spoken locally in Macha, the historic community where the research was carried out.³

³ Balbina Arancibia was of great help, also, in the transcription and translation of the texts. For older women, and for some of the men, I and a native Quechua-speaking man from Betanzos (Potosí), Primo Nina, of the Universidad San Francisco Xavier, Sucre, also carried out some interviews.

Macha folk speak a variant of Potosí Quechua, fairly Hispanized at the levels of vocabulary and syntax, but also showing Aymara influences on vocabulary and in the retention of some Aymara verbal suffixes instead of their Quechua equivalents. This is because they used to speak Aymara before and after the Spanish invasion, as capital of the Qaraqara federation (Platt *et al.*, 2011 [2006]). The switch in parts of the countryside from Aymara to Quechua seems to have been completed only three or four generations ago, perhaps during the last late 19th century silver boom. A situation of diglossia (even triglossia) developed around the silver mines of Aullagas-Colquechaca, where several Macha and Pocoata *ayllus* or communities live; and more recently around the tin mines of Llallagua and Uncia, when migrants came there to work from Quechua-speaking areas (particularly from Cochabamba). Aymara-speaking countryfolk came into contact with Quechua-speakers in markets, house-to-house and street-sales, or as seasonal labour on the tailings. They learned Quechua, and sometimes Spanish too, for public use, while retaining Aymara for use in the home. The mines of Colquechaca were also served by a ring of silver-refining haciendas (*ingenios*) situated below the mines in Macha and Pocoata territories, where other Quechua-speaking migrant-workers congregated. In Macha, Quechua was able to impose itself on the surrounding countryside, while retaining selectively elements of the local Aymara which it replaced.

Another factor favouring the growth of Quechua in Northern Potosí was the expansion of Quechua-speaking agricultural haciendas from Cochabamba and Chuquisaca. Other focal points of linguistic transition were the small, increasingly mestitized towns, such as the cantonal and provincial capitals (Macha, Pocoata, Colquechaca, etc.), situated on the routes between the cities of Sucre, Potosí, Oruro and Cochabamba. Here townspeople (*vecinos*) led the switch to Quechua.

Let me now introduce the different kinds of relationship expressed in our three interviews. In the first, the woman was at loggerheads with a well-meaning but rather greedy husband, and gave birth in solitary indignation behind a locked door. She tells of her discovery of her own strength during labour, of the reasons for limiting the amount of calostrum given the baby, and critiques the excess of male babies, suggesting their numbers could be reduced by selective male infanticide.

In the second case, the husband alone answered our questions, seated next to a lighted candle on the altar of the local church; his wife remained close by, listening in complete silence... The man argued that birthing outcomes depend entirely on the care given by the husband, presenting himself as a good example. The theme of female silence and male articulateness recurs in our study, reflecting traditional male dominance in public speaking; although in the interviews several women showed themselves extremely articulate, and female rhetoric has now become a feature of national politics.

Between these two extremes, I consider finally the birthing experience of a couple clearly bonded by affection, loyalty and collaboration, but who during their first pregnancy had to contend with their own inexperience: the woman suffered greatly and the baby died at three months. Their relationship might be said to embody a painful instance of *yanantin*, one strengthened by shared misfortune.

The interpretation of these situations is complex, too, because each couple has a different attitude toward the biomedical discourse and techniques which, for the last few decades, have been staging a new assault on “traditional” practices. These practices are themselves, of course, the result of successive waves of modification and adaptation, part of a history of Andean childbirth still to be written: they do not represent a homogeneous “package” that has come down unchanged through the centuries. But they are condensed into a single, antagonistic “traditional model” from the perspective of current State health policies, which aim to introduce yet another, decisive rupture with the past. Although the impact of these policies was still limited at the time of our study—in 1995, most births continued to take place at home, rather than in the Sanitary Post or the Hospital—, this expected rupture announces a new phase in the never-ending, by now almost institutionalized “transition from savagery to civilization”, which remains a fundamental ideological frame—constantly dressed up in new clothes—for attempts to subordinate “traditional” Andean societies to modern management and governance.

As we saw in 1995, while some couples resorted to many practices which conformed to a traditional approach to childbirth, others were in the process of adapting to “civilization” (*siwilisasyún*; = “modernity”). Each of the three cases I examine can be seen, therefore, as the outcome of attempts to find terms of coexistence with the new wave of State—and NGO—sponsored health policies.

I will call the three cases:

- “The Angry Wife”. This woman was angry with her husband’s insensitivity (he had told her to finish cooking food for him before giving birth) and excluded him from the birth. I have known the husband since he was a boy: he is often gentle and well-meaning but had shown himself quite ineffectual at the moment of labour. Though “traditional” in her preferences, this woman felt forced by circumstances to take an independent position, while also making explicit attitudes which were left unexpressed by less stressed interviewees.
- “An Ideal Husband”. This man monopolized the whole interview, leaving his wife to listen in silence, and congratulating himself on his skill in looking after her during her pregnancy, labour and birth. He is more of a “modernist” than the other interviewees, but also a devotee of the local Santiago, Tata Pumpuri, and of the Holy Spirit, whose advent—in accord with Joachimite positions probably first spread by Franciscan missionaries in the 16th century—represents a Catholic alternative to Protestant Pentecostalism.
- “The Loving Couple”. These two, as mentioned above, offered an interview developed from a shared position of suffering in adversity. The man assumed responsibility for his inexperience during his wife’s first birth, and the woman recognised his efforts to help her. They belong to the more “traditional” category of couples. I have focussed on their experience of first pregnancy and birth, which in their case (as often) was particularly difficult.

We will see, then, how these different relationships, as expressed in the interviews, differ among themselves, and how these differences are expressed in moral and emotional terms. To show this I shall also have recourse to what is *not* said, and I will argue that it is only by going *beyond* the interview texts, and listening to the silent conversations between them, that we can hope to understand the implications of what *is* said.

1. "THE ANGRY WIFE" (A)

A had to deal with a well-meaning but ingenuous husband. As she tells us in interview 1a, when the waters broke, he simply told her to go on making the earth-oven, or *wathia*, she was engaged with. A *wathia* is a hole in the ground with a fire of grass and sticks lighted in it, and clods of dry earth balanced on top. When hot, you rake out the ashes and feed the potatoes in through a hole between the clods, before crushing the clods so that the potatoes cook buried in hot earth. It involves considerable effort, carrying potatoes, crouching by the oven, feeding it with fuel and crushing the clods. Carrying weights, straining and twisting oneself, are recognised as possible causes of a displaced or aborted fetus. But *wathia* is a highly appreciated form of food, and A's husband was clearly keen to eat it...

Fortunately A's eldest daughter took charge, telling her not to go on with it, she'd be sorry, and to go to the house; she would persuade her Dad to come along. Saying "Yes, bring him along", A. went home, entered, shut the door and locked it. Sinking to the ground by the bed, she took hold of it, and in her interview re-enacts vividly the soliloquy that went through her mind as she crouched there in labour:

<i>imaynapi unqukusaj nuqa may- imaynapi?</i>	"So how am I going to give birth, how?
<i>pitaj jap'iwanqa nuqata?</i>	Who will support me?
<i>pitaj jap'iwanqa?" nispa</i>	Who will support me?", saying,
<i>karumantataj kanichá ...!</i>	"Is it because I am from far off...? ⁴
<i>wapullataj wapulla, machito, paypis,</i>	He is oh such a tough guy, such a
<i>un, karaju!</i>	machito, yes, shit!
<i>rina [?]</i>	I had to go ...
<i>ama runas qhawt'amuwachunchu,</i>	Let no one come and peer at me;
<i>chaypi unqukusaj" nispa.</i>	I will give birth <u>there</u> ", saying ...
<i>imataj karaju! kallpakushani,</i>	"So what, shit!! I've got the strength,
<i>jap'iy[k]ukuj kani kama nallamanta, ¿i?</i>	I have got hold of part of the bed,
	haven't I?"

She recalls how, alone, she had to appeal to her own strength to see the thing through. And when she has pushed the baby out, she hears her husband knocking

⁴ Probably a reference to Macha virilocal marriage residence patterns.

at the door telling her to open up (“*yali, A.! wisq’aramuway!*”). My reading of the next line is as irony: “To be sure I’ll open the door for you!” (*arí, wisq’arasqayki a!*).⁵ But, as she says, she couldn’t find [the latch] and then ... the break-off in her narrative seems to reflect the break-off in her memory, for it was then, she told us later, that she fainted; and when she recovered consciousness there were people around, taking up the baby, cutting the cord with the traditional potsherd (*k’analla*), knotting one end to form the baby’s navel, while the other end, still connected to the unborn placenta (*paris*), was attached by a long thread to the big toe of the mother’s left foot, allowing her to exercise “controlled traction” to help bring the placenta out.

The sequence ends with a slightly tipsy protest by her husband, also present at the interview: “*jap’iriykiqa! jap’iriykiqa! chaywan unqunki!... ma qan...*”, “I supported you! I supported you! With that you gave birth!... it wasn’t you...”; as though to deny her the discovery of her own agency and strength by attempting to restore her dependency on his (clearly inadequate) care, support and responsibility.

This narrative offers at least part of an explanation of A’s anger towards her husband. Later, I saw her scold, scoff at, and sometimes hit him. She seemed to have lost respect for him, although today (2014) they are apparently still together after migrating to the city (where she has her own mobile phone). Her sarcastic comment on him as *machito* allows us to connect this critical event with the negative attitudes she expressed towards male babies in the same interview, as we shall see.

Let us now hear a second text —also part of A’s interview— which expresses a key element in the composite model of “traditional childbirth” (Platt, 2002), one best expressed to us by *this* interviewee. How can one generalise from a single testimony? Let us first examine the text.

The context of this passage is the transition in the baby’s eating habits, from being a drinker of blood while a foetus in the womb, to sucking urine on little swabs of cotton during the first couple of days after birth, until finally it is offered the breast three or four days after birth and is allowed to assuage its hunger with white breast-milk. I have elsewhere argued that this transition from red blood to yellow urine to white milk expresses a chromatic transition in the colour of the baby’s food which accompanies an inversion of the initial relationship between mother and baby, leaving the mother underneath in the symbolic position of the dark, fertile earth, while the baby is taking its first steps towards baptism and the “sunlight of Christianity” (Platt, 1995; 2002).

⁵ *Wisq’ay* means “close”; *kichay* means “open”. I assume here a “Freudian slip” on the part of A ... “Come and shut me out!” “I’ll shut you out!”. But the meaning of the sentence requires the husband to use *kichay*: *kicharamuway!* = “come and open up for me!”, to which A should answer (ironically in my reading) *kicharasqayki a!* “I’ll open up for you indeed!”; and I have corrected the translation accordingly.

The issue here concerns the calostrum (*kurta*), which others had told us informally should *not* be given to the baby. Perplexed by this statement, we put it to A. Her answer exemplifies what for us may seem a hard, disciplinary attitude towards the newborn baby, very distant from current North Atlantic approaches. For A, the calostrum, or some of it, should indeed be milked off, thereby depriving the baby of a food she knows is good —indeed, *too* good for it. Her explanation was that, if it does not learn to control its hunger now, it will be unable to fast as an adult if the need should arise. It will gobble up everything to the shame of its parents. So: “Milk off that calostrum if he is to become a man!... Well, at least a bit of it... (*uj chhikitalata*).”

In this striking text, the woman has expressed an idea completely coherent with an Andean “core value”, that of being able to “last out” (*awantay*, from Sp. *aguantar*; cf. Que. *muchuy*, “last out, survive, suffer”). An example of this from a different sphere of activity is the way in which the maize brought back from the valleys in August-September has to be made to “last out” till the first potato harvest at Carnaval.⁶ Often, this means eking it out and, if famine threatens, going without, which makes “lasting out and suffering [i.e. fasting]” a necessary survival skill. Another example is during the hand-to-hand fighting carried out in *tinkus* (ritual battles): here too the fighter is expected to be able to “last out” even while suffering severe punishment from his opponent (as in Western-style boxing). In the present case, we find that the newborn baby must also learn to “last out” —i.e. fast— before receiving the breast, taking only drops of urine, infusion or chocolate, on tiny swabs of cotton, to stop it crying; and even when finally given the breast, it must not be indulged with too much calostrum (*kurta*). We were told that this view was also held by other women, although no other interviewees expressed it. On the contrary, two said —when asked— that they made sure the baby *did* get all the calostrum. How are we to understand these contradictory responses?

First, it must be recognised that no one wishes or is able to tell us “everything”; the selection of what is said or *not* said may respond to various pressures. I suspect that stressed marital relations have, in the case of A, released verbalizations that would not be articulated in less stressed circumstances, probably because of their “political incorrectness” in today’s ideological climate. In the case of the calostrum, I suspect we may be dealing with verbalizations that are released, partly, because of bad relations with a partner who had *shown himself too greedy* in his desire to eat the *wathia*...

Here, then, the woman emphasises how newborn babies need to be disciplined to bring their pre-natal voracity under social control; they must learn to *last out* —just as her husband should have *controlled his greed* to be able to attend her in labour. The deprivation of calostrum is, as we have seen, an option wholly

⁶ Today, traditional journeys with llamas are few, and highland dwellers have taken to planting increased quantities of the dwarf maize, *sara ch’isiwayu*, referred to in documents of the 16th century as *un maíz muy chiquito poco mayor que trigo*. See Platt et al., 2011 [2006]: 560.

coherent with other cultural practices. However, it is criticized by State-sponsored biomedicine. There can be little doubt that the latter provokes another form of stress which leads to the *repression* of traditional practices, or at least inhibits their verbalization. This form of pressure explains why the two other interviewees said they *abstained* from depriving their babies of calostrum, which can still be considered part of the traditional complex of childbirth practices.

From the perspective of traditional Andean ideas, then, deprivation of at least some of the calostrum appears as a child-rearing practice based on the idea of a need for discipline *from the very moment of birth*, part of the socialization of the newborn infant aimed at taming and curtailing the blood-eating voraciousness of the “aggressive foetus” (Platt, 2002).⁷ The abandonment of this approach represents the “Westernization” of mothering practices, based on a (possibly Christian) notion —alien to traditional Andean ideas— of the newborn baby’s “innocence” and “moral harmlessness” that makes it deserving of what, in our own “traditional” terms, might be called “spoiling”. Both testimonies, those favouring and those rejecting the deprivation of calostrum, are constrained by pressures not present in the *ideal* model of traditional childbirth: in one case, A’s tensions with her greedy husband; in the other, new pressures coming from the biomedical model of childbirth.

A third passage from the interview with A. appears, at first sight, to reflect the extent of her anger with the male sex. Indeed, there is already an ambivalence present among female birthing assistants. Boy foetuses are thought to be recognizable at three months by their kicking and jumping movements in the womb: “it has to play like a little fish in our tummies” (*challwa jina wijsanchispi pujllanan tiyan*).

Midwife

qhari wawa yuyarinpis, nnnnn

A boy child, she thinks then, nnnnn

Interviewer

qhari wawá?⁸

A boy child?

Midwife

jaqayman kayman kurriykachaspa
jinan jayt’atakutaj, jayt’apikuntaj
jayt’atakutaj, jiruta p’ujllakun.⁹

Running about here and there,
So it kicks repeatedly, kicks its feet,
It kicks repeatedly, it plays hard.

⁷ Olivia Harris has emphasised how Laymi women, closer to the tin mines of Llalagua-Uncia, may punish their husbands’ misdemeanours by depriving them of food. Whether as source of nutrition or as source of deprivation, the control of food constitutes a nexus of female power and social control (Harris, 1978). During pregnancy, labour and childbirth, however, this power is deposited with the husbands, not all of whom are able or willing to assume the responsibilities of their temporary position.

⁸ Here accentuation denotes the omission of the interrogative suffix *-chu*.

⁹ The Aymara infix *-tata-* means “scatter, sprinkle, disperse”, referring to the shower of kicks made by the growing male foetus.

So when the baby boy is born, the women attending the birth may pick it up by its legs and scold it, holding it upside down:

Midwife

aaa paaachallanpi warmi wawaqa,
asta qhari wawa chaytajchá,
qhari llughallás “machu machu” nisqa,
jta unqukujtinchispis ninku, arí.

Yees, the girl child stays riiight in her place,
but the boy child is like that,
males, boys are called “tricksters”,
Right when we are giving birth they say
it, yes.

Interviewer

[laughs]

Midwife

ichu– ichurijkunaga,
“lluqhalla kasqapis
“rasun a kay purkiriya mamán
lastachin”, ninku, manachu?

Tho- those who pick up the baby,
“So it was a boy then,
“No wonder this filth
has made its mother suffer”, they say, no?

Woman

ari, ijijiji [laughing].

Yes, he he he!

Midwife

q’ara ullu kasqa ninku wakintaj.

“It was a naked penis!”, some say.

Woman

a, q’ara ullu kasqa!

Yes, it was a naked penis!

Midwife

a, q’ara ullu kasqa a, jijiji [she laughs]
purkiriya ninku arí!

Yes, it was a naked penis, yes! he he he!
Filth, they say, yes!

We can hear these women using the male baby’s birth to express their ambiguous feelings about men as source of female suffering, laughing and scoffing at the newborn little boy; the linking of the baby as “naked penis” (Platt, 2002) with *porquería*, “filth”, may also reflect Christian influence. But A’s complaint against an excess of male babies goes further. She proposes infanticide as a solution to the problem of an excess of boys in the countryside. “Kill them” she says, “let them be suffocated at birth...” —whether with a blanket, or with the rags used to wipe the baby clean, or, if the mother cannot do it, let her just not give it the breast: “what else is to be done?” Then they must be buried, a task which brings her to clarify the difference from burying abortions. Abortion is often persecuted by the police, though it is at least partially provoked by repressive legislation against contraception.

It should be emphasised that I am **not** formulating a *criticism* of A, who is a generous, playful person, full of laughter and jokes. A’s attitude must be understood within the context of her overall presentation and the wider situation. She had been

forced by her husband's eagerness to eat the *wathia* (regardless of the fact that her waters had just broken) into the role of a strong but angry woman who gave birth alone; and, not surprisingly, she expresses the tough, traditional approach to child-rearing —feeding and washing with urine to “cure” the skin and stop bleeding, partial deprivation of the calostrum... She also recommends tough measures to control the excess of boys among regional births. Does this infanticidal zeal derive from the negative experience with her husband? More significantly, perhaps, infanticide is also a response to the unavailability of legal contraception, bringing with it the persecution of women by the police; a response which A purges of its usual discriminatory bias against female babies. In this complex situation, her husband may have been only one factor, if perhaps the most apparent.

2. “AN IDEAL HUSBAND” (B)

In our second case, we find the relationship between strong woman A and her ineffective husband completely inverted. Now the man is the only one to speak, the woman remaining present but silent throughout the interview. B —whom I am calling (with a touch of Wildean irony) “An Ideal Husband”— took us to the little chapel of San Andrés in the hamlet. He lit a candle before the altar, where there was an image of the powerful local Santiago called Tata Pumpuri, whose sanctuary on the high puna is a major regional, national and even international centre of pilgrimage (Platt, 1997; Vericourt, 2000). We took coca-leaf as we talked, B seated on the altar. B is a devotee of Pumpuri and the Holy Spirit, and in his house he showed me a *devoción* (little portable shrine) dedicated to Tata Pumpuri. As the Saint who protects people during the turbulent period preceding the emergence of the new age of the Holy Spirit, Tata Pumpuri offers a Catholic alternative to Protestant Pentecostal teachings. B wanted to talk about the delicate topic of childbirth in a sacred place dedicated to the Saint of the New Age of the Holy Spirit (*ispíritu*).

The interview with B elicited various degrees of departure from the traditional mode of childbirth, as well as other practices which conform to it. But he particularly emphasised the responsibility of the husband, offering a critique of those who mistreat their wives:

*mana kuydankuchu warmitaqa,
iwal trawajana tiyan,
iwalta papatapis imatapis kargás
q'ipichinku, i?*

They don't take care of the woman,
She has to work the same [as them],
They make her load herself as well with
potatoes or other things, no?

A comparison with the husband greedy for earth-baked potatoes in the preceding case is inevitable; and B generalizes it, referring also to the “two days and nights” of suffering we shall hear of in the next interview:

*y kay diyas iskay tutas wakín sufrinku,
wakin warmis sufrinku
piru chayqa imaraykú sufrinku?
qusankutaj a!
wakinpataqa mala fe niray,
mana warmita kuydankuchu, i?,*

*iwalta trawajachinku,
paywan iwal trabajananta munanku,*

*tukuy imá trabajanán munanku,
jinamanta mana kuydankuchu
unquj warmita,
manaña chhika trabaja-
ma trabajananchu pay tiyan,
purinan tiyan nurmalminte
uwija michispapis imapis,
wawallawanpis,
manaña wayk'unanchu tiyan,
chaypi manaña qhariman trawajaypi
kunparawasunmanchu.*

And some suffer two days and nights,
Some women suffer,
But in that case, why do they suffer?
Their husbands, yes!
Some have bad faith,
They don't take care of their wives,
¿no?
They make her work the same,
They want her to work the same as
them,
They want them to work at everything,
And that's why they don't take care of
their pregnant wife,
She shouldn't work at all,
she mustn't work,
She should walk normally
pasturing the sheep and such things,
Just with the children,
She mustn't cook any more,
There we wouldn't compare her now
with the man in working,

No longer is it possible to seek equivalence between the labour of the man and the woman: during childbirth the husband should make sure his wife only does light work, in preparation for the labour of childbirth when he in turn will adopt a secondary role. And B claims credit for his care of his wife:

*nuqa warmiyta mana ruwachinichu
ruwachijchu kani,
ni imata ruwanchu
ni yakuman rinchu,
nuqa ayudani imapis ayudani
sulaminti uwijá michimun,
nurmalminti michimun, chaylla.*

*ajinapi nuqajta chhankata nakun
wawata paqarichin
mana sufrinchu.*

I don't make my wife do things,
I don't make her work,
She does nothing,
she doesn't go to fetch water,
I help her, I help her in anything,
She only goes to pasture the sheep,
As a rule she goes and herds them,
that's all,
That's why my wife does it quickly,
She gives birth to the baby,
she doesn't suffer.

Unfortunately, we don't have the woman's own view of her husband's care, as she remained silent throughout the interview. B assumed full responsibility for representing their joint case under the gaze of Tata Pumpuri. The impression is one of a traditional patriarchal authority being exercised responsibly and according to

its lights —hence the “ideal husband”—, but the question of the woman’s silence remains. In the next case, we shall see a couple who show mutual trust, expressed in their shared responses to the interviewer, even though the husband was unable to save his wife from “two days and nights” of suffering.

3. “THE LOVING COUPLE” (C AND D)

I have known C since she was a small girl, younger sister of X, both of them the laughing, long-lashed daughters of one of my rural hosts back in the 1970s. C married D from a neighbouring cabildo (tribute-paying group), and went to live with her husband’s family, according to local virilocal practice. The interview we had with her and her husband brought back the pain, fear and anxiety of her first childbirth. C and D took part together: one answered some questions, the other answered other questions, and sometimes they alternated short replies antiphonally, complementing each other easily and without effort. They had no qualms about talking freely in front of each other. I will analyze the first sequence of the interview, leaving aside their account of later births in which they showed themselves to be close to the more traditional pole of the continuum.

C’s first birth was terrible; she was in labour for “two days and two nights”, and nearly died; then gave birth and recovered sufficiently to prepare the chicha (*aqha*, cornbeer) for her marriage, before falling ill in the midst of her marriage with a severe breast infection. The baby stopped breast-feeding, and died three months later. Later births were easier, but each labour still took a whole day.

The interview begins with a series of overlapping themes, each quickly succeeded by new ones, and later picked up in different orders to round them off. Repetition of the opening phrases, after several developments, frames and closes this part of the dialogue. D’s opening reflection takes us through C’s first pregnancy at impressionistic speed, narrating her suffering and the child’s death. The passage I discuss here corresponds to memories of a specific birthing experience, and is therefore far more vivid and real than the descriptions of later, successful births, which referred more generally to what was “normally done” at each stage of the process of gestation and birth; although these descriptions, in which both took part, also showed the trust that C has in D.

D begins:

<i>Primiru wawa ma unqukúy atirqachu ...</i>	With [our] first child, she couldn’t get ill.
<i>Kasi lastarqa iskay ... iskay iskay tutata lastarqa ...</i>	She suffered nearly two ... two days, two <i>nights she suffered</i> ... [these phrases will later close the sequence].
<i>Chaymanta chay awilita kaysitupi tiyan,</i>	Then the grandmother [a midwife] was here,
<i>Pay cháy yachasqa [...],</i>	She knew about that...
<i>Chaykunas - Chay yachajkuna tiyan -,</i>	Then those, there are those shamans,

<i>Chaykunas ima unquchirqanku,</i>	and they made her get ill a bit,
<i>Ñak'ay unquchirqanku ari.</i>	they made her get ill with difficulty;
<i>Suyran jamurqa, lastimáy waqashanku.</i>	her mother-in-law came too; they are crying bitterly.

The interviewer asks why? Had she looked after herself properly? D. knows what she is hinting at, and answers explicitly:

<i>Kuyrakuj, ni imatapis ruwajchu,</i>	She looked after herself, she'd done nothing,
<i>ni llasastapis apaykachaichu.</i>	She hadn't carried heavy things.
<i>Intuns ni unqúy atinchu, chaylla,</i>	So she couldn't get ill, that's all,
<i>primeritu chay wawitay wañupun ...</i>	And that first child of mine died ...
<i>Kawsanraj kinsa killa,</i>	He survived for three months,
<i>kasi kinsa killa</i>	nearly three months ...

The pregnant wife who carries heavy weights is evidence of her husband's as well as her own irresponsibility (cf. interview 2, "An Ideal Husband"). D re-lives his worry, confusion and sorrow at not being able to care for his wife properly.

Here the first issue is about being able or unable to "get ill". D's worry is directed mainly towards his wife, whose difficulties in "getting ill" meant great suffering for her (*lastay*). D feels that he is responsible for C's suffering, and for the child's death three months later. He finds himself, unwillingly, in the role of the careless husband denounced by B in interview 2. His theme becomes one of danger, of a young man's lack of experience, of the resulting tragedy, and of his self-critical solidarity with his wife:

<i>Ni kuynta nakunichu,</i>	I didn't realise,
<i>imamantachus lastachiyman</i>	why would I have made her suffer?
<i>karqa?</i>	

So what was to be done? A neighbour had offered to stand in as midwife, but still C "couldn't get ill"; so they started to toss her in a blanket, or poncho (*manteo*, Que. *thalay*), a widespread custom in European early modernity as well as in pre-Colombian America (Gélis, 1991 [1984]; Platt, 2002), to see if they could jolt the foetus, repositioning the head towards the cervix to get it to come out. But it was no good. Religious measures supervened, and in the end "she gave birth with a sheep", i.e. with an animal sacrifice (probably carried out by the shamans):

<i>Chaymanta nawanpuni thanikurqa,</i>	With that indeed she was cured,
<i>nasikurqa,</i>	she gave birth,
<i>"Uwijanpuni, uwijawan nayku</i>	It was her sheep that did it,
<i>aysarayku,</i>	with a sheep we lifted it up,
<i>"Chaywanpuni nasikurqa.</i>	With that she really did give birth

The language changes its phonemic patterns: the animal sacrifice was what *really* eased things (*puni*); with that the child was born. Sheep's wool serves as a swab to give liquids to the newborn, as we have seen, and its meat enabled the woman to drink hot mutton broth with *chuño* (freeze-dried potato) after the birth, to help her recover. They also entwined her (*khiwiran*) with a left-twisted thread (*lluq'i*) to invert the bad luck afflicting her (other interviewees refer to this ceremony which makes use of left-twisted thread as *kuti*, a rite of inversion). Even so, for two days and two nights the baby had refused to come out. Only when it was finally expelled did they remember the fermenting maize (*wiñapu*) they had prepared in advance to make the cornbeer needed to celebrate their formal marriage party as soon as the birth was over.

But their bad luck had not yet passed. In the middle of the marriage party, both C's breasts began to swell, *ñuñuñataj punkiykun, ari, iskaynin*. Pus (*q'iya*) came out and the baby sucked some of the infected milk. D's father lanced the boil with a piece of glass from a broken bottle to let out the pus; then they took her to the local hospital, where the doctors were useless. On her return home, they wiped her breasts (*ch'atamun*) with pieces of raw onion, and more pus burst out:

<i>Chawallawan ch'akirpaspa,</i>	Drying her out just with raw onion,
<i>Chay ratitu q'iyata t'ujyachimuj</i>	At once it made the pus burst out.
<i>kasqa.</i>	
<i>Chaymanta chaywan watayku</i>	Then we bound up [her breasts] with it,
<i>Chaymanta uj chhikitallanta narij</i>	Then doing a little bit here, squeezing a
<i>maypi -rayarij,</i>	little there,
<i>Chaypajqa q'iya chayakusqa grawi,</i>	With that the pus came out in quantities
<i>Chay kaldira junt'apuni, u sia</i>	It filled that kettle, that's to say...

C corrects, "it filled that glass (*wasu*)"; D: "there was lots of it, almost more than the glass ..." (*ashkhapuni karqa a / kasi wasu kurajchá*). And then the baby wouldn't take C's onion-flavoured nipples... Weak and under-nourished, three months later it died.

"Afterwards with these [her living children] she just got ill normally, she stopped suffering. With the firstborn **she suffered a lot, two days, two nights perhaps...**"

With this last remark, the interview returns to its point of departure, and the first part is effectively framed and closed. In spite of several digressions, D is able to

repeat his initial phrase closely, thus giving shape and spacing to the developments imbetween.

The interviewer then makes some sympathetic remarks to C, and D reproaches himself further for having forgotten to make offerings to the *glorias*, i.e. to the lightning flashes which initiate both shamans and midwives into the vocation of curing... that was what would have delayed the birth (Platt, 1997; 2002). C agrees, and explains how they always do this now, as part of attending their later, relatively problem-free births. A new dialogical structure begins, and they both launch into a detailed account, expressed in more generalizing terms, of the traditional birthing practices followed with their later offspring.

Two problems were discussed here: 1. why C had suffered so much, first with her long-drawn out labour, and then with her breast infection. Couples tend to place the safety of the mother above the safety of the baby, and this is reflected in the interview. During labour, the mother was in agony, and D was suffering with her as best he could.

A second theme was, 2. why did the baby die? Born healthy, though with difficulty, it drank infected breast-milk ... pus:milk::poison:nutrition. And then, after the pus was squeezed out, it could not suck fresh milk from its mother's onion-flavoured nipples.

Shared suffering is a feature of North Potosí childbirth; in another interview, we hear that husbands sometime cry out in sympathy with their wives' cries as they seek help from the Virgins of childbirth, Mama Remedios and Mama Guadalupe. A willingness to share the mother's suffering so far as possible, while doing everything he can to relieve her, illustrates the bonded relationship that enables husbands to give valued primary support to the woman in labour. We even find the symbolic presence of a male womb (*magri*), represented by the torn rags used to wipe the baby clean after birth (for these couvade-like elements, see Platt, 2002). C never reproaches D; later, she tells how he gave her herbal medicines and looked after her in her later pregnancies. The phrase "he gives me..." (*nuqaman quwan*) expresses her recognition of the care he now bestows. In spite of the early suffering, and his acceptance of responsibility, there is a basis of trust that wins through. In such cases, this trust may indeed be fostered symbolically by the duplication of gestures and implements during ritual practices in the name of *yanantin*, "helper and helped united to form a unique category" (Platt, 1978; 1986).

CONCLUSION: PERSPECTIVES ON CARE AND CARELESSNESS

I have argued that it is not enough to analyze Andean childbirth, person formation and parental relations in terms of ideal, ritualized or symbolic models of gender identity or complementarity. Close analysis of actual relationships as these are manifested during interviews concerning the interviewees' childbirth experiences opens the door to a deeper understanding of a wide variety of real-life cases of care and carelessness. Carelessness by the husband may undermine trust, but in other

cases trust may be sufficiently strong to survive it. Equally, a husband's verbose demonstration of his exemplary care and control may reduce his wife to silence. I have suggested three "ideal types" based on three different experiences, which will need to be complemented and refined by other "types" through empirical research.¹⁰

Underlying these cases is the wife's experience of childbirth as a struggle with an aggressive, blood-eating and pre-human creature implanted in her womb. As a pre-Christian (the newborn is sometimes called *muru*, "moor", or *kampa*, "monkey"), it does not become properly human until domestic baptism is carried out with salt and a name, three or four days after birth. Until then, postponement of the breast and deprivation of some of the calostrum help to bring the voracity of the foetus under social control. This view of gestation and birth explains why, in the traditional view, neither abortion nor infanticide are considered "murder", since the foetus and new-born baby are still not thought to be completely human. Moreover, when they occur, such actions should also be related to legislation forbidding contraception, and to limited sources of nutrition.

The three cases discussed overlap dialogically at several points, as though the interviewees were conversing with each other, although there is no way they could have discussed their responses in advance. These overlaps reveal a wider oral-textual world, in dialogue with a "modernity" in which all participate in different ways. At the same time, internal and external sources of stress must be taken into account in order to understand the emphases and omissions in specific testimonies. These are not sources of mere "data"; they narrate experiences, opinions, beliefs and actions which require comparison, interpretation and contextualization. In this respect I hope to have adopted loosely Labov's exemplary approach, while extending it to a new realm of narrative.

It is clear that North Potosí childbirth and production of persons involve in reality much else besides ideas and ideologies of gender identity, personhood and relationality, as these are expressed through shared concepts, ritual and belief. Each actual couple presents its own specific problems and deviations from a social ideal such as *yanantin*, deriving from its own particular dynamic and reactions to unforeseen or chance circumstances. Our study makes possible a more clinical approach to real, material relationships and their conflicts, each case expressed in the everyday language of the interviewees. Further research of this kind, based on the linguistic interpretation of spoken testimonies, may prepare the ground for a more informed approach to mediation and therapy among Quechua-speakers, especially in those cases where carelessness has taken precedence over care.

¹⁰ Some of these emerge from other interviews taped during the Trinity College Dublin project.

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