

Chapter IV

The Social Body of the Infant

"Children are the outcome of the interactions of multiple others"

(Strathern 1988:316)

If anthropologists get the societies they deserve, as it is sometimes said, then anthropologists working in Melanesia must possess an unending fascination with the potentials of the human body. In highlands societies the body, this "first and most natural tool of man" (Mauss 1968), holds a prominent place in social relations. Extraordinary skin decorations associated with dance (O'Hanlon 1989; Strathern & Strathern 1971); symbolic bloodletting marking puberty (Herdt 1994); and attempts to build the body using semen and sexual acts (van Baal 1984): in each the body visibly holds a central symbolic place in highland social life. The presence of the body in myth, in local systems of knowledge, and in the imaginary is equally prominent (Gillison 1993; Meigs 1984). Overall, the richness of relationships that link bodily practice to the social realm has been well-documented both as a specific focus of research (e.g. Battaglia 1990; Herdt 1984a, 1984b; Juillerat 1986; Meigs 1984; O'Hanlon 1989; Strathern & Strathern 1971) and as an integral component of broader studies of ritual, kinship, and political practice (e.g. Biersack 1995; Godelier 1986; Knauft 1985; Mimica 1991; Stürzenhofecker 1995).

In the midst of these riches, a problematic ethnographic patterns holds. Research privileges links between the body and society. What has been explored time and again are ways that the body is used as a tool to define or strengthen social boundaries of descent and group affiliation (e.g. Meggitt 1965). More recently, local knowledge about internal workings of the body--indigenous theories of nutrition or of reproduction, for

example--have also been linked to the broad boundaries of social groups (e.g. Meigs 1984; van Baal 1984). In both types of research, the body functions primarily as a "template for social organization" (Lock 1993a:136) and holds only a minor supporting role in the building of general theories about society.

Bodies *do* matter in Melanesia, and they matter particularly in terms of meanings ascribed to them. However, there has been little attempt to distinguish the "body" as other than a general object of social practice. The broader contemporary theoretical understanding of the body as a complex, contested site that is implicated in concepts and practices of emotions, self-identity, aesthetics, and violence remains in the main unexplored (but see Battaglia 1990 for seaboard Melanesia; Knauff 1994 for south New Guinea; Errington 1990 for Island Southeast Asia). A broader analytic framework of the role of the body has the potential to qualify understanding of social relations, yet also undermines works that argue for the preeminence of the "social" in Melanesian ethnographies. Starting analysis from the locus of the body opens analysis up to the study of a different set of relations (Haraway 1988).

This chapter describes and discusses ways that Dani understand the bodies of their infant offspring. Within the broad parameters of research on the body in Melanesia generally, I focus on the problematic issue of the "social body"; that is, ways in which the Dani conceptualize nature, society, and culture through the natural symbol of the body (Scheper-Hughes & Lock 1987). This chapter scrutinizes how social meanings are ascribed to infants and the links made between social meanings and the physiological regularities of the infant body. Using the concepts of "local biologies" (Lock 1993a, 1993b) and "sociality" (Strathern 1988), I show how corporeal characteristics of the very young contribute to the building of social relations. After a brief outline of my theoretical position, I describe Dani views on conception, pregnancy, and infant care in order to distinguish two types of bodily processes: *fixed* characteristics of the infant's body such as the fact that every child is born with a placenta, upon which social relations are built;

and *variable* characteristics of the body, such as speed of growth or health, wherein negotiations about status, gender and power may be acted out. I make these distinctions partly because the Dani do so, and partly to emphasize that a study of the "social" body would restrain analysis to fixed characteristics only, thus denying that infant bodies are sites for contests of meaning. In sum, this chapter works against an assumption in anthropological literature that what a culture believes about conception and reproduction serves as a useful analog for how it defines other things (Franklin 1995a:335). Instead I suggest that the study of infants requires a set of much more tentative generalizations because meaning about infants often works within the material limitations of the human body.

The distinction between fixed and variable characteristics of the infants leads to a discussion of ambiguities centered in the body. According to the Dani, infants are *epe eak* (small persons), but they achieve this status primarily through interpretations others make that are grounded in ideas about the infant's body. The infant's body is ever-changing. Interpretations of an infant's social status remain ambiguous because of the variable aspects of infant physiology. In other words, babies are always in a state of becoming something. There is no time in which they are not persons, but they are not the kind of person well-described in anthropological literature, which is persons as "constructs deemed capable of experience, will, action, identity" (Kirkpatrick & White 1985:9). Dani babies do embody personhood; they are "embodied actors" (Fajans 1985), but because of the variable nature of their bodily development they are not in local terms seen as displaying the agency or action of adults; they merely incur the agency and action of others. The rich symbolism the body offers plays a very important part in confirming the validity of the "hypercognized" (Poole 1985) status the infant holds in Dani social life.

Theories of Sociality

Of scholars who have had a lasting influence on research on the body and society in Melanesia, thinkers from the *Annales* school in the early 20th century stand out. Marcel Mauss' work on the techniques of the body, "the ways which from society to society, in traditional ways, men know how to use their bodies" (Mauss 1968:365, my translation) gave impetus to a set of Mauss' followers who legitimized an arena of inquiry that focused closely on the microscopic details of bodily practice in cultural context. Heider's ethnography echoes Mauss in the way that he looks at the body as a site where culture is made public through the minutiae of daily practice such as bathing, hair cutting, toilet, adornment, body protection, body concealment, and mutilation (Heider 1970)⁴².

The work of Durkheim from the *Annales* tradition has also shaped Melanesian studies. Durkheim (1965) argued for a functional relationship between social structure and religion, wherein totemic symbols were built from the collective self-realization of the clan. Anthropologists have applied this approach to show how Melanesian rituals maintain the cohesiveness and effectiveness of descent group formation (Meggitt 1965; Whitehead 1986). This concern to understand the nature of social formation has taken precedence over other forms of analysis, with the result that anthropologists have sought "to locate social significance at the level of *overtly* collective behavior and representations" (Weiner 1988:571, italics in original).

Although analysis has moved from what goes on on the surface of the body-- "what is carved in flesh is an image of society" (Douglas 1966:116)--to symbolic understanding of the body's inner workings as well--blood, reproduction, nutrition, health and illness--there are very few works that do not continue to tie symbolism of the body to wider social practices. The body has repeatedly been viewed as providing the primary

⁴² Mauss urged study in the following areas: sex, age, efficiency, transmission, birth, obstetrics, infancy, adolescence, adult life, sleep, waking, activity, care of body, consumption, reproduction, the abnormal (Mauss 1968:105).

"raw material," the presocial base for collective categories (Comaroff 1985). In the work of Meigs for example, the body of the isolated Hua people sits as the focal point of all beliefs, in keeping with its prominent symbolic position in Melanesian societies: "Spirits, deities and the supernatural in general play no role. Instead, the body, sacred temple of all power, is approached directly, its contents assessed and monitored, its intake and output carefully regulated" (Meigs 1984:135; see also Poole 1985).

It is facile to rest analysis at the level of overt signs or of stated relations only. It can be argued that unless the ethnographer explicitly questions the role and benefactor of local categories such as "body" and "society," the body too easily can be seen as a social facilitator whose primary function is to visibly reinforce social boundaries of inclusion or exclusion (for critiques, see Keesing 1982; Sturzenhofecker 1995; Knauff 1993).

The study of "sociality" provides a broader and more inclusive framework for beginning analysis than the category of "society." An approach grounded in sociality does not assume the existence of a society in the contemporary EuroAmerican sense as an established structure of institutions. Instead studies of sociality look at patterns constructed out of the interacting events that constitute social action, out of the way people create themselves socially (Wagner cited in Bonnemère 1993). Social action is motivated and creates relations on the ground (Strathern 1988; Battaglia 1995a).

This "new Melanesian ethnography" of sociality (Josephides 1991) offers a route into a more detailed analysis of the body's complex role in defining social groups. The body is no longer distinguished from the social world in which it existed by being studied for its symbolic efficacy only. Body, person and society are now seen as inextricably mixed (Strathern 1988,1991; Battaglia 1990,1995b). One important arena of review was the attempt to dissolve hierarchical relations where symbol was seen as subordinate to social life. A second has been to reject strict delineations between categories of people (Wagner 1991; Strathern 1991; see also Strathern & Sturzenhofecker 1994). A third offers the insight that selves are multiply constructed and always linked to other people

(Fajans 1985; Battaglia 1995a). In a word, this perspective acknowledges the complexity of what it means to be a "social" person.

The work of M. Strathern has been instrumental in clarifying patterns of self-making in Melanesia. In The Gender of the Gift (1988) she aims to develop an endogenous analysis of the status of women in Melanesia and characteristics of Melanesian sociality. She argues that persons should best be understood as "dividuals," neither single persons nor full social fabrications, but rather as things built. Persons do not have "identities" in the normative Western sense of the word. The goal is "to conceive of persons as more than atomistic individuals but less than subscribers to a holistic community of shared meanings" (Strathern 1991:53). Persons are built through relations between people, and through economies because "exchanges of objects, whether as gifts or commodities, are seen to engender and concretize subjects' attributes...over the course of their social life" (Battaglia 1995a:3; see also Wagner 1991).

One of the most startling but logical outcomes of Strathern's position on persons as things that are built--not born--occurs when she takes to task the EuroAmerican assumption that "women make babies" (Strathern 1988:311). In Melanesia:

Women do not replicate raw material, babies in the form of unfashioned natural resources, but produce entities which stand in a social relation to themselves...Moreover, Melanesian women are not seen as the sole agents of childbirth. If mothers produce entities already in a social relation with themselves, this is because of the prior conjugal and marital exchanges which embody the acts that other agents have also taken. Children are the outcome of the interactions of multiple others. (Strathern 1988: 316)

Persons, babies included, are built by creating them through social action: social action creates relations 'on the ground', and prepares persons [as objects] who [as subjects] perpetuate those relations (Josephides 1991:147). Wagner uses another term to describe the same process, the fractal person; "an entity whose external relationship with others are integral [internal] to it" (Wagner 1991:159). In other words, a Dani baby does not exist by himself; he is made up by others, not just in terms of male and female

contributions to parts of the body, but in terms of clan affiliations, inheritances, and loyalties. Any perceived weakness or lack in the baby's body immediately reflects back on the people and spirits who had a hand in making him (the political ramifications are complex and are reviewed in detail in chapter 5).

In Poole's (1985) lucid work about the Bimin-Kuskusmin of Papua New Guinea, infants are said to live in a state of incipient personhood, where ancestral characteristics, individual traits, and parental contributions coexist and mature slowly in tandem with the infant's body. These evolving and overlapping features can be threatened at any time - thus the body of the infant is much scrutinized, and ways of explaining deviance from the norm are highly complex. In a world of high infant mortality, the Bimin-Kuskusmin "hyper-cognize" infants, seeking through bodily signs cues about weakness in personality development or the successful invasion of evil spirits and so on. The issue I explore in this and the following chapter is how crucial the body is as a zone for the ways that the infant, fractal person in the making, is understood as he slowly develops into an adult person. "Through an often implicit comparison with later stages of development, the attributes, capacities, and signs of personhood are both assigned and denied to normal and abnormal infants in a limited manner in order to construct the category of infancy as one of incipient and fragile personhood" (Poole 1985:223). Poole suggests, and I concur, that the infant's cries and needs neither make him an actor nor a non-social object.

In focusing on the corporeal presence of the infant, I am working with the knowable. Following the work of Lock (1993b), I focus closely on "local biologies" of the infant. In Lock's work on the cessation of menstruation in Japan and North America, she argues there is no such thing as a universally consistent female menopausal body, grounded in a given biology, upon which meanings are built. Rather there exist dialectics between "cultures and local biologies, both of which are subject to transformation in evolutionary, historical, and life cycle time bytes" (Lock 1993b:146). In a recent study of brain death, Lock (1995) also shows how microscopic details of bodily change are

recorded by observers and given meaning that is historically and culturally situated. What *may* be the same universal "hot flash" or "brain death" is given local interpretation. What may be deemed a universal physical experience in one cultural context may be physically absent or not recognized in another. Such variations in the putative universality of the human body stops complacency in its tracks. It forces attention on to local corporeal realities as the analytical starting point: meaning starts from there. A close look at almost any ethnographic record, and from New Guinea in particular, drives home the point that the corporeality of the body always insists on *meaning*. There is no room for an analysis resting purely in semiotics, for the body cannot be "discoursed out of existence" (Sheets-Johnstone 1994:63; see also Knauff 1994; Haraway 1988).

The Social Body of the Infant

In Kuliama, men and women alike enjoy talking about babies, in particular their own. In the main, there was agreement between both sexes on the general features of reproduction. I interviewed adults only as children and adolescents *belum tahu baik* (do not have proper knowledge) to know this information. The following information is culled from ten extensive interviews with mothers, from two extensive interviews with fathers, and from 20 shorter interviews with men and women that covered topics of pregnancy, childbirth, and early infant care.⁴³ In the main, while men knew general patterns of growth, women were more expressive and creative in their discussions of conception, pregnancy, and birth. Unlike Jorgensen's research in Telefolmin where he describes two radically different theories of conception drawn along the lines of gender (Jorgensen 1983), among the Dani the basic facts appear consistent among men and

⁴³Data obtained through the 25 UNCEN-WATCH research project interviews also supports these theories of procreation and childbirth.

women. Nuance and analysis with respect to infants are the domain of women, however, and it is their voices that are privileged here.

Only women over a certain age, usually those with more than two children, were considered to know enough to be able to provide me with information. Younger women I interviewed about their babies could tell me with confidence that they would take a sick baby to a health clinic, to a traditional healer, or to a tribal leader because that is what their husband told them to do. Older women were more likely to give me their personal opinions on why one seeks certain forms of healing at any given time, and they were often fierce in their opinions. Women in-between, with two or more children were delighted to be given the chance to test out their developing knowledge and candidly expressed opinions and doubts in a series of interviews which they appeared to enjoy. Given the importance and power attached to reproduction and to the making of big, healthy babies, it is not surprising that knowledge about conception is tightly controlled and expressed more readily by women with established status.

Some individual interpretations presented to me as "the truth" did not corroborate with other women's explanations. For example, about half the women interviewed said babies spit out blood from their mouths just before being born, and about a third said that babies drink breast milk from inside the belly. There are no definitive moments that separate fetus from infant, parent from child. Babies are always in a state of "becoming." The give-and-take of ideas about conception and birth reflects the casual, extended and negotiable process of making another person. The fact that these explanations apply to women in the north-central valley only strengthens the case for context-based norms. Cross-checking stories with southern valley Dani produced a different range of tales; thus even in such seemingly unproblematic areas as beliefs about babies, there are no Dani universals.

Conception and Birth

Marta Elopere has three children, and the youngest was about 15 months old at the time of our interviews. Energetic, friendly and full of giggles, Marta talks in a rapid fire tempo and for as long as whoever is listening will let her. Her account of pregnancy and birth broadly follows other women's' renditions:

To get pregnant you have to sleep with your husband ten times. You can't get pregnant if you only sleep together one time. In the first two times you sleep together, woman's blood and man's semen mix together in the uterus in a swirl of a circle. There's no hard center. Then after you sleep together four or five times the swirl gets bigger, the uterus is full, it becomes a *manusia* (human), first arms on one side and then on the other, then hands, then the head. After three months of sleeping together and sleeping together as much as you can then it has genitals, and eyes, and nose and ears. You can still sleep with your husband until the human inside is five months old, when the uterus is very full. At five months the uterus bursts, it splits and the *bayi* (baby) sits inside the mother's stomach. At that point you have to stop sleeping with your husband because you can start to make a second human. This hardly ever happens but one woman had two big babies; it's not good... At seven months the baby is still inside the mother and can move around; it can go up and drink milk from the inside and go around to the back a little bit too. At eight months maybe a *dukun* (birth specialist) will help turn the baby around so that it is ready to be born.

...You know the person wants to come out because all the time they are inside the stomach they can't cry because they have a big clot of blood in their mouth. When the baby wants to come out they spit the blood out of their mouth and then they want to cry so they come out and the first thing they do when they come out is cry. The mother knows the baby will be born soon when she sees the blood the baby has spit out. If a woman has been good when she is pregnant then the baby will come out quick. If a woman had tried to have an abortion when she was pregnant then the baby won't want to come out. Sometimes it tries to hide in the back of the mother's stomach or it won't stay upside down.

...Girl babies grow faster than boy babies. A boy takes a long time, right up to nine months to get to the right size to come out, but a girl can be faster, sometimes seven months and she's ready. Girl babies usually come out fast. You can tell that a pregnant woman has a girl baby because she is big and round. If it's a boy she has a small, hard knot of a ball in the middle of her stomach. When the baby comes out you call to your husband to tell him who it's for. If it's a girl you say "*ini untuk saya*" (this one's for me), if it's a boy, you say "*ini untuk bapak*" (this child is for you).

...A person is always born with an *opase* (placenta, meaning also 'grandfather,' the word for all elder male members of a person's clan). You can't be made a person without a *opase* with you inside the stomach. The *opase* can protect the baby before it is born.

As another woman said during an interview when she was pregnant with her fourth child, "this person inside me can't be without the *opase*. It's what comes with the human being, it's never the human being alone [*manusia tidak bisa sendiri, nopase yang ikut*]." She also says that women worry that the placenta might be absent, and that without the placenta the baby can't be a person, can't be part of their family. A local midwife told me how scared mothers and father are of a placenta that will not come out, as it can kill the mother. The implications of ruptured family relations and the impact on the child of a dead mother also play into those fears. Women will not rest or eat until the placenta comes out, and when it does then is the time for celebration. Close relatives bring the finest sweet potatoes they can dig up for the mother to eat over the next few days, some women give netbags as gifts, and the father will spend a day or so walking about the valley telling significant relatives of the successful birth of his latest progeny.

One well-liked local midwife named Salomina has a healthy respect for the placenta. She spoke at length about its mysteries:

The *opase* (placenta) is the thing to get big first - by three months it's already much bigger than the baby - and then the *opase* will lead the baby around. "*opase*" means "to have a father"; everyone has one. Sometimes I call it boss for fun. It's something for the baby to play with in the belly, it's the leader, it sets the tone. No one has ever been born without a *opase*, *tidak bisa lepas* (you can't be free of it).

...The *opase* protects the baby. One woman had two children and got pregnant when she was still breast-feeding and so tried to have a secret abortion. Each time she tried the *opase* took the baby behind the stomach so the person trying to do the abortion couldn't find the baby and couldn't kill it. The *opase* was looking out for the baby. Then when the baby was about to be born it was scared to come down because it was sure the mother would try and kill it, cut its head off as soon as it came down. The couple had to carry out a confession before the baby would come down, but once they did that, down the baby came and all is well. However, when the placenta came out one side was all red and the other side normal. The red side is where the *opase* tried to protect the baby--it suffered the damage, not the baby.

The goal of conception, pregnancy and birth is to produce a healthy baby. Marta states that the baby is built over the course of several sexual encounters, and this idea holds for all interview respondents. To make a full-term baby, parents need to have

sexual relations for an ideal ten times. Less than five is dangerous.⁴⁴ In one example, a skinny and sickly ten-month old girl, pale-skinned and big-bellied, had a sickly body according to her parents and other adults from her compound because mother and father could not sleep together the full complement of times.⁴⁵ Usually, once a woman discovers she is pregnant, she and her husband will ensure that the baby gets fully formed by having sexual relations as often as possible. At this juncture, the community takes great pleasure in teasing the father and mother who are now allowed to publicly move out of the 6 year post-partum taboo that they have ostensibly held to all this time. Semen must all come from the same man in order to produce a pregnancy, which means that extra-marital sex does not result in pregnancies unless it takes place several times with the same person. Semen replenishes itself, but slowly, and men must eat well to build up a supply.

The mother's blood plays a vital role in producing a healthy baby.⁴⁶ The blood that mixes with the semen to form the baby comes first of all from menstrual blood whose path is diverted to form the infant. Other blood comes from the stock that women have inside their bodies. A woman can build up her blood supply over the years slowly by not having too many children or by not working too hard, but younger women are seen as having a better chance of giving birth to healthy children because they have a large supply of blood stocked up in their bodies: they are "naturally" sufficient. A body full of blood makes for a plump woman. An unmarried woman is "full of blood" and an

⁴⁴Most highland societies have a similar belief about procreation. Men and women must sleep together several times to "start" a baby, with quantity of semen the key to building a good, strong baby. However, in contrast to many other societies, where once a baby is formed sex stops, among the Dani sexual activity continues for two or three more months. The distinction appears to reside in beliefs about semen: in some societies, it is a non-renewable and rapidly depleting resource whereas among the Dani it is renewable, although slowly (e.g. Herdt 1984b; Meggitt 1965)

⁴⁵While gossip about sexual activity is the norm, in this case it was known that the husband returned to his natal village early on in his wife's pregnancy.

⁴⁶In many other highland societies, women play a much less important role in making babies: the Lusi, for example, believe that the baby is made entirely from semen, with women as the container in which the baby grows (Counts 1984a). In others, semen plays a less prominent role and woman's contributions are the most important.

object of desire. As women age and have children their bodies grow thinner and smaller. Their blood is being used up by their children and blood does not replenish itself easily because women work too hard. A dominant perception is that an older woman is less likely to produce a healthy, plump child because she has *darah habis* (run out of blood). A thin infant born of an older mother thus has *darah kurang* (shortage of blood). My friend Lina, who has had five healthy children, looked down at her body during one of our interviews and sighed, "after five children, my blood is all gone, I am skinny now."

I heard a wealth of stories that show how the behaviour of parents and of ancestors can affect the birth of a child. Men who sleep around, gamble, fail to fulfill brideprice obligations, or in any way offend the ancestors, run the risk of inducing a hard labour for their wives. Women too can bring about their own misery through adultery or by running away. As the midwife Hermina suggests: "if the baby doesn't like the looks of the situation in his family, then the baby will try not to come out. If the father misbehaved or the mother tried to have an abortion, or if the situation with respect to ancestors and payment of pigs is not good then the baby will try and hide in the top of the woman's body."

The three rituals enacted to alleviate a difficult birth that were frequently discussed all have the goal of procuring a quick confession of misdeeds and serve to right social wrongs by begging forgiveness from the ancestors. A fairly common ritual is to gather some water from the *honai adat* (ritual house or *silimo*) and to sprinkle it over the body of the woman in labour. Another practice is for both parents-to-be to verbally confess sins they have committed, sometimes directly to each other but more usually through an intermediary because, as one woman said: "I don't want to hear him tell me these things, it makes me very *sakit hati* (heartsick)." Confessions usually work to clear the air and to allow the baby to come out with confidence. If labour remains at a standstill in many cases the husband will kill a small pig, removing the ears and tail for the ancestors, and will cook the pig quickly and feed a small piece to his labouring wife.



Figure 17
This child reflects ideals of plumpness.

According to the midwife Salomina, if this fails then and only then will the father call upon her services. The preference for many families is to execute the birth without the help of midwives and for women to give birth alone or in the company of one of two women in the cookhouse or women's house.

If everything was done right during pregnancy--the woman is plump, the man strong, no evil deeds were committed, semen and blood mixed well, and sex stopped at about the fifth month of pregnancy--then the woman should have an easy birth, and the child should be "healthy," that is, "kicks [her] legs and arms, has good sucking action, and doesn't have bloody or white liquid on the body," according to the midwife Salomina. As it was described to me, when possible women will choose to go into the woman's house for the final stages of labour while the husband paces outside or nervously pretends not to care while he sits in the men's house and smokes cigarettes with friends. If the baby comes out "clean" this means that the blood and semen used to make up the baby have all been fully used up. None of the mother's blood is squandered. If the baby comes out quickly and relatively painlessly this also indicates healthy social status of the parents. Pelesina, who rigorously tries to follow Christian and *adat* moral codes, claimed when her youngest son was born that he came out quickly and with no pain. The placenta came right with him without any delay, he had no blood or white film (vernix) on him, and he was plump and crying. Pelesina also said she didn't have any post-partum bleeding, another sign of a pregnancy executed with virtuous perfection.

The length of the pregnancy depends on whether it is a boy or a girl. Girls grow faster, many respondents explained, and so they are ready sooner, sometimes by eight months. Boys are smaller, make smaller and harder bellies and take the full nine months before they are ready. Even though they come out the same size, labour for a boy is fast, up to two days only, whereas for a girl it can take four days. In every birth story that I recorded, once the husband hears the newborn's cry, he will approach the woman's house

and the mother will call out to advise the father of the child's sex. If it is a boy, "this one is for father" the woman calls and if it is a girl she will say "this child is for me."

Commentary on Conception and Birth

Conception and birth can be understood as reflecting social worlds. Following Leach's (1967) approach in the "virgin birth" debate, Dani theories of conception can be seen to reflect social practices, particularly ideas about gender hierarchies (see also Jorgensen 1983; Biersack 1983; Bonnemère 1993). For example, it is acknowledged that both women and men contribute equally to making a child--her blood, his semen--and the child when born is recognized as being from the bodies of both parents. However, since the child is pushed towards being a gendered person sooner rather than later, then the concomitant obligations in terms of work, kin and behaviour will be shaped by gendered proscriptions right from the earliest moments of socialization (Schieffelin & Ochs 1986; Schieffelin 1990). These prescriptions undermine women's ongoing contributions--through breast milk and through nurturing care--of making up the person. No matter how diligent the mother, the child of either sex takes on the father's clan name and is considered to be "of his blood" and "of his hand." Overall, the child's body can be seen to reinforce affiliation with the father's clan. Yet the woman actively puts the blood from her body into making up the person. Her power in making up the baby is inconsistent with her lack of real political power and status, as we might expect to find if procreation beliefs follow lines of kinship affiliation (Jorgensen 1983).

In generalizations made about the highlands, it has been argued that men and women in egalitarian societies are more likely to show equal contributions to the process of conception, whereas the more skewed the power relations, the more likely one sex is to

have a prominent role in making babies (Jorgensen 1983).⁴⁷ With the Dani, the role of the placenta and the makeup of the inside of a pregnant woman's body do reflect the social organization of the outside world. The placenta springs out of nowhere, requires nothing to build it up, lives freely inside a woman, and yet is fully and consistently male. It has a male name given to all male lineage elders, and it has male characteristics. When people talk about the *opase* in conversation, they affix the prefix *n-* to it, which assigns it the status of an inalienable object, in the same way as the prefixed word is used to designate inalienable fatherhood or clan affiliation. The *opase* protects its unborn kin, decides whether to cooperate in the birth or not, and encourages ambivalence towards the mother for whom the survival of the baby is not necessarily in her interests or in the interests of her kin. The *opase* will protect the baby from a mother who tries to abort. When a baby is born it comes with the placenta, a reminder to the mother that the baby may have come from her body but that her offspring will owe allegiance to the kin of her husband. There are many studies that show the importance of placating the wife's kin throughout a marriage in order to ensure the benevolence of her ancestors, but at the moment of birth, the father and all of his idealized responsibilities dominates the scene.

As the above arguments show, it is easy, perhaps too easy, to link body symbolism to social organization. However, such a framework is inadequate. The Dani also derive knowledge and beliefs from externally-observed empirical relations. A more multi-relational model might propose that,

Conception theories do not simply mirror social facts but are important factors or agents which show joints of biological (physiological) observations and social structure, each of which influences the other but neither having primacy over the other. (Hauser-Schaublin 1992:85)

Conception theory depends on bodies--of the mother, of the father, and of the baby--performing as expected in terms of local normative models. These models based on

⁴⁷Jorgensen (1983), while attempting to show similarities across the Highlands, in fact shows how beliefs about procreation span the range of full female control over the conception and growth of the fetus to theories where men hold all the power of baby-making in their sperm.

bodily consistencies allow the Dani to confirm their social world. The point here is that conception theories do not occur in a vacuum but depend on corporeal regularities. Thus lineage beliefs build on the observed regularity of the placenta's appearance at every birth. No one has ever seen a birth without one, the midwife Hermina says, and she cannot imagine how it could be possible: "no human can be born without an *opase*," she says. Similarly, all babies have an umbilical cord. Fathers organize a celebration around the certainty that the end of the cord will fall off and that in falling off the child will have lost its last link to its mother's blood.

Corporeal regularities also strengthen the idea that a live, real person with social allegiances lives inside a mother's body for several months. Acts and relations make up the social person, but this ongoing process does not begin at birth. At the first physical movement of the baby inside the belly that is felt by the mother, at about twenty weeks, social relations alter. A man stops sleeping with his wife because the baby's body has now been completely made. In interviews with two women who had miscarriages around the twelfth week of pregnancy, both described their miscarriages as being "not yet human," as looking "like a rat" with an unfinished body. Three other women confidently described a child born dead at about the sixth month of pregnancy as "already human." Thus, according to the women I interviewed, the material completeness of the human body, defined locally at about the fifth month of pregnancy, is a crucial moment wherein the outcome of conception starts to become a person. The collaborative sexual person-making activity comes to an end at this point, perhaps reinforcing the argument that what reproduction means in Melanesian societies more than anything else is the act of making a person out of the actions of two other persons, in a broader context of relations of mutual interdependence (Strathern 1988). Babies are first made (through prescribed sexual practice); then made through sensation (at quickening); and then made visible (at moment of birth). Their sociality is present at the first moment of conception, and builds from there.

The moment of birth, although just one event in the process of person-making, marks the moment where the person receives a gender. The first thing a woman tells her husband is the sex of the child. From this observation, stories of pregnancies and how they were fast or slow, and whether labour was painless or not are tales often renegotiated in light of the sex of the newborn. For example, Pelesina, whose pregnancy I had followed closely, and who by my calculations was eight months pregnant when she gave birth, later told me that she had been wondering if she would ever give birth she had been pregnant for so long and had known from the delay that it had to be a boy.

This ascription of gender differs somewhat from other Melanesian societies where gender is actively "in the making" throughout a person's life. For example, Poole (1985) says that all infants are seen as female because they spend all their time with women. Only at naming at the age of two do Bimin-Kuskusmin receive a designation as male or female with attendant duties: "it is the performance of particular kinds of tasks which guarantees gender identity rather than simply the possession of appropriate genitalia" (Moore 1994:39). In intriguing contrast, the Dani ascribe gender more readily through the sex of the infant and before children take on gender-defined activities. The Sambia also "pronounce the infant's sex at birth, which is stamped forever; and instantly word of the birth - and the baby's sex - spreads like wildfire among the villages" (Herdt 1984a:197). There are no notable differences in the treatment of Dani infants until regular solid feeding at about the age of one, at which point several Dani women commented that it is important that a boy get lots of food to allow him to catch up to girls. Thus we might say that gender is ascribed and is used as a means to assess growth but that it does not sit as a core social belief that explicates the actions of the very young.

Biological inconsistencies in the event of birth feed the arena of gossip around parental deviance or conformity. A baby born covered in white film means that the father did not stop copulating as norms require and that extra semen covers the baby's body. A baby born small means that the parents did not copulate as frequently as is

deemed appropriate. Another arena rich for interpretation is a difficult birth. This may mean that the father misbehaved (e.g. gambled, broke incest taboos, stole a pig), that the mother misbehaved, or that the mother tried to have an abortion. Other variables include how clean or dirty the baby was upon birth, the amount of blood shed by the woman during childbirth, the speed with which a woman's breast milk comes down, and how quickly the placenta came out. Women reconstruct birth stories after the fact to validate who they are or what kind of relationships they have. For example, Pelesina, a staunch churchgoer and self-described "modern" woman, reinforces her claims to virtuousness by saying she delivered a clean baby with no bleeding, no birthing difficulties and with no labour pain.

I thus concur with Jorgensen's generalization that "what is at stake is not so much prediction and control (when and where will the baby be born?) as identification and alignment (who will the baby be and how will others be related to it?)" (Jorgensen 1983:3). However, I argue that without the physiological properties of the infant as it is intellectually envisioned and viscerally made present, the task of identification and alignment could not happen. The body provides the only signs of allegiance, for according to the Dani, while a baby is a person in the making, her body is the only important property at the moment of birth; thus all signs are carefully observed, monitored, and used as the basis for evaluations.

The Unfinished Body of the Newborn

When a baby is born it goes straight away into a netbag and there it remains almost exclusively for three to four months. While some "modern" families use cloths, the intent is to contain the baby in a soft, smooth, and cool place until the child is old enough to face the world. Some informants described how they made a special small netbag for the baby's first week of life, whereas others demonstrate that the best place for

the baby is lying on a banana leaf or cloth inside a standard size netbag. There is usually a small celebration the day after the baby is born. Women will bring sweet potatoes and perhaps a netbag or two as a present to help out the new mother. For the first week after birth, the baby stays with the mother inside the woman's house or wherever it was that the woman gave birth. During this time, the child can be loosely wrapped in a netbag or cloth but at no time does the mother or any other visitor touch the baby's body. When the child cries, the mother opens the bag slightly to allow the child to feed at her breast, and as soon as the baby stops feeding for a minute, a woman will cover the child up as much as possible and continue to hold her in her arms, quietly, without talking to or touching the baby in any deliberate or prolonged way. The mother aims above all not to startle the baby. Too much talking or stimulation can also threaten infant growth and well-being.

Women breastfeed babies on demand after they have seared their nipples slightly with a red-hot coal just after the birth to "clean the milk" that is in the breast. While all women described colostrum (the initial secretion of lactating women) as "dirty," many women say they burned their nipple and immediately begin breast feeding their babies right after birth because their milk had been "cleaned" and was ready, whereas others said they waited a day or so after the birth for the milk to come down before beginning breastfeeding.

During the week after a birth a woman usually continues to bleed from the vagina and she is considered highly polluting. As a result women stay at the place of birth to prevent blood from polluting the outside ground. Women also keep the child inside to avoid spirits attacking the infant until his umbilical cord falls off. One woman, Helena, who unexpectedly gave birth on a muddy path in the jungle at the end of the rainy season, repaired to the nearest compound (not hers) where she had to stay for two weeks. In most cases, once the umbilical cord falls off the baby's belly, usually within a week of the birth, the father will hold a party to celebrate the arrival of his new child. In the case of Helena, even though her daughter's cord had fallen off, she was not able to attend the

party that her husband held in their compound because she was still considered polluting, nor, she complained, did anyone remember to bring her any party food. During this particular party, no name was given to the new child, although parents may name their child then, but no special honour is given to the naming process.

Everyone agrees that over the first few months of a baby's life, girl babies grow faster than boys. A girl is said to be thirsty more often, about every two hours, and to wake up more often in the night. Boys feed only every four hours and sleep through the night more quickly. Boys are more likely to be "soft" [*lemah*] than girls. These gender-based body characteristics are not thought to affect general health. As one male informant said, "as long as the breast milk is good the baby will grow." Nor did anyone profess to wanting boys more than girls or vice versa: "boy or girl we are happy, our desire [*nafsu*], our flesh, our blood, either boy or girl is fine, what matters is that it is born well, it can't have a crooked hand." By the time the baby is about three or four months old she has grown enough to be allowed out of the netbag and to be handled by others. The baby still spends the majority of her time in the netbag, however, as women take the baby to the garden with them or leave them in the care of an elder daughter or grandmother in the cookhouse for short trips. They enclose the baby under ten or twelve bags to protect her against the sun, where it is so cool and dark that the baby can often sleep for hours. Prohibitions against taking the child to parties, against allowing the baby to touch the ground, against exposure to too much sun, and against separating mother from child are enacted because when followed the child grows fast and well.

Local logic on why it is important to maintain the above patterns center strongly on the concept of a soft, unfinished baby. A newborn baby has a "wet" body. In the words of one informant, "his heart is still liquid, like the brain, still not hard, it is all still liquid when the young child can't speak." Another described the body as "still soft," and the eyes as "still wet." It is important to keep the baby's eyes protected while they are "still closed" for the first two or three months for they are particularly susceptible points of

entry for heat and the brightness of the sun: "A baby's eyes can't take the light." The body must be covered, according to loquacious Marta, because "if the mother feeds her baby in front of other people, they talk about it--oh, look at that, white skin, black skin, fat, skinny or whatever--and the baby becomes *heran* (astonished) to hear people talk about him and may get sick and die. You have to keep the baby away from people. When the baby is older he can absorb all the astonishment and not be affected, but a baby's body is not strong enough." Another woman said that baby's skin is too weak to withstand being taken out of the *noken* (netbag). It's all right to hold the baby and pass her around to others but she must stay inside the bag. A third woman cautioned against all startles. The noise of my camera, the sounds of a party, and the sudden entrance of a person into a hut can all surprise the baby and cause her to die from the fright.

Disruption to the "drying out" of the baby is usually caused by the invasion of spirits through the baby's wet body. Two types of spirits are particularly feared: prowling *suangi* sorcerers who live on "the other side of the mountain," and ancestor spirits. *Suangi* sorcerers seek to steal a baby and replace it with a defective one--a baby with a big head and a small sickly body--and they can make the switch with just a second's worth of maternal carelessness. A baby left unattended in the garden or put on the ground outside is at high risk of being switched for a *suangi* baby. The second main enemy of infants is the ancestor spirit. Ancestors want to make their way into baby's bodies and make them sick so that the father will pay for not executing all *adat* obligations properly. One way ancestors enter the baby is through a "carrier" of the ancestor spirit, usually an older woman who has been defined as being *waco* (who brings evil). According to one exasperated informant, these women always seem to be the ones who are most eager to hold the baby. Wrapping the child carefully in a *noken* can reduce the danger of contact with these carrier women but it is difficult to forbid them access to newborns, especially if they are closely related. Ancestor spirits also lurk behind the shoulders of all men, and fathers must be especially careful not to play with the baby too much, and never out of

the safety of the women's hut or the cookhouse, because the spirits could jump onto the baby. Because of the spirits no man will ever carry a baby on his back in a *noken*. This single belief does much to delimit the extent of male responsibility for the care of the child, and many men will only hold the baby in their laps, in the late afternoon or evening, and only then for a short time, so as to ensure ancestors have no access to their child. If the father has behaved with exceptional impropriety towards his ancestors, the spirits can enter the baby's body directly without intermediary and can cause sickness and death at will.

Prohibitions against contact with people are loosened significantly once babies attain four to five months of age and "like to play and talk to people." According to most accounts the baby at five months has a tougher body, harder skin, and stronger eyes than a newborn. The baby has acquired the same body as an adult. In particular, the *etai egen* (approximate translation is soul), the size of an acorn at birth, has now grown to the size of a plum and is starting its move from the back of the baby's body towards the front, where it will achieve full size (about nine centimeters in diameter) and take its permanent place at the base of the breastbone at about age three. Babies at four to five months have attained a delicious plumpness (see Figure 17). Everyone loves to hold, kiss and play with them incessantly, as though to make up for the several months where no one was allowed sustained contact. The baby loves it too, of course, and it is perceived as a rewarding time for the mother and for those around her⁴⁸. The transitions to walking or talking, between the twelfth and eighteenth month of life, while significant, do not have as much meaning as the first major transition from infant to social being that takes place at about the fourth month of a baby's life.

"Fixed" and "Variable" Characteristics of the Infant Body

⁴⁸ This love and affection does not correlate with an increased confidence in the infant's survival. Although young infants do fall mortally ill more quickly than older babies, among the Dani risks for infant death increase after the five-month phase because the baby has more contact with people.

As with the process of birth, physical characteristics of the infant in the first few months of life function as social markers. Consistent physiological change marks the passage from conception to birth and these are the signifiers people seek to confirm social worlds. Once a child is born, he can be expected to grow physically --gain weight, grow larger, develop teeth and hair--as well as develop abilities such as greater eye control, smiling, limb control, grasping, sitting, standing, walking, and talking. Yet these processes do not occur with the same regularities as does the process of birth, and as such are open to contestation. Interpretations about growth and development allow Dani men, women, and perhaps mothers most of all to assess the social status of the child. In other words, there is a relationship between social understanding and the physiological realities of birth and early childhood.

To summarize the differences between the *certain* and the *uncertain* in connection with infancy, the following table provides a list of unalterable bodily conditions of the infant which Dani subscribe to:

Table 4. Fixed Bodily Characteristics of the Infant

Characteristics
1. Babies are built through sexual intercourse between a man and a woman
2. Women carry unborn babies
3. A live, full-term baby is always born with an umbilical cord attached to a placenta
4. The baby and the placenta always come out through the vagina
5. Humans give birth to humans
6. At birth, infants have genitals that are used to ascribe a gender
7. At birth, infants are physically incapable of looking after themselves
8. At birth, infants cannot use words to communicate
9. A baby can die at any time during pregnancy, birth or after birth
10. Infancy always precedes adulthood

Variable bodily conditions of the Dani infant are conditions that should hold but for a number of possible reasons, do not always do so. These processes are listed in Table 5 below:

Table 5. Variable Characteristics of the Infant

Characteristics
<ol style="list-style-type: none"> 1. The baby should grow to term inside the mother 2. The woman who gave birth to the baby should breastfeed 3. The baby should exhibit observable developmental stages which mark his growth 4. The baby should cry if he is hungry 5. The baby should increase in size over time

In sum, Dani local biologies are grounded in fixed and variable aspects of the infant body. However, ideas are shaped by a particular growth pattern that is common to the Highlands region. Babies weigh on average 2.5 kilograms at birth (Malcolm 1970; Handali et al. 1994). At four months however, many babies weigh up to six kilograms, adding one and sometimes two kilograms of weight per month (Shaw 1986; Li-Ying pers. comm.; Malcolm 1970). When a child surfaces from the netbag at about 4 months, she is often rolling in excess flesh and easily weighs six or seven kilograms. Weight gain continues, but more slowly, until the sixth or seventh month when solid food which has gradually been introduced combined with the infant's propensity to put everything possible into her mouth means that sickness episodes often drastically slow down the child's growth. Teeth generally do not appear until the ninth or tenth month and most children walk by fifteen months following an extended period of crawling, often on two

hands and feet. Meaning also builds on patterns of growth that are highly specific to the region.

Of these locally specific patterns--the "normal" against which one's child is measured--the hoped for regularity of spectacularly rapid growth is eagerly sought and commented upon. In fact, perhaps the most actively negotiated meaning about the infant is his size. "Big" or "small" babies seem to depend entirely on the social circumstances into which the infant was born. Both parents take credit for a fat and healthy baby. As one informant said, a woman has three basic chores: "to carry the baby well, put it in the *noken* well, and give it lots of milk." If she carries these out with rigour, she keeps the sorcerers away and responsibility for the infant's sickness must therefore lie with the father. A child who grows well in the first five months and who is plump and jolly upon surfacing from the depths of the netbag reflects that the father has executed his responsibilities to his ancestors, and has fulfilled his duty as a provider by ensuring that no ancestors, vengeful spirits or incomplete obligations have interfered with the fertility of his wife and the health of his child. If he has been lax, despite the mother's vigilance, the child might catch scabies, not gain weight nor achieve the appropriate level of physical development. Gross deficiencies of responsibility might show up in a deformed child, one who lacks a hand, or one who cannot see or hear. In other words, the variability of the growth and development of the child encourages contested meanings.

Another hoped-for regularity is a baby's sociability. The netbag baby lacks characteristics of socially accepted behaviour. With her "closed eyes," "soft body," and "wet skin," the netbag baby does not interact or claim allegiance to anyone. Her growth matters but her ability to interact gains meaning at the moment when the baby herself clamours to be let out of the bag and to enjoy the company of others. This moment is marked by a shift in name (see Table 6), and by a shift in ascriptions of bodily characteristics. At this age a baby's body becomes the same as an adult's, smaller to be sure, but with the same characteristics and potentials, notably that of some demonstration

of agency. It is as though the netbag baby sits in a transition stage, gaining strength and size in order first and foremost to be able to express her already well-defined sociality. Other transitions frequently valued in other cultures (teething, walking) confirm the essential process of growth and are commented on among the Dani as well, but these pale in meaning beside the social importance the baby assumes in asserting her place in a social world when she goes from being a baby, an *eak*, to being a child and person, a *jekerek*, at about five months of age.

Table 6. Age Distinctions for Kuliama Children

Chronological age	Dani phrase	Translation
pre-birth	<i>jekerek neaputla</i>	child in pregnant woman
birth	<i>jekerek arat itajega</i>	child of woman given birth
birth to 1 week	<i>eak arat itajege</i>	umbilical cord falls off
1 week to 5 months	<i>eak</i>	baby
5 months to 6 years	<i>jekerek</i>	child
7 years to marriage	<i>homarue horak</i>	youth

Bonnemère's (1993:160) work on sociality among the Anga is based on the premise that "a person's body is not finished at birth." Data from the Dani suggest that a similar process plays itself out in the Baliem valley, where the process of person-making extends from conception to adulthood in tandem with a changing body. Dani babies, according to both men and women, need to harden up during their time in the netbag to consolidate the making of a person. Local biologies show that bodies are knowable and that the Dani have considerable and articulate ideas about them. In particular, the Dani seek and ascribe a great deal of meaning to the *expectable*. For example, inner states get noted and acted upon through observation and analysis of external corporeal cues. Dani babies possess a weak *etaiegen* which must be protected. The more placid the first month of life, the more resistant will be the child's inner state. The more resistant to startles or

flashes of a camera, the more the body will grow. Meanings derive from and are inextricably linked to corporeal characteristics of the infant, and distinctions between "fixed" and "variable" characteristics of infant bodies are necessary, and knowable, pieces of information. The Dani use the body to build social action and to make possible social realities, to make infants "come into social being" (Poole 1985).

Conclusion

In this chapter I have shown that studies need to be grounded in physiological realities, in ethnobiological constructs grounded in "local biologies" of growth and maturation. Data from the Baliem valley support the argument that the body is an "unstable contested object" (Lock 1993a:145), open to epistemological interpretations. Negotiation over seemingly finite properties of the body occurs all the time, where neither the negotiation nor the properties of the body being negotiated are as fixed as those acting out the negotiations might like. This chapter also shows that the study of relations between people provides a framework for a broader understanding of how and why certain features of an infant's body come to have importance. The effort to define what is certain with regards to the body occupies enormous amounts of action and contemplation. Specific life cycle moments are heavily charged events which provide not only symbolic tools used to build social relations and social realities, but also offer hoped for biological realities which in turn give shape to social responses.

The relationship between infant biologies and constructed meanings and actions is foundational. In the following chapter, I look at local cosmologies and relations of power as they encircle the infant in everyday Dani life. Through several accounts of infant death, I show how the "variable" characteristics of health status, growth, and development are closely scrutinized for what they tell family, friends, and foes about social relations in the past and in the present. I also show how definitions of infant health

or growth are fluid, grounded in "variable" characteristics of the infant body but also open to contestation, and always mediated through relations grounded in gender, status and hierarchy.