

INSTITUT FRANÇAIS DE LA RECHERCHE SCIENTIFIQUE
POUR LE DEVELOPPEMENT EN COOPERATION
O. R. S. T. O. M. MISSION IN PORT VILA

A N T H R O P O L O G Y

WORK PAPER No. 6

APRIL 1986

P R E G N A N C Y AND C O N F I N E M E N T
I N V A N U A T U
(METHODOLOGICAL NOTES AND PRELIMINARY RESULTS)

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VANUATU

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C O N T E N T S

I. BACKGROUND OF SURVEY

II. PRELIMINARY FINDINGS OF INITIAL SURVEY

1. Social Structure

2. Knowledge and Understanding of Pregnancy

3. Handling Confinements

4. Anthology of Recipes

III. CONCLUSIONS

Schedule 1: VOCABULARY OF REPRODUCTION

Schedule 2: KNOWLEDGE AND PRACTICES RELATING TO REPRODUCTION

Schedule 3: FORM ON PLANT-RELATED REPRODUCTION

Until recent years, reproduction of mankind, which is mainly a subject for demographers and biologists, was of no particular interest for other disciplines. Anthropology, for instance, in the first monographies, would provide information on traditional childbirth and the early years of life, but because this is a somewhat delicate and difficult subject to research, especially when the investigator is of male sex, this information has always been incomplete and occasional.

However, nowadays, several fields of research look upon human reproduction as a topic in itself and some anthropologists or historians have been devoting their time to detailed research into the matter (1). International organizations have become interested in plants traditionally used in reproduction, witness the particular project carried out in recent years under Mr. Farnsworth in ethnobotany. Indeed, generally speaking, a large number of specialists are now interested in information on this subject, namely:-

- demographers carrying out research on fertility problems and infant mortality;
- health planning experts promoting health care centres for mothers and children;
- chemists interested in any new molecule which may be contained in the medicinal plants;
- government authorities seeking to safeguard a cultural heritage;
- nutritionists trying to improve health conditions in pregnant mothers and young children.

Such is the background of ORSTOM's research in Vanuatu, called "Knowledge, understanding and facts about reproduction in Melanesia". Initially this research focused on ethno-medicine, concentrating on one single ethnic group, the Apma in Central Pentecost, but it has now expanded into other fields to cover all groups in the archipelago as a whole.

As a first priority it is intended to provide the Government of Vanuatu, at their own request, with a comprehensive document about the various levels of knowledge and practices pertaining to reproduction as observed among the one hundred or so ethnic groups throughout the archipelago. Two lines of research are the basis of such a document, i.e. botany and ethnology and it is aimed at collecting data on theories about conception, practices of childbirth and plants used during pregnancy and post-partum. This line of work links up with other fields of research, particularly demography, with a view to gleaning enough information to eventually look into the problem of birth as a whole.

(1) To quote, among others, the following reference documents dealing more particularly with procreation:-
DARMON, P. (1977) - Le mythe de la procréation à l'âge baroque. J.J. Pauvert - 283 p.
BONNET, D. (1982) - Corps biologique, Corps social. Les Mossi de Haute-Volta. Thèse de 3ème cycle - Paris - 345 p.
KAY, M. (1982) - The Anthropology of human Birth. Philadelphia: F.A. Davis.

In this paper we indicate the methods of investigation chosen and followed and submit the initial findings of a preliminary survey carried out at Pialulup in North Santo.

I. BACKGROUND OF SURVEY

The Vanuatu archipelago, formerly the New Hebrides, became independent in July 1980. Although christianised over a century ago, at which time schooling also appeared, the insular groups continue to live as small remote villages, growing yams and taro, bowing to the custom authority of chiefs and speaking their own particular language. Despite the wide-scale effort on the part of the Government to develop health facilities throughout the country, many pregnant women still rely on the help of custom doctors and local midwives. There are various reasons for this, such as the lack of roads and means of communication, the distance to be covered to reach medical units, the high cost of western medicine(1), and also, of course, the faith placed in healers as being the only ones to be able to treat custom sickness, for instance spells, to which pregnant women are particularly susceptible.

Health care in Vanuatu is being developed through the two avenues of western and custom medicine. However, there is very little information available about custom knowledge of pregnancy and delivery. In these communities, as in many other societies, anything connected with sex and birth is shrouded in embarrassed silence. It is awkward to broach the subject; some aspects are known only to a few women; and all this means that investigating is a slow and delicate process.

The demographic parameters by which the fertility of women can be assessed are no better known and the only aspect which has been researched in greater detail is the state of nutrition in pregnant women and young children, through a nation-wide survey which was carried out in 1982.(2)

We started off by analysing all ethnological and botanical literature relating to the South Pacific. These reference papers include information on theories evolved by these societies on the subject of pregnancy, motherhood and confinement and also contain an extensive pharmacopœia which is used traditionally to treat the various problems related to childbearing. All this information has been indexed and stored on computer.(3) We now go on to the second stage of our programme, the field work.(4)

The surveys are carried out in various islands of Vanuatu and have been planned along the following lines:-

- survey locations were selected according to the data

- (1) This is what the patients often say. Yet we noted that traditional medicine is also costly, as pointed out by those who have opted for western medicine in preference to custom medicine.
- (2) Ms. M. Hung, Manning, 1983: National nutrition Survey report. Republic of Vanuatu. 30 p. + V p + 6 appendix and 28 tables.
- (3) Our thanks to Mr. Jean Marc Cagnet for working out the data processing programme (bibliography and field data).
- (4) Under this article we shall not indicate the findings of the bibliographical analysis, these will be published later.

already available to us and to Government surveys carried out previously (see map);

- in each group we gather such ethnographic and ethnobotanical information as:
 - (1) a statement of personal genealogy and research of marriage policies is made in every case, except where this information is already available in other documents;
 - (2) questions are put to a few informers on the basis of a vocabulary on reproduction made up of 57 words; where possible we also collect drawings of the human body and women in pregnant state (Schedule 1);
 - (3) through informal interviews of women and midwives we try and obtain replies to 86 sequential questions alluding to menstruation, conception, pregnancy, confinement, immediate post-natal care, barrenness and menopause (Schedule 2);
 - (4) finally we ask for traditional recipes on gynaecology and obstetrics from women, men, midwives and medicine men. Plants referred to in such recipes are then collected and placed in a herbarium. Each one has its own index card which is carefully completed (Schedule 3) and the data is later stored on the computer at the ORSTOM Centre. Plants deemed of interest from the point of view of their pharmacological properties are forwarded to relevant laboratories in France.

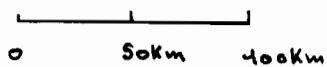
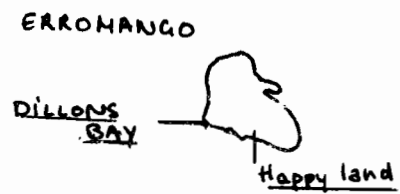
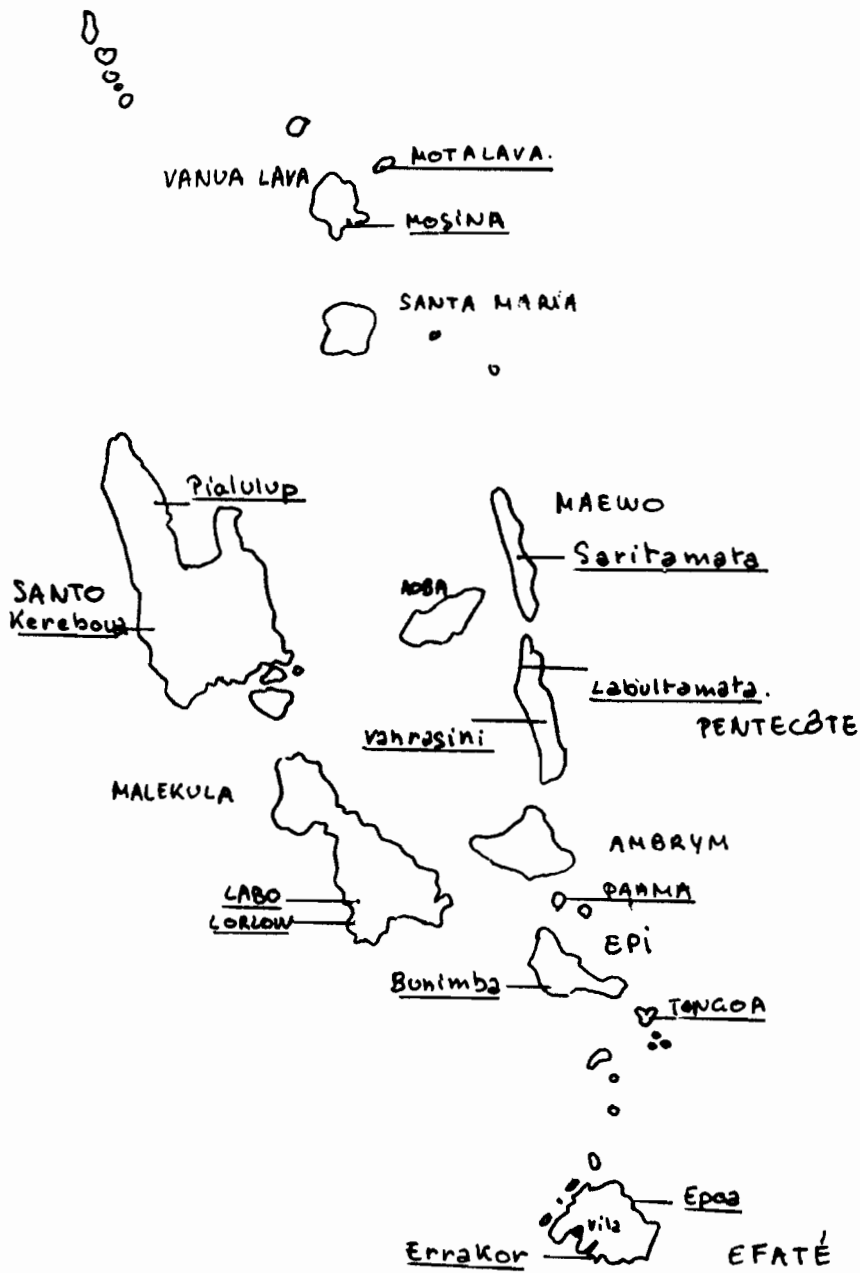
As mentioned, the project has only just got underway and will not be completed until October 1987. Nevertheless, we would like to report on our initial findings from a trial survey run at Pialulup, in the North of Espiritu Santo.

II. INITIAL FINDINGS OF TRIAL SURVEY

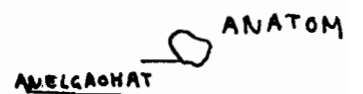
The first survey carried out at Pialulup was a trial run to test and adapt our questionnaires and our methodology.

1. Social Structure

The present population in this area, of recent standing and somewhat varied, consists of: a small indigenous nucleus descending from a larger group of people who migrated several generations ago to Port-Olry; some migrants from the western coast of Santo; a few families who have settled there since



The underlined locations show the survey areas



Independence. We are dealing with a group whose social structures are still developing and this is why we did not delve very deeply into the social organisation and family relationships. We simply recorded family terms such as the elders of the area could remember, being 10 expressions with respect to affiliation and 5 to alliance. These are listed under Fig. 1.

The original groups from Pialulup used to follow the practice of exchanging sisters and the most favoured marriage used to be an alliance with the cross-related female cousin. Marriage was basically virilocal, but could be uxoriocal in the case of sisters and daughters of chiefs whereby the husband would come over to work his in-laws' land. However, land was usually transmitted through the father's side.

2. Knowledge and Understanding of Pregnancy

Anatomy

We have recorded 34 expressions relating to anatomy and physiology (Fig. 2).

The foetus and the new-born infant are called mera-mera. This expression applies to all children who have not yet been given a name, i.e. nowadays all children up to 2 or 3 weeks old. This is when a child is given the custom name, derived from the father's side, and the baptismal name. From there on, the baby boy is called nalamane and the baby girl mala.

The transfer from childhood to adulthood is less well defined, when the man takes on the name of datsua: and the woman that of atsay.

With respect to the reproductive organs, the group of piamatsina language distinguishes between vagina (nabuhuna), womb (ire:na), and placenta (natabu), which is a rare occurrence in these areas. The semen is always described by the circumlocution "water of man" (natsiratsiran datsua:), but the word for "water" in this expression is used solely for a man or a woman and never means any other kind of water. Semen is thus identified with the woman's vaginal secretions.

Also for the record, a voluntary abortion is described by a different word from the one for miscarriage.

Reproduction Theory

The women of piamatsina language were not very clear when expressing their views as to the origin of menstrual blood and the functioning of periods. All that is known, is that the menstrual blood collects in the part of the body where children are usually formed (ire:na, the womb). Every month blood runs out.

42° Are there any recipes to bring about quicker and less painful delivery?

43° What happens in the following situations:-

- breech presentation (or other abnormal presentation)

- twisting of cord

- placenta retention

- internal haemorrhaging of the womb

- ingesting of amniotic liquid

44° What does the father do during delivery? How is he told of the birth of a boy or a girl?

45° How is a baby's birth announced to the whole village community?

46° Who is allowed to be present during labour?

47° Where did a woman give birth in the old days? And nowadays?

48° What are the advantages of giving birth at the dispensary? What are the drawbacks?

Figure 2.: Vocabulary on Reproduction

- infant, not yet named	: <u>mera-mera</u>
- little girl	: <u>mala</u>
- little boy	: <u>nalamane</u>
- woman	: <u>atsay</u>
- man	: <u>datsua:</u>
- twins	: <u>nahabo</u>
- to love	: <u>metse</u>
- menstruation	: <u>nabusi</u>
- belly	: <u>beltiatsia</u>
- pubis	: <u>batutuna</u>
- breast	: <u>susu</u>
- mamilla	: <u>namatana susu</u> (=eye of breast)
- maternal milk	: <u>naholo</u>
- saliva	: <u>naloto</u>
- blood	: <u>r tsay</u>
- womb	: <u>j e:na</u>
- vagina	: <u>nabuhuna</u>
- placenta	: <u>natabu</u>
- umbilical cord - navel	: <u>nabutona</u>
- vaginal secretions	: <u>natsiratsiran atsay</u>
- amniotic liquid	: <u>talasmera</u>
- semen	: <u>natsiratsiran datsua</u>
- penis	: <u>nahalana</u>
- testicles	: <u>nabuhuna</u> (same as for vagina)
- hair	: <u>wulum</u>
- pubic hair	: <u>nahorona</u>
- to be pregnant	: <u>tsutsuni</u> (transitive form)
- to have a miscarriage	: <u>momatsala</u>
- to abort	: <u>momosia</u>
- to deliver/give birth	: <u>motsovi</u>
- uterine contractions	: <u>uhutia</u>
- labour pains	: <u>mapahahu mo hatsi hatsi</u> (= my back hurts)
- to nurse/to suckle	: <u>susia</u>
- to suck	: <u>mususu</u>
- to be barren	: <u>moravoravo</u>
- sexual intercourse	: <u>teraharihari</u>

The flow of periods varies considerably from one woman to another, but whatever, they must not last more than 4 days. Any lengthy menstruation is a sign of the naymahinalohu sickness which is caused either by an evil bush spirit or by witchcraft. If it is the first, the condition is treated by pressing a napiro(1) flower to the navel, or by drinking the juice of a small piece of nalamuatsua bamboo. There is a different treatment if the sickness is due to witchcraft, but we found no one to tell us about it.

A young girl announces the occurrence of her first menstruation to the woman of her choice, her mother, her sisters or one of her grandmothers. No shame is attached thereto, indeed, in the past, a young girl's puberty used to be celebrated at the hanhan inamabus. During this individual celebration, destined to one girl at a time, the young girl's family would hold exchanges with other outside families. Girls were usually married at a young age and would join their husbands well before puberty. The first initiation to sexual intercourse would take place before the girl had ever had a period. During their periods, the women would go to live for 4 days in a special little hut built on the outskirts of the village. They were not allowed to either cook for the men, nor work in the garden, nor swim in the river, nor wash, nor have intercourse with their husbands.

Nowadays women stay at home and continue to do the household chores, but they are still forbidden to go to the garden, in case they give the tubers a bad smell, and they are not allowed to have intercourse. If a man has any contact with menstrual blood, he is immediately struck with the diasili sickness which results in a swollen abdomen and anorexia. Although this is a custom disease, its traditional cure has been forgotten and it is now treated at the dispensary.

Then menstrual blood may also be used in witchcraft (taytayesi). Mixed with food, it causes the final death of whoever eats of this concoction. According to a medicine man, the sickness is incurable and this is often the diagnosis given to explain a sudden death.

A child is formed by contact of the man's sperm with the woman's blood in the uterus. The blood coagulates in the womb to produce the child, can no longer flow away and periods stop. Only sexual intercourse can bring the menstrual flow to a halt. One only contact is sufficient to conceive, but as a rule it takes several. It is a matter of luck, they say, since the sperm has to join up with the maternal blood. As the woman is always fertilizable, the more the man stays with her, the more likely it is that the couple will have a child. According to the women, the man's role in conception is limited to the sexual act. However, it would be interesting, in the course of another visit, to ask the men for their opinion on this subject. Too many sexual relations can never harm the man, but the woman may fall sick. If they occur in the woods, the woman will be struck with the nasihea:li sickness,

(1) Most of these plants have been gathered and at present they are being identified. For the time being we prefer to call them by their vernacular name.

which results in aches and pains all over and has to be treated through appropriate chants. If she is pregnant, she may lose her baby.

The first indication of pregnancy is an amenorrhoea for 1 or 2 months. Then the woman feels tired, starts to throw up, has headaches and only wants to eat fruit. Her breasts change and her nipples darken. She knows she is with child. This does not affect her life though, and she continues to carry out her household chores as by the past; not even her relations with her husband change. She takes no medication to overcome the physiological upsets caused by her condition, she simply waits for them to disappear of their accord. Nevertheless, this is the time when she can catch the matsina sickness. She is asthenic, icteric and feels nauseous. As a rule pregnancy lasts 8 to 9 months, but some women can produce a beautiful baby within 6 months. Only with the first pregnancy, a woman should not eat fish caught by hook for fear of having a difficult confinement.

The baby takes shape in 4 months in its mother's belly, from the tip of its head to the end of its toes. After the 4th month it grows and puts on weight, then gets ready to exit the maternal womb by turning its head downwards. When the baby moves, it means it is happy, and when it turns round, it means it wants to be born.

3. Methods of Delivery

Traditional Confinement

There is no organized system of midwifery. The woman in childbirth is attended by other, older, women, usually chosen within the closer family circle, her husband's mother or sister. If a problem occurs, the nahuropu (healer) is called in. The healer is always a man. In the old days, a woman gave birth in the women's hut, the place where they would go during menstrual periods. The woman sat down on a banana tree trunk, and while one help supported her firmly under the arms and another held her legs widely spread, she herself gripped a rope tied to the roof of the hut and pulled on it hard during the contractions. The infant would drop gently onto a bed of leaves spread out in readiness. He was not helped out, but hands supported him to cushion the fall. The mother was never massaged, nor examined. They waited for the delivery, and cut the umbilical cord with a bamboo knife (lamwavelihe)(1), after having applied pressure slightly to push the blood towards the child. No ligature was made to the cord. The placenta was buried outside the house. Nowadays, if there is no dispensary in the vicinity (2), delivery is usually at home, along the same lines as before, except that the umbilical cord is cut with cissors, or a razor, or a knife, etc. Once the extremity of the dried cord falls off the child's belly, it is planted in a young coconut tree or near a yam. When the coconut or the yam is ripe for eating, the family organises a repast at which the

(1) This name means both the tool and the variety of bamboo used to manufacture it.

(2) The closest dispensary does not cater for confinements, so the women have to submit to two days' travel, by boat and truck, to reach the Luganville hospital and give birth there.

child's father and the father's brothers share the fruit, if the new-born is a boy. If it is a girl, the ritual is the same, except that the child's mother and the mother's sisters share the particular fruit. If a delivery turns out to be long and difficult, the mother has to publicly confess, if there has been an unknown act of adultery, otherwise the confinement may end with the death of the mother or the child. But if no adultery has been committed, and still delivery is difficult, the healer (nahuropu) should be called in, as it may be due to some act by an evil spirit.

Post-Partum Care

The mother and her child do not leave their home nor wash themselves until the baby's cord has dropped off (approx. 4 days). Immediately upon birth, the mucus is drawn out of the baby's nose and throat. A small branch, deleafed and warmed up (navetsehu) is inserted into its nostrils and gently moved about to clear and open the baby's nostrils. Immediately thereafter it is put to the mother's breast.

Mother and baby are allowed to go to the garden after a month, following a short ritual intended to ward off the evil spirits: finely ground charcoal is spread in a mud mass over their forehead. The baby is suckled until the mother's next pregnancy, i.e., for 1 or 2 years, for there is no post-partum abstinence and conceiving can occur every year. To wean her baby, a woman will often spread a thin layer of crushed pimento over her breast. The child is initiated to its first solid food very early on, in some cases on the very first day. Like in other areas of Vanuatu, this usually consists of taro or yam which has been well chewed and is inserted on a finger into the baby's mouth.

At present, a mother whose milk is drying up may ingest some milk-producing plants. In the event of her death, the child is fed on sugar cane and green coconut. And if a woman has no wish for another child too soon afterwards, she can put a spell on her husband, unbeknown to him, and thus deprive him of any sexual urge for a year. There are also contraceptive leaves which the woman has to take daily. Barrenness is related both to man and woman, but it was difficult to be specific about causes. Generally, womentoday acknowledge that causes of barrenness are to be diagnosed at hospital. A woman who is barren is not denounced by her spouse, the couple simply adopt one or several children.

Finally, the women of Pialulup stated that series of pregnancies do drain a woman, who is therefore weaker than the man and falls sick more often than him. However, according to them, women would live as long as men.

4. Anthology of Recipes

As already mentioned, there are no specialised midwives at Pialulup. Mainly it is the men who know which plants to administer in the event of difficult confinements or in cases of barrenness, as well as which ones are contraceptive, abortive and milk-producing.(1)

Knowledge is transmitted in the usual way within the paternal line. But there are cases where the healer drinks some potion and dreams. In his dream he is shown a plant or given the name of the disease from which his patient suffers. He then knows what treatment to use. The plant he dreams of may already be known, or it may be a new one, which then goes to increase the traditional pharmacopoeia.

Of course, some of the recipes related to common family medicine are known to the women, as is the case, for instance, of those dealing with sickness which may occur during pregnancy (e.g. the matsina sickness), and of those enabling to overcome discomfort during menstrual periods (over-long or painful).

The plant(s) is(are) collected and the medicine to be administered may be prepared in different ways.

When it is to be ingested, the ingredients may be simply crushed and the juice obtained is either drunk as is, pure, or diluted in cold water. Where the leaves are tougher, the juice may be extracted by passing the leaf lightly over a flame. Or, as the case may be, it can be turned into an infusion or a decoction.

Where the medicine is to be administered externally, the most favoured method is the cataplasm, which is made up of crushed leaves or barks. Plants may be used when fresh or by putting them lightly over a flame, or even by cooking them in a bamboo. The whole result is then held in place by a piece of cloth. Another way is to crumple the plants between the palms and to use them to rub the part of the body that needs it. In some cases a large basin is filled with cold water into which the various ingredients are thrown and mixed together (be they crushed or whole), and then used to wash the patient. The same method may be followed, but after having heated the water up to boiling point. Yet again it may be sufficient simply to apply the plant to the part to be cured.

Remedies are prepared extemporaneously, using freshly gathered plants. Most of the recipes are straightforward, involving 1 or 2 plants, seldom more than that, and treatment is of short duration (1 to 2 days). As he administers the medicine, the healer (nahupuro) starts to chant whichever theme is appropriate to the case being treated.

In the course of this fairly brief survey (5 days), we were told

(1) We have our own doubts as to the truth of this statement, made repeatedly. In our opinion, the women must also know some of the plants, but are not allowed to talk about it. Unless this knowledge has simply been forgotten in the course of the social structural changes which have been wrought over recent years in the area.

of one plant with contraceptive properties, 3 plants as milk-producing, one as aphrodisiac; 6 are used for the matsina sickness which occurs during pregnancy, and 2 for menstrual periods which are too long or painful.

Obviously, it is not really possible to confirm the actual effect of a plant with only one, initial, survey. So we are planning a number of recurrent surveys to be carried out throughout the whole of the archipelago.

III. CONCLUSION

Another survey followed this initial survey in Santo, this one was carried out in Malakula, at South West Bay. We can already comment on the project.

Gathering all this information (genealogy, knowledge and understanding, traditional pharmacopoeia) is a time-consuming task; it is not always easy to obtain all the required data on one visit. In addition, there are some questions or aspects of the investigation which are awkward to broach, either because of the high degree of significance from an information point of view, or because they touch upon delicate and embarrassing subjects. People get to know us better upon a second visit, they are more open to questions and more likely to provide further recipes.

In some cases, like at South West Bay, the medicine men are very interested in the survey and having given us a lot of information, they asked us to come back to continue the work further.

For all these reasons, therefore, it would appear vital to go back over the same ground again.

Nonetheless, because we hold to a specific therapeutic aspect of medicinal plants, we are able to avoid systematic listings of records which are somewhat difficult to assess, however essential they may be. Moreover, with this cross-section of disciplines, we can compile more comprehensive and satisfactory information on the subject. In any case, there is no alternative but to take a multi-angled approach to the topic of birth. We now hope that this first attempt of ours will open the way to other similar research efforts.

Schedule 1

VOCABULARY ON REPRODUCTION

Island:

Language:

Village:

No.:

I. GENERAL

1° man

10° menstruation

2° woman

11° to love

3° foetus

12° spirit

4° twins

13° shadow (of object)

5° baby girl

14° shadow (of human)

6° baby boy

15° shade

7° girl child

16° water

8° boy child

17° basket

9° menstrual blood

II. ORGANS

18° belly

25° uterus/womb

19° pubis

26° vagina

20° breast

27° placenta

21° nipple

28° clitoris

22° maternal milk

29° vaginal secretions

23° saliva

30° umbilical cord

24° blood

31° navel

32° ovary

39° foreskin

33° ovule

40° sperm/semen

34° tube

41° prostate

35° amniotic liquid

42° urethra

36° penis

43° pubic hair

37° glans

44° hair

38° testicles

III. PHYSIOLOGY

45° to be pregnant

53° evacuation of placenta

46° to abort

54° to nurse

47° to have a miscarriage

55° to suck

48° to deliver

56° to be barren

49° to be born

57° to masturbate

50° uterine contractions

58° sexual intercourse

51° labour pains

59° to physically desire

52° lochia/cleansings

Schedule 2

KNOWLEDGE AND PRACTICES REGARDING REPRODUCTION

Island:

Language:

Village:

No.:

Informer: (Indicate language used during interview and status of informer(s))

I. Menstrual Periods

1° Explain why women have periods; how they occur for the first time and how they build up every month.

2° How long do periods last?

3° How heavy are they?

4° Is there any danger for a woman if her periods:

- last too long,

- are too heavy,

- are very light

- 5° List all diseases of periods and indicate their cure.
- 6° Whom does a young girl tell of the onset of her first periods? How may a mother suspect that her daughter has her first periods?
- 7° Are there any means of bringing on the first periods?
- 8° In the old days, was there any special ceremony to mark a girl's first periods? If so, describe it, focusing particularly on the following aspects: whether or not the young girl was put under confinement; celebration only for the one girl or group celebration; teachings about reproduction by the elders; exchange of property; etc. Specify whether this ceremony is still held nowadays.
- 9° Once a girl has attained the age of puberty, does she have to be married off quickly? On the other hand, is sexual intercourse (S.I.) allowed prior to puberty? If so, are they conducive to bringing on the first periods?
- 10° In the old days, did women go to a particular place during menstruation? Where was it located?
- 11° Does she stay at home today?

12° When a woman has her menstrual periods, can she -

- eat anything?

- work in the garden?

- go and fish along the reef?

- prepare meals for the family?

- have S.I.?

13° In the old days, did the women leave the menstrual blood to flow freely or did they contain with some garment or other? What do they do today?

14° Do you consider menstrual blood to be dirty?

Is it dirtier than faeces, urine?

15° Are men afraid of menstrual blood? Can it make them sick?

16° Is menstrual blood used in witchcraft?

17° Is a woman more susceptible to germs and infections when she has her periods? What kind of illness?

II. Conception

- 18° Describe how a baby is formed at the beginning (focusing on the man's role in the act of procreation; is S.I. necessary to conceive? is once enough? Can a woman get pregnant without the man being involved? etc.)
- 19° When is a woman at her most fertile? And a man?
- 20° What does a mother give her child - who provides the blood, the bones, etc.?
- 21° If one of the parents is ill at the time of conceiving, is the disease transmitted to the child?
- 22° List the recipes -
- to have a girl
 - to have a boy
 - to have a definite number of children (3 or 4 for instance)
- 23° Can you have S.I. anywhere (in the bush, in the garden, at home)? At any time? (is it forbidden at certain times of the day or during the year? Try and find out whether, for instance, S.I. is allowed in densinghiring season, at yam planting time, etc.).
- 24° Are girls taught about the subject before they have their first S.I.?

25° Can you be ill after S.I.? List and describe the diseases, indicate their cure.

III. Pregnancy

26° What are the first symptoms of pregnancy? (any particular cravings or not).

27° Describe the child's growth in the womb. In particular, specify at what time consciousness, hair, breathing, blood appear.

28° Are there any cures to ease the discomfort of pregnancy in its early stages and later on?

29° What food is forbidden during pregnancy?

What kind of food is recommended?

30° What activities are either forbidden or recommended during pregnancy, why? (Especially with respect to gardening, fishing, S.I., cooking).

31° Describe the various risks a pregnant woman faces and the means of preventing or remedying them. (Witchcraft, miscarriage, etc.)

32° Why does the foetus move in its mother's belly? Why does it turn round before delivery? Can you tell whether a child is happy in its mother's womb, how?

33° Who gives advice to a pregnant woman? Does she have dreams? Does she come under the watchful care of certain members of her family?

34° Can a woman have an abortion? If so, what are the reasons? Are there any recipes for aborting?

35° What kind of precautions does a husband take towards his pregnant wife? And the rest of the family?

IV. Confinement

36° Are there any midwives traditionally acknowledged as such in your community/society?

37° Describe the traditional delivery, then reply to the following questions, 38 to 41.

38° Who cuts the umbilical cord? How? When?

39° What happens to the small end of the cord when it dries and falls off?

40° Are there any remedies to avoid it getting infected? To prevent umbilical hernia?

41° What happens to the placenta? (Details of what is done with it and who does it).

Figure 1.: Terminology of Family Relations at Pialulup

A. Terms of Affiliation

1. tata : father (F), father's brother (FB)
2. meme : mother (M), mother's sister (MZ), father's sister (FZ)
3. tarisana : mother's brother (MB)
 mother's mother's brother's children
 (D and S) (MMBD/S)
4. tasihu : sister (Z)
5. mavinehu : brother (B)
6. tavalu:na : children (D and S) of - FZ
 - FB
 - MZ
7. tupu'u : - MBS
 - MMBD/S-D/S
 - husband (H)
 - HB
8. saniu : MBD
 HZ
9. matu'u : children (D and S) of ego
 Z
 B
 FZS
 FZD
 FBS
 FZD
 MZS
 MZD
 MBS
 MBD
10. ipiu'u or pi : all the ancestors
 (MM, MF, FM, FF, etc.)
 all the grandchildren
 (SSD and DSD, ZDS, ZDD, ZSS, ZSD,
 BDS, BDD, BSS, BSD)

B. Terms of alliance

11. mavinehu : HZH
12. tavalu atsay or tasihu : HBW (W=wife)
13. balihau : DH
14. matu'u : SWB/Z
15. ipu'u : SW

49° How do a woman and her family make ready for the birth of a child?

50° What risks does a woman in labour face?

51° What rituals are carried out at delivery?

52° Are twins welcome, dreaded? Why is it that a woman can give birth to twins?

53° What is the meaning of the caul?

54° What are the causes of death at birth? How to prevent this?

V. After-birth health care

55° Is the child suckled immediately following delivery?

56° Is it washed and cleaned up straightaway?

57° What care and attention is given to the child? And to the mother?

58° What happens to the child's first stools?

- 59° How soon can the mother and her child leave the house and go outside?
- 60° How soon thereafter can a woman go to the garden? Does she have to undergo any ritual?
- 61° How old does the child have to be to be allowed in the garden? Does he have to undergo any ritual?
- 62° Is everybody entitled to feed a young baby and to carry it?
- 63° What plants help to produce milk?
- 64° If a woman has no milk, can the child be suckled by another woman?
- 65° Is S.I. allowed while the woman is still breastfeeding? Why? If not, does the man seek to entertain relationships with other women?
- 66° What should a nursing woman eat or not eat?
- 67° Is a child nursed during the night?
- 68° Up until what age does a child continue to suckle?

69° How is a child weaned? At this time does a mother use plants to stop the milk from rising?

70° When is a child named? How many names is he given? Who names him?

VI. Barrenness

71° Can you tell just by looking at a girl whether she will be fertile or not? Does it have any bearing on the marriage selection?

72° Why is it that a woman can be barren? And a man?

73° What recipes help cure barrenness in a woman, a man, a couple who has already had children?

74° Does a husband disown his wife if she is barren?

VII. Menopause

75° What is the menopause age for a woman?

76° How does a woman know she has reached menopause, what are the signs?

77° Is a ceremony held to mark the change of life?

78° Does a woman's activities alter upon menopause? Is she then allowed to drink kava or take part in activities which are a man's privilege?

79° Are there any leaves to accelerate or slow down the change of life?

80° Does it make the woman change afterwards? Is she ill during or after menopause? If so, are there any leaves to relieve the discomfort?

VIII. Miscellaneous

81° Who lives longest, man or woman?

82° Who is the weaker of the two, man or woman?

83° Who is more often ill, man or woman?

84° Is a big woman beautiful? Will she have healthier children? Will she live longer? If so, are there any ways of fattening a woman?

85° Who protects a woman when she is old? And a man?

86° What ways and means does a woman employ when she does not want any more children?

REPRODUCTION PLANT - REFERENCE CARD

Date:

Island:	Language Group:	No.:		
<u>Informer</u>	<u>Communication</u>			
- Language:	- direct:			
- Sex:	- w/interpreter			
- Capacity:	- Language:			
Plant	. Scientific Name: FAMILY: Genus, Species, variety: . Name in bislama: . Vernacular name: Meaning :	Herbarium N°:		
		Ref. N° Vanuatu		
		Part used:		
Applications	Used singly <input type="checkbox"/>	in conjunction with others <input type="checkbox"/>		
	<u>Fertility-related</u>	Code	<u>In Gynaecology</u>	Code
	. abortion	001	. menstrual problems	014
	. contraception	002	. puberty	015
	. fertility	003	. others	016
	. child selection	004		
	. others	005	<u>Miscellaneous</u>	
			. urination trouble	017
	<u>Pregnancy</u>		. aphrodisiac	018
	. effect on mother	006	. uro-genital infection	019
. effect on foetus	007	. S.I.	020	
. delivery	008			
. others	009	<u>Other medical uses</u>	021	
<u>Post-Partum</u>		<u>Other non-medical uses</u>		
. mother care	010	. hunting	022	
. child care	011	. fishing	023	
. milk production	012	. gardening	024	
. weaning	013	. others	025	
Patient	<u>Sex</u> ♂ ♀	Disease: - name: - description:		
	<u>Particular traits:</u>			