Childbirth, Maternity, and Medical Pluralism in French Colonial Vietnam, 1880–1945

THUY LINH NGUYEN

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Introduction

Childbirth is one of the keys to understanding the shifting cultural and political structures of a particular place and time. In no other time in history were Vietnamese childbirth traditions challenged, contested, and altered more than the colonial period when French doctors and administrators attempted to change Vietnamese ways of thinking on how childbirth should be viewed and conducted. But as French physicians ventured into indigenous communities, they found themselves negotiating with a myriad of Vietnamese cultural practices relating to childbirth and infant care. Thwarted by local resistance, cultural misunderstanding, and their own ambiguous and conflicting policy, the French never effectively accomplished the goal of their mission: the relocation of Vietnamese childbirth to a clinical setting. The Western model of technocratic birth neither displaced nor transformed indigenous birthing traditions as the French had envisioned. A plural system of maternity services catering to different groups of patients emerged in the 1930s and 1940s with some tilting toward French procedures and others opting for a hybridized Franco-Vietnamese model, whereas the rest, especially those beyond the reach of colonial health care, still attached to preexisting Vietnamese traditions as if the arrival of French medicine had never happened.

This book explores the interactions between Vietnamese childbirth traditions and French medicine and how they shaped maternal and infant health care in Vietnam[1] during the colonial period from 1880 to 1945. As a history of both modern Vietnam and colonial medicine, it traces the introduction of Western obstetrical practices to Vietnam and the Vietnamese responses to changes in the traditionally private realms of childbirth and mothering. From the search for a cure against the deadly infant umbilical tetanus to the history of the first maternity hospitals and the professionalization of midwifery, this research underscores how the local expansion of Western biomedical birth was shaped as much by rivalries internal to the colonial state as it was by the global changes in medicine and the roles of local actors. The existence of pluralism in maternity services, many of which were based on local practices and beliefs, counters the assumption of colonial medicine as primarily a one-way exchange in which the colony

was always on the receiving end of medical ideas originating from the West. The process of childbirth medicalization in Vietnam therefore can also be understood as a negotiated process whereby both French medicine and Vietnamese practices displayed compromises and adaptations to coexist with each other.

Childbirth in the History of Colonial Medicine

When the French Army and its medical corps first arrived in Vietnam in the mid-nineteenth century, the health of the indigenous population was not considered a primary concern that required immediate attention. What occupied the French medical personnel at the time was the difficult struggle against epidemic diseases, many of which operated under pathological and transmitting patterns unknown in the West. As the casualty of epidemic diseases far surpassed combat mortality, the creation of a salubrious environment for the operation of the French Army and bureaucracy became a task of utmost importance. As a result, most of the early narratives on French colonial medicine detail the challenging but heroic mission of a colonial medical corps whose work involved scientific research, mass vaccinations, and the treatment of the most ravaging contagious diseases such as tuberculosis, syphilis, and malaria.[2] Given the dominant preoccupation with epidemic diseases, the stories of how local women gave birth and became mothers were therefore taken for granted or treated as "static" or "natural." Furthermore, in a male-dominated and male-operated system of medicine, little consideration was given to female health, as women were often treated as "adjuncts and appendages to the health of men."[3] The lack of account on the diverse and cross-cultural characteristics of childbirth and female health reduces French colonial medicine to a male project and, moreover, underestimates the close connections drawn between the politics and economics of the colonial state and the physical well-being of local women and their children.

A shift to a more social and diverse history of medicine in the late 1980s and early 1990s drew attention to many underrepresented aspects of colonial medicine, including maternal and infant health, reproduction, and mortality in the indigenous milieu.[4] Being treated as an integral part of colonial medicine, maternity services are no longer hidden behind the overwhelming narratives on epidemic diseases and their impact on the functioning of European imperialism. In some of the finest histories of colonial medicine of this period, medicalized childbirth and its larger framework of Western medicine are generalized as a "tool of empire." As Roy MacLeod and Milton Lewis argued, colonial medical services "all began by serving the imperial military, political and trading interests."[5] Hence, scholars interpret European medical work not as a series of heroic

interventions against infectious diseases, but as an imperializing cultural force impinging directly on the lives of the colonized people. In this literature, the concept of "medical imperialism" embraces more than the extension or transfer of a biomedical model to the non-Western world. Like other instruments of empire, the implantation of hospital birth also facilitates the establishment of European hegemony, legitimacy, and its control over indigenous bodies and reproductive health.[6] The construction of biomedical birth as "authoritative knowledge" contributes to the creation of a hierarchical power structure in a colonial society where Western medicine dictated the forms and outcomes of maternity services while the local norms of birthing were increasingly marginalized.[7]

The "tool of empire" scholarship has been contested by subsequent studies that adopt a more nuanced stance in evaluating the impact of Western medicine. Challenging the Anglo-American concept of medical imperialism, Laurence Monnais's works on French medicine in Indochina view the combat against epidemic diseases and infant mortality not so much as an infringement on the local ways of life but as a contribution to the creation of a safer and healthier environment for the colonial army, bureaucracy, and Vietnamese population.[8] In other words, it is the French concern about health, hygiene, and sanitation in the local milieu that prevailed over other imperialist impulses.

Besides their greater focus on the health-related aspects of colonial medicine, new studies also explore the counterhegemonic impact of Western medicine, an unintended consequence resulting from the indigenous appropriation and reproduction of new medical knowledge. In this literature, Western medicine is turned into a new political platform for indigenous intellectuals to articulate their nationalist and modernist visions. Starting as symbols of imperial domination, biomedical birth and its cultural connotations are now hailed as powerful forces behind modernization and nation building in the developing world. Hospital birth is now equated with progressive changes, trained motherhood is trusted with the task of raising healthy families, medical technology replaces conventional wisdom and local beliefs in the fight against diseases and infant mortality. As modernity signifies a break with traditional structures, many studies link the dissemination of Western medical ideas with the indigenous reassessment of traditions and their pursuit of a modernist and nationalist agenda.[9]

Both the "tool of empire" thesis and its converse, the "force of modernity" argument, tend to reduce the extension of Western medicine to its goals and impact while paying inadequate attention to the more intimate interactions at the local levels. A close-up account of the encounters between biomedical birth and indigenous actors would redirect the historiography of colonial medicine from its causes and effects to the heart of the actions, which, according to Nancy Rose Hunt, encompasses "complex social processes of struggle, bargaining and

compromise."[10] The most recent literature on medical pluralism thus reflects scholarly efforts to explore the complexity and fluidity of medical processes where the different medical regimes experience a wide range of interactions ranging from tension, contestation, and hostility to hybridization, fusion, and coexistence with each other.[11]

Childbirth in French Colonial Vietnam: Plurality and Modernity

Embracing the thesis on medical pluralism, my book does not seek to finalize whether the extension of hospital birth to Vietnam was a manifest of imperial "hegemony" or Western "modernity," since colonial medicine was rarely the product of a single force or objective. Furthermore, technocratic birth had different meanings for different people. For the wealthy and privileged Vietnamese women in the colonial period, giving birth at the private suite inside the Protectorate Hospital in Hanoi would bring about an experience that contrasted sharply with that of working-class women. These poor patients had to share beds in the overcrowded communal ward of the same hospital, and worst, they would have to undergo surgery without anesthesia if the hospital found itself short of medications. My study does not aim to finalize the "good" and "bad" aspects of colonial health care; it is more interested in the processes during which different medical cultures engaged and negotiated with each other and produced diverse forms of maternity services for Vietnamese women. Treating childbirth medicalization as a negotiated process helps uncover intimate interactions at the local levels, many of which were far removed from administrative control and inexplicable with imperial logic. A focus on cultural receptivity in different indigenous settings highlights how local demography, economics, and distinctive social structures contributed to the making of maternal and infant health care. The introduction of clinical birth in Vietnam followed decentralized and localized patterns with multiple medical traditions intermingling, hybridizing, or simply coexisting with one another. Medical reforms and surveillance might support the top-down structure of colonial medicine, but when in contact with local domains, this process of intervention was open for adjustments and adaptations.

Uncovering the complexity in medical interactions would give due attention to the lived experience and active responses of nonstate actors and agencies in the construction of healthcare plurality. In an effort to make the history of colonial medicine more of a two-way exchange, however asymmetrical, between French medicine and Vietnamese society, this book integrates factors such as the cultural and religious particularities of childbirth, the dynamics of race, class, and gender in colonial society, and the larger context of global changes in medicine.

In this more dynamic and transnational history of childbirth and health care, local actors such as subaltern midwives, women, and village authorities played a no less important role than those from the upper echelon of the colonial hierarchy in dictating the outcomes of medical services. By situating childbirth within a local context as well as the broader shifts in metropolitan and global politics, this book offers a multifaceted social history of medicine that could go beyond the simple exchanges or conflicts between two systems of knowledge—one Western and the other Vietnamese.

This book also calls into question the connection between biomedical birth and modernity. It was undeniable that from the late nineteenth century, biomedical technologies had altered the process of birth and the field of mothering on virtually every level. Traditional midwifery, a craft often carried out by private, unregulated, old-style midwives, was transformed into a modern profession through formal training and the adoption of a highly medicalized and state-sponsored birth model. Childbirth, an intimate and natural experience for women, began to be treated as a medical condition that required intensive clinical care. Similarly, motherhood, traditionally guided by natural instincts, maternal love, and folk wisdom, was now subject to training and consultations with medical experts. Parents were advised to follow the guidance of healthcare professionals in order to raise their children properly. What had been a private matter, focusing on the family, traditions, and lineage, became a subject of public scrutiny, even a national priority that involved a wide range of new actors such as government officers, health legislators, physicians, nurses, and midwives.

In the early twentieth century, Vietnam was undoubtedly drawn into the new global awareness on the fate of the child. Proponents of French medicine often used the new birthing model to validate what they saw as the contrast between scientific progress and indigenous traditions. Vietnamese nationalists and intellectuals also perceived hygiene and medicine as remedies for the country's high infant mortality rates and looming racial degeneration. As a result, many argued that the arrival of Western medical ideas and practices led to a transformation in Vietnamese perceptions of tradition, modernity, and the future of the country.[12] Convinced by Western scientific superiority, local intellectuals and activists, including medical professionals, took the leading roles in raising public awareness about the danger of "old," "backward," or "superstitious" customs and the need to break away from the past. At the same time, they promoted science and technology as essential weapons in the struggle against national subjugation and as the keys to national prosperity and independence.[13]

The perception of Western medicine as a catalyst for changes, however, downplays the diversity and continuity in childbirth and mothering experiences. My research argues that the introduction of a biomedical birth sometimes had

unexpected consequences that fostered rather than undermined traditional values. For example, despite its critiques against local birthing traditions, the French rules of infant care converged with indigenous teachings on the promotion of breastfeeding, the equation of maternity with true womanhood, and the importance of family in protecting the physical and intellectual well-being of children. The role of Western-trained medical personnel as agents of modernity was also questionable, as these medical practitioners seldom gained the trust of local communities and therefore lacked the necessary instruments to win over their clients' hearts and minds. Being subjected to the state's control and undermined by their own limits, these medical professionals rarely possessed the kind of power and freedom that could enable them to effectively act as the agents of social and political changes.

Furthermore, not every change in childbirth services attested to the prevailing images of Western medicine as the symbol of modernity and progress, as there was always a disparity between discourse and reality. In fact, medical modernity was an uneven process, as clinical birth was a reality for only a minority of the population. Whereas European and the wealthy elites chose biomedical birth becaue of its modernist appeal and promises of safety and privacy, hospitals were rarely able to offer the same kind of experience for working-class clients. As patients of the last category, these women often found themselves coping with the perennial issues of overcrowding, medication shortage, hygienic deterioration, and the unpleasant politics of race and class segregation, all of which turned their hospital birth into an experience far from its projected images of comfort and modernity. The diversity and inequality in childbirth services helps reveal why the modernity paradigm often associated with biomedical birth could only point to changes but not stasis in the practices of childbirth and maternity.

Between Old and New: Vietnamese Midwives and Childbirth Mission

The introduction of hospital birth led to enormous changes in midwifery in Vietnam. Under the new policy, traditional midwifery, a craft learned through experience and apprentice, was transformed into a medical profession that required formal training and was subject to the state's regulations and licensing. Old-style midwives known in Vietnamese as the *bà mụ*, who had carried the art through generations, were vilified and dismissed by the system. French-style schools of midwifery were open to Vietnamese schoolgirls for a formal degree in midwifery. Upon graduation, these trained midwives would be in charge of normal births at state hospitals and clinics.

Armed with the weapons of modern medicine and their elite status as the state's medical personnel, French-educated Vietnamese midwives were expected

to replace the old-style *bà mụ* in providing hospital birth to local women. Little did the administration and the midwives themselves foresee the strong local resistance against the new birthing methods and the persistence of the *bà mụ* and their practices. As an insider midwife, the *bà mụ* had a strong command of local traditions and cultural mentality that allowed them to get access to and gain the trust of their clients, advantages that the state's trained midwives could not compete with. Unable to supplant the *bà mụ*, the modern midwives retreated to urban hospitals and clinics, leaving a vacuum for maternal health care in many rural areas of Vietnam. The failure of maternal health care in gaining a foothold in rural communities, however, paved the way for the subsequent rise of the semiprofessional *bà mụ*, a group of medical practitioners created to fill the void left by French-educated midwives. With many of them having worked as old-style midwives, these *bà mụ* were recruited by the colonial administration for a short training program on modern obstetrics and then assigned the task of normal childbirth delivery in their rural communities. These newly trained *bà mụ* offered a mixed form of maternity services that adhered to French basic rules of hygiene but still allowed the existence of certain Vietnamese rituals. Toward the late 1930s, they accounted for the majority of registered births in many rural regions of Vietnam.

Without the emergence of semiprofessional *bà mụ*, the process of childbirth medicalization in Vietnam would have failed miserably, since French-trained medical personnel encountered enormous local hostility and were therefore unable to implant the new birthing model. The relocation of Vietnamese childbirth into a clinical setting could be seen as a difficult process of negotiation during which the colonial government had no choice but to compromise by admitting traditional midwives or the *bà mụ* into the system. The recruitment of local midwives who had previously been condemned owing to their allegedly "unhealthy" practices demonstrated the important role of local actors in influencing the direction of colonial health care. Continuity in the Vietnamese childbirth experience was manifest through the actions of the *bà mụ* who derived their professional standing and historical significance not so much from modern medicine as from a deep attachment to the local traditions and the communities that they were serving.

What Came Out at the End: The Localization and Ruralization of Childbirth

The stories of midwifery in Vietnam reveal problems with the top-down approach of the French colonial government that negatively affected its

medical endeavors in rural Vietnam. The roots of local hostility, however, came down to limits in the model of biomedical birth that tended to rely heavily on technical advantages while inadequately addressing the cultural and psychological concerns of their clients. In the eyes of the rural population, Western-trained doctors and midwives focused predominantly on the physical and medical aspects of childbirth while leaving out other nonmedical components essential to local people. From the Vietnamese perspective, childbirth was a complex process imbued with spiritual meanings, religious sacredness, and emotional anxieties that French obstetrical science, despite its biomedical advances, was unable to address. The outcome of this incompatibility was the state's compromise to let local villages be in charge of normal births in their own milieu. As a result, from the late 1920s, a more ruralized form of childbirth quickly developed as an alternative to the state-sponsored and medicalized birthing model that fared better in the more urban landscape of Vietnam. The ruralization of childbirth benefited both the colonial state and the local population. The acceptance of the traditional *bà mụ* and the villages' autonomy in maternal and infant health helped the government smooth out the many issues of cultural incompatibility and intolerance. For local women and their families, being able to deliver in a nearby birthing house under the care of the local trained *bà mụ* created a great sense of comfort and familiarity that no other method of healing could offer. From an economic and social standpoint, the restructuring of childbirth services from a top-down hierarchy into a bottom-up pattern also increased the flexibility, accessibility, and affordability of the rural birthing experience.

Changes and adaptations in maternal health care demonstrate the vulnerability of French imperial power and the significant role of Vietnamese practices and actors in shaping the kinds of medical services that were available to them. Faced with financial difficulty and strong local resistance, the French authorities had to adjust their policies by incorporating certain local childbirth traditions and practitioners into the system. Despite their inferior status, the Vietnamese population had their voices heard by resisting the imposition of biomedical birth from above. Their rejection of French-trained midwives and hospital birth forced the colonial administration to accept a more flexible birthing model that corresponded more to the local mentality and preferences. In places without access to colonial health care, untrained old-style *bà mụ* still operated freely, as if the arrival of French medicine had never taken place. The coexistence of a plural system of maternity services manifested fluidity and flexibility in medical processes where no single force, either from the metropole, the colonial government, or indigenous sector, could single-handedly dictate the nature and outcome of the birthing experience.

Sources

Writing the history of childbirth in colonial Vietnam, or anywhere else, is inhibited by the lack of firsthand accounts, since childbirth is a natural occurrence that hardly warrants written expositions from those who experienced or witnessed it. As many women and old-style *bà mụ* were illiterate and hence possessed little means to record their daily circumstances, few personal accounts of childbirth exist. My reconstruction of childbirth history therefore relies primarily on French colonial archives and Vietnamese printed materials. Despite their incomplete and somewhat biased nature, these materials could fill the void by offering detailed descriptions of colonial health care and the views of many French and Vietnamese participants such as administrators, physicians, midwives, local authorities, Vietnamese intellectuals, and other actors.

The French colonial archives in Vietnam, Cambodia, and France preserve an enormous amount of legislation, administrative decrees, and medical reports on infant mortality, demography, maternity hospitals, medical budgets, and other issues concerning the functioning of colonial health care. The problem with these statistical and administrative files is that they contain certain margins of error and do not always reflect the reality of childbirth in Vietnam. For example, although the law mandated each village be provided with a state midwife or a trained *bà mụ*, in reality this was not the case owing to the dearth of medical personnel, budget shortages, and other constraints. Despite these shortcomings, archival sources provide excellent data to construct quantitative analysis on child mortality and diseases, maternity services, and midwifery personnel across the three main states of Vietnam. Besides information on the outcome of medical work, official correspondence also reveals changes regarding colonial strategies and discourses, trends in health care, and the results of medical work in different indigenous settings.

Beside materials on the operation of the healthcare system, the French colonial archives in Aix-en-Provence and Southeast Asia also offer important information on Vietnamese medical personnel. Although these medical practitioners rarely recorded childbirth stories, and certainly not about the majority of routine, uncomplicated cases, the nearly one hundred personnel files of colonial midwives mostly held at the Résidence Supérieure de Tonkin (RST) archives in Hanoi and scattered in France and Cambodia offer a rare window into the midwives' professional and personal lives. These primary documents chronicle their mobile career in different medical posts, their problems with French medical superiors and patients, and in many cases contain the midwives' testimonies on their working conditions and private lives. These hitherto unknown files helped me reconstruct not only the intermediating role of Vietnamese medical

personnel but also the responses of local women and communities toward French biomedical birth.

Besides primary sources, this book also draws on the huge collection of French and Vietnamese journals at the Bibliothèque Nationale de France in Paris and Hanoi National Library. Medical journals of the colonial period such as *Annales d'hygiène et de médicine coloniales (AHMC)* and *Bulletin de la Société Medico-Chirugicale de l'Indochine (BSMI)* publish many research papers written by French doctors on infant mortality and morbidity in Vietnam. Many of these medical writings contain firsthand accounts from physicians or their patients on the conditions of childbirth and other issues. My work also makes extensive use of Vietnamese-language materials of the colonial period such as daily newspapers, women's magazines, infant care pamphlets and manuals, and commercial advertisements. These sources, which include a rare short memoir of a Vietnamese student-midwife, provide valuable insight into the different ways the Vietnamese interpreted and appropriated French ideas of childbirth and motherhood. Despite strict censorship from the colonial government, several Vietnamese newspapers created public forums for readers to express their views on issues of national urgency, including infant mortality, racial degeneration, social hygiene, parenting skills, and how they could affect the future of Vietnam. These forums enabled readers from different backgrounds to compare and contrast Vietnamese and metropolitan discourses on health care, childbirth, and maternity. Vietnamese print press materials also bring to light the emergence of reproductive and infant care commodities, the rise of urban consumerism, and the role of global infant food companies such as Nestlé and Merlin's. These topics have been exhaustively covered by infant care scholarship in the West, but are still inadequately addressed in a colonial context like Vietnam. By focusing on a wide range of actors and combing a variety of sources, this study reinforces the fact that the development of a healthcare system in Vietnam was shaped both by the country's extensive connections to the rest of the world and by local, even personal, stories and knowledge.

Structure of the Book

This book starts with a reconstruction of how childbirth was conceived and conducted in late-nineteenth-century Vietnam. Drawing heavily from the writings and memoirs of French physicians, anthropologists, and observers, chapter 1 provides a detailed account of Vietnamese childbirth practices including pregnancy diet and restrictions, the labor process, the "mother roasting" custom,[14] postnatal confinement and recovery, breastfeeding, and the religious and

cultural nature of childbirth in Vietnam. Also, as the chapter uses French sources as the basis of its investigation, it highlights the French perception and conceptualization of Vietnamese reproductive health, female fertility, midwifery practices, and their overall assessments of childbirth practices in Vietnam. These early colonial observations are not simply anthropological or entertaining accounts of Vietnamese culture to benefit French audiences. These accounts also served as medical and cultural justifications for the subsequent intervention of the colonial state in Vietnamese childbirth and childrearing. For example, the French critiques against old-style *bà mụ*, especially their handling of the umbilical cord and difficult labor, led to the marginalization of their practices and, at the same time, the promotion of hospital birth as "clean" and "safe." Similarly, French doctors' preoccupation with what they described as the "feeble" Vietnamese race, "arbitrary" infant feeding practice, and the lack of hygiene in the local milieu helped legitimize the later circulation of French knowledge of *puériculture* or infant care.

Chapters 2, 3 and 4 explore the role of the most important agency and actors in the implementation of medical birth in Vietnam: maternity hospitals, French-trained midwives, and traditional midwives—the *bà mụ*. Combing chronological and thematic approaches, these chapters follow major phases in French-led childbirth medicalization in Vietnam: the formation of the first maternity hospital in the city of Chợ Lớn in 1901 and the relocation of Vietnamese homebirth to a clinical setting (chapter 2), the recruitment and decline of a new generation of French-educated midwives in the 1910s and 1920s (chapter 3), and the rise of local trained *bà mụ* and childbirth pluralism in the 1930s and 1940s (chapter 4).

Besides their statistical evaluation of mortality and hospital birth, these three chapters provide a more close-up account of the multiple layers of medical interactions. For example, chapter 2 examines maternity hospitals not only on their data figures for mortality and childbirth but also on more private, hidden aspects such as their internal structures, patient regulations, architecture and design, and policy on racial and class segregation. All of these details point to the dual but conflicting images of these institutions: their embodiment of modernity through the use of biomedical technology, hygienic surveillance, and promotion of a French culture of medical hierarchy, universalism, and secularism, versus the hidden ideology of racial and cultural inequalities.

Similarly, chapter 3 on state midwives offers a rare insight into midwifery education, French medical culture, and the discrete life of these trained midwives behind the doors of colonial maternity clinics, which were rife with racial and gendered prejudices and dilemma. Following the transregional journey of many Vietnamese midwives to remote maternity wards and even to Cambodia, the chapter reconstructs the private and professional lives of these medical

professionals, highlighting their struggle to reconcile the tension between their modernizing mission and their Vietnamese female identity. The chapter also evaluates the strengths and setbacks of their mission and concludes that whereas colonial midwives succeeded in popularizing Western technocratic childbirth in the urban areas, they failed to gain a foothold in the countryside and remote highlands of Vietnam.

Chapter 4 treats the final phase in the evolution of maternity services in colonial Vietnam shown through the ruralization of biomedical birth and the emergence of childbirth pluralism in the 1930s and 1940s. Faced with the failure of colonial midwives in rural Vietnam, the French administration compromised by educating a number of *bà mụ* on the most elementary rules of technocratic birth with the intention of using them as medical agents in their rural communities. This chapter details the *bà mụ*'s training program, their social and cultural advantages and limits, and the challenges for them to consolidate their presence in rural Vietnam. The integration of trained *bà mụ* into the colonial healthcare system gave rise to a more mobile, flexible, and affordable form of childbirth service in rural Vietnam. The popularity of this localized childbirth model, the persistence of old-style *bà mụ* in certain regions, and the retreat of state-sponsored biomedical birth into urban hospitals testified to the plurality and fluidity in Vietnamese childbirth experiences.

Departing from the narratives on childbirth, medical agents, and the healthcare system, the last two chapters of this book focus on those who were most affected by changes in maternity and childbirth: Vietnamese mothers (chapter 5) and children (chapter 6). As infant mortality caused by tetanus and other diseases subsided, medical and social workers of the 1930s switched their attention from the regulation of midwifery to the role of the mother and the survival and thriving of older children. Situating the rise of scientific motherhood and childcare in Vietnam within a broader pronatalist and social-hygiene movement in France and against the backdrop of the devastating Depression era, the two chapters provide a detailed description of the French rules of *puériculture* and institutional childcare and what they meant for Vietnamese women and children. Drawing heavily from multiple Vietnamese sources including infant care manuals, pamphlets, women's magazines, daily newspapers, and print advertisements, these two chapters detail the intensified interest in Vietnamese motherhood and childrearing practices from different parties including the government, private and religious associations, global infant-food companies like Nestlé, medical professionals, and Vietnamese intellectuals. Similarly to developments in obstetrics, the French rules of motherhood and childcare neither displaced nor transformed local practices. These regulating efforts, whether they sought to change or

perpetuate existing customs, in the end provided Vietnamese families with more options on infant care and childcare.

In many aspects, the availability of institutional childcare and the stricter surveillance over infant feeding practices were beneficial to Vietnamese children, especially those from working-class families who were hit the hardest during the Great Depression. The wider circulation of hygienic knowledge in childrearing and the creation of the crèches and other day-care nurseries helped protect abandoned, neglected, and poor children and at the same time provided much-needed social relief to their families. On the other hand, like the French model of biomedical birth, problems such as financial constraints and cultural incompatibility rendered many visions irrelevant or unacceptable in the context of Vietnam. For example, despite the scientific reasoning behind scheduled infant feeding and pediatric consultations, few Vietnamese women followed these rules. As chapter 5 argues, despite strong rhetoric and endorsement from the state, local media, and private companies, scientific motherhood and all of its intricate requirements turned it into a luxury that few Vietnamese women were able to afford. Chapter 6 tells a similar story about the closing of day-care centers in rural Tonkin in the 1930s due to the lack of demand from local families. Both private associations and the government invested heavily in these childcare institutions, hoping that they would provide a safer, cleaner, and more educational environment for working-class children. Unfortunately, day-care schools in Tonkin that were modeled after those in industrial northern France simply did not work out in rural communities where the availability of relative care and the lack of a migrant working population lessened the need for these institutions.

Chapter One

The First Encounters

> When a woman's due date came, she was put in a small dark room lit by a single lamp. Under her simple bamboo bed was a clay stove of charcoal fire that would keep the bed heated during the delivery and for one month after. The Annamese (Vietnamese) believed that the high temperature would speed the discharge of the afterbirth and the "bad blood" from a woman's body. This *bắc nằm lửa* (lying-near-the-fire) practice was applied to every social class, from the peasants, coolies, and merchants to the Chinese and the royal family. The *bà mụ* (Vietnamese traditional midwife) handled the birth delivery while a sorcerer performed a spiritual ceremony to ward off evil spirits from harming the mother and her child. When the child was born, *bà mụ* tied the cord with a piece of ordinary sewing thread and then cut it with a bamboo or porcelain blade.[1]

This description was part of a survey conducted in 1907 by the French doctor A. Duvigneau on childbirth practices in Huế, a city in central Vietnam. In his *mission civilisatrice* in Indochina, Dr. Duvigneau, as well as many other French physicians and anthropologists,[2] was captivated by Vietnamese childbirth traditions and their associated medical and cultural features, many of which were unknown to the Western medical community. Vietnamese birthing customs soon became an object of scrutiny and research as French physicians and anthropologists conducted official surveys on the pathology and ethnology of Vietnamese people. As military conflict wound down in the late 1880s, research on the local milieu and people was deemed crucial to the ensuing pacification campaigns. French interest in indigenous practices of birthing and childrearing also stemmed from an increased curiosity in the metropole about the peoples of the Far East, whose exotic culture and lifestyle seemed to amaze French audiences.[3] The fascination with Vietnamese traditions, however, turned into a grave concern about the high infant mortality rates, which, in places such as Saigon, rose to 27.2 percent (1905) of newborns and 42.6 percent (1904) of infants

under one year old.[4] Umbilical tetanus, a deadly disease caused by the infection of the cord stump, was responsible for more than 40 percent of fatal cases.

This chapter draws on French writings and observations of Vietnamese childbirth practices to reconstruct the process of pregnancy, childbirth, and postpartum recovery in late-nineteenth-century Vietnam. It starts with an overview of the French medical mission in Vietnam and then traces the early encounters between French scientists and Vietnamese people that culminated in some of the first ethnological and biological studies of Vietnamese race, reproductive health, and birthing practices. The extremely high infant death rate among the local population caused a lot of concern among French administrators and medical personnel, as it could portend a larger demographic crisis. Since umbilical tetanus accounted for more than 40 percent of infant death cases, French doctors condemned Vietnamese old-style midwives known as *bà mụ*, who, according to French research, often cut the umbilical cord with nonsterilized instruments such as bamboo or a porcelain shard, thus causing severe contamination of the cord slump. The *bà mụ*'s handling of difficult births also drew scathing remarks from French doctors who perceived these traditional birth attendants as incompetent and inadequate in dealing with the challenges of obstructed births.

In the French account, Vietnamese childbirth was a process filled with an intense and even paranoid fear about the evil forces that could harm both the mother and her child. The Vietnamese views of childbirth as a ritually polluting occurrence added another level of anxiety, since any mishap in this process could potentially wreak havoc on the family and community. As a result, the mother was showered with countless advice and recommendations on how to conduct herself properly. Her diet and behavior were subjected to strict regulations, many of which were based on local folk traditions and therefore made little sense to French observers. French observers identified the Vietnamese practice of physical confinement and the use of charcoal heat in postpartum care as "unnecessary" and "dangerous" traditions owing to the potential health hazard for both the mother and her child.

Drawing from firsthand observations and bio-anthropological research, French childbirth literature wasted no time in labeling these traditions as local superstition and ignorance. Vietnamese mothers were portrayed as helpless victims of traditions that, instead of protecting them from harm, inflicted immeasurable physical pain and misery.[5] This chapter argues that the French portrayal of the suffering of Vietnamese women helped legitimize their subsequent medical campaigns to protect these "vulnerable" members of the society from the deeply seated local birthing traditions. The French condemnation of Vietnamese "superstitious" beliefs also aimed to justify their marginalization of