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Fa’amatata Lau Tala: Samoan Pregnancy and Childbirth Narratives

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Fa’amatala Lau Tala
Samoan Pregnancy and Childbirth Narratives

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SIT Samoa Spring 2013
Abstract

Pregnancy is, for each individual woman, situated in a particular historical, social, and cultural understanding of her own body; the experience cannot be divorced from these components that inform what is deemed unhealthy or inappropriate. Most social research regarding pregnancy and childbirth focuses on economic and political implications. This study explored personal narratives of Samoan women’s experience with pregnancy and childbirth to shed light on cultural aspects of events. Seven women were interviewed as key informants using informal, unstructured interviews to better understand these topics, and are presented as a compilation of stories of the most intimate parts of their experiences. In Samoa, pregnancy is seen as a part of the progression of a woman’s life as she is demanded to negotiate between Samoan understandings and biomedical understandings of these biosocial events. This paper is meant to introduce the human elements of these intense, memorable experiences.
Dedication

This project is dedicated to my mother and all the mothers of the world and the stories they have to tell.
Acknowledgements

The women consulted for this project have shaken me, turned me, and welcomed me into parts of their lives that they may not have opened to many other people. I thank them for their help, for their kindness, but especially for their empowering stories which no other person has lived.

I thank my advisor, Dr. Maria Kerslake, for fueling my passion to become a midwife and continue working with women and their stories.

And I thank Jackie who has shared her writing, shared her perspectives, and shared those intimate stories of her experiences in Samoa.
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Introduction

“You know, it is scary, and sometimes you’re happy.” – Fa’alupe

No medical textbook can explain pregnancy in its entirety, like a woman’s many stories of her experience. There is sadness, happiness, fear, and pain in her story. But these stories are inherently informed by social and cultural components. A woman learns, understands, and practices beliefs about her own body based on her cultural upbringing. People make sense of their experiences by relaying to themselves, over time, what that event was to them. A personal narrative is a vehicle for this, and with it researchers are able to shed light on a woman’s individual experience, and its relationship to a greater cultural narrative (Kirkman et al. 2001; Johnson 2002).

Today, pregnancy and childbirth are mostly understood as biological experiences. Statistics and conclusions put forth by global agencies focus on maternal and infant mortality, the progress of health facilities, and politics around contemporary medicine. These characteristics, although important in their own right, provide limited information on the actual experiences of pregnancy and childbirth as women live them. These experiences cannot be divorced from the culture in which they are embedded. Jordan (1993) terms pregnancy and childbirth as biosocial events, where they are productions in which everything involved is culturally informed. She describes this phenomenon relating to women’s bodies as having “interpersonal, religious, and economic implications,” (Jordan 1993:7), which cannot exist separate of the event itself. Dempsey and Gesse (1983) agree, because the process, like any other cultural event, “designates appropriate behaviors for reacting to and coping with events,” going on to conclude that “all behavior is meaningful” (Dempsey & Gesse 1983:262).
Once one realizes the enculturation that goes into every notion around pregnancy and childbirth, examples from an array of cultures become apparent. Brown (1998) explains the cultural understanding of bodily conditions, “there is considerable cultural variation in the type and severity of symptoms regarded as important by different social groups. For example, in regions where amoebic infections are common, diarrhea can be considered a normal bowel function” (Brown 1998:144). Pregnancy and childbirth, as biosocial events, have cultural elements particular to Samoa.

In order to explore the cultural aspects of pregnancy and childbirth, this research uses women’s personal narratives of their experiences to look into cultural themes of Samoan understandings and practices regarding these biosocial events. Root & Browner (2001) describe the significance of narratives as their “capacity to explain more about how individuals become subjects than do broad theories of power and self” (Root & Browner 2001:196). In other words, it gives researchers the ability to assess individual behaviors to understand a greater phenomenon, rather than vice versa. Souza et al. (2009) agree; they collected narratives of near-death experiences during childbirth as a way to obtain the “non-physical aspects” that contribute to the intensity of this event, of which there is too little information. Because of the limited qualitative data available regarding personal stories from Samoan women, this research bridges the gap between these essential human elements of pregnancy and childbirth and the economic and political conclusions made about maternity. These human elements are inherently situated in social and cultural container, where narratives can serve as a fragment of a greater picture.
Methodology

“Pregnancy, it’s a good feeling, especially when the baby starts kicking!” - Amana

In order to examine the potential cultural influences on a Samoan woman’s attitudes and experiences with pregnancy and childbirth, I interviewed seven women ranging from the ages of 32 to 64 years of age. Because of the nature of this research, these interviews did not take place in any particular facility, but were found through my academic director, Jackie Faasisila, or through USP Alafua staff. The interviews averaged one hour each as I asked women questions in order to generate memories and stories from the experiences that occurred, for some women, almost 40 years ago. The interviews were generally unstructured, beginning with questions like “How many children do you have?” or “What were your pregnancies like?” (See Appendix). These informal, unstructured interviews allowed me to explore personal, accurate, and descriptive aspects of pregnancy and childbirth. Along with interviews, the research includes secondary sources regarding cultural aspects of pregnancy and childbirth, as well as social research based on personal narratives.

To capture the essence of these women’s stories, all of my interviews were recorded using a voice-recording device. This allowed me to hear the laughs, the lowered voices, and the emphases that people use when they tell stories. I took very few notes during these interviews, but instead took notes immediately after to document any themes or interesting topics. I felt a notebook served as some kind of barrier separating me from these women, and therefore separating me from their story. With just a discrete voice recorder, the atmosphere was one of sharing experiences, not providing answers. In order to protect the privacy of my informants, the names of the women interviewed for their stories have been changed.
With all of this in mind, it is important to note the inherent positionality I held while talking to these Samoan women. My position as a young, childless woman perhaps worked to open up discussion, where several women were more descriptive in their experiences and pain and pleasure knowing that I could not fully understand. My identity as a *palagi* was also present during these interviews, sometimes in very clear ways. In a possible attempt to relate to me, some women brought up any other *palagi* that were with them or near them during their pregnancy or birth—whether it be a *palagi* father, doctor, or passerby. These integral parts of my personhood cannot be separated from this research, because these stories might have been much different given different circumstances.

My language also affected these stories in obvious ways. Because I am not proficient enough in the Samoan language to understand or inquire about these women’s stories, all of my interviews were carried out in English. This evidently affected the sample I could consult for interviews, and it also affected what and how women relayed their stories. Perhaps some parts of an experience or event were not mentioned or were changed to fit a frame more perceivable through the English language.

My reactions to the women’s stories turned into excitement. I became invested, hoping for the women to feel comfortable enough with me to share the details of their narratives. My interviews usually began with simple questions but would develop into full-fledged stories, with characters, plot lines, and jokes. This was the best part for me; as I saw their faces transform into smiles, grins, and grimaces, I felt that I was included in on one of the most personal and intense experiences of their lives.
Using the recorded interviews I have with these women, I have compiled seven short stories portraying their experiences. Because of the nature of telling stories, some women were inclined to focus on specific aspects of their experience that were pertinent to their situation. These stories were written by me, but were entirely inspired by and based on the stories that these women played out for me.

**Women’s Narratives**

**Ono! Sefulu! Lua!**  
*Amana’s Story*

My feet touch gravel as I step off the bus; through my sandals I can feel the sharp rocks piercing my tired feet. I’m so, so tired. Sleep, sleep, sleep. All I want is sleep. To get these clothes off, put on just my ‘ie, and let my aunties do the cooking. It’s hot, I think to myself, so hot here, that my mouth is sticky. I need something cold to drink soon, auntie, can you go to the *faleoloa*? But before this I must follow my mother’s advice. She tells me to go to these old ladies, the *fofo*, to let their hands work at my body and my child. She tells me, always go to the old ladies if you are uncomfortable, because they can help. Just relax.

The thick, heavy hands of the *fofo* work around the sides of my belly, pushing the sides like I’m ready to pop. The hands work to my back, releasing the tension that built up after my long days sitting in the wooden seat of the *pasi* on my way to and from work. I can feel my baby jerking in me, swimming in me, making a fuss about the *fofo*’s prodding hands.

The *fofo* can help, especially me, because something is wrong with my womb. Something inside that keeps the baby from going. You can’t have any more deliveries,
they told me, after my first baby boy came to me blue, and by the next morning was lifeless. Something inside, they said, so I must have the cesarean for the next babies. I’m scared for the cesarean. But I think in a way it’s kind of good, because I won’t feel the pain that all those women keep talking about.

I go to the hospital knowing that this is the day my baby is born. They take me into the theater, put a needle in my spine, and my legs are numb. I’m still a little scared. There is a sheet so I can’t see my feet. Is that my baby kicking, I think, but no, it’s the knife on my skin. I can feel it! I wonder, what are all these things? There is a tray of scissors and knives, but the nurses yell numbers, ono! sefulu! lua! to request the right instrument.

What’s that? My baby is crying. He has a voice. He is alive, he is in this world, I thank God! They hold him up to show me, I want to hug him, but I’m trapped in a web of wires. They’re stitching me up, I can feel the needle and thread, they’re stitching me up. I’m sleeping now, they’re putting me to sleep...

**Bearing These Weights**

*Fa’alupe’s Story*

I was three days late on my ma’i masina, and I knew I was pregnant. But this couldn’t be, not when I wasn’t married, not when I was only twenty-one. This man, my baby’s father, wasn’t my husband. But we agreed to have the baby anyway.

I was so afraid to talk to my parents about it. I knew my dad’s reaction, “Fa’alupe, how could you do this! How could you let this happen!” But he didn’t know that I was thinking the same thing. Instead, I talked to my mom. Like a friend, she always tried to understand how I feel, what my problems are. She’s the one that told my dad.
I went to him, ashamed, my eyes to the floor. He said to me, “What are you going to do?”

“Keep the baby,” I said to him.

“Let me talk to him, the father.” But it was no use. I already knew things wouldn’t work out with him, between me and my baby’s father.

Through the months of my pregnancy, I would hear things, because you know the way Samoans like to talk. They say he’s been with this woman. They say he’s been with that woman. They say he’s a womanizer. All the while, my baby girl is growing inside me. She doesn’t know the world she’s going to be born into, or maybe she does.

I became dark, very dark. The life inside me wasn’t enough to fight it off sometimes. There were so many parts of myself, the baby’s father, my dad, that I wanted to end, wanted to die. Scared, I was very scared. Suicide. I could end it all. But I chose life.

My daughter’s father was still around for the birth, but I told him to get out. He wasn’t a part of this, I told him, this was my baby. My water broke early in the morning, around 7 o’clock. My energy, everything was drained. I was slipping, tired of bearing these weights. My body was tired too. At 3 o’clock the next morning, I just wanted her out, I wanted this to end. Get this baby out of my body so I can move on, so I can see her and raise her as my own. She came healthy and happy, a beautiful gift from God, a relief, and a reminder of life.

I cried. I cried for happiness and sadness. I cried for pain and suffering. I cried for this beautiful daughter I had created. When I first saw her and heard that striking cry, I held her close to me, counting her fingers and toes, holding onto her for dear life.
These stories I keep to myself. I no longer hold myself up from slipping back into these dark places, because my beautiful daughter keeps me afloat.

My Eyes Raw with Tears
Lanuola’s Story

Giving birth, that’s what I remember most. I don’t know how I could forget the pain, the crying. I remember the whole day, everything. I didn’t enjoy the pregnancy or the birth, and I told everyone who would listen, “This is going to be my first and last, you mark my words!”

My husband and I were in town getting visas to visit New Zealand for his father’s funeral. I was looking forward to going to New Zealand, when my water broke. I yelled to my husband and auntie, “I have to go to the falema’i! My water is broke!” My auntie, she stopped me. She said to me no, you have to go do the fofo. The fofo placed her hands on me, rubbing my baby this way and that way, pushing on me as the pain grew stronger and stronger. We went to the falema’i, and the doctor told me I wasn’t even halfway through, I wasn’t fully dilated. Now I was really angry!

My auntie tried to encourage me to walk around, to help the pain, but no one understood! I was so in pain, my eyes were clouded with tears. That doctor, he came again, and said the baby’s still not ready. I cried, angry and impatient. I told them, please, I’m really in pain, I have to give birth right now.

I laid on the bed, alone in the labor room, I was lucky to be the only one there. The doctor and nurses came in. Among them, a palagi with a white coat stood by, and I was so happy she was there. Something about her made me comfortable. I felt relaxed.
But not relaxed enough. It had been so many hours, what felt like years. I grew weaker, with little strength to push. The doctor and nurses and even the *palagi* told me to keep trying, keep trying, get this baby out. If I couldn’t then they would take in me for a cesarean.

I thought of the cesarean, cutting into me to get the baby. I thought of the pain that would continue, that would rip through me for the next month. I was so scared of that, so tired, my eyes raw with tears. I pushed one more time, for fear of them cutting into me, and my baby came to me. I cried more. I cried then for happiness, for relief. I knew this would be my first and last baby, and she was. Her little brother never came, but died inside of me. I don’t think I had the strength for anything more.

“**My turn now, yours is coming soon!**”
*Talia’s Story*

“*Fa’amoemole*, could you go to Kentucky Fried Chicken for me, the one across town?” I asked my husband for the third time this week. There was one KFC outlet in Auckland where we lived, and we were very far from it. Despite this, my poor husband would make the trip, being the good Samoan man he is, so that I could eat the one food I was craving.

My pregnancies were not easy, with debilitating nausea and fatigue. But my background in midwifery help me cope with all these traumatic changes my body was experiencing, because I knew the end result; it was just a matter of getting there. My big, drum-tight belly was appropriate in our maternity ward where I worked, as the birthing women moaned in pain, assuring me that “My turn now, yours is coming soon!”
But on the night of the birth of my fourth child, I could feel that familiar prickly sensation in my belly. I was working the night shift from 11 at night to 7 in the morning when I felt the baby’s ready. I thought, please God, don’t let this baby come until I am finished with work! I kept it to myself, walking up and down the four-story hospital, keeping myself composed until I knew my shift was over. The next group of nurses came on, and I hurried to get changed as I felt the pains coming on. I rang up my husband and calmly asked him, “Can you please bring my bag? I’m having a baby now.”

I walked down the stairs to the labor room where some of my friends were working. They greeted me, asking me, “Haven’t you gone home yet?” With a little smile, I told them, “I’m sorry, but I’m coming in as a patient!”

A rush of commotion followed as these women collected everything they needed, but I told them not to worry, I could do everything myself. I got into a hospital gown as my husband arrived with my bag. As he arrived, the pain got worse, I remember the pain was so bad with that particular one! The pain was so bad I started to cry, yelling at my husband “Can you promise that this will be the last time?”

We stood in the corridor as they asked me to sit on one of the beds to be moved into the delivery room. I could feel my baby pushing out, ready to come out, as he started to be born in the corridor. They hurried me into the delivery room as my baby boy was pushing fast to get out. I had asked my husband to be there for the birth, and prepped him with my calming words only a midwife can offer. As the baby came out, he took one look at the blood coming from between my legs and he fainted, right then and there!
My husband helped me into the back of our car as I panted and heaved, feeling like a stiff, heavy doll in his arms. I could feel my baby ready to come. This was my second son, and I knew when he was pushing his way out—I could feel it in my back and in my pelvis. The hospital was 20 miles from our English cottage, and as I felt the baby’s pressure even more, I yelled to my husband, and he began to speed.

Blue lights twinkled in the rearview mirror of our car as a police officer pulled up behind us. I was panicked, unable to speak, as my husband propelled the words out of his mouth, “Oh, please no! My wife, can’t you see! She’s in labor! She’s just about ready to give birth!”

Looking back, I laugh at the humor of our situation. Of course it’s the usual thing: you’re driving too fast, they try to book you, and you plead for mercy using your wife’s labor as a free ticket out. But it didn’t take even a moment for the officer to see that I was no actress. He looked at me, and got to business, “Right! Ok!” He helped me to his car, turned on his siren, and drove us straight to the hospital as the lines of cars peeled back to make way for my baby boy.

After the birth, my husband laid down next to me on the hospital bed as I held my second child in my arms. He held me in one arm and we both paid silent worship to this healthy child to whom we had just given birth. One of the nurses came through the door and was shocked when she saw us together on the bed. I scoffed at her reaction to our “crudeness,” my husband lying over the covers admiring our baby boy. I guess that was the 1960s for you.
My babies were gleaming with the beauty of health and newness, but I felt so alone. My breasts were full with milk, but with no support from my ‘aiga back in Samoa, I couldn’t find the time for both my baby boys. The Samoan in me needed that support, those aunties and mothers and grandmothers. My husband served as the surrogate mother, sister, auntie, grandmother, and housemaid all in one. He was able to be all these things for me that, in Samoa, he would’ve been pushed away from.

My boys had been born safely and were healthy as I could wish for. With my aiga across the world in my home of Samoa, all I could do was think of them, imagine the look on their faces as they would have seen my boys come into this world, as I thought, ‘o fea lo’u ‘aiga?

So Much Blood
Tiresa’s Story

I was bleeding, bleeding so much. It stained my ‘ie, it stained the chair. My heart was pumping, I was so scared, what was happening? My husband took a towel and put it between my legs. The look on his face scared me. Was I ok? Was my baby ok?

We drove to the hospital, towel between my legs. The towel was a deep black color. They told my husband that I needed a blood donor, as soon as possible. I was losing so much blood. They told him it’s either me or the baby if he doesn’t go quick. These words stung, sharp, as the blood kept coming, now stuffed with gauze and worry. I told them not to scare me like that, but they weren’t joking. My husband left me as I was rushed to the theater. I thought of my two boys at home, healthy and alive, I wanted one more. Please keep this baby safe. I told the doctor, acid in my voice, I want this baby out of my stomach now! Someone finally donated the blood that kept me alive.
I couldn’t have the baby naturally, they told me, too much blood lost. I didn’t have the strength anyway, so I let them put me on that table, put me to sleep. I woke up, feeling the emptiness in me. Where was my baby, I asked them. Show me my baby.

His diaphragm trembled as he drew breaths, like a quaking leaf, a weak little thing. I saw myself in him, the asthma I had lived with, strangling this child. The doctor told me he’s got asthma, that I gave it to him. He told me it’s better if I let me son go. I asked him why, why I should permit my son to die? The blood you lost, he said, damaged his brain. Brain damage and asthma as well. He looked at me and asked me, how are you going to look after this baby if you are sick too? It wasn’t an easy decision, but my baby, he was so weak. His skin was yellow, the color of bark cloth. Although the decision wasn’t easy, he died so effortlessly. He just died.

I told myself it’s better to have let him go. If he had lived, I’d have watched him suffer through the stress I gave him. For the sake of my baby, and the sake of me as well, I let him go, crying as I choked on my own asthma.

My Mother, She Gave Me Strength
Site’s Story

I have been through a lot in my life, many tragedies, many blessings. When I became pregnant with my first child, I was happy God had blessed me with a baby, with the ability to create life. My husband was thrilled, had always wanted a family, and now there would be someone else to cheer him on at his rugby games. But, you know, I always hated rugby. I let my husband enjoy himself, but he never took interest in my career, so why should I take an interest in his?
We were rocky like this, our love tested by hurtful fights and cold words. We had this big, big fight. Samoans talk, and their words come back around to those that are most hurt by them. They said he was around with some other girls, because, you know, he’s a rugby player. You know how rugby players are.

I was so hurt I didn’t even cry. I sat alone in our fale, thinking of my life, and the life inside me. I held an ‘ie in my hand, clutching it so tight my knuckles turned white. I wrapped it around myself, wrapped it over my globe-like belly, over the life growing in me. I pulled it tighter, tighter, I wanted to get rid of this baby. I wanted to get rid of this thing he had put inside me. I hated him. I wanted to kill this life.

But I stopped. The ‘ie went slack around my belly and fell to the floor. I thought about my mother, the woman I never met. After she died when I was two, she had left something missing in my life. I wanted to know her, see what she looked like, hear the sound of her voice. What am I doing, I thought, I have a baby inside me. Am I going to take this life away out of anger and fear? This is my first child and I’m about to kill her. My mother, she gave me strength.

My first child danced into this world, just as I danced for the Samoan Visitors Bureau. Through seven months of pregnancy, I danced, showing my beautiful pregnant body to all those palagi who came to Taufua to watch. I wasn’t fussy like those other pregnant women who complain and whimper during their pregnancies, all sick and whining. I wasn’t that kind of woman. Instead, I kept it inside me. Even during the birth, I kept calm, praying, not like those you hear screaming and hitting their husbands.

We were at Taufua, but I wasn’t dancing because my belly was getting too heavy. We came back from a show around 10 o’clock that Saturday night, and I felt that baby
coming. She was coming quickly, so our neighbor called for the village fa’atosaga. She walked up to our fale as my baby’s head was already out. Within minutes, the life inside me was born, my baby girl, and I was finally a mother.

**Pregnancy as a Part of Life**

“It’s nothing, it’s like everyday stories and all that, you know.” – Amana

The stories compiled in this paper are constructed from individual women’s portrayal of one or a few aspects of being pregnant and giving birth. Although all seven stories are unique in their own right, these women’s experiences have fundamental Samoan characteristics, seen in their understanding of pregnancy and childbirth as a part of life and their negotiations of palagi and Samoan medicine.

Through my academic career, I have become more and more enthralled by pregnancy and childbirth. I have been fascinated and charmed by stories surrounding the essential womanness of these events, the beauty of giving life, and the female empowerment I thought was intrinsic. Coming to Samoa, I was sure I would find something along the same lines of the powerful young women with their stories of strength through pain and perseverance. I went into my mini ISP with this frame of mind, frivolous to talk to women about their intense stories of capability, potential, and determination.

But this was not what I found. As I asked women about foods and beverages they ate while they were pregnant, they listed foods like chicken, cabbage, and pumpkin. This diet sounded familiar to me, so I prodded, was this any different than anyone else in the family? No, they told me, it was not.
It seemed that pregnancy and childbirth, as these women generally understood it, were not something to be acclaimed in the same way I thought it was or should. In their experiences as pregnant women and mothers, they were foremost a member of the ‘aiga, and not necessarily some princess that received special treatment because of her “condition.” In fact, as is made clear in the next section “Negotiation of Medicines,” she was more commonly subject to more rules that her aunties and grandmothers would require of her, but she was not seen as necessarily separate or unique.

And so, the most prevalent theme presented in these women’s stories is that pregnancy and childbirth are a natural part of life. Women either do not have much to say about their pregnancies or births, do not share their stories very often, or stray from the topic at hand to more interesting stories of cheating husbands and their daughter’s performance in school. Some women would frankly tell me that their stories were not worth telling very often,

_You only talk about pregnancy during the time when pregnant, only at that time. After, you talk about the baby!_ – Amana

_I don’t sit around with my friends and talk about our experiences in childbirth. I don’t know if too many women do. I don’t know, it’s just that, maybe, it just never really entered my head...I don’t think I’ve ever sat down and engaged in any meaningful discussion of it._ – Vaiana

_I just don’t want to talk about those things to anybody. To me it’s not necessary._ – Tiresa

Another way of thinking about these events in a woman’s life is that it is natural, expected, and therefore nothing extraordinary. If you are a woman, you get married, and you have babies; it is simply something a part of you and your life’s path.

_It’s just a part of nature, it’s a bit like that!...It’s not that it’s not nothing different, it’s just a part of life! It happens._ – Vaiana
A lot of [Samoan women] see pregnancy, that’s why you’re married. The reason you’re married is to have a baby. – Talia

If you want to get married, you know that’s what’s expected, to have babies, to add to the family. It is part of your life, and you can’t get away from it! – Amana

There are countless ways to understand a pregnant woman and her role in any given society, where her meaning and character change with context. In Samoa, this role took a different form than expected, where the pregnant woman is simply filling a position she was meant to have.

**Negotiation of Medicines**

“You know us in the Pacific, we believe in those spirits. But this is after we take [the baby] to the hospital first, because I always believe you should take him to the doctor before we go and use another option.” – Amana

As Samoan girls are socialized and begin to piece together what pregnancy is, they are also introduced to the negotiations between Samoan understandings of the body and other understandings. This commonly comes in the form of medical beliefs in terms of how the body changes during pregnancy and childbirth, and what one must do to maintain health. I use the term *negotiation of medicines* because both Samoan traditional medicine and biomedicine serve similar purposes. I will make the distinction between these two systems by using “*palagi medicine*” and “Samoan medicine” because Samoans themselves use these categories to describe the difference. In this way, I refer to “medicine” as an art or science of maintaining and restoring health. To many Samoans, there exists a difference between *ma’i palagi* and *ma’i samoa*, or *palagi* illnesses and Samoan illnesses, which require different treatments. But I also use the word “medicine” referring to general beliefs about how the body works and what must be done to uphold its physical condition.
During my interviews with seven women, a common theme that was addressed were Samoan beliefs and stories about the pregnant woman, something Freed (1999) terms the “dominant rhetoric and master narrative” (Freed 1999:260), or a cultural backdrop for the way a person operates. In the case of pregnancy and childbirth, young girls grow up with these stories passed down as essential elements of the ways they must comprehend and treat their bodies. I collected stories regarding foods to avoid, behaviors to perform, and behaviors from which to refrain. There were several variations of each story, but most were generally well understood by almost every woman I spoke with.

A pregnant woman must never drink from a bottle, but should drink from a cup, for fear of the baby being born with a deformed mouth. She must not eat alone nor should she sneak food because the baby may be born with an abnormality in the shape or texture of the stolen food. She must not eat the food of the matai for the same reason. She should not cut any fruit or vegetable with a knife as she is eating it because it will guarantee a difficult, if not fatal, delivery. She should avoid crab as a way to keep her child from having crab-like feet, fingers, or skin. She is encouraged to eat more food to establish a sufficient supply of breast milk. She must not wear any necklaces or chain around her neck to avoid the umbilical cord from choking the child during birth.

But above all, a pregnant woman should never walk alone at night. This was by far the most popular advice given. The reasons behind this advice varied, but all generally referred to the safety of the mother and unborn baby as a way to protect them from nocturnal spirits. Of the seven women interviewed, four confirmed that they followed this rule, some by the counsel of a mother or grandmother, or some by the individual choice.
But you don’t go outside by yourself at nighttime, like if you want to walk to the shop, you have to go with someone else, not by yourself...because they say your baby is gonna get sick when you go. – Fa’alupe

The advice not to walk alone at night served as a paradigm of this negotiation of medicines, or negotiation of beliefs about the body and what is deemed healthy or unhealthy. The Samoan way of healing or protecting the body of a pregnant woman and her child was often discounted or disregarded as some women were quick to point out that they either didn’t believe in it (and only followed the rule because of others’ counsel), didn’t want to believe in it, or ignored it entirely.

You always have to go with someone at night... And I say, BS! Because probably I am scientifically in my mind, how can that happen? – Talia

All these wives tales, there’s no foundation to them whatsoever... Going out at night, eating certain foods. I saw [women] and they’d say, oh I’ve got to be careful about this, that and the other. And I’d say oh, it’s really, you don’t have to! – Vaiana

Another common understanding of these Samoan suggestions was the belief that they are outdated and old-fashioned. Whether or not they followed these rules, they were seen as no longer relevant or applicable,

My mother when she found out I was pregnant, she just told me not to go by myself at night...I have to be with someone. I don’t know, maybe because, like I said, those are the tales from Samoa in those days. – Lanuola

Especially if granny’s around, all these old-fashioned ideas that keep perpetuating. You don’t have any choice... Stupid! – Vaiana

The old ladies back then like my grandma, when she saw me drink with the bottle, she yell! You don’t drink with the bottle, you drink with the cup! They said if I drink the bottle, my baby will got a big mouth! No way, I just kept going! That was your thing back then. But I don’t believe it, my baby will come out beautifully! – Site

There was a constant encounter between the perceived dichotomy of palagi and Samoan medical beliefs. Amana is a good example of how one might process this
negotiation, because according to her, she did not want to believe them, but found truth in them,

_I think some would call it superstitious. But in a sense it’s really true. Because my first son, I was in American Samoa, so I was staying with my auntie. In the early evening, maybe about 7, I used to have my shower outside and I think you’re not supposed to have a shower alone at that time. It was quite near the cemetery. So I never thought about those things, but when I had my child and came back to Samoa, he was very sick. Really very sick... So we took him to the hospital and checked him and they say there’s nothing wrong with him, he’s ok. So we, after the hospital, we look for the fofo, and we found one. She came and she said that this is because I was out in the dark having my shower alone near the cemetery. So that causes the sickness in the baby. You know you really don’t want to believe it, but then the fofo, she had some stuff, and it really worked! It make him better. It’s because of the spirits._ – Amana

Amana’s experience is a good example of the negotiations that take place between these medicines. It seems that one does not have complete authority over the other but is dependent upon circumstances. Amana was caught between two differing explanations of an illness, and she chose the treatment that best applied to her situation.

Unlike Samoa, many developing countries are often marginalized for a perceived lack of technology or modernity that is historically rooted in colonialism, where indigenous understandings of the body are discounted or disregarded. Jordan (1993) refers to the Western medical system as “cosmopolitan medicine” in a way that describes the significant meaning placed in and around Western medicine in some cultures. Many, but not all, developing countries are strained by a disadvantage in a global economic sphere,

...the unquestioned (and in some sense unquestionable) superior status of biomedicine leads to a blanket devaluation of indigenous obstetric knowledge and practitioners based not on reason but on principle. Biomedicine’s symbolic value, independent of its use value, encapsulates modernization and progress, while traditional ways come to epitomize the “ignorance” and backwardness that development programs are trying to eradicate (Jordan 1993:201).

The problems that can arise, and have arisen, out of this perception can be destructive and can lead to cultural degradation or disrespect for one’s own upbringing.
But Samoa seems to be a distinctive case. In a Samoan context, those pieces of information that offer alternative understandings about the body are still widely recognized and practiced, as these women portray. There does not seem to be a stifling of these beliefs and practices, but instead, they are still recognized and encouraged. Despite the fact that in some cases these women gave external affirmation about the legitimacy of biomedicine, they—for whatever reason—still adhered to some level of Samoan beliefs, whether that be a visit to the fofo or not walking alone at night. Colonial and neo-colonial attempts to sequester indigenous beliefs and practices were not successful in Samoa, but instead challenged and altered them to make them what they are today.

Based on these seven women’s experiences, the negotiation and fluidity that Samoans must go through becomes apparent. It seems that one medicine is not given complete power over the other but instead changes with context. Of course, there are variations of the extent to which some Samoans may rely on palagi medicine or Samoan medicine. These women’s comments about the legitimacy of palagi medicine, for example, might be an effect of my sample of informants. Two of the women interviewed came from medical backgrounds, which probably pulled their focus more toward palagi medicine when comprehending pregnancy and childbirth. My informants also spoke English, due to my insufficient Samoan proficiency, and therefore represent a specific group of Samoans that may or may not have had more palagi influence throughout their lives.

But in general, palagi and Samoan medicine have come together to create a unique circumstance in contemporary Samoan culture, such that palagi and Samoan systems of pregnancy and birth exist as amalgamations rather than separate entities.
Conclusion

“Everything about me and my children, giving birth to my children, it's like a mirror; you can remember anything. It's like memories that stay forever, you can't just forget about it. It always reminds you, every day, everything. As for me, every day always reminds me of my kids. It reminds me of everything about them. They are so precious to me.” – Site

Despite the fact that women were able to produce extensive stories about their experiences with pregnancy and childbirth, it seemed that they only produced this for my sake, to benefit me and my project,

Elsa: Is it nice for you to recall these memories?
Amana: If it’s useful and benefit other people, why not. But otherwise it’s nothing. It’s like everyday stories and all that, but you know, if another person gains from this and gets something useful, you know, that’s good.

Although large families are celebrated in Samoa, women’s personal stories are not. In Samoan society, there is no normalized space to share the intimate stories I heard from women, which is partially why they had never talked about it before my interviews. Despite the fact that the women I spoke with had rich experiences with pregnancy, they had never shared them because their Samoan upbringing conveyed an indifference to personal stories.

Along with this perception is an on-going dialogue between palagi medical understandings and Samoan medical understandings. Women, depending on the circumstance, chose to participate in one or the other, or a combination of the two. Their circumstances dictated the treatment, shown in Amana’s experience of choosing the fafo when the doctor could not address her child’s sickness.

In these women’s stories, we see these underlying cultural implications to a woman’s understanding of her experience and what she deems important, worth mentioning, or credible. What I have outlined in this paper is an example of how pregnancy and childbirth are situated within a given culture; there is no way to divorce
the biological and cultural aspects of pregnancy. The women interviewed illustrated that their intimate experiences were embedded in a constant cooperation and navigation of their Samoan selves and the *palagi* influences present in their contemporary lives.

This paper brings to light awareness to the complex events of pregnancy and childbirth within cultures. Further research might explore differences in age, class, and ethnicity as they are in Samoa, with the appreciation that a pregnant teen in Samoa experiences these events much differently than a middle-class married *afakasi* woman.

From these women, I began to learn what it is to be pregnant in Samoa and some of the assumptions, perceptions, and realities that are involved with this state of being. As each individual woman told her story, the picture of an overlying narrative that is unique to Samoa was painted. We must recognize that in order to really understand the processes of pregnancy and childbirth, we need to analyze them not only from medical textbooks or national reports, but from the women’s stories themselves.
Primary Sources

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*Names have been changed.

Secondary Sources


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Glossary

_Palagi_ – white or foreign person
_‘ie_ – sarong
_Faleoloa_ – shop
_Fofo_ – traditional healer
_Pasi_ – bus
_Ono_ – six
_Sefulu_ – ten
_Lua_ – two
_Ma’i masina_ – menstrual period
_Falema’i_ – hospital
_Fa’amolemole_ – please
_O fea lo ‘aiga?_ – where is my family?
_‘Aiga_ – family
_Fale_ – house
_Fa’atosaga_ – village midwife
_Matai_ – chief
_Afakasi_ – half caste (half Samoan, half _palagi_)
Appendix

Listed are some basic questions used during interviews. These questions worked as a
guide, to help women recollect details or events of their stories; however, the interviews
remained largely unstructured with the informant directing most of the conversation.

1. How many children do you have?
2. What were your pregnancies like? Do you have any funny stories? Do you have
   any scary stories?
3. What was giving birth like? Did you enjoy it? Do you remember that day, and if
   so, could you walk me through it?
4. Is it easy for you to remember your pregnancy/childbirth?
5. Looking back, is there anything you would want to do differently?
6. Did anyone give you advice during your pregnancy/childbirth? Do you ever give
   advice to anyone?
7. Have you ever told your stories, like the ones you just shared, with anyone else?
8. What are some Samoan beliefs and rules about pregnant women, like what she
   should and shouldn’t do? Did you follow these?