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**THE SOCIAL AND POLITICAL LIFE OF INFANTS AMONG THE
BALIEM VALLEY DANI, IRIAN JAYA**

BY

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GRADUATE STUDIES AND RESEARCH IN PARTIAL
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ABSTRACT

Among the Baliem valley Dani of the central highlands of Irian Jaya, Indonesia, infants play a prominent role in social relations. Infant mortality rates among the Dani are above two hundred and fifty deaths per thousand live births and birth rates are low. To these patterns of infant survival and growth the Dani consistently ascribe complex meaning. Drawing from anthropological research conducted in 1994-1995 in the Baliem valley, this dissertation demonstrates that indigenous meanings about the infant body and assessments of infant health link the infant to political relations within polygynous families, to antagonistic gender relations, and to affiliations with powerful ancestor spirits. Gender relations play a prominent role in explanations about infants. When an infant dies, parents explain the death in ways that reflect the lower social status of women in relation to men. A study of sex ratios during the first year of life and biased use of health services by gender of the infant suggest that the Dani may generate and validate cultural patterns of gender inequality during the earliest months of life.

Infants also play an important role in national politics. In Indonesia's attempts to assimilate indigenous peoples into the country's economic development agenda, the infant appears in health promotions as a member of a contrived ideal family. These national cultural models, grounded in a concern with population control, translate into an applied health agenda for infants that has little impact on the mortality rates of the very young in Dani society.

The infant, though mute, is a powerful figure at the centre of many social and political relations. The richness of meaning attributed to infants in the Baliem valley suggests that further research is needed to correct lacunae in anthropological theory about one of life's key social figures.

RÉSUMÉ

Chez les Dani des régions montagneuses de la province de l'Irian Jaya, Indonésie, les enfants nouveau-nés jouent un rôle prééminent dans les relations sociales. Le taux de mortalité infantile est au-delà de deux cent cinquante morts par mille enfants et le taux de natalité est bas. Les hommes et les femmes chez les Dani attribuent des significations multiples à la vie et à la croissance du nouveau-né. Basée sur des recherches anthropologiques menées en 1994 et 1995, cette dissertation affirme que les interprétations du corps et de la santé de l'enfant se lient aux événements politiques dans les familles polygynes, à la discrimination de longue durée contre les femmes, et aux affiliations avec les esprits puissants des ancêtres. Les relations inégales entre hommes et femmes se manifestent dans les interprétations de la signification de l'enfant. Lors de la mort d'un enfant, ses parents interprètent l'événement d'une manière qui souligne la position inférieure de la femme chez les Dani. L'étude du déséquilibre numérique entre les sexes dans les douze premiers mois de vie, et l'utilisation inégale des services de santé pour enfants, démontrent que les modèles culturels de discrimination en faveur du mâle peuvent être créés et légitimés durant les premiers mois de vie.

L'État indonésien aussi interprète l'enfant. L'enfant apparaît dans les campagnes publicitaires pour promouvoir la santé comme membre d'une famille idéalisée, comme symbole qui sert à assimiler les peuples indigènes à un programme national de développement économique. Ce programme a pour but la limitation des naissances, mais il mène à des soins de santé pour enfants qui ont peu d'effet sur le taux de mortalité infantile.

Quoique muet, l'enfant nouveau-né se situe au centre des relations sociales et politiques. La richesse des interprétations de la signification de l'enfant ainsi que l'importance du nouveau-né dans le cadre politique officiel soulignent la nécessité de plus

amples recherches pour améliorer notre position théorique insuffisante sur l'importance de l'enfant dans le monde social.

Chapter I

Introduction

Situating the Political Infant: Body, Society, Nation

Infants are social beings. If they are to survive in low technology societies, infants must be involved in some form of interaction with people from the moment of their birth. This simple fact of life places infants squarely in the center of concerns about kin, reproduction, and other social and political relations. At the same time, their diminutive size, their development potential, and their inherent humanness make babies potentially "good to think" with, both for anthropologists and for people in the societies anthropologists study. The infant embodies the capacity to condense meaning, especially meaning associated with life and the regeneration of perceived ideas about the social order. The infant's material presence as the smallest, weakest, and most dependent person in a society makes her a potent arena for constructing images and symbols that simultaneously intersect with the sociopolitical world in which she¹ lives. The social life of the infant and the political implications of her pivotal role are the topics of this dissertation.

Infants have received little attention from anthropologists. And yet, infants are fascinating because they are both shaped by culture and bounded by biological regularities of growth. As Malinowski (1930) noted, the introduction of an infant into a social space after birth is a universal social phenomenon. Yet, while the act of copulation that leads to birth by no means elicits universal responses, the birth itself is also an event mediated by cultural processes. Not every woman embraces a man; not every woman, nor every man, has a child. Not every person who wants to can have a child. Not every woman survives childbirth, and many children do not live to walk and talk. Not every woman who has a

¹When describing infants, I use the female and male pronoun alternately throughout the discussion.

child chooses to nurture her. Abortion, infanticide, adoption, kidnapping, abandonment, and selective neglect are all acts that people can engage in to sever relations between infant and caregiver. The child that survives does not necessarily grow or thrive in consistent ways. Thus, coitus and its outcomes are shaped by a myriad of cultural, environmental, physiological, and political factors.

Life-cycle moments that precede and follow infancy have been well-studied. Fast becoming a truism within anthropological thought is the notion that reproduction matters to those who seek to control power. Controlling reproduction allows elders, kin, mothers, fathers, politicians, and policy makers to attempt to regulate and normalize a highly variable process (Ginsburg & Rapp 1995; Bledsoe 1990, 1995; Yanagisako & Collier 1987). Anthropologists have examined issues of power and knowledge in the arena of reproduction (Ginsburg and Rapp 1991, 1995; Greenhalgh 1995; Handwerker 1990; Anagnost 1995) and during childhood (Bledsoe 1993, 1990; Toren 1993; Stephens 1995). I posit that similar issues pervade the arena of infancy as well. The variability within the act of producing a child thus offers a space of potentially contested meanings wherein the material child, beliefs about her provenance, her social role, and her relations to others are components of a locally negotiated and debated process. By recognizing the importance of *variation* in infant life—as opposed to the seeming biological similarities of birth, growth, and development—infants can begin to be understood not merely as beings needing nurturing who fit into preexisting familial structures but as persons with power, although not necessarily power of the kind associated with social actors.

This dissertation takes as a central point of departure the relations of power and knowledge during the "transitional period" between birth and childhood (Mead & Newton cited in Ginsburg and Rapp 1991). I argue that infants are vitally important people, and the way we can know this is to observe the myriad of ways in which adults—caretakers, parents, kin, political leaders—seek to control meanings about them. In the central body of this thesis, I document how cultural constructions of physiology, gender, and strength

refract through the infant in ways that increase the legitimacy and power of those who surround her. This dissertation explores two broad aspects of social relations during the "transitional period" of infancy—from birth to the 18 month-old walking, talking child. First, I explore ways that people attribute qualities onto an infant. By this I mean the search for corporeal regularities onto which people ascribe social meaning—the presence of the umbilical cord, the eyes that look just like her father's, and the presence of all five fingers and toes. Second, I scrutinize in detail relations that are ongoing around the infant, and ways that people use the infant for purposes only tangentially related to the child, ascribing meaning and legitimating political realities through the baby. Among the Dani of Irian Jaya, for example, the father delights in his new boy child partly because of the leadership potential this new child offers him; kin bring food so that the child will thrive and help strengthen the lineage; and a sick child is interpreted as conveying a message from angry clan ancestors. Caregivers and kin make use of the infant for purposes only tangentially related to her. In both arenas, the body of the infant plays a central role in interpretations.

Knowledge about the infant cannot be divorced from the body of the infant, and the body of the infant cannot be understood free of cultural interpretations. Infants are part of the life cycle and growth is central to their role in it. However, large variations exist in whether and how infants grow across cultures. To understand meanings that social groups might hold about their offspring we need to look to local patterns of survival and growth, to what Lock terms the "local biologies" of infancy (Lock 1993b; 1993c). Meanings and practices shape these "local biologies"; however, it is vital to look at the intricate, innumerable, and often indivisible ways that the two intersect. In particular, this dissertation discusses ways in which the infant body shapes and is shaped by cultural constructions of personhood, gender, and relations of inequality.

A place ideally suited to explore the richness of infant social life is one where, first, infants command a great deal of attention; second, where people look to the body as a key symbolic and social resource; and third, where people have a sophisticated understanding

of political relations. The Baliem valley in the central highlands region of Irian Jaya, Indonesia is one such place. Dani are the indigenous inhabitants of the large, fertile valley, and they, as well as the complex political world they live in, are the object of this study. First, the Dani have a focused and sophisticated interest in their young infants because women have low total fertility rates of less than two live children per woman (Peters & Aso-Lokobal 1991). Women also have children only once every five to seven years, and they suffer very high infant mortality rates of approximately 280 deaths per 1,000 live births. Thus, the combination of low fertility and high mortality makes infants an object of almost obsessive, analytical attention by Dani adults (Poole 1985; Knauf 1993, 1985). Second, the Dani are classified by most anthropologists as Melanesian,¹ and particularly in south and central New Guinea, Melanesian cultural groups display some of the most complicated, symbolic, violent, and sophisticated sets of bodily practices recorded in the world (e.g. Knauf 1989; Meigs 1984; Gillison 1993; Herdt 1984a). Third, the Dani have a long and complex history of warfare among themselves, fighting for retribution, for theft of women, for theft of pigs, and for control over territory. Men are exceedingly ambitious; they once had to earn status formerly through displays of warrior prowess and even now must earn it through intelligence in exchange, tact, and diplomacy (Heider 1970; Widjojo 1995). The Baliem valley Dani have also become members of the Indonesian nation-state and have since the 1960s engaged in sporadic overt and covert battles with Indonesian military and administrative officials (Gietzelt 1989; Osborne 1985). Ethnic and economic differences sustain antagonisms in the present day despite formal pacification in 1977, and the Dani must engage their considerable political skills to retain a tangible cultural presence in the valley. Thus I examine details of each of the spheres listed above as well as their interconnections to show that the infant holds a prominent social role in the Baliem valley and is, at every moment, a key member of society in a complex field of political relations.

¹Melanesia is a culture area term used by anthropologists to describe peoples of similar racial features that lie between the island of New Guinea to the west, and New Caledonia and Fiji to the east. The term is problematic, as are the boundaries of inclusion or exclusion (see Thomas 1989).

The Place

Irian Jaya is the easternmost province of Indonesia, and the Baliem valley is the largest flat valley space in the centre of the mountain range that runs the length of the island of New Guinea (see Figure 1). Portrayed as "the last place on earth" by journalists and immortalized in first year anthropology textbooks through the work of Karl Heider (1988) and through Gardner's film Dead Birds (1964), the Baliem valley is accessible only by air or by arduous foot journey and remains exceptionally isolated from modernist ideologies and commodity markets. About one million indigenous inhabitants live in the province in mostly arduous living conditions—in dense jungle, on top of 300 kilometer-wide swamps, and on the side of jagged limestone mountains. People build gardens and cultivate taro, sago, and sweet potato. But Irian Jaya is also part of Indonesia, and Indonesians have been relocating to the province, through transmigration programmes and through individual initiative, with such alacrity that the indigenous population has recently become a minority on the land. Several medium-sized towns lie on the coast, and Freeport-McMoran operates one of the world's largest gold mines in Tembagapura, in the middle of the province. However, roads cover only minute sections of the coastline of the province, and, in the mountainous region in the center of the province, population density remains about 3 persons per square kilometre (see Figure 1). The only administrative center of any note in these central highlands and the relocation choice of "newcomer" Indonesians [*pendatang*] is the Baliem valley, the field site for my dissertation research.

The most memorable airplane ride I took during my fieldwork in Irian Jaya, from July 1994 to July 1995, was not the mission plane ride to a remote post, where the missionary pilot had to maneuver the plane around jagged-tooth limestone mountains, and then nose dive through a pass so as to land on the only piece of flat land visible for miles. No, the most memorable trip was the hour-long flight I took from Jayapura, the capital on the north coast, to the Baliem valley in the middle of the island, some 350 miles away. The

PAPUA NEW GUINEA



Fokker plane, operated by a commercial line, flies to Wamena twice a day only when the weather is good and in the rainy season often does not fly at all. Thus there are always more people who want to board than there are seats. Tourists and travelers usually get first pick whether they hold reservations or not, and indigenous people get to wait. On this particular flight, the third of the day, the tourists and Indonesians had all been accommodated on previous flights, and only indigenous Irianese and I remained to board the twin otter. The weather was good when we lifted off, but as we crossed the vast swampy jungle that covers about fifty miles of flat land outside of Jayapura on our way south, fellow passengers and I noticed that we were flying lower than normal. As the mountains of the central range can often disappear in clouds and reappear quite suddenly, we fretted amongst ourselves that the pilot might not get high enough to wind through the twists and turns of Pass valley, the only route into the Baliem valley that does not exceed the 10,000 foot ceiling imposed on small aircraft. We snaked through Pass valley, seeing the trees disconcertingly close below. As the plane lurched from side to side, everyone around me began to move their lips, either in prayer or in more general supplications. We all knew that the lip of the valley lay just ahead and even in larger airplanes the rocky pass was always too close for comfort because the plane had to pass over an arc of rock bordered on both sides by jagged peaks. That day, we literally scraped through the opening and sailed in over the Baliem valley which, as usual, was obscured by clouds.

The descent was equally frightening, as the pilot jerkily began to reduce altitude as soon as he passed through the narrow alleyway of rocks. As we grew closer we could see the terraced gardens below, symmetrical rectangles that follow the curve of the rivers, broken up here and there by forest and groves of banana trees that protected Dani homesteads. As we approached the town of Wamena and crossed the smooth, wide Baliem river we also saw the grid of right-angle roads, the tin roofs, the army barracks, the hospital, the homes of the wealthy, and the shacks of indigenous migrants that makes up Wamena. Every one of us thought we would not pull down on to the runway in time as we

seemed to be going much too fast, and, since the mountains loom fast at the other end of the runway, we wondered whether we would get a second chance at landing. Fatal airplane accidents are part of the lore of Irian Jaya--was it to be our turn? All of a sudden the pilot jerked the plane downward, aimed for the runway, pulled up the nose just in time and landed much too fast, bounced to a slow stop, much too far past the end of the runway. We all took a deep breath and started to laugh at each other nervously as the co-pilot screamed in rage, reached across his seat, and gave the pilot a large, noisy smack in the face. We had been the guinea pigs, the second-rate passengers of the "indigenous flight" and suitable cargo for the training of first-time airline pilots!

The valley is long enough, at about 55 kilometers, although just barely, to accommodate a runway for full-sized Fokker airplanes as well as the Indonesian military transport plane, the Hercules. The mission air service, Mission Aviation Fellowship (MAF) also operates a large base out of Wamena for its many Cessnas. All of these planes have been bringing in cargo from Jayapura regularly since the 1970s, including cars, motorcycles, and satellite dishes as well as plastic pails, cooking pots, cigarettes, and jeans. Cement has been brought in to build two high schools, a nursing school, a hospital, homes, and offices. A dozen large yellow noisy dump trucks carried in by the military airplane careen about the small town, carrying rocks from river beds for building foundations or crushed gravel and sand for fixing roads continually washed out by landslide. The mission planes carry in pigs, cargo, and the occasional hospital-bound patient from other parts of the highlands. Mostly, however, the planes bring in people: Indonesians who have moved to Wamena from other parts of the country, administrators assigned to the valley, tourists, and Indonesian military staff and police to occupy the Wamena barracks and to patrol all the small posts that dot the mountainside. A small crowd always waits at the airport: women wearing traditional netbags on their heads and modern cotton skirts purchased at the market, waiting perhaps for a brother who left for Jayapura weeks ago; immaculately clean and well-dressed Indonesians waiting for their provincial

supervisor to show up, or for their family to join them for several months; and young Dani boys driving decrepit three-wheeled buggies, baggage carriers, and guides, all waiting in hopes of helping out a tourist for a small wage. In almost the dead center of the valley, the once microscopic Dutch colonial post of Wamena has grown into the administrative center for the *kabupaten* of Jayawijaya (Jayawijaya mayoralty district) and has become a town that, at approximately 15,000 residents, has the dubious status of being the largest urban centre in the world that is accessible only by air.

People of the Valley

The Baliem valley Dani are the indigenous inhabitants of the Baliem valley¹. They were called Lani or Dani by a neighbouring clan, the Western Dani, meaning to them people of the valley. The Dani say "people of the Baliem" when speaking of themselves as a group, and they use their alliance name when speaking of themselves as individuals. Following current bureaucratic and scholarly trends, I use the name Dani or Baliem valley Dani to describe the linguistically distinct group of some 54,500 people that inhabit the fertile Baliem valley.²

The Dani identify themselves through their clans, but clans always affiliate with other clans in small or large alliances which serve primarily political purposes. According to Peters (1975), each clan contains several patrilineages, where people trace their lineage to a single ancestor in a shallow genealogy. Clans are grouped into moieties, and marriage takes place between the two moieties, called Weta and Waya. Exogamous moieties means that a man who seeks a wife cannot consider fully half the female population as a potential partner, a formidable restriction.

¹The valley is called the "Balim" or the "Baliem" depending on the source and the speaker. In the 1950s, indigenous people used the term "Balim" and many still do so; however, many also use the term "Baliem" as I do which is both official and the term most commonly used.

² This number culls estimates from a range of sources. Unfortunately, no means to calculate tribal identity through official means exists, as censuses do not collect data on ethnicity (see Chapter 8 for a full treatment of this issue).

Like all New Guinea highland groups that inhabit fertile valley zones, the Dani are skilled horticulturists and grow mostly sweet potato (*Ipomoea batatas*) in symmetrical, terraced, raised garden beds on land either inherited or cleared. The Dani also raise pigs, and these domesticated animals serve key roles in virtually every Dani ritual ceremony or public event. Despite the influence of the Catholic church on the valley floor and Protestant proselytizing in the surrounding hills, the majority of Dani men and women support polygyny although not all are in a position to be able to practice it. In the past, warfare played a key role in social organization and continues to shape symbolic understandings of social life (Heider 1970; Widjojo 1995; Aso-Lokobal n.d.b). Today, sets of smooth oblong stones about 30 cm long are used in rituals as a direct symbolic substitute for dead warriors, and men assiduously follow patterns of rituals involving ancestors, pigs, and extensive ceremonies in order to ensure that deceased ancestors do not wreak havoc in everyday lives.

Men trade pigs, sweet potatoes, and women in efforts to create complex political alliances that will enhance their power and prestige. Men who attain prominent status, through achievement rather than ascription, have been labeled Big Men in the anthropological literature, although this term and its application to the Dani case recently have been questioned (Godelier and Strathern 1991; Ploeg 1994, 1996)¹. The system of bridewealth in the Baliem valley, in which a man pays out several pigs in exchange for a woman, is intricately linked to other rituals designed to strengthen the Dani and their alliances.

¹ Over the past 30 years, Sahlins' formulation of "big man" societies has held considerable weight as a way of describing patterns of Melanesian and more specifically Highlands leadership (for the Dani see Heider 1970; Peters 1975; Shankman 1991; Knauft 1992; Widjojo et al. 1993). "Big man" societies, according to Sahlins' formulation, operate on relations of non-equivalence and competitive exchange: that is, a bride is exchanged for bridewealth, and a war death can be compensated for with the payment of blood money (Sahlins 1963). This applies to the Dani in the most general sense. However, Godelier (1986; Godelier and Strathern 1991) has proposed a modification of this formula to accommodate a different form of leader in the Highlands, "great man" societies. "Great man" societies operate on relations of equivalence: a bride for a bride, a death for a death. Public life turns on male initiation rather than ceremonial exchange. Ploeg (1996) has shown how both terms apply to Western and Baliem valley Dani leadership, and his critique suggests the analytic utility of these terms is limited.

Women's status, on the other hand, derives from her garden work, her lineage, her marriage partner, her children, and the extent to which she conforms to expectations of a "good wife" (see chapter 3). Women may not act or feel subservient, but they do not hold political power and thus their achievements are limited by local beliefs and practices about gender (Strathern 1972; O'Brien 1969a). About 60% of men are polygynous, and of those the majority have two or three wives although in each region and in each alliance, men of prominence sometimes have more than a dozen wives. Relations among women in the households that men set up for their wives can be fractious, and women do not always conform to the passive role that men, engaged in their rituals of marriage exchange, might seek in a wife. Notably, women run away from marriages if they are unhappy. If they have children or if the brideprice has already been paid, the politics of repayment can become very complicated (Glasse and Meggitt 1969).

As this brief summary suggests, themes of war, exchange, gender relations, and production are prominent features of social life that have arisen in descriptions of the Dani, most of which were produced from data gathered in the 1960s. One anthropologist (Heider 1970, 1988), a film maker and a novelist (Gardner 1964 and Mathiessen 1962), two indigenous students (Wetapo 1981; Aso-Lokobal 1992, n.d.), and three missionaries (Peters 1975; Hayward 1980; Hitt 1962) have filmed or described the Baliem valley Dani, and there is merit in recognizing the consistency and constancy of certain features of social life. However, there is also danger in oversimplifying these patterns, and in allowing them to dominate vision and understanding when numerous exceptions to every one of the above statements can be made, exceptions that provide nuance and texture to cultural practice. In an example explored in detail in this dissertation, these scholars explored male dominance of politics and leadership without considering in any detail either aspects of women's lives that play into power relations or the complexity of women's strategies and actions which impact on men's symbolic practice.

The bias in research that looks at Dani men's worlds rather than women's can be extended to the child's world as well: the very young are aligned with women and essentially left out of descriptive data.¹ Yet, all research indicates that reproduction is a key component of Dani social life. The opportunity to reproduce and to participate in sexual activities engage the interests of Dani adults (van der Pavert 1986; *pace* Heider 1992, 1976). Without exception, however, the results of reproduction have been relegated to a small slot alongside women, to the "cookhouse," the space for women and their babies, and to rote rituals of socialization—boys playing at war, girls playing at childrearing (Heider 1970; Gardner & Heider 1968).

In some sense, acknowledging the Indonesian presence in the valley brings the infant to the fore because national policies on reproduction have been developed that shape everyday experience. National political events and objectives have dictated a strong emphasis in contemporary Indonesia on controlling reproduction. The relationship between Indonesia and Irianese began in 1962. The Dutch were forced to relinquish Irian Jaya (called West Irian at the time), their last colonial holding to the Indonesians who fully expected to inherit it (Anderson 1987). For the indigenous Irianese, the decade-long transition from colony to Indonesian province was problematic for many leaders, particularly those on the coast who had been coached by the Dutch to expect self-government (Osborne 1985). Attempts to obtain self-rule have dominated the politics of Irian Jaya since then, and the *Organisasi Papua Merdeka* (OPM or Free Papua Movement) has warred consistently with Indonesian military using guerrilla tactics that continue today (see Osborne 1985; May 1978; Tapol 1996). Although estimates of the fallout of the war between the OPM and the Indonesian military vary widely, one author argues that as many as 150,000 Irianese may have been killed in skirmishes from the 1960s to the mid 1980s (Gault-Williams 1987).

¹But see Gillison 1993 or Jorgensen 1983a for an example of the way children can be written into ethnographic studies of highlands Papua New Guinea.

Wamena had been a Dutch administrative post and the Baliem valley remained the highlands administrative center after Irian Jaya formally became part of Indonesia in 1969. In the Baliem valley, several small fights broke out between the Dani and the military in the early 1970s, resulting in an unknown number of deaths. According to valley elders and to journalistic accounts, an airdrop of Indonesian soldiers in 1977 devastated former patterns of conflict and warfare among tribes (Osborne 1985). Ostensibly sent to the Baliem valley to stop a skirmish between the Dani and their neighbours, the paratroopers killed some 3,000 Dani and finally, effectively, pacified the north and central valley.¹ The Dani describe their history as "before and after 1977" in which 1977, according to one elder, was "the time we realized we had to learn how to be developed."

One means to promote unity in the present-day ethnic mosaic that makes up Indonesia's 200 million people is to downplay cultural difference in favour of standardized goals that can unite the nation. Thus, even though communication across much of Irian Jaya is extraordinarily difficult due to dense bush, mud slides, and wall-like mountainsides, there are a basic set of services that each official village is entitled to receive. These include a primary school, *puskesmas* (health centres), a village office staffed with four people, village representatives elected to voting positions on village-level decisions, immunization and weigh clinics for infants, *kader* (volunteer health workers), and, most recently, trained midwives (S. Guggenheim personal communication). Currently, health care for infants in Wamena operates under nation-wide policies. Health services offer immunizations, infant weighing, nutrition and breast-feeding promotion, and birth control at weigh clinics (*posyandu*) in precisely the same way as in other parts of the country (Yahya & Roesin 1990).

Despite the contemporary trappings of citizenship, indigenous people have not been involved in the market economy in the Baliem valley. Only relocated Indonesians own businesses, shops, and kiosks; head development projects; drive rickety taxis; buy the rice

¹Pacification in the southern portion of the valley remains tenuous. A tentative deal was struck in 1994 which may hold, but personal animosities remain high.

that Dani grow under a development scheme; teach classes; train health workers; and, perhaps most importantly, hold key government administrative posts. In this same town, it is almost impossible for a Dani man to get a job. No Dani owns a car. Only a dozen or so of the most important leaders have been able to translate local status for economic gain. The Dani live on the margins of Indonesian society, putatively the most tribal and primitive of all ethnic minorities in what is perhaps the most ethnically diverse country in the world.

In contrast, in the villages of the Baliem valley just a few kilometers from Wamena, life goes on; here the world of infants and the practice of infant care appear seamlessly linked among people who seem unchanged by the Indonesianization of the province. In the morning, once the fog lifts and the warm sun strikes the ground, most women in Dani villages in the Baliem valley sling empty netbags onto their heads and head out with their shovel and digging stick to work in the sweet potato gardens (see Figures 2 and 3). If a woman has to bring her baby with her, she will try and feed the child as much as possible during the morning before leaving so that the child has a full belly and is inclined to sleep. The mother, or elder daughter, places the child inside a large netbag on top of an old piece of cloth or a baby blanket purchased in town and then covers the child up with another piece of cloth, wraps a rag or two around the baby's genitals and then in one swift, sweeping motion lifts the netbag up by its narrow end and swings it around her back, placing the narrow band on top of her head, with the baby now sitting in a cradled position against his mother's lower back (See Figure 4). The woman then bends over and picks up a handful of netbags, ranging from two to twelve depending on the baby's size and how cold it is outside, and places them on top of her head so that they cover the infant inside his netbag and darken the baby's resting space. Invariably the mother taps the bottom of the bag a bit when she has finished and chants a low tuneless song that all Dani women sing to all babies: "oweyo - oweyo - oweyo." She then slings bags for bringing home sweet



Figure 2

View of the Baliem Valley from the South. In the lower right corner of the photograph lies the airstrip and set of tin-roof houses of Kurima, a bureaucratic center for the region south of the valley, and one of the largest settlements of people in the highlands outside of Wamena.



Figure 3

Juliana is weeding the terraced sweet potato gardens with a small stick she holds in her right hand. In the front right are taro plants, once a staple crop but now supplanted by the sweet potato.

potatoes over top of her portable cradle, secrets her cigarettes somewhere, and is ready to go.

If the child wakes and cries while the mother weeds or plants her sweet potato gardens, the mother has to stop and look after him. If the child can sit up and play outside of the netbag the mother will put the child in a spot nearby and try and work as she watches him out of the corner of her eye. It helps if kin and co-wives can give a hand. They can sing the same song to put him back to sleep, rock their bodies gently in the same way, and pat the bottom of the netbag in the same gentle tapping motion. The longer the child sleeps--the more lulled he is by the darkness of the netbags and by the repetitive sounds and rocking--the easier it is for the mother to harvest enough food for dinner and make progress on garden preparation, weeding, or thinning sweet potato plants.

When it is late afternoon, everyone makes their way home slowly, women loaded down with netbags full of food and men and boys with firewood or empty-handed, but usually full of news. During the late afternoon, in the cookhouse, men may hold their babies for a short while because the danger of lurking spirits is less at sundown and when a lot of people are clustered inside the cookhouse. Women try to get their child to sleep so they can make new netbags. A needle made of a sliver of wood holds brightly coloured string--red, yellow, white and blue are favorites--that women thread into a loop, through a second loop and back through the original one, pulling the string tight, repeating the same motion over and over until the bag is done. Women smoke as they weave, and the light of the fire offers just enough to see by as daylight fades through the thin board walls of the cookhouse. Women reach around every once in a while to tap the baby who lies sleeping in the netbag, hung on a hook on the wall; to unhook the netbag and feed her if she cries; or, if she is awake and old enough, to pass her around and let everyone play with her, rub her skin, and bounce her gently. Everyone handles the baby gently. The baby never touches the floor, and no one wants to startle her for in these ways spirits can enter the body.

The point is not to stimulate the child, but to sedate through darkness, quiet, routine, breastfeeding on demand, and through providing stimulation only when the child comes to demand it, as when at ten months a child who was accustomed to me reached over and grabbed a pencil from my hand and stuck it in her mouth. The photograph in Figure 5 shows what most Dani women would *not* do to a child, which is expose her to light, wind, and the gaze of others. A tranquil baby gets big fast and this is a locally acknowledged goal: "We keep him quiet so he'll get big fast," and "if others carry the baby around too much he can't get big. These old women want to grab my baby here, grab him there—she'll never grow that way. Sleeping inside the netbag is the best thing for the baby."

In much previous anthropological work on infants it has been considered sufficient to provide descriptions such as this of culturally specific ways of caring for children for the purposes of comparison. For example, there have been studies of symbolic beliefs, particularly around procreation (e.g. Biersack 1983; Jordan 1978; Jorgensen 1983; Poole 1985); studies on the care and feeding of infants (Marshall 1985; Schieffelin 1985; Shaw 1986; Van Esterik 1989;); and a vast amount of research on the early childhood development and socialization of children past the age of infancy (e.g. LeVine et al. 1994; Schieffelin 1990; Toren 1993, 1988; Whiting 1963; Whiting and Whiting 1975; Whiting & Edwards 1988). However, this dissertation asserts that such descriptive outlining of details about childrearing in "the way of our ancestors" obscures complex sets of ideologies¹ in precisely the way that "the way of our ancestors" is meant to do (Ortner 1984). Ortner (1984) has suggested that power that underlies tacit or taken-for-granted assumptions about the way things are and were and, in particular, the local, historically grounded ideas about gender, politics, and power all find expression in the seemingly ideology-free ways people understand their children, care for them, protect them, and make policies about them. By

¹I define ideology as "the ways in which meaning serves to sustain relations of domination" (Eagleton 1991:5). I recognize that it is important to distinguish between more and less central instances of domination; however, in the broad sense used here I am arguing merely that childrearing is not void of relations of domination.

Figure 4

Lesina carries her newborn in a netbag. She has covered the netbag that holds the newborn with a bought towel, and has draped four fine-quality netbags on top of that.

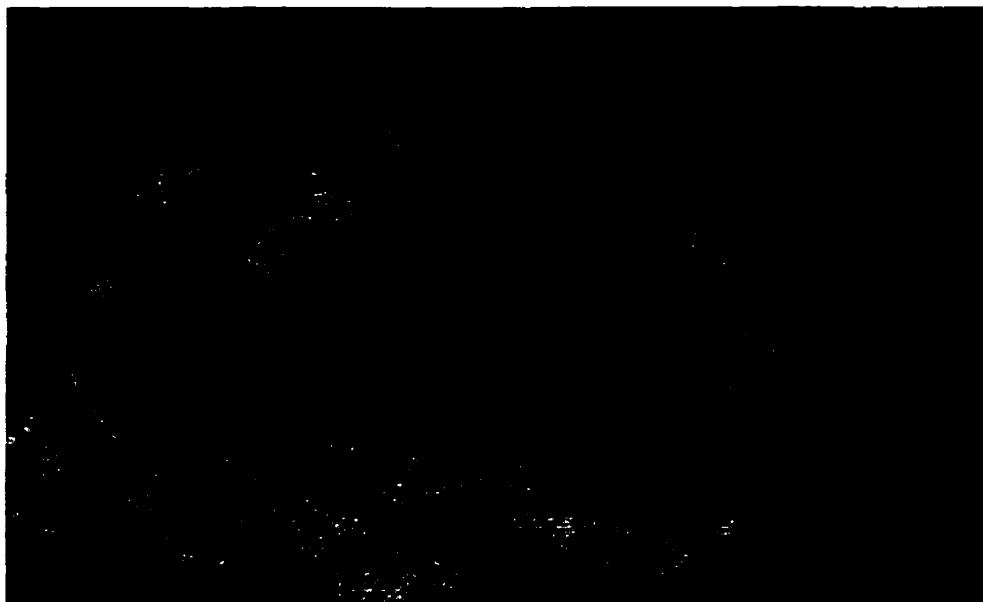
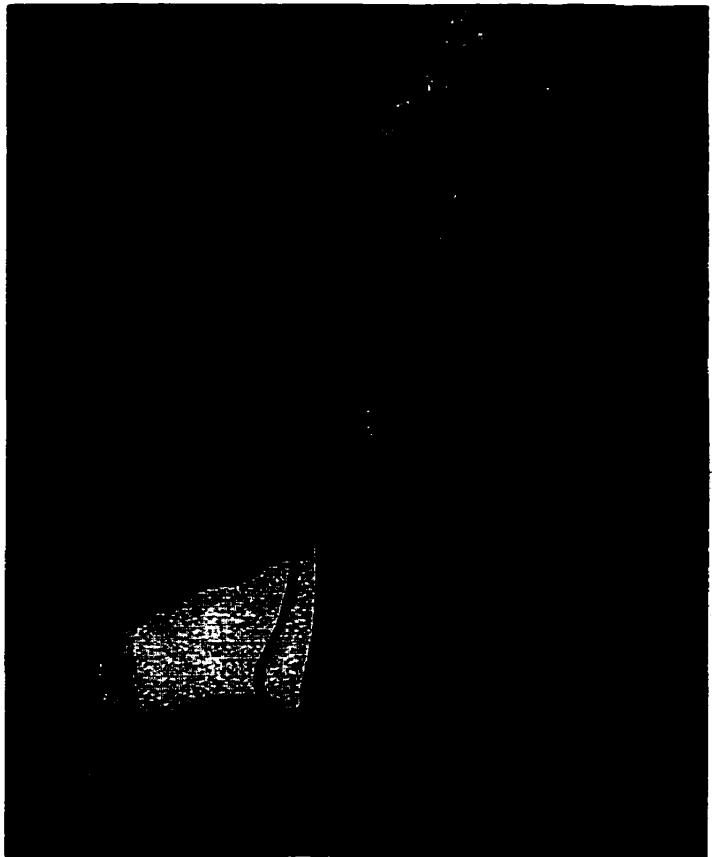


Figure 5

This infant girl is about ten days old, and her mother Herlina, a Protestant who no longer believes in ancestors or spirits, has asked me to photograph her. For this event, the mother has placed the infant on the floor, has opened up the bag to let in the light and has allowed me to click a photograph. All of these actions challenge longstanding childcare beliefs.

choosing not to explore the multiple relations and meanings that ground action, by accepting the way of the ancestors as "good enough", and by bowing to Euroamerican assumptions that babies are not interesting or important people, we may miss that which lies at the heart of social relations and throw the baby out with the bath water.

The Problem: Infant Bodies and Power

This dissertation asserts the central importance of infants in anthropological studies of power. This project forms part of two broad trends in anthropology: to analyze the politics of reproduction (Ginsburg and Rapp 1991; 1995; Wee 1995; Anagnost 1995); and to acknowledge the politics in constructions of children and childhood (Stephens 1995; Shiraishi 1995; James & Prout 1990; see also Ariès 1962). Anthropologists have studied ways state power has depended directly and indirectly on defining normative families and on controlling populations. Interventions into family organization in low-technology societies so as to modify the outcomes of reproduction and to manipulate the lives of children has been analyzed as a central strategy of colonial and contemporary state powers (Hartmann 1987; Donzelot 1979; Stoler 1995; Stephens 1995). In developed countries, anthropologists have scrutinized coercive political realities, but they have also examined conceptions of life and death, changing kin relations, the impact of technology on reproduction, and ideas of the body that ground reproductive practice (e.g. Franklin 1995a; Strathern 1995a, 1995b; Lock 1995b). This dissertation explores the active and contested arenas of life and death, kinship, technology, and ideas of the body in the specific arena of infant care, at the specific level of everyday practices, and in the specific social milieu of the Baliem valley, whether that be at a clinic, in the gardens, or inside the dark and secluded space of the netbag.

Through a study of the social relations of the Dani and intersections with the Indonesian nation-state, in particular the application of health policy in the Baliem valley, this dissertation argues that the infant body is the analytic core. If symbolic understandings

of the body are key to cultural analysis (Comaroff 1985), then caregivers, family, community, and policy makers will draw meaning, make assessments, and ground action in locally-relevant interpretations of the infant's body. Any cultural understanding of infancy needs to recognize the slippery nature of the body and its meanings. In the following review of key ideas, discussion begins first with a summary and critique of anthropological studies of the body. What is meant by the infant body? I draw on key insights by Lock, Bourdieu, and Foucault to argue for a theoretical positioning that recognizes the need to ground analysis in a recognition of physiological processes--"the" Dani infant, as it were--and in a simultaneous recognition of the depth and intensity of local meanings as they give shape and understanding to this symbolically compelling moment in the life cycle. I then show how the study of infants among the Dani sheds light on issues of social inequality, in particular the historical, political and cultural specificity within which these relations occur and which help form them.

The Body

We cannot understand infants without understanding the infant body. While studies of the human body in context are vast in scope and broad in intent, few focus on infants. Until recently, within the field of anthropology definitions of the body have tended to remain unexamined and thus tended to reflect anthropology's dominant Euroamerican heritage (Scheper-Hughes & Lock 1987). Although Mauss had exhorted the study of "techniques of the body" and of the self as early as 1938, social and cultural anthropologists who took up the call, in the main, confined themselves to the study of material bodily practice--headdresses, tattoos, mutilations--as extraneous to the structural and functionalist theoretical concerns of the day. Even work such as Mead's (1930) on infant care in New Guinea reflects a dominant view of the body as an entity separate from the mind, as universal in its processes and, by extension, seen as such by her Melanesian informants. It took evolving concerns in a number of sub-disciplines of anthropology--

notably psychological and symbolic studies--to bring the body closer to the center of the research agenda, although the centrality it occupies in human life is still nowhere near reflected in research interests. Nonetheless, as Lock (1993a) argues, developments since the 1970s have helped to unmask the assumptions of a universal body through the study of representations, epistemologies, and power relations.

Although some theorists had placed the body at the center of their research agenda before the 1970s (e.g. Needham 1973; Douglas 1970), the end of that decade saw seminal texts on the body appear that located the body as a political, historical, sexual, and symbolic artifact with varying meanings contingent on space, society, culture, and time (Turner 1984; Armstrong 1983; Comaroff 1985; O'Hanlon 1989; Meigs 1984). In a flagship article, Scheper-Hughes and Lock (1987) assembled salient earlier contributions within a system for categorizing and analyzing research about the body that has proven useful beyond the medical anthropology audience for whom the prolegomenon was written. They divide the study of the body into three realms: First, the "individual" body represents the problematics of a person's individual lived experience with cultural variations in concepts of selfhood and with ethnoanatomical constructs. In addition to ethnographic works, the study of phenomenology; "human consciousness in its lived immediacy" (Jackson 1996:2)--has influenced this sphere of research. Second, the "social" body describes how the body "works" as a natural symbol to confirm what are taken to be social realities, to define boundaries of inclusion and exclusion, and how, through the body, society reproduces itself (Douglas 1970; Bourdieu 1977). Third, the "political body" describes systems of social control and ways to regulate social boundaries including bodily decorations and distortions, in essence, following Foucault, "the regulation, surveillance, and control of bodies (individual and collective) in reproduction and sexuality, work and leisure" (Scheper-Hughes & Lock 1987: 6-7; Foucault 1977, 1980). Overall, Scheper-Hughes and Lock's summary serves as a potent reminder that assumptions about the body

are grounded in social realities and that these are inextricably entwined with constructs of the self and the political context in which bodies, and persons, come to be defined.

In a recent review, Lock (1993a) emphasizes that the inter-linkages between the "three bodies" matter more than the distinctions. She stresses the fluid, real-world reality of "having and being a body," with attendant focus on subjectivities, on epistemologies, and on relations of power (Lock 1993a:136). In an example relevant to the Melanesian case, Lock shows how "embodiment"--the giving of concrete bodily form to subjective experiences through practice and through self-awareness--ties the individual to the social world. For example, initiation, more than merely inscribing social worlds onto a boy's body, also strengthens core ideas of personhood, the initiate's as much as his community's, and solidifies sexual roles and identities, through all of which emotions weave. In another realm, studies that focus on emotions or politics to explain variations in constructions of the "self" span realms from the phenomenological to the international (Battaglia 1995a). Throughout her review, Lock weaves together previously disparate levels of analysis but invariably grounds herself in the slippery truth that the body is material but indefinably so, always meaningful but never categorically so, an object that invariably "refuses to hold still" (Lock 1993a:148).

Within this theoretical richness, very few studies focus specifically on the infant (as opposed to the fetus or the young child) and her body in a social context. A possible reason for the paucity of studies on this particular life cycle moment may lie in broad Euroamerican notions of the infant. In particular, although most contemporary theorists acknowledge the importance of the human body in shaping social life, the truism that everyone both *has* and *is* a body has not filtered down to studies of infants and children (Turner 1984). It is as if, overall, the infant is everywhere the same, and culture is responsible for inscribing difference onto an undifferentiated body. Even though such ideas have been reevaluated provocatively for other moments in the life cycle, the infant continues to be understood primarily as an "asocial blank slate" (Conklin & Morgan

1996:659). The infant in social theory, for all intents and purposes, *is* only a body. In other words, cultural knowledge about infants obscures analytic vision and demeans alternate knowledge forms, and the predominant Euroamerican "ethnophysiology of relatively autonomous asocial bodies" does little to redress the intellectual bias (Conklin & Morgan 1996:687).¹ Until such time as scholars divest themselves of "the Euroamerican view of the infant as a passive recipient of culture" (Ginsburg and Rapp 1991:324) and "the fantasy of children as flawless commodities" (ibid: 324), situating theoretical formulations from the space of infant social life will be difficult.

All bodies are good to think with: in the infant's case, however, there is little else to go on. Infants, as Conklin and Morgan (1996:685-686) elegantly summarize, require facing the

messier physicality out of which an infant is fashioned into a fully socialized being over the course of a number of years. Everyone involved in hands-on child care is well aware of how much it revolves around body-to-body contact and the production, elimination, and control of body products - breast milk, urine, feces, spit-up, drool, blood, and tears.

Universally, infants have certain features in common—upon birth, they are unable to care for themselves, to talk, to walk, or to assert themselves in a socially learned manner. In addition, babies demand and usually receive routine, consistent nurturing contact with others; "human children share prolonged physical fragility and therefore prolonged dependence on adults for their safety and well-being" (Ruddick 1989:18). Finally, child care involves making decisions: to care for the infant; to speak for the infant; and to act on behalf of her (Ruddick 1989). Consequently, while the study of babies profits from the rich legacy of work on the very real importance of the human body in social relations, analysis is made difficult because of the nature of the infant's body, of the ongoing difficulty of trying to talk about infants in a way that does not end up speaking for them.

This dissertation argues that the body of the infant, one of the most potent "natural tools" available to humans, is a powerful and essential site of both action and interpretation

¹See ethological studies by Trevarthen (1979, 1988) and Murray & Trevarthen (1985) arguing that the infant is highly social and imitative in interaction style (cf. Super 1981).

(Mauss 1968; Lock 1993a). For example, cultural concepts of personhood are inextricably grounded in understandings of the human body. Contrary to Euroamerican models that differentiate between fetus and newborn, people in many societies do not make pronounced distinctions between the child before birth and after (Biersack 1983; Conklin & Morgan 1996; Jorgensen 1983; Marshall 1985; Morgan 1996; Strathern 1988). In many Melanesian societies, such as the Dani, infants are seen as an immature but complete person who was formed inside a woman (Meigs 1984; Poole 1985; Strathern 1991). They are "partial persons" (Poole 1985), according to local ideologies, made complete by the social, ritual, and nurturing actions of others. Pushing this point further, Strathern (1988) shows that persons in Melanesia exist in realms that far exceed the corporeal limits of the skin. Children, like adults, do not reduce to their material bodies but "are the outcomes of interactions of multiple others" (Strathern 1988:316).

The term "sociality" has been used to describe the multiple influences and contributions that make up a person. In Melanesia, sociality is the foundation of notions of self and of group: "there is no indigenous supposition of a society that lies over or above or is inclusive of individual acts and unique events" (Strathern 1988:102). Thus people, places, and things go in the making of persons and societies. Among the Baliem valley Dani, for example, infants are made much of. As humans-in-the-making, babies are acutely scrutinized for what they can tell parents and relatives about the interaction of the many processes that make up the infant: coital frequency, ancestor spirits, food taboos, sorcerers, netbags, and sweet potatoes. As a tool with which to describe some facets of infancy, the term sociality is effective in describing the multiple interdependencies that make up persons in Melanesia.

However, sociality tells only a partial story. Studies grounded in sociality tend to suggest that a cultural group, the so-and-so, collectively build an unproblematic person, understood by everyone within that group as such (e.g. Turner 1995; c.f. Strathern 1988; Josephides 1991). These studies, noteworthy for the contribution they make to undoing

Euroamerican assumptions about how bodies and persons come to be built nevertheless tend to assume a cultural group with an undifferentiated acceptance of ideas. The term sociality unfortunately can reinforce the illusion of unity within a cultural group. In recent critiques, Conklin and Morgan (1996) and Battaglia (1995a) cogently suggest that a more effective approach to understanding persons is to recognize that notions of personhood can be contested, and that dissent can surface in bodily metaphors and models of ethnophysiology. I question whether *any* ascriptions of personhood can remain free of contestation.

This dissertation posits that a study of political relations provides a more focused means to describe the social life of infants than do studies of personhood. If, in Melanesia, people go into the making of other people, then their animosities, clan alliances, and personalities all go into making the infant as well. The work of Bledsoe (1993, 1995) in Sierra Leone on child fosterage and on the politics of having children in polygynous families has demonstrated that reproduction is an ongoing social and political construction that may begin long before and continue long after the biological fact of parturition. If the local social negotiations over reproduction are inherently political, then in a society that does not distinguish categorically between unborn and born children, we might expect such power relations to extend to the post-birth period as well. Thus when the Dani spend an inordinate amount of time observing, cataloguing, protecting, thinking about and analyzing their babies, they do so because a baby's body, at birth, is already imbued with a whole set of local political realities.

The arena of political relations that involves infants has been little studied. Adoption has been a topic of anthropological interest, but scholars shied away from considering the power and politics inherent in the act of adoption (Brady 1975; Carroll 1970). The space where people engage in power relations through the infant has been intimated in other studies, as when Conklin and Morgan (1996) related how families in Brazil argue over whether or not to participate in infanticide, or when Godelier (1986:43) tells us the last line

of initiation rites for Baruya women is to "not kill your child when you give birth to it. Men are more inclined to become attached when they have children." Barlow (1984) tells of women and men who so want to adopt an infant among the Murik that they entice him with extra food so he will come to see them as primary caregivers. I expand on the social relations glimpsed in these ethnographic moments in a detailed assessment of the infant's roles in political negotiations. The data stress that the inherent variability of infant physiology offers a zone of acute and sustained political negotiations. In other words, the ever-changing infant matters because he provides a means through which political realities can be built and contested.

Politics and Power

Political worlds are not solely those of the state and of institutions but are also of the everyday transaction, the family and the home. Politics--the stability, conformity, opposition, strength and fragility of the dominant social order and value system that characterizes it--pervades the everyday (Dirks et al. 1994:4; Bourdieu 1977). Following the key insights of Foucault and feminist scholars, theorists have recognized that "all the relations of everyday life bear a certain stamp of power" (Dirks et al. 1994:4). Being a parent, child, woman, or man involves negotiating questions of "power, authority, and the control of the definitions of reality" (ibid: 4). This day-to-day struggle pervades the life of the young. Cross-culturally, in a seemingly universal fashion, infants are "brought up" by other persons in a social world within which they learn to operate (LeVine et al. 1994; Whiting and Edwards 1988). Thus, infants and adults equally live in political worlds, and thus politics are manifest in every step of the process of conceiving, birthing, and raising a child.

When a woman tucks her child away in a netbag and covers her up with a set of a dozen bags to block out light and noise, how do these seemingly apolitical events shed light on political system? Child care, at first glance, appears to fall outside the realm of politics.

Bourdieu partially dissolves this distinction by charting the process by which disjunctures and inequalities in the social order are made natural, where coercion is unseen, and seemingly unnecessary in the taken-for-granted traditions employed to raise a child. Bourdieu terms this process *habitus*: "systems of durable, transposable dispositions, structured structures predisposed to function as structuring structures" (Bourdieu 1990:53). These acquired dispositions are learned, transmitted, and reinforced through childrearing, education, and other forms of practice that operate at a level of apparent naturalness. For example, it is an unquestioned custom for Dani women to stay in the hut where the infant was born for the first week or so after birth. One root of that custom lies in fears that post-partum vaginal bleeding will pollute pathways and gardens. Another is the chance that ancestor spirits or malevolent wood spirits will attack and enter the body of the baby. Thus the mother loads down her head with a dozen bags, saying this is to "keep out the sun," and she hides her child from light to keep out the spirits also. These values are not neutral. On the contrary, they are embodiments of gender relations and political hierarchies between humans and ancestors among others and are transmitted to succeeding generations in a myriad of ways.

Bourdieu tags embodiment as key to how acquired dispositions of inequality are transmitted to the younger generation:

Bodily *hexis* is political mythology realized, embodied, turned into a permanent disposition, a durable manner of standing, speaking, and thereby of feeling and thinking ...Treating the body as a memory, they entrust to it in abbreviated and practical, i.e., mnemonic form, the fundamental principles of the arbitrary content of the culture. (Bourdieu 1977:93-94)

Bourdieu pinpoints formal and informal education and the acquisition of work and language skills to children from the age of five on as key moments in cultural learning. While data from the Baliem valley support the broad outlines of Bourdieu's argument, I dispute two points: first, that the rote, durable techniques of learning become important only after the approximate age of five (Bourdieu 1977). On the contrary, I show that children under the age of two in the Baliem valley can distinguish between people on the

basis of gender, and can address them using gendered speech, *lauk* to salute women and *nayak* for men¹. A verbal 18-month old baby knows well the bodily adornment, physical bearing, verbal manners, and objects that distinguish men from women, and he reacts to them accordingly in both physical actions and verbal communication. Thus, the types of dominance written into body language have found their way into infant interaction; Bourdieu may have limited his analysis by considering relations of dominance as relevant only when the child attains some linguistic mastery.

The second concern with Bourdieu's formulation lies in the notion that infancy is not of theoretical interest because it is merely a site wherein *habitus* is reproduced unproblematically. While this might be the case in some cultural settings, women in the Baliem valley, who average only 1.5 live children per woman and who traditionally wait up to six years between births, experience birth and the early life of their child as a crucial time of concern for the outcome of childbirth. Thus childrearing may be mundane, routine, and taken-for-granted, but it is also acutely scrutinized and analyzed because the outcome will have a profound impact on social relations. In other words, infants are sites of prolonged and powerful political struggles, couched in the quiet, patterned nurturing that babies demand.

The issue becomes not *whether* or not relations of power are part of childrearing but to what extent, if at all, power is separable from the social space of childrearing. Foucault employed the term power to mean a "relation of force" that reproduces itself through seemingly seamless control. Exploring the breadth of power was a key part of Foucault's explorations of how subjects are constituted. Power is not a thing, an abstract mallet that pounds people into shape; on the contrary, it is everywhere, "not because it embraces everything, but because it comes from everywhere" (Foucault 1978:93).

¹Dani men, in particular, were insistent that my child Malcolm be able to use the right word when addressing a man or a woman. Malcolm was able to say a much-modified "Lauk," and he used it to greet every indigenous person we met from the age of 14 months onwards. Men often grew agitated and pointed to their chests and said "Nayak" every time Malcolm got it wrong.

A number of historians and philosophers have used Foucault's definition of power to explain how institutions are made up of and reinforced through the use of power as a coercive tool or a "strategic relation" with which to constrain and control people, notably through control of their bodies (Feldman 1991; Stoler 1995; Armstrong 1983). Foucault and followers show how discourses, seemingly natural or normal, hold structures of thought and practice (epistemes) over seemingly free and autonomous individuals. Foucault breaks with analysts who vest power only in the hands of the state and argues instead for starting analysis with the infinitesimal mechanisms of power so as to see how these powers have been "invested, colonized, utilized, involuted, transformed, displaced, extended, etc. by ever more general mechanisms and by forms of global domination" (Foucault 1980:99).

In a challenging application of Foucault's ideas to New Guinea pre-contact societies, Knauff (1996, 1994) shows that indeed "status divisions could be totalizing, dominating and internalized down to the deepest core, and they could be inscribed in bodies in a profound and sometimes pernicious way" (Knauff 1996:159). Knauff (1994) and Keesing (1982) both show that power and surveillance often operate through the privileged knowledge of senior men. What is most intriguing about these particular claims to the importance of elders and ancestors, however, is that in highland Melanesia the status of these men and their links to ghosts depend in part on their ability to control the outcome of reproduction. Among the classless Etoro for example, Kelly (1993) argues that reproduction is the focus of male political leaders and the cosmologies containing moral evaluations that are produced and maintained by them¹. These cosmologies have local merit only inasmuch as they claim to sustain life: "the means and relations of the production and allocation of prestige and moral superiority are...linked to the perpetuation of life across generations" (Kelly 1993:11).

¹In contrast, class-based societies appear to require a more multi-stranded analysis. See Rousseau (1991) for analysis of residence patterns, relations of production, sexual differentiation and political status among stratified communities in Central Borneo (see also Peletz 1995 for summary).

Those with power in highland Melanesia look to infants to validate their claims. They do so, I argue, at least in part because local patterns of morbidity and mortality allow an enormous degree of political power to anyone who claims to control reproduction outcomes. Thus in this dissertation I argue that power is appropriated mostly by men and feeds on the vitally important cycle of human reproduction:

The Etoro cosmological system that comprehends reproduction, the spiritual constitution of persons, and life-cycle transformations, is the central locus for the production of inequality because it constitutes the source of morally evaluated social differentiation. (Kelly 1993:511-512)

Drawing from Kelly, I argue that infants among the Dani play a key role in constructing and validating inequalities because infants are the outcome of reproduction; they are a space where personhood is constituted; and they are a key moment in life cycle transformations. Men and women position themselves differently with regard to infants, however, and a central theme of this dissertation is gender inequality and its intersection between the infant body, cultural constructions of gender, and relations of power. I thus address issues of marriage relations, relations of production, and patterns of gender inequality as complements to the discussion of cosmologies.

In the Baliem valley, the local world of face-to-face interaction changes every day and increasingly reflects the symbols and ideologies of the Indonesian nation-state.¹ I thus complement the study of the microcontexts of everyday relations with a scrutiny of prominent attempts by the nation-state to intervene in family organization, to alter infant health outcomes, and to improve infant "quality" (Government of Indonesia 1992). It is becoming a truism to acknowledge that states intervene in reproduction (Ginsburg & Rapp 1995; Stephens 1995), but the impact of efforts to manipulate indigenous families and their reproductive outcomes has not been well-documented in Indonesia. This dissertation

¹I use the term nation-state rather than state because of the close association in Indonesia between state operations and boundaries of the nation; political society is too often indistinguishable from civil society and coercive relations pervade both realms (Van Langenberg 1991). Hegemonic relations, values, and practices are protected by an armour of coercion that spans the length of the country and is inseparable from the constitution and maintenance of the nation.

explores the stark contrasts between national images of a plump, prospering "normal" infant as the eager recipient of *pembangunan* or government sanctioned economic development and indigenous representations and imaginings of the child. Used in media to promote family planning and the two-child family, the infant as youngest member of the family connotes an innocence and a pliability that the nation-state manipulates to maximize control over the quality of the next generation: "the regulation of procreation through state activity asserts control over not only the definition of social being, but also the physical preconditions of social being" (Foster cited in Stephens 1995:29). By denying the political status of the infant and by enhancing the child's physiological passivity and dependence, the Indonesian nation-state asserts a right to determine under what conditions a child can be born.

Health care policies and practice can be instrumental in efforts to create situations of conformity. One strategy employed in Indonesia is the use of what I term the "normal" infant in health models, a Euroamerican construct with roots in colonial practice and biomedical knowledge that legitimate interventions to improve infant health in order to bring them up to so-called normal standards. Another strategy is the manipulation of statistics to demonstrate that indigenous people are in greater need of intervention. Another is to target family participation in health care through services aimed at infants. I explore the outcomes of these fabrications about the infant and her family, and suggest links between health care and state strategies to bring indigenous people into the realm of the national culture of the country.

The Dani live on the margins of the Indonesian nation-state; they are designated *suku terasing*, or most isolated tribal peoples. The Dani neither receive the full force of nation-state attempts to constitute citizens out of tribal peoples nor fall out of the realm of intervention altogether. Perhaps because of Dani reticence to participate in the nation-state and perhaps because of the nation-state's reticence to invest in the Dani, relations between the state and the Dani exist at a stage where distinctions are not seamless and where Dani

elders and Dani youth can articulate their history in terms of impacts and can assess when and in what ways they see changes altering their lives. As Knauft argues, these forms of change "have been as cultural and epistemic as they have been political and economic" (Knauft 1996:160), and he proposes it is time to analyze how intrusions from the outside are "actively engaged by indigenous powers that have their own internal legacies of bodily and institutional inscription" within (Knauft 1996: 163; see also Dirks et al. 1994). This dissertation has the goal to explore the impact of these relations on the life of the very young.

The Chapters

Chapter two provides an assessment of the politics of anthropological fieldwork filtered through my experience of gaining research access and of negotiating the multicultural reality of the Baliem valley today. This chapter reviews the ways I was constrained from conducting the kind of research I might have liked to do. I also discuss how acknowledging those constraints allowed me to establish strong relations with Dani in the village of Kuliama.

Chapter three looks at the issue of inequality in Dani social life. On the basis of my data as well as previous scholarly work, I build a portrait of the different lives of men and women. I detail women's lives, polygyny, women's social status, and the current issue of "runaway wives" causing concern among Dani men. This data provides an important backdrop to the kinds of gendered negotiations that surround children that I examine in the following chapters.

Chapter four reviews cosmologies about procreation and newborn infants. Dani observations and interpretations of the infant body are complex and astute; they reveal how notions of personhood and sociality have their roots, in part, in consistencies found in the body of the baby. Chapters five and six extend the focus on the body of the infant, but

examine instead how interpretations of local biological patterns set up negotiations grounded in issues of status and inequality. Chapter five looks at the ways Dani men and women negotiate infant death. I show how men and women negotiate gossip and gender roles to deflect blame from themselves in the case of a death. Demographics of infant death give life to accusations about spirits and sorcerers. In detailing the extent to which Dani seek to understand themselves through their offspring, I show the centrality of the infant in social life and her inextricable links to politics of gender, ancestors, and ritual. Chapter six looks at sex ratios, that is, the number of boys to girls in a given population, and suggests that symbolic attributions of gendered identity may have some basis in certain demographic patterns wherein more boys than girls are born and more boys than girls die before the age of one. Data from health clinics shows that beliefs about gender may affect how people perceive their infant's health status. Both sets of data show that "local biologies" have an important role to play in how meanings are constructed.

Finally, chapters seven and eight widen the scope of analysis to look at health care practices in the Baliem valley with particular reference to the types of care offered to the very young. As the most common form of contact that villagers have with government bureaucracy, clinics and infant weigh clinics are a vehicle for the promotion of Indonesian state policy. Chapter seven shows how indigenous health workers, trained in biomedicine but also experienced in the perils of ignoring the power of ancestors, accommodate both ideologies in a way that ultimately gives them power. The *mantri* (health workers) manipulate information in a way that maximizes the transmission of knowledge about the link between medical care and the nation that provides it. Chapter eight extends analysis of health care to scrutinize the *posyandu* (infant weigh clinics). I examine statistics, weighing, and data recording to show how the nation-state seeks to make model families through reinforcing certain images of infant health care. In looking at clinics that carry out immunization and weigh babies, and comparing results with what official reports say what

happened, I show how the infant is measured, compiled, and described as a strategy of the nation-state to foster citizenship in peoples geographically peripheral to the nation.

The conclusion summarizes the key contributions that data from the Baliem valley make to anthropological understanding of infants. First, I show that an approach grounded only in culture does not provide an adequate understanding of infancy. Local patterns of growth, demographics of mortality, and sex ratios all suggest that the specific patterns of infant life and death in the Baliem valley have an extremely strong impact on how the Dani construct meaning about themselves and their offspring. Second, I show that infancy is a key zone for constructions of inequality. Men and women seek in infants a confirmation of status and power. Through constructs of personhood, gender, and the overall desire to manipulate outcomes of the life cycle, adults reproduce relations of inequality in the very young. Third, I demonstrate that infants are implicated in hegemonic strategies designed to curtail political opposition to the mandates of the Indonesian nation-state. I show that having a health care system in place is more important than ensuring that it works, and I suggest this is because there is a political myth in place that legitimizes services to "abnormally" unhealthy indigenous infants as a means by which to strengthen the status of the nation.

Chapter II

Research Permits and Marriage Proposals:

Traditional Fieldwork Gone Awry

Ethnographies that present material devoid of broader contexts have been criticized by scholars seeking to revise codes of cultural relations, gender realities, accountability, ethics, ownership and authorship in anthropology (for example Lutz 1995; Mohanty et al. 1991; Clifford & Marcus 1986; Rosaldo 1989). Re-envisioning the anthropological process would move away from traditional descriptions of closed cultural communities, where history, political, and economic inequalities have no space in the ethnographic output. Thus, some recent projects have argued the need to be aware of gender bias in theoretical constructions and their impact in the field, the need to study previously neglected realms such as the lives of women and children, and the need to realize the implications of power relations as they appear in day-to-day fieldwork relations, including those of ethnographer and subject (Yanagisako & Collier 1987; Harding 1987; Rosaldo 1989; Tsing 1993; Abu-Lughod 1993). Yet, despite this provocative literature and its impact on the discipline overall, many recent ethnographies of highlands New Guinea describe what appear to be closed cultural worlds. For example, Gillison's (1993) monograph on myths does not provide a single sentence about the Gimi in the post-independence world of Papua New Guinea, even though photographs show men in shorts and we know she drove most of the way to her field site. Other ethnographers provide token final chapters on change (e.g. LiPuma 1988) and some detail their fieldwork relations. However, even when anthropologists do situate cultures in context, most downplay their presence and impact.

Rejecting the idea that anthropologists can be silent and neutral, I, perhaps naively, considered two approaches to research in Indonesia. The first, epitomized by the radical voice of Scheper-Hughes, argues that advocacy in the form of "barefoot anthropology" is

appropriate in politically sensitive arenas where the primacy of the ethical takes precedence over a purely empirically-driven research project (Scheper-Hughes 1995). Such an approach is particularly appropriate, it is argued, for struggling indigenous minorities eclipsed by a foreign majority within modern nation-states. To be a good anthropologist one must struggle to hear the voices articulating messages of liberation and, if necessary, take up the struggles of the people under study, although to what extent one should extend support is not always clear (Kuper 1994; van Meijl 1996). The second argues that the power inherent in researcher/subject relations must be transcended because the white, middle-class anthropologist cannot know the experiences of the "other," cannot speak for them, and does a poor job of representing them. To be a good anthropologist one might ideally strive to create a postmodern space within fieldwork for alternate voices, allow others to speak, define the terms of research, have control over the editing process, and retain some claims to authorship of the final textual or visual product (Mohanty et al. 1991; cf. O'Hanlon & Washbrook 1992). To stand anywhere other than on the side of "activism" or "postmodernism," however incompatible they might be in reality, is to be branded a "conservative," a damning fate in this experimental ethnographic moment in which we live (Kuper 1994; O'Hanlon and Washbrook 1992).

These politicized approaches to anthropology are naive in that they do not take into account the broader political realities that inform the possibilities for research access. On the Indonesian side of the island of New Guinea, for example, little opportunity has arisen for anthropologists to maintain either the myth of fieldwork as a neutral endeavor or the modified politicized version offered up in contemporary anthropology. In fact, anthropologists have had little opportunity to conduct fieldwork at all: the proliferation of studies in the 1960s and 1970s in Papua and New Guinea did not have their equivalent in Irian Jaya because the politics of research in Indonesia made it exceptionally difficult for anthropologists to gain access to a field site. The Indonesian anthropologists who have worked in the highlands have tended to describe cultural systems in order to further

development initiatives, as opposed to analyzing cultural groups in light of these initiatives (e.g. Susanto-Sunario 1994; Masinambow and Haenen 1994). Perhaps as a result of a closed-door research policy, scholars of Melanesia generally have either tended to downplay the potential of Irian Jaya as a comparative site, building studies instead from materials obtained mostly in Papua New Guinea, or left it out of definitions of Melanesian societies altogether (C. Morgan personal communication; Hays 1993; but see Stürzenhofecker 1991). When geopolitical boundaries constrain both data gathering and analytic practice, anthropological research is not so much political (from the ethnographer's point of view) as it is pre-defined from the outside.

In the case of Indonesia, national politics affect access, most obviously, but they also shape and, I argue, ultimately define the parameters of day-to-day fieldwork as well. While I concur with Asad (1986:163) that cultural translations of whatever type "are always enmeshed in conditions of power -- professional, national, international", my experience in Indonesia suggests that any contemporary concerns in the academy about the politics of writing about people is preceded, even overwhelmed by, the politics of access. Consequently, the image of the anthropologist in the field that still has resonance today may depend more on past colonial histories and on contemporary governmental tolerance, permitting and perhaps valuing fieldwork and its results, than it does on some intrinsic merit of the process itself. Anthropology is not an immutable truth; it has flourished in countries and places where wider political forces have allowed it to happen. The chance to worry about voice, postmodernism, activism and representation occurs when the anthropologist holds a position of relatively high status in relation to government, and in most cases in class and power relations as well (Abu-Lughod 1993; Said 1989). However, this is not always the case. As van Meijl (1996:18) says for the Maori who sought in the anthropologist mostly a confirmation of ongoing health and development agendas, the Maori were less than "receptive towards a perspective on its peoples and practices as

multivocal, fragmented, positioned and transient." You can worry about how you write about people if you have been given the room to do so.

In Irian Jaya, the Indonesian government has made it clear that it does not value certain forms of "traditional" anthropology, nor does it encourage non-Indonesians to foray into remote areas for extended periods of time to collect data about culture, particularly data that might empower or give voice to indigenous populations. The very act of "making otherness palpable" (Culler in Scott 1992:45), a tenet of contemporary anthropological agendas (Kuper 1994), goes against the unifying vision of the Indonesian nation-state, one where culture has been appropriated to serve the state's concern with development and where the idea of the "other" slows down that process (Pemberton 1994; Tsing 1993; Suryakusama 1996; Anderson 1987). With "culture" understood as an identity marker made subservient to "citizen," only a few outspoken Indonesians (Widjojo 1995; Widjojo et al. 1993) and Irianese scholars (Giay & Godschalk 1993; Wetapo 1981) have challenged the worth of government-run anthropology by writing a different history from within. Such critiques, however, require an Indonesian passport.¹ The researcher from outside Indonesia generally follows a different set of directives, notably that culture is a topic of limited interest, and that development goals defined by policy define the intent and the results of research. These imposed and enforced limitations renders the anthropological fieldwork method of participant observation that is so unproblematically defined and detailed in fieldwork manuals essentially impossible in politically volatile zones such as Irian Jaya, and sets almost insurmountable limits on the idealistic hopes of postmodernist and activist research agendas.

The reading that I did in standard anthropological field methods poorly prepared me for actual on-the-ground realities in Irian Jaya. This reflects the separation between the process of anthropology (person-centered, individualistic, oriented towards the

¹Benedict Anderson is perhaps the best known case of obstructed access to research in Indonesia. First refused entry in the late 1960s following the publication of a trenchant critique of the transition to the New Order and the riots of 1966, Anderson has been denied entry to Indonesia ever since.

ethnographic record) about which much has been much written and the political realities that might shape whether and how this process can take place, which have received considerably less attention (cf. van Meijl 1996). Given the limitations I summarize above and describe in some detail below, my research *could not* take the shape that I, guided by my readings, would have liked. Nothing horrible happened to me, nobody treated me poorly or refused me access, and no insurmountable obstacle appeared over time to ruin my data collection. I was simply limited in what kind of research I could do before I even began: "anthropology cannot legislate its own reception" (Goldsmith 1996:13).

In this chapter I detail the three main limits to the anthropological research that I faced during field research in Irian Jaya in 1994-1995: limits in research design and execution; limits linked to local politics; and limits of gender. Each, in its own way, is linked to issues of access that are traceable to political realities at the national level. By virtue of having "legal" research status in the field in Wamena, people created extraordinary expectations of me: as a white, outside expert, I was expected to give talks and write reports on command; as "official researcher" sponsored by the Indonesian Institute of Sciences (LIPI), I was expected to produce valuable information conducive to the rapid modernization of Irianese people; and as anthropologist, I was expected to write about culture but not really to believe in it. In other words, at least half of the battle of obtaining the information I had come to seek was fought in attempts to define and control the parameters of anthropological fieldwork.

Another arena of intense negotiation was more personal; that of situating myself as woman, mother, and committed field researcher. This chapter details problems I encountered on all of these fronts. Being a woman was clearly an issue in my relations with the Dani, but, given that their perceptions of me were shaped by an American woman who had caused trouble with local authorities some time ago, even gender relations at the village level were shaped by the political realities of contemporary Indonesia.

Gaining Access

Anyone who wishes to formally conduct research in Indonesia must pass through the Indonesian Institute of Sciences (LIPI), a government body that gathers information in accordance with the official Pancasila¹ policy.² I submitted the original application for research permission to LIPI in February 1993, under the broad title "Medical Anthropology Research in Irian Jaya." Medical anthropology concerns health, and as such falls inside the parameters of development, as any long-term research visa must. I offered to study how culture relates to health promotion, with specific reference to women's health, research that would improve the health of those needing it most. Proposals for research in Indonesia must be detailed and accompanied by three project assessments—one assessment from a collaborator or supervisor within the country and two references from outside "experts" such as a scholar or a development officer who can assess the validity of the proposal. Financial guarantees must be provided as well as an agreement of sponsorship from an approved institution within the country. I thus couched my intentions in the broadest terms, an unexceptionable act and one often done as a means to get around the bureaucracy. In the application, I made only the briefest mention of children as people to be studied alongside women.

The impact of bureaucracy and the power of the development agenda surfaced as soon as I handed in my completed form. Once submitted, the application only took about seven months to be approved by LIPI, down from an average twelve to eighteen months in the 1980s, but my proposal had been retitled for me as, "The study of children's health in Irian Jaya." This official notification pushed me further into the study of infant sex ratios

¹Pancasila, the state ideology of Indonesia drafted by Soekarno in 1945, consists of five principles: belief in one God, a just and civilized humanitarianism, national unity, democracy guided by the inner wisdom and deliberations of representatives, and social justice.

²LIPI also seeks affiliation and funding from external research agencies for more detailed studies. For example, a recent project examines Eastern Indonesian demographic change in detail. This project is sponsored by Australian National University and by development agencies, and is run by world renowned demographer and Indonesian specialist, Gavin Jones, in conjunction with LIPI staff (Y. Raharjo, personal communication).

and health care, a topic upon which I had already conducted library research (Butt 1994). Armed with the knowledge of my own impending motherhood, I reasoned it would be possible to accomplish a field study on children and health care in the allotted twelve months, a task made easier, I presumed, by the presence of my child and the improved rapport I would have with Dani women. I was comfortable with the imposed focus, though I have yet to decipher how the change came about or why my application was approved in the first place, given rumors about how difficult it was to get official permission to go to Irian Jaya. It is important to note that the LIPI-assigned title appeared on every one of my official documents, from Immigration to Police papers: I could not switch topics in mid-stream and still do research under the same application. Just having notification of approval, however, does not mean that departure was imminent. I still had to jump through several more hoops over the next seven months before I could leave for Indonesia. In my case, this was lengthened when I notified LIPI I wanted to bring my son Malcolm along. I was forced to reapply under his name and to include him as part of my "research team." In other words, seven month-old Malcolm was to be fingerprinted, photographed, and catalogued alongside me, and I was now liable for his income taxes as well as any misdeeds he might commit while in the country and under my care.

Once I had received temporary permission from LIPI to enter the country and obtain immigration and police documents, I came to Jakarta with my son, now aged eight months on July 1, 1994 and worked my way through the following financial and administrative blockades:

1. return flight Irian Jaya-Jakarta in order to complete forms--
Cost: \$600.00 US;
2. registration at LIPI offices--
Cost: 120,000 rupiah (\$60.00 US)¹;
3. registration at POLRI (Indonesian police)--filled out 2 forms, submitted 4 photographs, received *surat jalan* (walking papers)²;

¹At the time of fieldwork, the rupiah is valued at approximately 2,000 rph = \$1.00 U.S.

²This can take weeks, others told me. Fortunately I brought a crying, white, breastfeeding infant with me to the police station and received a *surat jalan* in less than half an hour. The *surat jalan* is a

4. registration at Immigration--filled out 7 forms for me and 7 for my son, submitted 9 photographs of me and 9 of my son, received immigration card and booklets;
Cost: 100,000 rupiah (\$50.00 US)
5. registration with SOSPOL (Department of Social and Political Affairs)--filled out 1 form;
6. registration with DEPDIKBUD (Department of Culture and Society);
7. in Jayapura, reported to the Police and to SOSPOL--submitted 2 photographs, handed in letter to DEPDIKBUD;
8. in Wamena, reported to the Police and underwent short interview;
9. agreed to report to LIPI every 3 months, providing a detailed report of my research activities, findings to date, and proposed activities for the following three months; and
9. agreed to submit a final report of approximately 20 pages to LIPI upon completion of the research project before receiving an exit visa.

The total estimated costs of getting permission, including a 10 day stay in Jakarta, fees, transportation, letters, and faxes sent to build the original application: about \$1,700 US. As a list, the process does not look too onerous. Each item, however, meant many hours of waiting, of running back and forth, of taxi rides, of pleading and cajoling but mostly of smiling as a way to get employees to work their way through mountains of necessary files and paperwork. A certain amount of the dismay and confusion I felt that week in Jakarta can be attributed to the newness of the process. Yet even those familiar with the loopholes and blockades of government bureaucracy in Indonesia find the seemingly endless maze of documents and official signatures difficult and to be avoided at all costs. The system I went through would discourage all but the rich, the well-connected, or the remarkably stubborn. It took a week of full-time running around, a couple of miracles, and a small bribe to get the last form completed by Friday noon in time for the bureaucrat's prayer at the mosque, and in time for us to catch our booked flight out of the bustle of Jakarta to Jayapura, the provincial capital of Irian Jaya.

key document, however, and travel into the highlands is impossible without one. Any visitor must present their *surat jalan* to every police or military post they encounter before being allowed to proceed, and a record is kept of each visit.

Not surprisingly, many people who do research in the country, particularly in Irian Jaya, choose to bypass formal procedures. They obtain a two-month tourist visa and do research without informing authorities. For example, a noted archaeologist has been working in the highlands for 20 years using the tourist visa route; a master's student from a renowned university received extensive funding from a number of sponsors and agencies for a research project to follow old trade routes, his project based on nothing but a tourist visa. He had completed his first six-week research phase when I left Irian Jaya in July 1995 and had just been kicked out of a problem zone by extremely watchful military personnel who patrol their remote regions assiduously. Had he obtained a research visa, he might have been allowed to carry out the filming and interviewing as planned. But the truth is he may not have been granted a visa had he presented his purely theoretical and empirical study for consideration to LIPI. Wanting anthropology to be seen as separate from "development" is understandable, but it generates its own set of problems, notably because more cavalier scholars working under illegal status increase the chance that, if they are caught, the military might again close down the region to outside scholars.

Being "legal" is imperative for ongoing collaborative efforts with Indonesian scholars. There are those who say such collaboration should not even take place, given human rights abuses in Indonesia. Competing visions of human rights stalemate this debate, and in the eyes of some Western political activists, I become a collaborator in human rights abuses through my apparent conformity to the Indonesian national development agenda.¹ The debate over human rights came to a head recently following the massacre of some fifty Timorese at a church ceremony in Dili, East Timor in November 1991, after which a number of Canadian student demonstrators protested against Canadian university involvement in Indonesian agricultural and development projects (following similar protests internationally). These protests were directly responsible for the closure of an internationally known agricultural project in the province of Sulawesi (based at the

¹Non-profit agencies in Indonesia that are concerned with human rights usually do not extend platforms to research agendas or critiques of concepts of culture and its epistemological basis.

University of Guelph, Ontario) and threatened the continuity of a development project geared towards upgrading skills and technology in Eastern Indonesian universities (based at Simon Fraser University, British Columbia). Activists ground arguments in an idealized vision of how Indonesians implement development agendas which when seen from the outside do appear impressively monolithic and impenetrable. However, stated promises to follow a development agenda leave room for a certain leeway, for researching academic matters and for pushing forward alternate agendas. Indeed, it is expected, and is a measure of evaluating people to see how, in word and in deed, Indonesians and foreigners work alike to Pancasila ideology and at the same time work around those limitations to carry out personal and theoretical agendas. Collaboration between Indonesian and international scholars reflects this workable marriage: writers such as Hull (Hull and Singarimbun 1989), van de Walle (1995), and Manning (Manning and Rumbiak 1989) have produced scholarly work of theoretical importance that is nonetheless grounded in the formal development agenda.

Being "legal" also may have been the most important first step in establishing good relations with the Dani in Irian Jaya. The Dani valued the commitment I showed to negotiating the political world they live in, and my tenacity made them think that I, in contrast to most Indonesian anthropologists was concerned with issues of development and seemed serious about my work.

At the same time, being "legal" guaranteed my in-between status wherein it was almost impossible to live out a traditional role as a village-centered anthropologist. But the advantages of being "legal" while studying cultural practice were counterbalanced by a loss of intimacy with the Dani that I might have gained had I been left free to live in the village of Kuliama for months on end. I often felt like a bureaucrat, with four field reports, a final report and numerous short statements for NGOs to write. I was being monitored however, benevolently through my reports to LIPI (if not submitted I would have to leave the

country), by the police, and by the military. Legal status gave me the right to write about culture, and at the same time made it almost impossible for me to do so.

Cultural Diversity as a Fieldwork Obstacle

With all the necessary stamps on all the necessary forms and with photographs of Malcolm and I scattered throughout the city of Jakarta, we boarded our first flight out of Jakarta to Jayapura on July 7, 1994. I was seated beside a poised, well-dressed, and stunningly beautiful elderly woman of Javanese descent. As we settled in to our seats, my movements much slower than hers because of my 8 month-old baby and all his accouterments, she introduced herself to me in impeccable English. Her husband was a former ambassador; they had lived many years out of the country and now were retired in Jakarta. She was on her way to a short holiday in Bali with her granddaughter. And I? What was my story?

"Ah, I am going to do anthropological research," I said.

"Oh yes, Indonesian culture is so fascinating, is it not, and where will you study?"

"In Irian Jaya."

She sat back somewhat stunned, her lips curled, and almost sneered as she commented: "Oh! very primitive people." This was the end of the conversation.

The idea that cultural diversity is one of Indonesia's strong points has a lot of credence with many Indonesians (Kipp 1993). Peoples from Irian Jaya, however, tax the ability of most Indonesians to accept cultural difference because they are not seen as having culture; they are instead *primitif sekali* (very primitive), *Papua bodoh* (stupid Papuans), *terbelakang* (backwards), and by implication inferior to other Indonesians (Gietzelt 1989; see Tsing 1993 for equivalent in Borneo). According to most Indonesians, and some coastal Irianese, the Baliem valley Dani fall into the category of *suku terasing* (isolated tribal peoples). They have no religion, no history, no material culture worth preserving,

and no valid forms of cultural expression. During my language training and research in Java from May 1 1994 to July 1 1994 and throughout my fieldwork in the Baliem valley from July 10 1994 to July 7 1995, I was challenged in casual conversations to justify my choice of field site. It was assumed I would surely be more interested in studying some cultures with more "history," more "refinement," and more elaborate cultural displays than the supposed cultural wasteland of isolated tribal peoples. In a country that associates culture with aesthetics, dance, festival, and tradition, the Dani, with their relative lack of clothing, love of pigs and history of aggressive warfare, confounded expectations and generated some of the most superficial assessments I have ever heard uttered about anyone.

The people of the Baliem valley, in stark contrast to Indonesian images of the primitive, Karl Heider's portrayal in Dugum Dani (1970), or Gardner's in Dead Birds (1964), live in the midst of cacophonous change and bureaucratic mazes. In Wamena, contrasts in culture are a feature of daily life. The Baliem valley and surrounding hillsides contains a population of 79,642 according to recent regional statistics (Kantor Statistik 1993), but about 20% of the total are either Indonesians who have moved to Wamena from other parts of the country (about 10,000) or indigenous migrants from other parts of the province (about 10,000). Thus the traditional image of the nervous anthropologist slowly working her way into a comfortable relationship within a small well-defined community of culturally and linguistically homogenous people seemed like a fantasy to me, one I increasingly longed to experience during my stay in Wamena. Learning proper behaviour and a field language are challenging enough, but in order to conduct research in Wamena ideally I could have learned four languages (Javanese, Dani, Indonesian and dialects from Northern Sulawesi), studied seven or eight Indonesian cultural groups, and memorized the entire repertory of Indonesian government agency acronyms. I contented myself with working in the Indonesian language, as most Dani under the age of forty and all newcomers are fluent in the *lingua franca* of the nation. I added as much Dani as I could pick up over the year. For elderly women and men, I required translators to help with

interviews, but in the main the Dani have lived in the center of highlands government activities long enough to have assimilated Indonesian as part of regular interaction, and almost all youth and most younger adults are fluent and eloquent speakers.

My work also included interactions with Indonesians from Java, Sumatra, Ambon, and Sulawesi, and with Irianese from the coast. While I was able to work in Indonesian with all of these people, I found it imperative to absorb some of the basic principles of Javanese politeness, power, and hierarchy (Anderson 1990; Foulcher 1990) so that I could interpret subtexts often present in interviews, or relate patterns of relationships to national norms. And, even though I worked with many people who were not Dani, my interest in the Dani marginalized me somewhat for many of these "newcomers" simply could not understand why I wanted to put myself and my child in continual contact with indigenous people from "the outposts" (anywhere outside of Wamena).

In Wamena, my informants were as varied as the ethnic landscape: I lived with a woman named Marta from Toraja, South Sulawesi, a Christian, a self-titled evangelist, and a well-informed development project worker. We occasionally shared our house with Welys, a Protestant mission worker from another Eastern Indonesian province. Our household also sponsored two and sometimes three teenage Dani school girls Pebe, Marta, and Robina from nearby villages who came to Wamena to go to high school. Staff from two development projects and Catholic nuns also provided me with vast amounts of information and assistance.

Ethnic pluralism in a research setting complicates a project because there are political relations involved. I originally had conceived of my project in the context of a feminist research method, where I would seek out the least powerful people in the community and build a research agenda from that position. Such an approach, argues Harding (1986, 1987), enables the researcher to question issues of validity at the very moment of establishing the research agenda. Researchers check their research tools for validity and reliability, but the research processes--the initial stages of design and

hypothesis testing--generally remains unexamined. According to Harding, this lacuna in the verification process ensures the ongoing dominance of the research agendas of those in power. The research approach advocated by Harding would prioritize Dani experiences and way of looking at the Indonesian community. Such a project would then "make difference and conflict the center of a history" (Mohanty quoted in Scott 1992:39).

However, once in the heart of the Baliem valley I found such an optimistic research design was impossible. I could not privilege Dani voices to the exclusion of all others, nor could I design a project that built from a broad assumption of Dani disempowerment. I was limited first of all by the actual application procedure and the compromises I had already made. Second, a strong ideology actively supporting development and Irianese integration also prospered in Wamena. Most offices in Wamena -- government, non-profit organization, health training etc. -- thrive in the complex interplay of relations between nation-state and civil organizations that have a regular and direct impact on community members (Eldridge 1989). Harding's argument seemed increasingly naive faced with the reality of power in action. Privileging one point of view, or the private life of rural Dani woman, for example, actually reduces the explanatory power of research rather than enhances it. More appropriate in this context is for the anthropologist to assume responsibility not just to describe and support the weakest participants in social relations, as Harding argues, but also to document different perspectives on the same reality (Lock 1993a; van Meijl 1996). Consequently, I sought to combine anthropological methods of census, observations and interviews at a village level with a focus on the administrative realities of the Baliem valley, particularly in the realm of health care. At the village level, a few homesteads in the village of Kuliama were always open to me, notably those of Oskar Hubi, Benjamin Kossay, and Franciscus Kossay,¹ and I soon felt comfortable working closely with the first three families. Conversations (taped or noted) and observations with them form the basis of much of my qualitative research results. However, I also traveled

¹These names are pseudonyms, as are the names of all Dani discussed in this dissertation. Kuliama is also a pseudonym.

the valley interviewing clinic workers from all the health posts west of the Baliem river, interviewed birth control and prenatal service providers, and conducted nine in-depth interviews with indigenous employees at health posts. I observed clinical practice and data recording for all procedures that related to infants. As the "official" foreign anthropologist, I was also asked to participate in seminar presentations, invited to evaluate a non-profit organization's child health project and was encouraged to collaborate with a government-controlled women and children's health project operating out of Wamena. I was thus able to observe closely non-profit organizations in practice. Finally, towards the end of the year, I was able to organize a joint project between the university in Jayapura (UNCEN) and a non-profit agency based out of Wamena, in which four students and junior staff came from Jayapura for a two-week medical anthropology methods training course.¹ As project supervisor, I was responsible for teaching some basic methods to people without significant research background. However, the participants proved themselves energetic and adept beyond anyone's expectations and the results were so good that they were asked to present them to health administrators and to publish a report of findings (Andriastuti et al. 1995). I employ some of these results in the dissertation; where I do so I have indicated the source.

Overall, I do privilege those lower down on the power chain: women, lower status women, infants. More than this, I privilege positioning the Dani in the net of political power they have been pushed into over the past 40 years. I was expected to interact a lot with bureaucrats and officials, and so I did: the only local code I broke was to refuse to conform to the nationalist cultural agenda of positioning the Dani at the bottom of the local ethnic hierarchy. I am not "studying up" but merely situating Dani experiences in the context of their multiethnic everyday life in the Baliem valley.

¹This course was conceived as a project that would benefit all parties. It allowed UNCEN to sponsor some very cost-effective training, and it gave WATCH some up-to-date material on Dani beliefs that they could implement in designing more effective health interventions. The report also served as a basis for my final LIPI report that summarized research results.

On Being a White Woman: The Spectre of Wyn Sargent

Once Malcolm and I were settled in Wamena, I began to spend a lot of time in Kuliama, which is a village of household compounds and a few "modern" homes some twelve kilometers from the town of Wamena. I traveled by motorbike to the village on most days, spent many evenings there, and occasionally brought Malcolm with me although there are few activities less conducive to successful research than child-minding¹ (Warren 1988; Young-Leslie 1998). In the village of Kuliama, set just off the edge of the new paved "highway" where a few motor scooters and a taxi or two pass by every hour, new and old homes mix in an odd combination of government initiatives and local refusal to make use of them in the way they are supposed to. A small cement market built just after pacification in 1977 lies abandoned, cracked, and covered in grass and weeds whereas just across the road, the elected government village chief has persuaded his energetic wife to plant a garden on the government lawn in front of the office with subsidized soy plants from which he will personally profit. Of the fifteen "modern" homes, also built in 1977, four have been snapped up by the relocated Javanese and Sulawesi who teach at the elementary school but take their motor scooters into Wamena where they spend most of their time. A few Dani also live in these newer homes: the school principal, two village office staff, the pastor, and the clinic head. The remainder of Kuliama's some 300 residents live in twenty-one traditional households in the forest alongside the edge of the river Ue or on higher ground under the shade of banana trees, all invisible from the road.

¹Malcolm fell sick within a couple of weeks of our arrival with a series of illnesses, including a serious bout of amoebic dysentery. My husband arrived for his first visit to find a weak, dehydrated child and an obviously distressed wife. We agreed that it would be easier to keep Malcolm healthy by remaining in Wamena. This decision was considered "appropriate" by all excepting a few elderly people in Kuliama who thought I should have the child with me at all times. Thus according to most Dani, it was all right to live in Wamena, but it was not all right to leave Malcolm with a baby-sitter during the day in Wamena while I was off being a "flighty female" on my motorbike conducting interviews in Kuliama.

Kuliama is an unusual village. It houses the Catholic church parish office, the elementary school, and the government village office. Its location at the foot of the western mountain valley wall makes it an ideal location for administering portions of the mountainside and the valley floor. Yet the village is also the home of Eusebius Kossay, the alliance head for the northwest valley region, and a staunch promoter of tradition for his followers even though he has proven himself adept at profiting from his high status position in government initiatives as well. Although across the river in the next village churchgoers enthusiastically adopted a soy bean and public garden project, and in the village south of Kuliama another group saved up enough money to buy a sewing machine, the Kuliama Dani appear far less interested in "progress" than many. Indeed, despite the relatively large number of government buildings and the presence of the Church, the resistance to change which many scholars have noted as characterizing the Dani on the valley floor still remains a strongly stated value in this small village in the center of the valley (Heider 1970: 295-297; Peters 1975; de Vries 1988).

I was introduced to the community in August 1994 by the Sisters from the Catholic church who were momentarily frustrated by the rapid demise of a grassroots woman's group they had tried to organize, and I decided to make the village the main focus of my qualitative work after discussing the prospect with Pastor Dominicus Wetapo, the parish priest at the village church. Pastor Dominicus, like all Catholic leaders in the region, is a strong advocate for Dani culture, a contrast to the Protestant practice of abandoning traditions such as ancestor worship, polygamy, and pig feasts. Pastor Dominicus received training in post-secondary studies at a theological school in Jayapura where he found himself interested in anthropology and has since produced several manuscripts on ritual and social life. Once Pastor Dominicus assessed my level of commitment and became confident I would not essentialize the Dani as he thought Indonesian scholars might, he encouraged me to work in the village of Kuliama and was instrumental in advising the members of the village of my research interests, my legitimacy, and my need for their cooperation. Pastor

Dominicus remained throughout my year in the Baliem valley a staunch supporter, a stellar informant, and a good friend. But, for all that gatekeepers can make or break initial fieldwork relations, at some point personalities and local perceptions take over. In my case what took over as my most salient feature was, to my only partial surprise, gender.

Much has been written about gender and fieldwork in the last two decades. There are conflicting accounts of experiences, some of which have tended to essentialize women as more nurturant, better listeners, better observers, and more empathetic than men; the "ultimate sociability specialists" (Warren 1988:44). These idealized traits rightly have been challenged by people who argue that *both* men and women are constrained by assumptions about gender that arise from their cultural upbringing and who then must face either the same assumptions magnified or another set altogether when in the field (Bell et al. 1993). Having been brought up to have few "womanly" traits, and noticeably short on domestic skills, I was dismayed to find myself confronted with those gendered expectations in some force in the field. Along with the immutable fact of my reproducibility--I was best known everywhere among the Dani as *Mama Malcolm* --I was also known as a married woman. In each of his three visits to me over the year, my partner Andrew gamely met all of the people I was working with and assured everyone that he did in fact trust them to "look after me" while he was away doing his important business work in Canada (see Warren 1988 for patterns of protecting women in the field). Perhaps it was my normative married-with-child status or perhaps it was exhaustion, but for whatever reason in the first half of my fieldwork I happily assumed that while I was obviously constrained by gendered assessments of my abilities, I was not in anyone's eyes an object of desire. When I received a proposition (refused) of a most intriguing nature in February 1995, when in fact marriage was proposed by one of the area's most prominent polygamous tribal and alliance chiefs,¹ I was floored. Gender was a topic I had read about before packing my bags, but

²After months of angling for an interview with the most elusive of all clan leaders, Eusebius Kossay finally agreed to visit my house for a dinner and an interview. After dinner, the clan leaders revealed important information to me about the marriage festival and his key role in allocating ritual portions of the pig during the rite. I was delighted to finally have on paper this valuable information,

desire? Where were the manuals to help me through this situation? There are recent reports on how being a woman has shaped research experiences (Kulick & Willson 1995), but what I wanted to understand was why a married woman with a child could find herself at the receiving end of what my friends Pelesina, Oskar, and I analyzed as a serious marriage proposal. The event reflects a broader set of issues that shaped fieldwork, that is, Dani images of western women, the source of these constructs, and the essentialisms they create that would allow someone as respected and responsible as the tribal chief who propositioned me to make what was potentially a highly risky move given the repercussions he would no doubt suffer had I "reported" him to the Indonesian authorities.

Ascriptions of gender in the Baliem valley are not unified across the board. My white, outsider status made of me a different sort of woman than Dani vegetable farmers in this particular research context, and there is precedent in thinking that some Dani might have constructed an essentialist and dichotomized understanding about me. Just as western writers and thinkers have made categories of others that contrast diametrically with how they perceive themselves—the art of orientalism (Said 1978)—so too may reverse orientalism be said to exist, a practice Carrier (1992) calls ethno-occidentalism. This "essentialist renderings of the West by members of alien societies" (Carrier 1992:198) creates differences between the familiar and the strange and has strong political and economic roots in colonialism. Carrier argues that people such as the Dani have developed ethno-occidental traditions of essentializing certain traits of people as an outcome of their historical and political experiences. In this case, a prominent Dani leader essentialized me as a white Western woman with certain characteristics, one of them being the desire to marry a Dani tribal leader. The proposition can be seen at first blush as a response to the

and was ready for him to leave when he suddenly told me how he considered us "good friends," that he was *hati terbuka* (his soul was open to mine) and kept trying to hold my hand as he protested eternal friendship, over and over again. I had no trouble thanking him for his offers of friendship and saw him out the door, but the next day I told my good friend Pelesina, married to Oskar who was also an important leader, what had happened to me and asked her what her opinion was on the matter: "Oh" she gasped, and her face grew long with embarrassment and horror "it means he wants to marry you!"

orientalizing visions and practices of strategies of containment of the "other." But this analysis does not suffice. If the Dani sexualize white, western women why hadn't I been approached before? Where were the other expectations of me: that I would make a fool of myself, talk like a movie star, and have sex for free with anyone who asked (Conaway 1986)? As Carrier points out, constructs are shaped by the politics and history of a region, and in the argument I present below some very specific historical events, notably the arrival and antics in 1972 of the American, Wyn Sargent, combined with the more universal responses to the tourist trade and to global culture have together allowed the Dani to create a very special image of the white, western woman.

Sargent's Own Story

Although research in Wamena essentially had been closed to outsiders since the early 1970s, in late 1972 a self-styled explorer spent two months among the Dani in an area just two or three kilometres south of the village of Kuliama, a village that is still actively involved in the Hubi-Kossay alliance. Fresh from a successful trip to Borneo and a book recounting her adventures there, Wyn Sargent, a white American Quaker photojournalist, headed to the Baliem valley to see how she could "help" the Dani. The book she wrote about her Baliem valley experiences People of the Valley (1974) gained her international notoriety (Newsweek 1976). Although "invited" to Irian Jaya by President Suharto, who is cited in her book as saying "you really should see West Irian...The people are very primitive there and they need help, badly" (Sargent 1974:3), Sargent received no privileged exemptions from Immigration procedures and fended for herself in Irian Jaya armed with a two-month tourist visa and no signs of support from Indonesian administrators.

Once Wyn Sargent and her Indonesian-speaking translator arrived in Wamena, they promptly set off to live in a Dani village to see whether they could "help" the Dani. They did not speak the language and most Dani at that time spoke no Indonesian, so much of the book reflects a series of misunderstandings and misdirected communication. Perhaps as a

result of this, Sargent and her translator were asked to leave the first village they visited after one week. Their second attempt was more successful because Sargent had developed a good relationship with her house boy, and through his family she located a welcoming village. According to Sargent, she made herself invaluable to these Dani by distributing medicine and curing ailments, by giving away shovels, clothes, tobacco, and books, and most profoundly by writing letters of complaint on behalf of wronged Dani men to government offices for problems ranging from stolen pigs to land appropriation and beatings by the Indonesian police.

After a couple of weeks in the second village, Sargent realized that factions between alliances were rife, and so she proposed marriage to an alliance chief called Obaharok as a means to enable a peaceful settlement among warring tribes in the North end of the Baliem Valley: "it implied the beginnings of new kinships and a new peace alliance" (Sargent 1974: 203). She also claims in People of the Valley, in a highly ambiguous phrase, that she had clarified right from the start that she would not consummate the marriage and that "things after the marriage would be the same as they are now" (ibid: 203).

The Dani I talked to reiterate Sargent's claim that her marriage to Obaharok was one of the great social events of post-contact Valley life. In Sargent's version, Obaharok called a unprecedented *wam mawe* (marriage festival) for a single wedding, and neighbouring leaders responded by bringing fifty to sixty pigs. Everyone put on adornments and decorated their bodies, and thousands of people danced and feasted. Obaharok's family prepared a *yokal* (married woman's skirt) and put it on Sargent. According to Sargent, she participated in the feast for three days, after which she resumed wearing her Western-style clothes and carried on with her letter-writing campaigns. She reported the wedding to the local police chief, which set off some ugly publicity that ended with her eventual ungraceful removal from the country. Sargent writes that the local police chief harassed her about her wedding and deported her in response to her threat to sue the police chief for the violation

of Article 16 of the Universal Declaration of Human Rights¹. At the same time, the Indonesian press printed a short story about the wedding after receiving a photograph of the "married couple." As the international press picked up on the story it was decided not to extend Sargent's visa, and she was slowly and inexorably escorted out of the Baliem valley, out of Irian Jaya, and out of the country.

Sargent's Story as Told by the Dani

The Dani of Obaharok's alliance today tell a different version of the story, a version worth examining in some detail. The following account is one of the contemporary Dani versions of Wyn Sargent's time in the valley, as told by Paskalis Matuan, a young man who was not of age to attend the wedding but who has heard the story countless times:

There was a woman from over there who didn't know things about us and who wanted to learn *adat* (custom) of our Dani weddings. She was the same as you[Leslie] but she was mostly interested in knowing about weddings. She met a big tribal chief, Obaharok Doga from Akima. He already had maybe 10 wives, but she said she wanted to marry him, and to become one of his wives. He was amazed and at first disbelieving, but then quickly he became very happy. He was very happy, in fact delighted that a white woman wanted to enter into the Dani culture. His wives were all happy too; they gave up the pigs they had been raising for the festival, and they all participated in preparing a great big wedding feast.

We don't know if this white woman loved² him for real or not, but we know she married him for real. She did the whole ceremony. She put on the traditional woman's *yokal* (skirt), they made it big for her because she was a very big woman, they had to make it extra long to fit her. She took off her top, her skin was white all over, and everyone went half crazy with happiness. Everyone got all dressed up and danced and danced for days; a lot of people brought pigs, special pigs, maybe 50 pigs or more. Everyone brought pigs and everyone danced. This Mama Wyn, she ate a lot of pig and danced for 10 days, and after that she sat down with her husband and they made the sign of marriage together: the man and the woman cut up the pig together and then they went to sleep together.

¹The officer allegedly claimed her marriage was illegal as it had been performed outside a legal venue. Sargent then argued he was attempting to interfere in her choice to marry, following the Article 16 which says: "marriage shall be entered into only with the free and full consent of the intending spouses."

²Love is not seen as a prerequisite to marriage, but it is considered an ideal. If a couple loves each other, the woman is less likely to leave and the man more willing to be gentle and compassionate with his wife. A lack of love is an important factor in women's decisions to run away from their husbands. In the case of Sargent, it is expected that in the first several months of a marriage, when a husband is assiduous in his attentions, that she would feel love for him.

They slept together three or four times and then she ran away, she just disappeared. She changed her clothes from the *yokal* into clothes like you have [Leslie], she had them hidden in a backpack like you have, hidden in Wamena somewhere. She threw away the *yokal*, combed her hair, put her things into her backpack, got into the plane and disappeared. She ran away. Gone, just like that. Now we don't call her Mama Wyn anymore, we call her "Mama Satan."

Others added slight variations to this story: the most common is that she stayed for two months after she was married and worked in the fields alongside Obaharok's wives because she was happy, living with and in love with Obaharok. In every account the Dani are as insistent that Sargent consummated her marriage to Obaharok as Sargent is that she did not.

Abel, an important leader today but a youth at the time, attended the wedding: "Of course I was there, everyone was there!" He understands that it was the strength of Dani *adat* (custom) that allowed the Dani to receive her well. Chief Obaharok had to be very bold to call a *wam mawe* just for her, had to have confidence that the benefits of welcoming a white woman into the clan would override the risks of displeasing the ancestors for calling a *wam mawe* (marriage feast) when it was not time. And Obaharok paid the price, as Abel and other elders analyze the situation today: Wyn Sargent ran away, wrote a book and made a lot of money, never paid back her debts, and never gave any of her book profits to the Dani. Obaharok's family lost their wealth and good fortune because of the wrath of the ancestors:

We paid out 50 pigs for her, we were bold to receive her, we made a special party for her, and now she is rich like a king and what about us?

In the several versions of the Dani story I was told, Sargent has been made to look and act like the many tourists who roam the valley. The Dani describe Sargent in the same terms they use to describe tourists--as exploiters. Tourists come with backpacks, want to see and experience a pig feast, want to take photographs and establish a "relationship" with the Dani, and then they want to be free to leave. The relationships are all controlled by the outsider and are ones of unequal reciprocity. Thus, although Wyn Sargent claims she had an unusually strong and positive relationship with the people of Akima, she is remembered

by Abel Hubi, at least, as being "just like all the other white people." Sargent is also described as behaving like Indonesian "newcomers" who are often perceived by the Dani as aggressive, ambitious, and acquisitive. According to Pastor Dominicus, far too many newcomers participate in pig feasts, eat all the meat they can, fill their pockets with sweet potatoes, and then leave the feast without ever considering the obligations of reciprocity.

Commentary

That the Dani feel some antipathy towards Sargent is obvious and unsurprising. In her personal behaviour, Sargent offended people; she took without giving, antagonized ancestors with her manipulations, and railed at every turn for Western standards of democracy, freedom and human rights. If, as Keesing (1992) argues, antipathy to Western intrusions sharpens oppositional thinking, then Dani renditions of Sargent's time among them describes intense dissatisfaction with invasive behaviour by Sargent and by other newcomers, possibly including me, through their application of the image of the female tourist, explorer, and thrill-seeker to their description of Sargent. The Dani have ethno-occidentalized white woman as hyper-exploitative. Yet this summary of binary oppositions reduces the quality of Dani experience to absurd levels by denying the role that the Indonesian "newcomers" play in Dani perceptions of exploitative outsiders. Many Indonesians also exploit, do not give gifts, and essentialize the Dani as primitive, icons of savagery in the national rally towards prosperity and civilization. Too many newcomers try to buy land at exploitative prices or hire Dani for hard labour at inappropriately low wages. I have seen a small, weak Indonesian man attack a strong Dani youth in the market, and even though the youth could have won the fight with one hand, he let himself be hit, let himself be seen as the apparent loser because there could be no benefit in a victory. There is not a single interracial marriage between Dani and newcomer in the entire valley. The Orientalizers in the Baliem valley are first and foremost the relocated Indonesians and it is they who force the issue of dichotomy: "political contingencies...influence which of the

many possible distinctions become important, become taken for granted ways of identifying the essence of us and them" (Carrier 1995:8). Most Dani see white tourists and residents as benevolent and a source of material goods, an idea propagated mainly by Protestant missionaries whose outposts ring the edges of the Catholic core of the valley. The negative imagery that encircles Wyn Sargent reflects her actions, but it also incorporates the current neo-colonial reality of an overpopulated land and resource-poor country imposing its stamp of ownership on the rapidly decreasing political and territorial powers of the Dani. That such essentializing of Sargent as exploitative goes on should surprise no one; to restrain analysis to White/Other intellectual and political formulations, however, misses the point. Thirty years of colonization has shaped local perceptions far more than the antics of the few white missionaries and passers-by.

At the same time as the Dani despise Wyn Sargent, they also communicated pride, ownership, and a strong sense of connection to her. They retell her story often, of how the white woman chose to marry into a Dani clan and to participate fully in a key ritual. Like Sargent, I was known as being interested in the Dani and cared to investigate the details of ritual, reproduction, and social life. Like Sargent, it was presumed that I, once familiar with Dani life, would want to become part of it, for as one informant succinctly put it, "all newcomers want to be like us. We are big, strong, and wealthy."

The chief who proposed to me was perhaps willing to risk his political career to take me on as the seventh wife in his already crowded compound (perhaps he had plans to keep me in his Wamena house, where I could be his "city wife") because he reasoned I would want to become a Dani. Another reason is that in participating in the *wam mawe* key ritual, Sargent showed that it was possible for a transient, white outsider to become an active member in Dani society. For example, wearing the *yokal*, the woman's traditional dress, means that ancestors are ensuring the fertility of the woman and the health of her offspring. When a woman eats the final piece of *adat* pig as the culminating moment of the festival and an indicator that the marriage is finalized, as the Dani claim Sargent did, this is

the piece of food that makes someone into a fully grown adult person, and that allows a woman to become a mother. Sargent ostensibly consummated her marriage, thus possibly beginning the process of making a child (see Chapter 4). Any offspring she produced would have immeasurably increased the status of Obaharok and probably ensured the ongoing importance of his children in chiefly rankings. As it is assumed that women have no real control over their own desire, Sargent was alone and unprotected by the kin who would normally encircle a girl and keep her away from temptation; she would feel desire for Obaharok as he had status and many secret talismans to make women love him.

Sargent displayed behaviour that Dani men typically attribute to women, wanting marriage with a chief, but also being strong-willed and a runaway. Thus, if I participated in a similar ritual sequence it is logical that I too could be transformed into a tolerably acceptable Dani, and any children resulting out of my union with the Kossay chief would be a Kossay and would reinforce his political powers substantially. Since I was in some ways similar to Sargent—alone but for my child, concerned about the Dani, and obviously skilled in making big, fat babies—it is not surprising Sargent's partial participation in Dani life should have encouraged a prominent man to hope that I might prove a somewhat more docile and (reproductively) tractable partner.

Ultimately, Sargent had already spoilt the mantle of a sexless and gender neutral researcher that I had idealistically assumed would be an effective way to get around the limitations that gender can impose on research (Warren 1988; see Bell 1993 for discussion). As a result of an exchange with my friends Pelesina and Oskar about the chief's actions, Oskar pronounced himself my elder and forbade me to see or talk to the chief again. I thus lost any chance to cross-check crucial *adat* rituals or to learn about his personal politics of leadership. Thanks to Sargent, I also had to deal with a climate of reduced trust and wary rapport. For example, Pascalis Matuan was sitting in the Kuliama office when I originally went to request permission from the elected village head to carry out research in the area. He confessed to me several months later that he had argued very

strongly against allowing me to work there because he and several other community members felt that I would take advantage of them, steal *adat* secrets, exploit resources, and leave without fulfilling debt obligations. Another alliance leader also said he felt similar reluctance—the Dani take in people on Dani terms, he said, and he had wondered whether I could possibly be aware that it was important that I know and work within those confines. As a result of my encounter with the alliance chief, I learned a lot about Wyn Sargent, which I was curious to do, but I also learned that perhaps my most important feature was my ability to reproduce. Two women later told me in secret, low voices that everyone knew that I made healthy, fat, big babies and it was that which made the chief think about taking on a seventh wife. Many times elderly women in Kuliama would spot me in a garden or in a cookhouse, without Malcolm, taking notes or asking questions and they would approach me and gesture angrily at my chest, make the face of a baby crying and try and push me in the direction of Warrena: "look after your child; that is what good women do." In the end, my ability to produce valued commodities such as sweet potatoes and pigs was nil, but that did not matter because I was an understandable entity and consequently a potential participant in Dani life because I possessed the undeniable characteristics of female reproduction.

I recognize, in retrospect, how fruitless it was to attempt to separate my gendered, reproductive status from the broader political realities of gender relations among the Dani, and of ethnic relations in the valley more generally. A tribal chief's beliefs about my offspring are not isolated to a closed set of cultural beliefs held by members of his tribe but are shaped by the relations of in-migration to the valley, by messages about infants communicated through new ideas in primary health care as well as by development discourse, race relations, infant mortality, ancestral influences, and more. I explore in the upcoming chapters how beliefs about infants always incorporate political realities; my experience in the field only confirms the central importance that infants represent in both social relations and the ways that people understand and act towards each other.

Chapter III

"We Stand Strong":

Social Life in the Baliem Valley

*Opakima hano:
Ninhogo
Mulukhogo
Sikhogo
Nyowatnerogo
Agekenhogo
Muliogo*

**Our unity is alive, and so:
We stand strong
We grow big
We are plentiful
We grow strong
We grow warm
We grow fertile**

Who are "the" Dani? Are they an agnatic, virilocal, endogamous tribal group, culturally coherent within, but linguistically and culturally distinct from their neighbours? (Heider 1970; 1988; Peters 1975)? Or are they a fuzzy-edged group whose identity is defined primarily by outsiders, internally rife with competing ideologies, with cultural practices indelibly shaped and constructed by contact with explorers, colonizers, administrators and military police (Hays 1993; Knaft 1993; Blick 1988)? One quality that the Dani do possess is the ability to challenge reifying generalizations about "highland peoples." Recently, anthropologists have attempted to conduct systematic comparative analysis of data drawn from across the highlands in Papua New Guinea and Irian Jaya, grounding their comparative building blocks in concepts of exchange (Rubel and Rosman 1978), evolution (Feil 1987; Ploeg 1988), and gender (Strathern 1988). These efforts have been critiqued by scholars for the epistemic underpinnings that ground their work (Hays 1993). In particular, Knaft has suggested that analysis of regions reifies the study of certain characteristics of the region, whether or not these allow effective analysis. Thus the

highlands "become widely associated with Big Men, elaborate systems of competitive exchange, clanship, and heterosexuality" (Knauft 1993:8), even though these categories obscure distinctive characteristics of a region, a group, or a process.

Instead of automatically categorizing the Dani based on traits found in other highland groups, notably kin and political categories, Knauft (1993) suggests that anthropologists in New Guinea need to consider beginning analysis with symbolic and cultural formations, and from the point of view of indigenous actors.

Knauft suggests that the relatively recent colonial history of New Guinea and the isolation of many of its residents, should push analysis towards indigenous relations rather than to the configuration of political and economic constraints, without denying the real impact of the latter. The force of local histories, residence patterns, and demographics shed light on the distinctive characteristics of each region more than do analytical terms such as Big Man or ceremonial exchange. Strathern (1991) also reminds us of the need to retain relations between people as a central concern. She argues that we can conduct adequate analysis of "partial connections" in Melanesia by focusing on relations between processes, however incomplete they appear, rather than seeking to situate them in "those taxonomies or configurations that compel one to look for overarching principles or for core or central features" (Strathern 1991:xx). Thus in this literature review/social context I privilege relations over situating events, people, or things into analytical abstracts such as "exchange" or "leadership." The relations discussed as important by the Dani and observed as important by myself are those of gender and those of the micro-contexts of politics. As Strathern notes, in Melanesia it is possible to conduct such analysis because "the issue is not so much that Melanesian networks are 'shorter' but that they are measurable" (Strathern 1994; 1991).

In this chapter I show how cultural beliefs about ancestors, body lore, and marriage patterns sustain processes that devalue women. Men and women define local worlds in which they have unequal status. The inequality in question is that of men over women, an

issue phrased in the literature as "sexual antagonism" (see Herdt and Poole 1982) and one better described as "antagonism against women" for "most of the manifestations of antagonism between the sexes appear to be on the part of men towards women rather than the reverse" (Gelber 1986:12). Gender inequalities pervade all levels of social life. Knowledge and power among the Dani are structured to heighten domination of one group over another. These are indelibly linked to gender relations where men seek to make women's lower status appear inevitable and unchallengeable. I describe these inequalities reluctantly, for I should have preferred to discover, and then to argue, that women hold substantial power, but my research suggests that forces of power that constrain women are numerous, and effective overall (cf. Peters 1975).¹

I ground my analysis of gender inequality in a historical framework, following the arguments set out by scholars such as Collier and Yanagisako (1987) that systems of social inequality are most usefully understood in historical terms. Following a brief introduction to the history of the region, in which I stress the impact of the sweet potato in enabling relations of inequality, the first section of this chapter summarizes some of the complex negotiations the Dani engage in with each other through past warfare, its enduring present impact, and with the very "real" demands of the ancestor spirits. I discuss these topics by looking at them primarily through the eyes of Dani men. The second section reviews the importance of the body in Dani cosmology. Godelier (1986) has argued that beliefs and practices of male domination begin with the body, and that the body is used as a core symbolic space to make gendered identities seem unquestionable. I review men and women's ideas about bodies and link them to the division of labour. Finally, I add to these the contested, uncertain and tangled web of marriage relations, a key life cycle moment in which bodily symbolism, gender politics, and ancestor interventions all play a part. I describe women's experiences, exploring in some detail the topic of antagonism between

¹It is possible that scholars from Papua New Guinea such as M. Strathern (1988) who have worked against accepting models of gender relations as defined by antagonisms have been building analyses from the different colonial and post-colonial experiences of societies who, in the main, have undergone more changes to social patterns than the more isolated Irianese highlanders.

men and women by looking at the issue of "runaway wives," and at one man's attempt to acquire a second wife.

The merit of an overview from the angle of locally relevant cultural constructions and relationships is that this is the world of the infant. I describe histories, social relations, and symbolic understandings primarily in local terms rather than in broad analytic themes so as to highlight ways that local realities get constructed and contested. As discussed in the next chapter, infants are made, not born, and understanding these processes requires a familiarity with the ways that people understand and relate to each other. This chapter focuses especially on gender relations and on the construction of gender inequalities because these have a significant impact on the life of the infant.

Inequality among Men

"Sweet potatoes are people fuel"

Benjamin Kossay

The Baliem valley differs dramatically from the jagged mountain range that surrounds it on all sides. The valley runs in a southeasterly direction, between 139 degrees east longitude and 4 degrees south latitude, and is nestled at 1500 meters above sea level between limestone formations that rise up to 3,500 meters. Throughout the mountain range that runs the length of the island of New Guinea there are many small valleys, but ones the size of the Baliem are rare; only the Lake Paniai flat land compares in size with the Baliem valley in Irian Jaya (Pospisil 1963). Both valleys support dense populations and complex agricultural systems. The surrounding mountainous regions are generally covered with a forest composed of conifers, oaks, tree ferns, and mosses that thrive between 1,000 and 2,000 meters. In regions of intense cultivation such as the Baliem valley, techniques of slash and burn have reduced the number of marsupials, rodents and bats in the forest. In

addition, deforestation because of the cessation of warfare and in-migration has been acute since the 1960s. Rain falls abundantly in the valley, about 2000 mm annually, and the water table is high. The Baliem river courses through the center of the valley, and regularly floods its banks during the rainy season, which continues from about October until April every year. Overall conditions--a temperate climate, adequate rainfall, and plentiful land--allow for relatively intense agricultural production at a level apparent in only three areas of the highlands of New Guinea. In each of these, people raise domesticated pigs, cultivate sweet potatoes in elaborately constructed gardens, and participate actively in complex exchange systems.

There is ample evidence that people have inhabited the island of New Guinea for at least 40,000, if not 50,000 years, arriving in several separate migrant streams (Flannery 1990:31). Wurm (1981), drawing on language patterns, notes that newer languages overlap but do not replace older languages. He hypothesizes that Papuan speakers spread throughout the island 15,000 years ago, in waves that lasted until 5,000 years bp (before present). Archaeological findings from the Kuk excavation site in the highland Wahgi region in PNG confirm that agricultural practices, including tree-fallowing and soil tillage, were well in place by 9,000 bp. For the Baliem valley, estimates hover around 7,000 bp (Haberle et al. 1991), and the cultivated crop of choice at that time was almost certainly taro. As a food staple, taro could not possibly sustain existing population levels: numbers grew because of the introduction of a more flexible food crop, the sweet potato.

Archaeologists who study highland agriculture have taken as a central question the role of the sweet potato (*Ipomoea batatas*) in shaping the patterns of inequality found in contemporary highland social life. The sweet potato was introduced approximately 250 years ago (Golson & Gardiner 1990). Watson (1967, 1977) has argued for an "Ipomoean Revolution" in which the sweet potato arguably transformed a region where population and agricultural production had been low, into a densely populated region where food was plentiful and yields high enough to sustain pigs as domestic animals. Because the potato

grows well in poorer soils and has a higher yield than taro, it allowed more people to survive in regions with poor soil. As more gardens were planted, deforestation increased, allowing for pigs to forage in cleared areas. Pigs could also feed on poorer quality potatoes. Pigs, it has been argued, gained cultural value as forest mammals became more scarce (Feil 1987). However, the impact of the sweet potato tuber on the cultural values of egalitarianism and competition are incalculable: the "sweet potato theoretically enabled everybody to enter exchange systems previously inaccessible to anyone outside centers of high productivity for taro" (Golson & Gardiner 1990:408). Sweet potatoes, through the value attached to potential surplus, legitimated forms of competition between men. The perception of today's Dani that the sweet potato is a source of life force and of strength, ultimately of political strength, is suggested in the quote that opens this section, and echoes in the archaeological record of the valley.

Sweet potato surplus affects relations between men and women, and between men and men. First, high levels of production of the sweet potato enable men to accumulate surplus for trade purposes, which allowed some men to accumulate wealth in the shape of pigs and take on several wives. Men obtain wives through giving away brideprice goods, primarily pigs and sweet potatoes to the woman's family and affiliates. Second, men note the status of men at least in part through the number of wives they have acquired. Modjeska argues that hierarchies among men link the production of sweet potatoes to unequal distribution of wealth (Modjeska 1982; Josephides 1985). Men of high status among the Dani and throughout much of the highlands are men who have accumulated enough surplus to engage in trade with clan members, trade partners, or members of an alliance and who use relations of trade to create debts and obligations.

There have been attempts recently to analyze obvious inequalities in men's status in light of international trade of the past five hundred years. Contacts between traders in other regions of New Guinea have had important implications for the acquisition and distribution of goods (Connelly & Anderson 1987; Brown 1995) and it has been proposed that similar

factors influence social relations among the Dani as well (Blick 1988). This hypothesis seriously challenges assertions made by earliest ethnographers that the Dani inhabited a "pristine" world. In Gardens of War (Gardner and Heider 1968), Dead Birds (Gardner 1964), and The Dugum Dani (Heider 1970), indigenous warfare is presented as a static phenomenon that exists independently of any contact with outsiders or knowledge of tools of war such as firearms. According to Heider (1970), warfare generally occurs between competing alliances within the Baliem valley. In other words, the Dani liked to fight among themselves, consistent with their overall "inward looking" approach to political organization (Ploeg 1988:520). Heider described war alliances, numbering up to 5,000 people in the 1960s and subdivided into what Heider calls "confederations--the largest stable peaceful unit, not usually split by war or feuds" (Heider 1988:63) which war with neighbours from within the valley, thus allowing the Dani to practice aggressive large-scale warfare in an environment putatively unchanged by outside factors.

A review of 20th century expeditions and explorations in Irian Jaya challenges Heider's argument. In 1938, the moment of supposed "first contact," an American military pilot on a reconnaissance airplane flight saw from his military aircraft a vast and fertile valley where "the gardens and ditches and native-built walls appeared like the farming country of Central Europe" (Archbold 1941). However, a host of ground expeditions, all taking place prior to the well-publicized 1938 view from above, have been tallied in van Baal et al (1984), in Ploeg (1996), and even as an appendix in Heider (1970). For example, Dutch, American, and British explorers all conducted trips to various regions of the Irian Jaya highlands throughout the early parts of the 20th century. Of these expeditions, the explorer Lorentz led 2 trips in 1909 and 1911 from the south into the central part of the Highlands. More relevant to the Baliem valley region, in 1921-1922, an extensive expedition was undertaken from the north which followed the Mamberamo river up to the Swart valley region, home to Western Dani. In addition, this same team of explorers traveled all the way to the upper Baliem river, to the border zone between the

Western Dani and the Baliem valley Dani, which is less than a day's walk to the core of the valley. In the 1920s, Bijlmer, a Dutch officer, narrowly missed crossing directly through the central Baliem valley as he made his way across the North Baliem to scale Mt. Trikora, two days walk from the valley. These explorers passed through communities that had trade dealings with the Dani, during a time when contact between the easternmost Highlands and the western segment was indeed very likely (Mitton 1972; Pétrequin & Pétrequin 1990; Ploeg 1996). That information about white men, guns, and large-scale expeditions had not reached the Baliem valley by the year 1921 seems inconceivable.

If contact and trade shaped relations among men, likely they also shaped patterns of warfare. Heider (1970) analyzed warfare as having two different components: a *ritual* element, in which few are killed but most able members of the alliance participate and which serves to placate the ghosts of the dead; and *secular* warfare, in which pre-dawn raids on enemies are followed by large-scale killing of men, women, and children. Women did not take on roles in warfare; however, elder males would chop off portions of the fingers of young girls in a public demonstration of grief at funerals of dead warriors or elders (see Pospisil 1963 for ways women can engage in warfare). Directly challenging Heider's atemporal analysis, Blick (1988) has argued that escalation in available trade goods introduced by European contact caused the secular warfare pattern of the Dani to escalate to genocidal proportions. If this is the case, then the secular warfare patterns recorded by Heider might well reflect the influence of contacts the Dani had experienced prior to and throughout Heider's fieldwork in 1961-1963, increased access to shells from the coast, and improved trade relations leading to increased accumulation of pigs, women, and alliances of influence.

The history of Dani warfare following the Harvard Peabody expedition and under Indonesian control provides support for this hypothesis (but see Knauff 1990; Shankman 1991 for opposing argument). In 1977, the Baliem valley Dani engaged in a large-scale "secular" war with their neighbours to the northwest, the Western Dani. This war led to

Indonesian military intervention and the deaths of thousands of Western and Baliem valley Dani. Other post-contact incidents of a smaller size also support Blick's argument that, after contact, secular warfare increases (Hayward 1980; O'Brien and Ploeg 1964). Despite claims by the military to have pacified the Baliem valley, small secular incidents continue, even under some of the strictest pacification enforcements recorded in New Guinea. Thus for men, actions linked to warfare remain a key component of their identity, and politics continue to fit under structures more relevant for times of war than peace.¹ "If there is no warfare we will go blind," said one elder in the 1960s (Peters 1975: 76). War and the prowess associated with it continue to mark status, and both men and women speak of influential elders as "great warriors" who proved their leadership through accomplishments in war. However, large scale ritual warfare has ceased since 1977, and I suggest that it has been replaced partially by an increasing emphasis on *kaneke*, a key set of rituals which leaders perform to placate ancestors.

Kaneke: Power through Ancestors

Kaneke is the first, *wam mawe* (marriage feast) the second, and *epe ago* (big pig feast) the third central ritual in Dani life. Intriguingly, *kaneke* ritual rated barely a mention in Heider's ethnographic work,² yet a score of informants assured me of its central importance in controlling the fertility of women, the growth and health of children, the

¹ In a return visit to the Baliem valley in the 1980s, Heider suggested that pacification and development have reduced the importance of war alliance leaders in favour of confederate heads, as has happened in parts of New Guinea. Heider based this conjecture on the fact that a former alliance leader had to take a taxi "like everyone else." In fact, having the money to take a taxi is an indicator of status and should in no way be seen as an reflecting strained circumstances. However, data from my fieldwork in 1994-1995 and from Widjojo et al. (1993) do not back up Heider's claims of reduced power of alliance leaders. Confederate and alliance leaders both retain enormous political influence which is apparent in their involvement in burgeoning market economy activities, niches denied to all but the most influential. For example, the alliance chief for the northwest section of the valley has a construction company, one of the only Dani-run businesses in the valley, which he was able to set up during his time as elected government village head (it is now defunct). Other alliance leaders who shun development activities are nonetheless still the ones who call the *adat* and marriage festivals for an entire region.

² Heider was never able to see the *epe ago*, held every five years, which represents the culmination of *kaneke* rituals, and he acknowledges its ritual importance. However, he gives no attention to the many pig sacrifices that lead up to it.

prosperity of the clan, and the fertility of pigs and gardens today (see Peters 1975). During times of war, a clan or an individual man could gain favour with ancestors through acts of war, now those who live must placate the dead through other means. Failure to placate the dead might result in any number of calamities, but of note here is the importance attached to indicators, such as infant health, that prove the success of ritual. If an infant dies, if gardens become infertile, or if pigs do not grow fat, men will look to ritual to understand why. The current high mortality rates of the very young may play a part in the current intensity and complexity with which men carry out *kaneke* rituals. In this section, I briefly summarize the ritual and show how the relationship between ancestors, ritual, and the well-being of a clan's children is a key local level relation.

Among the Dani today, ritual has replaced warfare as the key way to control the actions of ancestors. Men use the ghosts of dead war heroes and other ancestors as a means to establish status and economic gain and to link success in the material world with the benevolence of ancestors: "the realm of the non-empirical is always closely associated with...the empirical world" (Lawrence & Meggitt 1965:14). Power in the everyday is inextricably linked to ancestral relations. However, ancestors do not always perform as expected, and unexpected disasters such as the death of a child or a runaway wife are often linked to ancestors who are at best undependable and may be "vicious, vengeful and indiscriminate" in the ways they exact revenge on the living (Gelber 1986:26). Their inconsistencies mean that, in the present day, Dani men worry a great deal about ensuring the happiness of ancestors, and will willingly engage in rituals such as the *kaneke* series as a means to show ancestors, particularly the recently dead, that they have not been forgotten.

A series of rituals conducted for the benefit of ancestors culminate in the *epe ago* every five years or so. In broadest terms, men conduct these rituals to get ancestors to support them in their efforts to dominate as a clan or as an alliance. Peters (1975) notes that *kaneke*, the first of three sets of highly ritualized words and acts within the *epe ago*, is

primarily about community. Using *je* (smooth stones about 30 to 50 cm long that symbolize individual dead ancestors), in *kaneke*

these stones are brought in direct relationship with the general prosperity of the community, which is concretely expressed in the claims that the pigs become numerous and fat; that they will receive women from the 'proper' clans; that they will get shell-strings and *je*, which are necessary for the mutual exchange; that they will not become sick. (Peters 1975:173)

In contrast, the second and the third ceremonies--the marriage festival and the final pig feast *epe ago*--have as the goal to ensure the strength and dominance of the group executing the rite, through ensuring that key ancestors are remembered, and given the respect they deserve for their actions while alive. Bromley, a missionary and linguist from the southern portion of the valley, called the *je* stones "lineage fetishes," as inalienable as the ancestors they symbolize--"the foci of power for battle and killing of enemies" (Bromley quoted in Peters 1975:115). In the 1960s as today, ritual for ancestors is inseparable from ritual for political gain.

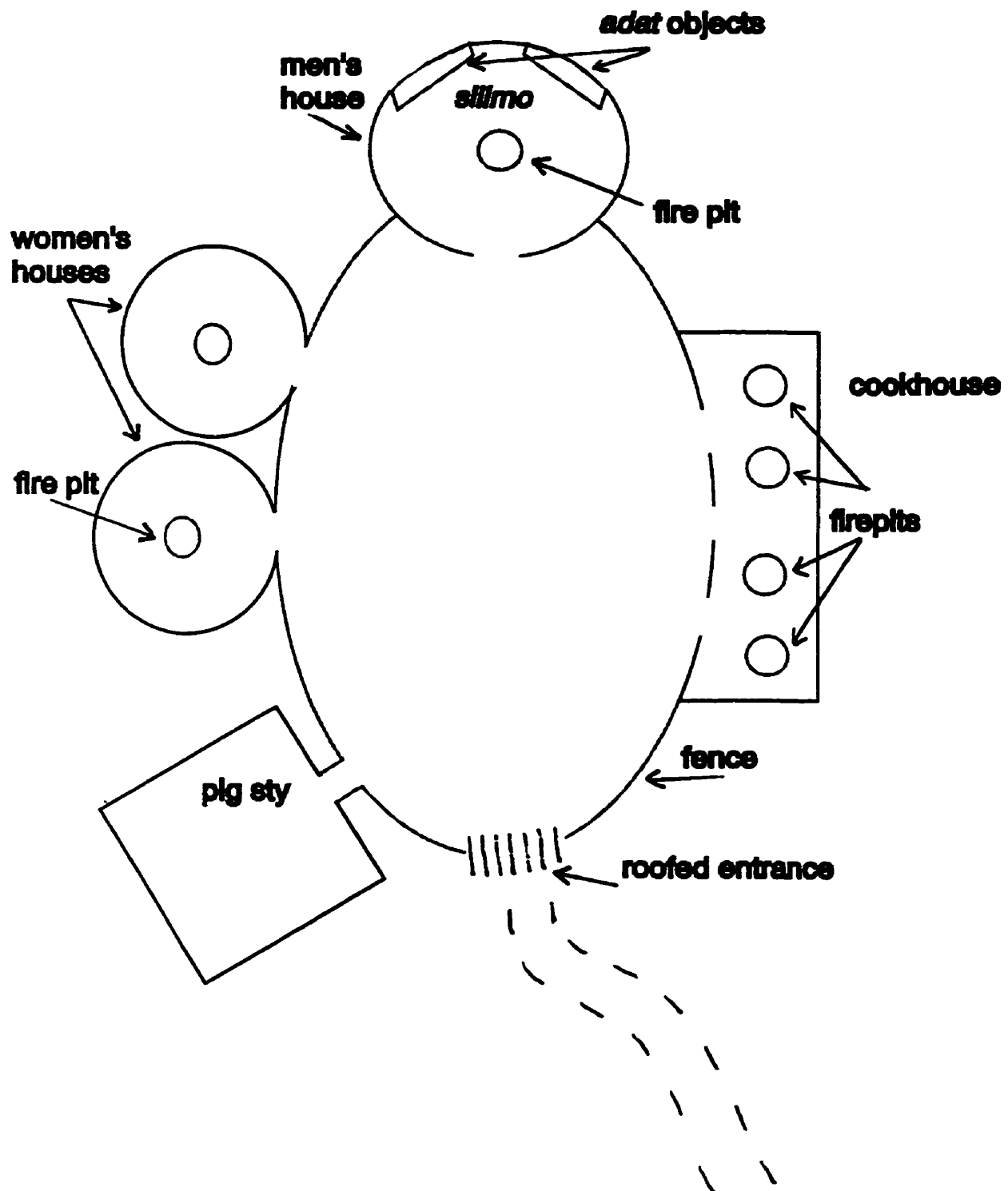
Kaneke rituals unite a highly symbolic series of gestures that link pigs to humans through equating similarities in their bodies. In brief, in the *silimo*, the men's house of every traditional household compound (see Figure 6), men store smooth *je* stones, usually decorated around the middle with grass skirts and string to symbolize women and fertility, which they trade or display during a series of rituals designed to acknowledge the power of ancestors. Along with these stones, *yarak* (long shelled inch-wide bands of fiber) and *su* (netbags made by women especially for this ritual) are all used in varying combinations to demonstrate links with ancestors, unity among alliances, and unity among clan members.

For almost all rituals that involve ancestors--in fact, for almost any ritual occasion whatsoever, including the birth of a child, a wedding, a death, and even church festivities--participants will kill a pig.¹ In almost every case I observed, one of these pigs will have

¹At one formal church opening, Dani provided approximately 200 pigs for a large public ceremony. At another smaller ceremony to mark breaking the ground for a new church, church members brought 15 pigs. Intriguingly, although at this ceremony no *adat* rituals were carried out, each pig was lifted by two men and killed so that the arrow piercing the pig's body was aimed in the direction of the tribal alliance's enemy, to the northwest.

Figure 6

Household Compound in Kuliama
Example: Oskar Hubi's Compound



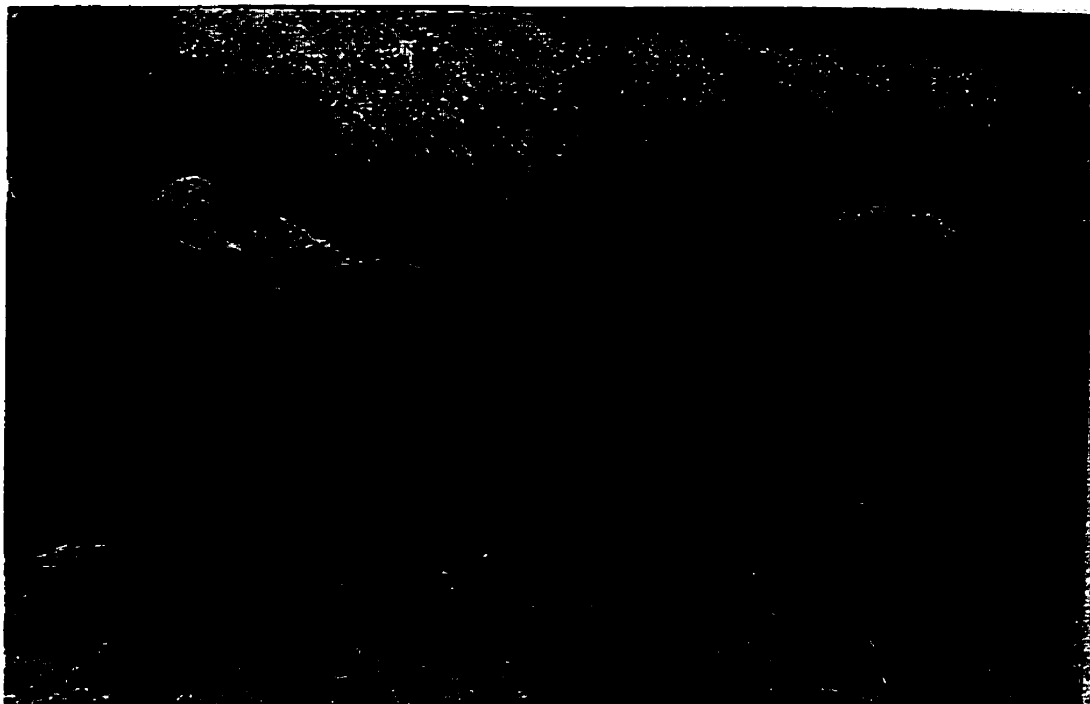


Figure 7

An alliance leader kills a pig with an arrow to his side. All pigs are killed in this manner. This is the tenth pig killed for the funeral of an albino infant known as the "white baby."



Figure 8

The man with the ax is removing the bones and meat from a partially-butchered pig that lies in the center of a pile of sweet potato plant leaves. Note the alliance leader to the left of the axe explaining the butchering procedures to a curious youth.

Figure 9
Preparing a
steam oven for
sweet potatoes
and pig.

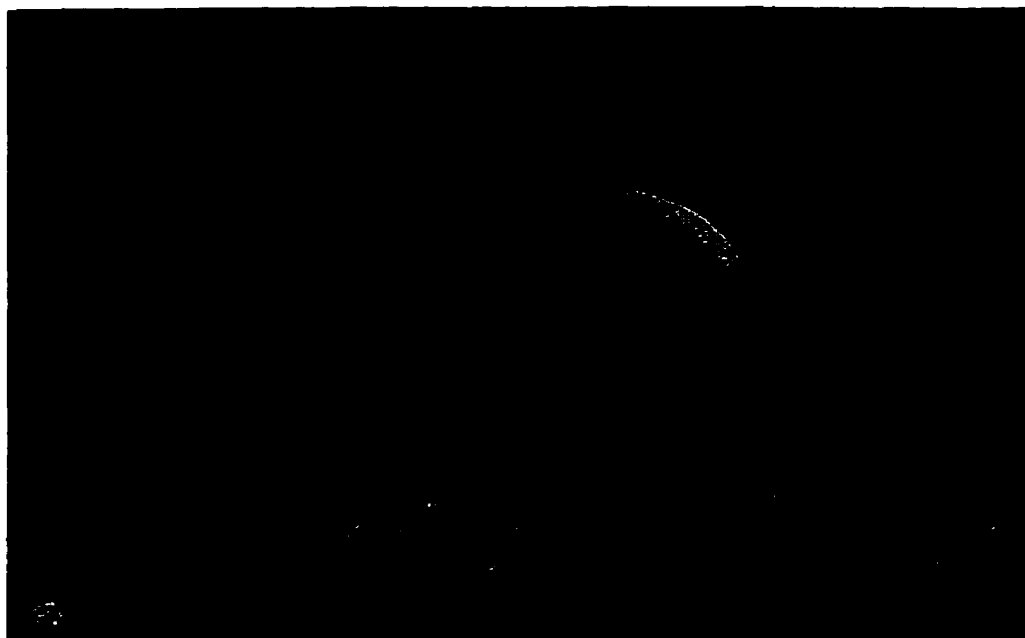


Figure 10
"Sweet potatoes are people fuel."
Women place the sweet potatoes
carefully in the oven before it is closed
over with grass.



Figure 11

Elders and leaders at an alliance-strengthening ritual debate the precise position of pigs, once they are dead and before they are butchered, in order to ascertain that the order in which they are placed is one that strengthens alliances and establishes political relations. A similar process of deliberation occurs once the pork was cooked in terms of who received what piece of the pig.

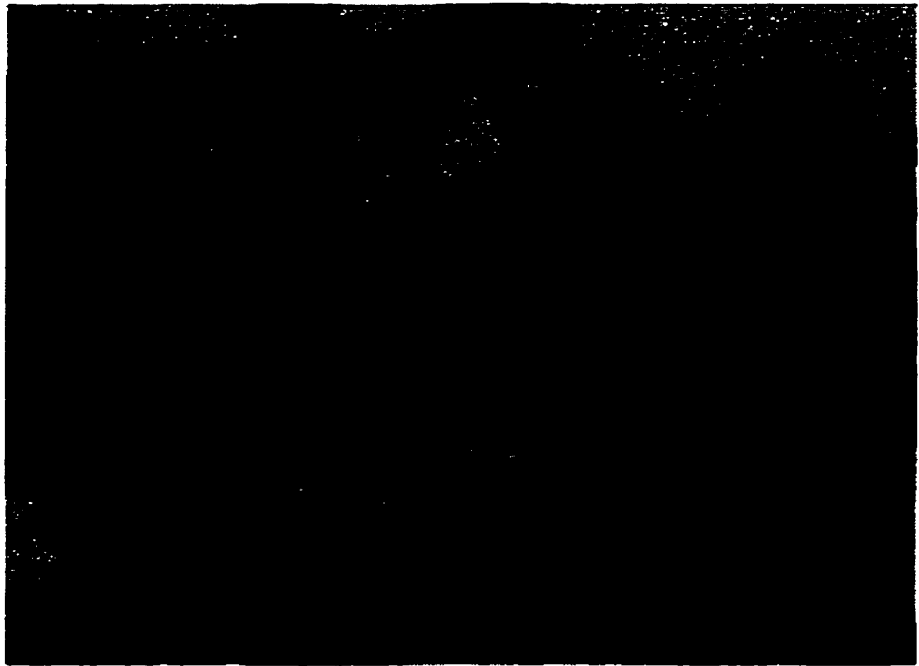


Figure 12

At a December 1994 church opening near Wamena, as many as 200 pigs were butchered for the event. Here women have cleaned out the pig intestines and are hanging them to dry while they wait for the pork and sweet potatoes to cook in the 20 ovens prepared for the event. It is this level of feasting that is decried by Protestants, development workers and other newcomers. Each pig is worth from \$100 to \$500 US at the Wamena market.

Figure 13

Negotiations over the placement of the dead pigs are highly political. In this case, the argument over the order of the pigs went on for a full twenty-four hours. This is only the second pig to be killed, but two leaders (one in a flowered shirt) huddle over the dead pig to analyze the implications of the way the pig fell. The men, who all sit in front of the *silimo* (men's house), follow the politics of pig analysis closely.

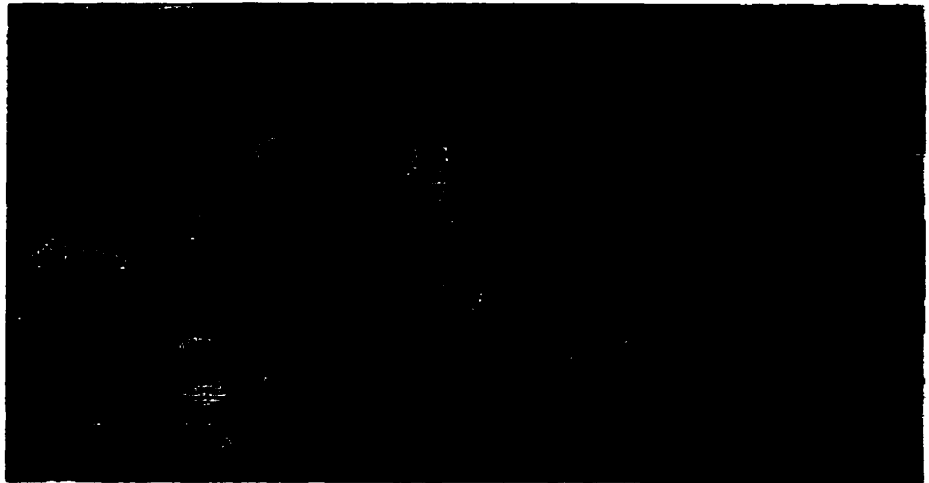
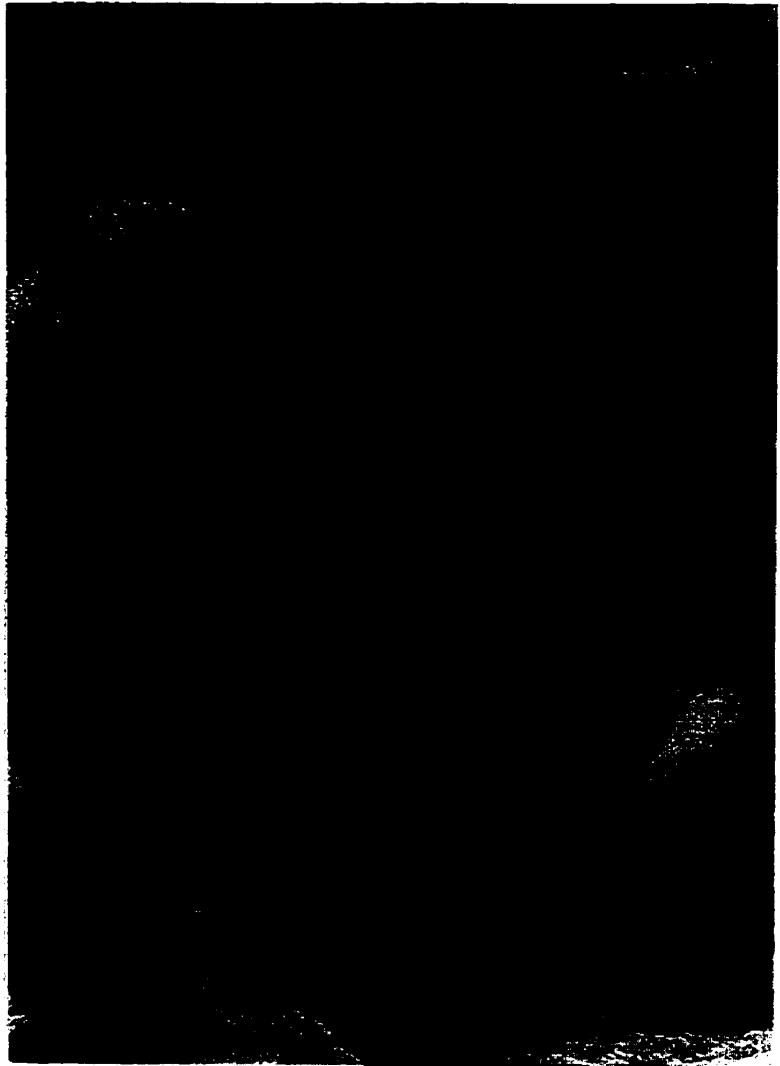


Figure 14

Once the pig has been cooked men cut up the fat in a ritualized way. It is one of the many places where men may make the kind of error that forces ancestors to wreak havoc with the living.



been set aside as a special ritual pig.¹ The pig itself is often an ordinary one, that becomes a ritual one when cooked and tribal leaders each select a portion of the cooked pig carcass that corresponds to their leadership role within the tribal organization (see Figures 7 through 14). The structural parallels in this ritual are worth noting. In the one alliance ritual and several clan-level rituals I was fortunate enough to observe, clan leaders sit in a specific place at the back, side or front of the men's circular house. The formal clan head or leader sits at the front and portions pieces of the pig out: the participant at the rear receives the tail segment of the pig; the ones at the side receive the skin that covers both the left and the right breastbone; and the head spokesperson for the clan or alliance gives himself the tip of the ears. Leaders eat a small piece of each part, and, through symbolically ingesting the male pig, each leader strengthens the leadership and procreative abilities of the clan. In addition, each of these parts of the pig has a name that corresponds to the names of the places in the *silimo*, or men's house. Each of these names has certain character associations: the tail is for the *aloak*, the seat of wisdom, a man who talks little but offers wise counsel; the sides for the *omolo*, the actors and doers who will walk to round up men for a ritual or carry messages of import; and the pig ears go to the *apisan*, the head or the spokesperson who speaks for the decisions of the group. While the head is the most visible and seemingly important person, according to interviews with participants the wisest and most important member of the *adat* ritual is the *aloak* or *oak*, he who sits at the rear and grounds decisions and actions. The *aloak* is also most likely to become the future leader of the clan or alliance (Widjojo 1995). When the ritual involves alliances, two pigs are cut up and the same procedure is repeated twice with representatives from both members of the alliance.² If something goes wrong, a garden floods, for example, leaders get together to

¹The two exceptions I noted were both church celebrations.

²The many ways the pigs are divided depend on the ceremony, the number of participants, and the clan/s involved. It is beyond the scope of this dissertation to detail the different parts of the pig tail, side or head that can be used in a ceremony, but it is important to note that each ceremony documented by Aso-Lokobal (n.d.b), viewed by Widjojo (pers. comm.) and myself, or described in interviews all follow a basic tripartite division of the pig's body in a manner that corresponds to the parts of the human body and social roles that accompany those body parts.

try and determine whether someone sat in the wrong place, ate the wrong piece of pig, chanted incorrectly, and so on (see Figure 14). Since there is ample room for error, thus, misfortunes always can be traced to ancestors.¹

Through the successful execution of *kaneke* ritual, leaders assure their followers, sometimes through almost mystical powers (Heider 1970:90; Ploeg 1996), that they retain control over the power of Indonesian newcomers to appropriate land and transform women's lives through free and accessible birth control. Thus political power now extends beyond the ability to negotiate with ancestors for long-standing concerns towards newly potent symbols of docile women, healthy babies, and the means to gain control over all the newcomers who have invaded their land and bought off their gardens. As one leader succinctly put, "Our *adat* [ancestor ritual] is still strong; it is the enemy that has changed."

An important leader in the Hubi-Kossay alliance and a strategist in the 1977 war, Abel Hubi asserted links between the self-sufficiency of the Kuliama Dani and the strength of *adat*. One muddy day, I met him at the Hubi clan sacred house, located off the river in Kuliama (see Figure 15). "We have the full strength of the ancestors in the sacred house," he said, "and it takes a lot of work to keep the ancestors happy. Too much support for new ideas, if it means that our women run away or that we neglect our gardens, will make the ancestors unhappy." The Hubi *adat* house, where Abel lives and where we sat talking, is set near the river, and every year during the rainy season the river floods and mud seeps into every corner of the courtyard.¹ Sacred houses look like any other men's house in a traditional compound, except that they are larger and house all the *je* stones, *su* netbags and *yarak* shell strings in an enclosed space at the back of the house. Inside the dark and smoky raised house, a bundle of what literally are remains of dead enemies (bones, hair, scrapings of blood) are rolled up in copious amounts of banana leaves and strung up on the

¹The living link themselves to *tetek* (father), grandfather, great-grandfather and then to the "original ancestor" in shallow genealogies that collapse several generations. The names of original ancestors are clan secrets, for each clan claims that their original ancestor was the first Dani man. Making the name of the first man available to all would diminish the power of the clan, not to mention bring about the wrath of the ancestors such that gardens would fail, children and grown adults would die, and women would run away.

wall. This bundle, seemingly innocuous, is the cornerstone of all *adat*; that is, the bundle is what keeps the ritual participants stronger and more powerful than the enemy (see Peters 1975). Row upon row of several hundred pig tailbones saved from each *adat* ritual, ritually polished with pig fat as part of smaller *adat* rituals, also signal the importance of ancestors in the sacred clan house.¹

As Abel led me through the forest along the edge of the river back to Pastor Dominicus' house, he glared at the mud that in the rainy season splatters up to the knees and muttered "we need progress to get out of the jungle," a complaint echoed by many others. Pastor Dominicus' "modern" house has a couple of windows, a seating room for receiving guests and the rudiments of a toilet. In the seating room Pastor Dominicus has covered the walls with now-musty photographs he photocopied from Mitton's beautiful The Lost World of Irian Jaya (1983) when he was a student in Jayapura and with photographs I took two months before, of parishioners laying the stone and sand foundation of the new church being built along the edge of the road. Pastor Dominicus offered us coffee, cigarettes, and complaints about lack of funds to finish building the church. Abel listened skeptically as his concerns lie more closely with *adat*, his position well known to the Pastor. As we sat waiting, we talked about the flood that had just washed out a number of gardens and a few homesteads as well. Abel blamed the flood on a weakening of *adat*, linking it to a few sickly pigs and the increase in women running away, notably Holasike whose parents had made a "good" marriage for her but who, just the week before, had run away from her husband before the wedding celebrations were even half over. This time Pastor Dominicus held to his counsel, although Holasike was nominally Catholic and partially held to the church's position of monogamy and marriage by choice, a position known to Abel. This male "veiled" speech (Strathern 1971:240)

¹In a small museum constructed in 1991, LIPI staff in Wamena offered indigenous leaders the chance to store their *adat* bundles, spears, and pig tailbones in a "safe" storage on the museum's second storey. Some leaders chose to do so, and several have since recanted. The goal was ostensibly to de-emphasize warfare, but it ended up emphasizing which clan leaders supported government control over political life and which didn't. The majority of clan leaders, notably Catholic, did not move their *adat* objects.

alludes to the animosities between their institutional ideologies as well as the intersection of their beliefs about prayer, redemption, pigs and ancestors within which the ancestors are seen almost invariably as the givers of ultimate power and the makers and breakers of personal fortune.¹

As a former warrior and *adat* leader, Abel personifies the responsibilities and advantages that accrue to having control over the distribution of symbolic knowledge. As Keesing (1982) points out, Melanesian societies are societies where information is power, and the deployment of power in the Baliem valley entails knowing differences made between *adat* leaders and other men and between men and women. Male leaders try to constitute ideologies out of *adat* power, "disguising human political and economic realities as cosmically ordained" (Keesing 1987:161). Through parts of the pig and its relations to the human body and through symbolic expressions such as the *je* stones, men lay claim to control over the material world of gardens, of flood and forests, and of the world of events, childbirth, and wives, docile or otherwise.

The intensity of male leadership activities aimed at controlling women suggests that most men with power are explicit in their aims. Exposure to Catholicism and to newcomer Indonesians, who place some women in positions of some power, has been strong enough that men who sustain active relations with ancestors are aware of the implications for women's roles. Many men articulated clearly the merit of a world view aimed at ancestors as well as the need to control women to bring about prosperity for all Dani. Clan leaders as much as men with little power all worry a great deal about the actions of women that undermine local gender ideologies; only three men, during my research, actively sought to change normative patterns to give women more political and financial power. Still, men who lead work incessantly these days to maintain their status in the community and with

¹In Kuliama, all six or seven active churchgoers raise *adat* pigs, and most of them also trade pigs and engage in traditional marriage practices, acts which affiliate them with the ancestors. The Pastor raises a pig for the pig feast but engages in no other *adat* activities. Yet he acknowledges that his first thoughts on why events happened go towards ancestors and his actions in relation to them.

the ancestors. They negotiate, organize, and execute rituals constantly and can seem harried and preoccupied by the energy required to be successful. Thus men may seem lazy to outsiders, undirected, and aimless¹, but in their own view they are exceedingly busy with the important task of attempting to control the path and progress of everyday life and to heighten their place in it.

Body Lore

Knowledge of the body helps create and sustain perceptions of gender inequities. As Kelly (1993), Godelier (1986), and Bonnemère (1993) argue for Melanesia generally, the power to construct ideas about the body is controlled to varying extents by men who gain by it. Cosmologies of the body define the potential and prohibition for action; so, what can and cannot be in the realm of the body is key to understanding limitations on behaviour. Knowledge about the body is inextricably linked to broader spheres: to the environment; to notions of space and time; to food intake and production; to gender, age and reproductive status; and to concepts of personhood. Yet, despite all these threads that tie the body to other spheres, the body itself remains an important site of knowledge construction and confirmation. I provide a brief summary of ethnographic data that supports the observation that "Melanesians...are highly if not relentlessly material and bodily in their aspirations and their construction of social identity" (Knauff 1994:421). Gendered knowledge about the body centers Dani action and itself feeds into actions (Bonnemère 1993; Strathern 1988; Meigs 1984; Godelier 1986).

Overall, men and women informants were all in basic agreement that the *ebe* (body) is "built," and does not develop unless worked upon. It is built from the contributions of semen and blood of the biological mother and father at conception; it is strengthened through breast milk, through food, through gifts, through ritual consumption of foods,

¹"Masters of the shade" is a term used jokingly to refer to men in the Baliem valley, mostly by relocated Indonesians. The perception of men as aimless was a key assumption behind a large-scale health and development project that sought to give men more responsibilities for production at a household level.

through knowledge, through the transmission of skills, and through sexual intercourse. The body can be weakened by a "shortage of blood," through lack of breast milk, through lack of food, incomplete gift giving, individual misbehavior, through sorcery, through ancestor revenge, through too much work, through giving birth to too many children, through engaging in too much sexual intercourse, and simply by old age. Thus the making of an adult requires consistent long-term human effort, both to ensure control over maturation and to reduce the risk of inhibitors of maturation.

Using body mapping techniques, a research method that asks non-literate participants to draw their knowledge about physiology (Cornwall n.d.), seven participants drew the insides of bodies for me in fireplace ashes. For all of them, the inside of the body is composed of a great deal of blood, bones, and a column running from the mouth to the anus in which the *etai-egen*, a round, fist-sized organ, sits at the center behind the sternum. The *etai-egen* is the site of emotions and of personhood, what Heider summarized as "soul, seat of the personality, spirit" (Heider 1970:226). Every human has one and so does every pig. This knowledge of the body comes from two main sources--partial autopsies of dead warriors from before 1977 and pig innards. "Pigs are almost people," one informant said, "and we have the same insides, except that pigs' *etai-egen* are much bigger than ours." In a striking confirmation of the strength of this model, one semi-literate informant who wanted to impress me had sought out and memorized the anatomical atlas of the body from a nursing textbook in preparation for his interview with me. He reproduced all of the body parts in the diagram he had seen the day before, but drew all the parts that were extraneous to his understanding, such as the pancreas, the uterus and the appendix as dead-end organs sticking out at right angles from a column that ran straight through the center of the body from mouth to anus.

The importance of bodily characteristics in defining what an individual can become cannot be overstated. The term *epe*, which means "body," also means "person." Thus a woman who bears a child is described by others as *he epe*, which literally translates as

female person, which means woman with children. Before children, she is called *he dukum*, translated as female with skirt. This change in terminology connotes that full personhood for women is achieved only after becoming a mother. The term *epe* is also used to indicate moiety affiliation. Body, person, and social identity all collapse into a single term.

Another aspect of Dani language that draws out further the importance of the body in all imaginings is the use of the prefix "*ne*" or "*ni*" to indicate inalienable possessions. Words that receive the prefix are parts of the body, relatives, ancestors, *adat* possessions, and warfare.¹ Thus the body is inalienable from social networks, from objects that constitute it, and from events and actions that define the clan or alliance. When describing parts of the body, Dani will attach the prefix to every part when speaking of themselves.

Men, however, talk about the body differently than do women. For example, according to Pastor Dominicus, a highly literate and analytical man, in a "traditional" homestead attention to bodily symbolic detail is vital. A homestead's structure represents the human body and repeats key body parts that are central to all pig-killing rituals: the head, the sides, and the anus (see Figure 6). The *silimo* (men's house) where clan ritual objects are stored and where men eat, sleep and gather to talk, is poised at the end of the fenced-in homestead and represents the head. Along one side of the fence lies the cookhouse, on the other are the women's houses. These represent the sides of the body. Women store belongings and sleep in these houses. At the end of the homestead lies the entrance, symbolically representing the anus. As in all ritual pig killings, the head, the body trunk and the anus are the key body elements that have their equivalent in patterns of political leadership.² No traditional home that I visited in Kuliama deviated from this

¹ Possessions that are not inalienable, such as wood, cigarettes etc., are described using the suffix "*mege*" which is attached to the personal pronoun (Peters 1975).

²Heider (1970) describes a similar social embodiment when identifying people by clan: each clan had a name that corresponded to a part of the body that could be pointed to as a means of identification, and the moiety was represented symbolically by gesturing towards the whole body.

pattern, and Pastor Dominicus' lucid explanation was reiterated, albeit less fully, by another tribal leader, and is also present in analyses by Widjojo (1995).

Julianus, a middle-aged man, also equated the body's functions with political practice. He listed the eyes, the mouth, the teeth and the rectum as essential parts of the body. The eyes are "for seeing, to call for an *adat* ruling", the mouth is "for talking," and the teeth and the rectum for eating and for defecating:

What goes in the mouth has to come out as garbage. All food goes down one channel, through the *netai-egen* (soul) and out. If you eat too fast your *netai-egen* fills up too fast and it hurts. People who have poor *adat* eat too fast and too much. Pigs can eat and eat, a whole netbag full of potatoes, and not be full, whereas we know the value of being full because our *adat* is strong.

Esebius, an unmarried young adult, summarized relationships between food, bodies and well-being as follows,

If there is no *adat*, then you can never get full, you don't know how to share, you eat, eat all the time and never get fat. Here we have strong *adat* and we have big potatoes. We are big people and we can be full on two potatoes. If our *adat* goes wrong we will lose our fertile gardens, our potatoes will get small, we will not be able to control our eating and our bodies will not be as big and healthy as they are now.

Men also talk about smoking as an act that sustains the well-being of the body and the person. All adult Dani smoke tobacco that grows plentifully and those with money enjoy packaged cigarettes. Smoking helps people talk, male informants say. It smoothes out the *etai-egen* and cleans it out so as to allow for amiable discussion.

In contrast to the images offered by men, women describe a body grounded in pragmatics. Lina showed how the built body is recognizable and divisible into component parts. Lina described what she considered the most important body parts:

the *nileken* (eye), to see with, as in 'I can see for myself' which is what is needed for proof to call for *adat* ruling; the *nele* (face), which means a presence somewhere, being present; the *nawak* (nose) for smelling, for insulting someone by sniffing them as though they smell; the *napelep* (mouth), for talking, someone who talks too much is called *apelep apik*, someone who can be charged for telling secrets; the *netai-egen* (soul), the place of fear, of sense of danger, which can also be used for legal purposes. The senses are all important, none matters more than the other.

Lina listed other body parts of importance:

The shoulders [*nyonoro*] are for carrying stones, sticks, babies, shovels, sweet potatoes. The head is also a strong place, as is the back. Each of the fingers have special functions and special names: The thumb and index are for picking and eating food; the index finger is for pointing at people; the two middle fingers have the same name, but no task, the smallest finger is for calling attention, to poke someone or to pick your nose. The thigh [*narisu*] is also important, for walking or for a prop when weaving a netbag; feet are important too for the same reasons.

What is noteworthy about this list is how many of the body parts listed pertain to Lina's work routine. Women repeatedly use the shoulders and head to transport heavy potatoes and leaves from the garden or to the market. They use the thighs to balance children while digging out potatoes or hoisting up a heavy load of dirt onto their shovel. Women also use their hands extensively during non-gardening hours for dexterous manual tasks such as making netbags and cleaning, washing, and cooking potatoes.

Overall, the fact that Lina thinks of her body through what she does with it, while suggesting different experiences than those of men, also suggests that what she does takes up a very large percent of her time. Almost without exception, Dani women work hard. They have slim strong bodies, with well-defined muscles, and exceptionally muscular shoulders and arms. Their bodies confirm the high social value that both men and women place on women's work, on the products of their work, and on their social contribution through work. Yet the thin, muscular female body does not hold high symbolic value. Even though this body type implies that women produce sweet potatoes and pigs for men's political gain, women and men disparage thin women as "lacking blood" and as therefore being undesirable. On the contrary, the plump body of the young bride is perceived as attractive by both men and women.

Gendered values pervade the body parts that are seen to distinguish men from women. For example, semen is seen as a source of strength, the "male life force," a spiritual substance that distinguishes men from women more than it distinguishes Dani from other social groups (Hauser-Schäublin 1992:95). Semen replenishes itself through the regular intake of food by men. Sweet potatoes, produced by women, fuel male sexual acts,

which in turn reproduce the patrilineal clan. Men, with their larger, fatter bodies that can reproduce later in life, take a great deal of credit for their role as reproducers.¹

In contrast, menstrual blood is polluting, can kill garden plants, reduce soil fertility, and make men sick if they eat food offered by menstruating women. The first menstrual period of young women is seen as a "crisis situation when the evil spirits have to be driven away by dancing and singing continuously during the night" (Peters 1975:37). Menstrual blood is necessary for procreation but is not a "life force" in the same way as is semen. Women's thinness in later life is attributed in part to her lifelong loss of blood through menstruating. Vaginas are also polluting—a woman angry at her husband merely has to step over his food for him to become acutely ill. Peters (1975) documents how at the *epe ago* feast, men ritually cleanse other men of the power of the bite of the crayfish, a symbol for the vagina, before they get married. The women, in contrast, are stuffed full of pork fat and rubbed with as much pork fat as possible, as though to imbue them with this most masculine of symbols and divest them of the power that accompanies their reproductive capacities. As Godelier argues for the Baruya which can also apply to the Dani, in the realm of reproduction "it is as if men, already concretely dominating the process of production of the material conditions of existence, had endeavored by means of thought to magnify their role in the reproduction of life and hence to deprecate the primordial role that women patently play in this process" (Godelier 1986:229).

In sum, there is merit to arguments that women's bodies, in the realm of bodily values, are defined negatively whereas men's are defined positively. While I argue that men interpret and act on a moral order that favors them, women are not passive recipients of the male interpretations of the moral order. For example, some women ignore menstrual

¹In one interview with an elder man, he claimed one key *adat* secret is that women's breast milk is the source of semen. Impotent for a time, he admitted, he claimed to me he solved this problem by drinking breast milk from one of his lactating wives and now he claims to be able to have as much sex as he wants. I was unable to corroborate his assertions with other men, but overall his claims fit with other highlands data on how men seek to demean women's reproductive capacities by attempting to appropriate their power because they are in fact keenly aware of the generative capacities of women.

prohibitions. Women run away from a marriage, even after the rituals of pork and crayfish should have made them incapable of doing so. Women have a developed sense of their own worth. A sense of worth does not necessarily translate to power, however. Women resist, but they do so within existing confines of the cosmologies of the body for they do not have the means to redefine them. However, as the following section reviews, men must and do work hard to promote an ideology of female weakness because women always threaten male power: "women are the locus of two kinds of resource--fertility and labor--and the attempt to control these two variables in one persona gives rise to the tangled field of sexual politics" (Lindenbaum 1976:56; see also Strathern 1987; Buchbinder & Rappaport 1976).

Women's World

"Sweet potatoes are women's work"

Deli Asso

In this section, I describe some of the many factors that contribute to highly antagonistic gender relations that appear, from every angle, to favor men over women. The division of labour that sees women producing both subsistence as well as surplus produce has been analyzed by several scholars as key to understanding gender relations in the highlands (Josephides 1985; Biersack 1991). While undeniably pivotal, the division of labour thrives on and feeds ideologies about gender that draw from multiple other sources as well. Power does not derive solely from the production of surplus, I propose, but from a multitude of sectors, of which marriage demographics are among the most important. Since women do not control cosmologies but live within them, the following sections scrutinize local processes closely. Throughout the following section, the reader is reminded that infants share these spaces with women. Women must negotiate the constraints of child

care and the implications of having children to care for in their decisions and their responses to what is expected of them.

The Division of Labour

If men's domain is that of consumer of the sweet potato, women's is that of producer. No men work at cultivating the potato, and no adult woman is free from the arduous chore. Women's worlds are mostly bound to the village, to the garden, and to the home; spaces invisible to the uninitiated. Tucked away among groves of banana trees, in little valleys or alongside rivers or streams, sit traditional households that accommodate as many as 40 or 50 people. Fences encase the compounds and keep the pigs out. Households are long, oval-shaped compounds that include the *silimo* at the end directly opposite to the entrance, and the women's houses and the cookhouse ranged along each side. For women, much of what occurs in the highly complex net of local social relations does so inside the relative privacy of the walls of the household compound and the space of the village.

Women's work, however, takes women out of homesteads to sweet potato gardens almost every day. Women work hard all day long and almost every day in their gardens, finishing the secondary soil work of hoeing and weed clearance. Women also have the time-consuming and crucial task of planting, weeding, harvesting and replanting sweet potato gardens. Most women, unless they were in mourning, were menstruating or had newborn infants, went to their gardens every day while I was living in Irian Jaya. After a breakfast of sweet potatoes cooked in the firepits of the cookhouse, women set off to garden about 9 AM, young children in tow, shovel and stick in hand. Gardening is hard, physical work; the sun is hot and blinding for the midday hours, and women often cover their heads on particularly hot days or rest in the shade for a while during those hours. Young children help their mothers sometimes but more often they play together, often enough causing delays and frustrations for the mother who on occasion admits she wished

her children were old enough to look after themselves. Young babies were carefully tended to: the ones I observed were hung on a tree branch or fence post well in the shade, and the mother frequently stopped work to feed or change the child. Part of every woman's day includes harvesting sweet potatoes. Using short sticks, women dig down into the roots of mature plants and pick out just enough red- and yellow-skinned potatoes to feed the family. A woman walking home from the garden in the late afternoon often carries up to twenty kilograms of sweet potatoes in a netbag slung over her head, another netbag full of sweet potato greens draped on her head on top of the potatoes, and a child on her shoulders or asleep in yet another netbag.

Overall, women shoulder most of the load of day-to-day subsistence. Bent over almost double under a netbag full of potatoes, potato leaves, and babies, women heading home are often passed on forest paths by male leaders, who carry nothing, but are busy negotiating an important trade in the pigs that the women raise and tend (see Table 1, drawn in part from Handali et al. 1994). Women's negotiations have mostly to do with estimating their daily harvest carefully, for too little could incur the anger of husbands, and too much might appear an open invitation to unwanted guests. Increasingly, some younger women are turning to selling sweet potatoes or crop vegetables such as carrots and corn at the Wamena market, which allows them to earn some income, and buy salt, soap and cigarettes even as they maintain gardens for subsistence production. However, there still remain a number of older women who have never been to Wamena and show no desire to get into a motor vehicle and travel to town to sample the wares of modernity.

Table 1. Division of Labour of Dani Men and Women

Type of Work	Men's Responsibility	Women's Responsibility
Open new gardens	X	
Build fences	X	
Make garden beds/ditches	X	
Till and loosen soil		X
Plant sweet potatoes/vegetables		X
Weed garden		X
Harvest sweet potato		X
Transport food		X
Raise pigs		X
Sell produce or sweet potatoes		X
Look for firewood	X	X
Look for water	X	X
Cook		X
Child care for children under seven		X
Build housing	X	
Decisions about <i>adat</i>	X	
Decisions about pig killing	X	
Decisions about selling pigs	X	X
Participation in government initiatives e.g. rice paddy projects	X	X

Josephides (1985) has argued that highland men convert excess produce, and appropriate women's labour, to further their status through alliances, gifts, and the accumulation of pigs and wives. She suggests that even when women from important lineages or wives of important men "gain credit or prestige for themselves as a result of the transaction they helped to bring about, they still cannot turn this to political advantage at the level of group leadership" (Josephides 1985:291). In short, men and women have differential access to the arenas of competition, not solely through appropriation of labour but through symbolic and sociopolitical ideologies as well. This argument is convincing in terms of the agricultural transitions in the valley. Modjeska (1982) has shown, for example, that ideologies about gender roles can be heightened in agricultural zones of intense production. As forest zones are depleted, the importance of agriculture increases along with population density due to migration:¹ these changes place pressures on the production of subsistence foods in gardens and pressure on men to ensure that women produce enough food for their household: "instead of nature as the subject of their labour, garden work places women within a domesticated production site" (Modjeska 1982:69). In that women sustain heavier physical work loads and in that both subsistence and prestige produce are appropriated by men, one potential source of antagonism between men and women lies in contemporary patterns of production.

Marriage Patterns and Social Organization

Division of labour tells only a partial story, however, and cannot describe the multiple interlinkages that weave men's and women's lives together, notably in the arena of symbolic constructions. Though apart for most of the day, and rarely alone, men and

¹In-migration from the Western Dani has a significant impact on household production and consumption. For example, in the house of Oskar Hubi, over the course of four months three guests stayed with Oskar and ate produce that Oskar and his wife produced (either purchased or harvested). One of the guests moved in with Oskar's brother and became a long-term household resident who had to be fed but who made no contributions to garden work.

women live interdependent lives, and each has methods of controlling and constraining the other.

This complexity was brought home to me one day, about four months into my fieldwork, when I squelched through the never-ending mud to meet my friend and research assistant, Lina Matuan, to begin a series of formal, private conversations which opened my eyes to women's perspectives on social life and to their perceptions that the constraints on their behaviour come from many domains, not just from the division of labour. Lina had gone to her garden early that morning by herself and had already put in four or five hours of work to be back in time for our scheduled meeting at noon. Her *noken* (netbag) full of sweet potatoes tucked away against the wall of the cookhouse, she sat in front of her fireplace making a new *noken* out of store-bought red and blue string. She shooed her youngest child outside to play, and we began work together in her temporary capacity as my "assistant," a status she attained after her husband Benjamin negotiated her daily wages and argued for benefits (free cigarettes). Young enough to speak Indonesian well, but old enough to have had portions of her fingers cut off to commemorate dead relatives when she was a child (a practice banned in the mid 1960s), Lina has five children; remarkably, all are alive and Lina has attained an age from which she can speak with confidence about what she knows.

Women are restricted through marriage rules, Lina said, and must work hard to forge supportive relations among distant kin and frequently unfriendly compound cohabitants. Lina, like every Dani in Kuliama, belongs to several different social groupings—from political alliances to household—but her patrilineage defines who she can marry and where she lives. A "patrilineage" is a term used by Peters (1975) to describe close-knit members of a clan, living in proximity to each other, who share responsibilities for ancestor rituals and for debt assistance, in short, people who can be counted on to help out on the basis of close personal ties ("sib" in Heider 1970; "parish" in other highland ethnographies). Lina is from the *waya* moiety, and is married to a Kossay, a man from the

weta moiety. Lina lives far away from most of her clan relations: like many women in similar situations, she feels lonely most of the time.

In addition, when Lina was pregnant with her fifth child, her husband Benjamin suddenly married again. The jealousy between Lina and her co-wife was intense. Lina felt betrayed by Benjamin, who had promised her he would never take on a second wife, and whom she felt did little to help her raise her five children, being so busy looking after his second wife's family and their needs that he neglected hers. In situations of polygyny, it is apposite for a man who has more than one wife to provide a firepit and a sleeping house for each wife. While not all men have as many women's houses as they have wives, wives always have their own firepit in the cookhouse. They thus have the power to invite individuals to whom they feel responsible--their children, nieces and nephews, members of their clan, their husband's kin--to share food, warmth, and company. Lina and her co-wife hold court over pits that are placed as far away from each other as possible. As she told me about this sad but typical situation, Lina continued making her netbag, smoking cigarettes and occasionally poking about the coals for the two small sweet potatoes she was cooking up for us. "I'm too old to run away," she said, "and not pretty enough either. I'm stuck with a bad husband and a co-wife who has *netai-egen weyak* (a horrible personality)."¹ In other words, ties by marriage bind a woman to her husband's household and to her husband's clan, and if the ideal of maintaining a close relationship with her brothers and their children does not work out, then a woman must rely on a husband who does not necessarily provide support to her. Invariably, "it is always with a group of men that a woman identifies herself" (Reay 1959:182).

Marriage patterns generally conform to the following 'rules' (adapted from O'Brien 1969b): everyone should marry; girls should marry at a sufficiently mature age ("when her breasts are like papayas," said one informant); polygyny is prestigious and desirable; men

¹Personality is associated with the *etai-egen*. Dani will call someone with an unpleasant personality *netai-egen weyak*, or occasionally as having a "blocked" soul through which sweet potatoes and other foods ingested through the mouth cannot pass.

should ideally marry into their mother's clan; and marriage must occur with a member of the opposite moiety. Although marriage is preferential rather than prescriptive, there are no cases I know of wherein people of the same moiety married. This taboo also applies to sexual relations within one's moiety, but this and other prohibitions apparently are frequently broken. I heard of several tales, and I listened to a couple of accounts of people who had committed incest in a situation of adultery. What one hears and what might have happened, however, are two different tales. In a society grounded in talk as a means to create social worlds and impose power (Brison 1992), people talk about adultery and incest partly as a means to communicate sentiments about something else entirely. And yet, there is so much talk that I suspect that extra-marital sexual activities, within one's moiety or outside of it, occur with something approaching the regularity with which these activities are talked about.

Like murder, incest will out. Many people confess to having committed incest, although usually not until a significant amount of time has passed. The need to confess occurs when an adulterous person, male or female, assesses that health, gardens or family well-being have come under threat. The actor links current problems with her/his past incestuous behaviour and obtains forgiveness through the ritual *ima wusan*. Again, the act of confessing does not necessarily mean the confessor engaged in sexual activities, but the presence and frequency of a ritual designed to absolve guilty parties suggests a link between talk and action. *Ima wusan* is a ritual of considerable importance to the overall structure of rituals designed to enhance good relations with the ancestors (van der Pavert 1986). Unnoticed by Heider and his colleagues in the early 1960s, the ritual was "discovered" by the Catholic priest Frans Lieshout in 1966. Van der Pavert (1986) produced a small monograph on the confession ritual which caused somewhat of a furor in the small community of Dani scholars, as Heider had stated that "moiety exogamy is strictly observed," that sexual energy was low, and that extramarital incest was extremely rare (Heider 1970:72; 1976; 1993). Lieshout and van der Pavert's documentation of an

elaborate, public, and relatively common ritual directly challenges Heider's conclusions (see Heider 1988 for discussion).

If extra-marital sex and incest are as prevalent as the Dani say they are, then it calls into question the nature of the Dani postpartum sex taboo. The Dani have become famous in anthropological circles for observing up to a six-year withdrawal from sexual activities following the birth of a child, the longest period of abstinence found in ethnographic literature. Heider has proposed that "postpartum sexual abstinence is not just an ideal norm; to the best of my knowledge it is actually observed" (1970:74). Male Dani equanimity in the face of putative biological urges led Heider to propose a "low energy" sexual system, with little pre- or extra- marital sex, and little sexuality in symbolism that corresponds with what he terms a "low intensity" culture overall: "Dani sexuality is remarkable not for its form, but for its [lack of] intensity" (Heider 1992:4; Heider 1976).

In direct contrast to Heider's argument, men and women I knew well told me, through gossip intimations and through informal conversation, that they think about sex, like to have sex, and try to have sex as much as possible. They also assert that the postpartum taboo is ideal, but that frequently it is not observed with much rigor. The *ima wusan* ritual formalizes penance, but does not proscribe chaste behaviour. As one friend said when I asked him to tell me who attended the most recent *ima wusan* ritual in Kuliama, held in 1993, "lots of people came. Of course I don't know exactly what people have done, but there are always a lot of people there."

One way for men to get around sexual rules is to acquire as many wives as possible. Having many wives means a man is more likely to be able to engage in sexual relations in the prescribed way. Polygyny is sanctioned and most men and women, excluding devout Christians, are willing to participate in a polygynous household. Polygyny is a male status symbol, again excluding baptized Christians, and marks a man as able to fulfill his exchange obligations to his and his wife's kin, and as able to maintain a household that is healthy and prosperous. Table 2 shows that 63% of married men in

Kuliama have more than one wife. Of the seventeen men who have one wife, I know six well enough to attest that conversion to Christianity and baptism made them choose a monogamous marriage. If those six Christian households are excluded, it can be argued that at least 73% of Dani men have more than one wife.

Table 2. Number of wives of Kuliama married men in 1995

Status	Number	Percentage
One wife	17	37%
Two wives	13	28%
Three wives	8	17%
Four wives	5	11%
Five wives	1	2%
Six wives*	1	2%
More than six wives*	1	2%
Total	46	99%

* Clan and alliance leader

I knew several youth who wanted to be married but were not able to draw together the brideprice payments, and I knew of two men who were now without a wife. The first had become mentally unstable and had lost all three of his wives; the second was of very low status (e.g., had no pigs, no gardens, and therefore little political influence), had had two wives run away from him, and seemed unable to obtain a third. Otherwise, all adult males were married. The Dani pattern of ongoing polygyny sets the Dani apart from most groups outside the central valley core (in the south Baliem, the north Baliem, the Yali and the Western Dani) who have come under the influence of Protestant or Baptist missions advocating the total destruction of previous cultural values, rituals, and ritual objects (see O'Brien and Ploeg 1964 for an early example). In contrast, the Catholic church in the central valley has taken a dualistic approach: traditional ancestor belief may survive, as long as Catholic adherents recognize that the Christian God rules over all people, including ancestors. This approach has been well-received for it allows the inward-looking and self-

sufficient Dani to adopt Christianity without abandoning the belief that ancestors rule everyday life. A man may call himself a Catholic, say he believes in God, and still have several wives. Catholics in the valley also continue to throw huge funerals where guests consume up to fifty pigs. For example, organizers of a feast celebrating the opening of a new Catholic church just outside of Wamena killed over two hundred pigs for the three thousand guests that attended, a display of conspicuous consumption much maligned by Protestant development workers and less wealthy Protestant Dani from the valley fringes (see Figure 11). Thus, the Dani remain the only group within a thirty kilometre radius of Wamena to actively practice polygyny, to possess large numbers of pigs, and to have significant amounts of wealth (a large pig sells in the Wamena market for about \$500 U.S.). Polygyny most clearly defines the valley Dani as different from those on the outside.

Brideprice payments have changed little since 1960s reports. Men can still purchase a wife for an average of five pigs, but this pattern may not last long. In Papua New Guinea, Marksby (1993) has described how the influx of a cash economy in Papua New Guinea dramatically altered brideprice payments, types of obligations to affines, and the ability to keep marriages within village or regional networks, from "a decreasing significance on *who a potential mate is* (kin-oriented considerations) and an increasing significance placed on *what a potential mate does or can do* within the context of a cash economy" (Marksby 1993:9, emphasis in original). Enormous cash brideprice payments and wealthy migrants seducing village girls into running away to the capital characterize marriage stories in contemporary Papua New Guinea. In contrast with some recent cases reported from Papua New Guinea,¹ the top price I have recorded of fifteen pigs paid by a clan chief for a wife (about \$3,000 U.S.) seems wildly conservative (cf. Filer 1985; Jorgensen 1993; Zimmer-Tamakoshi 1993). Baliem valley Dani, who live in the most commercial and developed zone in the Irian Jaya highlands, continue to engage in marriage

¹ Filer cites an example: "kina 10,027 in cash, 1994 armshells, 183 bags of rice, 103 bales of sugar, 100 bags of flour, two pigs and other foodstuffs" (Filer 1985:175).

patterns that Pflanz-Cook (1993) described as already on the wane in a remote region of the Australian New Guinea highlands by 1962. Men in the Baliem valley continue to describe wives in terms of their contributions to food production and procreation, not their cash value:

We pay a lot for women because they have high value. They have high value because they know how to work and they make children for descendants. If you pay for her well then she will provide for you well. This payment gives you the right to come in and say "aduh, I'm cold make me some food" because this is what you paid for and the woman has to be responsible for that. They make children for you to give your inheritance to.

Few Dani have gained positions within the low-paying Indonesian bureaucracy, and almost none have been able to take advantage of economic opportunities outside their community, with the result that there are no wage earners to speak of who can afford to pay hyper-inflated prices. Polygyny remains prestigious; girls continue to marry primarily through the *epe ago* feast, closely linked through their participation in this event to ancestors, the value ancestors place on the acquisition of women, and their role in the reproduction of the clan.

In sum, local values of kin and marriage, particularly what Gelber (1986) calls an "ideology of gerontocracy," hold that men value women as status objects which they can acquire through marriage in order to stabilize their political alliances. While men state they love women, need women, and appreciate women, they do so within limited ideals of acceptable behaviour. Thus when men invoke the saying, "women are like the veins that hold the blood; if they burst we die," or "women are like a forked stick that holds up a tree," they are talking not only about men's dependence on women to reproduce and to nurture, but they are also referring to her inalienable position as producer of food and tender of pigs. Men also angle to decide the marriage outcome of their daughters and, in some cases, their sister's daughters. They do not take the young woman's desires into account, but rather decide on the basis of alliances and, more frequently, on the porcine wealth of the prospective suitor. Thus women hold high value, and have a well-defined and

an acknowledged crucial role to play in social life, but they do so within cosmologies that insistently places male political goals over the well-being of women.

"Runaway Wives" and the Demographics of Marriage

This last section looks at changing marriage patterns and ways that women attempt to create worlds in which they have some power. In particular, I review the phenomenon of "runaway wives" that is currently giving *adat* leaders such cause for concern (see Figure 16). I also suggest that technologies of pacification, allowing women some freedom to move, and technologies introduced by the nation-state, such as free birth control, function as dividing practices that dissolve older cultural practices even as they reinforce divisions between genders. Overall, new technologies give women more power to worry men, without women necessarily being able to alter the structural conditions of their lives.

Despite abundant mention of runaway women in earlier ethnographies of highland societies, there is little analysis of women's actions. Scholars do not describe this act as a social "problem," as Dani men lament today. Reay (1959) briefly mentions that unhappy women will run away or even kill themselves. A high rate of elopement is reported for the Maring (Brown and Buchbinder 1976:7), and LiPuma (1988) notes a divorce rate of 32% for just-married couples among the Maring. Langness (1969) notes that 35 to 50% of brides attempt to escape at least once in their married life, and he suggests that the stronger-willed the young bride is, the more likely she will get what she wants. Strathern (1972) notes that women can confound their husband's exchange plans by instigating a divorce. Meigs also reports women running away among the Hua: "if women ran away they were allegedly trussed up on poles like pigs and returned to their husbands" (Meigs 1984:15; see also Gelber 1986). If running away is such a universal option for highlands women, a gendered response is suggested that offers power and options to women who are constrained from acting in many other ways. Running away also interferes with men's

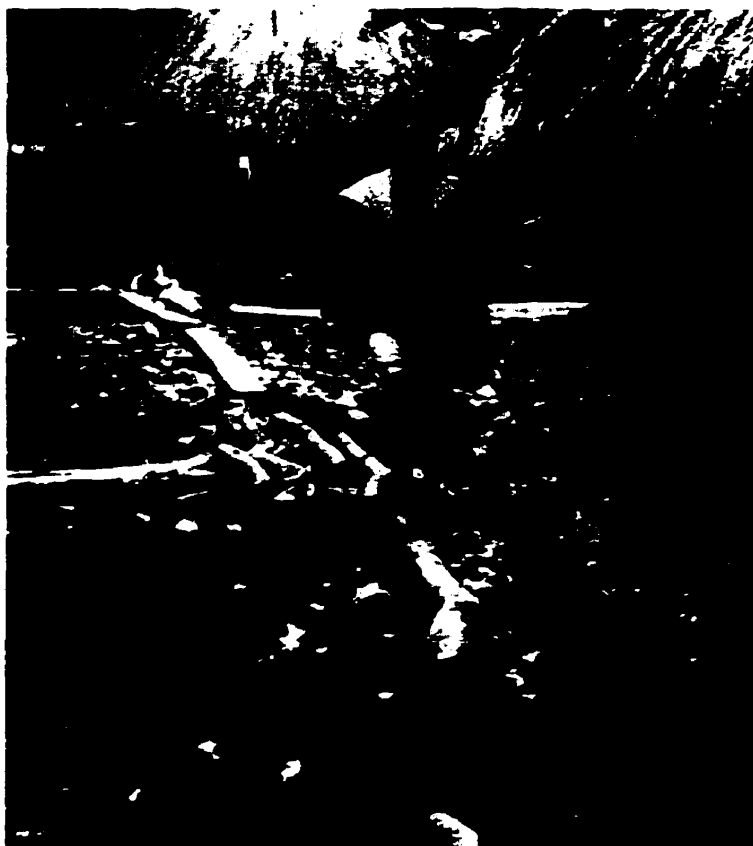


Figure 15
Abel Hubi leaves his *silimo* during the rainy season. This *silimo* houses the sacred remains of ancestors of the Hubi clan and is a key *wesa* (sacred) site in Kuliama.



Figure 16
A "runaway wife" goes to village court to ask not to be sent back to her first husband. He is sitting in the striped blue shirt in the middle of the room; the second husband is seated against the wall to the right. The Hubikossy village head judges after listening to the case that the woman has to return to her first husband. "A few hits, what is that?" the head said, "not enough reason to leave a man."

status-driven negotiations; a wife who runs away late in the stage of brideprice payments can complicate relations between men significantly.

Instead of focusing on women who run away from marriage, scholars have tended to study female suicide¹ instead, seen by some as an effective resistance strategy (Counts 1984b; Johnson 1981; but see Zimmer-Tamakoshi 1993). However, because it is more common and because it is a strategy available to many, I argue that running away deserves attention as a possible attempt to subvert the control men have over women. Among the Dani in 1995, and as shown in the story of Imare, Lucia, and Paskalis below, running away involves more than the escapee, it requires a lot of negotiation, and it causes community distress, costs a lot of money, and takes a lot of courage and no small measure of cunning on the part of an escaping woman.

The following tale of two runaway wives illustrates some of the complex relationships that running away sets in motion.

A young and intelligent man named Paskalis found himself in a bind in April 1995. A woman named Imare had run away to him, leaving her husband, an influential alliance leader, who she said beat her and treated her poorly. One of seven wives, she refused to return to her husband, even though Paskalis was not sure he wanted to take on an additional wife. His first wife, Lucia, was adamant she did not want to share her husband and her cookhouse with a second wife. In addition, Lucia and Paskalis were baptized Catholics and as such had taken a vow to monogamy. They had been using birth control for about four years, and thus engaged in regular sexual relations from the time their daughter was two years old.

Imare refused to leave, however, and when her first husband tracked her down it came out that she and Paskalis had engaged in sexual relations at the opening of the Catholic Church near Wamena four months before. Paskalis then decided that he would pay the brideprice to Imare's former husband, along with the fine of one pig for adultery, and acquire himself a second wife. Imare was not cheap, however, for her first husband was a prominent tribal leader and had paid eight pigs for her. Thus nine pigs was the price he set for Paskalis to pay.

What could have been a straightforward payment of a brideprice of nine pigs became a local problem and the source of considerable antagonism. Unlike

¹In Kuliama, one case was brought to village court over the past four years (vs. four cases in Counts 1984b, and five in Johnson 1981). This well-documented case of female suicide in 1991 resulted in a formal hearing at the *hukum* (indigenous court) in Elagaima, where the payment compensation to the parents of the drowned woman amounted to more than twenty fair sized pigs, more than twice as much as was accorded to the relatives of a murdered man the same year (see Counts 1984b for similar settlement). Thus, when women commit suicide, husbands have to pay an enormous fine and the community ostracizes them. Women I talked to about the court case said the victim killed herself out of despair at her husband's beatings, not out of some desire for delayed revenge.

many youth, Paskalis had money in the bank because he had carried through an entrepreneurial garden project that net him enough cash to purchase a couple of large, impressive pigs, at \$400 U.S. apiece. He had to wheedle several small pigs from his first wife—who had no real choice as she handed them over but who lectured him nonetheless about his wisdom—and cajole another from his mother, who also reluctantly complied. He topped these off with another purchase of two smaller pigs at \$150 U.S. apiece, and a small suckling pig to pay the fine for adultery.

When Imare's former husband gathered with all his kin to argue out the details of the transaction, he was shocked at the small size of the pigs being offered. He declared the brideprice payment to be inadequate. He then left, with all the pigs in tow, Imare unwillingly escorted along behind, and the dispute still unresolved. Imare promptly ran back to Paskalis the next day, and the first husband, along with many of Paskalis' neighbours, decried Paskalis for his bold attempts to weasel out of a full brideprice payment and still keep the wife.

After four days had passed Paskalis' first wife Lucia ran away to Wamena. Paskalis was preoccupied with his loss of honour in the face of the failed purchase of his would-be-wife, and once he was informed that Lucia had not run away to another man, but to Wamena itself (engaged in prostitution, rumours flew) he did not give her chase. Lucia claimed she left him because she discovered after the fact that he had given away the *adat* pig (the special pig kept for the *epe ago* feast held every five years) in building his brideprice payments. Lucia felt that was a high risk thing to do as it would anger the ancestor spirits and make her daughter sick. Lucia was mortified that he did not go to Wamena and bring her back, but she was given an honourable way out when Paskalis did an unprecedented thing. He took his second wife to the airport, bought the two of them a ticket to the coast and they disappeared from the valley. Lucia and others in the village could thus categorically say that Paskalis had clearly lost his mind.

Runaway wives have become, according to tribal chiefs, the village head, and Indonesian government officials, the "number one" social problem in the valley today. As Table 3 shows, runaways and assault/rape cases make up almost half of all village-level legal disputes. Many more cases do not make it to this official level but are resolved between clan and confederation chiefs. Other cases never make it to any legal body at all. Women do run away, but they are often hauled back by their husbands and beaten. I witnessed one man who trailed behind his four wives who were walking home single file. He beat the last one every ten or twelve steps. When I questioned him a few months later, he said that she had run away for a day and almost certainly had committed adultery during that time in his estimation, and therefore, he punished her publicly so everyone would know that she had tried to misbehave but that he had prevented it.

A runaway wife that requires legal action can be defined as a woman who leaves her husband, either for another man (most cases) or to return home to her parents. In these situations, men have to negotiate the return of brideprice payments. The term "runaway" is a carryover from warring times during which a woman who wanted to leave her husband literally had to run quickly in order not to get killed by her vengeful husband or his relatives. Nowadays the term still applies, for women do run, often just before dawn, and disappear for a time in order to escape the wrath of husband and kin. Only when families have come to terms with the disappearing woman and tempers have cooled will the woman's new husband appear to claim his new wife and proffer brideprice payment.

Table 3. Type of problem resolved at Hubikossy village office legal court between February 1993 - February 1995

Problem	Number of Cases	Percent
1. Runaway women	22	28%
2. Rape and other Assaults on women	11	14%
3. Pig theft	10	13%
4. Garden vandalism	79%	
5. Fighting	79%	
6. Theft of money	56%	
7. Relatives inadequately cared for	56%	
8. Other theft	34%	
9. Widow marriage problems	34%	
10. <i>Honai</i> (house) or forest fire	22,5%	
11. Killing	22,5%	
12. Suicide	11%	
13. Death	11%	
Total Cases	79	100%

Status issues for women such as Lucia and Imare are brought into sharp relief by the concern over runaway women. Running away is a defiant act meant to challenge existing status imbalances that needs to be seen as an expression of women's power as well

as an expression of real powerlessness. Running away can alter relations; it can scare men into behaving with propriety and can provide women with material goods, a gentler new husband, or temporary respite from hostile affines. And yet, men do not run away from women, only the reverse, and thus the whole construct of "running away" connotes a high degree of powerlessness on the part of women. As Zimmer-Tamakoshi (1993) recently argued, acting out by women should not be seen as resistance but as reactions: resistance implies agency and deliberation, words that do not apply to women constrained by cultural beliefs, domestic violence, and economic marginalization. The act of running away does not undo the structural constraints that bind women. Thus Imare could only actually run away to another man, to assume the same role—garden producer, co-wife, tender of pigs—in another compound. Lucia, in running away to Wamena, was breaking normative codes but in such a way as to ensure her reduced status and to make it difficult for her to find herself another husband, if local condemnation for her actions in Kuliama are anything to go by. The small number of women who engage in prostitution in Wamena undoubtedly signal future directions for women's work options but, as Zimmer-Tamakoshi (1993) and Hammar (1996) demonstrate for Papua New Guinea, changes in sexual practice do not necessarily transform gender inequities.

Analytic Summary of Women's Status

In the previous sections, I argue that men seek to control women's lives and, overall, succeed in doing so. What little opposition women put up exists within cosmological, structural, and symbolic constraints that, in the end, give women little real room to maneuver. In a model derived from the work of Herdt, Feil, and Sanday, Knauff (1993) has suggested that scrutiny of the five following arenas allows researchers to assess the relative status of women:

1. women's sexual and marital choice;
2. female acquisition of and control over culturally valued property;

3. female participation in public affairs and ritual celebrations;
4. incidence of female pollution beliefs and of disparaging images of women; and
5. incidence of wife-beating and domestic violence against women.

Following these categories, I have constructed a chart which summarizes how the Dani might be ranked in each of these arenas. Summarizing the data in a condensed format provides support for my overall argument that women have few options. A "high" ranking means that, relative to other highland women, Dani women appear to fare better than others; a "low" ranking women have less control than do most other highland women:

<u>STATUS INDICATOR</u>	<u>COMPARATIVE RANKING</u>

1. Women's sexual and marital choice:

Medium

Increasingly, women can choose their own partners, particularly if parents subscribe to Christian values. However, even so-called "modern" parents still select mates for their daughters. Peters (1975) says women are free to choose their own mates but Heider (1970) contradicts this and based on the evidence from 1995, Peters may have been discussing results from a sample influenced by Christian beliefs. As the financial side of brideprice increases its hold on the relations of marriage, women may end up with even less choice about who they marry. At the same time, education, roads, development projects and the crucial pacification of 1977 has allowed women unprecedented freedom to seek mates beyond the confines of the village or the alliance. Access to effective birth control through government initiatives has increased women's sexual freedom, but women continue to act within normative relationship models.

2. Acquisition and control over culturally valued property

Low

Women control netbag production and distribution. They can make the special *su* netbags for *kaneke* rituals. Women rule the garden, and their production and distribution of sweet potatoes is crucial in all celebratory rituals. The sweet potato is also valued as highly symbolic food. A woman can gain power by withholding sweet potatoes from her menfolk if she is angry or by displaying fine specimens, thereby gaining status during funerals, weddings, and other large feasts. However, women have almost no control over distribution of pigs. Boys are always given a pig to raise as an early childhood chore, whereas girls are not. Women are also forbidden from seeing any of the sacred *kaneke* ritual objects and have no role in their safekeeping. Thus since successful storing of *kaneke* ensures prosperous gardens, control over the ritual objects holds status, not the work the woman puts into it. Nonetheless, women can raise money by selling garden produce at the market, this is having a minor effect on relations of power in the household.

3. Participation in public affairs and ritual celebrations

Low

Women play very small roles in all levels of ritual celebration. The first day of a funeral, women have the important function of crying loudly so as to let the ancestors know of the depth of their grief. During weddings, women play an important role exchanging netbags between newly linked kin (see also Lederman 1986). The bride must receive netbags and women have the job of carrying the pig carcass gifts to the bride's new homestead. Older women maneuver for rank at these exchanges. However, women are not involved in decisions about warfare, alliances, formal village negotiations, ritual events or the nature of the rituals and are not privy to any secret names of ancestors or techniques of *epe ago* or *kaneke* ritual. In other highland societies, women can participate actively in the vaunted sphere of exchange (e.g. Strathern 1972; Lederman 1986); among the Dani, however, women's role appears that of helper, of facilitator of husband or brother's exchange.

4. Incidence of female pollution beliefs and disparaging images

Medium

Among the Dani, women are potentially dangerous because they can pollute food and spaces, and because their polluting abilities can carry over to the spirit world and affect the outcome of rituals for ancestors. Compared to other highland societies, however, pollution beliefs are moderate (cf. Meigs 1984; Lindenbaum 1976; Biersack 1983; Poole 1981, 1985; Godelier 1986; Gillison 1993). Unlike many other highland societies, women do not go to a special menstrual hut but instead remain in the cookhouse when they are menstruating. Women tend not to prepare food for their husbands while menstruating. A woman will not step over the netbag in which she places her child or sweet potatoes for she can pollute both of these. Finally, a woman is not supposed to enter men's houses, because they are a sacred place that she may pollute, but increasingly this happens (Heider 1988). In short, while pollution taboos are present, they are not inviolable. Faithorn (1976) calls attention to male polluting abilities: Dani men have the potential to pollute as well. Semen can pollute breast milk—this is arguably the most important pollution belief to shape everyday Dani life.

5. Incidence of wife-beating and violence against women

Medium

Women seek men who treat them kindly and do not display violent tendencies. Nonetheless controlling women through violence is an accepted way to negotiate family relations. Dani of both sexes say that women who do not behave well, who run away or who commit adultery put themselves at risk of getting a beating. Observations in 1994 suggest male aggression towards women is high (note incidence of rape in Table 3). On the other hand, some men are known as quick to anger and have difficulty getting a wife because they beat them. Wife-beating has been disparaged as a social problem by the church and by development agencies; the discourse on the issue appears to shape perceptions of what is inappropriate behaviour. Attitudes towards wife-beating often reflect the extent to which a person participates in the market economy and in development initiatives. Thus incidence varies along a continuum defined by the status of the man in question, by the behaviour of both husband and wife, and by their degree of commitment to an introduced morality.

Little in the summary of gender relations suggests that Dani men or women are particularly "peaceful" people, as Heider proclaimed on the basis of his 1960s research (Heider 1988). Women regularly try to challenge their low status position and the ideological arguments that seek to keep them there, but they achieve only small pockets of success. That women are running away in epidemic proportions suggests that women are slightly freer to assert themselves than they were in times of warfare. The Indonesian presence offers some resources for women: free and easily accessible birth control; positions of responsibility for Indonesian women in government offices; and an increased freedom of movement brought about by the cessation of warfare in 1977. Before this transition, boundaries set by dangerous no-man-zones between alliance groups and tight control by kin meant that young girls could rarely stray from the watchful eye of their female kin. As one older woman said, "Before, if you wanted to run away you had to be very bold, and very fast. If you weren't careful you could get killed or your old husband could start a war. Now it is easy, everyone does it." Overall, I suggest that women's status ranks as *medium*, neither appreciably higher nor lower than other highland societies. Data from this brief survey suggests that women's status has improved slightly over the past 30 years with the freedoms gained through birth control, education, and cessation of warfare and that many women are strong and assertive. As a result, men worry more than they used to and place increased energy on *kaneke* rituals in an attempt to retain control over women's behaviour.

Conclusion

Women struggle within the confines of systematic practices and symbolic formations that men define and sustain. Relations have been shaped by trade, exploration, and contact with newcomers. The study of gender relations in the Baliem valley

demonstrates the force of cosmologies as they interlace with new ideas, competing sources of power and processes of everyday life.

Within the analytic frame of gender relations, it is hard to imagine that Dani men and women would find each other congenial enough to want to have children together. And yet they do; men and women make children who thrive in the love of their parents. Men and women work together in a spirit of complementarity and cooperation to make and raise a child. Complementarity, however, does not entail relations devoid of power.

The discussion of beliefs about procreation, conception, and birth that follows in the next chapter shows ways that couples work together to make children. As the data suggests, gendered antagonisms and animosity are tacitly recognized generalizations that play a key part in local relations and knowledge surrounding infants. However, when analysis moves down another notch to a focused attention on the symbolic attributes of infants and their meaning in the context of social relations, we find in infants a place where practices and tacit assumptions are both unproblematically made and instantly contested. Using data drawn from the men and women of Kuliama, I argue that the body of the infant is linked to social relations. Thus I focus on the conception, birth, and early care of infants as a lens through which to view the dynamics of family relations and the power relations involved in the production of infants in a community setting. Through their powerful physical presence, infants generate consequences that reverberate from the body of the child out through the parents and into the clan, the household, and ultimately to the level of the alliance.

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; Knauff 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)¹.

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 "raw material,"

¹ 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).

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.¹ 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 women. Nuance and analysis with respect to infants are the domain of women, however, and it is their voices that are privileged here.

¹Data obtained through the 25 UNCEN-WATCH research project interviews also supports these theories of procreation and childbirth.

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.¹ In one example, a skinny and sickly ten-month old girl, pale-skinned and big-bellied, had a sickly body according to her

¹Most 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)

parents and other adults from her compound because mother and father could not sleep together the full complement of times.¹ 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.² 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 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."

¹While 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.

²In 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.

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. 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).¹ 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

¹Jorgensen (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.

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 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 breast-feeding.

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 her¹. 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

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:

¹ 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.

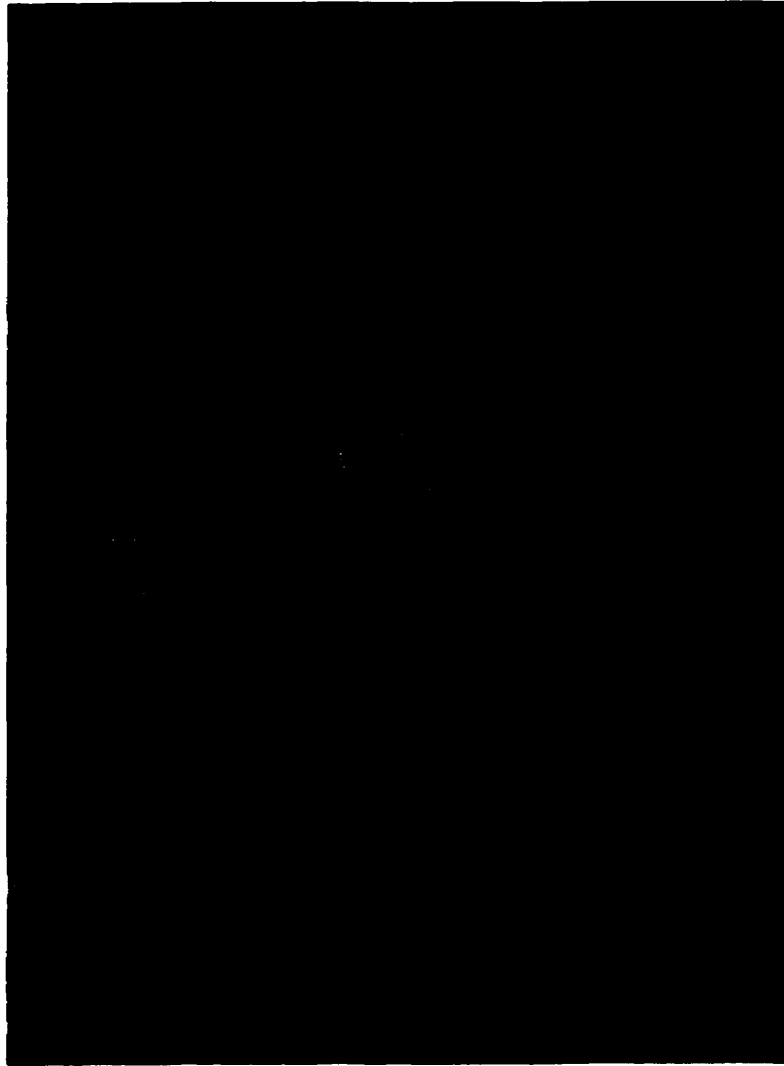


Figure 17
This child reflects ideals of plumpness.

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
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.

Chapter V

Negotiating Infant Death

"No single vision can account for everything...All grammars leak"
Trawick 1990:200.

Maria is a girl of about fifteen who left the village of Kuliama to board at the Catholic Ashram and attend high school in Wamena. She got pregnant and had a baby girl. Not only did she not go through the *hotalimo*, a ceremony signaling that a girl's menstrual cycle has begun, but she did not even marry through the region-wide *epe ago* festival held every five years. To add insult to injury, her soon-to-be husband Fredy made no arrangements with his potential in-laws to marry Maria and to arrange to pay the brideprice payment that they set.

Once the baby was born Fredy did set off and try and gather together the money, or to call in obligations, to line up the five pigs needed for the brideprice. Since he was young, and did not have the full support of his parents, whose generosity can make first marriage payments relatively easy for a youth, he came back empty-handed. The child got sick and Maria brought the baby to her parents where they performed a healing ritual. There was no need to seek medicine because all involved knew why the baby got sick. Maria's parents were ashamed because *adat* was never completed, and "when we are ashamed like this, all kinds of things can go wrong: the birth can be difficult, the child might be born defective, the mother could die or get a sickness, the baby can die, or someone else in the family could die. So every family has to make sure that the *adat* is all ready before the woman gives birth."

Maria's baby died, to the surprise of no one, about six weeks after birth because, according to everyone I talked to, Maria and Fredy broke too many ritual codes: "the child died because *adat* was not ready. If *adat* is not ready the child can get sick, the child can die." A teenage friend of Maria's linked the infant's death to ritual actions: "she was still a girl, never made a woman, and so the baby died. Fredy never paid his brideprice, and so the baby died." Maria searched for an etiology: "She got *sakit kepala* (headache), her body was all hot and her head throbbed at the temples. The ancestors in their anger shot at her with an arrow which pierced the veins inside the baby and made blood go everywhere inside the baby's body. Blood fills up the head and the baby dies. The situation is hopeless.

This chapter extends arguments set out in chapter 4 about fixed and variable qualities of the infant body. In a study of local analysis of the very young, I distinguished between qualities of the infant body that fall into the realm of the certain (the placenta, the regularities of the birth process) and qualities that remain uncertain, conditional, and variable. These include growth, health, and deviations from locally understood patterns of

normalcy. In this chapter, I look exclusively at qualities of the infant that fall into the realm of the uncertain and show through tales of infant death how interpretations of misfortune remain strongly grounded in these uncertain aspects of infant growth. As in the above tale of Fredy and Maria, where the infant's sickly state validated local understandings about ancestors, Dani men and women constantly seek indications of broader political realities in the infant's development.

I argue that an effective way to understand the intersections between the infant body, politics, and local interpretations of infant death is through the power of talk. This focus on words and silences complements the argument of Nations and Rebhun (1988) that there are many factors that affect how parents cope with infant death. To disease patterns, healers, beliefs about life and death, religion, emotions and affection, I add the power of talk. In the above tale, Maria and Fredy did not come to the conclusion that ancestors shot their child with an arrow all by themselves. Judgments about the infant death were *negotiated* among close kin, and were confirmed not only through knowledge of malevolent ancestors but also by Maria and Fredy's failure to conform to norms of comportment.

One way certain events come to be seen as the cause for infant deaths is through cultural practices that coerce and control. In this chapter, I focus on "local systems of knowledge embedded within particular institutional hierarchies and production processes" (Young 1993:118), ideological systems that serve important interests and that work as a tool to "subvert or devalue rival ideas" (Young 1993:116). In the Baliem valley, I have already discussed how marriage patterns, division of labour, and bodily understandings can be seen as cosmologies partially defined and reinforced by men. In this chapter, I show the role these cosmologies and institutions play in assigning meaning to infant well-being. However, I also show how these definitions do not attain the status of unquestioned truths through mere pronouncements by male leaders about causes of infant death. Explanations

and understanding come, in great part, through negotiations about what makes up the ingredients of an event.

Dani society is one where talk makes power (Brison 1992; Brown 1995).

Avoiding the word "decision", which connotes actions taken by a single person, I argue that infants in the Baliem valley are the recipients of "judgments," ones made up by others through words, through analyses of actions, and through gossip. Judgments about infant life and death are "local, contradictory, and fragmented" (Lutz and Abu-Lughod 1990:10; Brison 1992). Judgments become local "truths" in a manner consistent with the acts of "discourse" in the Foucauldian sense as "practices that systematically form the objects of which they speak" (Foucault cited in Lutz and Abu-Lughod 1990:10). Talk about babies occurs within the arena of emotional discourses; that is, ways of talking that are "pragmatic acts and communicative performances" (Lutz & Abu-Lughod 1990:11). The accumulation of words, however, ultimately forms locally believable realities and these tend to reinforce existing relations of power and inequality (Watson-Gegeo 1990; Atkinson 1989; Brison 1992; Bledsoe 1993; Battaglia 1995a). In short, talk about infant life and death constructs and reinforces Dani ideals and behaviour.

The following stories show how infants exist at a site of evolving meanings and how health outcomes are negotiated outcomes. In focusing on individual tales about babies and the ways actions are perceived by others, I highlight the context-heavy nature of decisions made about babies. In placing emphasis on interpretations of a baby's physiology, I describe what the Dani rely on as one key source of decision-making. Finally, in focusing on mortality and abandonment (versus tales of stability and prosperity), I show that infancy is a time of contested meanings about person, gender, and family. I focus on infant death in order to show the power of words, of antagonisms, and of inequalities in shaping the intense and meaningful debates over the difficult, emotional, and potentially fractious reality of frequent infant death.

At no point do I consider that I have done justice to the range of forceful emotions that women and men say they experience upon the death of a child. Death wrenches people from their daily routines and Dani lament the death of infants as deeply as those of adults. Death can also be difficult to talk about, and I acknowledge the exceptional effort that the women and men I interviewed made to talk to me about this topic. However, I work against the notion that an emotional response to death is somehow a more meaningful arena for inquiry than one that examines the complexity of social relations surrounding death (cf. Scheper-Hughes 1992).

By focusing on social relations, I challenge the merit of the hypothesis held in health transition theory and in the work of some anthropologists that people will be more likely to care diligently for their children if they come to expect that the children will survive (Scheper-Hughes 1987a, 1987b; Imhof 1985; DeMause 1974; UNICEF n.d.; cf. Chen et al. 1995). Emotional relations falter or take root depending on demographic realities, the argument goes, and these scholars "infer changes in sentiments and cultural conceptions from alterations in demographic patterns" (Yanagisako 1979:181). Having children that stay alive supposedly allow parents and communities to imbue children with a new, more loving meaning. The work of Scheper-Hughes provides a clear example of this type of argument:

Parents in much of the so-called developing world...understand a baby's life to be a provisional and undependable thing - a candle whose flame is as likely to flicker or go out as to burn brightly and continually. There, child death may be interpreted less as a tragedy than as a misfortune, one to be accepted with equanimity and resignation as an unalterable fact of human existence. (Scheper-Hughes 1987a:2)

If this were true, in the Baliem valley where infant mortality sits at 280 deaths per 1000 live births, we should expect a high degree of resignation, passivity, and disinterest in coming to terms with death through negotiated explanations. Yet this is manifestly not the case. Even when a lot of infants die, Dani attribute meaning to the event (see Greenhalgh 1995; Nations & Rebhun 1988). Large-scale funerals are held, parents mourn, and close kin lament the loss. This chapter focuses on the experiences of three Dani women to show the

importance of constructed and contested relationships between the infant body and politics of household and community.

The Death of Hermina's Baby

Although I had seen Hermina Kossay working the village gardens and smoking cigarettes at the bridge where the taxis stopped on their way to Wamena, we did not have the chance to speak until her new husband Julianus, a village officer¹, entrusted her to open up the village office for me one day in December. She was impressed that I, a woman, could simply ask her husband for the office keys, unlock cabinets, and take out whatever papers I wanted. Since Hermina calls herself a modern woman and wants to live the part, she stuck close to me after that in hopes of learning as much from me as I was planning to learn from her. She is not one to trust others easily, however, and only told me her life story in bits and pieces over the next two months. Her hovering husband Julianus jealously guarded her from picking up too many of my "modern" ways by curtailing the amount of time she was allowed to spend with me. However, we got along well and often sought out each other's company when Julianus was working. Hermina was young, energetic, newly married, and determined to maintain her current influential status as Julianus's favorite wife.

In the following edited transcripts from fieldnotes, Hermina revealed bits of herself in small packages. As will soon become obvious, Hermina re-invented and opened herself up for me each time that we talked:

Yes I ran away twice, once from my first husband Otober Hilapok to Julianus Meaga, and once back from Julianus to Otober. I married Otober when I was not yet menstruating and we were married for a long time. We have a girl, Juli, who is school age (about seven). But Otober never worked, he was hardly ever home, never works in the gardens, and he gambles away all his money. He has

¹The government office employed four people: one village head; one secretary; one development officer; and one treasurer. The head and secretary enjoy higher wages (about \$15 per month) than did Julianus (about \$10 per month). These positions confer high status and potential access to more lucrative government programmes.

kepala judi (gambling head) and can gamble up to 100,000 rupiah (\$50 US). Benjamin (the head of the compound where she stayed) said I shouldn't stay with Otober. Since Benjamin had been buddying up with Julianus for awhile, helping him with a garden and once giving him a pig, Benjamin suggested I go with Julianus, so I walked out of the house one day and stood just outside the compound beside Julianus. Otober saw us from inside the cookhouse and he knew I was running away. And so I changed husbands. But Julianus took too much time to pay the brideprice that he owed for me to Otober's family. So I ran back to Otober. Then Julianus paid up pretty quick.

Now I live with Julianus in his new house by the bridge. His two other wives stay in the compound in the back by the river. He won't let them stay with us in the new house. My daughter stays with her grandmother in the old compound with Benjamin. My mother looks after my daughter; it's normal. I look after Juli too; I bring her bits of pork and food and I get her clothes and my mother and Juli come to the new house to visit me here. I'm scared to go to the old house because if Otober sees me there he'll have such a rage in his heart that he might attack me with a knife and kill me. He would be too mad to control himself. Julianus knows this so he has forbidden me to go to my old house anymore.

In this first conversation, Hermina reviews a marriage pattern common to contemporary Dani women. Married young through the regional feast, she was married to a man her parents approved of because he came from a family with whom they had good relations. Even though she didn't have a good marriage, she didn't leave until another situation offered itself that looked more promising. In this case, the act of leaving was orchestrated by Benjamin who was able to solidify a profitable relationship with Julianus through Hermina's marriage to him. Since Julianus' house was close by, Hermina did not feel too badly leaving Juli behind as she knew it would not be too difficult to see her often. It is not appropriate for Juli to accompany her mother to her new home. Juli's blood is that of her father. Julianus, her step-father, and her father Otober are expected to hate each other because both once had the same wife and furthermore because they come from traditionally warring clans. Julianus therefore cannot be trusted to look after Juli, to feed her or to love her as Hermina would like him to: "if he fed her the food would become dry and she would get sick," Hermina said. When Juli visits her mother at her new home she does so carefully, mostly when Julianus is not around.

The second time that Hermina told me her life story was when I was in Benjamin's compound with Benjamin's wife, Lina Matuan. Hermina had seen me head into the

compound and crept in after me, quietly and nervously, and said she wanted to talk with us, but could we please talk anywhere but there? The three of us sat on some dried grass under a tree near the road to Wamena, smoking cigarettes, open to stares but far from prying ears. This is how she retold her story the second time:

Everyone said I was really beautiful when I was young. Otober had a guitar and a radio and a lot of promises that he would pay my brideprice of three pigs but he was just so lazy that his parents didn't even want to help him raise the brideprice. He just likes to *jalan jalan* (walk and walk). When Juli was born I got help and food from all his relatives but nothing from Otober. And he never paid the brideprice properly. After a while I brought the baby down here to Benjamin's place and I raised her alone, she walked alone.

Then Otober came back into my life when Juli had stopped breastfeeding and he wanted to fool around again. A woman is too full of *nafsu* (desire) to say "no" so we fooled around and I got pregnant and I couldn't have an abortion because God watches us and would make me suffer. After eight months I sat down and all this blood came out and I was sick, sick, and Lina Matuan stood behind me and grabbed my waist and squeezed and the baby and the placenta all came out in one big whoosh. But the baby was very small, not healthy, it got sick with a cold, it coughed, coughed for one month and then it died. After it died Otober heard about it and he came back. Benjamin told him to get a big pig for the funeral but he could only find a small one. The day the funeral was over I ran away."

In this second retelling Hermina adds the information that Otober never paid her brideprice and that she had a second child that died shortly before she left Otober for the more prosperous Julianus. Not paying the brideprice, especially when it was set at such a low rate, reflects poorly on Otober. If his parents did not want to help him out it reflects even more poorly. What with Otober's "gambling head" and his frequent absences Hermina had indeed made a sorry match and she appears to have had a harder time than many women of her generation.

In the third retelling, a couple of months later, Julianus had relaxed his hold on Hermina somewhat as he felt less threatened by my influence. He allowed me to go with her to her resting spot under the bridge where she bathes and washes her clothes. We sat on the rocks and watched the river go by as she retold her story a third time. This time, the emotional struggles she went through in talking out her tale were plain to see on her face.

When Otober came and took me away I was crazy about him. But I've figured out he can't stop gambling, he plays around all the time, he can't be free

from gambling, he walks about thinking about gambling all the time. But what was good about him was that he let me be free at parties. I could go to whatever event I wanted to and he wouldn't follow me. It was easy for me to fool around, but he would also go away and not come back for two or three months. He was never any help with the baby, but what else is new?

When Juli was four, I stopped breastfeeding. After that I got pregnant with the second baby, Agustinus. He died when he was three days old. He was almost *lahir mati* (born dead) and so he died very fast. I was sad because at first when the baby was born I didn't feel warm towards him but after a bit I loved him a lot. I was sad when he died. But if there is no hope you have to let the baby die. Once he died and the funeral was over I ran away to Julianus.

Julianus is very strict. He never lets me go anywhere without him, not even to the gardens. He says once I have a child I can go freely, but without a child it's not possible. I have a lot of admirers, at least twenty men from all over the valley want me to run away with them, but since I never get to go anywhere anymore I stay at home and I'm faithful to Julianus. He loves me, I can tell, he can't get me out of his mind. But he pays for this: I get soap, clothes, and lots of cigarettes because he knows if I'm not happy I can run away in a flash. He has to pay, it's the new standard. Before a woman stayed unless her husband didn't pay the brideprice. Now if Julianus doesn't give me any money why then I'll just run away!

Two new and important pieces of information surface from this telling: first, Hermina had engaged in extramarital activities while under Otober's lax supervision; and second, her second child is now described as having been extremely weak at birth and dying within three days of being born. On the first point, Hermina's activities colour other people's perceptions of her. As the village head said of his duties in adjudicating runaway wife complaints: "if a woman runs away once, maybe twice then I'll listen to her and maybe let her live with the new man she's chosen; but if she runs away all the time, fools around, never stays still, then I'll just tell her to go back to the man she's got and to stop making such a fuss." Hermina would fall into the latter category. Behaviour of this type is subject to gossip and sanctions.

On the second point, the inconsistency of Hermina's story suggests that the matter of infant birth and death is flexible. There is no question that the baby was born and died, but in what condition, how long he lived, and why he died are matters up for conjecture and depend very much on who you speak to and what motives they might have for saying what they say.

Tactics of Silence

Which story is true? Or, which story is more true than the others? There is little doubt that context—talking to the white outsider anthropologist—coloured how Hermina told her story and perhaps led her always to hold back details. Hermina wanted me to feel empathy and friendship towards her, and while I did, she may have felt safer hiding the parts of her life that locals judge others negatively by, such as extramarital relations, running away, and having a child that died. Brison (1992) shows how political realities in Melanesia are built up not just from action but from talk about them (see also Brown 1995; Strathern 1971). Gossip performs an important function in confirming the legitimacy or otherwise of a particular person's claim to status. This process is particularly well-documented for male Melanesian leaders but has been less discussed with regard to women. For Hermina as for other women, actions get interpreted in light of valued norms; norms that are defined and controlled by men.

Women's reputations revolve around whether or not a woman is seen to be a "good wife and mother." For example, gossip about the daughter of a high-ranking tribal chief who has married an equally important man tends to be milder than that directed towards Hermina, a woman whose lineage is unexceptional and who has broken ideal norms of female conduct. Women compare themselves to the ideal of a "good wife and mother" that came up in countless conversations with women and men when they responded to questions such as "what are a woman's responsibilities?", "what does a man look for in a wife?", and finally, bowing to the obvious, "what does it take to be a good wife and mother?" The ideal "good wife," according to all but the most urbane Wamena youth, marries within the *pesta perkawinan* ritual, marries young, doesn't have sexual relations with anyone but her husband, provides food for her husband, and works hard in the garden. A good wife will also maintain equanimous relations with her co-wives and will contribute food or a bit of baby-sitting to a co-wife in need. The idealized "good mother"

produces nothing but large babies at regular six-year intervals, at least one of which is male, and all of whom live. A good mother would never have sex with her husband or with any other man while she was breastfeeding because the sperm might contaminate the breast milk and make her child sick. A good mother always has lots of breast milk, no matter her age, and keeps the child away from dangerous spirits and from high-risk places.

According to Dani accounts, a "bad mother" becomes so because of personality (*netai-egen weyak*), ancestor relations, and conduct. While some women have evil ancestors who control their actions, when I asked women to talk about "bad mothers" that they had known or heard of, personality, actions, and attitude were the main traits listed. When I asked a woman to describe a "bad mother," she spontaneously described Hermina, without knowing that I had already heard Hermina's version of her baby's death:

She's (Hermina) the kind of woman who runs away. She had a girl who was okay but then she had a boy who died. She gave milk to the baby all right but she didn't look after the baby at all. Right after she died she ran away and left the only daughter behind with her grandmother. A woman can be a bad mother when she's in a bad situation--maybe the baby will fall and die and then she can run away. I'm not saying that's what happened, but that's what we mean around here by a bad mother.

This woman is intimating that deliberate neglect of a baby is precisely the kind of behaviour that a selfish, loose woman would act out in her search to get what she wants. At the same time this woman doesn't say specifically and with finality that Hermina killed or neglected her baby or that it was entirely Hermina's fault, but she plays on the power of gossip to intimate such a possibility.

A classic "bad mother" is one who abandons her child while still actively breastfeeding. Bety's tale was told to me several times as an example of the worst form of mothering. Briefly, Bety had run from one husband back to another several times, and had in-between engaged in sexual relations with two other men in the hopes of marrying them as well. She had two children by her first husband Tadeus and an illegitimate child by one of her lovers. This child was accepted by her second husband Markus as his own. Bety ran from her first husband to her second when her second child was only ten months old. As

the oft-told story goes, late one night when they were on their way up the hill, Bety asked her first husband to hold the baby while she went into the bushes to relieve herself. Tadeus stood in the rain for about 20 minutes, holding the screaming child until he realized that Bety wasn't coming back and that she had run away to another man. After consulting with his parents and elders he gave the child to his brother. He felt vindicated in doing so once he found out that she had become pregnant by a third man while still married to her new husband.

With Hermina and Bety, local assessments of deviant behaviour find confirmation in the physical status of their offspring. According to Bety's vexed first husband, his abandoned daughter became "skinny very fast" and would not "grow well because her mother abandoned her." In other stories of this nature that I heard, such an act usually is remembered as causing death or at least producing a very skinny and sickly child. For example, I heard conflicting descriptions of Hermina's baby; some said he was tiny, others described him as a little bit smaller than average, and he was normal size said others. Those who wished to label Hermina a "bad mother" said her baby was average and that she neglected him until he became skinny; those who were her friends said he was "tiny and sickly" due to the actions of her husband.

In many cases, criteria of size, growth, and normalcy are used as measures by which to judge the parents. Babies are used as creative and malleable symbols for locally relevant criteria. In one extravagant tale, a barren Western Dani woman in a jealous frenzy came to Kuliama and stole three babies. Even though she thought she could feed the infants with formula they still became sick and died and so did she immediately afterwards. According to Dani practice, none but close female relatives can feed the baby because other people's breast milk makes the baby sick. The moral of this tale is not just that it is wrong to steal babies but that a baby will physically thrive only when in the company of his mother or her nearest relatives. One earnest Catholic woman stated that mother and father can cause an infant's death;

If either mother or father is careless, the baby can die right away. If a woman is eager to marry again and she doesn't want her kid she can be careless with food and milk; she wants to marry another man, but the child wants to drink too, she gives the baby food that is not good, and then she is free she can run. If both are careless then there is no hope; a man forgets to do his *adat* or is lazy and doesn't do his *adat* then there is no way to stop a death; the baby falls in the middle.

Hermína's slow revelation of her story and her unwillingness to ascribe a physical status to her child serves in part to protect her from accusations of bad mothering and neglect such as the ones stated in the above generalization. As a woman who has run away, who seeks the "modern," and who has had a dead child, she skirts around the edges of condemnation and is wise to watch her words.

On Infanticide and Women's Silences

People make conscious decisions about reproduction. A clear indication of this is the presence of abortion, contraception or infanticide in almost, if not all, human populations (Scrimshaw 1984). For any of these to take place, a person must take action to bring them about. As McDowell (1988) comments, it is not the rate of success that is relevant but the intent. In her analysis of the New Guinea ethnographic record, McDowell (1988) outlines explanations that have dominated the literature explaining why infanticide is practiced in many Melanesian societies: women desire fewer children than men; the health of the living children supersedes concern for the newborn; women seek to avoid the pain of childbirth; women dislike rearing children; and women seek to avoid being under the control of their husbands too early on in their marriages (McDowell 1988; see also Scrimshaw 1983). In another New Guinea example, Schiefenhövel's (1989;1984) showed that infanticide in the 1970s among a remote pygmy population in the Star Mountains of Irian Jaya was a common and unproblematic means of limiting population growth in a marginal environment. Decisions grounded in "cultural" practice included extramarital pregnancies, sex preference, malformed newborn, sufficient children, and too small a time

lag between children. These descriptive summaries by Schiefenhövel and McDowell privilege the mother as the "decision-maker" in acts of "infanticide" and downplay issues of power and politics that are being acted out at a local level.

Did Hermina ignore her infant son and let him die? At one level, Hermina's actions make easy sense. She was in a bad marriage to a man who was a poor provider, she had a better prospect in the wings, and her newborn was not large, lusty, and screaming. Explanations such as those proposed by McDowell or Schiefenhövel dictate that she would be likely to kill the child either at birth or through selective neglect. And indeed, after some time—from three days to a month—the child does die and Hermina is free to go on to a better life. However, Carter (1995) argues that rational models of neglect do an injustice to the messy, inconsistent and often inchoate way that women and families make decisions about children. Decisions evaluate desires as well as options and constraints. Thus Hermina's tale was less about decision-making and more about her old husband, her new husband, pressures placed on her through her male head of household and, perhaps most important, her response to values of womanly deportment as defined in traditional terms that emphasize subservience and docility.

The question of whether or not Hermina made a rational decision becomes a moot one focus shifts instead to the power of talk. Instead of seeking to understand Hermina's story through the term "infanticide," and then only in light of her maternal relationship to her newborn, it is more productive to look to the fact that Hermina told me a different story every time I talked to her. When I talked to others about Hermina, I also got a wealth of different interpretations. Everyone had opinions, but no one laid claim to the truth. This negotiated reality, I argue, occurs within the context of highly demarcated gender relations. Women's "veiled talk" (Strathern 1971) can be compared to men's as a "tactic" confronted by a "strategy" of power, to use de Certeau's terms (1986). As de Certeau describes it, strategies of the powerful involve an appropriation of space as a means to power. Within the claims to ownership of space come certain obligations — a stiffness and a formality is

required because in claiming space one becomes public. A tactician, however, has no power over spaces as does the strategist. Consequently, the tactics used by those who inhabit the spaces of the powerful are tricks, maneuvers, deceptions, and seizing opportunities; "art[s] of the weak" (de Certeau 1986:37). In the Baliem valley, women are the tacticians, men are the strategists. Women use tactics of silence and of trying to deflect blame for events such as infant mortality by gossiping about others, by trying to discredit those who talk about "bad mothers" by talking about them and discrediting their words as well. Hermina deflects blame well. She can argue without anyone being able to contradict her that her child had "no hope," because Otober did not engage in enough sexual relations with her, because he was already in trouble with his family, her family and their respective ancestors, and because of the weakness of his kin links with the living and his inability to help make her child grow through the contributions of others—sweet potatoes, netbags and little mouthfuls of pork fat.

If no one talks facts then the facts cannot be established, judgments cannot be handed down, and reputations cannot be ruined. As Gal (1991) convincingly argues, silence affords women the means to resist and to claim some measure of control in relatively powerless situations. Silence keeps Hermina out of the kind of trouble Bety got into when her illegitimate baby died. Bety, who had already been the object of much gossip for abandoning her breastfeeding baby in the middle of the night, was charged in the official village courts with the indigenous offense of *neak hasik* (neglect to care for a person causing his/her death) when her five-month old baby died. In village records, Bety is recorded as saying that the *neak hasik* should be reversed because it was her husband's fault that the child died. He had been careless with his duties, had been a bad provider, had hit her and had made her drop the child. However, in the decision, Bety's family had to pay five pigs to her husband because it was claimed that she was careless with her five-month old infant—had dropped him, it was said—and caused his death. In a court system that favours men in divorce cases, that is run by men and where punishment is defined by

men, it is not in any woman's interest to be found guilty of an act that betrays her husband's lineage.

Underlying the techniques of silence, deliberate and instrumental death of infants was discussed by only two women although alluded to by many. It is one of Dani women's most powerful secrets and perhaps the only one that can deeply challenge men's strategic power. Producing a live child aids men in their strategies; eliminating that child erases the chance for men to appropriate the status the child confers. The health and well-being of a child becomes a tool for negotiating relations. Such a strategic use has been noted for the Baruya, where Godelier (1986:43) has recorded the final phrase of a women's initiation poem as being "do not kill your child when you give birth to it. Men are more inclined to become attached to you when they have children." Women who want to resist men's attempts to impose absolute control over them may forget to cook food, may stay away for too long, neglect the pigs, refuse sex, engage in sorcery, and may "explicitly refus[e] to bear the child of an unbearable husband" (ibid: 150). Dani women have the same options and it has long been known that women have the option to kill a child:

It's very tricky to kill your child using just the placenta because the woman could also get sick and die (if animals and wood spirits get at the placenta both mother and baby can die). You have to figure out a way to kill the baby without harming the mother, and without seeing the baby's face. You sit on the baby. From olden times until now, a woman who doesn't want the baby will wait until the baby is almost out and then when his head is out, and the mother is already in the squatting position, just sit down. But this is tricky because you don't want to leave any marks.

If there are marks on the baby then the husband or relative might suspect something and the mother can be brought to trial and will have to pay a fine. But ideally you can say, 'the baby died in the stomach' and the husband should be filled with grief and pity and will answer 'that's OK, it doesn't matter.' But if the husband suspects then his family might insist on a trial. The fine is big, up to 15 pigs. If the baby has cuts and bruises or any kind of traces then people will say that the mother herself killed the baby.

A women may kill a child, but the point is that unless that conclusion is made up through gossip that turns into consensus, then the woman did not kill the child.

By not talking "facts," the community gets to make facts, ones that end up reflecting gendered power relations more than they do actual events. I heard so many

different accounts of Bety's comings and goings that it soon occurred to me that she was a scapegoat, an Other who reflected the concerns of men who were opposed to the transitions taking place in the valley. Bety personified the worst case scenario for the pernicious effects of modernization on young women, and was used as an example (by both men and women of all ages) to encourage women to marry through traditional means, to retain expertise in the garden, and to be good wives and mothers. We do not know whether Bety's case was any different than Hermina's, in part because neither will talk about events, but mostly because it does not really matter. What matters is winning the war of words and Bety, already much maligned for her excessive running away, her seeming capricious refusal to settle down and grow a big garden, and perhaps also for her sexual charisma, was not able to marshal enough support to create a tale that would keep her off the judicial hook. Hermina, in contrast, more docile, listening to her male elders, and closer to the ideal female norms was able to guard her words and thus negotiated a different tale.

Polygyny and Ancestor Politics

In this second half of this chapter I turn to the case of two co-wives and to the domestic politics of polygynous families. The story of Deli and Juli draw out some of the ways that infants provide a rich resource for building meaning. I explore further how men and women respond differently to infant death, seeking to place blame in ways that reinforce acerbic gender relations. Explanations from Christian churches appear to have a role to play in local understanding but in the end formal religion has little real impact.

I begin the story of Juli and Deli by introducing their husband Ukumhearik. Ukumhearik lives on a fine spot of land just a few meters up the mountain slope that borders on the valley. From the doorstep of his "modern" house perched on a knoll on the hill, he can survey the road, his wives working the gardens nearby, and all the goings-on

of a much-hated clan in the valley below. Ukumhearik is nominally a Baptist and he belittled Catholics for combining *adat* with Christianity. As a Baptist he claims to have renounced all *adat* rituals; if a child of his got sick he would "only pray" and would only kill a pig in celebration, not as part of a healing ritual. Ukumhearik lived by himself in his modern house which he keeps scrupulously clean and furnished with homemade chairs and benches, the walls decorated with photos of family, missionary newsletter photographs, and a large pin-up poster of the American actor Samantha Fox. In his presentation of self, Ukumhearik sells himself aggressively as a wealthy and influential leader.

Although he entertains guests in his modern home, Ukumhearik houses his six current wives in a large traditional compound about 50 yards behind his house. The compound kitchen holds a cookpit for each of his six wives, and he has built three women's huts down the opposing wall. My early fieldnotes reflect an uneasiness I felt whenever I spent time in Ukumhearik's compound: "there is so much in this compound that is of interest, but the atmosphere is so tense and 'nasty' in an indefinable way; even the little piglet that lives in the cookhouse is evil and bites kids. I don't much enjoy my time there. A lot of secrets in the air." As interviews over the year unfolded, I deciphered many of the secrets, but the morose faces of most of Ukumhearik's wives has stayed with me and I have found it easy to believe that they are an unhappy bunch of co-wives. Life as a wife in a polygynous household is not always easy.

Deli is Ukumhearik's third present wife. She displays impressive fecundity for a Dani woman, and has had a total of five children, four of whom live. Deli attributes her reproductive success to a switch from ancestor worship to attentively following the Baptist church credo:

My oldest boy died when he was about 4 years old. He was fine, his body was strong but then he got sick with blood in his stool and I gave him some traditional medicine but he died right away. I told Ukumhearik that I wanted to become a Baptist after the boy died because I didn't want any more children to die, it made me *sakit hati* (heartsick) to lose my boy. Since I became a Baptist all my children have lived and I haven't needed any medicine for them.

Deli then pulled her baby girl, Meliana, out of her netbag and said to me: "look how plump she is. She looks this good because I have rejected *adat*." Indeed, Meliana was about 5 months old then, her arms and legs were rolling in baby fat, and when she woke up a minute later she looked at me bright-eyed and giggled. Although I had not been working in the village of Kuliama long at that point, I had already heard many claim rather than practice adherence to Christian beliefs, but Deli appeared to have rejected ancestor worship for good. Partly to see to what extent her adoption of "modern" ways shaped her baby's feeding patterns, and partly because I had some to spare, I gave Deli a tin of powdered baby porridge which she accepted with vocal delight and showed off to all of her co-wives with glee.

I ventured back into Ukumhearik's compound six weeks later to a much different situation. Little Meliana had been sick with diarrhea "a really long time" and had become very skinny, Deli's eldest daughter said, rolling her eyes to highlight the point. At the same time that Meliana fell sick, another co-wife Juli (Ukumhearik's fourth wife) was also nursing a sick child. I interviewed the two women, though Deli dominated the conversation as she explained her frustrating situation:

When Meliana got sick she cried a lot, it was driving Ukumhearik crazy. He was so frustrated he took off for Wamena and stayed there for a whole week, he didn't give any money for the baby's medicine and we didn't ask him to pray for us. I took the baby to the *Puskesmas* (government health clinic) and I paid for myself, of course, Ukumhearik never gives us any money for medicine. If the baby has a really serious sickness then I can ask Ukumhearik to pray every day for her, but if it isn't serious then only I pray and I pay for her medicine. Besides he was in Wamena, so I had to look after the baby all by myself.

As Deli and her co-wife Juli see it, Ukumhearik is not an involved father, he is *kurang perhatian* (less than attentive) towards his wives and his children's well being. Deli stated strongly:

I bring her by myself to the clinic, if there is no money I stay at home, Ukumhearik never gives us any money, he only gave me money once. He's rich but he doesn't ever think about or look after his kids, clothes, *noken*, medicine we never have any, just women look after the kids. If a man is a good father he can't buy cigarettes all the time but Ukumhearik buys cigarettes for himself all the time, gives other people money for a taxi, gives them 5,000 or 10,000 rupiah (\$2.50 - \$5.00

US), whatever they need, randomly, but in this compound he doesn't give us any money, he just lets us be, that's all.

In contrast, says Juli, Ukumhearik stuck around when her son got very sick and offered to pray for her. "It is normal for a man to worry about his son," Juli said, "especially when the boy was so sick." Lina said she prayed for her boy four times a day, every day for two weeks, and then she took him to the *Puskesmas* where they gave him a tablet. Throughout the bouts of diarrhea of both Juli's son and Deli's daughter, the tin of porridge that I gave Deli remained untouched.¹

About three weeks after the second long interview Juli's son died. He was eight months old. Even though Ukumhearik and Juli prayed non-stop for their son's health, and Juli sought injections from the *Puskesmas* on four separate occasions during this second bout of illness, he grew thinner and thinner and stopped being able to eat or drink. The funeral was short and spartan, in keeping with revisionist Baptist rituals, and few came. Immediately afterwards Lina moved houses, not formally running away, but choosing to live outside of the compound. Some people, particularly her co-wife Deli, intimated that Juli was a "bad mother," that she had a *netaigen weyak* (bad personality) and did not cry when the child was sick or even when he died: "she just acted happy, she didn't cry a wink." Juli just let the baby die, Deli said, and this was not surprising as another infant of Juli's had also died young, and she had run away then as well: "it was not surprising she couldn't keep this one alive," Deli said in a vicious attack on her co-wife, "she starved the baby to death, she didn't feed the baby or give him any milk and he would cry and cry all night. It's no surprise that he died."

In the eyes of many, the dead boy confirmed everyone's predictions that Ukumhearik was doomed to have his wives run away and his children die. The venom in Deli's assessment of her co-wife does not arise from co-wife hostility alone, but also reflects dominant assessments in the village about Ukumhearik, his past, and how he treats

¹The tin of porridge was never used to feed infants. However, some months after I had given the porridge to Deli it disappeared from the compound.

his wives in the present. Ukumhearik, it was said, could not escape the legacy of his *adat* transgressions. As he told me in an interview a couple of weeks later, while hanging clean clothes to dry on the fence by his house, the way he tried to save his children from dying and his wives from leaving was to give up Catholicism for the Baptist church over a decade ago:

I had twenty kids, I killed pigs, smeared blood on them when they were sick, and still some died. Now even though I am a Baptist they still die. Since becoming a Baptist I have had five kids and two of them have died. I tried the *adat* pig ritual even though the church forbids it and because of this two more kids have died.

Visibly scared at the repercussions of telling so many secrets in such a short time, he hunched closer to me and continued talking in a very low voice, "now I know I don't want to try this anymore, it's the church only for me from now on. *Adat* doesn't ensure the welfare of the community, but the church does." Then Ukumhearik felt compelled to tell me some of his misdeeds, a fairly common act intended to placate the spirits, though I neither asked for nor wanted to hear his litany of transgressions. He said he had been kicked out of the Catholic church for killing five Hubi leaders, and that he had been put in jail by the Indonesian police in 1977 for harboring a clan member who had killed a military officer. As he confessed these events to me his voice got lower and lower, and he sunk lower and lower in his chair until he was bent over double, talking to the dust on the ground. Finally he shook his head and stopped. He was scared and wasn't going to tell me any more secrets. On his public responsibilities to his wives he was clear; be fair, pray when they ask, give money when you have a lot, but on the details of his transgressions and the impact of his past on the present well-being of his wives and children, he was highly agitated, as though the ancestors were still listening, and still in control, of Ukumhearik and all those who rely on him to ensure their well-being.

Ancestors and Power

Ancestors weigh heavily on the backs of all Dani. As one informant said, "one hundred percent of people in this valley still believe in ancestors, no matter what religion they say they belong to." As a factor shaping interpretations of infant growth and death, in the Baliem valley ancestors are without peer. Thus any analysis of local interpretations of death must include the ancestors as the apical fathers of social control. Ukumhearik still believes in their power, although he actively tried to get away by changing religions and healing practices. Ukumhearik has had a total of twelve wives but has lost six, two of whom died and the other four ran away. He may have lost another if Juli stays away. He has fathered a total of twenty-three children, nine of whom have died. Ukumhearik thus holds his own personal infant mortality rate of almost 40%. These numbers give him shame, and though they are a "secret" in that he does not talk about them for fear of other leaders knowing, everyone in the village is aware that Ukumhearik is still paying the price for his actions of twenty years ago. They gossip about his disgruntled household, gossip that links dead babies in the present to ancestor revenge for the faraway past. Another leader, a nominal Catholic, also candidly explained the recent death of his toddler son as the price he continues to pay for transgressions--stealing a pig, having illicit relations--that he committed before marrying some fifteen years before.

Depending on the circumstances, everything that happens can be tied to ancestors. And everything about the ancestors can in almost every instance be tied to gender relations and relations of power. In this ancestor-as-etiology arena of post-hoc analysis, men often deflect blame onto the dead when they are presented with an infant death or the severe sickness of one of their offspring. Men thus avoid blame if the ancestor is seen to have acted in a pattern of ongoing malevolence. Ancestors also reduce individual blame by creating an etiology at one remove from the individual. This strategic delegation is available to men because they sustain and control relations with ancestors.

To provide an example of male logic about an infant's sickness and death, a married youth named Silas needed money and sold his *adat* pig at the Wamena market for \$350.00 US. With his profits he bought some smuggled whiskey and when he was dead drunk he fell into the firepit in the cookhouse and burned his arm so badly that it had to be amputated. His baby daughter, about ten months old at the time, fell sick just days after the amputation and nearly died. After she recovered she caught a bad case of scabies which she scratched and itched until her body was covered with sores, and which were still not healed six months later despite several trips to the *puskesmas* for treatment. Silas' arm refused to heal. According to Silas, the fall, the child's sickness and the scabies all point to ancestors. Silas had sold the *adat* pig and there are few crimes more likely to incite the wrath of ancestors.

In contrast, women have much less recourse to supernatural power and therefore claim to understand it less. While a few women have inherited healing or illness-inducing properties, access to ancestors and to witchcraft is strictly off limits for women. Women therefore seek to lay blame on their husbands for the problems with their children. Women often rationalize their husbands' actions in a critical and pragmatic way. Women, powerless in terms of access to institutions that matter, can shape public opinion by the "transformation of problematic events into more ideal constructions" (Brison 1992; White & Watson-Gegeo 1990). In other words, women seek to remove personal responsibility for an infant's sickness or death by placing it squarely onto her husband's shoulders.

In the seven interviews I conducted with women who had had a baby infant die in the previous two years, in each case women offered an explanation that involved both her husband and the ancestors. Consider the following statement from a woman whose baby died the previous year:

If a child is born not healthy, this is because *adat* is wrong; if sick while little, it means that the father has done his *adat* wrong, it's not possible that it's the woman's fault, it's not possible, if the husband does *adat* wrong the wife can also get sick, the mother has done nothing wrong, all she knows about is how to take

care of the baby, that's all she wants to do. If the father behaves himself, then the child cannot get sick.

In another interview, a woman named Robina admitted her husband's previous transgressions readily, but has come to accept them:

We have had three dead children now. We know now we will never get away from what he did. I don't want any more kids, they just die. I am too *sakit hati* (heartsick) to try again, I just have to give up on the idea.

A third woman named Tula, nursing a sick baby and visibly worried about his health, said,

When my first baby died my husband was away. When he found out he came back and he cried and cried. He was crazy for crying. Now we have two kids and I worry so much because he won't stop mixing *adat* with the church. He tries to do both and I want him to stop with the church because it's all the mixing that makes the babies die. But he won't stop.

Women and men openly express emotions associated with infant death. At funerals, a full expression of grief is considered appropriate, and a close relative, particularly the mother, will mourn for several months.¹ For example, Robina who is cited above chose to go on birth control because she couldn't stand any more sadness. She said her *etai-egen* was still *pedis* (spicy) with grief seven months after her young baby died. A minor *adat* leader, in despair over the loss of two children in a row, cut joints off two fingers on his left hand in an outlawed but still acceptable display of grief. Yet emotional expression plays only a small part in local understandings of infant death. Grieving does not affect analysis of events. On the contrary, excepting that apparent lack of grief gives enemies fuel for gossip, in the main emotions remain unproblematic, and grief is viewed as understandable under the circumstances. In a community in which explanations reside whenever possible within social frameworks, where "the measure of the worth of any

¹Nominal and baptized Catholics conduct a full-scale funeral for infants (see Heider 1970, chapter 4 for a detailed description), although under the influence of the church, the quantity of gift-giving and expressions of grief have been somewhat reduced. Baptists, in contrast, adopt a minimal expression of public grief, no gift-giving, and a one day public ceremony (as opposed to the standard seven days among *adat* practitioners).

knowledge is its social value" (Jackson 1996:36), we may take as axiomatic the tendency for men and women to seek to blame each other.

Household Relationships

Feminist theorists of family and kin argue that relations within a small group of people are shaped by power and inequality (Yanagisako 1979; Yanagisako and Collier 1987). Thus, households can be an arena wherein adults act out political relations through interpretations of infant physiology. Bledsoe (1993, 1995) has argued that understanding relations towards children must take into account the competitive nature of many households. She uses the example of polygynous households, where competition not cooperation is the norm, as a means to show that the household is not "an undifferentiated, sharing unit" (1995:133; Sen cited in Warren & Bourque 1991), but is a place where demands for equal treatment and concerns for hierarchy can drastically affect a child's well-being. It is something of a truism to assert that "fertility and successful child raising are at the heart of adult power struggles " (Bledsoe 1995:132), but it summarizes the observations I made that Dani define their partners as fertile or not, their children as big or small, good or bad, his or hers, depending on the relationships they hold with each other and to the child. Among adult relations of power, those that occur within the household are particularly important.

In polygynous households worldwide, rancorous relations are common. Within a household, Bledsoe (1993) argues that fathers may show favorites among their wives because one is well-connected, is more attractive or has more children. This favoritism may spread down to the children as well. In addition, wives may favour their offspring from their current marriage over ones from a previous marriage. Having a child enables a woman to make demands of a father and to lever status in a way that a childless wife cannot always do. Bledsoe argues that polygynous families attribute meaning to reproduction and childrearing on the basis of processes of relations between husband and wife, and between

husband and other wives, their families, their offspring and so forth until it becomes difficult to limit analysis solely to the household unit. Household-only analysis does not tell a full story, particularly in societies with high divorce rates, frequent remarriages and high levels of polygyny (Bledsoe 1995). Beyond the household, expectations of a married woman's kin, especially if they are influential in the community, may shift attention away from one child towards another. Through a study of the distribution of resources, argues Bledsoe, the tensions of the relations and their impact on children become obvious.

In polygynous households worldwide, women often endure extremes of jealousy over access to resources (Bledsoe 1993; Godelier 1986). In the Baliem valley, some stories of aggression between wives involve the baby as a means to exact revenge. A myth-like story, told me on three separate occasions by three separate women, describes how a jealous Dani co-wife tried to stage manage the death of her husband's latest progeny:

The first wife pretended to be friends with the second wife but in reality she was horribly jealous. The first wife offered to dispose of the placenta from the second wife's newborn in the river as tradition requires. Instead she buried it in the forest, where the animals attacked it, and the newborn baby got all covered with spots and died right away. The sad mother started to wonder why the baby got all covered in cuts and died and so she started to ask the older wife and she finally confessed. The birth mother's genitals that had been all infected as well got better right away and the woman who had done the evil deed died soon after.

The first wife acts because she is not a nice person, so the story goes. Yet this story reflects the real ambivalence of parenting within the confines of polygynous relationships. It is potentially in the interest of one wife to ruin the reputation of a co-wife, and what better way to do it than through the death of a child?

In contrast to Ukumhearik's situation, then, Catholic monogamous households in Kuliama should be free of competition over resources. While monogamy may reduce friction among adults in a compound, neither monogamy nor Catholicism distills the relationships parents have with ancestors. In a final example of the way long-standing beliefs penetrate households, dominate personal relations, and override competing belief systems, I turn to Kuliama's model monogamous Catholic household, Oskar Hubi and Pelesina Hilapok. This couple has four children, all born at least five years apart. Oskar

Kossay is a clan leader, a paid employee at the government *desa* office, a church leader, owner of two "modern" houses in the center of Kuliama, and the household head of a compound by the river where he keeps his pigs. As they are both baptized they have taken a vow of monogamy. And yet, for all their Christian behaviour, Pelesina and Oskar know they are still paying the price for the way they got married twenty years ago, sneaking away instead of paying the brideprice up front during the marriage festival. Pelesina's father, who died soon after her marriage, told her he would never forgive her or Oskar for their transgression. They know that he still carries a grudge, for both of their male children show the force of his anger through their bodies. Proof of ancestral wrath is evident in the body of Cristianus, the eldest son, who was born without a left hand. Their two daughters were born and grew without incident, but the youngest boy Timoteus, born in March 1995, has a head which looked normal at birth but has been growing crooked and at four months is noticeably slanted on one side. Twenty years later, laments Pelesina, her father still has not forgiven her.

As a significant mediator of modernizing influences, the church will no doubt shape structural and ideological patterns of childrearing in years to come. For now, the fact that ancestors predominate explanations strongly suggests that Dani build meanings about the health of their children through rather astute observations about mortality patterns. The Catholic church has been active in the valley for 40 years and if monogamous, baptized families always had healthy children, then I suggest that explanations would have expanded long ago to include the power of the church to keep children well. If the church were a proven means to save lives, religion would be invoked more to explain patterns. But mortality remains high throughout the valley, targets infants over adults, does so indiscriminately, and often violently through sudden infant death. Thus, while interviewed mothers make distinctions between the monogamous, Catholic, concerned father and the traditional, uncaring polygynist, in the presence of a dead child boundaries dissolve and

preeminence is given to the explanatory models that can most clearly explain why that infant's body displayed the signs that it did--in a word, the logic of the ancestors.

If everyday well-being has little importance in the final, ideological, and negotiated constructions of what it was that "really happened" when a baby dies, that does not mean that this realm is of no importance. In highland societies, women have means for resisting ascriptions of blame about serious matters such as infant death through overt counter-ideological behaviour in less serious arenas: breaking taboos, refusing to perform garden work, or running away. Quality of mothering also allows tactics of opposition. If a woman doesn't get enough help or support, she might manipulate her behaviour in the home, create ambiguities intentionally as one of many means to move forward into a better situation (Trawick 1990). But creating intentional ambiguities, such as leaving the child to cry sometimes or pretending not to care about it, or being lax in washing or changing the infant can lead to gossip about "bad mothering." In a world where gossip is rife and is the source for making up and sustaining truth statements about other people, such intentionality must be acted on very carefully. People are more inclined to believe stereotypical stories (Brison 1992). The line is fine between deliberate, selective neglect as a tactic to improve the quality of life (a woman leaves a child with someone in order to go to the market, stays a little longer than she should so as to enjoy a chat and a cigarette) and the judgment of "bad mothering." It resides in how others interpret her actions, in the shapes her silences take, and in the intense, prolonged gaze others focus on the health and growth of her child.

Conclusion

The negotiations to make political worlds fit with corporeal realities and vice versa can sometimes take a comical turn. One example is baby Adam, at eighteen months the plumpest, friendliest, and most healthy-looking baby I met in my travels in the Baliem valley. It was common knowledge that Adam's mother had become pregnant without being

married, perhaps acting as a prostitute in Wamena, and had taken in inadequate amounts of semen that made for a sickly, skinny child who barely survived infancy. As this plump and friendly child climbed into my lap and gurgled happily, I found myself hard-pressed to understand how others could make a negative assessment through his physical health status. "But this child is so fat and friendly," I said to chatty Marta, who was going on about his poor health, to which Marta replied ominously, "Adam's mother doesn't have a husband, she has no garden, she can't feed her child well, she has no help from her mother and can't garden the plots she has. The child may look good now but he won't live long." The combined assessments of social status, access to resources and ways of making the baby add up to a sickly child at risk of dying at any moment.

This manipulation of the corporeal to conform to social realities is a political act, one which serves to define status. Crandon-Malamud succinctly makes the point: "whatever really happened is secondary to people's perception of what happened. And people's perceptions are defined by their social, economic, and political positions and situations" (Crandon-Malamud 1991:180-181). Although the body of the baby reflects social worlds and the child's inherent sociality, the manipulation of perceptions grounded in hierarchies and status of that same social world pushes analysis firmly into the realm of local relations of power. The Dani astutely keep analysis at the level of local relations because there have been no indications that explanations should move outside of this realm. The subtle expressions of hierarchy within the community—Christian or not, chief's wife or not, first wife or not—as well as the not-so-subtle negotiations between men and women over status and place come together in meanings targeted and drawn from the infant. Above and beyond the highly social traits attributed to "fixed" characteristics of the infant (see chapter 4), the Dani can and do abstract the body from the uncertainties of infant bodily growth and from the perils of persons-in-the-making in order to make political statements about adult status and position.

In the next chapter, I extend the arena of the infant's political life by exploring the kinds of relations that surface during illness episodes where caregivers make a decision to use local clinic services. In particular I focus on records that show that boy infants receive different care than girl infants. As a complement to this chapter about infant death, data on sex ratios highlight the importance of infancy as a time period that both challenges and sustains received truths about the world.

Chapter VI

Sex Ratios and the Value of Infants: Further Inquiries into Local Biologies

Sex ratios describe the number of males per hundred females. Worldwide, ratios fluctuate, ranging from lows of 80 or 90 males per hundred females at birth in some societies to highs of 137 males per hundred females among Orthodox Jews in Israel (Sieff 1990). World populations average approximately 105 male infants born for every 100 female infants (Sieff 1990). Isolated indigenous populations possess some of the highest sex ratios among infants in the world. For example, scholars have noted rates of 128 males per hundred females at birth in the Amazon basin, of 116 per hundred for Ache hunter gatherers in Paraguay (Sieff 1990), and up to 224 male per 100 female children in turn-of-the-century Inuit populations (Smith and Smith 1994). In New Guinea sex ratios in some areas are also exceptionally skewed. For example, Juillerat (1986) notes rates of 117 males per 100 females among infants, Schiefenhövel (1989) records a ratio of 190 infant boys for 100 girls, and Godschalk (1992) lists the highest rate in the literature worldwide of 300 boys per 100 girls in some communities in the eastern highlands of Irian Jaya.

Three seemingly biological constants shape the sex ratio within the life cycle. First, more boys are born than girls. Second, boys are more likely to fall sick in the first year of life than girls. Third, more boys die in the first year of life than girls. In most populations sex ratios usually have evened out by adulthood to the point where there are as many women as men survive in a given population. Infant male vulnerability, however, is widely recognized as a material fact (McKee 1984; Arnold 1991).¹

¹McKee (1984) notes this pattern begins at conception: conservative estimates of primary sex ratios (conception to birth) worldwide sit at 120/100. More fetal mortality, spontaneous abortion of male fetuses and stillbirths of boys reduces the ratio to locally specific rates.

Scholars of sex ratios among infants have been concerned to explain *why* sex ratio imbalances occur, how they correct themselves, and what social and biological factors bring about locally specific patterns. For example, analysis of skewed ratios reveals the following possible causes: coital frequency and timing, as a woman is more likely to give birth to a girl if she conceives at the height of her ovulatory cycle (Martin 1994); birth order and age of mother, as younger women are more likely to give birth to girls and these girls are more likely to survive (Sieff 1990); and marital patterns, as polygynous women and widow remarriages produce higher numbers of female infants (Whiting 1993; cf. Mulder 1994). However, many of these hypotheses remain tenuous and have incited vigorous debate over the respective contributions of genetic and other biological factors as against social and structural constraints *after* birth. Female infanticide, for example, has been shown to skew ratios to favour males (Schiefenhövel 1989; Scrimshaw 1984; Sargent 1988; Smith & Smith 1994). Culturally-sanctioned beliefs about infants usually legitimate the act, as Sargent (1988) shows in the killing of infants who are thought to be witches in Bariba society and as Schiefenhövel (1989) shows in the pragmatic decision-making by Eipo Mek mothers in an environmentally harsh region of eastern Irian Jaya. Societies that favour males may also help skew the sex ratio, if not by direct infanticide, then by selective neglect. For example, ideologies of son preference, and preferential feeding patterns in China have been linked consistently to family planning policies restricting numbers of children per family (Greenhalgh 1994; Ren 1995; cf. Hyndman 1989).

In many New Guinea societies, more boys are born than girls. Censuses also record changes in mortality rates among the very young, in which more infant boys get sick and die than do infant girls. These patterns of birth and death can be seen as local biologies that may be shaped by and may in turn shape cultural meanings attached to infants, to gender, and to notions of life and death.

In contrast to scholarly attempts to describe causal factors affecting sex ratios, this chapter focuses on cultural meaning and its intersection with the local biological

demographics of skewed sex ratios. In this vein of inquiry, the anthropologist McKee (1984:93) has previously argued that "preferential treatment of males arises, at least partially from perceptions of their greater biological vulnerability and correspondingly higher death rates." In other words, McKee proposes that boys receive more attention in societies where they are more likely to fall ill and possibly to die than girls. McKee further proposes that higher status accrues to boys because of their vulnerability, and this would be viewed as "natural" because of the special consideration they have received since early infancy. However, this argument hinges on a functionalist assumption that having an equal sex ratio is desirable and that actions to bring this about occur as a consequence. McKee posits the following sequence to explain preferential treatment towards males:

Adverse Environment Circumstances --> High Sex Mortality Differential --> High Female Survivorship --> Male Preference --> Female Progenicide/Neglect --> Reduction in Number of Females --> Culturally Desired Demographic Structure
(McKee 1984:95).

This functionalist sequence begs the question of why parents would treat their infant female children at all well, or why they would bother spend the time to offer preferential treatment to their sons. In other words, neglect of female infants coupled with non-preferential treatment of boys might well lead to the same demographic pattern. In addition, a vital factor missing from this and other scholarly work about sex ratios is the issue of cultural meaning. It is as though "culturally desired demographic structure" (ibid:95) is in itself sufficient to generate action. Scholars quickly dismiss cultural values other than male preference in shaping responses to male vulnerability and, even more quickly, downplay the potential complexities of cultural practice, beliefs, and actions, asserting instead that an infant's sexual status (as opposed to gendered identity) has the ability to determine adult action (see Smith and Smith 1994 and reply by Graburn 1994 for a succinct example of the problem).

In this chapter, I speculate that demographics of gender imbalances among the Dani, where consistently more boys are born and die than girls, do affect beliefs and practices about the very young. I argue that male status among the Dani *may* be linked to sex ratios but that this is one link among many that does not, on its own, deserve causal explanatory power. Since local biologies shape and are shaped by cultural practice, I suggest that the region-specific pattern of genders of children born and of children dying are factors that feed into and sustain local meanings.

The argument that sex ratios shape and are shaped by cultural practice is highly tentative for two reasons. First, the Dani say unequivocally that they do not practice female infanticide or selectively neglect their children. Power may be constituted in part through local biologies of skewed ratios, but this power is not explicitly recognized in stated discourse. Throughout all interviews with Dani men and women, in any social situation, I only ever heard two or three people state that not all children were treated equally. Assertions that boys and girls receive equal care, attention, and love have their echo in practices that resonate with this egalitarian attitude (cf. Greenhalgh 1994 for China). To argue that demographic patterns affect symbolic constructions, without finding support among the Dani for such a statement, requires exploring distinctions between broad cultural beliefs and specific practice. I discuss the subtleties of this realm and argue that, of the multiple strands that make up lived experience, demographic patterns, subtle or otherwise, do have a place in the way the world is perceived and acted on, particularly when these patterns affect the life of the very young.

Second, there is a lack of adequate quantitative data on sex ratios and mortality rates for all of Irian Jaya. This paucity of accurate data prevents a thorough evaluation of my argument. Government data on mortality patterns are inaccurate--this I discovered within my first week of fieldwork. When I asked a staff member from a non-profit project if I could see how they analyzed health data, he laughed and said they did not analyze data because there was nothing reliable for them to analyze. Drawing together data on adults, he

said, was difficult enough; drawing together data on children was close to impossible because women consider childbirth and child death private affairs.¹ Women also were reluctant to bring their children to be weighed and immunized. Thus I rely on missionary and small-scale village census data from communities across the highlands to build a tentative profile of sex ratios. I also draw on data from clinics across the Baliem valley and on interviews to assess morbidity patterns of the very young. These data could have been strengthened by a comparison to figures from outside of the Baliem valley, but, since I was not given permission to leave the Baliem valley for research purposes, I concentrated on gathering the most reliable material I could obtain from within my approved research zone.

Sex Ratios as Local Biologies

Throughout the communities of the Irian Jaya highlands, more boys are born than girls. Drawing from a number of small-scale surveys conducted by missionaries, the World Wildlife Fund, and a village census conducted in the Baliem Valley, overall sex ratio patterns in the highlands among infants and children favor males from birth to adulthood. Table 7 shows that, depending on the region, sex ratios can be as high as 250 males for every 100 females under the age of 15 (Godschalk 1992), or as low as 106 male children for every 100 females (Butt, fieldnotes). While these results need to be complemented by a more thorough demographic study, they strongly suggest that the Irian Jaya highlands contain populations that exhibit some of the most skewed ratios in the world. Another region that exhibits similarly skewed ratios is the Amazon river basin, lending credibility to analyses that small-scale populations living in difficult ecological conditions exhibit more

¹This explanation provides an intriguing contrast to ancestor-driven explanations among the Dani as to why childbirth and infancy are private times. It reflects a tendency among non-profit agency staff to know little about *adat* and its implications on health-related behaviour.

Table 7. Sex Ratios from Small Community Censuses in the Irian Jaya Highlands

Group	Data Source	Sex Ratio
Eipo Mek, Star Mountains	Schiefenhövel (1989)	130 males/ 100 females at birth ¹
Eipo, Sela Valley	Godschalk (1992)	150 males/100 females for children ²
Nduga, Paniai district	Manembu (1991)	154 males/100 females for children
Amungme, Paniai district	Manembu (1991)	129 males/ 100 females for adults
Hupla, Soba	Mission birth records	143 males/100 females at birth
Dani, Baliem Valley	Peters & Lokobal (1991)	113 males/100 females for children
Dani, Baliem Valley	Butt, survey results	127 males/100 females at birth
Dani, Baliem Valley	Butt, survey results	106 males/100 females at 1 year

skewed ratios than populations with long-term out-migration or less harsh living conditions (Sieff 1990; Smith & Smith 1994). Thus, the Eipo people, among whom Godschalk recorded rates in one community of 300 boys for 100 girls, inhabit one of Irian Jaya's most environmentally challenging regions. In contrast, the Baliem valley Dani, among whom exists a less skewed ratio, have experienced in- and out-migration and have a more plentiful resource base.

To further investigate relations between demographic patterns and local meanings, I sought out other sources of data which would allow for large-scale comparison. In community *puskesmas* (health clinics) across the valley, each health post keeps its own record book of clinic visits where staff list the name, age, sex, diagnosis, and treatment of each patient. From these books staff derive monthly reports and draw up requests for medication (see chapter 7 for a full discussion of health services and staff). These daily record books, tattered and dirty, offer a wealth of relatively accurate data about who uses clinics, when, and for what purposes. *Mantri* (health clinic workers) assiduously write down the gender of patients, how often they come in, as well as the names of patients,

¹Schiefenhövel (1989) documents a high rate of female infanticide among the Eipo Mek such that, after infanticide is taken into account, the sex ratio rose to 190 males/100 females. The author also documents a decrease in infanticide following mission presence, but the rates of 130/100 endured through the decade in which the report was conducted.

²The rate of 150/100 is average: Godschalk documented rates ranging from 104/100 to 300/100 in some villages.

from which it is possible to determine tribal affiliation. The books also list diagnosis, treatment, and whether the patient paid money for treatment or not. Over the course of my fieldwork, I visited all of the *puskesmas* on the western side of the valley, and analyzed data from their daily record books. Drawing from an average six months' worth of records from each health centre, the number of infants and children taken for care is listed in the following table:

Table 8. Use of *Puskesmas* by Age and Sex of Child in the Western Baliem Valley

<i>Puskesmas</i> name	Infants <1 year		Children >1 and <5		Total by Sex		Total < 5
	Boy	Girl	Boy	Girl	Boy	Girl	
Sogokma	13	26	10	5	23	31	54
Hitigima	81	61	155	112	236	173	409
Hepuba	0	2	11	3	11	5	16
Welesi	43	39	50	34	93	73	166
Wamena ¹	31	30	43	35	74	65	139
Homhom	61	38	91	58	152	96	248
Holima di bawah	28	16	80	40	108	56	164
Kuliama	32	17	41	25	73	42	115
Asologaima	13	4	22	12	35	16	51
Total:	302	233	503	324	805	557	1362
Percentages:	22%	17%	37%	24%	59%	41%	100%

Table 8 signals three features of health care service use by the Dani. One is that Dani families use health clinic services regularly for infants below one year. For example, at the Wamena and Welesi clinics there are almost as many visits for infants below one year as there are for children ages one to four. In other words, when an infant is not well

¹The urban Wamena clinics (Wamena and Homhom) serve newcomer Indonesians more than Dani, in keeping with their role throughout Indonesia to provide low-cost health care to rural communities and to government employees (Rienks & Iskander 1988). In the two Wamena clinics, Baliem valley Dani patients form just 20.4% and 13.7% of the patient population seen in the six-month period October 1993 to March 1994. Here I consider only Dani patients.

parents react and one of the ways they do so is by bringing their sick child to the clinic. This pragmatism reflects a high level of interest and concern for Dani infant well-being. The second feature of note is a wide discrepancy in use by clinic. Comparing the number of babies treated at the Hitigima and Hepuba clinic over a six-month period, for example, it is notable that almost no children were treated at the Hepuba clinic whereas the Hitigima *mantri* (health care worker) was clearly busy treating a large number of children. In other words, Dani caregivers prefer to go out of their way to get help from a *mantri* they trust.

The third pattern of note is biased use of clinic services by sex of child. Overall, boys receive medical care one and a half times more often than girls. As infants, girls receive medical care only 77% as often as do boys, and from the ages one to four only 64% as often as boys. This gender bias is remarkable because it extends across the valley and does not appear to be affected by levels of modernization, religion, or access to care.

Daily record books also provide information on diagnosis by sex. Data on diagnoses are potentially problematic because many *mantri* are unreliable, they delegate diagnosis and treatment to untrained community volunteers, and they are sporadic in their record-keeping¹. However, an overview of six months' worth of material from four *puskesmas* where I evaluated staff as consistent and thorough in their diagnoses and in their record-keeping suggests that boys are more likely to be taken to the clinic and diagnosed with non life-threatening illness than girls. Table 9 summarizes the results derived from daily record books. When the disease is serious, even life-threatening as is often the case for upper respiratory infection, boys and girls are treated equally. However, for seemingly less serious or life-threatening ailments, such as scabies, thrush and "malaria" (often used as a diagnosis for a fever), boys receive care more frequently than girls.

¹For example, in one of the recording books, only three diagnoses were listed: upper respiratory infection, malaria, or gonorrhea. Thus infants were either diagnosed as malarial or needing penicillin for chest infections. Diagnoses common in other clinics such as scabies or thrush, were entirely absent.

Table 9. Diagnosis by age and sex at clinics in Wamena, Asologaima, Hitigima, and Kuliama

Diagnosis	Infants <1 year		Children > 1 and <5		Total by Sex		Total <5
	Boy	Girl	Boy	Girl	Boy	Girl	
Upper Respiratory Infection	47	44	34	38	81	82	163
Intestinal Worms	4	3	14	9	18	12	30
Diarrhea	10	10	23	14	33	24	57
Scabies	17	8	11	8	28	16	44
Red eye/thrush	11	7	29	12	40	19	59
Malaria/fever	6	4	4	1	10	5	15
Other (fever, cough, cut, burn)	34	34	44	33	78	67	145
Total:	129	110	159	115	288	225	513
Percentages:	25%	21%	31%	23%	56%	44%	100%

Over the course of my fieldwork, I asked a score of Dani what they thought about these skewed patterns. In the main, most Dani replied that they loved their children equally. One man offered, "I don't know how this can happen, in my family I don't have this problem, they are sick the same, boy, girl, they are from me, from my blood, we love them the same, boy or girl. If it comes from the *mantri* reports it must be true, but I don't know any families like that." As I discovered, even bringing up these kinds of questions with Dani parents met with indignation and the response, "we love all our children equally," was offered time and again, no matter how I posed the question (see Nations & Rebhun 1988 for similar responses in Brazil). This contrasts with Schiefenhövel (1989), for example,

who obtained straightforward answers about male preference in response to his questions about infant death among the Eipo Mek of Irian Jaya.

This insistence on gender equality in care and affection strikes a different tone from the gendered ways of viewing the world that prevail elsewhere in Dani daily life. As we have seen, bodies are clearly gendered, as are actions, roles, and domestic and garden spheres. Communities have "shortages" of women, while other villages "over there" is where one finds a lot of women. From conception to adulthood, boys are seen as needing more food; they do not grow as fast as girls; and they are always "catching up." In some parts of New Guinea, those distinctions translate into practices that actively favour boys, leading to female infanticide and to long-term preferential treatment towards boys (McDowell 1988; Schiefenhövel 1989). However, in the Baliem valley, a broad belief about neglecting or causing the death of infant girls has no voice. As far as I was able to discern, while problematic infant deaths are part of life, deliberate deaths of one sex over another are not. Equally, while parents might have favourites, this does not translate into a systematic practice of denying female infants access to health care or of actively over-feeding boys and under-feeding their sisters. There is thus no evidence to back up a claim that gender preference (secret or public) affects ways of treating children.

These data give rise to two questions: first, do gendered beliefs and practices alter the way Dani caregivers look after their children, and is this the factor that shapes demographic patterns? Second, do boys simply get sick more than girls, with health care responses a non-gendered attempt on the part of caregivers to keep their children alive? To answer these questions, I review notions about gender and health of young children among the Dani.

Gendered Beliefs and Practices

Some of the thoughts and actions of the Dani that may affect the well-being of children include ideas about growth, feeding patterns, and allocation of responsibility for childcare. In this section, I briefly review these three factors, showing how allocations of responsibility for childcare may have a greater role to play than practices relating to food and growth. I show that, in practice, parents do discriminate between males and females, but I suggest that this discrimination has little effect on ratios or morbidity patterns.

First, how children are expected to grow might affect how parents regard their young, and might lead parents to value their children differentially. Within the framework of a society that places high value on male activities it is noteworthy that knowledge about bodies partially contradicts the expectation that men will grow stronger than women. Just as girls are born fast because they are "naturally" big and healthy, so are boys slow growers, slow to be fully grown inside the womb, and slow to grow once born. However, in numerous discussions about differential growth patterns of boys and girls, I again was able to discern no overt statements of concern about boy's inferior health status. As Elias Meaga, a man, put it:

Oh girls, from when they are babies until they are big and ready for marriage, their bodies grow fast, they grow fast...their growth is bigger than boys...boys don't get sick, they are just always smaller, girls are born bigger....but once a woman has a baby, all her strength lies in her breast milk...in my breast there is no milk so all the strength lies in the rest of my body. But women's strength all runs to their breast milk... Women don't know this, don't know that all their strength runs through their breast, that's why women can't work hard, can't be as strong as men when they are older.

In a group interview, women unanimously agreed that, indeed, girl babies take the longest to be born because they are bigger. Just because they hurt differently when they are being born doesn't mean they are more or less strong. "Boy, girl, it's the same when it comes to strength and health," one new mother said. In sum, values about growth do not translate to perceptions about health that might lead to the skewed patterns described above.

Second, a possible explanation for preferred use of clinic services for boys is that boys get sick more often than girls because boys receive different food and of different quality than their female counterparts. It has been shown that malnutrition weakens immune system responses, making poorly-nourished children more vulnerable to infections and less able to fight illness off when they do get sick, thus leading to increased clinic use (see for example Cole and Parkin 1977). If one sex gets more food than the other, we might expect that the less well-fed child will fall sick more often. The usual approach of Dani men and women to food is that in order for boys to grow and catch up to the more rapid growth pattern of girls, boys must eat a lot of sweet potatoes and of good quality.

According to hierarchies of food distribution given to me by several informants, both male and female, men receive food first of the best quality and they receive it first; youth and young boys are second; young girls third; and women last. When men are around, at pig festivals and funerals, male *adat* leaders who cut up the pigs and distribute pieces to feasting guests do so within the hierarchy listed above, and it is obvious to everyone, including women, that women and girls receive far less than their male counterparts. However, I frequently saw women feeding their children leftover scraps of food or dough cakes that I brought with me, and they divided portions in a scrupulous and gender-neutral way. Women also divide sweet potatoes at meals, and they divide portions equally for boys and girls. Women also look out for themselves and their children by supplementing a two-meal a day diet with occasional treats. This is somewhat ironic as men, who receive the larger and more delicious sweet potatoes at meals, subscribe strongly to the notion that women need to eat less than men and need less good food. Women challenge the political power associated with food distribution every time they acknowledge hunger pangs by sneaking a 100 rupiah cake (about \$0.02 US) when at the market, or when they give their growing girl child an extra second or two of nibbling at crumbs or small potatoes before bundling up food in banana leaves for her to take to the men. Thus, even though it might be argued that it is girls who would be less likely to receive adequate

nutrition than boys and would therefore be more likely to get sick, patterns of food supplementation partially challenges this generalization. Boys get good food when young, and so do girls.

A third possible explanation for patterns of clinic care may be the distribution of labour around childrearing. Ideally, men can help with childrearing if they have the right kind of personality, but even a "good father" cannot be held responsible if he does not get involved in childrearing or help out with sickness episodes. Women assume all tasks related to the day-to-day duties involved in caring for a child (see Table 1). However, some men are more solicitous than others. In twenty-five interviews conducted by the UNCEN/WATCH research team with women who were caring for infants, respondents said that men who have only one wife were more likely to help their wives than men who have several. As an ideal cited by these interviewed women, the monogamous and solicitous husband pays for medicine, attends the clinic with his wife, and prays or conducts *adat* as necessary for a youngster's return to health. One woman whose husband had not yet paid his bride price for her but who had already fathered her child said she expects her husband to help her out with any sickness episodes:

He's really happy with our boy because he's our first child. He has been very attentive when our boy got sick and he paid for the medicine, even though he is a lazy man overall, not very diligent. My situation is good though, if the husband doesn't love the wife, he won't look after the child.

In practice not all men meet this model of the ideal father. In another interview, a woman with two co-wives confided:

My husband is pretty fair, he splits food up between the three of us. But for the care of the child I must be the guarantor, it is to each and every woman to look after her own children. If my husband beats me I can run away to another compound and if my child gets sick I have to look to the *kepala suku* (tribal chief) for help.

A third woman stated,

Diarrhea, sick stomach, *panas dalam* (inner heat), my baby has had them all. I'm the one who brought her to the clinic, it's my responsibility to pay for the medicine. Father knows the baby is sick but he doesn't look out for her and doesn't pay for the medicine. Only I look after and nurse the baby.

However, if parents worry more about their boys, they may care for them differently without doing so in a conscious or learned manner. There is evidence to suggest men worry more about their boy children. For instance, men care whether or not they have boy children. Many men said that when men are strong and full of good food, they can make good *adat*. If a man performs his *adat* well, he will have sons. One man commented, "having boy children is a sign of well-being. If a man has only girls it means he has done something wrong in his *adat* ceremony, especially in the marriage ceremony: It's like having your wife run away, a wife who can't sit still." The government-appointed village chief Hermann, whose wife just gave birth to her third child, another daughter, knows he will never have any sons because of the ongoing conflict he endures with his long-dead father:

I wanted to have only one wife, but my first wife was barren and since it is very important for us to have children, I married again even though I didn't want to. Now my second wife only has girls. My father caused this to happen. No matter what I do my father will always make trouble for me. I will never have a boy.

Ancestors that hang around the backs of men can cause havoc in terms of infant boy's health as well. One man mused,

Men like to play with their boy babies more, that makes it easier for the spirits to jump off the father's back and make the boy baby die.

In the case discussed in chapter 5, for example, Ukumhearik was "scared" when his son was sick, suggested one of his wives, and hung around the compound because the sick son reflected fault directly back to Ukumhearik. When his baby girl got sick, Ukumhearik got angry, went to Wamena and stayed away for ten days without as obvious a degree of concern. A woman confirmed the trend for men to enjoy interacting with their infant sons:

Overall it's a woman's job to take care of her child, and a man can get mad fast if the baby is sick and cries all the time. But still, a man can like a boy baby more than a girl baby, play with a boy more, though he will love a girl baby too, because the boy baby will have the same life experiences of the father and can do the same things in the same places. In the same way my girl Herlina was excited when she saw her new baby sister, because she'll go where Herlina goes, and will have the same girl experiences.

In sum, the gender of the child tells parents something about themselves. Men's interest in seeing that a son reflects well upon his father, as well as accompanying him eventually into the realm of men's worlds, means that men hold a different view of their sons than they do their daughters, who are already foreign to them by virtue of their sex and the rigid division of labour. In short, within the realm of divided lives and within an ideology of undifferentiated love, men look out more for other men than they do for their womenfolk (Gelber 1986). It is this fact, I argue, which may have the greatest impact on patterns of health care use.

Boy babies tell fathers something about themselves. If men look out for other men, they will be more inclined to keep a close eye on their boy children. If their boys are covered with scabies or have thrush in their mouths, fathers may be more likely to notice. If a man's child is sick, others notice, and if others notice, the man's status might be called into question. Thus, a man is more likely to encourage his wife to take actions to rid an infant of a disease, or to act himself to help make the child better. Fathers can pay for clinic visits and medicine; accompany the mother to the health service; seek out the help of local *dukun* (healers); or, if the severity of the sickness warrants it, perform one of four *adat* ceremonies used to cure illness. In cases where the child is dangerously ill and *adat* is performed, every man I interviewed said they would do this for their child, irrespective of their gender. Of the twelve cases for which I have sufficient data, seven of the *adat* ceremonies were performed for girls. For less critical cases, however, boys get taken to the clinic more frequently because their fathers are able and more willing to make it happen.

Symbolism and Demographic Patterns

We are left to conclude that more boys are born than girls and that more boys die than girls in a pattern that occurs at least in part outside of local practice and knowledge.

While there is support for the argument that local beliefs make men more likely to encourage their wives to attend to their boy children, no support exists for sustained, deliberate gender discrimination of a magnitude that would cause consistently skewed numbers.

If the demographics of skewed sex ratios are not shaped exclusively by cultural factors, then the questions remain to what extent these demographic patterns shape cultural practice, and to what extent they should be considered as separate conceptual categories at all. The broad range of anxieties surrounding boy babies may derive in part from the skewed ratios prevalent in the highlands. Because young boys fall ill and die more often than girls, this may strengthen a complex set of symbolic values attached to boy children that feed off of and feed back into these mortality patterns. The Dani values that equate girls with innate strength and boys with smallness have their mirror reflection in mortality rates of boys under one that are almost double those of girls. In the small village census I conducted in Kuliama, death rates for boy infants almost doubled those of girls – 350 deaths/1000 for boys, versus 210/1000 for girls. If girl babies are twice as likely to survive infancy as are boys, one might expect to find a set of beliefs that intertwines with local biologies wherein girls as stronger, hardier, and more resilient than boys, and boys are less hardy and need more care and attention than girls¹. This pattern might make parents more inclined to seek out medical care if their boy falls ill. The day-to-day reality of high infant mortality rates combined with high male mortality sets the groundwork for a symbolism that builds on an ethic, if not of fragility at least of uncertainty and unease about the innate abilities of boys to thrive as easily as girls, lending substance to the argument that

¹ For a reference point grounded in physiological measurements, of the 25 infants whose upper arm circumference was measured as part of the UNCEN/WATCH medical anthropology seminar, we distinguished no difference between infants with high scores from those with low on the basis of gender. On the contrary, the size of the infants is correlated to the age and health status of the mother. In addition, in *posyandu* weigh-ins, I could distinguish no noticeable difference in size and growth patterns between male and female infants, although the weighing system used at *posyandu* was not accurate enough to allow me to measure weight gains to the level of accuracy needed to test differences in actual growth patterns (see Andriastuti et al. 1995).

"symbolisms proliferate and change qualitatively in response to their hard-world actualizations" (Knauft 1993:133).

Throughout many parts of highland New Guinea, a similar ethos prevails: girls are "naturally" hardy, holding in them all that is necessary to attain a fertile adulthood, whereas boys and men must seek strength elsewhere: in external substances, in semen (Herdt 1984a), in flutes (Gillison 1993), in headhunting (Knauft 1993; van Baal 1984), in food, and in circumspect bodily practice that minimizes wastage of precious bodily fluids. By controlling intake and output, men may hope to achieve the innate strengths of women. In these societies, birth rates favours males, and the high male infant mortality that accompanies skewed birth rates is a "local biology" that might also shape symbolic practice. While I do not go as far as Knauft in arguing that "hard world realities such as demographic deficit...drive the existing symbolic gestalt to further intensity and elaboration" (Knauft 1993:171), sex ratios may well have their place as one of the factors that help build, and then feed off, patterns of highly divided gendered lives.

In the landscape of the Baliem valley, where birth rates are low and mortality rates are high, the symbolic constructs of gender difference beginning before conception, and persisting even in the face of cultural values about infants as less than full persons, suggests that demographic sex ratio patterns do play a foundational role in cultural practice. It is not just how many children are born—the question guiding most demographic theory (Greenhalgh 1995)—it is who dies, who gets sick, and why, that contribute to which local symbolic realities take on shape and meaning.

Conclusion

This chapter has shown that "instead of being tethered to demographic facts, people try to tinker with them, to create or undo them, or to construct 'official'...versions of them" (Bledsoe 1995:130). Overall, Dani men and women try to give their children the

opportunities to thrive. However, men and women do not do so in necessarily the same ways. It is one of the weaknesses of sex ratio studies to focus attention on how it is that boy infants number more than girls, rather than looking to the complexity of parents' roles to understand how it is that girls thrive as well as they do. The centrality of male favoritism within discussion of sex ratios may say more about an unreflective position reflecting values in Euroamerican societies than it does sociocultural realities in the communities under study. If cosmologies, political practice, and concepts of the body favor males, then we need to scrutinize the effective tactics that women use to counter-attack these beliefs. The division of labour allocates to women the task of "nurturing." Women look after their girl children, pay for their medicine, and slip them nuggets of food partly because men have to look after men and because men slip boys pieces of pork at feasts, teach boys how to hunt, and give them the skills to become leaders. When women provide for their daughters and sons equally they may be engaging in a small act of resistance by which they attempt to offer their daughters the best possible life within a limited set of options.

Parents may look out for their children in specific ways because demographic patterns of survival help shape the inequalities that then prompt the differential treatment to redress those inequalities. This interdependence between male vulnerability, cultural patterns, *and* resistance to those patterns reinforces the links, not the separation, between deliberate action and the inchoate way rules get produced and reproduced in the first place (Carter 1995:61). Parts of child-rearing conform to the "unspoken authority of habit" (Comaroff cited in Lock 1993b:384) but tactical responses to habits are also important and may become habits in themselves. What happens between parents and their young offspring is a vital part of demographic constructions. These negotiated relations reinforce the importance of early childhood as a zone of intense political action. Early childhood is neither a time of unproblematic socialization, as Bourdieu intimates (1977), nor a time of demographic patterns asserting themselves on a passive, culture-bound society (see Carter 1995 for critique). On the contrary, early childhood, for populations with skewed mortality

and morbidity patterns, may be one of most important times in the life cycle for validating cultural beliefs about gender and for perpetuating and challenging the inequalities that power relations engender (Kelly 1993). The fact that we find any skewed patterns at all lends support to the position that relations of inequality are present in early relations and are fostered and perpetuated in the minutiae of the everyday routines and rituals of child care.

Chapter VII

"Normal" Infants and the Politics of Health Care

Children everywhere have long been part of the discourse of formal politics. As active members of a community, children are directly affected by population policies and population controls often targeted specifically at them (see Wee 1995; Greenhalgh 1995; Ginsburg and Rapp 1995; Hartmann 1987; Anagnost 1995). A few of the overt policies commonly used are state regulation of infanticide, birth control, and family size. However, more subtle links between children and political structures also exist in most contemporary nation-states; indeed, some nation-wide policies that focus attention on other concerns, indirectly attempt to monitor or manipulate reproduction and quality of family life. Even so, children, parents, and families hold a central symbolic position in the presentation of the goals of many nation-states and have done so consistently since the mid-19th century (e.g. Fildes et al. 1992; Miyaji & Lock 1994; Shiraishi 1995; Stephens 1995; Thomas 1994; van de Walle & van de Walle 1989; Wee 1995).

This and the following chapter explore the origins and implications of the relationship between infants and the nation-state in Indonesia, with particular attention to the provision of health care in indigenous communities. Any exploration of relations between nation and child needs to be grounded in the fact that assimilation of culturally diverse citizens into a single cohesive nation has been a key goal of the Indonesian nation-state for the past 50 years (Anderson 1983, 1987). In other words, health care in Indonesia cannot be understood free from Indonesian notions of development and nationalism. Indonesia adheres to a conservative understanding of development, one grounded in economic constructs of growth. Development policy is grounded in a modernist model that sees financial prosperity as a rational indicator of social progress (Tirtosudarmo, 1990). "Development" as it is used in everyday discourse in Indonesia, however, tends to mean

the application and impact of the intersection between economic growth and nationalism at a local level. Health care in the Baliem valley, for example, is taken as a sign of *pembangunan* (development), but the nature of this health care links it directly to Indonesian constructs of nationalism as well as to national targets for economic growth.

Across the nation, control over population growth is seen as the first prerequisite to economic development and national prosperity (Tirtosudarmo 1990). There are 200 million people in Indonesia and most of them are concentrated in the densely populated central islands of Java and Bali. A core policy, and one seen as key to national prosperity overall, is to institute control over the family; over whether or not families produce infants, how many, and of what caliber.

Within a broad state propensity to intervene in family life, reproduction receives a significant amount of attention (Government of Indonesia & UNICEF 1988). In the Baliem valley, there are more services aimed at controlling reproduction and at improving infant well-being than services targeted for other health measures. At present, government-run health clinics and affiliated agencies offer *KB* (*Keluarga Berencana* or Family Planning), training of midwives or traditional birth attendants, pre- and post-natal maternal care, early childhood immunizations, infant weight gain measurements, food supplements, nutrition training for mothers, and vitamin supplements for mother and child.¹ The extent of efforts to draw infants into nationally-approved health policies is such that it questions the seeming benevolence of health policies that aim to improve the lives of children. Widely-available and widely-touted policies such as early childhood immunization seem to be less an overall positive contribution to health in the Baliem valley than a focused attempt to draw infants and their families into the modernizing goals of the nation. In other words, health care is politics by other means (Das 1989; Morgan 1993; Foster 1987). These two chapters explore the extent to which health care provided to infants in the Baliem valley functions as

¹In contrast, there are no programmes in the Baliem valley aimed at reducing sexually-transmitted diseases, aimed at the health of children over the age of five, or aimed at the health of non-lactating women.

a coercive tool which serves to maximize the control of the nation-state over the actions of individuals.

Health care is a highly effective means of drawing peoples on the margins, such as government designated *suku terasing* (most isolated tribal peoples), into having a greater participation in the state. Making indigenous people part of Indonesia is a concept with an emotional legitimacy tied to the history of the nation (Anderson 1983), but in practice, life on these margins does not always resemble the abstract political ideal of benevolent inclusion. As Atkinson (1995) shows for the Wana of upland Sulawesi, neither the Wana nor the government care to make government health systems part of that remote community, whereas in the administrative center of the Baliem valley, a terrain of historical conflict and of considerable importance in the present day, the quantity of health services is consonant with national models. There the government clinic symbolically accompanies schools, flags, and photographs of President Suharto as key nationalist icons made to resonate at the local level.

Health services are tightly enmeshed in Indonesia with the nation-state and with the organizations, activities, and cultural processes of civil society (Budiman 1990:5). Indonesian state goals of "assimilation, homogenization and conformity within a fairly narrow ethnic and political range" (Nagengast 1994:109) are achieved through tight associations at all levels of society with government creeds. As van Langenberg (1990:138) proposes, "very few areas of private and public realms in Indonesia remain in any sense autonomous of the continual interaction between state-system and civil society," and health care is no exception (see also Vatikiotis 1993:96; Foulcher 1990; Suryakusama 1991). By health care I mean all of the institutions that provide services, including missionary, church, and non-profit services. Non-profit organizations that subsidize state responsibilities for health must each fit, in both spirit and observable practice, within policies tightly defined by a government dominant in all arenas of social life (Eldridge 1989; Vatikiotis 1993). In the early 1990s, for example, missionary nurses working in

remote regions of Irian Jaya who had exceeded the bounds of policy simply lost their visas; those who remain now tend to work closely with government objectives, in essence subsidizing official health programmes.¹

Chapters 7 and 8 delineate the specific techniques of *how* infants in Irian Jaya are made to become subjects and objects of the nation. I argue that inclusion of Irian Jaya into the "imagined community" that is Indonesia is vital to nationalist political sentiments (Anderson 1983). The political importance of Irian Jaya in nationalist sentiments means that services offered to the rest of the country are reproduced without change in Irian Jaya, although quality of services vary widely. While it is possible for Indonesians from outside the province to imagine Irianese in "quasi-logo form: 'negroid' features, penis sheaths" (Anderson 1983:178), it is not possible to sustain an image of a cohesive national community by providing province-specific or culturally-grounded health services to those culturally distinct Irianese. Health services reinforce and validate nationalist political objectives of assimilation, even though the services themselves appear to be resolutely non-partisan. In this chapter, I first show how biomedical knowledge about infants enables rather than challenges these political strategies of control. Constructs of the infant--specifically those of the "normal" infant prominent in biomedicine--make interventions regarding infant well-being legitimate. I then summarize healing resorts that the Dani use, focusing on the government-employed *mantri* as a key player in the transmission of information about nation-wide health institutions.

The role of the indigenous, biomedically-trained health worker deserves special attention for it shows ways that politics of the nation permeate relationships between healer and patient. These *mantri* (health worker) translate biomedical constructs of the "normal" infant into treatment strategies. As an indigenous member of the community, the *mantri*

¹Collaborative relationships between missionary and ruling powers have been well-documented. Both Young (1989) and Thomas (1994) document invasive missionary health care under British colonial authority in Melanesia in the past century, wherein missionary health care for children furthered colonial goals even as they satisfied missionary objectives of cleanliness, family order, and appropriate parental responsibility.

communicates information and provides services; but as a government civil servant, the *mantri* is also accountable for the levels of participation of women and children in government programmes. *Mantri* have power as both healers and bureaucrats. I focus on the diagnostic tactics the *mantri* use, calling them the "*mantri's secret*," which is to provide no diagnostic information whatsoever. This tactic allows the *mantri* to enjoy status but it also allows him¹ to successfully cajole and sometimes coerce patients into participating in programmes aimed at controlling reproduction and its outcomes. As Young (1993:117) has suggested, institutions exist wherein people are controlled "through surveillance, coercion, and rewards, and ideologies are not needed to convince people to behave correctly." Health care in contemporary Indonesia is one such institution. Thus my exploration of both indigenous health care workers who provide on-the-ground care (in this chapter) and non-indigenous workers who occupy positions at clinics, as medical doctors, birth control specialists, or data compilers (chapter 8), gives rise to the argument that their use of different healing tactics work under constraints brought about by the close link between health care and formal political power.

The following chapter extends the analysis of relations between the Indonesian nation-state and infants by examining the use of the infant as national symbol and as specific target of health policy. A national culture bound by passive models of familism shapes the provision of care and legitimizes interventions into the family. Both chapters show that control over indigenous populations is imperative to political stability and that one way this is being effected is through small-scale techniques that act directly on the bodies and in the social lives of infants in the Baliem valley.

¹The vast majority of Dani *mantri* are men. Only three of the approximately 30 Dani *mantri* and clinic staff that I met were women.

Biomedicine and Infants in Indonesia

Since 1949, when Indonesia attained independence from Dutch colonizers, the country has relied on health systems established during the colonial period as the foundation for contemporary care. In 1926, the Dutch government joined forces with the Rockefeller foundation to begin training the first *mantri* (village health workers) to provide basic services to people of similar linguistic and cultural backgrounds at village clinics (now called *puskesmas*). Also during this earlier era, a pattern of giving tacit support to efforts to set up efficient health systems in rural areas ended up being dominated by real patterns of expenditure that to this day direct funds disproportionately to urban health establishments (Hull 1989; van de Walle 1995). Since the 1970s, however, Indonesia has been a staunch supporter of primary health care endeavours, defined as "essential health care made accessible to everyone at a cost the country and community can afford, using methods that are practical, scientifically sound, and socially acceptable in Indonesia" (Yahya and Roesin 1990:134).

As a newly-industrializing country, Indonesia has been on the receiving end of what Rubenstein and Lane term international health, "the flow of advice, health professionals, and health technology from the wealthier nations to the poor" (Rubenstein and Lane 1990: 368). While the ministry of health sets in-country policies of childhood immunization, family planning, health service standards and their distribution, for example, they do so in long-standing consultation with international agencies who reflect the values and assumptions of the wealthier nations (Cohen and Purcal 1989). The focus on primary health care that dominates current health interventions derives from international health policies, and has had some impact on redirecting money and planning energies to non-urban areas although the benefits have yet to be measured conclusively (Deolakikar 1995; van de Walle 1995).

In Indonesian state ideology, improvement in health is seen as an investment in human capital that allows the nation to develop rapidly and effectively. Healthy and prosperous families, in the words of one public law, will allow Indonesians to "become valuable human resources for national development and resilience" (Government of Indonesia 1992:3). The link between development objectives and control over population growth is frequently stated through explicit links to a strong, healthy body. For instance, the law concerning "Population Development and the Development of Prosperous and Happy Families states that:

Population Development shall be directed towards controlling the size of the population, development of population quality as well as guiding population mobility as human resources potentials so that they will become strengths of national development and national resilience as well as being able to provide the optimal benefit to the population and to raise the human dignity in all dimensions of the population. Development of happy and prosperous families shall be directed towards the development of family quality through family planning efforts in the framework of inculcating the norm of the small, happy and prosperous family. (Government of Indonesia 1992:10-11)

The terms "population quality" and "the conditions of the population" (Government of Indonesia 1992:10-11) are criteria determined by country-specific development concerns about family size, infant mortality, and infant health (see Kardjati 1990; Government of Indonesia & UNICEF 1988). They are also terms that flatten out differences between ethnic minorities in Indonesia in the interest of inculcating national norms. Thus health policies pay little regard to the cultural diversity and the range of knowledge about infants present in the country when formulating policy but place demographic issues instead at the forefront of national policies of intervention.

Population control is a key means to monitoring and controlling demographic processes in this nation of 200 million people. So successful has Indonesia been at population control that Suharto and the *PKK* (Civil Servant's Wives Association) were given the 1989 United Nations Population Award, and their family planning initiatives have been imitated throughout the world (Smyth 1991; Singarimbun 1988). Although called family planning, *KB* (*Keluarga Berencana*, or Family Planning) is in essence a policy of

birth control. Thus earliest efforts in the 1960s to reduce population growth were targeted at Java and Bali, the most densely populated of Indonesia's islands. Less populated areas were served by so-called "safaris;" "rapid visits to outlying areas which have the express aim of signing up as many 'acceptors' as possible within a short time" (Smyth 1991:787). Today in Irian Jaya, *KB* (family planning) services mix the "safari" model with village-run distribution centres, where community leaders, religious groups, and volunteers promote and monitor birth control at the level of the community. Smyth (1991) has argued that the perspective, needs, and wishes of women and families take second place to decisions based in demographics. As Smyth astutely argues, the healthy prosperous family is a constructed, normative ideal masking the real goal of reduced crude birth rates.

Puskesmas (health clinics) also carry out the directives of encouraging small, healthy families because they place infant care high on their list of priorities. Since the 1970s, health care in rural areas has been structured around the *puskesmas* (major health centers).¹ These large centers are intended to provide preventive and curative services and have a doctor, paramedics, nurses, and a midwife. About fifteen staff work at Javanese *puskesmas*, but in Irian Jaya the average number of staff is a fraction of that. Clinic subcenters called *puskesmas pembantu*, or *pos pengobatan*, are run by *mantri*, and offer curative and maternal and child health care. In the Baliem valley, two full-service *puskesmas* operate in Wamena; the remaining clinics all fall under the category subcenter. To avoid unnecessary terminological obfuscation, I retain the word *puskesmas* for all clinics.

In addition to these *puskesmas*, a score of *posyandu* (integrated health and family planning posts) dot the valley. These posts, informal and makeshift, are supervised and run by *puskesmas* staff and offer monthly preventive services to children under five and pregnant women. *Posyandu* expansion has been one of the main objectives of the national

¹*Puskesmas* is an acronym, drawing the first three letters of "center", "health", and "people" to build a word that translates approximately into "people's health center". *Posyandu* has a similar word origin, and translates as "people's helping post."

and international health organizations over the past 20 years. The government, in conjunction with international health agencies, aims for immunization targets of 95% of all children, the implementation of maternal and child health policies, the promotion of breast-feeding, and use of birth control, all provided through *posyandu* (World Bank 1990, 1991; Government of Indonesia & UNICEF 1988). *Posyandu* growth has been exceptionally rapid in the past decade, going from 34,000 *posyandu* in 1985 to 200,000 posts across the country by 1989. At present, *posyandu* claim to serve an estimated 85% of Indonesia's children. Although the majority of villages have access to *posyandu*, overall other services remain sparse in rural areas (van de Walle 1995).

The impressive level of growth and systematic organization that characterize Indonesia's health care system has its particular local character in the Baliem valley. On paper, all systems conform to public policy. The district of Jayawijaya has a municipal health office, based in Wamena. The two full-service *puskesmas* in Wamena are staffed by doctors; all other *puskesmas* in the valley are run by trained *mantri*. Staff recruit and encourage *kader* (volunteers) to assist in motivating potential clients and to help with the daily operations of the clinic. The many new *posyandu* are up and running, and each offers immunizations, prenatal information, child-weighting services, and birth control promotion. In reality, however, systems operate within a number of constraints and reflect problems in the country overall, where the "quality [of health care] is often lower in poorer, more isolated regions, taking the form of inadequate and unreliable drug supplies, a lower range of services, and fewer and less-qualified staff" (Van de Walle 1995:230). In the Baliem valley, *puskesmas* regularly lack medicine, many services are not available, and staff frequently disappear for months on end. *Posyandu* often take place on paper only, and nutrition seminars or talks about birth control take place some of the time in some health posts, and not at all in others. Some *mantri* are highly skilled; others, relegated to rarely-used isolated health posts, have almost no training whatsoever. Even skilled *mantri* often leave their clinics and delegate the task of diagnosis and treatment to their volunteer *kader*,

who have had no formal training. The pressure to submit monthly reports appears more pressing than quality of care for many *mantri*, who overall provide the vast majority of health services to Baliem valley Dani.

Before reviewing *mantri* healing strategies, it is crucial to note that services offered to infants at *posyandu* fit national models but they do not help improve infant health status in the Baliem valley. There are four basic health interventions offered at *posyandu* throughout the nation: immunizations; oral rehydration therapy; growth monitoring; and the promotion of breastfeeding. Of these four interventions, none is effective on the ground in the Baliem valley. First, immunizations have been and continue to be unnecessary as none of the childhood diseases targeted by early childhood immunizations are present in the population (diphtheria, polio, pertussis, measles, and tetanus). Tuberculosis has been diagnosed only recently. With the introduction of cattle over the past decade, it is expected that tetanus will become a problem, but no cases had been diagnosed by 1995. Thus, while the preventive possibilities of immunizations are as great as they are for any other population, and government clinics promote vaccinations assiduously in the present, the shots are not to curb diseases which currently kill. Similarly, Oral Rehydration Therapy (ORT) for childhood diarrhea is widely available and widely promoted through posters and in seminars but is seldom used. Local perceptions of ORT are that it is cosmetic medicine that has little value as a healing tool. Growth monitoring, exacting measurements, carries no demonstrable health benefit for indigenous peoples. The function is primarily statistical (see chapter 8). Finally, the promotion of prolonged breastfeeding, already a local cultural practice, is unnecessary. Indeed, health employees, who offer motivational seminars at immunization clinics, regularly breastfeed their children less time than do indigenous women. A very few women, smitten with the potentials of *pembangunan* (development), have taken to imitating Indonesian practices, restricting breastfeeding to infants under eighteen months of age. Overall, basic health services for infants do not contribute in any significant way to improving the well-being of infants.

The job of the indigenous *mantri* is to apply these national health policies at village clinics. As the person employed by the government that indigenous people usually come into contact with the most, the *mantri* has, first, to execute infant health mandates from within the complex health care system outlined above and, second, to translate them into workable practice at the village level. His work requires that he carry out population control mandates. He is asked to promote birth control, even though many Dani women have less than two live children. He is expected to promote immunizations and attendance at *posyandu*, even though these services contradict many Dani beliefs about infant care, and are not effective. Finally, he is asked to understand infants in profoundly different ways. "Government medicine" supports a biomedical view of the world which contains a distinct model of the infant, discussed in the following section. Biomedicine portrays infant health as dependent on the social and environmental world in which she lives; it portrays indigenous infants as "small" and "unhealthy." Biomedical views of the body, constructed through definitions of the "normal," are the models then made legitimate in population and in the *Puskesmas* system; it is this framework that the *mantri* is expected to use when he heals.

The Construct of the "Normal" Infant

Every time the *mantri* makes one of his silent diagnoses, he processes, at the least, ideas taught him by mission nuns, government schoolbooks, or government-sanctioned seminars on nutrition, diagnosis or treatment. The knowledge he has absorbed about infants has a particular flavour to it. Overall, it reflects a EuroAmerican understanding of the person as made up of two distinct components, body and mind. In addition, medical discourse about the infant operates within a constructed space I call that of the "normal" infant. Understandings about the infant are grounded in notions of the "normal" which legitimate forms of medical intervention to improve the lives of children deemed not

"normal." This section briefly reviews the focus on normalcy in understanding infant illness and growth in order to show what forms of knowledge the *mantri* and other health providers contend with when promoting indigenous children in Irian Jaya as "abnormal" in their growth patterns.

Overall, biomedicine sustains a vision of the contemporary child as "a passive recipient of culture rather than a cognitively competent social actor " (Ginsburg and Rapp 1991:324). Euroamerican ideas about infant health have been grounded in beliefs that infants are biologically consistent persons. Passive, biologically immature, and limited in their abilities, babies have been defined primarily through physiological status. In contemporary Euroamerican constructs, the paradigmatic understanding that has dulled creative thinking about infants is that of "normal" growth and development (Armstrong 1983). Nutrition, size, and weight have become physiological barometers for measuring arbitrary goals of normal growth, and infant growth is being used increasingly as an overall indicator of the health of a given population (Dettwyler & Fishman 1992; but see Pelto & Pelto 1989; Messer 1989; Cassidy 1982 for partial critiques of biomedical constructs).

The notion of "normal" infant growth is a construct of fairly recent invention. According to the philosopher, Ian Hacking, the term "normal" evolved in a modern, medical context. The "normal" has come to encompass understandings of infant growth because the "normal" has infused the sphere of almost everything: "the word became indispensable because it created a way to be 'objective' about human beings" (Hacking 1990:160). Measures of "normal" infants currently pertain more to the social world from which the child comes than from scientifically established criteria: "We have regularly used 'normal' to close the gap between 'is' and 'ought'," argues Hacking, and this "conflation of the average with the ideal makes the benign and sterile-sounding word normal... one of the most powerful ideological tools of the twentieth century" (Hacking 1990:169). Thus "normal," because it invokes comparison, is simultaneously about actual and potential

states of being, about how to transform a malnourished child, for instance, into a normal, well-nourished one.

One of the most pernicious outcomes of the notion of a passive, mindless infant is the construction of a series of assumptions about physiological growth that falls under "normal." Through increasing processes of monitoring and regulating infant physiology in the nineteenth and twentieth centuries,¹ medical research began a process of creating infants as a separate medical category, with special sicknesses, growth patterns, and problems. Medical discourse, fueled by colonial constraints on social relations, the rise of statistics, changing relations of production, and the solidification of the germ theory of disease, increasingly focused attention on the infant, previously under-scrutinized (e.g. Imhof 1985; Armstrong 1986; Stoler 1995).

Medical discourse, colonial constraints on social relations, and the rise of statistics in constructing normal growth, over the past century, have all played important roles in fashioning current understandings of child health in an international context. At the turn of the 20th century, a new vocabulary evolved in Europe and North America that "created babyhood as a medical object" (Wright 1988:301). This discourse reflects a central feature of 20th century medicine, which has been to constitute and monitor the space of relations between bodies. In other words, having explored the anatomical regularities of infants and adults in the 19th century, researchers during the late colonial era began to investigate relations between infants and their mothers, families, and their broader social and economic environment. This focus on social relations was partly grounded in demographic changes that occurred up to the 1930s when infant mortality rates began to drop precipitously. As babies thrived as never before, infancy became a time of life and growth, and "a terrain in which death was an obscene intrusion" (Wright 1988: 306). The medicalization of the infant's social world allowed for an unprecedented extension of power that extended both to and beyond the family. These new ideas divided families according to how they cared

¹Foucault (1980: 166-183) pushes this regulation back a century or more, but there is little evidence in social history texts to support his argument.

for their children, a distinction van de Walle and van de Walle (1989) signal as that of the "private," coddled bourgeois child, "precious and irreplaceable," versus the "public" child. The latter was unloved, was surrounded by growing degeneracy and lacking adequate care and nurturing. Families that had less access to life-giving resources such as clean water regularly found themselves early targets of class-driven health interventions aimed to improve the welfare of the "public" child.

Statistical measurements of infants were able to validate the class distinction intimated in the "public" child. De Certeau (1986) reminds us that the technology of counting, humanitarian in its origins, became a means by which realities could be created. For example, during an era of rapid industrialization in the late nineteenth century, European and American governments produced different pamphlets on infant care for different social classes because statistics had demonstrated that working class families had higher infant mortality rates (Condran & Preston 1994). The implicit comparison with the lower death rates of bourgeois families strengthened the notion that the working classes needed to improve mortality rates by emulating normal bourgeois practices, a comparison that was echoed in relations between colonizers and the colonized in British, French, and Dutch territories (Condran & Preston 1994; van de Walle & van de Walle 1989; Stoler 1995, 1996; Thomas 1994). Thus statistics legitimated class distinctions even as they were also used to push responsibility for controlling the child's well-being onto the biological mother (Ginsburg & Rapp 1991:314; see also Donzelot 1979; Dye & Smith 1986; Fildes et al. 1992; Stoler 1995). Within the family it was the mother who was to stay at home, nurture the child, and protect her from various noxious influences. The point is that as babies came to be understood as medical objects, in both colonies and in countries of origin, they were accompanied by their mothers. Linking infants to mothers through formal policies was a crucial step in the process that tied infant well-being to the social context in which the baby lived.

Throughout these medical, political, and policy shifts, an increasingly detailed notion of what constitutes normal has remained central. As Armstrong astutely argues, this century's concern with social relations between bodies, to use his terms, entails a concern with the normal. Examining relations between people involved the approximation and comparison of each body with "normal" social environments and then a search for "normal variability" (Armstrong 1983:43). Since the end of the Second World War, the discourse on normalcy has so invaded our perceptions, measurements and understanding that worrying about growth has come to seem, well, normal. Normal good health is a taken-for-granted assumption that practically reproduces itself in countless health interventions throughout the developing world. A recent critic labeled international health discourse and practice "normalizing" (Bibeau 1997; see also Escobar 1995; Rubenstein & Lane 1990), and this is particularly apt for describing the treatment of infants in the present day.

If scrutiny of infants depends on models of the "normal," then children in remote areas of Indonesia, described as smaller, shorter, and more likely to die than their "normal" urban counterparts, fall far short of the ideal. Thus, improving the health of the most disadvantaged to bring them up to "normal" standards sits at the core of Indonesian development projects aimed at infants (WATCH & Dinas Kesehatan Jayawijaya 1994; Escobar 1995). Non-profit organizations must conform to government objectives if they wish to have an impact in the country, and consequently the groups involved in health education in the Baliem valley reiterate and enact state policy, whether or not individuals agree with the intent. Thus, both government and non-profit organization begin with the presumption that infant health in the Baliem valley falls far short of "normal" (See Handali et al. 1994 for summary position).

Using the discourse of biomedicine, the Indonesian state has created an atmosphere of emergency around the health status of mothers and children among the poor and among designated *suku terasing* (most isolated tribes) in the country's outer islands, such as in Irian Jaya. Statistics of mortality and growth become an effective way to distinguish *suku*

terasing from communities more integrated into the nation's prosperity by showing how the growth of infants is "delayed" in less than ideal nurturing conditions, that is, in regions not fully integrated into the nation. Specifically, interventions target children whose height and weight have been measured as less than the national average (Frankenburg 1995). In one instance, a government-supervised 1988 study done in a poor, rural village showed that "growth faltering starts as early as four months" (Kusin 1990:21), and that "the onset of growth faltering can be attributed to inadequate amounts of additional foods, given to infants" (Kardjati 1990:vii). By the age of three years children seem to have adapted to the unhygienic environment, "but at a cost. They are stunted and wasted" (Kusin 1990:21). And "small/stunted infants become small/stunted adult[s]. Short mothers are known to give birth to smaller babies" (Kusin 1990:23).

While all children in low-income and rural areas in Indonesia are thus "at risk" of "abnormal" growth patterns, children from Irian Jaya deviate even more from the desired norm. The "public child" surfaces in descriptions of indigenous infants: by the age of six months, "relatively gross dietary deficiency" has taken place because parents do not feed their children enough protein. This is reflected in a "retardation of growth" associated with "the failure of breast milk to provide the total calories required: protein deficiency exists at all ages" (citations from Malcolm 1970: 19, 21,46; see also Handali et al. 1994).¹ Breast milk provides important calories and nutrients in an environment of dietary deficiency, where "food intake tends to be irregular and of high bulk" (Shaw 1986: 209, 214). Social conditions are the cause of poor infant health: the living environment of indigenous people is described as "toxic," a source of "burns," "mite populations," "smoke," and "carbon monoxide." Shaw adds, "the degree of crowding in houses [is] positively correlated with the prevalence of coughing among newborns to four-year olds and the incidence of skin

¹I have drawn quotations from the work of Malcolm (1970) in Papua New Guinea because there is little work available on children's health in Irian Jaya. In addition, non-profit organizations that advise the government health agencies use material drawn from the work of Dr. Malcolm. Thus while not formally part of the discourse used on health in Irian Jaya, it is an example of discourse that is unproblematically accepted by health care providers in the province.

disease at all ages" (Shaw 1986:211). Measurements, in short, spotlight local causes for so-called abnormal growth and legitimize interventions to improve them.

Mantri, who are all Dani, learn to look at children in their community using these types of categories. While learning is idiosyncratic and while not all schools teach the same things or in the same ways, I argue that basic premises of concern about growth, disinterest in embodiment, or notions of personhood in healing techniques, and a perceived need to improve the "abnormally" poor patterns of child health are all transmitted unequivocally in formal schooling materials. The *mantri* is trained, if not to understand biomedicine, at least to reproduce its broad outlines in processes of diagnosis and treatment, actively communicating information about a different cosmology of disease causation whenever he receives a patient in his dusty village clinic. These categories are also passed on to *mantri* by their non-indigenous supervisors in a number of ways, some of which I discuss in the following chapter. They include requirements to measure infants, to promote growth-oriented programmes such as nutrition classes, and to use infant growth as a criteria for assessing the status of the family who cares for him. In addition, *mantri* are expected to organize women to attend seminars on birth control, *PKK* activities (Civil Servant's Wives Association), church seminars and more, and each of these transmit the same message: bring infant health up to "normal" standards.

The *Mantri*'s Secret: Techniques for Applying Biomedicine

"*Puskesmas* [government clinic] medicine is just play medicine, not really important at all, just pills. *Puskesmas* medicine is a test to see whether a sickness is really *adat* or not, not a real treatment resource at all"

Lina Matuan

Mantri hold positions in the community as paid government employees in *Puskesmas*. However, they also can have roles as political leaders and claim the status that accrues to successful healers. I had originally sought out *mantri* because of their potential

leadership role in the community. As the providers of "government medicine," *mantri* are healers who challenge the prevailing cosmologies of sickness beliefs. As LiPuma (1989:307) shows among the Maring of Papua New Guinea, support for biomedicine is mixed up with other material goods, such as prospects of a trade store or a hospital. Important men "take on medicine" because of the status accorded to clinical staff; as he puts it, they "submit to it in order to make use of it." In the Baliem valley, clinic workers may become power brokers because they possess an alternate form of knowledge: "the coexistence and validity of two forms of medicine is itself revolutionary. It inclines [people] to perceive the indigenous order as arbitrary, as one possible order among others and hence open to question" (LiPuma 1989:307). The power of biomedicine to cast in doubt indigenous ideas is one of the most important implications of the *mantri*'s role in Dani communities.

While it is true that *mantri* possess political power because of their specialized knowledge, they are also civil servants and state bureaucrats of a minor sort. Employed, secure, educated, and powerful, *mantri* are responsible to the local health board. They must tally monthly reports on service use, medicines dispensed, births, and deaths in the village as well as individual participation in government initiatives in immunization, weighing, and birth control. They must contend with shortages of medicine, a community much inclined to gossip about their healing powers and the possibility of being shunned if they do not heal someone under their care. As Crandon-Malamud (1991) says in regard to Bolivia, those who use the services reflect the politics within the community, its wealth, class, and status. Thus while Dani use health services, they do not do so merely within the framework of syncretic beliefs about healing; they also react to factors such as status, power, and politics when they consider whether or not they want to spend money and time to go to a government clinic (see also Frankel and Lewis 1989).

Most of the *puskemas* in the valley are accessible by motorbike or taxi, which makes it convenient for immunization staff from Wamena to visit clinics as well as

convenient for the *mantri* to avail himself of the town's services and to pick up his wages. Posts in the valley are coveted and overall tend to attract, one supervisor said, the highest caliber of *mantri* in Jayawijaya district. Indeed, in interviews I found that several health workers had been mission-trained, and had over 15 years of experience treating patients, whereas more remote posts tend to be staffed by poorly-trained and inexperienced employees.

In total, I interviewed nine *mantri* from *puskesmas* in the valley out of a total of eleven. Apart from two *mantri* I was never able to track down, all were willing to work with me. My interviews included a series of talks with three experienced *mantri*, all Baliem valley Dani, highly-regarded by their supervisors in Wamena. A score of informants, including the nine *mantri*, described a range of healing options which a sick person can pursue, either for himself or on behalf of his child:

Table 10. Healing Resorts

1. No action: Watching, waiting, worrying.
2. Use herbal remedies. Cuts, burns, old age disease, and fever can be treated. Men and women can treat themselves or others. Cinnamon bark is used as a preventive against colds, and many women nibble on bark regularly.
3. Consult local person who has a known ability to heal specific ailments. This person holds no special status otherwise but may be known as able to heal infant coughs, or to facilitate childbirth. The person uses a combination of herbs, chants and poultices to effect healing.
4. Consult *dukun di dalam* (healer from within the clan). The man who sits at the rear of *adat* pig dividing ceremonies is called the *wesagun* and has the power to heal. The *wesagun* can execute four types of *adat* healing:
 - a. blowing on the head of the sick person. Elders can heal clan members through this technique as well, but the *wesagun* has greater power to heal through blowing.
 - b. confessing misdeeds to a third party who can then communicate the acts and the act of confession to the aggrieved party. A sick person may confess; alternately husband or affines may confess to an act that caused a sickness. The confession fits within *adat* but no special ceremony is required.
 - c. killing a rat or other small animal and providing diagnosis through examining the animal's innards for any sickness. If the rat has an abscessed stomach, for example, the afflicted person will have the same problem. Ideally, *wesagun* should carry out the diagnosis, but elders and less important people will sometimes try it out.
 - d. eating special *adat* pig. When a person's life is perceived as under threat, family and clan will kill a small pig, cut off the tail, ears, and side piece and spread pig blood over the body of the sick. The pig becomes an *adat* pig by virtue of this ceremony, and, if the sickness warrants it, the ceremony actors will smear pig's blood all over the head, torso, and thighs of the sick person. The sick person eats a piece of the *adat* pig. If the ceremony is for an infant and the child is too small to eat the pig, the mother does it for the child, as the child will take in the healing properties of the pig through her mother's breast milk.
 - e. wearing the tail of the pig around the sick person's neck. The tail, usually very small and coated in grease, is tied around the infant or sick person's neck and left there to protect the *etaiegen* (soul) from invasion by spirits. Infants often have two or three pig tails tied around their neck.
5. Go to *Puskesmas*
6. Consult *dukun di luar* (healer from outside the clan). There are only three healers in the Baliem valley who have achieved the status of being able to heal outside of their clan. They employ the above techniques, and the most famous healer also has a reputation of being able to extract bundles of sickness from the afflicted person's body.

7. Participate in preventive medical programmes. Immunizations, weigh-baby *posyandu*, birth control, church-run seminars on nutrition, and volunteer health worker training programmes (*kader*).
 8. Pray and consult religious leaders
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Mantri have stiff competition in the arena of healing. Most Dani see some symptoms as potentially responsive to medical care, but a few symptoms—uncontrollable seizures, *panas dalam* (inner heat, indicated by fever, pulsing forehead), and *suangi* babies (babies who have "pointed heads and cannot sit up or talk")—cannot be cured at clinics. Equally, however, most symptoms will also respond to *adat* healing techniques. Seizures and *panas dalam* can be cured through *adat* sometimes, as can pneumonia, scabies, malaria and other common diseases.

Mantri are all adept at manipulating the *mantri*'s secret in order to keep patients happy. The *mantri*'s secret is simple: "never tell a patient that you know he believes in *adat*. Never tell them what disease they have. Just give them the medicine." Throughout the valley, all *mantri* stressed that they adopted this approach to providing care, hiding what they know about what the patient knows, while they simultaneously hide from the patient what they know about biomedicine.

Mantri employ their strategy of secrecy because *adat* beliefs prevail. Jacob, a highly popular *mantri* for the busy clinic of Hitigima, analyses responses: "around here maybe 50% call themselves Christians, and 50% believe in *adat*. But when it comes to sickness, everyone looks to *adat* first. People who come to see me have already made their diagnosis." The other *mantri* who come from the valley agree that most Dani ground etiologies in *adat*, that is, in the belief that actions of oneself or others can cause illness, that ancestors are primarily responsible, but that sorcery and malicious spirits can also play a part. Some Dani may resort to religion immediately, but more often than not, *adat* precedes resort to biomedicine, and prayer generally takes second place in term of its

healing power to all other options. For example, Christians resort to prayer more quickly, but these incantations often remain at the level of lip service, and in at least one case I observed, a "devout" Christian immediately sought help from a local person and from a *dukun di dalam* for her child's fever, only resorting to prayer once the child was significantly better. Along with *adat*, many people will also pray or go to the clinic. Depending on whether or not the person gets well, a common pattern of alternating *adat* with *puskesmas* care can bounce back and forth for some time. Thus the *mantri* who wishes to heal with penicillin or another pharmaceutical needs discretion to avoid offense.

In the following portraits of three popular Dani health care workers, I show how these men negotiate a prominent role within the dizzyingly pluralistic approach to healing that I have outlined above. Without aligning themselves resolutely with the biomedical services available at the clinic, the health workers nonetheless end up by expanding the influence of government health services, ironically primarily through the culturally-grounded stoic silences and secrecy they maintain around diagnosis and treatment of the patients they see.

Jacob and the "*Mantri's* Secret"

At the Hitigima clinic in late November, as the rainy season was beginning, a woman brought her young girl of about ten months for Jacob to treat. The girl was thin, wan, and racked with horrible coughs. Every few minutes she would have a coughing fit and spit up mucus uncontrollably for about twenty seconds, and then would go limp, while her mother tried to catch the mucus and wipe it up, as she crooned and rocked her weak little girl. As Jacob ran through the patients in order of their arrival, he cringed every time the girl coughed. When it came to her turn, Jacob asked the mother: "How long has she been sick?," and the mother replied "a long time," to which Jacob retorted "then why didn't you bring her in before?" and the mother answered, "I was busy in the garden." On the

basis of this conversation, Jacob gave the little girl an injection of penicillin and told her to come back in a few days for another injection. After everyone had left, I asked his opinion on this particular case. He grimaced, as if both he and I could still hear the sound of the child's cough in our ears. He replied,

That baby might die because she waited so long to bring her in. When the mother answered that she had been busy, I knew that she had done *adat* and brought the baby in only when it was clear the baby might die; that the *adat* wasn't working... I don't tell her these things, don't tell her that the baby might die, I just give her the medicine. People are obsessed with death. If I tell them what I think I'll make them worry, so I just give out medicine, which is helpful sometimes because if I run out of medicine I just give out something else, without explaining, then they don't know if it's the best medicine or not.

The next week, the woman brought the child back for a second shot, and the week after that she returned for a third shot with her child who had improved somewhat, and had gained a little lost weight back, but was still coughing. The mother and I had a brief interview, in which the first thing she told me she was that she was a Protestant and so was her husband, and that they didn't do *adat* ceremonies anymore because the church forbade it. Then she went on to explain that this was the first time any of her children had gotten this disease: "There is no traditional medicine for this disease, you have to pray to God, and not do *adat*, and so I prayed and prayed. But prayer doesn't work, so we did *adat* and under *adat* the baby got just a little bit better. Then when she didn't get better, I prayed some more; then I brought her to see Jacob." A few weeks later, Jacob told me that the baby had died. Her mother had not brought her back to the clinic after the third visit when I interviewed her. He presumed she had noted the child's improving health and had chosen not to continue with treatment, saying "If she didn't come back when the baby got sick again either she was embarrassed or she was more concerned with fixing up *adat*. It's too bad, I could have saved that baby."

Cheerful, joking, and amiable, Jacob is a highly popular *mantri*. Patients, notably women with children, will walk several hours to seek treatment with him rather than with two other *mantri* who practice at posts nearby who have bad reputations (see Figure 20).

Jacob's good reputation derives partly from his willingness to go out of his way to help people. He will walk for hours to help a sick person if that person cannot walk. He does it for money or barter, but other *mantri* often refuse to take these additional measures to help, payment or not.

Jacob has been practicing for almost twenty years. He was selected by missionaries and taught basic anatomy, diagnosis and treatment through, as he puts it, "doing, not just learning." Through rote and repetition of bodily actions, Jacob gained exceptionally high levels of confidence in his skills: "once knowledge is in me it can't be forgotten" he said, and he feels the mission trained him well, better, in fact, than training at any of the short government-run seminars he has attended since: "they talk and talk and want us to listen and listen. We don't learn anything." His mission training was a factor in his becoming a Christian, and he is the only adult man I met throughout my year in the Baliem valley who does not raise an *adat* pig for the big pig festival. However, he is intimately familiar with all the permutations of healing that take place outside his clinic.

Because of Jacob's popularity, he enjoys good relations with the Wamena health office. As well as showing consistently high use rates by the local population, he always submits his monthly reports on time, uses his medical allotment carefully, and encourages women to participate in government programmes including birth control, immunizations, and weigh clinics. Perhaps because of his conformity to bureaucratic expectations, Jacob receives a fairly good assortment of medicine, better, it seems, than other *mantri*, although it was difficult to determine whether he was more careful in meting out coveted medicine such as penicillin or whether he simply received more of it than other *mantri*. Certainly, the supervising doctor at the Wamena clinic wished there were more *mantri* like Jacob, and cited him as a model employee, with his carefully documented medication statistics and his ability to motivate women to participate in government initiatives.

Jacob's popularity comes not from his knowledge, from his religious status, or from his jovial personality, but mostly from his ability to hold his tongue: he was the most

assiduous practitioner of the *mantri*'s secret in the valley, never referring to *adat*, to death, or to the act of diagnosis in any of his interactions with patients. By bringing in five or six patients to the examining room at a time, by sustaining a high level of gossip and banter, and by moving fast and efficiently, Jacob could be highly personable without revealing any of his treatment strategies. Overall, Jacob has adopted the biomedical model of child health over ones grounded in local knowledge. His patients do not know this, however, and this space between knowledge and practice that secrecy allows is a space that allows him to promote immunizations, birth control, and the use of weigh clinics without challenging local knowledge and practice.

Simeon the Strategist

Simeon, a *mantri* now for twenty-five years, was trained by missionaries and has been diagnosing and treating illnesses in the Baliem valley since 1971. A jovial, portly man, he supervises three staff at Sogokma, the southernmost clinic in the valley. He retains control over the amounts of medicine his staff use, because he says health staff are wont to steal drugs and sell them privately. He therefore does most of the diagnosis, leaving the administration of medicine and weigh clinic activities to other staff. In this fairly rigid control over the clinic's division of labour, Simeon gives himself the status job of making a diagnosis, and employs a vibrant actor's persona to communicate his inviolable skill to patients. Simeon claims to know immediately who has done *adat* and who has not; in fact he claims to know the diagnosis before the person has even sat down, which makes all the "hmmms" and nods he gives while people are explaining what is the matter with them part of an impressive acting role, in contrast to his more reserved private persona. When someone comes in with a sick child, he asks them "why did you wait so long?" and they answer "we had no money, we were busy" which tells him they did *adat*, and that he must keep it a secret, a secret he claims he already knew. As he says, "I know the people in Sogokma so

well, I know they'll be needing my services even before they know it themselves. But I don't tell them anything, they have to come on their own." *Adat* has to be a secret if it's to work, he argues, because if you tell anyone that you are carrying out *adat*, you run the risk of retribution from the ancestors or of jealous revenge from enemies.

Simeon grounds his healing firmly in both *adat* and biomedicine. He participates in alliance rituals, is a minor leader in his own clan, and keeps many pigs, including the *adat* pig for the *epe ago* feast. In cases where patients are reticent to talk but haven't gotten better after several injections, Simeon might say something euphemistic such as, "maybe there is a problem?" and the patient might reply "there is" which allows them both to know what it is they are talking about, namely *adat*:

We must be discreet about what we know. A person will come in with a very sick baby and it's obvious to me that they have tried *adat* before coming in and so I don't say anything, because *adat* is a big secret. If a baby gets sick, you can't talk about it, he'll just get sicker, so a family does *adat* in secret, partly so the elders or other gossips won't find out about it and give their opinion and make trouble for the family that is already busy enough worrying about their baby. All *mantri* know they have to keep secrets. *Mantri* never give out the diagnosis, only the medicine, they never bring up *adat*. They might talk about God a little bit to distract the parents, try and inflate God's role in the scheme of things rather than get angry at the parents for doing *adat* and taking so long to bring the baby in. Patients want reassurance, not explanations.

Simeon enjoys the art of diagnosis, especially if he has the appropriate medicine on hand, but access to medicine does not mean that the patient will necessarily get better.

"Medicine," he says, "is a component of *adat* healing, but it comes after, not in conjunction with all the rituals of pig killing and eating." Simeon uses biomedicine as a tool to diagnose sorcery efficiently: "you give a diagnosis and only later do you learn it is sorcery because the person doesn't get better. I try and give the medicine that will heal, when we've got it of course and that isn't always. Sorcery, *adat*, careless behaviour, whatever, the most important thing for me is to keep my reputation," he said one day and chuckled, "I'm the *mantri* who is famous for *satu suntik dan sembuh* (one injection and fully healed)! That's why we're closing tomorrow. I've run out of penicillin, and I don't want to have to give out useless medicine; it wouldn't do my reputation any good."

Albert's Ambitions

Albert has been the *mantri* for Kuliama for six years. A firm believer in *adat*, as well as a devoted churchgoer, Albert is conscientious, quiet, and very ambitious. In our time together, he complained at length to me how hard it was for him to do a good job of providing medical care. Albert uses the *mantri*'s secret--no discussion of diagnosis, no explanations--because he has to cope with acute shortages of key medicines. For example, when I interviewed him in September, he told me that they had had no antalgin for six months, no ampicillin for three months, no tetracycline for two months. He showed me how the requests for medicine he submits often have nothing to do with the medicine he receives: he'll ask for 100 vials of ampicillin for infections, for example, and instead get 10,000 sachets of Oralit, rehydrating powder for diarrhea primarily intended for infants and young children. He opened a large unlocked cupboard and showed me that it contained at least 100,000 sachets of unused Oralit: "We have so much Oralit we don't know where to put it all, and for what? Nobody ever uses it, we never give it out." Thus, when he opens his clinic doors in Kuliama he uses silence and secrecy as a way to get around the fact that he is limited in what quality of care he can provide. If someone comes to him with a case of *salah jalan* ["dirty walking" or gonorrhea] what he would like to do would be to give the patient some trisulfate, but since none is on hand Albert probes the patient for more details on how serious the condition is. If the patient says his urine has blood in it, then Albert will hunt up his special stash of trisulfate and give it to the patient; if not, then he holds back on the correct medication and sends the patient home with disinfectant soap especially made for sexually transmitted diseases, and with injunctions to wash frequently. Of course, he says, the treatment does not work, and the patients end up back at the clinic, and if Albert still does not have the medicine then he must play the game all over again.

Albert also uses the *mantri*'s secret because, after eight years of work, he knows the futility of talking about *adat* in a clinical setting. *Adat* healing is supposed to be a secret, thus patients are unlikely to talk to him about their healing attempts. Albert believes in *adat*, because "it was the only truth when I was growing up," he said, and he knows what is going on when people show up at his clinic and have been using *adat* healing strategies. Sometimes if he has been trying to heal a patient for a long time he will break the silence and ask if they "have put everything to right." He tells the patient to go away until they have performed the necessary rituals and then when they come back the medicine will work: "The injection is what cures, but *adat* has to be made right before it can work. Fixing *adat* makes the injection effective."

When one of the wives of a prominent alliance leader fell sick, for example, Albert used clinic medicine in conjunction with her husband's *adat*. Lesina Hilapok, the third wife of Otober Kossay, fell deathly ill in the fall of 1994. Because her symptoms were considered serious — a high fever, shaking, and loss of consciousness — the alliance leader let little time pass before conducting a series of *adat* ceremonies, first a confession (the secret contents of which were the source of much debate), then feeding Lesina a piece of *adat* pig, killing a pig and smearing the blood on her. This latter ceremony was repeated five or six times. Lesina's co-wives decided to pray, although Otober did not, and the Pastor came to visit and prayed with her as well, leaving a crucifix and a Bible in the doorway of the woman's house to ward off ancestor spirits and sorcerers. Almost simultaneously, her husband called on Albert who gave Lesina pills and then an injection of penicillin. When those didn't work, Albert came to visit her once or twice a week and gave her injections at every visit. Albert never offered a diagnosis throughout this time but tried out a range of pharmaceutical combinations though in his mind it was clear that the problem lay with unresolved grievances and sorcery that were targeted at Lesina's husband. When the medicine failed, Otober called for the renowned shaman from the west of the valley who came for a day and conducted a healing ceremony in which he established the

diagnosis as sorcery, and claimed to have cured her. As Lesina rallied a bit, *mantri* Albert claimed success. When I interviewed Lesina during this time, she told me someone caused her sickness. She also thought she was sick because she was sad about her eldest son's departure to the coast. An "imbalance" in social relations was causing her sickness. But Albert told her not to think like that, not to blame herself, but to continue taking his medicine, "a little bit of everything," he said, "phenobarbitol, vitamins, tetracycline." Throughout this time, Otober brought rice, noodles and the occasional tin of sardines back from Wamena for his sick wife, and was considered by many as highly solicitous.

Lesina eventually died, some five months after her original collapse. Dani from the entire region stopped their work to attend the funeral, to bring a pig if they could afford it, sweet potatoes and netbags if not, and to cry, and mourn over her in the year following her death by smearing mud on arms and faces, by wearing old and ugly clothes, or by returning to traditional attire; a penis gourd for men, a *yokal* for women. Throughout the eight months of mourning, people mulled over reasons for Lesina's death. While some insisted that it came about because Otober mixed Christianity and *adat* in attempts to heal—none opposed the mixing of clinic medicine and *adat*—most agreed that she died of sorcery, ultimately coming down in judgment on a minor tribal chief from the hills west of Kuliama, traditional enemy of the valley floor Dani, who had poisoned Lesina deliberately by feeding her a piece of stolen pig at a festival the previous year. One of the key factors cited in the pro-sorcery argument was the fact that the injections that Albert gave Lesina did not work. As Albert put it, "if it hadn't been sorcery, she would have gotten better. You can tell if a disease is caused by sorcery or *adat* if it doesn't get better the way it is supposed to under regular medication." Medicine provides a means to test out the validity of local diagnoses.

Most of the time Albert is fairly confident he can heal sickness, as long as the person's *adat* is "under control," as he says. Albert has used this knowledge in a coercive manner in order to further his career goals, notably to sustain high attendance at the

monthly weigh clinics for which he is responsible. Albert speaks out at church and harangues his employees at smaller posts in the hills to send people to him for medicine, but mostly to go to monthly weigh and immunization clinics for babies. He admits to coercing families on occasion, "but mostly they don't listen." For example, a man from nearby brought his baby in to the clinic one day with an advanced case of upper respiratory infection. As Albert tells the story:

I asked him, 'Have you ever been to the Posyandu?', and he said 'No, never.' 'And you live where?' I knew the answer but I asked so he would have to face the issue that he lived close by. 'Near', he said, and I replied 'Near? Don't you hear me at church say to bring your child to the clinic for shots?' 'I'm busy in the garden.' 'What's more important, the garden or the kid?' I replied. 'They're both important.' 'Well, who do you make the garden for?' 'For my child.' 'Then, is the garden important or is your child important?' And then I told him, 'Ah, you make your garden for your child but you don't want to look after your child. Go back home with your child, I won't treat her here.' Then I stayed inside the clinic and after an hour I saw he was still waiting with his baby outside underneath the tree, and so I treated the baby. Now that baby has had all her shots.

Albert has strong links to the community and is well aware of the hierarchies and issues that prevent or promote participation in health or other development activities. Albert's high community status, his regular pay cheques, and his good reputation at the Warana health office as competent and reliable gives him power and an obligation to promote the health office, in particular to promote immunizations at the *posyandu*. In other words, he is placed in a position in which he uses biomedical knowledge about infants as a means to justify aggressively promoting health services. Key to the process is the way Albert manipulates information to retain his prominent position in a pluralistic healing system.

Commentary

The above three accounts highlight *mantri*'s concern with the act of healing and their pride in the work that they do. They try and control relationships within healing in order to maintain both their standards and their reputation when medication supplies are

inconsistent and when the quality of drugs is poor. But masking a lack of supplies is not the full story. Even in Jacob's and Simeon's time, under the support of missionaries, when medical supplies were sufficient and reliable, both *mantri* used silence and secrecy as an efficient way to treat their patients.¹ Secrecy derives from *adat* beliefs but it masks two issues: the personal power of the *mantri* and increasing legitimacy of "government medicine." Not only does the *mantri* manipulate the symbols that offer solace, or at least appear to do so, in order to heighten his personal power, but he simultaneously legitimates the bureaucratic presence of *puskemas* and *posyandu*.

First, *mantri* gain power through providing medical care. Biomedical knowledge gives *mantri* status because when the service they offer is effective the institution of "government medicine" is validated. As long as new knowledge is filtered into the acceptable form of "*mantri*'s secret" and as long as diagnoses and treatments conform to locally acceptable notions of disease and their outcomes (Young 1982), *mantri* gain the power that accompanies the ability to heal. A monthly wage and the chance to work alongside other powerful men can also increase *mantri*'s social status. For example, Albert is a church leader, a financial partner of the government village chief, and the director of a soon-to-be-enlarged Kuliama clinic which he will oversee.

Dani patients respond to these recognizable cues of status and power. Responses to *mantri* healing are also grounded in time and space. Dani responses are also highly pragmatic, in a pattern already well-recognized in studies of responses to health care in Melanesia (Frankel 1986; Frankel & Lewis 1989; Last 1981; Lewis 1975; Romanucci-Ross 1975; Welsch 1983). In the current move towards a rapidly modernizing valley, Dani re-evaluate local values and practices in light of the influx of new ideas contained in *pembangunan* (development). Many Dani make explicit links between *pembangunan* and

¹ This successful approach contrasts with another *mantri* I interviewed who openly attempted to connect allopathic medicine with *adat*: "I try and find out right away if it's sorcery, ancestors, or just sickness. If it's *adat*, I can ask them why they are sick and I'll tell them they have to go and make retribution and once they've done that to come back to me for treatment." By transgressing the privacy of *adat* healing decisions, and by refusing to engage in relations of secrecy, this *mantri* has lost patients and has a sorry reputation.

"government medicine." Pigg (1995) has suggested that from this reassessment of relationships between healing and modernization comes a specific "social symbolism," to use her term, that specifically accrues to healing personnel. In other words, because *mantri* are affiliated with government medical services, because they draw a monthly wage, and because they adopt a strategy of healing through secrecy, they sustain meanings different than those accorded to *adat* healers. The *mantri* personifies a certain type of modernization wherein form matters, wherein participating in health initiatives such as birth control connotes "progress," and wherein calling oneself "developed" invariably requires adopting "government medicine," in name if not in practice. Thus more than just a healer, the *mantri* is intimately connected to other forms of governance in the valley.

As well, the *mantri*'s secret works to transmit knowledge. *Mantri* transmit the healing model offered in their textbooks and teachings in the ways they treat others. They encourage women to bring their children to clinics for immunizations, even though Albert, at least, was vocal in saying that unnecessary shots go against cultural ideas of what is good for infants. *Mantri* promote the use of penicillin to treat upper respiratory infections because they know their medicine works, moreover because they *want* it to work. Perhaps most importantly, *mantri* implicitly reinforce the notion that Dani babies are abnormally small: By promoting monthly weigh and immunization posts, they force a comparison between Dani and other Indonesian babies that show the Dani babies to be deficient according to established norms; by promoting pre-natal care and by encouraging people to attend talks on birth control and nutrition they extend key objectives of the nation-state down to the level of everyday indigenous experience (see chapter 8 for a full treatment of this issue). Where they are given room to offer new technology and ideas, *mantri* do so. The treatment of diarrhea, for example, fails not because *mantri* are unwilling to promote Oralit rehydration therapy, but because Dani caregivers are not interested in using it. Overall, while each *mantri* expresses different levels of commitment to biomedical knowledge, and uses it in an idiosyncratic way, they by and large transmit intact the

practice of what villagers call "government medicine." Whether or not the Dani make use of these services is one important aspect of this situation of medical pluralism (cf. Last 1981). What I suggest matters more, however, is the way the *mantri* legitimize the presence of "government medicine." *Mantri* may not transmit the specifics of biomedical knowledge systems, particularly disease etiologies and anatomical understandings, but they enhance the legitimacy of a relationship between biomedicine and the rule of a nation.

Conclusion

The delivery of medicine in the Baliem valley is inseparable from broader state attempts to promote change, understood locally as *pembangunan*, and the prominent role of the government in all arenas of social life (Azis 1996). Undeniably, though, the goal of the nation-state is to make conformist health practices part of national agendas that promote the prosperity and health of families. Likely, *mantri* will come under increasing pressure to become more actively involved in the arts of persuading, particularly given the increase in programmes geared specifically towards infants (UNICEF n.d.). On the basis of observations in the field, I argue that this is already happening. *Mantri* like Jacob and Albert are lauded and promoted; others, more lax in ensuring participation in, for example, family planning outreach, are slowly being transferred out of positions of power.

The techniques of power employed in the realm of health care have only been touched upon in this chapter. In the following chapter I broaden discussion of the impact of health care services offered to infants. I show how the production of statistics about infant health, a near-obsession with infant growth, and the attitudes of non-indigenous workers are all processes that solidify relations to promote conformity to national health goals. Strategies of statistical manipulation and racial practice draw from a "national culture" that reveres children, that sustains a racist attitude towards indigenous people of the Irian Jaya

highlands, and that defers knowledge and power to government authorities, such that the search for the "normal" infant becomes a model for and a means to legitimate coercive health measures against the Dani.

Chapter VIII

The Indigenous Infant and the Body Politic

"All members of society, even those who seem to be incapable of participating, have significant roles [to play] in development"

H. Sayono, Indonesian State Minister for Population (1996:119)

One day, I asked a family that happened to be visiting Wamena from Kuliama one afternoon to pose beneath a large poster promoting *KB*, or family planning, that was situated in the busy marketplace. The husband Franciscus, a man who I had been working with for some months, looked up at the poster and grinned knowingly. He stood stiffly in the center of the billboard, flanked on both sides by his two wives, both of whom carried an infant under one year. Three other children aligned themselves on either side of him, and smiled happily at the camera. While my photograph shows the ideal family according to at least one Dani man, the billboard shows the Indonesian family ideal: a woman dressed in batik cradling her plump infant, standing with a man holding the shoulder of a five-year old boy dressed in a school uniform. The billboard proclaimed "Two is Enough." On another occasion, a monogamous family from Kuliama asked me to take a "family picture" of them. Pelesina, mother of four children including a newborn, changed into her best dress and stood awkwardly alongside her husband who put his arm around her and their children and posed for the camera. Awkward about touching in public, Pelesina and her husband split apart immediately after the picture was taken. Pelesina said to me, "it is right to take a family picture now because we have had the all the children we need. Four is enough."

This chapter is about the nation-wide models of the family to which Pelesina and Franciscus are reacting. Franciscus offers a comfortable response to ideal government models of a two-child nuclear family. Pelesina, more inclined to want to emulate Wamena families, struggles in a too tight dress and accepts her husband's embrace as a means to

confirm her affiliation with the *pendatang* (newcomers) she meets in Wamena. While there are a range of responses similar to those of Franciscus and Pelesina, this chapter is concerned to document the processes by which they and other Dani in the Baliem valley are confronted with powerful and recurring formal policies to reshape the family. This chapter describes the model ideal family and documents the techniques by which the model is communicated. I argue that nation-wide ideals of the family are especially prominent in the arena of infant health care. In attending *posyandu* (infant weigh clinics) or in seeking pre- and post-natal care of any kind, infants receive medical care that is tightly bound to a "national culture" that places familism at the forefront of desired social behaviour. That culture of familism, in turn, turns on hegemonic institutional relations such that notions of the ideal family are present in policies, specific practices, and attitudes of valley *pendatang*(newcomer) in both health care and in valley relations in general. In nation-wide models of the family, the infant and young child hold a particularly prominent place. Children symbolize the merits of government; they are the beneficiary of a positive vision of the future, and they validate themes of prosperous growth and family values that the nation offers. The very young child is both the target and a tool of policy, a key communicative device by which national goals gain legitimacy among the heterogeneous Indonesian citizenry.

This chapter extends from Chapter 7's focus on the extent to which state and civil society complement one another in Indonesia, for example, in the *mantri*'s role as mediator between for health programmes, to a focus on the features of the Indonesian health bureaucracy that promote assimilation. I examine non-Dani health worker practice and the operations of *posyandu* as key places wherein the goals of the nation-state are further institutionalized in local thinking and action. Gupta (1995) has argued that minor bureaucrats such as *mantri* supervisors and clinic and agency heads (all non-indigenous immigrants to the region) transmit goals of the state, adding that they do so in a manner constrained by social and cultural norms of a given place. As an "outer island" province,

the easternmost province of "underdeveloped Eastern Indonesia" and the home of many of the nation's *suku terasing* (most isolated tribal peoples), Irian Jaya is on the receiving end of recent state attempts to integrate the province more fully into the nation (Azis 1996). The bureaucracy of health care at the local level is firmly ensconced in the nation's broad efforts "to construct images and ideals of unitary identity" (Foster 1995:2; see also Foulcher 1990; van Langenberg 1990).

While a more usual approach within anthropology would be to review Dani responses to this bureaucracy, I argue it is more relevant to document the impact of nationwide images and practices on indigenous families and infants. This is not because Dani response is unimportant but because the institutions that provide health care in the Baliem valley are more tightly controlled than they first appear to be, and because health practices are more bound by hegemonic goals of the nation-state than by goals that are simply humanitarian. Health measures that at first appear benevolent and unproblematic, such as immunizations and weighing, can also be seen as part of a political process of naturalizing connections between a national culture and a heterogeneous citizenry that make up its members (Gupta & Ferguson 1992). This chapter explores ways that the nation-state creates and accumulates knowledge about its citizens by rendering minorities within as knowable subjects: "subjects counted and classified in censuses; registered on birth certificates; issued with draft cards; and so forth. Moral regulation, in this sense is all about the establishment of categorical identities" (Foster 1995:17). Identities need not necessarily be ones of inclusion, however, and it is a goal of this chapter to document ways that the Dani are created as Other more than as welcome citizens.

This chapter begins with a review of the ways children function as a symbol in Indonesia to support development goals and paternalistic models of nation-citizen relations pervasive in the contemporary nation-state. Next, I describe *posyandu* (child weigh clinics) as exemplary of the tightly-meshed relationship between national cultural models and local implementation of seemingly neutral health measures. The production of statistics at child

weigh clinics, the recording systems, and the child immunization records all reinforce a broad policy of assimilation. Statistics are manufactured and manipulated to emphasize infants in indigenous communities as "small" and "unhealthy" and therefore in need of intervention. Finally, I scrutinize the types of ethnic discrimination that pervade the health bureaucracy by examining the response of a non-profit agency head to a Dani woman's childcare strategies. In denying validity to Dani practices, health care providers promote ubiquitous and powerful state models of citizenship even as they deny the Dani a significant role within the nation.

The Child within the Indonesian Nation-State

Family in the modern sense--a unit bounded, biologically as well as legally defined, associated with property, self-sufficiency, with affect and a space 'inside' the home--is something that emerges not in Stone Age caves but in complex state-governed social forms.
(Collier et al. 1993:155)

Children play a prominent role in Indonesian government propaganda and in the country's "national culture." The idea of a national culture is central to the Indonesian nation-state's search for ideological legitimacy: in fact, it is written in the country's constitution (Foulcher 1990). Ideally, national cultural values combine a healthy dose of "tradition" with such elements of modernization as are seen as positive. Aragon has termed this "the internal politics of culture" and recognizes the efficacy of the strategy for containing ethnic difference (Aragon 1994; see also Hughes-Freeland 1989; Kipp 1993; Liddle 1985; Pemberton 1994; Spyer 1996). Regional arts, dance, and spectacle are welcome as long as those cultural values and forms do not serve alternate political interests or promote alternative foci of allegiance and identity: "systems of belief which once constituted an all-embracing moral order have become like an etiquette; what counts as *adat* is only what can be displayed or performed" (Acciaioli 1985:161; Aragon 1994).

Within national culture imagery, children have several roles to play. The first identifies the child's political role as a key member of a domestic family unit, the "household." The household is an ideal type: "the authoritative, all-knowing father; the ever-giving, never-angry, and also all-knowing mother, who is in charge of family life; and obedient children" (Shiraishi 1995:170). Grounded in concerns of the nationalist movement in the 1930s, which were in turn fomented by interventions into families in the Dutch colonial era (Stoler 1995, 1996), discourse of the family saturates official language in Indonesia. Soeharto is *Bapak*, "father" of the nation; elders and bosses are addressed as "mother" and "father"; and obedient adults are equated with children who know their duty (Shiraishi 1995). A "family principle" conceives of the state explicitly as family: "Paternalism infuses Indonesian social organization and relationships, with President Suharto as the ultimate *bapak*, or father figure" (Suryakusama 1996:95) or, in the words of the nation-wide civil servants organization's constitution: "the family household is the smallest unit of a nation" (Suryakusama 1996:97). In another example, ideologies of paternalism were used in a 1974 pamphlet airdrop in the warring border region between Irian Jaya and New Guinea, where the army referred to itself as *Bapak Tentara* (Father Army) to discourage rebel forces (Gietzelt 1989).

The woman's role in this imagined family community is to nurture her children. Sears shows how the *Garis-Garis Besar Haluan Negara* (Principal Outlines for State Policy) clearly describes the role of women as, at the very least, "a wife and associate of her husband, an educator and cultivator of the younger generation, a controller/regulator of the household" (Sears 1996:19). Above all, the family is part of a larger socio-political order: "the family is the smallest unit of society consisting of husband and wife, or husband and wife and their children" (Government of Indonesia 1992:7). Shiraishi (1995) has demonstrated the ubiquity of images of a docile female domestic regulator in popular children's literature in Indonesia, in which a currently popular political ideology of *tut wuri handayani* (guiding from behind) also underlies most children's literature.

Wondering why family relations in children's literature is depicted as so highly and consistently laden with political messages, Shiraishi suggests that "guiding from behind" draws its roots in the history of the country and reflects a conservatism and obedience ultimately grounded in fear of political reprisal. As Pemberton (1994) and Tanter (1990) posit, violence during the 1966 revolution and other political battles remain part of people's memories:

In Indonesia today the terror which matters most is not what is manifest in day-to-day social relations for the majority, and which is uneven, diffuse and low-level in its affectivity. It is the memory of having suffered horribly in the recent past.
(Tanter 1990:269)

These memories give impetus to Javanese models of reticence and obedience to political authority, models that guide contemporary Indonesian politics across the nation (Vatikiotis 1993) and that transform obedience into everyday practice such that in Indonesia, "terror becomes culture" (Pemberton 1994).

The second role the child plays is to make "national culture" accessible. If "ritual idiom" can make imperial authority "manifest and compelling" (Comaroff & Comaroff 1993:xvii), then children dressed up, marching in file, and singing their *adat* songs symbolizes the need to make the concerns of the next generation a national priority. Extremely young children dress up as adults and perform on national public television; children often act as the heroes of state-sponsored television programmes; children dance and display finery in parades in the community, at school, in print media and on television, and in spectacular costumes, singing and dancing for every major religious holiday (Sears 1996). While this focus on child-oriented public performances may draw from roots in Javanese cultural values, the extent to which Javanese values have pervaded models of national culture mean that even Wamena children and youth, well-entrenched in nationalist education and ritual display, have adopted the notion that culture is spectacle, and that spectacle is linked to the nation's prosperity and to the country's motto, "Unity in Diversity" (Kipp 1993; Langenberg 1990; Anderson 1990; Foulcher 1990).

In much of Irian Jaya children must wear uniforms if they wish to go to school. Every morning students assemble in file to salute the flag and sing the national anthem. In Wamena, at major Christian and Islamic religious holidays, at independence day, and for school holidays, children dress up in the cultural costumes of their homeland or that of their parents and parade in orderly units throughout the streets of the town. They sing songs from their homeland and some try out dances they have been taught. New notions of modesty mean that Dani girls wear t-shirts and strap netbags across their breasts instead of hanging down their back, and boys paint their faces and bodies but wear shorts instead of a penis gourd. All children are technically welcome to participate but invariably the parade leaders, in the costumes most admired from the parade watchers, represent families from central Indonesia.

The third arena where the child has influence is in linking families to healthy practices. An assumption that underlies the Happy Families Law and family planning policies outlined in the previous chapter is that if Indonesian families have healthy children, they will in turn want smaller families (World Bank 1990; Government of Indonesia & UNICEF 1988). Smaller families help keep population growth under control. And as many Indonesians told me, smaller families mean that you can look after your children better, providing them with the opportunities, for example, to attend parades in quality costumes. The small family ideal has pervaded everyday life and, notably in discussions I held with Indonesian women in 1993 in Java, most families have internalized the two-child family logic and have given it a personal interpretation that makes it meaningful to them (cf. Hull & Jones 1994).

The notion of an ideal family is a construct made legitimate through state policy, through national cultural values, and through a broadly consensual intense affection for children. However, national family values also find their way into health practice. The ideal family model is promoted in indigenous communities whose practices differ drastically from this constructed norm primarily through interventions in the arena of early childhood

health. In the following section I describe monthly weigh clinics in some detail to show how health care employees and bureaucrats reproduce the family values outlined above. In the bureaucratic practice of the actual clinical event, in the production of statistics, and in the forms used the message about family, conformity is reinforced.

Infant Weigh Clinics: The Production and Manipulation of Statistics and Families

One of the most ubiquitous features of Baliem valley health care is the baby weigh scale. *Posyandu* (monthly weigh clinics) are held every month at *puskesmas* and at established posts across the valley. They are free and target pregnant women and children from birth to five years of age. *Mantri* and *kader* (village volunteer health workers) are expected to visit the farthest corners of their villages, to encourage women to attend, and to have their baby registered, weighed, and immunized on the same day of every month. Response to this service is varied: of the ten *posyandu* at which I conducted structured observations, two had zero attendance, two had less than five attend, four had from between five and 20 children, and two had more than 20 in attendance. While I hesitate to assign the term "normal" to a summary description of weigh clinics, in the main, less well-attended clinics were held in the mountainous valley borders, where the immunization truck could not travel. The better-attended clinics were held in easily-accessible valley posts, and drew participants if a *mantri* influential within the community, such as Jacob, advertised the *posyandu* well ahead of time and got *kader* to remind women and to round them up the morning of the clinic.

I observed a well-attended *posyandu* in Kuliama about six weeks into my field research and noted a high level of bureaucracy: At this *posyandu*, a total of ten paid and volunteer staff attended to weighing and immunizing children, starting about eight a.m.

One of the volunteer *kader* was charged with tracing the names of the children attending, Albert and his wife Berta, paid and trained clinic staff, wrote down the names of the children, what they had received in the way of shots, and how much they weighed. They wrote this information down three times: once in the weigh cards mothers have to bring with them each time they go to the clinic (*Kartu Menuju Sehat* or *KMS*); once in the daily book of health records; and once in the official monthly statistics book that Albert works from when he completes his monthly statements of service use. They processed a total of 35 children that day, an unusually high number.

These procedures were well under way when the truck from Wamena drew up about nine a.m. with the two regular staff, two training nurses, vaccines, and a standard bathroom weigh scale. The two paid staff had specific tasks. Ibu Norma weighed the children and yelled the numbers over the din to Berta, who wrote them down (see Figures 17-19). Pak Dasinapa, a 20-year veteran of health services, gave immunizations to children in the minuscule back room using a sterile, reusable metal needle, which set the babies to wailing. The women, all illiterate, and many with minimal skill in the Indonesian language, sat outside or on the crowded bench inside the inoculation room and waited for their child's name to be called. Whether the child was a newborn or a toddler, the staff from Wamena asked the mother to take the child out of the *noken* and weigh herself, standing on the bathroom scale, both holding and not holding the baby. Staff wrote the information on the child's card, and the mother was then sent to the back with the baby and card where the child received injections and the *kader* wrote this information down on the card.

In order to process people faster, Norma called on several women at a time to come forward and be weighed as they waited for their shots, with the result that there were always 15 to 20 people in the tiny clinic at any time. Confusion grew as Norma handed a baby back to the wrong mother; as one woman refused to take her child out of her netbag and have her weighed by someone else; as women unfamiliar with the routine came forward without being called, and others didn't come when called. One woman came only

to have her baby weighed, and everybody yelled and laughed at her; meanwhile the nurses in training were given the task of popping vitamin A capsules into the mouths of older children. Within the space of two hours, all the children had been processed, and mothers were ushered out, card in hand, with a thoroughly frightened child, and told neither to lose the card nor to forget to return the following month for their next set of shots.

In contrast, I experienced a no-show *posyandu* the following week when, accompanied by Jacob, I left the small Hitigima *puskesmas* to take a monthly hike up the mountain to give immunizations to the babies of the village of Air Garam, an hour's walk away (see Figure 21). He explained confidently,

These people are Christian, they all come for their immunizations because they are modern, not full of *adat* beliefs like the people in the valley below. At least fifty percent of Air Garam residents have abandoned *adat*. If they don't follow *adat* then they come to me right away if their children get sick.

Yet when we arrived at Air Garam, nobody showed up for immunizations, not even the woman who had promised just two days before that she would be there. Jacob was visibly disappointed, not least because the poor showing might undermine his claims to effective healing throughout the mountain region, but also because he was concerned that his excellent reputation with the director of health services in Wamena was overly-grounded in his ability to get women to follow government programmes such as these.

Actual *posyandu* attendance is low in the valley. Albert targets an immunization rate of 60% for valley children. Of this target he estimates he reaches half, or 30%, of the area's children. Of this 30%, half come for only one or two shots and never return. Thus, about 15% of valley children are fully vaccinated. Albert's breakdown holds only for valley children: at *posyandu* in the surrounding hills where Wamena staff travel less frequently and where *mantri* are less involved in providing health care, attendance rates are lower. Thus, when I asked Albert what rates of full compliance he estimated for the entire region

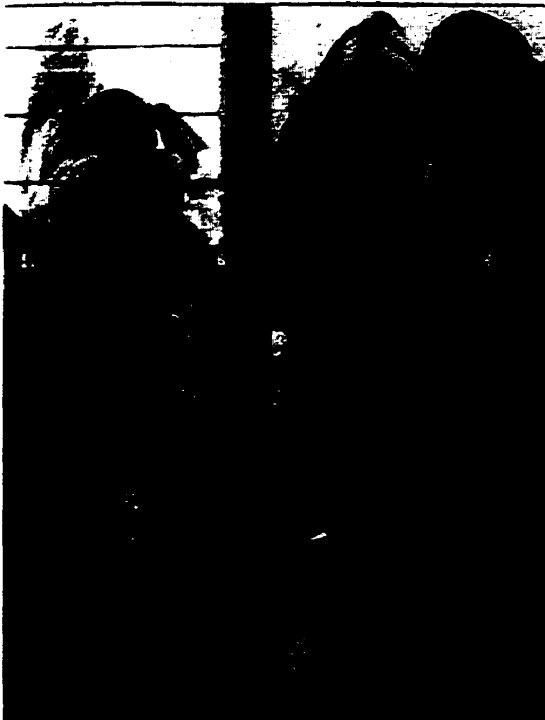


Figure 18
The busiest *Posyandu* I attended. The baby who is being held in the pink blanket later died.



Figure 19
Posyandu staff from Wamena and a mantri weigh a Western Dani girl as her mother looks on.



Figure 20
 Infant receiving injection at Kuliama
 immunization clinic. The mother is a
 Western Dani migrant who has only
 recently moved to Kuliama.

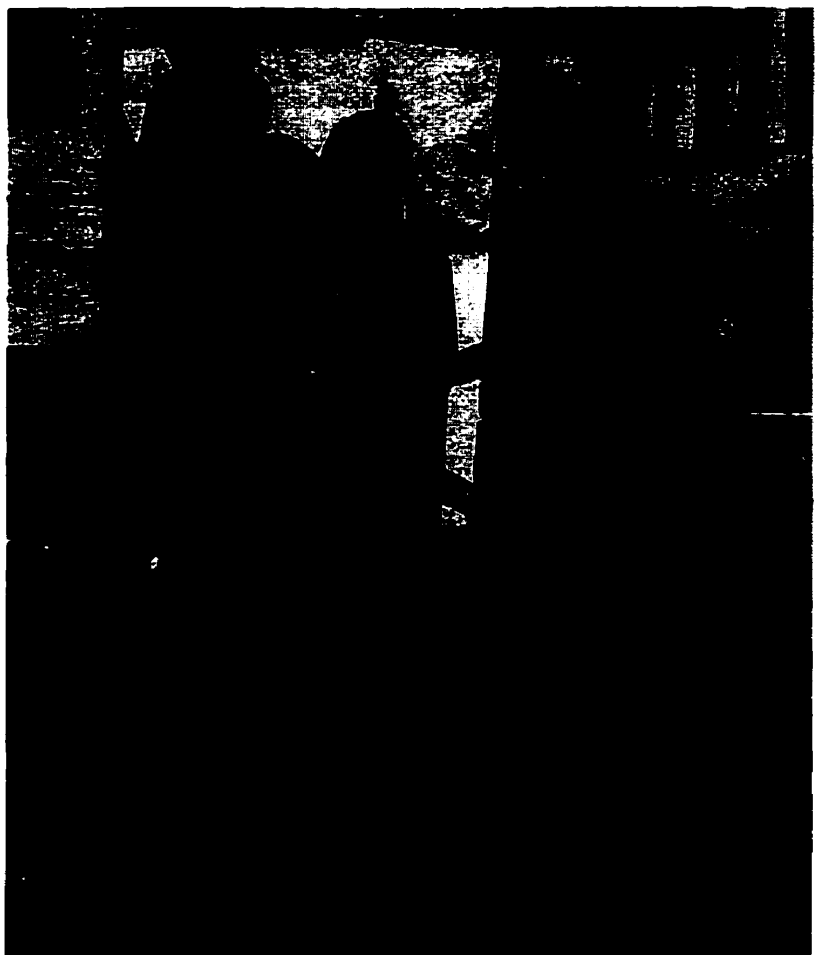


Figure21
 Women and children waiting for
 immunizations at the *Posyandu* in
 Hitigima.

under his jurisdiction, both mountain and valley floor, he suggested that less than 3% of children were fully immunized.¹

While it is clear that *posyandu* have a strong bureaucratic presence in the valley, the current effectiveness of their stated initiatives is less obvious. However, in other parts of the province *posyandu* have become well-entrenched, and given some of the measures used to encourage attendance, there is no reason to expect that numbers will not increase in the future in the Baliem valley as well. The following sections describes some of the ways the bureaucracy of health care helps remake people into families consistent with values of good citizenship. In particular, the production of statistics and the use of cards to record weight promote impressions of poor health among indigenous people, a health status that can be improved if they adopt the health-giving measures offered by the nation-state.

The Production of "Abnormal" Infants

In Irian Jaya, as elsewhere in the country, governing bodies expend significant amounts of energy compiling statistics about people. Statistical discourse, however, almost always depends on "accepted beliefs about the nature of social reality" (Starr 1987:40), and these beliefs can often provide justification for the policies of a state. Like any other situation where statistics are considered important, decisions about what to measure in the arena of infant health belong to a world of political image-making as well as more pragmatic but no less political concerns about measuring acknowledged indicators of growth or change. Using Urla's insightful definition of statistics as a "technology of truth production" (Urla 1993), I argue that given the political past and present of Irian Jaya it behooves the nation-state to make health policies appear to be effective through the judicious use of statistics.

¹In contrast, government statistics state that 60% of children in Jayawijaya have been immunized (Kantor Statistik 1993). It is possible that the majority of relocated Indonesians have been immunized, and that mission-run posts in rural areas are also successful in immunizing indigenous children, but observations at mission-posts do not support such a likelihood.

I suggest that in Irian Jaya two goals of statistical production exist: the first is to show the health of indigenous Irianese as lacking in some way, as needing intervention so as to "catch up" to the rest of the country; the second is to show health standards as improving, with rates of health achievements presented as solid and impressive. Statistics of mortality and growth then become an effective way to distinguish *suku terasing* from communities more integrated into the nation's prosperity, by showing how the growth of indigenous infants is "delayed" in less than ideal nurturing conditions. For example, by monitoring weight and growth, interventions can and do target children whose growth is recorded as not "normal," that is, whose height and weight is less than the national average (Frankenburg 1995). In this section I demonstrate that statistics produced about infant health in Irian Jaya are false on both counts.

Statistical reports about some of the most isolated regions of Irian Jaya sustain the "is" and the "ought" of "normal" infant development and growth. For example, height for age scores suggest that from 50 to 86% of children aged zero to four years in remote Jayawijaya test regions have "below average" scores (Handali et al. 1994). These are the statistics that show "the ways things are." Only 14% of children in one village, for example, achieved "normal" height for age scores. In another statistical report, only 7% of all children weighed at 36 months had weights over the desired average of 11 kilograms (WATCH & Dinas Kesehatan Jayawijaya 1995). The Director of Health Services for the region (who is of Javanese origin), has stated that Indonesian health measurements are tailored to country norms, not international ones. Consequently, an infant who is "delayed" is so defined within constructed Indonesian norms. Situating health objectives in achievable terms is not an uncommon strategy but it emphasizes that biomedical knowledge and statistical recording facilitate development goals, rather than the other way around. This point was driven home to me at a talk in which the Director for Health Services explicitly stated: "indigenous people here don't know methods of eating, they have food, but food does not accord with what is necessary, and the result is children have less nutrition."

*Children from Jayawijaya are shorter and lighter than children anywhere in the world."*¹

The second statistical strategy employed is to show how health is improving. Jayawijaya children may be the smallest in the world, but they are growing bigger! Statistics routinely show sharp drops in infant mortality rates following the provision of care. This is "the way things should be" of "normal" growth. In keeping with Suharto's nation-wide anti-poverty crusade, infant mortality in Irian Jaya is seen to drop as the number of villages in the province tagged as "poor" also drops (UNICEF n.d.). Thus measuring infants can be said to be a means of measuring to what extent Irianese children conform to artificially constructed national goals of how fast and how big children *should* grow, presenting the ideal as the real and mandating interventions through this technique.

These indigenous infants, supposedly the smallest in the world, supposedly deprived of their basic needs because of their cultural environment, appeared to me when I was conducting fieldwork in Irian Jaya in 1994 and 1995 to be nurtured, loved, and growing children. They appeared to me to be at least as big and as strong as the infants of Indonesians living in Wamena. Challenged by the differences between official accounts and my observations, I focused attention on how statistics were gathered. I complemented these observations and interviews by conducting a small-scale census where I tallied occurrences of morbidity and mortality, and by observing child care practices. My data challenge the official records, and suggest that five facets of numerical assessments within the health bureaucracy aid in constructing and legitimizing the idea of "abnormal" indigenous infants. First, bureaucrats compile false statistics to produce mortality rates that fluctuate wildly depending on the purposes to which they are put. Second, Irianese infants are not the smallest in the world but are made to seem so by government officials. Third, the Ministry

¹This statement is highly problematic. In some parts of Jayawijaya, living conditions are arduous and children are "stunted" and do grow to be among the shortest in the world. However, Baliem valley Dani, for example, are robust and healthy people, and regularly outsize relocated Indonesians. Of the adults at the meeting where Dr. Hakim spoke, he was among the shortest adults present, and the few Dani were among the tallest.

of Health does not gather data about cultural identity which can clarify patterns of well-being as culturally or environmentally shaped. Fourth, official weigh cards communicate to women that their children are unhealthy. Fifth, the health of infants is made to be a household problem, and mothers the focused target of attempts to alter practice. I briefly discuss each of these strategies below.

1. *The decline in infant mortality rates is fabricated.*

While unable to confirm rates across the province, tallies from the village in which I worked show overall infant mortality rates of 280 deaths per 1,000 live children, or a rate some 250% higher than the claims of the provincial government. Data collected by missionaries in isolated outposts suggest that rates of between 200 and 400 deaths per 1,000 are standard for the region. Thus the precipitous decline in rates attributed to the success of Indonesia's particular version of development does not appear to have a solid basis in the village-level demographic processes (see Table 11) I was able to observe.¹

Table 11. Irian Jaya Infant Mortality Rates per 1,000 live births in 1985, by Source

<u>Source</u>	<u>Mortality Rate per 1,000 births</u>	<u>Reference</u>
World Bank	38	World Bank, 1990
Government of Indonesia	74	Gov't of Indonesia/ UNICEF, 1988
Ministry of Health	133	Kantor Statistik, 1993
District Government	24	Kantor Statistik, 1993
District Government	106	Kantor Statistik, 1993
Health Center Records	100	WATCH & Dinas, 1995
Mission Records	300	Handali et al., 1994

¹I recognize the problems with small surveys that attempt to estimate mortality or sex ratios (cf. Stannard 1991). However, reports tallied by missionaries and small non-profit organizations across the mountainous core of the island offer similar ratios, which lends credibility to my census data.

Are mortality rates 38 deaths per 1,000 live births, or do 300 infants die for every 1,000 live births? This extraordinary variation in official figures suggests that statistics validate existing practices more than they measure the actual merits of health care. In my research, I could find no perceptible long-term positive impact of health policy on life expectancy of infants. Statistics beget changes and allow for realignments of policy, validating claims to improved mortality by showing concomitant decreases in malnutrition rates, maternal mortality rates, and low birth weight infants (World Bank 1991). For example, between 87 to 98% of women recently measured for nutritional status were classified as moderately-to-severely malnourished (Handali et al. 1994). What this measurement does is give impetus to a new policy focus upon maternal nutrition and increased prenatal care; in other words, the numbers validate the policy, even if the numbers have been made up and even if the measurements are clearly inappropriate for understanding women's health in that particular local context.

The outright invention of statistics occurs throughout the health bureaucracy. Indigenous volunteer and paid health workers have to conform to the goals set out for them to keep their jobs. For various reasons, trained indigenous area health workers produce the "right" numbers rather than accurate ones. For example, compilers of data look in frustration upon a list of birth weights tallied in which every infant weighed three kilograms at birth or upon annual reports from large villages listing not a single infant death. An administrator at a non-profit organization expressed frustration at his agency's attempts to get adequate baseline data for financial backers:

Indigenous people don't know numbers, they don't think in numbers and yet top-down bureaucrats from funding sources want baseline data. They want numbers. So much energy is spent trying to get *kader* (volunteer health workers) to learn how to use numbers and it never works. They do what they have to do--fake numbers--because that's what they are expected to do. They produce the "right" fake numbers because they learn fast what "should" be written down and so avoid

problems and think they are doing a good job if they write down the "average" desirable activity.

Health workers I interviewed understood that providing numbers, preferably non-controversial ones, was a key component of their jobs. For example, six of the *mantri* I interviewed said they submit statements about birth, death, and disease that have no basis in reality whatsoever. *Mantri* are supposed to record a death (which rarely happens) and submit it to the clinic head. One *mantri* told me he tabulates mortality rates: "from gossip and from tales I pick up at the clinic. If someone died of witchcraft, I wouldn't write it down. I would make up something else instead, but if I know what killed the person then I usually write it down. I only write down deaths of older people, age two and up."

Supervisors who collate data from health centers expressed frustration with the inadequacy of record-keeping; "the reporting is either fabricated or impossible," said one staff member. Given that managers know both that the data are false and that they need to produce numbers that appear "reliable enough," they pass the falsehood on by massaging and submitting the impossibly conformist numbers they receive so that they appear more "real." Even the district health officer knows that the reports she sends to the provincial capital are essentially fabrications. Administrators and bureaucrats allow the fabrication to remain, or "tidy up" numbers to look closer to what is expected. These numerical flights of fancy ultimately compound the fabrication of undersize tribal infants, for the statistical creations are hence less bound to legitimately measured and verifiable measurements of difference. Thus it is easy to show, as government reports do, that infant mortality rates have been on a steady decline in Irian Jaya for the past fifteen years¹ (see Mboi 1996 for recent example).

¹In tandem with this reduction in mortality rates, statistics are also showing extraordinarily rapid movement of Irian Jaya villages out of poverty. Ways in which statistics from Irian Jaya are manipulated suggests that the province is a malleable tool because few Indonesians have ever visited the province and it would be almost impossible to verify the data. Thus Irian Jaya can easily become the place where numbers are manipulated to bring down (or up) national level averages. I conjecture that this is the reason for the low statistics in the World Bank example from Table 12.

2. Comparative measurements about "the smallest infants in the world " are also fabricated.

Some Irianese infants from the Highlands may be smaller than other Indonesian children who have benefited from diets richer in protein, and who have greater access to smoke-free housing and clean water. However, even if it is measurable, the difference in infant size appears to have been until recently nonexistent. In reliable studies of infant size at one year of age, for example, infants from the Indonesian island of Java have been measured as overall smaller and shorter than infants from New Guinea. Measurements at birth and at eight years of age showed negligible differences in growth patterns as well (Government of Indonesia & UNICEF 1988; Malcolm 1970; Meredith 1981).¹ On the contrary, size differences between infants of different indigenous groups from different environmental zones from within Irian Jaya are much greater than are the same kinds of differences between provinces. If the measurements are more or less artificial, and height and weight scores between Irianese and other Indonesian children are little different, then constructing measurements so that indigenous children come out on the bottom is a political message, not a statistical fact.

*3. Measurements can be fabricated because characteristics of the person are omitted.*²

Officials do not record details about the individual child in monthly reports. Albert and his peers work diligently for days every month compiling statistics about patterns of all attendees. Nevertheless, sociological data are omitted. Information about ethnic identity, birth order, or a correlation between, for example, weight of child and number of

¹Length at one year: Javanese, Java: 67.6 cm; Bundi, New Guinea: 67.9 cm. Weight at One year: Javanese, Java: 7.52 kg; Bundi, New Guinea: 7.71 kg. In comparison, a Dutch study conducted at a similar time showed average length of 76.2 cm and weight of 10.23 kg. for Dutch children at age one year (Meredith 1981:281).

²This strategy of omitting sociological information about persons is used across the country. The Household Health Survey does not collect data on ethnic identity, nor does the national Contraceptive Survey. Nationwide birth control prescriptive goals leave ethnicity and beliefs out of the picture entirely, and even the national identity card, which lists religion as a key sociological fact, does not ask for ethnic identification.

immunizations, is not a normal accounting procedure. Thus, trained health workers at *posyandu* submit reports that detail the number of children whose weight was below nine kilograms at 36 months or below six kilograms at 12 months. They report on the numbers of vaccines distributed and numbers of those who attend immunization clinics. When Albert totals the number of incidents of upper respiratory infection diagnosed by his staff over the course of a month, he does not distinguish between those who arrive for a first visit and those who are returning for follow-up medication. Thus there may have been only five infants with pneumonia who visited the clinic, and these may all have been children of newcomers, but if each came four times, Albert records monthly totals of twenty cases of upper respiratory infection. At the level of bureaucracy, the gap in participation goes unnoticed. Records will show high attendance and high rates of immunization. Mantri may not try to rectify these gaps in reporting partially because the rewards gained from having a full house are the only criteria by which mantri performance is measured.

Omission of data about the person is significant for the following reasons. If newly-resident women bring their infants to immunization clinics, but indigenous women do not, this important pattern of service is not recorded in monthly reports. Staff record numbers of children who attend, their age and the types of vaccines they received, but nothing about the actual people who attend. Thus, in one instance I saw a well-attended village immunization clinic without a single indigenous woman in attendance. In another instance, women flocked to a nutrition demonstration program showing indigenous women how to cook tofu, vegetables and rice, but all attendees were indigenous women from other regions who had recently relocated to the Baliem valley. Local women and their infants fall through the wide cracks between services offered at health posts. Services appear to be well-attended and attendance is taken as a measure of success. The omission of sociological data about who uses what service allows the health ministry to continue to proclaim the success of its programs by enumerating attendees, even as these "successful" programs exclude the very women and children who may be in most need of its benefits.

4. *The infant is made to appear abnormally small.*

Each child who attends an immunization clinic, and who is weighed or vaccinated receives a card, the *Kartu Menuju Sehat* (Health Goal Card or *KMS*), designed by UNICEF and the Indonesian Department of Health). On this card, staff record the child's weight on a large, colorful chart, and the mother takes home and keeps this highly graphic card (see Figures 21 and 22). A chart showing the child's growth takes up most of the space. Indigenous mothers who are not literate understand well that a mark below the bottom red line means that the child is abnormally "small." On the back of the card health workers inscribe the child's name, her birth order and her parents' names, and the dates on which she received immunizations and Vitamin A capsules (see Figure 22). The remaining space is filled with pictures of nutritional foods that help children grow: rice, tofu, vegetables, and grains.

Little on the *KMS* card resonates with indigenous experience. Indigenous peoples eat the highly nutritious sweet potato tuber; they do not eat any the foods promoted on the card (excepting the rare special occasion), nor do they resemble the women who are used as models. Their concerns with infant growth occur mostly in the first six months of a child's life, not through to his fifth year. These cards promote conformity to an Indonesian ideal. Most Baliem valley Dani know that this is what they are *supposed* to aim for: Indonesian style food, Indonesian style clothing and attributes, and reliable, recorded attendance at monthly weigh clinics. These cards also stress the importance of weighing children. They are thus a reminder, in the home, of the importance of watching where their child sits in the lines. These cards simply stress the importance of weighing children and of knowing how their infant compares to national "norms." Even those women most dedicated to development goals and who strive to offer their children the best food, medicine and affection they can give find that their child lags in the bottom half of the chart, hovering a square or two above the brightly colored red line that demarcates the lowest limit

of acceptable growth rates. Women become acutely embarrassed as non-indigenous staff berate them for the low weight of their older children. Thus the card continually reminds them that the weight of their child is a public affair.

In other words, parents possess a document in their home which intimates that sociological information about infants is important and that infants have legitimate status as a person. Yet in practice, there are no official records of individual persons. The goal of weigh cards is simply to infer that these parents' childrearing abilities are inadequate. Intra-provincial differences are fabricated and emphasized through statistics on weight. Mothers take home visual reminders of this marginality, read it to infer inferiority, and read in the visual reminders of a plump and prospering child a symbol of cultural conformity.

5. *Posyandu* "make a family" out of a birth

Finally, the nation-state acts on people through infant health provisions through making a family out of a birth. Within this attempt to reformulate relations to make nuclear families out of extended kin relations, I suggest a single goal dominates: "to assign certain functions to groupings of kin by making them legally responsible for these functions" (Collier et al 1993:157). As reviewed in Chapter 7, biological mothers historically have been the prime target of attempts to shape and control family practice. In addition, emphasis is placed on biological fathers and mothers becoming primary caregivers. Finally, numbers of children also become the responsibility of the biological parents.

The nuclear, biologically-related family is assumed at all *posyandu* events. For example, the *KMS* has the names of both father and mother inscribed on the card. These remain, and thus the child's biological parents are formally expected to take precedence over any household restructuring that might occur. Second, the child's birth order is noted in both the *KMS* and in the clinic's monthly records. Reports on the number of families with more than two children are compiled into annual statistics. Third, information on birth control at a *posyandu* stresses that a woman cannot receive birth control without her

husband's consent. A single, sexually active woman cannot receive birth control; a woman who has run away from her husband cannot receive birth control; and a woman whose husband does not support regulating fertility cannot access birth control. Married couples are urged to take birth control as soon as their children are born so as to ensure adequate spacing between children. What these policies do is push together couples who would not normally be expected to act in concert on these types of decisions. The restructuring of knowledge and practices surrounding sex and responsibilities for nurturing children literally requires reshaping thinking to focus on one type of relationship and one aspect of reproduction as somehow more important than all the others.

The role of woman as mother is also emphasized. Only mothers may bring their children to *posyandu* for injections (Yahya and Roesin 1990). Fathers are sent home, and caregivers who are not mothers receive no formal recognition. This policy aims to maximize learning through contact between the primary caregiver (deemed the mother) and health personnel. Thus, if the woman whose job is to weigh children at the *posyandu* tells a woman to cut her son's nails, she wants to be sure she is talking to the primary caregiver.

Clinics reduce women's role to that of primary nurturer. In health department posters adorning the walls of all of the valley's clinics, the mother is the person seen to diagnose fever; treat diarrhea; prepare nutritious food; attend pre-natal checkups; seek treatment for scabies, leprosy, and yaws for her children. Demonstrations for nutritional supplements take place on *posyandu* days, when only mothers are present. Policies to shape the mother's role in the nuclear family unit are pervasive. In the Birth Control Bureau (BKKBN), the agency responsible for all promotion surrounding birth control and family prosperity at *posyandu* and clinics, 11 goals shape a current policy named KISS [*Kampanya Ibu Sehat Sejahtera* - Campaign for Happy and Prosperous Mothers], to which all staff who offer advice and information must conform:

K.I.S.S.

1. Be 18 years of age before marriage
2. Be educated about healthy reproduction
3. Participate in pre- and post-natal care
4. Service contraception
5. Immunize self and children
6. Breastfeed children
7. Prevent diarrhea in infants
8. Nurture children under five
9. Try and increase nutrition in family
10. Learn skills of motherhood
11. Remember to practice birth control

(Government of Indonesia-BKKBN:1995)

With the possible exception of six, seven and eight, each of these policies requires a substantial transformation of practice. Most obviously, such policies deny culturally different ways of practicing childrearing or health maintenance. However, these rules also situate women only where their first priority is to mother their children through dedicated nurturing. Ultimately, women are seen as the receptive vehicle through which to implement health transitions, an idea which has a long history, but whose use here reflects a particularly pernicious view of maternal conformity as crucial to improving the "quality of families" (Government of Indonesia 1992:5).

Culture and the Health Bureaucracy

In the previous section, I examined statistical production, denial of identity, emphasis on "normal" infant growth, and reformulations of the family within *posyandu* as key techniques through which the nation-state transmits idealized forms of the family and through them, assimilation into the culture of the nation. However, in Irian Jaya people of Melanesian ancestry differ so forcefully from other citizens that many Indonesians consider effective assimilation impossible (Anderson 1987; Vatikiotis 1993). Thus while health services promote conformity and obedience to government policies, in observations I conducted of health care services, highly racist attitudes of relocated Indonesians providing

this care tells the Dani that in this nation they will be on the bottom rungs of status and class. Thus, health care sends a double-barreled message, one of conformity and assimilation and one that simultaneously denies the possibility. Indonesians use cultural difference to demonstrate that intervention is necessary while in the same breath they query whether interventions can ever possibly have any impact.

In the main, indigenous people are seen to have no culture. Polygyny, food choices, eating habits, childrearing practices, housing preferences and form of dress are invoked as proof of the backwardness of indigenous people throughout the province. When the phrases "lazy," "they don't know anything," "primitive," "dirty," "stupid," "backward," and "simple" are used to describe indigenous Irianese by relocated Indonesians, as they are frequently in everyday discourse (see also Gietzelt 1989), what the speakers are saying is that acceptable citizens are those who participate fully in the production and maintenance of national culture. For example, a book extolling the accomplishments of LIPI (Indonesian Institute of Sciences) in Wamena, produced by long-term Wamena staff, presents images of Dani men either in full tribal war costume (photographs taken at the government sponsored War Festival) or clothed, contented, and working on an agricultural project or building a "healthy house" (Kusnowo & Nazif 1992). While LIPI may be justifiably proud of their accomplishments in Wamena, the images and information they present suggests that LIPI's understanding of Dani culture is superficial and is bound by the simplistic, but popular, imagery of the penis-sheathed Dani warrior. Newcomers and visitors use the primitivism and perceived lack of culture of indigenous peoples as an excuse for having almost no social interaction with the Dani. Outsiders are expected to dislike having to travel to "posts" outside of town, and a medical anthropology consultant brought in for a project, for example, flatly refused to conduct interviews with Dani unless they were held in her hotel room in the center of Wamena. Even long-term residents who claim to enjoy life in rural Irian Jaya tend to separate their private life from their more public interaction with indigenous people, and I only met two Indonesians living

in Wamena who regularly entertained and enjoyed the company of indigenous highland Irianese.

In order to show how Indonesians in Wamena can interpret cultural practice as ignorance, I describe two types of interaction. First, I discuss results from interviews with non-Dani health care staff on how they interact with the Dani, and explain why they shout at their patients, demean them, and attempt to circumscribe Dani behaviour. Second, I tell the story of Pelesina's childcare techniques and how they were interpreted by a non-profit agency director in a way that reinforces stereotypes of incompetence and ignorance in Dani populations. I argue that the essentialist attitudes of newcomers reveals more about the constraints of nationwide policy and the artificially-constructed "national culture" of familism than it does about personal values. Official discourse translated and mingled with personal beliefs is still official discourse.

Health Care Workers and the "Primitive" Patient

An association commonly made by health staff is that between "primitivism" and underdevelopment. Since Dani are *belum bangun* (not yet developed), they need to be treated as children and need to be disciplined and taught how to behave. As I reviewed my fieldnotes, I observed that the word I used most frequently to describe non-Dani health care workers' treatment of Dani patients was "rude." While I am ambivalent about lumping together all relocated Indonesians, I suggest that most, although not all, Indonesian health workers often treat Dani like children, assuming they know little about why they are seeking help and also assuming that the only way to get through to them is to yell and threaten them. For example, the Wamena supervisor of the *BKIA* Office (Woman and Child Health Office) who relocated to Wamena from the coast a decade ago summarizes her work duties:

We supervise about 10 births a month through the BKIA office, but almost all of them are from Wamena. The indigenous women who bring their children for weighing or immunization or who are pregnant are scheduled for Monday because the Indonesian women don't want to be examined on the same table as the indigenous women. These women are primitive and they trail in lots of dirt... Prenatal care for indigenous women only sort of works. Lots of women wander in when they are in town for the market and want to be weighed. I'll yell at them because I want them to come regularly and to make sure they are clean when they come. I'll tell them if they don't come all clean then they can't come back. So they come back clean. That way they'll understand that it's good for the baby and mother to be clean... The difference between people on the coast and people in Wamena is how they treat their babies. There is drinking and fighting but people look after their babies, give them three meals a day, and respond quickly when they are sick. Here people are lazy about bathing, feeding, and taking the baby to the clinic.

In the Wamena health woman and child health office, the majority of customers are relocated Indonesians. However, indigenous women who live in Wamena as well as women selling wares at the market come to the office inquiring about birth control. They are only allowed to visit this free, public service one day a week. Whether long-time Wamena residents or women from the valley outskirts who speak little Indonesian, Dani women are all treated the same. When I observed events at the office, an indigenous woman came in on the wrong day and was shunned by the other customers and sent home by the supervisor. The supervisor is consistently soft-spoken and friendly with Indonesian women, and consistently loud, harsh, and physically forceful with indigenous women.

Another supervisor, newly relocated from Java, also offers segregated services at her clinic located on the outskirts of Wamena. She is responsible for training new *mantri*, and the following fieldnotes excerpt summarizes her conversation:

Dr. Meli reviewed a new Dani health worker's monthly reports. She chided him for extravagant orders for medicine - 'don't request so much penicillin,' she said, 'only give it to kids who can't take any other kind of medicine. Tell adults to try other medicines first.' Then she turned to face me and said in a loud voice: 'people here only like shots, not pills. *Mantri* shouldn't listen to the people. What do they know? A woman who think she has syphilis or AIDS doesn't know what she is talking about' and then she turned back to the *mantri* and repeated; *"jangan dengar masyarakat"* [don't listen to the people].

In a third interview with a *pendatang* employee who has been in Wamena for five years, the fieldworker for *BKKBN* (Birth Control Bureau) said,

I see that *adat* here is not so strong. It's still strong but people can learn here. When I go to the posyandu I tell people with young babies that they have to use birth control [*harus ikut KB*] and I use the motivation of regular relations with their husbands and child spacing as the key that they can understand. You have to be angry and rude with indigenous women otherwise they don't hear you. And they do respond when I am rude.

The inoculations supervisor for the region has a long-standing policy,

A *mantri* will yell "why did you wait so long?" instead of saying "is it *adat*?" I know people will try and heal the baby on their own and bring it to me when it's half dead, and they will say they were "busy with the garden". We try and teach them about the welfare of their children. We yell and shout because that way they hear us.

There were numerous other occasions where I observed what I considered to be demeaning and discriminatory medical treatment. When I took my friend Pelesina to the clinic to test if she was pregnant, the worker first yelled at her then ignored her, assumed she knew nothing about reproduction and treated her brusquely,¹ even as the same worker claimed in a separate interview with me that it was crucial for her to increase the numbers of pregnant women participating in the programme. On another occasion, I was so incensed at the treatment I observed that I found myself yelling at a health worker to have some respect for the people she was treating, to which she replied "I have no time for respect, I'm too busy trying to get these women to do what they have to do!"²

Culture and Control - Pelesina Bathes her Baby

Racial overtones and deprecating comments about cultural difference pervade the administration of non-profit agencies as well as government offices. Culture practice is seen as *the* barrier to successful implementation of innovative health programmes. For

¹Once this worker found out that I accompanied Pelesina to the office and that I was her friend, the quality of her interaction with Pelesina improved dramatically.

²Such attitudes, of course, do not go unnoticed by Dani women. About an equal number of women I asked said they were interested in birth control but were afraid to go and find out more about it because the woman at the clinic had a terrible reputation. Others were comfortable with the treatment they received.

example, the hotel-bound medical anthropology consultant brought in to conduct analysis of cultural practice had concluded after a week of interviews that since the traditional healing system in all of Irian Jaya is "soft, not strong, simplistic" that intervention to change will be easy, "you just need to be direct and forceful and change will occur because there is nothing in place to stop it." The agency that hired the anthropologist rejected her analysis; yet this same set of staff see culture as the cause for backwardness. In an example that drives home the ubiquity of essentialist thinking, staff from one flagship non-profit agency claimed that culture grounds their project goals. Yet the following tale shows that even though their mandate is based in notions of cultural sensitivity, staff still reify Dani and other indigenous people's social life as static and view culture as a negative trait that is aligned with primitivism. I observed the type of cultural translation summarized below many times over the course of my fieldwork, but this case offers an excellent example of the way observations and experiences of the processes of Dani cultural practice become simplified and transformed into an ethos of difference grounded in an essentialist view of culture.

My friend Pelesina from Kuliama gave birth to her fourth child in March 1995. She wanted to be "modern" and to that end she learned a great deal about contemporary ideas of child care through attending various non-profit agency educational meetings, *PKK* events (civil servants' wives association), and Catholic church outreach programmes. In Jayawijaya, the *PKK* is particularly active under the energetic leadership of the mayor's wife, known locally as Ibu Bupati [mayor's wife]. For the last three years, Ibu Bupati has been leading volunteer *PKK* expeditions, frequently in the Baliem valley, to teach indigenous women about nutrition. At a public forum on nutrition, Ibu Bupati clarified how *PKK* teachings aim to restructure social practice:

[Indigenous women] do not know how to cook food that they already have...Infant weaning foods are terribly unhealthy, the infants need vegetables, vegetables, and some rice too...Nutrition problems arise because women work too hard, they are too slow to give weaning food to infants and food is too low in nutrition.

Women need to take three months off after the baby is born; they must rest for those three months. The husband must increase his work load because at the

root of it, gender is not working and must be transformed into good conditions. After three months, babies should receive peanut oil, flour porridge, sweet potato, and women should return to the garden after three months and men should stay home and feed the baby (WATCH & Dinas Kesehatan 1995:24).

Ibu Bupati's imaginative solution is one commonly expressed among non-Dani health workers. Ibu Bupati, like many other *PKK* and civil servants, is Javanese/Malay in origin and her advice about nutrition is peppered with child-rearing knowledge she learned while growing up. Thus, when Ibu Bupati, dressed in her immaculate pink *PKK* uniform, visits community groups like the short-lived woman's group in Kuliama, she is insistent that women learn "proper" infant care—a daily bath is essential as is a warm baby. Mothers must drink only warm liquids to keep breast milk warm, and eat only "warm" foods for the same reason. One of the many Javanese/Malay beliefs Pelesina has absorbed is that babies must be kept warm at all times in order to stimulate growth. It is proper, she was told, to bathe your child and to place the child in the direct sunlight for an hour in the early morning, before 9 a.m., to counteract the cooling effects of the bath and to keep your child warm. It is also important to cover the child with Malay oils to keep the skin moist and to protect the body from cold.

These suggestions directly contradict Dani beliefs. Dani believe that an infant up to the age of about three months should be kept as quiet as possible, in a cool and dark netbag slung over the mother's back or hung on a hook inside a cookhouse, especially during the hot daytime hours. Consequently, Pelesina faced a conundrum every time she wanted to bathe her newborn baby. Putting a child in the sun is a highly risky act, tradition says, but local child care experts tell her that putting the child in the sun will help the child grow big and strong. Pelesina's husband did not want Pelesina to expose the baby to the sun because of the dangerous diseases that can come from "overheating" or from entry of the body by spirits. He therefore told her not to do it at all. This is how Pelesina dealt with the problem. As she had learned, she bathed her child every day. She also covered his body with generous amounts of skin oil purchased at great expense. However, she increasingly put the water on to heat later and later in the morning, so that when the time came to bathe the

child it was closer to noon when the sun was at its hottest. "Will you put the child out to dry in the sun today?" I asked Pelesina. "Oh no," she replied, "it is far too hot outside now to do that."

In effect, Pelesina made a choice. She kept what she liked from what she had learned--bathing and slathering the baby with oil--and rejected what she didn't like or what didn't fit in with what she believed. She also negotiated her choice extremely tactfully, in a way that was designed neither to offend nor to deny the value of what she had been told was the best thing for her child. It is good to put the child in the sun, she is certain, she just isn't able to carry out that task.

I liked this story and told it to staff at a non-profit agency. Everyone laughed and the story was much repeated by staff over the next week or so. However, it was reshaped to be more in line with expectations about Dani ability, that is, that the Dani are gullible and unreflective. For example, this is how the project manager retold the event to an audience of Indonesian bureaucrats at a health policy meeting that we both attended several days later:

A woman had heard from us that it was important to give your baby a bath and dry the baby in the early morning sun. One woman listened to what she had learned but she didn't listen well and so put her baby in the sun to dry for an hour at noon, when the sun is too strong! We have to be careful about what we teach because they will interpret it wrong. They are very simple people; they have very little intelligence. They need to be told what to do.

Although workers from this agency have received some information and training about beliefs concerning illness, such as the power of ancestor spirits, they do not appear to apply their knowledge to understanding how people learn and make choices. Thus the director of the project supports women leaving their infants in netbags for the first months of life because the seclusion prevents sickness. However, whenever he analyzes cultural practice as detrimental to health, he advocates intervention. Thus he condemns indigenous weaning practices, early introduction of foods, hygiene practices, household smoke and dust levels, and marriage patterns for fomenting poor health. In addition, he does not consider the iatrogenic impact of introduced health measures to be a significant problem.

Surprisingly, in contrast with government employees and most other non-profit agency workers, this project director is known as highly culturally-sensitive, with employees who reflect a similar token awareness of cultural patterns. As one of his employees, also known as intelligent and sensitive, said to me:

I had no idea that the Dani actually had any ideas about their bodies, or how babies are born, or that they might have ideas about how to keep a baby healthy. I thought the Dani had empty bodies, no content.

While this worker knew that many Dani link sickness to spirit ancestors, he tended to keep this knowledge separate from Pelesina's everyday pragmatism. In other words, the health worker compartmentalized beliefs about healing so his client's beliefs were easily separated from her life experiences. He saw culture as something, ultimately, that needed to be defused and replaced. Filling up the empty body with correct information might be the metaphor that best describes his perspective on what he does for a living.

Discussion

Workers at non-profit agencies and government offices share a broadly essentialist set of assumptions about the Dani. Although couched in a slightly different discourse, both groups define indigenous people in contrast to a national model of the ideal family. This prevailing belief system draws to some extent from policies of the nation-state, particularly from the policy regarding local application of normative family models. As Foulcher (1990:302) argues, the "state has engaged in a vigorous and successful construction of 'Indonesian values and traditions,' defined in relation to a negatively-perceived 'other'." Defining indigenous people as full of "primordial" instincts is one means by which *pendatang* distinguish themselves from those they perceive as stuck in custom-bound forms of thought (Foulcher 1990). Thus the head of the non-profit agency rejects indigenous practice in favour of biomedical models of the "normal" and advocates intervention ground

in notions of "toxic" social environments, because these constructions validate perceptions of difference between him and his clients.

Mantri and bureaucrats have a lot in common. The apparent freedom of the *mantri* to manipulate secrets for his own gain, just like the apparent freedom of health employees in government offices to sustain racist imaginings of Dani abilities, where both say and think what they want, as long as they submit monthly records, suggests that this apparent freedom in fact denotes a distinct lack of it. To reiterate Young's (1993) argument from Chapter 7, the institution of health care in this context does not need to engage in the production of ideologies in order to ensure that staff conform to the goals of the organization. Or, to use de Certeau's (1986) terms, *mantri* and bureaucrats employ *tactics* of healing that are contained by nation-wide *strategies* such as maintaining a high degree of military supervision, promoting rights of the community over rights of the person, and promoting national development ideologies.

The construction of difference between Dani and *pendatang* operates within essentialized models of culture also defined at the level of the nation-state. Irianese might once have been perceived as on the same footing as those more involved in the production of national culture, Anderson (1987) argues, but the volatile history of opposition to inclusion in Indonesia as well as underlying racial attitudes made many "civilian and military officials [begin] to think and even speak of the Irianese less as unfortunate brothers and sisters than as racial and cultural inferiors" (Anderson 1987:76). In the decade since Anderson's comments, the increased normalization under Suharto of "national culture" draws out even further the cultural differences between groups such as the Dani, who continually thwart expectations, and the bureaucrats and agency staff whose job it is to show them how to conform.¹

Acting on these essentialized models of culture allows bureaucrats to do their jobs. The mayor of Jayawijaya district, who claims to be a great friend of "the people," proposed

¹See Pemberton (1994) for an argument about how the reproduction and manipulation of national culture as a political tool has increased dramatically since the early 1980s under Suharto.

that his development goals are culturally sensitive because they include certain "positive" features found in all indigenous Irianese: "environmentalism" and "cooperation." He also suggests that his health policies eliminate the "negative" in indigenous culture, that is, "warfare" and "primordialism" (Waenas in Suara Pembaruan 1996), which is a term used to describe any cultural group that places its own local interests above state policies (Jakarta Post 1995).

Data from chapters 7 and 8 ironically suggest that creating a demarcated group of people, isolated tribal people, is central to the goals of the nation-state even though assimilation dominates health policy mandates (World Bank representative, personal communication). We can note this process in the cavalier use of statistics, where emphasis lies in creating links between categories of persons and health practices, *not* on creating individual identities. Thus what Foster terms "possessive individualism"—a subject "constituted through capitalist economic practices and rhetoric on the one hand, and the state-subject relationship of 'citizenship' on the other" (Foster 1995:19)—is not a key feature of state-subject relations in the arena of the very young in Indonesia. Information about indigenous infants is assiduously maintained only as these reinforce the need to sustain national targets. As Anagnost (1994:139) argues for China but also applicable for Indonesia, the state produces "docile bodies and transform[s] these bodies into signifiers that figure in a master narrative of progress." Compliant indigenous infants as Other validate broader national goals. Hence fabricated statistics, aggressive outreach programmes, reproductive control, and invasive policies about rearing and caring for an infant have as much to do with the fabrication of meaningful symbols as they do with the subjection of parents, perhaps infantilizing *them* through paternalistic judgments grounded in a national culture from which they are then consistently excluded.

Conclusion

Indonesia has recently released a stamp commemorating the birth of its 200 millionth citizen.¹ On it, President Suharto--*Bapak Suharto*--cradles an infant and gazes intently into the child's eyes. The infant sleeps serenely. The infant, swaddled in bleached white cloth, has light brown skin, brown eyes, and straight black hair. The baby is plump, is already about three months old, and looks pleased to be Indonesia's newest citizen. This is the "normal" child as things should be, an infant pleased to be in the guiding arms of the benevolent father of the nation, trusting her leader, passive, uncomplaining, and who as a result, is healthy and will prosper.

The stamp builds on a simplified and idealized notion of parent-child relations. Chapters 7 and 8 have shown that state power depends both directly and indirectly on defining "normal" families, particularly as "the way things should be," and in controlling the quality of their offspring. Events at *posyandu* demonstrate that the policies of population regulation found in post-birth medical care depend in defining the "normal" as a passive, quiescent, and powerless infant. The infant's new place at the center of health care attention, however, suggests that economic goals are pressing. Greenhalgh (1994) has argued that state attempts to monitor reproductive practice are at their most invasive when target-driven, and this is the case for Irian Jaya. National development targets aim to reduce infant mortality in Irian Jaya to levels similar to the rest of the country, to focus on Eastern Indonesia as a target for development, and to bring service levels in the eastern provinces to levels similar to those in western Indonesia (Azis 1996). All of these goals may lend a sense of urgency to health plans and may legitimize even further the forceful attitudes taken by employees who must aim to meet targets as part of their jobs (Barlow and Hardjono 1996; Mboi 1996).

¹The history of Indonesia's health and development agendas are well-recorded in stamps. For example, in 1969, a stamp was issued with the motto "Family planning leads to national development and prosperity". In 1973, with the introduction of primary health care, a stamp was issued with the motto "Health begins at home."

For the Dani, the price of citizenship under *Bapak Suharto* is high. Many Dani, for personal, financial and perhaps political reasons, continue to avoid health care outreach for children, refuse to take birth control, refuse to move into "healthy houses" (the official term for tin-roofed homes with bedrooms for parents and children), do not send their children to school, or buy them expensive school uniforms. Dani ambivalence about full participation in the local trappings of nationalism makes them the target of the scorn of bureaucratic and non-profit agency staff, who sigh and call the Dani "*susa*" (difficult, as in stubborn, childlike) for retaining cultural practices deemed counterproductive. The Dani are not so much "difficult" as merely disinterested. As one educated Dani man said:

We have incredible wealth. We are big and strong. The *pendatang* who move here are jealous. They are not as big as we are and they covet all our wealth. We have enough money to give away hundreds of pigs at a time, and they come here and struggle so hard to buy a T.V., on credit, and we have so much and so they are jealous....*Pendatang* come to our pig feasts and stuff all the pork they can into their pockets and don't even wipe the grease off their hands before shaking our hands and disappearing. And yet they never invite us to one of their parties, they never can repay us all that we are able to give them. And then they tell us we do everything backwards...It is hard to take those *pendatang* seriously sometimes.

An attitude such as this is rarely spoken, and it perhaps oversimplifies complex relationships, but it does suggest that some Dani (notably educated men or clan and alliance leaders) are acutely aware of the sophisticated nature of political relationships between *pendatang* and themselves. On three separate occasions, Dani men described the push towards family planning on the part of the government as a strategy to eliminate Dani and other tribal groups from the nation. Dani women do not produce enough children as it now stands to ensure the population continues to grow, and enforcing birth control in light of this demographic situation is, in the words of one particularly vocal critic, "genocidal." Again, while this may put too bold a stripe on Baliem valley relations, the issue remains that exceptionally high local infant mortality rates are treated with nation-wide infant health strategies that are irrelevant to the Baliem valley situation, and exceptionally low female fertility rates are treated with family planning seminars. The cost of assimilation is high.

Chapter IX

Conclusion

Infants live in the center of active social relations. Overall, the presence of the infant is a benevolent presence, giving joy and meaning to all involved. In the Baliem valley, I saw a score of happy, healthy Dani babies all of whom prospered under the nurturing attention of their caretakers. At the market, in gardens and in cookhouses, babies were consistently loved, welcome members of a community.

The nurturing and generous nature demonstrated in most social relations with infants does not mean relationships that involve infants are not complex. Cultural practices of early child care are too easily viewed as mere strategies of socialization or as necessary but benign acts that make up the basics of child care, when indeed such practices are subtle and often highly political in nature. Closing off social analysis until the child under study is older limits our understanding of a score of issues, notably relations of inequality, constructs of gender, and notions of personhood. This dissertation questions whether it is possible to adequately describe infancy by resorting solely to the overall unproblematic terrain of infant socialization and cultural practice. By arguing that we need apply insights derived from theories of power and inequality to the realm of infants, this dissertation shows that a purely cultural focus is of limited value. Yanagisako & Collier (1987), for example, argue that the study of inequities between men and women need to be understood free of assumptions about women's biological reproductive capacities or inherent qualities of nurturing. While I support attempts to eliminate gender bias in research and analysis, I question whether an exclusively culturally-grounded analysis of infant social relations can either offer gender-neutral analysis or provide an adequate description of an infant's rich life. Thus, I only partially concur with Yanagisako & Collier's (1987:39) argument that "sexual intercourse, pregnancy, and parturition are cultural facts, whose form,

consequences, and meanings are socially constructed in any society, as are mothering, fathering, judging, ruling, and talking with the gods." A culture-only approach denies the vital importance of the body in the interplay between cultural processes and local biologies.

When the body is given its due as part and parcel of cultural practice, as an inseparable component of social life that feeds off and feeds into ways people act and think, the importance of the infant in the life-cycle becomes apparent. Cultural constructions notwithstanding, women in low technology societies do make babies, and women, again in low technology societies, do tend to be the ones who breast-feed and nurture the very young (Scheffler 1991; see also Schneider 1984). Infants offer a wealth of bodily cues that the Dani read, but they read them partially in light of local biological patterns of growth, patterns that are of vital importance both to the Dani and to other Melanesian societies (see Knauft 1994; Strathern 1988; Battaglia 1990). In other words, in Melanesia in general, and with infants in particular, "material embodiment matters; it cannot be reduced to a process of signification" (Knauft 1994:421; see also Haraway 1988; cf. Butler 1993).

Among the Dani, bodies do matter (Knauft 1994:421). The Dani ascribe symbolic meaning to the placenta precisely *because* it is key to regularities found in childbirth. The Dani ascribe politically-charged meanings to infants *because* they are biologically less mature than adults. Women and men may end up by not nurturing a child, but their actions are grounded in part in an awareness of the imperatives and implications of caring for a biologically immature person. The Dani distinguish between what they see as fixed bodily properties of infancy and variable attributes shaped by ancestors, food, netbags and more. The local realities of more infant male deaths, higher infant male morbidity, and overall high death rates describe other local demographic patterns that may have a potentially profound impact on cultural meanings. In short, attempts to view social worlds as cultural constructions might be effective for the analysis of adults, but for infants, a more inclusive analytic framework is necessary.

The intersection between the life-cycle event of Dani infancy and desired outcomes is a highly-charged arena. Contests pervade the development of personhood among the infant and accompany her transformations into a toddler. Among the Dani, I have suggested that systematic relations of inequality present in adults suffuse the life of the young. In particular, infants are ascribed a gender which affects how mothers, fathers, and kin react towards them, particularly during sickness episodes. The greater susceptibility of male infants to die before the age of one year also appears to have a potentially profound impact on how the Dani understand men and women throughout the life cycle. Dani respond to infant death by linking it to procreation, food, and bodily strength, all highly contested arenas where men seek to confirm their status and seek moreover to make submission of women to their higher status seem natural and inevitable. If, indeed, "systems of kinship and gender are 'about' difference and inequality" (Peletz 1995:360), then the earliest moments at which they get produced, and reproduced, needs more detailed scrutiny. Further research by scholars of inequality in classless societies may find that comparative studies show infancy to be a key time for creating, validating, and challenging existing beliefs about gender difference in other societies. It may also be productive to examine demographic patterns of infant deaths in communities where gender antagonisms are pronounced in order to ascertain in a more detailed way to what extent the two are linked.

Infancy among the Dani is a time of uncertainty. Uncertainty engenders meaning. In this dissertation, I have argued that the infant represents seemingly endless possibilities for encoding meaning about uncertainties: through the specific nature of his body; through the enactment on him of status that the production of a new life entails; and through the abstractions made from the infant to culturally meaningful ideas about sociality, the past, the present, and, most of all, the future. In other words, meaning can pass "through" the infant in order to get somewhere. Infants validate meanings, partly because they embody ambiguous meanings, and partly because they are passive, small, and fragile. Infants

cannot talk back. Infants are thus polysemic symbols par excellence, human recipients of ascribed meanings that cannot be challenged. They may cry or display other traits locally recognized as ones of agency, but in the end it is the person who is watching the child who listens and interprets what the cries mean.

The symbolic potency of the infant makes her a viable tool for promoting political messages. Political leaders can draw upon superstitions to induce change. In using the word superstition, I do not refer, as common usage would, to misguided beliefs of peoples. For example, Pigg (1996:179; see also Good 1994) describes superstition seen by health workers in Nepal as "habit", part of "villagers' belief systems" where "illiteracy, superstition, social evils, and poverty are all listed as...basic health care problems." Rather, I refer to superstition as beliefs about infants, particularly when mortality rates are high and futures uncertain as in the Baliem valley, which are grounded inevitably both in an inability to fully understand what the present is like for the baby and in an inability to fully control the world in which the child lives. Where there is uncertainty, there is speculation; where there is speculation we find superstition.

Superstition about infants proves useful for those who care to create ideologies of authoritative knowledge. The Indonesian nation-state has found that claims to be able to reduce the uncertainties surrounding infant death and growth can work as a strategy of containment. Along with other such nation-making strategies, for example, promoting a unitary language, adherence to state-approved religions, and schooling, the promotion of the idea of the healthy infant holds strong symbolic currency. As Jourdan argues for national symbols in Melanesia, "symbolic displays are discourses that tell members of the society not only what they are, but more importantly, what they could be" (Jourdan 1995:128). *Posyandu*, weigh cards and posters of smiling, plump infants *all* serve to tell Dani people what they could have—low infant mortality, large, growing infants, the prosperity of future generations. Infants suggest both uncertainty and hope; they inspire dream images of future possibilities. In Indonesia, infants and children are used within

nationalist discourse as "summarizing symbols," a phrase Ortner uses to describe the drawing together and catalyzing of emotions in an image: summarizing symbols draw out a "crystallization of commitment" from a group that may have broad social significance (Ortner in Linnekin 1990). Specifically, the state appropriates "normal" infant survival and growth to create a summarizing symbol of future health and well-being, offering certainties in exchange for conformity. Further research on links between symbolic and practical relations between nation-states and their youngest citizens, in nations with different political goals, may help shed light on the relationship between political practice and interpretations of the social reality of uncertain infant growth.

An equally effective way to use infants as a nation-level political battle tool is to manufacture negative prototypes of infant well-being. The extraordinary emphasis in rural Indonesia on weighing, vaccinating, and monitoring infants *seems* to convey rights to participating indigenous peoples; yet, in the process, those peoples' rights are subsumed under the constraints of citizenship. Stannard (1991:383) describes a process of manipulating numbers such as "abnormal" growth; that is, numbers that often survive and thrive without substantiation, as the creation of "political mythology: a tale told. . .to legitimize or discredit a regime." Political mythmaking requires that a population demonstrate "elements of savagery," manifest through poor health and a "basic humanism" which allows that population to respond favorably to new ideas geared to reshaping practice (Thomas 1994). In eastern Indonesia, the myth is simple: the normal health status of indigenous infants is poor, and state medical care can improve it. The discourse from Indonesia reviewed in this dissertation strongly suggests that calling infant growth "abnormal" is anything but disinterested: on the contrary, development officials deliberately use the bland humanitarian mandate of "good health" to enable them to increase governance through the body over indigenous peoples who are both marginal to the state and a potential political threat to it. When these images are deliberately managed so as to induce political

conformity they attain both the status of a political myth and the infant a symbol that masks ideologies as it heightens moral authority.

Consistently, infants are the targets and the tools used to convey messages of national unity. If the outcomes were improved health, then perhaps there would be little to say. But my research shows that the semblance of services in fact masks non-intervention in a community within which one infant dies out of every four born and wherein birth control policies promote reduced birth rates while women do not even produce on average two live children over the course of their lives.

In local practice, not all Dani are involved in government run or sanctioned health care activities. Many women do not go to *posyandu* despite exhortations. Many more caretakers use clinic services prosaically for acute infant illness or to validate ideas they hold about spirits and diseases. They make use of services for their own gain. But in doing so they legitimize an alternate form of healing, one which may not always heal but one in which there is always a political outcome attached to the act of care-seeking. Biomedical models of infant growth are key terms in the "normalizing" discourse of international health (Bibeau 1997). This discourse used in conjunction with Indonesian state goals of controlling reproduction and reorganizing families works to diminish alternate cultural models of childcare and childrearing.

In the end, I leave you with the Dani infant growing up bound not by the traditions of the ancestors but immersed squarely in the middle of Indonesian political realities. Like it or not, the images of Dead Birds (Gardner 1964) and the classic tales from Heider's ethnographies (1970; 1988) are those of another era. As I recall the military barracks, the *surat jalan* (walking papers) I needed to leave the valley, the district mayor's circular driveway and satellite dish, and the image of someone I considered tolerant beating up a Dani youth for a trifle, I am reminded that the Dani live in a persistent climate of fear that colours their world. Children are growing up in the political reality of Indonesia where they experience racial violence and an acute awareness of military authority. The gold mine in

Tembagapura, 200 kilometers to the east, has been a site of unrest for the last two years and in the valley tourist traffic halts, the military presence increases, and small-scale tribal antagonisms are being treated more harshly than even three years ago. As Pemberton (1994) noted, terror becomes culture. Actions on the body of the Dani, as seemingly minimal as infant immunizations, should be seen as part of a broad strategy of containment in which promises of good health play a key political role.

The Dani keep a low profile. Men and women, I wager, will continue to make use of available curative services for their sick children; they will continue to subscribe to long-standing ideas about the kinds of knowledge that can be derived from an infant; and they will continue to engage in making newborns into social persons. They will also be cajoled and coerced into attending infant health programmes. As immigrants continue to pour into the valley, it may be that infants are being immunized for diseases they actually run some risk of catching. Infant mortality may drop, but I am not optimistic about the speed with which this may happen. Whatever happens, I am confident that overwhelmingly Dani adults will continue to hold reproduction as key to their personal and political prosperity. Babies will continue to be loved, wanted, nurtured, cherished, *and* contested, for Dani know in the end that infants are at the heart of the matter.

Appendix

Health Care Recommendations

On the basis of infant mortality rates of 280 deaths per 1000 live births recorded in a village some 11 kilometers from Wamena, and on the basis of an analysis of health care services provided for infants in the Baliem valley overall, this dissertation concludes with a series of broad recommendations that suggests the need to improve the effectiveness of the health care system already in place. This section lists ways that health care providers can reevaluate how they serve indigenous people and how they can improve their use of limited resources.

1) Health officials need to improve the reliability of data about birth and death rates. Data about infant mortality can be more reliable if aggregate data were complemented by reliable small-scale community censuses. Acknowledge that small-scale censuses suggest that most communities in the highlands have infant mortality rates over 200 deaths per 1000 live births. If, as seems to be the case, mortality rates fluctuate between communities, even where distances between them are small, investigate the breadth of factors that might contribute to infant mortality.

2) Health officials need to encourage external funding agencies to conduct their own rapid baseline data survey before funding non-profit agency projects on the basis of national-level statistical reports. This precautionary data gathering might reduce the likelihood of introducing irrelevant health technology because inaccurate statistics demonstrate a need for it.

3) Health officials need to recognize that weighing and immunizing infants, while important preventive measures, steer energies away from more life-saving preventive measures such as ensuring clean water and assessing development projects for their impact on access to land and water. Few attempts are made to integrate the impact of in-migration and modernization in government-run development work. Health workers can promote the non-iatrogenic use of new technologies such as knives, spoons, and introduced foods. For example, some women have begun to use spoons to feed their children, but do not use the same care when cleaning the spoon as they do when cleaning their hands. Or, some caregivers feed their children new Indonesian foods, using cooking methods that do not render food sterile. Services need to focus less on justifying existing health policy, and more towards providing services relevant to the specific region.

4) Health officials need to recognize the impact of volunteers, health care workers and policy makers on the kinds of decisions that get made about how health care information is communicated. Health officers and volunteers from the corps of civil servants' wives carry their own cultural baggage and transmit knowledge that does not improve health through direct instruction or through emulation. Health staff show women how to replace sweet potato with foods that offer less protein, vitamins, and calories than the sweet potato. Staff do not teach ways to clean spoons and bowls even as they promote food that can only be eaten with a spoon and a bowl.

Staff also transmit knowledge about child care that reflects their own experiences. This knowledge is of dubious benefit to the Dani. Of the many cases that I observed, some of the values transmitted include: an emphasis on daily bathing, which contradicts local beliefs and can expose the child to dirty water; switching infants from netbags to cloth slings, which greatly increases the chance of the infant getting scabies; and emphasizing the use of oils to cover the baby's skin, a costly practice that increases the likelihood of scabies.

5) Health officials need to design health policy to reflect the impact of modernization. Dani have voiced concern to me about sexually transmitted diseases, AIDS, and glue-sniffing. Yet there are no *preventive* measures in place for any of these potential problems. Women should be learning that their children who live may learn about the joys of glue-sniffing, not about the fact that their weights at infancy are a kilogram or two shy of an artificially constructed desired average.

6) Health officials need to design health care that begins by accepting the worth of indigenous concepts and practice. Denying that Dani know and understand their infants in terms of ideas about embodiment, personhood, politics, and the inseparability of these from the pragmatics of daily care and routine, makes it impossible to provide acceptable care. Direct coercion remains high if understanding is low. Women in particular are pressured to bring their child to immunization posts, to conform to nation-wide ideologies of nutritious food consumption, and to put up with racism and rudeness. These all occur because those who provide care and those who design it have very little idea of indigenous ideas about healing and even less idea of why Dani respond the way they do to the services offered.

Glossary

Terms followed by (I) are Indonesian words.

adat (I): Custom, tradition, culture. Used by Indonesians to mean material culture and ritual and dance displays. Used by the Dani to indicate belief and rituals geared to ancestors.

aloak: Tail and tailbone region of pig, used in *adat* ceremonies but also a term used for position of *adat* leader who offers counsel.

apisan: Head of pig, usually section of an ear, used in *adat* ceremonies and used as term to designate clan or alliance head.

bapak (I): Father, a term of respect used for officials, supervisors, and elder male kin in most of Indonesia.

dukun (I): Shaman, traditional healer.

epe: Body.

epe ago: The big pig feast held every five years or so.

etai-egen: Organ situated behind the breastbone that is the seat of emotions, well-being, and generosity.

ima wusan: Purification ritual for incest transgressors.

hukum (I): Legal decision.

je: Smooth stones decorated with fronds used in *kaneke* and other *adat* ceremonies.

kabupaten (I): Regency. Jayawijaya is one of 8 kabupaten in Irian Jaya.

kader (I): Health care volunteer operating at a village level as recruiter and assistant.

kaneke: Ritual affirming solidarity within the clan; first of three rituals culminating in the big pig feast (*epe ago*).

KB (I): Family Planning acronym used to mean "birth control" in everyday discourse.

KMS (I): Infant weigh card.

mantri (I): Paid government health worker.

noken: String netbag used by women to carry food, goods, and children.

omolo: Side of pig, used in *adat* ceremonies and used as term to designate person of action within alliance.

opase: Placenta.

OPM (I): Organisasi Papua Merdeka, the Free Papua Movement.

PKK (I): Civil Servant's Wives Association.

pembangunan (I): Economic and national development, employed in everyday discourse to mean government sponsored local change.

pendatang (I): Newcomers, a term used by the Dani to describe relocated Indonesians who now live in the Baliem valley.

posyandu (I): Integrated health posts.

puskesmas (I): Clinic.

silimo: Men's house.

su: Special netbags used in clan and alliance rituals.

suangi (I): Sorcerer.

suku terasing (I): Most isolated tribal peoples, an official government designation.

waya: One of two moieties that underlies clan and alliance formations.

wesagun: Healer from within the clan who also has status within the alliance.

weta: One of two moieties that underlies clan and alliance formation.

yerak: Long band of fibre onto which shells are sewn. Used in clan and alliance rituals.

yokal: Women's fibre skirt.

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