

WOMEN'S STRENGTH: UNASSISTED BIRTH AMONG THE PIRO OF AMAZONIAN PERU

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Of all the exploits attributed to indigenous women by colonists in the Amazon, the alleged ability to give birth unaided might be closer to reality than fantasy. Amongst several indigenous groups, women do give birth unassisted or with very little help, in spite of growing pressure from medical institutions to introduce modern midwifery in the area. The widespread practice of unassisted birth, however, has largely escaped social analysis and is usually mentioned solely as a matter of factual description. For instance, in his ethnography of the Colombian Cubeo, Goldman (1963: 167) states: 'I have seen a pregnant woman leave for her manioc garden and return later in the afternoon with a new-born baby'. A similar account is found in Cardenas's study of the Peruvian Shipibo: 'When the moment of the delivery approaches, the woman looks for an isolated spot—generally she goes into the forest—and she gives birth without help or witnesses. This form of self-reliant delivery is a sign of feminine pride and decorum' (1989: 215, my translation). Both ethnographic studies report that assistance for the delivery is provided in advance only in the case of first-time mothers or if complications are expected at birth following a difficult pregnancy. We are told that women usually prefer to

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give birth by themselves, but very little is said about women's experiences and perceptions of the delivery.

In this article, my aim is to shed light on Amazonian birth practices through an examination of the birth stories of Piro women in southern Peru. I focus on women's accounts of uncomplicated deliveries, which, according to my Piro informants, include the majority of births. Severe complications in childbirth are uncommon, and the intervention of specialists, local healers, or medical midwives is usually not required. Piro women rarely volunteer long and detailed narratives of their children's birth. Their 'birth stories' (Pollock 1999) tend to be short and use standard expressions. However, their accounts are highly revealing of the values and concepts that inform their sense of self-reliance during childbirth.

When talking in Spanish about their experiences of the delivery, Piro women often use a standard expression like '*Yo solita haciendo fuerza*'. This may be glossed as 'Me, by myself, making strength'. '*Hacer fuerza*' (to make strength) is a common idiomatic expression in local Spanish and is generally used to describe all sorts of physical exertion and endurance, such as carrying heavy loads. In the Piro language the expression used is *muchkowata*, which also means 'to give strength' and 'to fortify'.¹ In both Spanish and Piro, the idea is conveyed that strength comes out from, and is 'made' by, a person's action. In their view, strength is a product of a person's agency and determination to carry out a task to completion. Typically, a woman says that she 'makes strength by herself' during the delivery, meaning ambiguously that she acts alone and/or that she relies on herself alone. The ambiguity of the expression 'by myself' (*yo solita*) is important, I argue, since it reveals a shade of interpretation in the way women experience the delivery and portray it through specific 'birth metaphors' (Aijmer 1991) of bodily strength and kinship.

Fieldwork in Diamante

The data used in this article were collected during November and December 1997 in the community of Diamante on the River Madre de Dios in southern Peru. I interviewed 21 adult women out of a total population of 350. Our conversations were held in Spanish, which most young women spoke fluently and older women understood with limitations. Here, I draw principally on the accounts of one woman I call Cecilia and her female relatives, in order to give a better sense of how birth stories describe a woman's life cycle and kinship relations. Cecilia lodged me in her house, and her help was instrumental in my research. She was 26 years of age, had a five-year-old daughter, and was a teacher at the primary school.

¹ Peter Gow, personal communication; see also Nies 1986.

Although my informants' accounts are personal, they are also revealing of a shared Piro approach to the delivery.

The population of Diamante is composed of a mixture of Piro and other indigenous people, namely Machiguenga, Huachipaire, and Campa, most of whom are related to the Piro through marriage and have children who consider themselves Piro. As Gow demonstrates, the Piro's core value is co-residence, mixing in marriage and 'living in a village filled with all one's kin' (Gow 1995: 238). Although community members are aware of their different origins, the experience of daily life in making a livelihood and raising children together sustains the experiential reality of kinship ties. The driving force behind Piro kinship and history is a specific understanding of 'memory', especially the sharing of childhood memories, of being vulnerable and fed and looked after by others. Being a Piro entails behaving like a kinsman or kinswoman, receiving and bestowing care, and sharing memories of past acts of care amongst co-residents (Gow 1991:161).

Diamante is a relatively prosperous community due to its proximity to the Manu National Park, which is visited by hundred of tourists every year. Most men work regularly for local tourist companies and logging businesses. The main livelihood that is derived from gardening, hunting, and fishing is thus supplemented with a cash income. There is a primary school, which is attended by all boys and girls, and a primary healthcare post. A medical doctor, resident in the colonist settlement on Boca Manu, an hour down-river, pays regular visits to the community. A forest airport is used to fly tourists in and out to the park. River traffic is also quite heavy, especially during the high tourist season, from May to October. Visitors often stop by the community to buy the pottery and woven handicrafts made by the women, but they rarely venture into their houses, where families usually talk in the local languages.

In the last decade, the women of Diamante have received family planning and reproductive health services provided by local medical practitioners. Although there are no statistical records available at this stage, it appears that women's attitudes to family size are changing. Unlike their mothers, who usually had eight or more children, most women under forty say that they do not wish to have more than five children. Many have used modern contraceptive methods, especially Depo-Provera injections, but several users discontinued the injections after experiencing irregular heavy bleeding. Women also say that they use various local plants for contraceptive purposes, which are known under the generic name of *Piripiri*. These plants are also meant to control the menstrual flow. With or without modern contraceptives, babies are usually born at least two years apart. Closer pregnancies are seen as highly detrimental to the health of the mother and the development of the baby, and generally a period of sexual abstinence is conventional to avoid unwanted pregnancies.

Childbirth, Pain, and Discretion

Women intensely desire to have children, although many claimed that, when they were young, they feared having sexual intercourse because they knew that having a child was, in their own words, 'as painful as death'. Nevertheless, they were categorical that one should have children. 'It only hurts while the baby is coming out', they explain. 'You should have at least one child to accompany you. If you have a fight with your husband, your child comforts you and asks his or her father to make up with you. If your husband goes hunting, your child stays with you. Otherwise you remain all alone and sad.' Children of both genders are desired, and couples aim to have both boys and girls, so that the mother and father each have a same-gender child companion.

During pregnancy, women carry on with work as usual until the very last day. When the delivery approaches, women drink herbal infusions, such as cottonseed tea, in order to induce dilation and bring about a fast delivery. The birthing position is standing, with the back straight, the legs bent, and the hands resting on the knees. Women press their hands against their knees with their weight to expel the baby. Nevertheless, a woman should not push too strenuously lest she injures herself and puts the baby at risk. The idea of strength entails endurance and timing, rather than mere physical exertion. Any assistance given is usually very basic. The helper stands behind the pregnant woman, holds her around the armpits with both arms, and presses against her stomach. Great care is taken to ensure the placenta is expelled, since it is understood that retention of the placenta is a major cause of complications and could bring about the woman's death.

From a very young age, girls are taught to face up to the awesome but short-lived pain of childbirth and to be discreet when the moment of the delivery approaches. First-time mothers are assisted by their mothers or another close female relative, and their progress is followed closely in the case of complications. A common cause of concern is that their hips may be too narrow to allow the baby's passage. Subsequent births are said to be easier, both because the hips have become broader and because the girl is expected to 'know how to give birth'. She has experience of 'how to make strength', of when to push and when to stop pushing. She is expected to manage on her own and ask for help only if she is unable to continue unaided.

In the following account, Cecilia describes how she learnt appropriate delivery behaviour from her mother's example and her words of advice. Cecilia's mother is in her late forties and has twelve children. The youngest was eight months old at the time of my visit. Cecilia is her eldest child.

When I was younger, my mother always used to tell me: 'When you have your first baby, you should not moan and shout. If you shout, people are going to hear you.' Such is our understanding. If one shouts during the birth of one's first child, one will shout every time one gives birth. This is why we

remain entirely silent. My mother did not let me know when my youngest brother was born. She was living in the house next to mine, but she did not say anything. She had my brother by herself, making strength. My father was with her and he picked up the baby, washed it and put it in bed. She was very weak after the delivery. She could not walk. So my father cooked for her and my siblings until she recovered. This is how a man looks after his wife. When my brother before last was born, my mother was healthier. Then she gave birth completely on her own. She did not let anyone know. She took her machete and some old cloth, and went to the garden as though she was going to harvest manioc. A few hours later, she came back with my brother in a sling.

According to this account, Cecilia's mother actually did give birth to her youngest child in her garden entirely unassisted. This was possible because, at the time, she had both stamina and personal experience of childbirth. Cecilia's account blends together bits of her mother's speech and her behaviour in order to illustrate both the sort of discreet attitude expected from women during the delivery, and the strong companionship that exists between husband and wife around the time of childbirth. Although giving birth unassisted is an achievement, women do also request assistance when required, and every delivery is different. Nevertheless, women are always expected to be extremely discreet and to request help only from familiar, trusted people.

A similar emphasis upon discretion was expressed by Cecilia's cousin, Olga, a 39-year-old mother of four.

I have my children making strength. Sometimes my mother helps me. She pushes hard on my stomach. I have never had complications. When the labour starts, I drink cottonseeds so that the baby may come out quickly. After the delivery, I rest for five or six days. My husband cooks for me. He cooks well. If I wish to have another baby, I have to wait until my child can walk properly and can do his toilet. I look after myself to avoid an unwanted pregnancy. Up to date, I only have boys. When I have a daughter, I shall go to a local healer and get cured to stop having more children. I want a little girl to help me.

In general, in their birth stories women position themselves in relation to their mothers and spouses. They describe their dependence upon trusted others whilst at the same time stressing the idea of discretion and self-reliance in their 'making of strength'.

The Delivery and Women's Sweat

I had the opportunity to take part in a series of events which gave me a closer view of Piro childbirth. One morning, midway into my fieldwork, Cecilia mentioned that her sister-in-law was about to give birth to her third child. She explained that

her sister-in-law had been seen walking around the village conspicuously silent and refusing people's invitations to drink manioc beer for breakfast. Her silence had given away her imminent condition. For the last hour or so, she had been alone in her house, which was only a few metres away from ours. 'She does not wish to be seen', explained Cecilia. 'That is the way between us. Women, we do not wish to be seen giving birth. We do not want anybody to know. People may see her only if she calls for their help.' A few hours later, Cecilia said that her sister-in-law had sent her five-year-old daughter to fetch her for help because she had nobody else she felt sufficiently familiar with. Her own mother and sisters were not in the village, and she was afraid that the baby was badly positioned in the womb. Cecilia had never helped at a delivery before. She asked me to rush out and call her grandmother, who was an expert healer.

I ran down the path but could not find the grandmother, so I went to the port where Cecilia's brother, the baby's father, was talking with his friends. I announced that there were difficulties with the birth. I evidently made a gaffe. He looked at me with embarrassment and walked away slowly towards the house. I continued searching for Cecilia's grandmother for a few minutes and went back home. Not more than twenty minutes had elapsed since I had left. Everything was quiet. The child was already born. Cecilia saw me through the bamboo wall and called me in. Everything was calm, as though nothing had happened. Cecilia was sitting cross-legged with the baby lying across her lap. The umbilical cord had not been cut and was still connected to the placenta, which had been neatly collected in an old shirt. The mother was sitting on the floor with her legs straight. Cecilia's brother came in and picked some cotton wool to make a string for the baby's umbilical cord and started chatting about the visit of the district mayor to the village! Not much was said about the baby. Meanwhile, Cecilia cut the cord with the scissors on my small army knife and wrapped the string around it. Then she warmed her fingertips against a hot log and pressed them against the baby's nose to clean it from any residue. She wrapped the baby in a cotton cloth, and we both left. Cecilia's brother did most of the cooking for his wife and children over the days that followed, with some help from his own mother and sister.

Cecilia explained that, in spite of their calm looks after the birth, the delivery had been a real ordeal, specially for her, because it was the first time she had provided assistance to someone during childbirth. Here is her account of the delivery:

I was sweating a lot. I stood behind my sister-in-law, holding her with both arms, and pushed strongly against her belly. I pushed and pushed until I felt something was coming down. I looked down and saw that her belly was empty. I looked to the ground and I saw nothing but the baby's hands. 'Oh! Only the hands have been born', I thought, frightened. But then I saw the rest of the body and I kept pushing strongly until the whole placenta came out. My sister-in-law said, 'You've saved me. You may as well become my baby's godmother.'

By cutting the umbilical cord, Cecilia became the baby's godmother. Usually, the cord is cut by someone who is not a close relative of either parent (Gow 1995: 238), but in this case Cecilia's sister-in-law did not wish to call yet another person to cut the cord. Godparenthood is the key institution in present-day Piro society. People expect to become the godparents of other people's children as much as they expect to become parents. Through their godchildren, adults create lifelong networks of collaboration and mutual gifts of food, which sustain much of the daily interaction in the community. However, the ritual cutting of the umbilical cord by the prospective godparent is sometimes difficult to reconcile with the expectation of discretion surrounding the delivery and women's unwillingness to be seen by others during or just after the delivery. When a woman gives birth alone in the forest, she cuts the umbilical cord herself. Her determination is praised, but it is weighed against the wish to invite other people to cut the umbilical cord and complete the ritual separation of the baby from the placenta. Forest births are very rare, however, and generally godparents are summoned to cut the umbilical cord.

As Cecilia's account shows, providing assistance represents a significant personal step, rather similar to giving birth itself and battling against death. Her sister-in-law said that Cecilia had 'saved' her, implying that, without her intervention, she would have probably died. She explained that she had called for Cecilia's help because, after hours of going through labour on her own, she was so tired that she felt like giving up the struggle. She was about to lie down when Cecilia came and forced her to stand up and continue pushing. The main role of a birth assistant, she said, is to ensure that the birthing woman keeps pushing in an efficient manner.

The evening after the birth, as we were preparing dinner, Cecilia said that three days earlier she had had a premonition. She had had a strange dream and had preferred to remain quiet about it, but now she understood its significance. 'Dreams are secrets', she said; 'if one feels that they might be a bad omen, it's better to wait until the danger goes away.' Among the Piro, as other indigenous Amazonian people (Gow 2001: 108), dreams are instrumental in guiding people to take decisions about daily activities, such as the hunt, and in providing information about the outcome of illnesses and significant events such as birth. The meaning of dreams for daily life is decoded according to a grid of interpretation that plays on a complex mythical and cosmological imagery. Since everyone dreams, everyone has at least some rudimentary knowledge of dream exegesis that one can apply to oneself. In the following account, Cecilia provides her own interpretation of her dream:

I dreamt of a big tapir. I had a stick in my hand and I was hitting it hard on the head. I hit it and hit it, and I was sweating a lot because I was determined to kill it. I hit it so badly that I did in fact kill it and it fell on the ground with its mouth open and its tongue hanging out. 'What kind of dream is this?', I thought to myself. Since I did not know, I kept quiet, waiting. Now I know. The dream was letting me know that I was about to help my sister-in-law to

deliver. As I sweated in my dream, so I sweated while I was helping her. By myself, I have made a lot of strength. Both the mother and the helper, both make strength.

As Cecilia explains, the key to understanding her dream is her sweating, and the strenuous effort required both to kill the tapir and to help her sister-in-law. Tapirs can be extremely dangerous to people when they attack, biting and stamping on their victims. However, tapirs are related to pregnancy because they are fat, like pregnant women, and their stamping is associated with the foetus kicking in the womb.² Cecilia's interpretation of her dream shows that the delivery is conceived as a combat against an awesome enemy. As she says, both the mother and the assistant are involved in this combat, and their sweat is evidence of the strength 'made' by both in order to fight against death. From their battling, sweat pours out and babies are born, or, as the Piro say, babies 'emerge' (*wgene gishpaka* in the Piro language). Gow remarks (personal communication) that the Piro expression *muchkowata*, meaning 'to make strength', translates literally as 'to be caused to become weak', highlighting the fact that in Piro thought 'making strength' leaves one exhausted. A new-born baby, fortified with its mother's strength, is called 'a really strong one' (*gichkoko* in the Piro language). Thus, in the delivery the mother makes herself weak by pushing and sweating, while the baby makes itself strong by emerging. Sweat is the bodily fluid of strength, and sweating the most significant Piro 'metaphor of birth' (see Aijmer 1991), conceived as the 'making' of strength. The question is, where does a woman's strength come from?

Strength, Daily Work, and Ritual

Women's strength resides in their bones. I was first made vividly aware of this specific understanding late one afternoon, while struggling to carry a bucket of water from the river. An eight-year-old girl looked at me in disbelief and exclaimed, 'You have such weak bones!' Women train for the physical demands of childbirth on a daily basis when carrying out their household chores. Carrying heavy loads is considered a particularly good form of exercise to build up strong bones. For this reason, pregnant women continue working as usual, chopping and carrying heavy logs, and carrying baskets containing crops and buckets of water. Women carry using the head. Buckets are carried directly on the head, while baskets are carried on the back hanging from a sling pressed against the forehead. This position requires a good posture to be effective, namely a straight back and slightly bent legs to balance the weight as the woman moves around. Her head

² There is a similar understanding among the Yanomami of Venezuela (Catherine Ales and Jean Chiapino, personal communication; see also Ales 2001).

rests on her back, which like a stem sits on her hips, which in turn are carried by her flexible legs. Strength is 'made' with the whole body, as it holds itself in position against the weight of the loads. The right combination of strain and relaxation are needed to keep the body in position. If a woman is hunchbacked and has a bad posture, she is unable to hold herself straight and easily loses her balance.

From early childhood, a girl starts training to develop strong bones. Carrying weight and 'making strength' is a 'technique of the body' (Mauss 1968) that is indispensable in her daily existence, as well as in the future exercise of her reproductive abilities. At the onset of her first menses, a special ritual treatment is carried out to 'fix up' her bones and secure her healthy growth. A girl's initiation ritual is the most important festival among the Piro (see Gow 2001: 158). It starts with the girl's seclusion at the onset of her menses. During this time, the girl is meant to remain inside a house, lying on her back completely straight. In the past the period of seclusion lasted up to a year, during which time the girl stayed out of the sun, put on weight, and learned to spin and weave cotton. Today the seclusion generally lasts a week or so, and the girl emerges from it during a big feast to which all Piro people are invited. Her skin is painted with designs and she serves huge amounts of manioc beer to the attendants. One of the explicit aims of the seclusion is to render the girl strong and fat, and prepare her for the work of adulthood and motherhood. The following account of Cecilia's mother's describes this experience of seclusion:

When I had my first menses, my mother gave me advice as follows: 'You should remain lying with your back really straight. If you do not, you will become hunchbacked. Do not twist to one side and the other: you will end up with a bag on your back. When you are bleeding, you cannot eat spider monkey because it has thin arms. You cannot eat howler monkey because it is hunchbacked. You should eat woolly monkey because it has strong fat arms. You should also eat tapir stew so that you may put on body fat and become strong. But you should not eat toasted green plantains lest your legs become as hard as toasted plantains and you cannot sit cross-legged.' My mother fixed up my bones beautifully. She massaged my hips and legs with warm water and put them right so that I may grow strong and straight. When a girl has her first menses, her bones turn all soft. When they are properly massaged, then they are fixed up properly.

Cecilia explained that, unlike her mother, she had not undergone seclusion when she had her first menses. At the time she was travelling by raft across the Manu, and she was unable to lie down. Although her grandmother, who was travelling with her, gave her some massage, the uncomfortable conditions in the raft made it impossible to rest still. As a consequence, she said she had grown to be slightly hunchbacked. 'Now it is too late. How many times have I menstruated since? Oh...too many; I am really hard now!'

The idea that a girl's body turns soft at the onset of menstruation is common across the region. The girl returns to a sort of neonatal state, and her softness is an indication that she may easily be moulded into a new adult shape, both physically and spiritually. The warm-water massages used to 'fix up' the girl's bones are a reminder of the final touches given to pottery by using warm water to achieve a perfect shape. As the girl completes her seclusion, she is said to 'harden' into shape, similar to pottery dried in the sun and cooked in the fire. Like pottery, her skin is covered in designs that complete the beauty of her newly shaped female body and manifest her true human identity. She is then fully able to operate as an autonomous adult woman, serve food and drink, and have children (Gow 1995: 239).

Cecilia's accounts reveal that the delivery is not conceived as an isolated moment in a woman's life. Rather, the delivery is inscribed within a woman's ritual life cycle. I argue that Piro childbirth practices are better understood as a culmination of both daily work routines and special rituals, which sustain a woman's sense of bodily strength and self-reliance. There is no inexplicable mystery behind Piro women's ability to give birth unaided or with little help. They can do so because their bodies grow up and train everyday to test endurance, timing, and exertion. There is no discontinuity between the 'body techniques' of everyday life and those of the pregnant and birthing body. The harder the body works, the more self-reliant a woman can be during delivery. Interestingly, a similar strength and self-reliance is expected from birth attendants.

A woman's attitude during the delivery is also the culmination of her relationship with her mother and other close female kin. Her strong bones in particular are conceived to be the result of the care received from her mother and grandmother during her first menses. Like their mothers, Piro women embrace self-reliance. As autonomous persons, women decide whether they need help and who to call for help during the delivery. They always try to give birth alone first if they feel they are able to 'make' enough strength on their own. Women's ability to 'make strength' is not merely physical, for it manifests a state of mind and an attitude of personal autonomy learnt from the words of advice heard from their mothers and other older female relatives. 'Making strength' is an act of self-assertion that is constitutive of a woman's pride as a kinswoman, principally as a daughter. Birth stories convey well how a woman's sense of personal autonomy is inseparable from her relationship with her mother, and how kinship is experienced in terms of memory, as Gow argues (1991: 161). Furthermore, when a woman considers she requires assistance, she usually prefers to receive her mother's help, if it is available. By contrast, she openly avoids requesting help from unfamiliar people, because no memory and shared experience of co-residence links them together. Women's refusal to seek assistance from unfamiliar people extends to medical practitioners.

In Diamante, I became quite friendly with a visiting female doctor who used to work with the indigenous communities of the area. She complained that although women were quite happy to see her during the pregnancy and after the baby was born, they never alerted her in time for her to assist them during the delivery. She felt frustrated, but agreed that deliveries usually did not require her intervention. She was glad to weigh the baby and check the mother one or two days after the birth, when relatives usually came to fetch her. Her services were appreciated, but women simply did not wish to have her present during the delivery.

Sadly, Cecilia herself gave birth for the first time in an unfamiliar environment far away from her mother. She was attending secondary school at a missionary centre and, much against her own wishes, was taken to the nurse.

The nurse told me to lie down in the bed, but I could stay there. I felt a weight on my chest and I was desperate to stand up. The nurse told me to push, but how could I make strength lying down on my back? I was alone and I did not know what else I could do but obey her. That's how things are in town. If I had been with my mother, I would have given birth really fast.

Medical midwifery techniques are seen as rendering women unable to 'make strength' and detrimental to the mother and baby. Only in the case of very severe complications, when, after two or three days of labour, a woman is unable to continue pushing and has given up the fight, is medical assistance sought. Generally by this stage, local healers and shamans have also been brought in to help without success. In the five years before my visit to Diamante, two girls, both first-time mothers, were taken to the local health post under such conditions. Another woman was also taken to the health post, though since she was still able to walk, she escaped into the forest for a whole day, until the nurse found her hiding. She had no mother or other close relative to help her, and said she preferred to be alone in the forest rather than with a nurse who was unfamiliar to her.

Conclusion

Amazonian peoples are not alone in stressing women's sense of self-reliance during childbirth. Similar practices have been reported for a variety of peoples, such as the Bariba of Benin (Sargent 1990), the Inuit of the Arctic (O'Neil and Kaufert 1990) and the Ju'Hoansi of the Kalahari Desert (Bieseke 1997). Sargent shows that Bariba women demonstrate their honour and courage by mastering childbirth pains on their own. Bieseke also argues that the experience of childbirth is associated with spirituality and maturation among the Ju'Hoansi. During the delivery, women come to contemplate death on their own without fear and are therefore able to achieve transcendental knowledge, comparable to the powers acquired by heal-

ers through trance. The idea that the delivery is a battle with death that a woman should attempt to win on her own is also widespread among societies where some form of traditional birth assistance is customary, such as in the Bolivian *altiplano*. For instance, Platt (2001) shows that, among the Aymara, the foetus is conceived as a voracious incarnation of ancestral underworld spirits who may kill its mother if she does not persevere in her personal battle against death during the delivery.

Among Piro women, self-reliance and dependence on others are linked, as manifested in the ambiguous meaning of the expression 'making strength by myself' that is used in their birth stories. 'By myself' does not necessarily mean in solitude or entirely unaided, but it does mean that a woman holds a high level of authoritative knowledge (Jordan 1997), decision-making power, and ownership over the process of the delivery. Women may act entirely alone—as in the case of forest births—or they may actually give birth at home and call upon the help of a trusted person. Nevertheless, as long as women persevere in their efforts to expel the baby, they also decide whether help is needed and who may be called upon to help. Such a socially consequential authority is derived from their position as kinswomen and the knowledge and bodily practices learned from their mothers, which they re-enact autonomously as experienced mothers in their own right.

Pollock (1999: 25) suggests that 'birth stories are viscerally relational'. This argument also applies to the Piro, although their understandings of childbirth differ significantly from those of the urban American women included in Pollock's study, among whom discreet unassisted childbirth is not socially significant. Among Piro women, birth stories are kinship stories, and their assertion of discretion and self-reliance enhances rather than dissipates the social constitution of women's birth experiences. Women's sweat during childbirth is the manifestation of their determination to win the battle over death and pursue their lifelong involvement in rituals and daily work as kinswomen.

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