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Introduction

A major avenue to social power is through access to official or public statuses and roles. Women have frequently been disadvantaged by the cultural assignment of many of these positions to men (Rosaldo 1974). How and why do social roles become gendered? While there may be some cross-cultural regularities, what appears intuitively obvious may not always be so.

Feminists have celebrated the wisdom and nurturance of midwives as an example of women's achievements. The word 'midwife' itself indicates the appropriate gender, at least in English, for this social role. Broadly speaking, the feminist assumption has been that, if those who attend births are not women, they should be. Feminists have rightly theorized the 'medicalization' of midwifery in Western societies, the process by which midwives were largely replaced by doctors and obstetricians, as the 'masculinization of midwifery'. For a period of time, men came to dominate the status of childbirth attendant and women lost that foothold on an achieved social status.

Then what is one to make of societies where men are sometimes, frequently, or always the primary birth attendant? Is this a sign of patriarchy run amok? Male midwives are mentioned repeatedly in the historical and ethnographic literature for Southeast Asia. And yet, this is a culture area that has been characterized as one of the most gender equal in the world.

The Semelais are an Orang Asli or aboriginal people who share a common language and culture in Peninsular Malaysia. During the twentieth century, there were both male and female Semelai village midwives. In fact, in 1980, while doing fieldwork at Tasek Bera, I was present at a birth attended by a female midwife. However, by 1992, there were only male midwives prac-

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* The historically-known maximal distributions are indicated here. At the present time, most Orang Asli occupy smaller and more discontinuous territories.

tising there. In 1997-1998, I found that this transition held for most other Semelai areas as well. When I asked why there were no longer any women midwives, I was told, by both men and women, that 'they were not brave enough' [*da? de kali*]. When I asked why women in the past were brave enough while women today are not, people were unsure.

Semelai women had, it seemed, lost confidence and withdrawn from the pursuit of these statuses. The 'norm' in Semelai society has become that women don't do this, are not capable of it, are 'not brave¹ enough' – even though there are no formal prohibitions.

In this article, I provide a cultural and theoretical context for understanding the cross-cultural anomaly of male midwives in Southeast Asia in general. Within that context, I specifically explain the Semelai shift to only male midwives. The following steps are taken toward these goals:

- Evidence of male birth attendance in the historical and ethnographic literature of Southeast Asia is surveyed.
- The status/role of birth attendants in Semelai culture is reviewed.
- Semelai gender ideology and practice is presented and then reviewed within the context of other Southeast Asian cultures. I suggest that the greater gender equality and lack of emphasis on gender as a status marker in Southeast Asian cultures correlates with the greater frequency of male midwives in those cultures.
- Because of the expectation that Semelai midwives must be 'brave', the gendered construction of bravery/courage in egalitarian 'Centrist Archipelago' societies is examined.

I then bring this information and analysis together to evaluate different possible explanations for the masculinization of Semelai midwifery. The recent withdrawal of Semelai women from the midwife status/role is attributed to the lack of emphasis placed historically on gender as a requirement for achieved status in Semelai society, combined with increased influence of state-sponsored health programmes. The article concludes that the hegemony of biomedical birthing practices, actively promulgated by the Malaysian government, has necessitated that those midwives who continue to practise independently be, in fact, more 'brave'. An increase in Malaysia in the perceived risks associated with births assisted by village midwives has made Semelai men, who have more experience in public and inter-societal settings, and who are raised to be 'more brave' and self-confident in public settings, more likely to assume this social role.

¹ *Kali* is the Semelai word for 'to be brave' and 'to have courage'. 'Courage' in English is a noun meaning 'mental or moral strength to venture, persevere, and withstand danger, fear, or difficulty' (*Webster's* 1991:299). 'Brave', as an adjective, means 'having courage' (*Webster's* 1991: 176). I use the two interchangeably in this paper.

Map 2. Tasek Bera, Sungai Sampo and surrounding regions

The Semelais of Peninsular Malaysia

Historically, the Semelais (about 5,000 people) were tribal shifting cultivators as well as enthusiastic collectors and traders of forest products (Gianno 1990), living in a low-lying, swampy region that straddles eastern Negeri Sembilan and southwestern Pahang. As an Orang Asli cultural group speaking an Aslian (Mon-Khmer, Austroasiatic) language, Semelais share cultural and linguistic roots with the Semais, Bateks, Temiars, and other egalitarian swiddening and hunting/gathering societies in Peninsular Malaysia (Benjamin 1985). However, although not Muslim, Semelai culture, like the cultures of the Orang Hulu (Jakuns), Temuans, and other 'Malayic' Orang Asli groups, also has features in common with the dominant Muslim Malay culture in Malaysia, both in general orientation (Benjamin 2002) and in terms of gender relations. Because of their significant commitment to trade, Semelais have participated in the *Alam Melayu* (Malay World)² (Benjamin 2002; Reid 1988) for at least the last five hundred years (Gianno 1990:37). However, while oral histories emphasize hereditary political offices, there does not appear to have been much political integration among Semelai speakers.

For at least the last 150 years, the Semelais have been buffeted by a succession of external forces, including slave raiding (Kirk Michael Endicott 1983), World War II, the Malayan Communist Emergency (1948-1960), logging, and the appropriation of their land by cash-crop plantations and homesteaders. Prior to the 1950s, households with adjoining swiddens were scattered thinly over the landscape. Individual households were fairly autonomous and subsistence-oriented. Since the Emergency, however, there has been considerable government pressure to establish more permanent villages, thus allowing outsiders to colonize and exploit the vacated land.

Since 1980, each time I returned and travelled on the road leading to Pos Iskandar at Tasek Bera, I saw that additional forest had been cleared since my previous visit, and replaced by miles and miles of oil palms and rubber trees, mostly established by the government for Malay homesteaders. As a result, most Semelais today cannot grow food or rely on forest resources, and must depend upon cash income from their own rubber holdings or from wage labour. Many younger Semelais now live away from their homeland. No longer insulated by forests and swamps, Semelais are now much more vulnerable to government actions. For example, as a result of government efforts, many Semelai women use some form of family planning and most now give birth in hospitals or under the supervision of government midwives.

² 'The Malay World (*Alam Melayu*) refers to the various Malay kingdoms and their attendant hinterlands that have existed or still exist along the coasts of Borneo, the east coast of Sumatra, and on the Malay peninsula' (Benjamin 2002:7).

Methodology

This article is based upon historical, ethnographic, and ethnological sources on Southeast Asian cultures reaching back into the nineteenth century, as well as my own ethnographic research. Since 1980, I have spent a total of four years in Malaysia doing ethnographic fieldwork, three of those years in Semelai communities. My earlier research focused on the collection and trade of forest products, especially resins (Gianno 1990). My research on midwifery began in 1992. In 1997-1998 I lived for seven months at Sungai Sampo, Negeri Sembilan,³ and for two months at Tasek Bera. I also spent several days at two Semelai settlements at Sungai Lui, Negeri Sembilan, to interview people there, including two elderly Semelai female midwives who were still practising.

The Semelais of Negeri Sembilan experienced greater and earlier acculturation to the larger Malaysian society than those Semelais living at the more remote Tasek Bera in Pahang. Historically, the Negeri Sembilan Semelais have been situated much closer to towns, major roads, and plantation estates. There is no remaining forest contiguous to Sungai Sampo, which had about 646 people in 1998. At Tasek Bera, there were approximately 1,500 people clustered in satellite villages around Pos Iskandar, originally established as a fort during the Emergency, with a school and health clinic.

At Sungai Sampo, I lived in the home of a very experienced male midwife and his family. Since few women gave birth at home anymore at that time, especially at Sungai Sampo, I attended only one home birth and two 'abort-ed' attempts (the woman was subsequently whisked away to a hospital).

Therefore, the data used for this article are derived from transcripts of personal and oral histories as well as participant-observation fieldnotes. I conducted interviews in Semelai focused on the procedures and persons attending childbirth, often eliciting narratives of specific births. In all, I transcribed interviews with ten men and eight women who were or had been midwives, were related to or descended from midwives, or had had some experience helping people give birth. Interviews with people who have achieved other social statuses/roles have been used as well. I also interviewed 23 women who had given birth, and did 27 household surveys where I spoke with either the female (5) or male (9) or, more frequently, both (13).

³ The State of Pahang, at that time, had instituted a ban on anthropological fieldwork with Orang Asli. However, I spent two months at Tasek Bera in 1998 as a consultant for a nongovernmental organization.

Birth attendance in cross-cultural perspective

In contrast to other primate species, human birth, because of certain unique features of the human birth canal, is a bio-social phenomenon in which the mother and child can benefit from assistance (Rosenberg and Trevathan 1996: 163). Even cultures that idealize solitary birth, like those of the Ju/hoansi and Bariba, frequently have others in attendance or nearby (Konner and Shostak 1987; Sargent 1989). Birth is also an event that can transform the statuses of parents, the larger family, and the birth attendants (Jordan 1993:7).

Among those cultures that have specialists in birth attendance, there is a clear cross-cultural bias toward women as practitioners. A cross-cultural survey of reproductive practices found elderly women assisting in 58 of the 60 cultures for which there was information (Ford 1964:103). According to Mead and Newton (1967:192), 'In most cultures, daughters, sisters, mothers, mothers-in-law, co-wives, and other relatives and friends are regarded as the natural helpers of a woman during the childbearing process'.

The well-known exception to the female midwife, of course, is the medicalization of childbirth in Western countries, which introduced men, first as males midwives (Donegan 1978) and then as obstetricians, into the birthing process. One theory advanced to explain this transition is that the perceived improvement in Western medical science and technology (a male domain) in tandem with the introduction of governmental regulation and certification, forced women out of a role that they had previously dominated (Ehrenreich and English 1975). In place of an earlier orientation that emphasized the normality of birth, and driven by the development of new techniques such as forceps, the focus became the treatment of the small percentage of irregular births, resulting in childbirth being placed in the category of 'disease and illness'.

Male birth attendance in Orang Asli and other Southeast Asian cultures

There is a history among some Orang Asli cultures, and Southeast Asian cultures in general, of men, in many cases husbands, acting as birth attendants or midwives. As early as 1834, Begbie (1967:13) noted that Jakun men 'performed the office of midwife' with their wives. In 1839, Newbold (1971: 406) noted regarding Benua (a general term used at the time for aboriginal peoples in the southern peninsula) birth practices, 'No assistance is rendered, except occasionally by the husband, if present, during the act of parturition; not even by one of the sex [...]'. Logan (1847:298), concerning the Orang Laut of Sabimba, wrote, 'the husband alone assisted at births'.

According to Williams-Hunt (1952:21), 'In most [aboriginal] communities there will be one or more midwives who are usually hereditary and who may

be men or women'. Thambiah (1999:273) presents this Orang Hulu (Jakun) story of how men lost their ability to give birth and subsequently became midwives:

The child was first conceived and carried by the man in his calf, and after nine months, an incision had to be made in the calf to bring the baby out. The woman felt sorry for the man and took it upon herself to relieve the man from this great pain. The capability to give birth was mystically transferred to the woman. Then, the men felt sorry for the women for they had to cut into the womb to take the baby out, and many women died in the process.

One day, a man who was worried for his wife's safety went wandering into the forest thinking of the pain his wife would have to endure if he had to bring the baby out of her womb by cutting open her womb. On his way back, he saw a monkey give birth, and also watched how another monkey helped out in the birthing. When the time came for his wife to give birth, his family brought a machete to cut her open. He stopped them and taught his wife to push the baby out. He was the first man to be a *bidan* (midwife) for the Jakun. Until today, the Jakun believe that men will conceive the child and hold it in them for nine days before it is mystically transferred to their wives. They will feel weak, sick, and have cravings for the first nine days before their wives go through the same feelings for the next nine months.

Similarly, Howell (1984:67-9) relates a Chewong creation myth in which a culture hero comes down to earth to show men that they do not have to kill their wives in order to deliver their babies safely. Howell (1984:53) further notes, 'When a woman goes into labor her husband gathers the various roots and leaves required for medicine. He prepares them and gives them to his wife at the appropriate moments. Only if he is away will someone else act as midwife, usually the girl's mother or sister.' Both the Semais (Dentan 1988: 54) and Temiars (Benjamin 1994) have some men midwives. In fact, according to Benjamin (1994:48), their requirements are very similar to those in Semelai society, 'Temiar midwives – who are sometimes men – usually hold their position, not by hereditary succession, but because they are "brave" enough to have undertaken training in the job from an established midwife'.

Men have been eligible to attend births in other parts of Southeast Asia as well. According to Phillips (1965:82, note 23), 'In contrast to all other known cultures, in Thailand, both men and women may serve as midwives and do plowing'. Phillips's assertion that the Thais, uniquely, have men midwives is clearly false, and shows what little attention anthropologists have historically given to the gender of birth attendants. The Karens, also in Thailand, have had men midwives (Gianno 1996). Bisayans have men midwives (Hart 1965). Conklin (1960) describes a Hanunóo husband-assisted birth in Mindoro. Appell (1991:14; 2002) notes that, in Sabah, the main job of a Rungus male birth attendant, brought in during the last phases of labour, is to push against

the woman's abdomen with his feet. The father is also present and it is he who cuts the umbilical cord.

The Laujés of Sulawesi (Nourse 1997, 1999) have a tradition of only male midwives who, at least in the area where Nourse worked, are all descended from the same man. Among poorer Sundanese, some midwives are men who have experience with animal husbandry (Newland 2002:258-9). In Kalimantan, Tsing (1993:114) notes competition in the realm of childbirth assistance between Meratu men and women:

In contrast to assertions that only men could deliver babies (because only they knew the proper spells to welcome the baby into the world), some women claimed skills as midwives. In some neighborhoods, women had attended enough births to established their role as 'custom.' In others, however, 'custom' deferred to the husbands of pregnant women. The disagreement was not just about roles; men were more likely to emphasize the spiritual status of the newborn, whereas women relatives (officially assisting or otherwise) worried about the health of the mother.

In a review of traditional birth attendants as mediators in Indonesia, Niehof (1992:175) notes that 'The relation between gender and midwifery seems at first sight too obvious to require discussion'. However, she cites Verdoorn (1941:40), who found one male midwife, with a large practice, among hundreds of women midwives in Indonesia; Elshout (1923) on the Kenya Dayaks of central Borneo; and Connor (1983) on the Balinese, as all having male midwives. Among the Kenya Dayaks, only priests, who are always male, are believed to have the spiritual power needed to rescue a problematic birth (Elshout 1923:143-66).

According to Connor (1983:68), 'A large minority, perhaps even half of traditional midwives in Bali, are male'. While Balinese women prefer female midwives for reasons of propriety, it was thought that men had greater bodily energy with which to ward off evil influences. Balinese women who travel at night (as midwives often must do) may be accused of witchcraft (Connor 1983:68). Niehof (1992:177) concludes that 'the profile of the traditional midwife reflects the degree to which a given culture attributes spiritual powers to the female gender'.

Among Malays in Peninsular Malaysia in the 1970s, male Malay midwives were few: there were only three men out of 1,888 registered traditional birth assistants in 1974 (Siti Hasmah 1975, cited in Laderman 1991:69). However, Laderman's observations (1991:69) are suggestive:

One of the bomoh [indigenous medical practitioners] in my subdistrict actually had practised as a midwife in his jungle-outpost hamlet until a female midwife moved in and took over the bulk of his clientele. Both he and another man, who had inherited midwife's *angin* [Inner Winds] from his mother and grandmother, but who had never delivered a baby, needed occasional treatments for blocked *angin*.

The government midwife at Pos Iskandar, Tasek Bera, Pahang, 1998

Her account suggests that there may be Malay men in other communities who might have been inclined to practise midwifery but have not been able to. These two studies show that, in contrast to most other societies, the gender of midwives, at least among Malays and Meratus, was contested and not assumed.

The dearth of published sightings of male midwives in Southeast Asia (or elsewhere, for that matter) could be attributed, at least partly, to observer bias. Many observers may not have thought to ask about the gender of midwives or they may have misidentified male midwives as something else. For example, Skeat and Blagden (1966:18) write about the Benua-Jakun, 'By Vaughn-Stevens we are told that the magician attending a birth crouches beside the reclining woman and massages her, repeating an incantation as he does so'. This 'magician' is clearly performing the duties of a midwife but was not identified as such, perhaps because of his gender. There may be many such cases.

Summarizing so far, based on existing comparative information, there appears to be a wide range of Southeast Asian cultures that have had men in the role of birth attendant, whether to assist their own wives, other women, or both. Could these practices be remnants of traditions that were much more common and widespread before world religions and state societies came to dominate the Southeast Asian cultural landscape? Before addressing that question, let us look first at ways of thinking about childbirth and gender in Semelai society.

Birth attendance in Semelai culture

'Midwife' in Semelai

The older Semelai word for midwife, *mudem*, itself provides insight into the ritual role a midwife is expected to play. *Mudem* also meant, and continues to mean, 'circumcisor'. This Semelai word appears to derive from the Malay word *modin* 'circumcisor'.⁴ *Modin*, in turn, is derived from the archaic Malay word *muadzín*, which means 'caller to prayer' (Wilkinson 1932, I:147), which itself comes from the Arabic *muezzín*, 'caller to prayer'.

In 1963, *mudem* meant 'midwife' (Hoe 2001:113) as well as 'circumcisor' in Semelai (Hoe 2001:81). In 1980, when I asked for the word for midwife, Semelais invariably responded *bidan* (cognate with the Malay word for 'midwife'). However, in the flow of conversation they, especially older people, often used the word *mudem* instead of *bidan*. When questioned about that

⁴ Wilkinson 1932, II:144. *Tukang sunat* (circumcision specialist) also means 'circumcisor' in Malay.

usage, speakers invariably corrected themselves by saying that *bidan* is the Semelai word for midwife, not *mudem*, but could provide no explanation. On occasions when people had used *mudem* in conversation to mean 'midwife,' I asked them how that related to the use of *mudem* for 'circumcisor'. I was told that there were two kinds of *mudem*: *mudem bknɔ̃n* (*mudem* giving birth) and *mudem sunɔ̃t* (*mudem* circumcision). There is also a *mudem cuk təŋ* (*mudem* piercing ears).

In Semelai births, it is the midwife who cuts the umbilical cord; in circumcisions, it is the circumcisor who cuts the foreskin. Both circumcisions and births (at least a woman's first delivery) can be considered rites of passage into adulthood, which occasion the spilling of blood and are assisted by a ritual specialist.⁵ Semelais say that men cannot marry if they have not been circumcised. In fact, 'one woman compared [having one's first child] to male circumcision, having to expose one's genitals to the "midwife". She said it is only after that that one overcomes one's *malu*? [embarrassment], like a boy does when he is circumcised.' (Kruspe 2001.)

The fact that childbirth and circumcision specialists are no longer subsumed under the same term may imply that the two are no longer viewed as, in some sense, equivalent. Ear piercing was offered to me as the Semelai ritual for girls comparable to male circumcision. However, in contrast to circumcision, there is no accompanying feast and, nowadays, it is normally done within 14 days after birth. *Mudem cuk təŋ* are women who specialize in this, but they are not given much status. Possibly the less prominent ear-piercing ritual has been replacing childbirth in its symbolic association with circumcision, as women's status has diminished relative to men's.

According to Carstens (1997:123) in regard to Malay culture, 'Marriage, circumcision, and childbirth are all symbolically and ritually associated. In both childbirth and circumcision the regulated bleeding of both women and men is linked to their proper fertility and to the reproduction of the house.' However, reminiscent of the lesser ritual emphasis Semelais place on women's achievement of adulthood, Malays in the past admitted girls 'to the community of Islam by a ceremony much simpler and less public than the circumcision-rites of boys' (Wilkinson 1957:50). Clitoridectomy, the female mutilation ritual practised today by Malays, is 'carried out with little ceremony by the midwife, *bidan*' (Carstens 1997:121). Semelai ear piercing could be considered analogous to this Malay practice.

A reconstruction: following Begbie's, Newbold's, and Howell's reports above, Semelai husbands at one time attended their wives' births. The development of the status of *mudem* may have been strictly ritualistic initially, providing a person of status to cut the umbilical cord in births or the foreskin in

⁵ See Schneider and Schneider 1991 on the Selakos of Sarawak.

circumcisions. In each case, the ritual specialist would act as a representative of society, as an official witness, as it were, to the social status transition that had taken place. Subsequently, the role also became associated with birth attendance.

Why would a person become a midwife?

Interviews with both midwives and non-midwives indicate that among Semelais both men and women have one of three reasons for assuming that role: the influence of a midwife to whom they are related or from whom they are descended; individual inspiration and initiative; or because no one else would do it.

Both male and female midwives, in many instances, were mentored by a relative and, as children and young adults, often accompanied this elder to births. It appears that the encouragement of an elder was usually important for women midwives. For example, *Tūyēp*, one of the two elderly Sungai Lui women still attending births, said that her father's mother had been a midwife. She had also apprenticed under a headman in her area. After he died, local people switched to her. Women midwives also learned by giving birth to their own children.

Men with a mind to becoming midwives assisted their wives in childbirth in order to establish a reputation. Often these men are sons or relatives of midwives and learned midwifery from their elders, but are not yet experienced enough to be called to do this for others.

At least one male midwife claimed that he had learned the role only by assisting his wife and claimed not to have been taught by anyone. According to Comop,⁶ an elderly man and well-known midwife at Tasek Bera:

At first I helped with my (first) child who later died. Because I helped my wife is how I came to be a midwife. [...] with all of my children, it was only me! It's from there that I became a midwife, yes, and helped many people. (RG: Did you not apprentice with someone?) No. People know, they know by themselves. I also knew by myself.

He explained that he was now too old to do it anymore and couldn't see to tie the umbilical cord, but that he had helped with the delivery of all of his grandchildren and great-grandchildren.

Comop was also innovative. As in other indigenous cultures in Malaysia, after a birth, there are many *pantan* (prohibitions) that Semelais believe need to be observed to avoid complications. For example, Semelai women, after giving birth, were not to go down from the house for three days. However, Comop changed all that:

⁶ Pseudonyms are used.

I have helped, I'd say, a hundred people, probably more. In the past, people preferred me. Why? I don't know. With other people [other midwives] they had to observe prohibitions [after the birth]. [Births] that I assisted didn't require prohibitions. If they wanted to go anywhere, no problem. After giving birth that way, walking, travelling [from the house], was no problem. [...] Acting as midwife (*mudem*), I allowed people to go wherever they wanted, down to the ground. They could go anywhere, wash whatever, sarongs, blouses, from the day of giving birth. If you want to go anywhere, go ahead, if you are able, of course. If you are not able to, then, of course, don't. People said it was because of incantations. But no, for me it was not just incantations. (RG: Does one need a lot of sacred knowledge to become a midwife?) Oh, some people need to have sacred knowledge. Me, no; I don't have sacred knowledge. I only know how to use *ptwo*?⁷

Women I spoke with said that they did not like being confined to the house, and therefore welcomed Comop's new approach. According to one woman, 'No, it is not comfortable at all just staying in the house all the time'. It had not functioned as a period of rest necessarily – she still had to care for her children, for example. This revised practice went against the customary liminal period recognized by the Semelais after a birth.

There are, of course, cases where, in an emergency, someone (husband, sister, mother) with no interest in midwifery had helped with a birth. And, occasionally, women left alone have given birth without assistance. But it was clear that Semelais seek to avoid these eventualities.

Generally speaking, people prefer for the midwife, whether male or female, to be from the couple's kindred. (People are usually more trusting of their kin and also do not have to pay them.) Both Ruc and Moyah became midwives because no one else among their kin would do it. If no kin-related midwife was nearby, then it would be someone in the vicinity with whom the parents have good relations.

There were two personality types among the midwives with whom I spoke: the unassuming types and the entrepreneurial types. Some, like Comop, had a real mission and ambition. Boastfulness was common, but not universal, and probably helped increase confidence in their work. However, others, like Ruc and Moyah, also at Tasek Bera, were very unassuming and anything but boastful as they talked about their careers as midwives.

⁷ *Ptwo?* in Semelai is cognate with Malay *petua* or *petuah*. Wilkinson (1932, II:265) derives the word from Arabic and defines it thus: 'Rule for the guidance of others. Specifically a "fetwa" or ruling by a mufti (jurisconsult) on a point of law submitted to him (see *fatwa*); but applied in Indonesia to instructions received from experts of any sort, even on such matters as the best way to snare game.'

How does a person become a midwife?

Semelais believe that there are certain magical omens and amulets (*cnroh* 'met things') that an individual can (or must) encounter, usually in the forest, that confer a certain fate or ability (Atkinson 1989). For midwifery, one omen would be seeing a banana flower open. Another would be a cascade of water from a forest tree (thought to be the water from a *mati?anak* (vampire spirit of a woman who died in childbirth) bathing her child). Such an encounter is believed to imbue the person with the power to become a midwife. However, to retain this power, the experience must remain secret. Therefore, it appears that fate or luck can dictate whether one believes one has the spiritual backing to become a midwife. Thus, men, who are much more active in the forest, stand a greater chance of encountering these phenomena. On the other hand, one could presumably create one's own fate; because the source of one's abilities cannot be revealed to society, there is no way for society to verify its existence.

Once a midwife has had a few successes, a *tpuy tawar* (neutralizing flour) ceremony with feast (*jamwan*) can be used to consecrate him as an official midwife. The process is similar for circumcisors. The brief protective ritual is the same one used in other Semelai rites of passage: chicken blood, into which an incantation has been said, is sprinkled on the soles of the feet, palms of the hand, and top of the head (each considered a possible entry into the body for spirits) by a shaman or incantor. Once inducted or certified, a midwife can charge for services but also cannot deny anyone her services.

A midwife can practise without the certifying rite of passage, and in fact many have. For example, the elderly and most accomplished male midwife at Sungai Sampo, Gdo Basal, had never undergone the certification ritual and therefore could not charge for his services. However, he had purposely done this, he said, so that he could choose the people he would help.

What is a Semelai midwife expected to bring to a birth?

Virtually no equipment was brought, at least in the past. The midwife must be skilled in the massage or manipulation of the abdomen of the pregnant woman in order to ensure that the fetus is correctly aligned within the womb. The midwife may also massage the woman's back and shoulders. Comop, for example, was known for his skilful and powerful massage. Women said men midwives were generally better at massage because of their greater strength. A midwife, or close associate, should also know the birth incantations used in cases of complications, such as breach birth, excessive bleeding, and retention of the placenta. However, there were two men midwives, Ruc and Moyah again, who claimed not to know any of the birth incantations. The midwife also must be willing to go out in the middle of the night and be away from home for long stretches of time.

I had thought that modesty might be a concern, that at least some women feel more comfortable with a female midwife. However, the women I interviewed who had had male midwives did not indicate, or would not admit to, any qualms or reservations. Only one woman, old and close to death, after a series of leading questions, said that she had only had female midwives and that she preferred them because they had a vagina just like she did.

There have also been husband-and-wife midwife 'teams' where, usually, the woman or both would perform the bodily massage and the man, who might be a *bom̃* (incantor) as well, could provide the esoteric knowledge of incantations, if complications arose. In these cases, sometimes the wife is 'the midwife' and the husband is seen as coming along to help, or vice versa. With one elderly couple I interviewed, each had become established as a midwife separately before they married in their senior years.

With another couple, the husband is considered the midwife but his wife (whose grandmother and two great-aunts had been well-known midwives) usually went along with him to assist at the birth. He had learned the incantations from his deceased grandfather, who had been a midwife and had visited him in a dream.⁸ However, his grandfather's spirit prohibited him from touching the newborn; it could shorten the child's life. (The man asserted vociferously that the injunction was not because he didn't want to touch anything dirty.) Therefore, his wife would come along to help him with the birth, cut the umbilical cord, and wash the child. This made for a workable division of labour.

A midwife's primary objective or responsibility is to instil confidence in the efficacy of his skills. Semelais often said that they found childbirth to be quite frightening. They seem to define birth as a 'dangerous and frightening event', at least when someone other than oneself is giving birth. For example, many years ago, one woman was giving birth and the midwife was late arriving. While she was in labour up in the house, her husband and her mother were sitting, cowering, down on the ground. This association of 'dangerous and frightening event' with the ascendance of male midwives seems parallel to the medicalization of midwifery in Western cultures. In the West, male specialists appropriated oversight of the birth process partly by redefining it as 'dangerous' rather than 'normal'.

However, although the number of Semelai women who died in the last 40 years or so in childbirth was quite small (at Sungai Sampo, based on my interviews, only one), the number of maternal deaths from childbirth may have been much higher before the advent of biomedicine. Fix (1991), based on the changing sex-ratio mortality of the Semais between 1969 and 1987, notes that, during that time, female mortality dropped at a higher rate than

⁸ Kirk Michael Endicott (1970:16) mentions a similar phenomenon among Malay magicians.

male mortality, with the greatest improvement occurring in the 15-44 year female reproductive age group. He found that deaths due to childbirth, a major category in the pre-1969 population, had decreased dramatically due to increasing use of the Orang Asli Medical Service for obstetrical purposes. Semelai experiences were probably similar. Paradoxically, while Semelais may be more conscious of the potential dangers of childbirth today, childbirth is probably much less dangerous than it was when people perceived it as a normal event.

But what is particularly interesting about the Semelai fear surrounding birth is that it is usually that of men and women in the vicinity of the birth, not of the women actually giving birth. When I asked Semelai women whether they were fearful when they themselves were giving birth, they said no.

In Semelai culture, the marked expectation of 'bravery' is placed on the midwife as opposed to the birthing woman herself. That the woman giving birth may need to be brave as well is unmarked and unacknowledged. (What is marked today in regard to women and bravery is the belief that Semelai women are not brave enough to practise midwifery.)

This cultural pattern of 'bravery' recognition is very different, for example, from that of both the Ju/'hoansis and Baribas in Africa, who idealize solitary delivery, emphasize the courage of the birthing mother, and counsel women that courage during childbirth is critical to its success.⁹ Both of these groups assert complementarity between birthing (for women) and hunting (for men) and altered-state healing for both men and post-menopausal women. 'All these pursuits have in common danger and the necessity to develop courage to face that danger' (Bieseles 1997:483). When other people help a Ju/'hoansi woman give birth, they are taking away from her the opportunity to demonstrate her courage and confidence in herself. Similarly, by directing attention to the prowess and courage of the midwife (whether male or female), Semelai society has denied the birthing mother an opportunity to distinguish herself in the eyes of society. One social effect of midwives (whether male or female) and obstetricians cross-culturally is to divert attention and recognition away from the woman giving birth.

Courage, whether marked or unmarked, is no doubt important to the success of midwives in any cultures. According to women in an east coast Malay village, 'A bidan [midwife] must be brave. The responsibility for human lives rests on her.' (Laderman 1983:117.) However, interestingly, in my survey of birth attendance cross-culturally, the three cultures in which the midwife's bravery was specifically mentioned, the Semelais, Temiars, and Malays, are

⁹ Bieseles 1997:482-3; Sargent 1989:178. Grantly Dick-Read (1959), a British obstetrician in the 1930s, developed the idea that childbirth without fear would be less painful and proceed more quickly. The Lamaze method was developed based on this idea.

all in Peninsular Malaysia. To the extent that Semelai women have been losing ground to men in midwifery and achieved social statuses in general, women being 'less brave' would certainly contribute to that.

Semelai gender ideology and practice

The following rendition of an older Semelai wedding ceremony is brief but informative. The major symbolic action is the rolling and lighting of a cigarette by the bride, which she then hands to an elder who then hands it to the groom for him to smoke. An elder recites the following (modified for personal names), called *cakap bswalih* (reversed talk), to the couple:¹⁰

This is your cigarette, Kodeli. It is given to you by me. This is from your wife, your wife Dldul. This morning I marry you, in the evening you'll divorce, that is what I like. If you go line fishing, go trapping fish, I don't like that, I don't approve. To travel about is what I like. Look for young women. Your wife, don't pay any attention to her. Your children, don't care about them.

Then he turns to the bride:

Dldul, your husband is Kodeli. Collect firewood? Fetch water? Cook? Cook manioc flour? Cook rice? I don't approve, I don't like. You follow men who are young. Your children, husband, you don't care about them.

This is one of two instances I know of in Semelai culture of a ritual reversal.¹¹ It appears that, in both cases, the people involved are placed in a different, sacred liminal phase or space where in order to motivate people to do what they should, an elder tells them to do the opposite. Marriage is also, obviously, a rite of passage, which is known, cross-culturally, to frequently include role reversals during the liminal phase (Turner 1969:100-6).

However, in reverse, this text provides a good introduction to gender in Semelai culture. Notice that both parents are to look after each other and the children, and everything is symmetrical except for the economic roles, which are complementary. It seems that the division is not so much public/domestic

¹⁰ I was told at the time that this was a reversal of the Malay wedding script. The only evidence I found for this was in Skeat (1967:383).

¹¹ The other instance of reverse talk, which I have never witnessed, was at drinking parties. Sometimes when male participants would get drunk and rowdy, and it looked like fighting might break out, one of the older men would dab a little slaked lime on the crossbeam just below the roof of the open-walled structure (*balay*). Then he would begin talking *cakap bswalih*, telling everyone that they should fight and misbehave, that they should not sing and dance. Those sitting in the house are then considered ritually separate from those down on the ground. Therefore, for example, a person who was standing on the ground could not hand a cigarette to someone sitting in the house.

as, perhaps, nature/culture – the men more commonly in the wilderness, the women in the house and swidden (Semelai stories reinforce this analysis). Firewood would normally be collected in and around the swidden itself, a cultural space. Given the large number of swamps and streams in their area, Semelais have traditionally obtained most of their protein through fishing, although Semelai men are also hunters and trappers. A gendered division of labour is also important in the cultivation of rice and other crops.

Another indicator of Semelai cultural expectations for men and women is a ritual formerly performed by the midwife but now abandoned. A miniature house, consisting of a floor and a roof, was made and hung from the branch of a forest tree. The afterbirth, inside a pouch, was hung inside the house. If it was a boy, the house was hung at the level of the mother's forehead, but if it was a girl, at the level of the mother's waist. Also, on the return trip after depositing the placenta, if the newborn was a girl, the midwife would collect a small piece of pandanus leaf.¹² If the baby was a boy she would take a branch from a tree whose wood is used to make axe and adze handles. Arriving back at the house, the midwife would place the leaf or stick of wood in the child's hand. This was to ensure that, for a girl, she would grow up to be a skilful pandanus weaver, or, for a boy, that he would grow up with the strength to be able to chop wood with an axe. This early gender typing is in contrast to the lack of gender differentiation instilled in childhood among the Bateks.¹³

While a gendered division of labour therefore existed, crossing over was not infrequent. Women sometimes made fish and game traps and set them near their homes. I have seen several women who are quite skilled with fish spears. One woman was teased about spending so much time line-fishing that she was in danger of becoming a water spirit. If the field needs to be planted, women can wield the dibble sticks, men can use fingerknives to harvest. Women usually do the cooking, but sometimes men do if their wives are otherwise occupied.

Also, it is believed that couples should make decisions together – rather than one of them, for example the wife, having to submit to the will of the other. The decision made by one couple to stop swiddening, move into the settlement encouraged by the government, and, therefore, commit themselves much more to the cash economy, was something they both agreed upon. The woman who explained this to me added that such decisions, of course, had to be made this way, with both partners in agreement. On the other hand, in regard to tubal ligation, I was told several times, by the same woman, that

¹² Karen Endicott (1992) discusses Batek gender associations with pandanus weaving.

¹³ Karen Endicott 1992. Today, Semelai fathers put the afterbirth inside a pandanus pouch and bury it at the base of a tree near their house.

Garomeh and Nahon, wife and husband who had both been midwives but who, by 1998, had retired

she had not had it done because her brother (who seemed to be standing in for her husband) would not allow it. Women who had had that kind of surgery would not be able to carry firewood or water for about a year.

Gender and achieved official statuses in Semelai society

While it can be argued that there is relative gender equality and complementarity within the Semelai conjugal family and domestic realm (at least in the past, when they still had a subsistence economy), in more public spaces and activities men have clearly dominated. In general, Semelai women, especially younger, pre-menopausal women, tend to be less willing to seek or accept attention. For example, it was sometimes difficult to coax women to recite Semelai myths and folktales. They would usually claim that they didn't know them well enough and would recommend a man instead. In the public realm Semelai women are more reserved. However, it is not clear how longstanding this shyness (lack of courage?) on the part of women is.

Semelai society provides a number of achievable ritual statuses besides that of midwife: drummer, incantor (magician), shaman, circumcisor. There are also weak (at least in the past) political offices, actually mainly jural ones, that are inherited patrilineally. I review each of these statuses in terms of gender:

Incantors (*bɔmɔ̃*), who know incantations for illnesses, have usually been men. There has been only one female *bɔmɔ̃* in the recent past at Tasek Bera, and she was very old. She was also considered somewhat demented and unstable and was not taken seriously. Many Semelais, both men and women, do know at least a few incantations. However, sometimes they will not admit that they know them. One woman, sister to several brothers who had been midwives, claimed not to know any incantations. However, her niece in an interview noted that the woman, Geyen, had cured her of smoking cigarettes with an incantation and that her incantations really worked.

While some Semelai midwives have only been midwives, others have been proficient *bɔmɔ̃* as well. However, in contrast to the experience in Western cultures, it is not the case that a general healer status has been expanded to include childbirth. Semelai male midwives do not have a technological or institutional advantage relative to women. Yet men generally do have a greater knowledge of incantations, which are terribly important and, given their utility, could be considered technological. The greater access that some Semelai men have to powerful esoteric knowledge is correlated with the greater courage they have relative to women.

Semelai shamans (*puypɔŋ*) are all men, and usually have been powerful individuals who are also admired. Powerful dreams that include spirit visitations are essential for becoming a Semelai shaman; however, courage is

also necessary. After all, if one must go outside the system (into the spiritual realm, which is conceived to be in the forest) in order to acquire spiritual potency, one needs some courage.

Shamans, however, are also feared because of their potential for witchcraft. It is believed that evil shamans in the past would kill people who had crossed them. Shamans are associated with *plsit* (supernatural cricket-like spirits). As one shaman explained, the *plsit* was the hunting dog of evil shamans in the past. Like the proverbial fly-on-the-wall, a *plsit* can overhear anything said against its master.¹⁴ A *plsit* can also eat a person's soul. Once when I was talking with two very prominent men about a current shaman, I said something mildly disparaging about him; the two men became noticeably upset and did not want to continue the discussion.

All of the past and present Semelai *puyuy* mentioned by name to me have been men. However, there is no social rule barring women from becoming shamans. In fact, while learning about Semelai cosmology and shamanism, I was told that, during his journey, each shaman has a familiar spirit as a guide. If the shaman is male, the familiar spirit would be female. If female, the familiar spirit would be male. This information was spontaneously offered. I had not asked about the familiar spirit's gender.

As far as I know, all circumcisors have been men. They are paid a nominal fee and invited to the feast afterward.

There are various official political and jural offices (*baten*, *mntri?*, *jrukrah*) that the Semelais have traditionally recognized. These hereditary positions are always filled by men. However, there is the belief that women were, or could have been, in the position of *baten* in the distant past. The Orang Hulu, culturally related to the Semelais, have a legend 'that they are descendants of Raja Benua, a younger sister of the Sultan of Johor, who renounced the world and lived in the forest, adopting a boy and later marrying him. She ruled the Orang Hulu [...].' (Tachimoto 2001:80.)

Perhaps the role of 'official' or lead drummer (*taron*) can provide some insight. Drummers are an essential part of *bblyan* (Semelai shamanic rituals), which include a prescribed sequence of either 60 or 82 different drumbeats. Each drumbeat represents a location on the shaman's journey. The drumbeats also function as the barking of hunting dogs, leading the shaman to the errant soul. If a *taron* cannot be reserved for the occasion, the *bblyan* cannot take place. In fact, it used to be that a *taron* had to be secured first, before the shaman himself. For each *bblyan*, there must be at least one *taron*, even though anyone else, male or female, can take up a drum and follow along.

¹⁴ Not all those with *plsit* have been shamans. A woman, now deceased, at Sungai Sampo, was believed to have had one. People with *plsit* are believed to be descended from a line of people with *plsit*.

In the recent past, all the *taron* have been male. Female *taron* have not existed within the lifetimes of the people with whom I spoke, but they did say that there were women *taron* in the past. Again, there is no cultural prohibition. However, there is a story that explains why there are no women drummers.

The woman there was a *taron*. She had promised to see a man. The man was coming to sleep with her. She had also promised that, late that night, she was going to drum for the shaman. Yes, she was called to the *bblyan*. While they were performing the *bblyan*, the man made a swing underneath her. Then he ordered that the woman make a hole in the floor. He was going to insert his penis there. Then, yes. After the healing ritual began, she was playing the drum correctly, no problem. However, after a while, the drumbeats were not right anymore. They heard, '*tep tep tep tep tep tep tep tep*.' After a while, *wah*, she said, as she accidentally fell over. When they looked, the man's penis peeked out. [RG: Who was it?] I don't know, it's an ancient person, ancient story.

Other Semelais identified the woman as Garəben and her father as Mə Hitam 'the black one', placing them both in a historical framework. When people requested his services for a *bblyan*, he would direct them to his daughter. It is, perhaps, unlikely that events happened just as described. However, this is a good story that puts women in their place (Bamberger 1974). It conforms to the Malay belief that women have more sexual passion (*nafsu*) than men. In fact, a woman at Tasek Bera knew the different drumbeats very well. She was also married to the one remaining practising shaman in the area. But she was not a *taron* and could not lead the drumming at a *bblyan*.

Thus, there are elements of gender equality as well as male dominance in Semelai culture at the present time. However, it appears that gender equality, that is to say women's status, is losing ground. The recent disappearance of women midwives is a documented instance of this.

Before further discussion of these changes in relative gender status among the Semelais, let us return to a question posed earlier. Could the dispersed occurrences of men midwives in Southeast Asia be remnants of traditions that were more common and widespread before state societies, world religions, and market economies came to dominate the Southeast Asian cultural landscape?

Semelai gender ideology and practice in Southeast Asian perspective

Many have noted the relatively high status and power of women in Southeast Asia historically and ethnographically. Winzeler (1982), based on comparative data from the Human Relations Area Files, shows that there were economic, political, and demographic reasons for this high status. The forms of agricultural production, the weakness or absence of the state historically,

the lack or absence of dowries and female infanticide, and high percentages of polygyny, all seem to contribute to women's high status there. Winzeler (1982:201) notes, 'The patterning of sexual status in Southeast Asia is much the same in both state and non-state societies, which strongly suggests that it is old and long established'. He concludes by saying, 'While the domestic status of the sexes in various Southeast Asian societies is by no means uniform, relative sexual equality is a commonly reported feature of many well-studied groups. Indeed it would appear difficult to find another comparable region of the world, and certainly of Asia, in which this is true to a greater extent.'

Anderson's influential article (1972) concerning the concept of power in Javanese culture, while not specifically about gender, is also applicable here. As with other Southeast Asian cultures, Semelais see power as something substantive, something that is invisible but really exists and can become concentrated in some things (as in people who see banana flowers opening) more than in others (Gianno 1997:65-7). In order to access this power, one must be able to interact with this invisible or spirit realm.

Errington (1990:45-6) applies Anderson's ideas to her analysis of gender complementarity and power relations among the more level societies in the group she labels 'the Centrist Archipelago':¹⁵

These societies are called level, egalitarian, or nonhierarchical precisely because they have no mechanisms or institution for transferring prestige or potency (such as noble titles or 'noble' blood) from one generation to its descendants. No one in these level societies, therefore, is believed to be born already potent, as high nobles are in the Indic States of the area. [...] In the level societies, the collection of potency tends to be open to everyone and prestige is, as a consequence, 'achieved'. ('Everyone' includes women, in both Indic States and hill tribes. But [...] women tend to be less successful collectors of potency than men.) People in these smaller societies typically look outside their own societies to find and acquire potency: to the forest, source of spirit familiars; to the coastal towns on the periphery of Indic States, where they may go to acquire wealth and amulets; and/or to the invisible realm of spirits, accessible by trance. Potent humans in these societies (such as shamans and dispute-settlers) tend to be seen as vehicles and lodging places for potency rather than as sources of potency intrinsic to their bodies (the way high nobles of hierarchical states fancy it) for potency's source is located outside themselves and their societies, in the potent lowlands or spirit-filled forests.

Semelai culture fits well with Errington's description (1990:39) of the Centrist Archipelago's pattern of gender ideology and practice where

¹⁵ 'Societies of the Centrist Archipelago are found for the most part on the swath of islands on the rim of Southeast Asia: the Malay peninsula, Kalimantan (Borneo), Java, Sulawesi, Mindanao, the Visayas, Luzon, and other Philippine islands' (Errington 1990:54).

male and female are viewed as basically the same sorts of beings [...]. In this part of island Southeast Asia gender differences tend to be downplayed in ritual, economics and dress; kinship terminology and practice tend to be bilateral; and male and female are viewed as complementary or even identical beings in many respects.

The Wanas of Sulawesi, an interior mountain-dwelling group of shifting cultivators (Atkinson 1989, 1990), are a good example of one such society. However, Errington (1990:54-5) goes on to write,

A question [...] is how, despite notions about the similarity or even near identity of male and female (as among the Wana), women tend to be disadvantaged in the effort to achieve prestige. The answers given are various, but they tend to emphasize practice rather than stated rules; women are not prohibited from becoming shamans, meditating, or being highly respected, but their life circumstances and everyday tasks are such that they are disadvantaged. Thus, in Atkinson's phrase, a woman who becomes a shaman in Wana has not broken the rules but beaten the odds.

Given the patterns Winzeler, Errington, and Atkinson describe, what would be the implications for midwifery and childbirth? The fact that Southeast Asia is the only cultural region that has widespread occurrence of male birth attendants is, I suggest, a consequence of the de-emphasis on gender as a social status marker there. Men have become midwives because their gender has not disqualified them. It would, therefore, follow that not having midwifery as a role reserved exclusively for women aspirants could be considered a sign of greater gender equality. However, at the same time, because higher status positions are available to both genders, women who aspire to an achieved status are disadvantaged if the culture expects that 'spiritual potency' must come from outside of the society itself. To the extent that midwives, as well as those in other prestigious positions, are expected to have that potency, women will be less frequently represented in the ranks.

As noted above, Semelai society appears to be an example of a level 'Centrist Archipelago' society. Many of the features Atkinson (1989, 1990) noted for Wana society, for example, appear in Semelai society as well.

'Bravery' and gender in egalitarian Centrist Archipelago societies

Clearly, an understanding of the cultural significance of 'bravery' and its associations, if any, with gender in Semelai as well as other cultures in the region, is relevant to the problem of Semelai men midwives, since women's lack of bravery was the explanation offered for the disappearing women midwives. Is 'bravery' a gendered character attribute in these other cultures as well? It is difficult to find explicit ethnographic discussions of 'bravery'

Nahon, former male midwife at Tasek Bera, 1998

relative to gender that are not primarily concerned with violence, aggression, and peacefulness. In these contexts, it is unclear, when bravery and courage are discussed, whether they also apply to childbirth attendance. For the purposes of this article, I will assume that they are.

Orang Asli cultures, especially those that display Benjamin's Semang and Senoi patterns (2002:10), are interesting in regard to bravery because there has been little, if anything, in these cultures urging people (men or women) toward human aggression or rewarding men for warring and killing. In fact, just the opposite is the case. The Semais and Bateks, for example, are prototypes of peaceful societies.

The nonviolence of these Orang Asli societies has been said to be related to the pervasiveness of and social emphasis on fear.

Dangers of all sorts are ubiquitous in the Semai world. They fear strangers, supernatural beings, storms, and animals; virtually everything in their culturally constituted environment is viewed as actually or potentially threatening. [...] There are, moreover, no cultural values, no expectations of bravery to inhibit the direct expression of these fears. Men, women, and children readily admit to being afraid [...]. (Robarchek (1979:556.)

That both men and women fit this description shows the radical nature of Semai gender equality and its association with fear. Dentan (for example, 2002) has written extensively about fear, horror, and dread among Semais.

Chewongs also highly value shyness and fearfulness while culturally condemning bravery and daring (Howell 1989:49). 'If we examine an inner state/behavioural model possibly opposed to that of shy and fearful, namely brave, we find that this is not a characteristic the Chewong associate with themselves' (Howell 1989:53). These authors aim to account for nonviolence in Semai and Chewong society and therefore do not address whether fearfulness was also associated with birth attendance. But remember Benjamin's note (1994:48) earlier, that Temiar midwives are those people brave enough to accept the job.

Gibson's discussion (1989) of peacefulness and aggression among the Buids of Mindoro shows that Orang Asli are not the only cultures in the area who, in the context of aggression, put a low value on courage and bravery for both men and women. However, many Centrist Archipelago cultures, especially those that practise penis mutilation or headhunting, do place ritual value on bravery, especially for males. The Wanas and Ibans provide good examples of the complex nature of the gender associations in these societies between men and bravery.

According to Atkinson (1990:79), 'Superincision for the Wana [...] emphasizes an identity in the physical nature of boys and girls, and at the same time suggests a link between the penis and bravery'. And, later on,

When asked who can become a shaman, Wana answer anyone – anyone that is, with a lucky ‘palm line’ (*ua mpale*) and the courage to pursue spirit contacts. It is quite evident from the overwhelming predominance of men in the shamanic ranks that men, not women, are likely to be so fortunate. To that observation, Wana, in my experience, to a man and woman, reply that men tend to be braver in their pursuit of spirit knowledge. (Atkinson 1990:83.)

In Iban culture in Borneo, bravery has a marked association with the attainment of manhood. Mashman (1991: 231) writes, ‘The underlying values of bravery (*berani*), boldness (*kempang*), and strength (*kering*) are central to any explanation of Iban aggression, warfare, headhunting’. The trophy head is a *tanda berani* (symbol of bravery). Men of bravery and strength and headhunters have tattoos on their necks and fingers, respectively. ‘Bravery may be considered as a means of acquiring status in what Freeman has identified as an egalitarian society’ (Mashman 1991:236). Significantly, prior to the arrival of James Brooke in 1841, the highest statuses in Iban society were the *raja berani* (brave king) and *tau serang* (war chief). Men held both positions. The Iban myth of the fetus choosing its sex through its choice of a spear (used in hunting and headhunting) or a loom reinforces this association between bravery and male identity. ‘Women do not in any way compete with men for bravery’ (Mashman 1991:239).

However, while bravery is not a requirement for good Iban weavers (who are women), ‘Dyeing cotton thread is also a difficult ritual process, which perhaps only one out of fifty women master. Restrictions similar to those enforced during childbirth are imposed, and the process is said to take place covertly, away from the gaze of men. Dyeing has been described as *kayau indu*, “the warfare of women”. A woman who is skilled in dyeing is called *indu gaar* or *indu takar*, a status similar to that of a *tau serang*.’ (Sather 1977:xv, from Mashman 1991:246.) Drake (1991:283), commenting on the Ibans, writes, ‘Beauty is a high ideal for the Ibanic female as courage is for the male’.

The Semelais stand closest to the Wanas, who also practise penis mutilation, among these Centrist Archipelago variants. Little in Semelai culture rewards men for human aggression. Therefore, if bravery is to be used to distinguish males in Semelai society, given the devaluation of aggression, where could it be demonstrated? The Semelais are one of only two Orang Asli cultures that practise circumcision. In many Orang Asli cultures, there is a significant fear of or revulsion toward blood. The Semelais seem to combine the cultural expectation of being fearful, as found in other Orang Asli cultures, with some emphasis on male bravery, as demonstrated in circumcision rituals.

*Discussion**The Semelai masculinization of midwifery*

So far in this article, I have argued that there is a causal relationship between the Southeast Asian tendency toward greater gender equality and the greater frequency of male midwives there (relative to comparable cultural regions). I have also established that Semelai culture displays elements of gender equality and complementarity as well as male dominance and that, historically, Semelai women and men both filled the role of midwife.

In fact, Semelai women midwives once were numerous. For example, within living memory, three sisters at Tasek Bera were all practising midwives. Given that gender in Southeast Asia is often de-emphasized as a qualification for achieved social statuses, and given Atkinson's point that women who might aspire to ritual offices are often disadvantaged by life circumstances, it would not be surprising to find that some Semelai midwives were men. But a male monopoly? How and why did this happen? The following is a review of possible explanations.

Women's (perceived) lack of courage?

When I asked Semelais why there were no women midwives, they said, 'because women are not brave enough'. However, when asked why it was that women in the past were brave enough while women today were not, they were, universally, stumped.

At both Sungai Sampo and Tasek Bera, people recalled a female midwife in each community who would often need to defecate (because of diarrhoea presumably) en route to or during a birth. As a result, these two midwives were often not present at critical times in the birthing process, which was considered a problem. Another female midwife was described as having hands that shook during the birth. These were all taken as signs of fear. Assuming these interpretations to be true (and these recollections to be accurate), one wonders what had happened to undermine these women's self-confidence, their courage. Presumably, they would not have become midwives if they had had these fears when they began.

I interviewed three women who were descendants of midwives: one was the daughter of a female midwife, one was the granddaughter of one of the nervous women midwives described above, and the third one had a father and uncles who were midwives. None of the three became midwives, even though the elder person(s) in each case had encouraged them in that direction. The third said that she knew how to press against her own abdomen to give birth but would not want to do it for others. Each of them expressed fear at the prospect of taking on responsibilities they did not feel capable of handling. Were these just individual decisions based on a lack of aptitude or

interest, or were social pressures being brought to bear?

After follow-up questions, some Semelais gave additional thought to the question of the disappearance of women midwives and attempted to appease me by providing other possible explanations. For example, one couple suggested that women's attainment of these positions has been inhibited by an inability to obtain, memorize, and use incantations. One woman guessed that midwives were mostly men because men knew a lot of incantations. Incantations can be obtained through spirit visitations in dreams or can be bought from relatives or good friends, the former method being preferred and held to be more powerful.

Some women claimed not to be able to remember incantations. One woman said that her father and others had tried to teach her incantations but, she said, 'It wasn't able to enter my brain at all. I've forgotten all of it.'

In other cases, women's requests for this knowledge were denied. Husbands refused to share with their wives the incantations that would make them more effective healers or midwives. In these instances, the husband often accompanied his wife on her visits in order to provide the sacred knowledge. However, the fact that two male midwives at Tasek Bera claimed not to know any of the childbirth incantations indicates that esoteric knowledge is not absolutely necessary.

Also, to my surprise, I found little if any resentment expressed by Semelai women toward men for their recent appropriation of the midwife role. When talking with women, I often felt like I was the only one around who seemed to care about what had happened to all the women midwives. In contrast to the Meratus and Malays mentioned above, this transition appears not to have been contested.

Semelai women, especially those who have had several children, obviously are knowledgeable about childbirth and can assist at a birth 'unofficially', especially after the child has actually been born. Everyone thought that women are better with children because they are with them more. However, that is not a requirement for the job of midwife (see above). One woman who frequently helped at births only helped after the child was actually born. She claimed she was afraid to be involved prior to that.

This explanation unfortunately begs the question of why women are no longer brave enough. Female cowardice relative to birth could not be essential or traditional because, previously, some women had had the courage to be midwives. Also, even today, women seem unafraid when giving birth.

Economic changes within the context of the modern Malaysian nation-state?

When Semelai cultural practices change today, usually the first place to look for a source or cause is the dominant national Malay culture, the Malaysian market economy, or the Malaysian government.

It is unclear whether, today, one can even speak of a 'Semelai economy' as an entity that exists apart from the larger Malaysian economy. While as recently as 1992 a significant minority, at Tasek Bera, were still putting their primary energies into subsistence agriculture, that group by 1998 had diminished substantially. And at Sungai Sampo, because of the earlier elimination of the surrounding forest, people have no alternative other than to pursue a very cash-dependent lifestyle.

Economic inequality is growing. Young people are abandoning the Semelai reserves in order to earn money at low-skilled, low-paying jobs. For those remaining in the reserves, much household income now comes from tapping their small rubber or oil-palm holdings.

Therefore, Semelais have mostly lost the socio-economic context within which Semelai midwifery developed and thrived. However, this factor does not specifically explain why women midwives have disproportionately disappeared.

The pervasiveness of patriarchal Islamic thinking in Malaysia today, along with pressure from the Malaysian government to become Muslims?

Orang Asli have experienced much pressure from the state to convert to Islam and, therefore, basically become Malays (Dentan et al. 1997; Nicholas 2000). Patriarchal Islamic ideology, transmitted through Malay culture, the Malaysian government, and the national media, along with the patriarchal tendencies of all industrialized societies, have influenced Semelai thinking and practice. Even before the Malayan Emergency, Semelais shared many practices and beliefs with Malays. However, since that time, greater media influence and greater interaction and integration with the larger society have driven this convergence further. For example, some Semelai households in Sungai Sampo now celebrate Hari Raya at the end of Ramadan.

The Islam-derived concepts of *akal* (reason) and *hawa nafsu* (carnal desires) support gender stratification in Malay culture (Ong 1987:87-90). The belief that men embody more *akal* while women have greater *nafsu* has given Malay men greater moral authority. Malay culture uses these symbolic associations today to circumscribe women's behaviour and activities and teach shyness, modesty, and reserve as the appropriate feminine attitudes.

The gender associations of *akal* and *nafsu* seem to underlie the story of the woman taron presented above. I have never heard Semelais (who are fluent in Malay) use the word *nafsu* and I do not think their use of *ʔaknɔl* is gender-specific. However, it does seem from that story that this gender ideology is present.

Certainly, men dominate the public sphere and achieved social statuses at the village level and higher in Malay culture and Malaysian society at the present time. But, if Islam has played a part in any direct way in Semelai

Comop, male midwife at Tasek Bera, 1992

men's appropriation of the midwife role, it is a curious fact: it is unlikely that Islam has had that effect in other cultures in the world.

Government biomedical reproductive services have acted both as agents of modernity and Islamic ideology. However, in clinics in surrounding towns and cities, the midwives are all women. The Islamic religious establishment has denounced Malay village midwives and magicians as purveyors of pre-Islamic Hindu and animistic rituals and beliefs (Laderman 1983). But this has not spurred the entry of men into the ranks of Malay midwives; in fact, just the opposite. As discussed above, male Malay midwives are rare in Malaysia. Given the sexual segregation associated with Islam, the Malay bias against male midwives is not surprising.

Government pressure to biomedicalize birth?

In the West, when men, as barber-surgeons and then obstetricians, began providing reproductive services, doctors and others began to expand the definition of 'illness' to include childbirth. Childbirth became defined as a dangerous event that required special technology and expertise, acquired from men-only institutions of learning and certification.

Baer (1999) copiously documents the extent, historically and at present, of ill health among Orang Asli. For example, according to the Ministry of Health, of Malaysian women giving birth at home in 1994, 42 died; 60% of these (25) were Orang Asli (Baer 1999:4). However, since it is probable that, in 1994, a much higher proportion of Orang Asli women gave birth at home, this statistic does not prove that Orang Asli women were more likely than women of other groups to die as a result of home births. It may be that the higher rate of maternal death among Orang Asli women was more a result of malnutrition, for example, than home birthing. As has been exhaustively documented by feminists and others, home births are not any more dangerous than hospital births (and in fact may be beneficial) as long as appropriate prenatal care is provided. Nevertheless, because of the 1994 statistics, in 1997 the Ministry of Health began a stronger push to encourage, if not force, Orang Asli women to give birth in institutional settings.

Government pressure to biomedicalize birth seems to go a long way toward answering our central question. The masculinization of Semelai midwifery has been happening simultaneously with the increase of governmental intervention in the context of childbirth. During this period, the Malaysian government has had a policy of expanding state-sponsored biomedicine into rural areas. Today, more and more Semelai women are giving birth in hospitals or with the attendance of government midwives. There is now a government midwife permanently stationed at Pos Iskandar. The Ministry of Health has also provided training for village midwives to learn basic biomedical practices. Some Semelai traditional midwives have participated in these sessions.

One major approach that the Ministry of Health has used to encourage people to get prenatal care and have their babies in hospitals is basically to scare them. Based on my interviews with a cross-section of Semelais, everyone now knows that the government considers it much more dangerous to give birth with a village midwife in attendance. It is now harder to register a home birth. One male midwife at Tasek Bera said he would no longer assist at births because he was afraid the Health Ministry would sue him if there were any complications. So, even if a woman wants to give birth at home, she may not be able to find a village midwife – of either gender – to attend. This state of affairs simply makes the whole situation that much more uncertain and frightening. Midwives can easily lose confidence in themselves. As a result of this campaign, Malay village midwives as primary birth attendants have been largely phased out in Malaysia.

As discussed above, Semelais define birth as a dangerous and frightening event. As a result of government education and propaganda, Semelai thinking in regard to birth may have moved from a sense of its routineness to a dread of crisis situations beyond the reach of government services. The alarming messages from the Ministry of Health have, in fact, successfully convinced many Semelais that clinics and hospitals are the way to go.

However, an additional consequence of this initiative is that, for Semelais who continue to resist biomedicine, the level of anxiety has risen. The possibility that something bad could happen and that the government might punish the midwife or the parents for it, is much more in the general consciousness. So that, when Semelais say 'women are not brave enough', it is quite understandable that village midwives practising in the current chilly climate do indeed need more courage and self-confidence than in the past.

That insight, by itself, does not explain why women should have dropped out more than men. However, when combined with the difference between Semelai men and women in the average amount of 'courage' (if such a thing is quantifiable) that each gender is socialized to have, the logical result is a diminution of the relative presence of women within the already shrinking ranks of Semelai village midwives.

Conclusion

Most of the academic literature on midwifery cross-culturally has left unquestioned the gender of midwives. This feminine association then, often becomes juxtaposed with biomedicine, which is seen as male in origin and orientation. But what if the village midwife is a man? What does that say about gender roles, power, status, and ideology in that society? How does gendering work here? This article has addressed some of these questions.

Since Semelai women have not been prohibited from being midwives, or from aspiring to other achievable social positions, it would seem that women have somehow lost interest in these statuses. The 'norm' has become that women are 'not brave enough'.

Based on this review and analysis, I suggest that influence from the outside world has made childbirth, especially at home, appear more dangerous. The male monopolization of Semelai midwifery today can be attributed to the hegemony of biomedicine in Malaysia in combination with the Semelai de-emphasis on gender as a requirement for achieved roles. However, when a state of affairs exists where both men and women are considered eligible for an achieved social role, having women withdraw from the midwife role and be replaced only by men indicates increasing gender inequality. Paradoxically, because the Semelais have a tradition of little gender segregation and frequent cross-over in terms of gender roles, men have been able to become dominant and flow into a social role that is, cross-culturally, a female domain.

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References

- Anderson, Benedict R.O'G.
1972 'The idea of power in Javanese culture', in: Claire Holt, Benedict R.O'G. Anderson and James Siegel (eds), *Culture and politics in Indonesia*, pp. 1-69. Ithaca NY: Cornell University Press.
- Appell, Laura W.R.
1991 'Sex role symmetry among the Rungus of Sabah', in: Vinson H. Sutlive Jr (ed.), *Female and male in Borneo: Contributions and challenges to gender studies*, pp. 1-34. Williamsburg: Borneo Research Council. [Monograph Series 1.]

- Atkinson, Jane Monnig
 1989 *The art and politics of Wana shamanship*. Berkeley CA: University of California Press.
- 1990 'How gender makes a difference in Wana society', in: Shelly Errington and Jane Monnig Atkinson (eds), *Power and difference; Gender in island Southeast Asia*, pp. 59-93. Palo Alto: Stanford University Press.
- Baer, A.
 1999 *Health, disease and survival; A biomedical and genetic analysis of the Orang Asli of Malaysia*. Subang Jaya: Center for Orang Asli Concerns.
- Bamberger, Joan
 1974 'The myth of matriarchy; Why men rule in primitive society', in: Michelle Zimbalist Rosaldo and Louise Lamphere (eds), *Woman, culture, and society*, pp. 263-80. Palo Alto: Stanford University Press.
- Begbie, P.J.
 1967 *The Malayan Peninsula; Embracing its history, manners, and customs of the inhabitants, politics, natural history &c. from its earliest records*. Kuala Lumpur: Oxford University Press. [Oxford in Asia, Historical Reprints.] [First edition 1834.]
- Benjamin, Geoffrey
 1985 'In the long term; Three themes in Malayan cultural ecology', Karl L. Hutterer, A. Terry Rambo and George Lovelace (eds), *Cultural values and human ecology in Southeast Asia*, pp. 219-78. Ann Arbor MI: Center for South and Southeast Asian Studies, University of Michigan. [Michigan Papers on South and Southeast Asia 27.]
- 1994 'Danger and dialectic in Temiar childhood', in: Jeannine Koubi and Josiane Massard-Vincent (eds), *Enfants et sociétés d'Asie du sud-est*, pp. 37-62. Paris: L'Harmattan. [Recherches Asiatiques.]
- 2002 'On being tribal in the Malay World', in: Geoffrey Benjamin and Cynthia Chou (eds), *Tribal communities in the Malay World; Historical, cultural and social perspectives*, pp. 7-76. Leiden: International Institute for Asian Studies, Singapore: Institute of Southeast Asian Studies.
- Bieseke, Megan
 1997 'An ideal of unassisted birth; Hunting, healing, and transformation among the Kalahari Ju/'hoansi', in: Robbie E. Davis-Floyd and Carolyn F. Sargent (eds), *Childbirth and authoritative knowledge; Cross-cultural perspectives*, pp. 474-92. Berkeley CA: University of California Press.
- Carstens, Janet
 1997 *The heat of the hearth; The process of kinship in a Malay fishing community*. Oxford: Clarendon Press. [Oxford Studies in Social and Cultural Anthropology.]
- Conklin, Harold C.
 1960 'Maling, a Hanunoo girl from the Philippines', in: Joseph B. Casagrande (ed.), *In the company of man; Twenty portraits by anthropologists*, pp. 101-25. New York: Harper.

- Connor, Linda H.
1983 'Healing as women's work in Bali', in: Leonore Manderson (ed.), *Women's work and women's roles; Economics and everyday life in Indonesia, Malaysia and Singapore*, pp. 53-72. Canberra: Australian National University. [Development Studies Centre, Monograph 32.]
- Dentan, Robert K.
1988 'Lucidity, sex, and horror in Senoi dreamwork', in: Jayne Gackenbach and Stephen LaBerge (eds), *Conscious mind, sleeping brain; Perspectives on lucid dreaming*, pp. 37-63. New York/London: Plenum.
2002 'Against the kingdom of the beast; Semai theology, pre-Aryan religion, and the dynamics of abjection', in: Geoffrey Benjamin and Cynthia Chou (eds), *Tribal communities in the Malay world; Historical, cultural and social perspectives*, pp. 206-36. Leiden: International Institute for Asian Studies, Singapore: Institute of Southeast Asian Studies.
- Dentan, Robert Knox, Kirk Endicott, Alberto G. Gomes and M.B. Hooker
1997 *Malaysia and the 'original' people; A case study of the impact of development on indigenous peoples*. Boston: Allyn and Bacon. [Cultural Survival Studies in Ethnicity and Change.]
- Dick-Read, Grantly
1959 *Childbirth without fear; The principles and practice of natural childbirth*. New York: Harper and Row. [First edition 1933.]
- Donegan, Jane B.
1978 *Women and men midwives; Medicine, morality, and misogyny in early America*. Westport CT: Greenwood. [Contributions in Medical History 2.]
- Drake, Richard Allen
1991 'The cultural logic of textile weaving practices among the Ibanic peoples', in: Vinson H. Sutlive Jr (ed.), *Female and male in Borneo; Contributions and challenges to gender studies*, pp. 271-93. Williamsburg: Borneo Research Council. [Monograph Series 1.]
- Ehrenreich, Barbara and Deirdre English
1975 *Witches, midwives, and nurses; A history of women healers*. New York: Feminist Press.
- Elshout, Jacob M.
1923 *Over de geneeskunde der Kenja-Dajak in Centraal-Borneo in verband met hunnen godsdienst*. Amsterdam: Muller. [PhD thesis, University of Amsterdam.]
- Endicott, Karen
1992 'Fathering in an egalitarian society', in: Barry S. Hewlett (ed.), *Father-child relations; Cultural and biosocial contexts*, pp. 281-95. New York: Aldine de Gruyter. [Foundations of Human Behavior.]
- Endicott, Kirk Michael
1970 *An analysis of Malay magic*. Oxford: Clarendon Press. [Oxford Monographs on Social Anthropology.]
1983 'The effects of slave raiding on the Aborigines of the Malay peninsula', in: Anthony Reid (ed.), *Slavery, bondage, and dependency in Southeast Asia*, pp. 216-45. St. Lucia: University of Queensland Press.

- Errington, Shelly
1990 'Recasting sex, gender, and power; A theoretical and regional overview,' in: Shelly Errington and Jane Monnig Atkinson (eds), *Power and difference; Gender in island Southeast Asia*, pp. 1-58. Palo Alto: Stanford University Press.
- Fix, Alan
1991 'Changing sex ratio of mortality in the Semai Senoi', *Human Biology* 63: 211-20.
- Ford, Clellan Stearns
1964 *A comparative study of human reproduction*. N.p.: Human Relations Area Files Press.
- Gianno, Rosemary
1990 *Semelai culture and resin technology*. New Haven CT: Connecticut Academy of Arts and Sciences. [Memoirs 22.]
1996 Fieldnotes, Karen village, northwestern Thailand.
1997 'Malay, Semelai, Temoq; Semelai concepts of ethnicity in South-Central Malaya', in: Robert L. Winzeler (ed.), *Indigenous peoples and the state; Politics, land, and ethnicity in the Malayan peninsula and Borneo*, pp. 51-83. New Haven CT: Yale University Southeast Asia Studies. [Monograph 46.]
- Gibson, Thomas
1989 'Symbolic representations of tranquility and aggression among the Buid', in: Signe Howell and Roy Willis (eds), *Societies at peace; Anthropological perspectives*, pp. 60-78. London: Routledge.
- Hart, Donn V.
1965 'From pregnancy through birth in a Bisayan Filipino village', in: Donn V. Hart, Phya Anuman Rajadhon and Richard J. Coughlin, *Southeast Asian birth customs; Three studies in human reproduction*, pp. 1-113. New Haven CT: Human Relations Area Files Press. [Behavior Science Monographs.]
- Hoe, Banseng
2001 *Semelai communities at Tasek Bera; A study of the structure of an Orang Asli society*. Subang Jaya: Center for Orang Asli Concerns.
- Howell, Signe
1984 *Society and cosmos; Chewong of Peninsular Malaysia*. Chicago: University of Chicago Press.
1989 'To be angry is not to be human, but to be fearful is'; Chewong concepts of human nature', in: Signe Howell and Roy Willis (eds), *Societies at peace; Anthropological perspectives*, pp. 45-59. London: Routledge.
- Jordan, Brigitte
1993 *Birth in four cultures; A cross-cultural investigation of childbirth in Yucatan, Holland, Sweden, and the United States*. Fourth edition. Revised and expanded by Robbie Davis-Floyd. Prospect Heights IL: Waveland. [First edition 1978.]
- Konner, Melvin and Marjorie Shostak
1987 'Timing and management of birth among the !Kung; Biocultural interaction in reproductive adaptation', *Cultural Anthropology* 2:1-28.

- Laderman, Carol
 1983 *Wives and midwives; Childbirth and nutrition in rural Malaysia*. Berkeley CA: University of California Press. [Comparative Studies of Health Systems and Medical Care.]
- 1991 *Taming the wind of desire; Psychology, medicine, and aesthetics in Malay shamanistic performance*. Berkeley CA: University of California Press. [Comparative Studies of Health Systems and Medical Care 29.]
- Logan, J.R.
 1847 'The Orang Sabimba of the extremity of the Malay peninsula', *Journal of the Indian Archipelago and East Asia* 1:295-9.
- Mashman, Valerie
 1991 'Warriors and weavers; A study of gender relations among the Iban of Sarawak', in: Vinson H. Sutlive Jr (ed.), *Female and male in Borneo; Contributions and challenges to gender studies*, pp. 231-70. Williamsburg: Borneo Research Council. [Monograph Series 1.]
- Mead, Margaret and N. Newton
 1967 'Cultural patterning of perinatal behavior', in: Stephen A. Richardson and Alan F. Guttmacher (eds), *Childbearing; Its social and psychological aspects*, pp. 142-243. Baltimore MD: Williams and Wilkins.
- Newbold, T.J.
 1971 *Political and statistical account of the British settlements in the Straits of Malacca*. Kuala Lumpur: Oxford University Press. Two vols. [Oxford in Asia Historical Reprints.] [First impression 1839.]
- Newland, Lynda
 2002 'Of paraji and bidan; Hierarchies of knowledge among Sundanese midwives', in: Santi Rozario and Geoffrey Samuel (eds), *The daughters of Hārītī; Childbirth and female healers in South and Southeast Asia*, pp. 256-78. London/New York: Routledge. [Theory and Practice in Medical Anthropology and International Health 7.]
- Nicholas, Colin
 2000 *The Orang Asli and the contest for resources; Indigenous politics, development and identity in Peninsular Malaysia*. Copenhagen: International Work Group for Indigenous Affairs. [Document 95.]
- Niehof, Anke
 1992 'Mediating roles of the traditional birth attendant in Indonesia', in: Sita van Bemmelen, Madelon Djajadiningrat-Nieuwenhuis, Elsbeth Locher-Scholten and Elly Touwen-Bouwsma (eds), *Women and mediation in Indonesia*, pp. 167-86. Leiden: KITLV Press. [Verhandelingen 152.]
- Nourse, Jennifer W.
 1997 'Male midwives and macho mothers; Birth and pregnancy among the Lauje of Indonesia'. Paper, American Anthropological Association Meetings, Washington DC.
- 1999 *Conceiving spirits; Birth rituals and contested identities among Laujé of Indonesia*. Washington DC: Smithsonian Institution Press. [Smithsonian Series in Ethnographic Inquiry.]

- Ong, Aihwa
1987 *Spirits of resistance and capitalist discipline; Factory women in Malaysia*. Albany NY: State University of New York Press. [SUNY Series in the Anthropology of Work.]
- Phillips, Herbert P.
1965 *Thai peasant personality; The patterning of interpersonal behavior in the village of Bang Chan*. Berkeley CA: University of California Press.
- Reid, Anthony
1988 *Southeast Asia in the age of commerce, 1450-1680. Vol. 1: The lands below the winds*. New Haven CT: Yale University Press.
- Robarchek, Clayton A.
1979 'Learning to fear; A case study of emotional conditioning', *American Ethnologist* 6:555-67.
- Rosaldo, Michelle Zimbalist
1974 'Women, culture, and society; A theoretical overview', in: Michelle Zimbalist Rosaldo and Louise Lamphere (eds), *Woman, culture, and society*, pp. 17-42. Palo Alto: Stanford University Press.
- Rosenberg, Karen and Wenda Trevathan
1996 'Bipedalism and human birth; The obstetrical dilemma revisited', *Evolutionary Anthropology* 4:161-8.
- Sargent, Carolyn Fishel
1989 *Modernity, medicine, and power; Reproductive decisions in urban Benin*. Berkeley CA: University of California Press. [Comparative Studies of Health Systems and Medical Care 22.]
- Sather, Clifford
1977 'Introduction', in: Benedict Sandin, *Gawai burong; The chants and celebrations of the Iban bird festival*, pp. i-xv. Penang: Pusat Pengajian Ilmu Sains Kemasyarakatan, Universiti Sains Malaysia.
- Schneider, William M. and Mary Jo Schneider
1991 'Male/female distinction among the Selako', in: Vinson H. Sutlive Jr (ed.), *Female and male in Borneo; Contributions and challenges to gender studies*, pp. 345-64. Williamsburg: Borneo Research Council. [Monograph Series 1.]
- Siti Hasmah bt. Mohd. Ali
1975 'The role of traditional birth attendants in family health'. Paper, Workshop for the Instruction and Practice of Midwifery, Kuala Lumpur.
- Skeat, Walter William
1967 *Malay magic; Being an introduction to the folklore and popular religion of the Malay peninsula*. New York: Dover. [First impression 1900]
- Skeat, Walter William and Charles Otto Blagden
1966 *Pagan races of the Malay peninsula*. Vol. 2. New York: Barnes and Noble. [First impression 1906.]
- Tachimoto, Narifumi Maeda
2001 *The Orang Hulu; A report on Malaysian Orang Asli in the 1960s*. Subang Jaya: Center for Orang Asli Concerns.

Thambiah, Shanthi

- 1999 'Orang Asli women and men in transition', in: K.S. Jomo (ed.), *Rethinking Malaysia; Malaysian Studies 1*, pp. 267-92. Hong Kong: Asia 2000, Kuala Lumpur: Malaysian Social Science Association.

Tsing, Anna Lowenhaupt

- 1993 *In the realm of the diamond queen; Marginality in an out-of-the-way place*. Princeton NJ: Princeton University Press.

Turner, Victor W.

- 1969 *The ritual process; Structure and anti-structure*. Chicago: Aldine, London: Routledge and Kegan Paul. [The Lewis Henry Morgan Lectures 1966.]

Verdoorn, Johannes Adrianus

- 1941 *Verloskundige hulp voor de inheemsche bevolking van Nederlandsch-Indië; Een sociaal-medische studie*. 's-Gravenhage: Boekencentrum. [PhD thesis, Leiden University.]

Webster's

- 1991 *Webster's ninth new collegiate dictionary*. Springfield MA: Merriam-Webster.

Wilkinson, R.J.

- 1932 *A Malay-English dictionary (Romanised)*. Mytilene, Greece: Salavopoulos and Kinderlis. Two vols.
1957 'Malay customs and beliefs', *Journal of the Malayan Branch of the Royal Asiatic Society* 30-4:1-87. [Monographs on Malay Subjects 4.]

Williams-Hunt, P.D.R.

- 1952 *An introduction to the Malayan Aborigines*. Kuala Lumpur: Government Press.

Winzeler, Robert L.

- 1982 'Sexual status in Southeast Asia; Comparative perspectives on women, agriculture and political organization', in: Penny Van Esterik (ed.), *Women of Southeast Asia*, pp. 176-213. DeKalb IL: Center for Southeast Asian Studies, Northern Illinois University. [Monograph Series on Southeast Asia, Occasional Paper 9.]