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Between Milk and Blood: Thinking Postpartum Among Working-Class Women in Haiti”¹

Rose-Myrliè Joseph, 7 décembre 2023

(Translate from french by Mounia El Kotni).

Giving birth in Haiti is a complex phenomenon, and the post-partum period is so intense that it can make blood rise in a woman's milk (lèt pase nan san). It is often portrayed as a period of fragility, while Haitian women are also described as strong women, the backbone of families, often marked by extreme poverty and the absence of men. Depending on their place in the various social relationships, women experience differently the physical, social and psychological fragilities that this period may contain. I will look at the particular case of women of rural origin interviewed as part of my ethnographic research in Haiti from 2006 to 2015. In this research, I regularly offer individual or group interviews and adapt my methodology to a socioclinical, feminist, materialist, intersectional and international approach.

Context and subjects

Peasant women often become domestic workers in the capital. When they "fall" pregnant, they lose their jobs and often have to return to their place of origin to give birth. In addition to being greatly isolated in the city, they share having to cope with the loss of their relationship with the progenitor and housing problems. Without maternity leave or health insurance, with few resources and often ashamed and rejected, they have to return to their mother's.

Yet rural Haiti is particularly under-equipped in terms of social services, especially health care. The data testify to a lack of pregnancy monitoring, home births motivated by distance from health centers and lack of transport, poor postnatal monitoring, not to mention the risks to the mother's life. Finally, pregnancy is a danger (fanm ansent se malè).

The women interviewed also dwell on the cost of these motherhoods, which make the post-partum period an economically difficult time. There's already the price of layette and all the utensils that have become increasingly essential to maintain a certain (social) appearance. This appearance is not insignificant, as it enables women to break out of their isolation (having visits, for example), but it can also determine, to a certain extent, access to medical care. Sò Nana (Joseph, 2015), a rural (domestic) servant girl, had no clothes to wear to the hospital. After giving birth, a nurse bought her a pair of sandals. Wilta (Joseph, 2008), another maid, complains about the mistreatment of women who look neglected by caretakers: "We spend a lot in hospital. It should be free. [...] The 'Misses' call you names

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because you're not well dressed. You don't have nice panties, a nice petticoat [...]. [...]. You're going to do the file. They make you wait longer than the others before calling you. Then you have to go to the pharmacy. If you don't have the money, you leave without the care. [...] The 'Misses' call you names because of your clothes: 'If you can't look after yourself, how do you expect to look after the baby? A woman who sees caring for a newborn as a real chore, without forgetting the financial aspects, such as daily grooming of the newborn (with specific, expensive products). The mother has to breastfeed him when he cries, until he becomes resistant enough to other foods, after six (6) months according to Wilta. Formula milk is expensive. You have to keep a close eye on your baby's health, so as not to be humiliated in hospital by nurses who treat mothers as negligent. The body is fragile: that of the baby, who, because of infant mortality, has not "escaped"(chape)from death until a certain stage; that of the mother, who must (should) be particularly spared.

Postpartum and physical vulnerability: a body to save and repair

A number of authors refer to post-partum care and follow-up consultations, lamenting the fact that they are rarely practised by Haitian women, particularly rural and poorly educated women. However, post-partum rituals (Damus, 2012; Charleus Georges, 2021), aimed at purifying, repairing and strengthening the body after childbirth, cannot be ignored. These include leaf baths, sitz baths (steam baths), leaf or bark teas and so on. As long as the smell of these products doesn't attach itself to the women's bodies, which would scare off their husbands and entourage, Wilta explains.

The food of the Ti nouris (women who have just given birth) is very particular: the inevitable cockerel broth to invigorate, and meals to facilitate the milking process (Mirliton, also known as christophile, millet/small millet/sorgho). These women don't mention the need to drink large quantities, as seems to be advocated in some countries such as France and the USA. Similarly, colostrum is traditionally drawn off and discarded, whereas state and international institutions that advocate exclusive breastfeeding up to the child's 6th month value the contribution of this first milk. It would be important to look at the place given to mother's nutrition in this country marked by massive hunger and under-nutrition among women.

Cleanliness: How to hide the milk?

The rituals also apply to the nursing woman's clothing, such as the traditional loose-fitting dress buttoned at the front, the moumou, which she starts wearing during pregnancy, or the scarf to protect her from drafts. Wilta criticizes these outfits for giving an unkempt appearance.

The mother (and her immediate surroundings) are expected to be clean, not to smell of milk (santi lèt) and her baby to be well perfumed. "You must not have the smell of a nursing woman [the smell of breast milk], the smell of herbal tea. You have to bathe continuously. Use perfume. Otherwise, no one will eat or drink in her home, and men may shun her: "Sometimes men are afraid. They won't eat at home

if they don't find the women clean enough [themselves, the children and the house]" (Joseph, 2008, 43).

This requirement also comes from the community. As the newborn is an object of curiosity, the mother must prepare herself to receive the neighborhood, which remains a job for the Ti nouris. The hardship is analyzed by these women, who then rely on the support of those around them to overcome this burden.

Work, balance and solidarity

Women soon have to manage on their own. Sentàn (Joseph, 2015), a domestic worker, explains how her mother used to take her to the market, laying her on a cloth under the sales table. Like other interviewees who praise the sacrifice of Haitian mothers, she points out that it's to feed these children that mothers work, that instead of keeping their babies in their arms they lay them on a cloth in the garden or under a sales table. It's worth noting that, in these speeches, the children's possible suffering or the potential risks they run disappear completely under the spotlight of maternal courage and sacrifice, which we need to analyze in the context of care in Haiti.

One peasant woman criticizes the renunciation imposed by child-rearing (jere pitit), a task incompatible with other activities during the post-partum period. Another compares the woman to a pig (unable to fetch her own food), to illustrate the particular dependence of the ti nouris.

Sò Nana lives in a working-class district of the capital. When I saw her again after the earthquake of January 12, 2010, she was living in a tent in a camp. She has always relied on the help of her neighbors to look after her young daughters, in this precarious environment where everything is shared like in a big family. She explains: "I'll leave them in the yard and ask everyone to have a look. (...) That means you just leave them in the yard. Even if something were to happen to them, God would spare them for sure. He'll still send someone to rescue them. Leaving them, I say to the whole neighborhood: 'They're there in the yard. Please, everyone, keep an eye on them'". The proverb says *Kabrit san mèt mouri nan solèy* (The goat that has too many masters dies in the sun).

She had an infant just a few weeks old, too small to be entrusted to a neighbor. She told me: "Yes, I regret having had this child. Oh, look at my situation! Isn't it this baby that puts me in this misery? If I only had the eldest, I could go to a neighbor and ask her to keep her for me. But today, can I leave this last little one with someone? Who would be willing to look after such a young child? (...) So I'm in trouble for a long time to come. The great challenge of the post-partum period is also the contradiction between the need to work for these poor women and the great fragility of the newborns they have to look after, in a country where collective baby-care facilities are virtually non-existent.

Moreover, women are over-responsible for solidarity, as demonstrated by Guillaumin (1992) in the appropriation of women from the extended family for domestic work. Sò Nana concludes: "Yes, every child in this courtyard has several

mothers. But it's the fathers who are not present". But if good neighborliness is a women's affair, it is above all the presence of the Ti nouris' mother that is decisive. Peasant women in the South complain that they are over-invested in this work of helping Ti nouris, even though they are willing to make this sacrifice for their daughters. They criticize the fact that these girls return from Port-au-Prince with a "big belly", without a man who recognizes their paternity and decides to take economic responsibility for the child conceived. Mothers who have gone through the same situation themselves feel they are becoming mothers again (manman 2, mother twice). For Jn-François (2011), it's like a plague that reproduces itself from mother to daughter, as also reported by Brébant (1984), Agurto et al. (1985) and Lucchini (2002) for poor families in other countries. What's more, mothers sacrifice for their daughters, who will also sacrifice for them when they're older. Sacrifice becomes a chain that binds the generations together (Joseph, 2015), a chain of obligatory solidarity we might add. Mothers can be very harsh at first with these daughters, whose pregnancies ruin them financially and thwart their plans for intergenerational social mobility, specifically their parental plans for academic success (Joseph, 2023a). Several cases of mistreatment or humiliation have been highlighted, including during the post-partum period. Paulette (Joseph, 2006), a 16-year-old who had a baby at 15, explains: "And I'll never forget it. Once, I was hiding at the foot of his bed. I'd been nursing for three months at the time. She took some urine, she finished urinating, she threw the urine in my face." (Joseph, 2006). These humiliations are sometimes aimed at forcing the girls to stop bringing home new pregnancies. Mothers may be imperfect or even abusive, but fathers tend to be absent, from generation to generation.

The ti nouris don't talk much about their fathers' presence at this stage of their lives (also because most of the interviewees don't know their fathers, or don't really have a relationship with them). Only Sentàn, a domestic worker, remembers how, unlike her mother, her father despised her. This woman criticizes the differential behavior of parents based on their gender. Mothers are attached to an ethic of care described by Damus (2021) in relation to childbirth in Haiti, while their husbands are attached to what I would call an "ethic of the father", who remains firm in his reproaches, rejection and humiliation. This second ethic remains problematic with regard to gender on several levels. For example, when the rejected daughter gives birth to a son, the baby may be particularly well received by this father, as Sentàn experienced when his son was born.

Gender is also a factor when it comes to the reception of children by their parents. While they usually give up, some may come to claim their child after birth, if it's a male. Abandoned at first, women experience this type of abduction as early as the post-partum period. They must then choose between giving the son to the father or keeping their child and seeing the father disappear for good. This was the ultimatum given to Vyèj and Zaya who, having been made pregnant as part of their domestic service, went off to give birth in their rural families, only to be separated from their eldest sons by their fathers. Years later, they had to get their sons back,

now teenage delinquents. They criticize this phenomenon, which they associate with paternal abandonment.

Sometimes it's the mothers who are forced to rush back to work in Port-au-Prince, leaving their babies with their mothers. The result is a type of "trans-regional family", also made up of "uprooting", which feeds domestic service in the cities and indirectly international migration. This is also the phenomenon I consider in the emotional costs of globalization analyzed by Devi, Isaksen and Hochschild (2010).

Fathers' absence has an impact on the post-partum period

The genitors disappear as soon as the pregnancy is announced. Sentàn explains that when she told her boyfriend she was pregnant, he offered for her to go and break the news to his family in the provinces, and took advantage of her three days' absence to move. In 2012, her son was 8 years old, and he had never seen him before. Men are absent, both before and after childbirth. Love and desire are rather absent from the discourse of these women, who only seem to see sexuality as a trap. "Pleasure doesn't exist. It's the misery you put in your body", Wilta told me.

This Haitian song (XXX) offers:

Yon moso manman son w moso ki chè (A piece of mother is a very expensive piece)

Yon moso papa son w moso ki ra (A piece of father is a very rare piece).

It makes you wonder which is more valuable. Why isn't what's rare more expensive, as in the "normal economy"? In the "heterosexist economy of poverty", these not-rare mothers have all the value. Women conclude that it's better to lose a father than to lose a mother, as if they always had to "choose".

This paternal abandonment - experienced by 47% of pregnant women, according to Olga Benoit (2008) - needs to be analyzed in the post-partum period. Commenting on post-partum depression in Haiti, clinical psychologist Johanne Refuse states that marital problems have an impact on mothers, who must surround themselves with the child's father. And yet, in this context of abandonment, shame, poverty and lack of access to care, how can you not get "depressed"? And at the same time, in a system where women are over-responsible for survival, do they have the right to be "depressed"?

Psychological fragility: post-partum depression or when the blood rises in the milk (lèt monte nan san)

Refuse presents some of the symptoms of this problem, which obstetrician-gynecologist Stéphane Michel proposes to take out of the realm of superstition. Despite the fact that mothers in Haiti are portrayed as solid pillars, women are admittedly psychologically fragile in the days or weeks following childbirth. This is why we avoid arousing their anger or discontent (fè move san / make a bad blood crisis), so that the blood doesn't get into their milk (san monte nan lèt) or

their heads (san mote nan tèt). We need to look at the symptoms of this "evil". How does it express itself? In a fit of tension, anxiety or nerves? Or rather a rage that makes them throw everything out the window, including the baby?

Once again, we note the great indulgence of their mothers, who may have to shoulder the responsibility of doing everything they can to keep the ti nouris calm. They, who used to despise pregnant women because of the kaka san savon (fatherless child), now welcome the baby with joy, as if it were all they had been waiting for. Hence the apparent contradiction/ambivalence analyzed by Brébant (1984) in certain poor families where, according to her, there is a desire for a child beyond the realm of discourse.

The relationship with the child, ultimately unthought of, needs to take on greater importance in Haitian analyses. It is as if, in addition, a link is not made in the analysis between these circumstances of birth and post-partum life and the mother-baby relationship. Isn't this link also an impeded relationship? How can we relate to and welcome our child in such circumstances? Care is undervalued in the analysis of motherhood in Haiti (Joseph, 2015). Is it so hard to think that these solid women can also break down, especially in what is generally recognized as a potentially depressing moment? Aren't peasant women women too? It's also this aspect that we could analyze in dark care, and more generally in femininity, which is both shared and divided between women, depending on their place in intersecting social relations. It is also in reference to these phenomena of motherhood that Glenn (1992) reminds us that gender is a social construction. She argues: "By failing to recognize women's different relationships to the supposedly universal experiences of motherhood and domesticity, they run the risk of essentializing gender, of treating it as something static, fixed, eternal and natural. They fail to take seriously a basic premise of feminist thought: gender is a social construction" (p.56).

The weight of social relationships

We've seen the weight of context, the low level of medical care for this moment in women's lives, which can be explained by the "urban/rural/relationship" (Joseph, 2011, 2013, 2015) that expresses the great exclusion of the rural environment described by Barthelemy (1989) as a "country outside". Statistics (EMMUS VI - 2016-2017) show the particular vulnerability of rural women in relation to health, sexuality, maternity and the postpartum period, as well as the under-equipment of their environment. These problems remain unresolved, despite the efforts of the State and NGOs to provide mobile clinics, ambulances, postnatal home visits, maternity and hygiene kits, and even universal health coverage, which is currently under study. It is also worth noting that, among the women affected by these living conditions, there are not only those who have always lived in rural areas, but also other women who settled in the city and were never really "included". These women are regularly rejected outside city boundaries, whether geographical (for those who give birth in rural areas) or social (for those who give birth in working-class urban areas, but in almost the same conditions of rural exclusion and

deprivation). The urban/rural boundary is therefore highly fictitious, despite its great "reality" in Haiti.

It also illustrates class relations. These are poor, impoverished people, who are in fact in the majority in rural Haiti. They can be seen in the "hollow" statistical behaviors regarding contraception, maternity and post-partum.

We must also stress the importance of age in these phenomena, as I analyzed in my work on the sexuality of adolescent girls in poor families in Solino, a working-class district of Port-au-Prince (Joseph, 2006). Only 27% of under-20s receive postnatal care in the two days following childbirth. More generally, younger women are more at risk, due to their lack of experience, autonomy, resources and so on. However, their maternal "precocity" (Gina was pregnant at 14, Paulette at 15), not to mention their great exposure to sexual violence, including rape, is striking. For them, the post-partum period also marks the end of their schooling and the beginning of their confinement to domesticity, including in the service of their own family, which no longer recognizes any value in them (Joseph, 2006). Gender is blatant here, and paternal abandonment, which I present as reproductive violence/injustice, shows just how complex forced reproduction (Tabet, 1998) is in certain societies. And the big con (Tabet, 2004) is that these women cling to a male savior, sometimes already in the post-partum period, while they expose themselves to more unjust reproductive work, in terms of motherhood or domesticity.

Domesticity must also be emphasized, in connection with migration. Women thus exposed to the risk of pregnancy and not socially compensated in the post-partum period often become domestic workers. At the same time, domestic workers have to brave various forms of sexual violence (including extortion of their sexual labor power by employers and other men in the employing family or neighborhood. See Joseph, 2008, 2015).

As Pierre-Charles (2023) analyzes, these are Black women, the product of a country marked by colonization and neo-colonialism, as well as cultural imperialism, which can affect even the way in which they deal with motherhood. A number of studies have argued in favor of recognizing the rituals associated with these moments in women's lives (including the post-partum period), knowledge, arrangements between women, and so on. They also defend a Haitian culture of motherhood associated with certain traditional traits presented here. Other research insists on the importance of respecting women's "choice", notably to give birth at home, and not to enroll in medicalized post-partum care. Two questions arise. Can we talk about women's choice in these conditions of lack of access to care? As for hospital care, certain aspects of which are rightly criticized for being violent and inappropriate, as well as inaccessible, can it be considered incompatible with a certain "Haitian culture of maternity" or post-partum care? Should the surgical knife, the unbearable speculum and the glove be consigned to the sphere of Westernism, categorized as part of "white care"? How can we define "black care" and make it effective in the face of post-partum haemorrhage, which is over-represented in maternal mortality in Haiti?

And after?

How do they leave the post-partum period? Through weaning, which, rather than being the end of breastfeeding, is the moment when the mother willingly leaves her child to return to work in the city. It may also correspond to the moment when she leaves him to be placed with a man who is willing to take her in, but without her parcel (her abandoned child). More than the post-partum period, birth marks a before and after, particularly in terms of a woman's value on the "market" for romantic or marital relationships. *Aprè pote, bèf pa chè* (after the first litter, the cow isn't worth much). Despite the rituals of reparation during post-partum care, whether medical or not, we keep in mind that the mother is definitely damaged. This is part of the Haitian discourse of devaluing young mothers, which needs to be analyzed, also because it justifies their mistreatment in future relationships. It is also said that women are like mahogany wood, easily repaired (*fanm se kajou, l pa mal pou repare*). And this repair often involves a new man, which exposes them to new pregnancies and new maternities, as I explained earlier. The question of sexuality and contraception during the post-partum period, which is analyzed in other research, also deserves to be looked at in Haiti. What has become of the 24-month interval proposed by the WHO between birth and conception? The question of the "love story" (Joseph, 2015) in Haiti is fundamental, and the post-partum period is unfortunately one of regret and remorse, rejection and shame, even if it can also bring joy and happiness that women do not express in interviews.

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