Introduction  Colonial and postcolonial plots in histories of maternities and modernities

Margaret Jolly

The link between maternities and modernities is more than an alliterative conjunction. These essays attest to how projects of modernity have also entailed remoulding maternity. But, whereas some recent studies have seen this relationship as singular and have typically privileged Euro-American experiences,¹ we pluralize understandings both of maternity and of modernity and problematize the way we plot their relation. Moreover, the focus on Asia and the Pacific not only provides a different site for experiences of, and discourses about, maternity but suggests how these sites were and are connected in the processes of colonialism and postcolonial development. We highlight how class-based interventions in mothering in many countries of Europe and North America were paralleled by projects in European colonies where race, ethnicity and class compounded pre-existing local differences between women. In many Asian and Pacific countries indigenous patterns of mothering have been challenged and to some degree transformed, first in the colonial period and second in the postcolonial epoch, in the name of civilization, modernity and scientific medicine. But women in these places have not simply succumbed to the message of ‘enlightenment’ through maternal improvement, but have variously rejected or embraced such advice or accommodated it selectively.² Such exercise of agency should not be construed as a matter of voluntaristic choices however, as if choosing between modes of mothering is akin to wheeling a supermarket trolley (Ram 1994:20). Indeed, this volume shows that such choices are saturated not just by the power of gender difference, but class and ethnicity. The embodied maternal subject is pervaded by a profound tension, perhaps even a split, as the mother is sundered in contests between ‘tradition’ and ‘modernity’.

Before I explore these themes through the several essays which follow, let me elaborate our key concepts – maternities and modernities. In talking of maternities, rather than mothering, we highlight the corporeal processes of being pregnant, giving birth and nurturing. But, although there is much here about the maternal body, the intimate practices of confinement and labour, sexual and dietary taboos during and after
pregnancy, breast-feeding and early infant care, we are insistent on how these seemingly natural processes of swelling, bearing and suckling, the flows of blood, semen and milk are constituted and fixed not just by the force of cultural conception but by coagulations of power. And in such cultural conceptions and political coagulations we must not forget how many become mothers not through pregnancy but through processes of adoption and the labour of nurture.

Moreover, although the mother might appear to be the central subject of maternity, she is often evacuated from this position by a discursive focus on the child (see Manderson, this volume) or by an objectivist medical depiction which Manderson dubs 'the obstetric gaze'. Given how often the mother has been marginalized in debates about maternity, it is important to insist on her centrality. Assuming the subject position of the mother has a particular salience in the narratives of recent Western feminism where, as Stivens (this volume) suggests, the feminist has often situated herself as the angry daughter rather than the mother and rarely celebrates the maternal within herself. Indeed, it may be argued that the maternal has typically been denigrated within Western feminism (as in the surrounding culture) (e.g. Barrett and McIntosh 1982; Friday 1977) and that only recently has the maternal subject been embraced by Western feminists culminating in a belated burgeoning of research and writing in the 1980s–1990s (e.g. Irigaray 1985a, 1985b; Kristeva 1980, 1981; Ruddick 1989; see Adams 1995 and Ross 1995 for reviews of recent literature). By contrast Asian and Pacific feminists have more readily embraced the maternal subject position, although often to distinguish themselves from what are perceived as anti-family tendencies in Western feminism or as part of anti-colonial or nationalist movements (see Jolly 1994). This book thus explores not just how maternity is experienced by mothers and others but also how maternity is constituted in discourse and how it is valued or devalued. Indeed, despite the centrality of ‘experience’ in much Western feminist theory (see Scott 1991) and of testimony in the genres of both feminist life history and ethnography, we can never present the ‘real life’ mother, nor evoke her corporeality or subjectivity, except through an act of textual representation (cf. Ross 1995:399). There is no doubt that maternal subjects are often represented as absences in masculinist colonial texts, but even where mothers are more palpably present in the translations of contemporary feminist ethnography, they are still represented, still ‘given voice’ through discourse.

Modernity, like maternity, has been the subject of much academic and political debate, from the earliest theories of modernization to the most recent controversies that have swirled around the concept of postmodernity. Older theories of modernization posited a linear progression, whereby
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allegedly ‘traditional’ societies become not only industrialized and urbanized, but rationalized, bureaucratized and secularized. This very partial view of historical transformations of Europe and North America from the eighteenth to the twentieth century was then projected on to the more recent experiences of those industrializing or ‘developing’ countries of Asia, Africa, South America and the Pacific. Apart from the dismal inadequacies of this view of historical processes in Europe or North America, such a linear concept of modernization has long been criticized as both teleological and Eurocentric.

Thus Stivens (this volume) suggests that the specificities of Malay modernity belie such a view – here a modern managerial state oversees the precipitous pace of industrialization, urbanization and commoditization but also the resurgence of Islam, and especially the espousal of a purer form of Islam on the part of some sections of the Malay middle classes. Malay modernity is expressly celebrated by its proponents as a form distinct and divergent from foreign forms and values, which some Malay intellectuals vilify as ‘Westoxification’. As Stivens insists, modernity is gendered (cf. 1994) not just in the sense that male and female subjects experience it differently, but in how its discursive terms are constituted. Stivens suggests that the feminine is sometimes cast as the negative to the male modern, but can in other contexts shift to images of feminine modernity. Perhaps it is as mothers that Malay women most legitimately enter the modern. Malay middle-class women are thus enjoined to be modern mothers through a particular combination of Muslim chastity and discipline, energy in the office and at home, a persuasive psychology aimed at creating good obedient children rather than ‘lazy natives’ and the allure of a commodity culture which creates modern consumerist identities, as for the kids – Toys R Us.

But this particular trajectory of maternity in modernity, though distinctively Malay, is not disconnected from earlier processes in colonial history, as Manderson (this volume) attests and it is to this earlier period of colonization that I turn at the outset. First I compare some of the colonial critiques of mothers in Asia and the Pacific, secondly I highlight the relation between processes within colonizing Europe and the places which were colonized and thirdly I ponder the relationship between religious and secular projects of enlightenment. I then query the impact of colonial and contemporary development projects on indigenous mothering and especially focus on persistence in the old ways, resistance to the new ways and forms of conflict and accommodation between them. This will then lead into a consideration of the allegedly ‘postcolonial’ character of contemporary maternity in Asia and the Pacific and a series of questions about narrativizing the past in the present.
Asian and Pacific mothers: the colonial critiques

For those of us familiar with the lore of more recent Western child-care manuals with their idyllic constructions of maternity in the ‘state of nature’ or female-centred childbirth in remote South America, it is deeply shocking to confront the denigrations of Asian and Pacific mothers by earlier European observers. With tedious consistency most of these observers (male and female) accused Asian and Pacific women of lacking a maternal instinct or of being careless or incompetent mothers. Perhaps most predictably there were concerted attacks on indigenous forms of contraception, abortion and infanticide. But dietary and sexual abstinence in pregnancy and postpartum were ridiculed or lamented; modes of delivery, ways of cutting the cord or dealing with the afterbirth were attacked; withholding colostrum or feeding pre-masticated food to neonates was admonished; suckling was often perceived as too protracted and sometimes the bottle and cows’ milk was promoted in lieu of the breast. Maternal love was adjudged deficient – being portrayed as variously insufficient, too dispersed or too indulgent.

‘Improving’ or modernizing maternity thus not only meant the medicalization of pregnancy, birth and the postpartum period but also the discipline of mother love itself. Whereas various ancestral traditions constructed the maternal body and birthing in religious terms as sacred, dangerous or even polluting, the modernizing project aspired to ‘clean up’ and rationalize birth, not just by sanitary and hygienic injunctions at the moment of birth itself, but by forms of discipline of the pregnant body and surveillance of the new mother and her child. Antenatal and postnatal checks, attendance at clinics and home inspections were all part of such routines in colonial Malaya and Fiji for instance. No doubt sometimes some of these interventions saved lives – of mothers and of infants – by anticipating difficult presentations, by eliminating treatment of the umbilicus, which caused neonatal tetanus, or by helping to arrest postpartum haemorrhage or ensuring the placenta was rapidly evacuated. But such interventions also had the important effect of bringing the maternal body under the surveillance of others – and others often separated from the mother by race and class. And these others often aspired to change the maternal relation too – to ensure that babies were only fed at regular intervals, that mothers did not spoil their children but inculcated discipline, that mothers concentrated their attentions on their ‘own’ children and did not disperse their maternal affectations unduly. There was thus from the colonial period new forms of ‘rationality’ applied to maternity and Eurocentric forms of psychology promoted which proclaimed earlier forms of mother love as sloppy, deficient or irrational (and thus gave issue
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to ‘the lazy native’). Although such psychologisms mirrored the waves of fashion amongst the child experts ‘back home’ – psychoanalytic, behaviourist or object-relations theories – the ‘modern mother’ in the colonies was differently located – in more than her geographical locus. In aspirations towards modernity, Asian and Pacific women were often required to repress not just ‘female feeling’ but also archaic ancestral forms or anterior sacral traditions, some of which divinized rather than vilified the mother (see Ram, this volume: Chapter 4).

The chapters by Manderson and Jolly document the details of British colonial attacks on mothers in Asia and the Pacific – or more specifically Malaya, Fiji and Vanuatu. Some of the nuances and the timings differ, but there are striking commonalities – presumptions about ‘bad mothers’, mothers being blamed for depopulation and for high rates of infant mortality and being subjected to coercive and persuasive projects for maternal improvement. White women were often initially involved in such projects but then, when these failed, some indigenous women were trained as obstetric nurses or modern midwives while later many others were educated as modern mothers in domestic science courses.

Thus in colonial Malaya, Manderson reports how the concern about mothering on the part of both indigenous Malay and migrant Indian and Chinese women emerged in the context of concerns about high rates of infant mortality and the need to arrest depopulation in order to maintain a labour force for plantations and mines. Not only infant but maternal mortality rates were incredibly high – in 1900 maternal mortality was about 16/1,000 and infant mortality about 250/1,000 (though varying by region). Although many causes were adduced, such as neonatal tetanus and malaria, diarrhoea spread by poor housing and sanitation, inadequate maternal and infant nutrition, colonial reports often focused on those proximate causes which could be traced back to midwives or mothers, and they were most often blamed.

Interventions in mothering were not just the benign feminine face of the civilizing mission however (see Manderson, this volume). They were, in colonial Malaya at least, pre-eminently a state rather than a mission project, and were foremost about assuring labour power for capitalist enterprise – since the costs of replacing labour from overseas was prohibitive, local reproduction was fostered. They were also about securing control over the diverse ‘populations’, attempting a modernization of social control, parallel to that which Foucault detects in eighteenth- and nineteenth-century Europe. But these new forms of capillary power had rather different venous connections in the colonies. The inspection of women’s maternal and sexual being and the surveillance over the child here depended centrally on the hierarchy of race (cf. Stoler 1995). From
the late nineteenth century in Malaya it was the English woman, nurse or not, who was enjoined to police the mothering of Malay, Indian and Chinese women. Other mothers were not, however, treated equally – the Malay woman, economically and geographically marginal to the colonial state, was always treated with more benevolent indulgence than the migrant woman. The Indian mother in particular was treated very badly (as she was in colonial Fiji), as if her being a mother and a labourer in a mine or on a plantation was aberrant and abnormal.

Fundamental to such interventions were attacks on indigenous modes of birthing and nurturing and on the traditional birth attendant (TBA), the *bidan* – the Malay midwife (who was used not just by Malay but by many Chinese and Indian women). Malay birthing was extremely culturally elaborated during pregnancy, labour and especially in the puerperium. After birth Malay women were ‘roasted’, took smoke baths and regulated their diets in order to revert the uterus, tone the vagina and ensure humoural balance in the body (Laderman 1983). From the late nineteenth century Malay women were enjoined to forego such sensual attentions to the maternal body, and to institute a more disciplined and rational form of birthing and postpartum nurture. Given the English practices of the period, home births were still favoured over hospital confinements. The latter was an unlikely choice, since in Singapore in 1907 there were only sixteen ‘native’ beds, and the medical staff were primarily male with no female doctors and few nurses. Moreover, as in colonial Fiji, given the notorious rates of cross-infection and poor rates of recovery of patients, hospitals were seen as sites of death, not birth (see below).

The main strategies of modernizing maternities, rather, involved control and inspection of home births – training for midwives in modern methods, regular inspections at the clinic and home visits by European women. But – despite the lectures on obstetric problems and difficult presentations, the inculcation of ideas of antiseptic procedure, attempts to reduce neonatal tetanus by care of the cord, the rituals of taking temperatures, giving inoculations and weighing babies at clinics after birth, and the incessant advice of ‘home visitors’ to offer regular feeds but refrain from handling infants too often – Malay mothers for the most part were not enthusiastic modernizers. They attended clinics irregularly, if at all, and remained unpersuaded by the models of English women as ‘natural mothers’, many of whom were single and childless anyway. The one exception seems to be, from the 1920s, the shift to bottle rather than breast-feeding, which, as was soon recognized, worsened rather than improved infant health.

Although the numbers of women attending clinics or receiving home
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visits steadily rose and these persuasions were later complemented by domestic science for all girls, ‘modern mothering’ did not supplant indigenous modes. As Laderman (1983) has documented, many distinctively Malay practices of birthing persist to the present: the rituals of the puerperium and elaborate dietary regulation during pregnancy and after most particularly. Moreover, many women still insist on taking the child’s placenta home to plant, to maintain origins in and attachment to the ground (cf. Merrett-Balkos, this volume). Thus, as Stivens (this volume) suggests, many Malay women use both the government midwife and the bidan, but accurately perceive the first as focused on the child and the second as focused on the mother. She depicts Malay women as both compliant and resistant in the several interventions by colonial and independent state into their mothering and fertility control. Blaming mothers may co-exist with conferring on them the power to build the race, or the nation through ‘happy families’.

The same paradox might be witnessed in the colonial states of Fiji and the New Hebrides (Vanuatu since Independence in 1980). They patently offer a Pacific parallel to the faltering attempts at modernizing maternity in colonial Malaya – but there are important divergences as well as convergences. Here, too, the concern about mothering emerged in the context of debates about depopulation around the turn of the century. Here, too, mothers and midwives were blamed for high rates of infant mortality, rather than addressing the more difficult and recalcitrant questions about the appalling impact of introduced diseases, combined with the continuing ravages of indigenous illnesses like malaria (in Vanuatu, but not Fiji).

But there were significant differences. Here Christian missions had an earlier and a continuing salience in attempts at remoulding maternity. Moreover, especially in Fiji, the imperial project was less about reproducing a labour force than social control of the indigenous population. Indeed, the population of migrant Indian mothers were not even mentioned in the earlier stages of this debate.

The event which heralded the British imperial concern with depopulation was the publication in Fiji in 1896 of the Report of the Commission Appointed to Inquire into the Decrease of the Native Population. As I attest in my chapter (Jolly, this volume: Chapter 6), this was an extraordinarily detailed and thoroughgoing document which canvassed a multitude of causes for the decline of the native population (the British rapaciousness and indifference to the survival and the health of migrant Indian labourers is perhaps testified here by their exclusion from this report, see Kelly 1991). But ultimately, when it came down to practical colonial policies in both Fiji and in Vanuatu, it was mothers who were blamed for the fact
that the race was ‘dying out’. A sequence of colonial strategies, coercive and persuasive, focused on improving mothers, maternity and midwives.

Attempts at reforming indigenous mothers did not originate with such colonial state reports and policies. From the first arrival of Christian missionaries in Fiji and Vanuatu from the mid-nineteenth century, indigenous mothers had been vilified for their contraceptive or abortive practices, for infanticide, for dirty procedures during labour itself, for feeding neonates pre-masticated tubers while withholding colostrum, and for variously being too indulgent or too indifferent towards their children (see Jolly 1991). Missionaries perpetuated their concerns and were involved in these colonial conversations about depopulation, along with state officials and anthropologists. In my analysis of some major texts in these debates (Jolly, this volume: Chapter 6) I argue that, despite the obsessive cataloguing of ‘causes’ and the relentless marshalling of them into ‘indigenous’ or ‘exogenous’, even those commentators who favoured exogenous causes (the introduction of alien diseases, grog and guns) considered that their effects were amplified by an indigenous malaise. The malaise in men was ‘emasculating’, in women the malaise was maternal ‘insouciance’ or carelessness.

In both Vanuatu and Fiji, the colonial state aspired to survey and police mothers, but given the weak and divided character of the state in Vanuatu (conjointly administered by England and France) this remained a rather pious hope and attempts at remoulding maternity remained pre-eminently a mission concern. In Fiji the colonial state was both stronger and had from the early colonial period intimate links to the indigenous hierarchy of male chiefs. It is in Fiji that we witness the more developed invasions into inspections of maternal experience. There were inquests into infant deaths to combat abortion and to allocate blame, where, as Lukere (n.d.a) has clearly documented, the pervasive premises were of maternal guilt, midwives’ collusion and paternal irresponsibility. There were edicts passed to restrict the work and the mobility of pregnant women and enticements to men and to chiefs to promote the fertility of women. As in Malaya, white women were vaunted as educators in modern maternity, although here, given the sectarian rivalry between the Catholics and the Methodists, it was celibate and childless nuns who were the first models.

As for colonial Malaya, it is important not to credit these coercive and persuasive interventions with the efficacy their originators imagined. For the most part they were a miserable failure – inquests failed to implicate many mothers or midwives, women evaded the restrictions on their moving around or going fishing at night, and resisted attempts to control their sexuality on the part of male kin and chiefs. The Hygiene Mission of the Catholic sisters was shortlived and inconsequential (see Jolly, this
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volume: Chapter 6; and Lukere n.d.a, n.d.b). Of more consequence were the efforts at persuasion through the training of local women as nurses and, as in Malaya, the more generalized process of education in the science of domesticity. But importantly these both transpired in such a way that the combat between ancestral and biomedical traditions was softened and the imposition of colonial medicine was not so readily co-opted by high-ranking women who could terrorize others with their education and scientific rationality. The training of local women as nurses was perceived as a way of combating indigenous midwives here as in Malaya, but, according to Lukere (n.d.a), to some degree they co-operated more than combated and combined many aspects of indigenous and scientific medicines.

Echoes between Britain and the colonies

The examples in this book, though ranging widely across South Asia, Southeast Asia and the Pacific, are for the most part from countries colonized by the British (or as for Papua New Guinea, Australians). This poses questions not just about the distinctiveness of British colonialism (as against French or Dutch colonialism, on which see Stoler 1989, 1991, 1992) but also about the links between the so-called ‘metropole’ and ‘peripheries’. Both Manderson and Jolly discern echoes between what was happening back in Britain and what was happening in the colonies. The resonances are many. The concern about ‘population’ was pervasive as was the blaming of mothers for the persisting high rates of infant mortality (cf. Klaus 1991 on depopulation debates in France and the US). But even more striking are the resonances in the discourses and the strategies of intervention in the lives of working-class mothers in Britain and colonized women in Asia and the Pacific. Both were singled out for maternal deficiency – for the dirt and dark of their houses, for their unhygienic forms of birthing and nurture, for their poverty, or for the simple fact that they were both workers and mothers. The focus in Britain was no doubt on manpower, on those ‘stalwart sons’ who were required to man the machines of industry and of war. But in Malaya, too, the concern was also to reproduce enough healthy workers to man the plantations and the mines, for here, at least for the Indian population, their gender was eclipsed by their race – women were seen to be ‘as men’ (see Manderson, this volume). The same perception of Indian migrant mothers no doubt pertains in colonial Fiji, but importantly here the colonial intervention focuses on the indigenous or ‘native’ mother, who is not only to be exempted from colonial labour regimes, but ideally sequestered from most forms of indigenous hard work as well. Colonial officials tried to
persuade Fijian mothers to remain in the house and devote their attention to weaving mats and making tapa (bark cloth), rather than exerting themselves in taro gardens or fishing. As I have intimated (Jolly, this volume: Chapter 6), sexual as well as maternal sequestration seems to have been at issue here.

But the concern for ‘population’ was not reducible to a concern with labour units. In both imperial Britain and the colonies there was a new form of control being assumed, a new kind of inspection afforded of those intimacies of ‘population’ – the familial and extra-familial relations of sexuality and fertility. Thus, we can witness an excess of power beyond the merely instrumental aspirations of reducing mortality. These interventions – in homes, schools and other institutions in both metropolitan and colonial sites – were, as Foucault has persuasively argued, about governing life (Foucault 1979, 1980; Mitchell 1988; Stoler 1989, 1991, 1992, 1995). And in both sites the ultimate aim was probably self-government through compliant citizen subjects, in this case through the ‘native agency’ of maternal subjects.

As Haggis (this volume) has brilliantly shown, a notion of ‘native agency’ had earlier linked the lower classes and the subject races in the constructs of Protestant missionaries on the Indian subcontinent. Her chapter challenges us to ponder further both the similarities and differences between the imperial centre and the colonies and between the religious and the secular in imperial notions of ‘enlightenment’. She depicts the extraordinarily conflicted and difficult situation of those so-called ‘Bible women’ of Travancore, who were central to the proselytizing effort of the London Missionary Society (LMS) among Indian women. The missionaries perceived that conversion was best promoted by female ‘native agency’, but were singularly unable to penetrate the ‘inmates of the zenana’ (women’s quarters), the sites and states of seclusion which pertained among high-caste women in this southern region. Although wary that working with the low-caste women might mean that they were cast at an even greater distance from their eventual goal, this was perfuse their strategy. These ‘Bible women’ were not only poor, lower caste, even untouchable but also (unlike many of their English missionary women who ‘superintended’ them) married and with children. Haggis poignantly shows the strenuous exercises which were required of such ‘Bible women’ in evincing their commitment to Christ – itineraries which had them walking miles in the hot sun, delivering public lectures and sermons, and forsaking their own husbands and children for the sacred circuits of service of this foreign god. But they were the ‘bright lights shining for Jesus’, the ‘rare flowers . . . purifying . . . the moral desert’ (Haggis, this volume, pp. 91, 101). It was the transforming spirit of the convert,