

# **“A Child is Born to Live”**

## **Religion and Child Death in Guinea-Bissau**

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### **Introduction**

The assumption that mother love is automatically eroded in societies with high expectancy of child death is commonly found within Western academic circles and popular wisdom. This assumption, for which I refer to as the neglect thesis, holds that impoverished mothers who experience high child mortality will neglect their children and fail to mourn their death (Einarsdóttir 2004:4-7). The neglect thesis is assumed to apply above all to children who are disabled or unwanted.

The ultimate outcome of poverty, child death, is the theme of the book *Death without Weeping* by Nancy Scheper-Hughes (1992). The book is based on fieldwork among impoverished mothers in Northeast Brazil who, according to Scheper-Hughes, are relieved when their children die. Mothers find it comforting to think about their dead children as angels in heaven, instead of suffering the hard life of the shantytown. Scheper-Hughes argues that mothers neglect some of their weakest children to death, thus allocating scarce resources for the survival of stronger ones. The shantytown mothers conceive of their infants as not fully human, and without individual personalities. Thus, through delayed attachment mothers hold back grief whenever a child's death takes place during the first year of life. This process of delayed maternal attachment applies only to the poor women; for the better-off middle-class women in the area “child death is as shocking and aberrant as for affluent women anywhere else in the world” (p. 328). Scheper-Hughes maintains “that the local culture is organized to defend women against the psychological ravaging of grief”

(1992:430). Still, the indifference to children's survival at all levels in the Brazilian society contributes further to "normalization" of child death, as is the case in many poor countries of the Third World. According to Scheper-Hughes, there, "child death may be viewed less as a tragedy than as a predictable and relatively minor misfortune, one to be accepted with equanimity and resignation as an unalterable fact of human existence" (1992: 275).

In this paper I focus on the interplay of child death and religious practices among the Papel in the Republic of Guinea-Bissau, West Africa. Guinea-Bissau is one of the poorest countries in the world, ranking 172 of 177 countries in the UNDP Human Development Index, which reflects extremely high child mortality, low level of literacy and meagre income (UNDP 2005). Malnutrition among Guinean children is prevalent, or 20-40 percent of children under five years of age, and malaria, acute respiratory infections, and diarrhoea are important causes of child mortality (Gunnlaugsson, Silva, & Smedman 1993). The objective is to examine how religion influences maternal reactions to child death. I begin this paper by presentation of fieldwork and the main characteristics of the fieldwork setting. I outline local understandings of diseases and their cure, as well as interpretations of death and the afterlife. Thereafter I discuss deviant and disabled children, who may become suspected to be non-humans born without a human soul. Finally, I discuss my findings and draw some conclusions.

## **Methods and setting**

This article is based on an anthropological fieldwork conducted in Biombo region, where I lived from 1993 to 1998 together with my family, husband and three sons. The methodological approach was on one hand characterized by a systematical collection of data, for instance through surveys and planned interviews, and on the other hand by data generated through informal encounters and engagement in daily life (Einarsdóttir forthcoming, Einarsdóttir 2004:18-25).<sup>1</sup>

The Biombo region, the site for fieldwork, has about 65,000 inhabitants, of whom three quarters are Papel, thus Biombo is frequently referred to as the Papelland (Einarsdóttir 2004:8-18). The Papel make up about seven percent of Guinea-Bissau's multi-ethnic population of approximately

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1,4 million inhabitants. Kriol is widely spoken among the Papel, a minority of whom do not speak the vernacular language. The Papel divide themselves in seven matrilineal lineages. Children belong to the lineage of their mother. Residence is ideally patrilocal as women move to their husband's homestead at marriage. Polygyny is frequent. Inheritance is matrilineal, which means that the eldest sister's son of the deceased is the inheritor of his land, goods, and compound. The heir also inherits the wives and acquires certain rights and responsibilities in relation to the children of the deceased.

Most of the Papel who reside in Biombo region practise religion according to what they call “the original law” while a minority is Christian (Protestants or Catholics). Nonetheless, whatever religion, the Kriol word *mufunesa*, which literally means misfortune, is central. It carries with it a notion of a mishap or a tragedy that is caused by an intentional agent, either a human being, dead or alive, or a supernatural force. In case of problems such as marital conflicts, bad harvest, theft, infertility, disease or deaths, an individual or a group of supplicants will visit a religious specialist to identify the agent and eliminate it. Papel women are highly involved in religious life, both as ritual specialists and users of religious services. Their involvement in religious activities is centralised around questions related to fertility and the health and survival of children. In Biombo region, one third of all children born alive are likely to die before they reach the age of five years (Aaby et al. 1997). Thus most mothers have experienced the loss of one child or more.

## **Children's Diseases**

Papel mothers and fathers consider diseases to be a huge problem for children. Nonetheless, diseases are thought to be curable if they are diagnosed correctly and adequately treated quickly enough. Various alternatives for treatment are at hand depending on the seriousness attributed to the respective disease. A distinction is made between two main categories of health-care: that of *uso* (which means custom or tradition) and “the white man's medicine.”

### **The Local Medicine**

Symptoms of an infant's disease are normally first noticed by the mother, or another caregiver. The first action likely to be taken is that the head of

the household, the child's parents or grandmother or other elderly women will offer to the spirit of the compound a little distillate from cashew wine or sugarcane brew and boiled rice. Some local herbal medicines may be used. Knowledge about herbal medicines appears to be widespread and access to them is often free of charge as someone within the family or a helpful neighbour may know how to use them. In case recovery is delayed, or the infant's health becomes more precarious, the next step may be a visit to a religious specialist, either so-called *balobeiru* or *djambakus*, for a diagnosis through divination.

When a disease is suspected to be life-threatening and resources permit, several diviners may be visited. At times, healers and diviners who belong to other ethnic groups than the Papel may be consulted as they are considered to be more objective as they do not know the family involved. If more than one diviner is visited the total outcome is evaluated, but sometimes the results turn out to be contradictory. After the diagnosis is established a healer, known to be specialised in resolving the problem at hand, is sought.

Health problems with origins within the Papel tradition are most likely considered to be caused by sorcery or ritual failure. Witchcraft is one of the most important reasons given for a child's death. It is considered to be a serious and expanding problem. Because of envy, hatred, vindictiveness, or simply bad intentions some people decide to use sorcery to hurt a rivalry or someone they may dislike, whose child is often the chosen victim. The characteristic symptoms of a bewitched child are difficulty in breathing and fever, symptoms similar to a respiratory infection or severe malaria. Such a child is considered to be at a high risk of death. White man's medicine may cure the symptoms but for a lasting effect the child must be cured by *djambakus*. Foreign, dangerous objects have been incorporated into the body of a bewitched child. These objects, such as hair, bones, bloody flesh and stones, will be drawn out from the child's body. An amulet is then furnished for preventive purposes.

A person wanting to bewitch a child of an enemy, or a child belonging to her or his lineage, may perform the act her- or himself, or seek help from whatever knowledgeable person who is willing to use her or his ritual knowledge for "bad work." Such work is performed at night. Women as well as men are involved in sorcery, but there is some disagreement about whether men or women are more inclined to use sorcery. Not uncommonly people argue that nowadays, with the increase in people's greediness and enviousness, people use sorcery to kill even those who do not belong to

their own lineage. Due to envy co-wives are likely to be accused of killing each others' children with sorcery. However, it is risky to bewitch and kill the children of one's co-wife. God will later punish for such work, thus God may force her to kill the children of her daughter after she dies. In case a woman who has killed her co-wife's children has no daughters she will be obliged to take children from the same womb, for instance, her sister's children and take them to the other world.

Any persistent disease may finally become interpreted to be a warning about failure to fulfil ritual responsibilities. The mother herself, or somebody belonging to her matrilineage is normally to blame. Life is not always easy and delay in ritual fulfilment may be a result of difficult practical circumstances, the necessary resources may be missing or time is short. Sometimes the wrongdoing is simply caused by forgetfulness or lack of responsibility. Children often become sick as a warning for such ritual failure, and they recuperate only if respective ritual failure is identified and fulfilled.

At times it is difficult to identify whom to blame for the apparently neglectful ritual performance. It is not necessarily the mother who is at fault; it could be her brother or some maternal relative. In such cases, mothers sometimes find themselves and their children to be innocent victims in events beyond their own sphere of influence. However, mothers who can blame themselves are those who refuse to give a daughter to become *katandeira*, that is to serve a ritual site in return for service given to prevent child death within their lineage. Such a failure may result in an abrupt death of a child, apparently without any prior disease, and is explained as a punishment for an extremely serious ritual oversight. Children who were said to have suddenly died without a prior disease were often 6-14 years old and described as well-nourished and healthy looking.

Children who die during the first days after birth are also sometimes said to die without symptoms of disease. Death of a newborn is often attributed to sorcery or ritual failure, but certain newborns return quickly to the other world, by their own desire, or because somebody in the other world has sent them over to bring things back from this world. A mother who loses one infant after another directly after birth, without any symptom of disease, may become suspicious that she is a victim of an infant who "comes and goes." While infants in general are described as innocent, not yet capable of doing much harm, such an infant is described as deceitful. Preventive action can be taken to prevent the infant from keeping on with such a bad behaviour. The mother can mark the ear, or cut a part from



the ear, of her live newborn as the infant is more likely to stay with her rather than risk embarrassment for such an ugly ear when returning back. A suspected "comes and goes" infant can also be buried naked, with the aim of not satisfying its intention to return with some valuable things to the other world. Only elderly women are allowed to be present at such a funeral to prevent the child from entering some woman in fertile age. The body is sometimes even burnt to extinguish that child forever.

### **The White Man's Medicine**

The so-called "white man's medicines" are considered to be effective for cure of certain diseases and some symptoms. Drugs, such as chloroquine (for malaria), antibiotics and aspirin, are considered to be particularly potent. These medicines are available at the public sector health centres and the mission hospitals in Biombo, as well as the hospitals and pharmacies in Bissau. They can even be bought without a prescription at market places.

While attending the local medicine mothers may simultaneously decide, or be urged to by their husbands or somebody else, to take sick children to the mission hospital or a state-run health centre. A woman will not take a sick child of a co-wife or another woman to a health centre without being authorised to do so; she will not risk to be made responsible in case the child dies. Papel women are fairly free to travel, alone or in the company of others, and so as not to expose themselves to sorcery they often prefer to travel without informing their husband or other women in the compound. However, a mother of a sick child is reluctant to go without the company of an elderly woman to a health centre, or a hospital to carry the child home on her back in case the child dies. A woman in fertile age who carries a dead child will risk losing all her children, unless she and her husband perform a costly ceremony.

The mission hospital most often has the white man's medicines in stock. Mothers must learn to master the nuns as the nuns require discipline. They have to come to the hospital according to certain schedule for vaccinations, antenatal consultations and curative care. A child is supposed to be nicely washed and to wear clean clothes when taken to the mission hospital. In case the nun finds any sign of treatment within the Papel tradition, such as a small scar over the spleen (a common treatment for big spleen) or olive oil in the hair (to get rid of scurf), may be a cause for penalty. Scolding is the most common punishment for wrongdoing and fines are common. Beating by the nun, in the face or shoulders, or having one's ear screwed happens. The nun may accuse the mother of deliberate bad treat-

ment of her child and even argue that her intention is to kill it. If the child is seriously ill the nun may refuse to treat it. Likewise, mothers feel humiliated when the nuns explain their children's malnutrition with neglectful care, ignorance, or withholding or lack of food, rather than a consequence of disease.

A mother who has a dirty vaccination card, or still worse if she has lost it, may decide to visit the nearest health centre instead of the nuns to get a new one. Fines are also practiced at the health centres, however the mothers can often negotiate with the nurses about payments. Some mothers like to bargain, but it results easily in mistrust. Some mothers get service for free while others pay, and the prices vary. At the mission hospital there is no negotiation, most prices are fixed and official. Mothers' judgements about the health centres vary widely, as does the popularity of individual nurses. However, the main problem with the health centres is the chronic shortage of drugs. In addition, the mothers often consider the nuns, who are white, to know better how to cure with the white man's medicines than do the Guinean nurses at the health centres.

The Catholic nuns' success to cure children is unequivocally explained with their access to "strong" drugs, not their religious practices. However, religious power or "spirit" is invoked in reference to Protestantism. When life becomes difficult with diseases and deaths threatening the family, some mothers consider to try the Protestant spirit in the hope that their children might have a greater chance of survival. They may find it tempting to try, but the pros and cons have to be evaluated thoroughly before any decision is taken. Those people who convert to Protestantism have to dissociate themselves quite extensively from the Papel customs. They are not supposed to participate in any kind of ceremony that does not belong to the Protestant religious practices, for instance not to participate in the funeral rites. Additionally, they are not allowed to drink alcohol. In return, mothers are told they are immune to sorcery and ritual punishments. It is also easier to join the Protestants than the Catholics, and one's economic, and educational background is less of an obstacle.

## **Death and Afterlife**

The Papel believe in reincarnation, which means that human souls circulate through deaths and births between this world and the other world. The one and only God of the Papel decides who is to enter the other world. Those

who die old, when God calls on them, are welcome to settle in the world of the dead. Those who die untimely deaths are not welcome because God has not asked for them to come. They are victims of *mufunesa* (misfortune). A child does not die because God has called on it, as "a child is born to live." In principle a child never dies only from a disease. When a child with a particular disease dies, despite proper treatment, the death is normally explained by *djakassidu*, a mixture of the respective disease and sorcery or some ritual neglect. However, a few of those who live in the urban or semi-urban areas, often Christians who have attended school, may say that a child can die because of a simple disease.

Though not called on by God, children who die will enter the other world without problems, as they have not done anything wrong. If a child already has its grandmother over there its life will not be so bad, and most children have some close relative in the other world to take care of them. With time they will return to this world, either to the womb of their last mother or to the womb of some other woman. Children are not easily recognised when they return, and mothers are said to cut a piece from their dead child's ear in hope to recognise it again when it becomes reborn.

A person's funeral reflects the nature of her or his death. Those who have never been engaged in sorcery and die old when God calls on them will find peace in the other world. The funerals of such people should be characterised by joy, which is nonetheless called "weeping." Particular ceremony will be performed to identify the cause of death, as well as a ceremony named "beating-the-drum-ceremony" which facilitates the entrance of the soul of the deceased in the other world. Animals are slaughtered and alcoholic beverages served. Funeral attendants should laugh, drink, eat and dance to celebrate. When a rich, respected and old person dies there may be a party for several days, and the body will not be buried until 3-7 days after death. Older people, or people with their own house, may be buried inside their house or more likely in front of the doorstep.

Untimely and sudden deaths are bad deaths that occur against the will of God. Such are the deaths of children. The burial must be carried out quickly; there is no beating-the-drum-ceremony, and no animals are slaughtered. Despite this, children's funerals are highly emotional events. In particular the mother and other related female relatives cry extensively, but even fathers. Children should be buried the same day they die in the morning if they die in the evening or during the night otherwise they are buried in the afternoon. Neighbours, both men and women attend but women tend to be more numerous. The child's body is washed by an adult



woman and then wrapped in sheets. A mother never washes her dead child's corpse nor is she involved in the wrapping of sheets. The same applies to women closely related to the child. If the mother or the father of the dead child has lost other children, the identification ceremony for the cause of death, will be performed. A suspicion about sorcery as the cause of death will also make identification of death particularly relevant. Children are buried outside the house, normally in the courtyard since "children do not yet have a house of their own."

In the days that follow neighbours and family members who were unable to attend the funeral will come to express their bereavement. Within the Papel culture, mothers whose children die, and in particular those mothers who have lost all their children have an indisputable reason to grieve.

## **Non-Human Children**

As a rule children are born with a human soul, however in particular cases one may begin to suspect that a certain child is born without one. During my five years of fieldwork I saw a few children suspected to be spirit children or non-humans. These children had a wide range of physical anomalies or functional impairments. Some were minor, while others were more serious. An anomalous physical appearance at birth or a later deficient physical capacity is the main features that contribute to a situation where a child's human nature may be called into question. I heard also many stories of spirit children. Generally, without reference to a particular child, people described spirit children as having a spineless body, pale skin, apathetic face, bizarre eyes and foaming mouth. Some people said spirit children could survive almost without food. Others stressed that these children suckled their mothers' breast all the time and little by little they would eat up their mothers.

There is an agreement about what causes some women to give birth to a spirit. A pregnant woman should take care not to wash herself naked close to spring water well (man-made wells are not dangerous). In such cases a spirit with a sexual longing for that woman will penetrate her. Then the spirit enters the child she has in her womb and prevents a human soul from entering the child or expels the human soul if one is already there. That spirit will finally be born and have more or less the appearance of a child. Thus, pregnant women should always wash their laundry wearing

underwear and they should wash their body quickly. Despite mothers' role in attracting a spirit, I never heard a person blame mothers of spirit children for their unlucky births. Rather, people feel pity for the mothers, as a non-human child is believed to harm the lineage members of the mother and thus it must be eliminated. Therefore it is considered urgent to identify the true nature of a suspected child. Fathers and their family do not have a say in that aspect. Some people emphasize that within the maternal lineage this is an issue for women to resolve, while others say both men and women are involved.

Considering the wide range of serious and simple physical problems and anomalies described, the category spirit child is ambiguous. An infant is apparently not classified as a spirit only with reference to its physical presentation, so more conclusive criteria are needed. There are two main procedures to identify the true nature of a suspected child. Firstly, a suspected child may be "taken to the sea" to check its identity, an act that was already prohibited by law during colonial times. Several people have described to me the procedure when children were taken to the sea, and all the descriptions are similar. Elderly members of the child's matrilineage take the child to the beach and leave it there together with a calabash with egg, pounded rice flour, and distilled alcohol. Thereafter they withdraw behind the trees where the child can be observed. If the child is a spirit it will look around to discern whether anybody is observing, then it will drink the egg and disappear with the other items into the sea and thereby return to where it came from or to its true home. If the child feels uneasy on the beach and starts to cry when the sea comes in, it is not a spirit. The child will be comforted and taken home to its mother.

Another procedure is to take the child to a knowledgeable religious specialist who will make an offering to his spirit and ask for help, thereafter the specialist will specify a trial period. If the child dies within the specified period of days it is a spirit, if not it is not a spirit. The mother is not allowed to breastfeed the child during that period and it has to be fed with other food. Only maternal relatives are allowed to be present.

If a non-human child is allowed to live it will harm the lineage members of the mother. The mother is the person with the highest risk of suffering whatever misfortune, even death that may befall her, especially if she does not stop breastfeeding the child. Nevertheless, mothers normally refuse any suggestion that their own child may be a spirit and they will not easily agree to withhold the breast. Some Papel mothers effectively hinder their infants suspected of being spirit from being diagnosed, while others

resist without success. The dictum that a child is either born a spirit or it is not a spirit is a point Papel mothers tend to use when arguing that their own child is not a spirit. When the child is obviously born with a disability, alternative suggestions for its condition may be launched. There are many competing alternative interpretations of the child's anomalous body or impaired abilities. As a result, a suspected spirit child has normally been taken to a wide range of healers, diviners and health personnel before the decision is taken to perform the fearful spirit identification procedure. The hope for a cure is there and it encourages mothers and sometimes others to actively seek a solution.

The identification procedure is not faultless and sometimes the performance itself may be questioned, and then the child's death or survival can be explained differently. A child's death may be attributed to the withholding of food or that the child was thrown into the water. Survival may be explained by the mother's presence and breastfeeding of the child during the trial period. Despite a seemingly successful identification procedure, later, new evidence may give rise to new interpretations. In addition, mothers sometimes fear that anxious maternal relatives may be more concerned with the extinction of an eventual spirit child than a strictly performed verification of the suspected child.

When a spirit child dies no funeral shrouds should be wrapped around the body and no funeral rites should be performed. In addition, no crying is allowed. Mothers are however not expected to follow that prescription. The reason for all these prescriptions is that the spirit who occupied the child's body will become delighted with beautiful shrouds and aggrieved weeping and, consequently, be eager to repeat the whole event. It is important to extinguish the body; thus it is preferable to bury it in an ant heap and burn it. After the child's body has been destroyed the mother will participate in a "washing" ceremony to prevent additional non-human births. And when the child dies its mother grieves, despite prescriptions for the contrary.

## **Discussion**

For Papel mothers classification of diseases, based on aetiology, are crucial to their reaction to children's diseases. Distinctions are then made between symptomatic and explanatory treatment, similar to what Susan Reynold Whyte (1997) describes among the Nyole in Uganda. According to Whyte, "the symptomatic idiom brings the power of substances (in terms of phar-

maceuticals and African medicines) to bear on problems," while "the explanatory idiom identifies a personalistic agent as a cause of affliction" (p. 22), which "means that causes have to be considered and dealt with" (p. 26). The Papel use both of these "idioms," sometimes simultaneously and sometimes one following the other. The category of disease and appropriate care is most likely identified through divination, i.e., as described by Peek, "a trusted means of decision making, a basic source of vital knowledge" (1991:2). When a cause is identified it must be eliminated most likely through a ritual performance.

As children's diseases are most likely to be identified as caused by ritual failure or a malicious agent or a supernatural being they cannot be neglected. The Papel custom does not allow such neglect, and in most cases it furnishes mothers and others engaged in seeking care with alternatives for trial and allows hope in cure. Within the limitations of economical constraints and heavy workload Papel mothers are fairly pragmatic when seeking healthcare for their children. Most, but not all, Papel mothers are willing to suffer insults and maltreatment from health workers and missionaries if that is necessary to achieve the care they consider most likely to help their sick child.

Mothers are central for child survival in Guinea-Bissau. This fact is reflected in findings that motherless children under two years of age have much higher mortality rate than controls (Masmas et al. 2004a). As breastfeeding is universal and prolonged, often well beyond two years, premature weaning is likely to be one of the major causes of the higher death rates found among motherless children. However, Masmas et al. (2004b) also found that children who had lost their mothers did not differ from other children what concerns feeding, school enrolment, quality of housing, and possession of clothing. The main differences were more frequent movement of motherless children between relatives and they tend to live in smaller families, often with a grandmother. This illustrates the importance of extended family relations for child care and children's well-being.

The procedures applied to identify the true nature of suspected non-human children are what the anthropological literature refers to as infanticide. It is too often described as a straightforward routine act performed according to determined criteria without controversy or repentance. While attempting to understand Papel mothers' involvement in the fate of their suspected non-human children, we are dealing with an anomaly and ambiguity at the same time. According to Mary Douglas, "an anomaly is an element which does not fit a given set of series; ambiguity is a character of

statements capable of two interpretations" (1966:37). Douglas suggests, "we find in any culture worthy of the name various provisions for dealing with ambiguous or anomalous events" (p. 39). The Papel have their ways of acting: a spirit should return to its true home or be extinguished. However, the ambiguity of the spirit category makes it difficult to identify and deal with children who are suspected to be spirits. It is this ambiguity that gives mothers their chance to act in the case of individual children, but it does not necessarily allow them to challenge the very idea that spirit children are dangerous non-humans and must be eliminated. Some Christians, in particular Protestants, would argue there were no such children.

In line with Horton (1993), the Papel religion provides a model for explanation, prediction and control, but it is not a coherent, static, mechanical system with faultless solutions to any problem. The Papel recognize that there are alternative ways to explain and act upon misfortune, each way predicting still other potential events to come. When negotiating the fate of suspected spirit children both mothers and their maternal relatives find a base for their point of view within custom. Being able to construct clear and consistent arguments is important for those mothers who want their theory to guide action when it concerns the suspicion that their child is non-human. Another alternative is to convert to another religion, one that allows mothers to believe that their child is free from the burdens of custom and challenge the possibility that their child can be non-human.

## **Conclusion**

Religion is crucial in understanding the conceptions about children and interpretations of diseases and death among the Papel. In principle, all of the children's health problems are conceived of as curable if adequately diagnosed and treated. Papel mothers do not accept their children's death "with equanimity and resignation as an unalterable fact of human existence" as Scheper-Hughes (1992:275) envisages for poor Third World mothers. There is no "normalization" of child death; "a child is born to live." Children's deaths are always classified as bad deaths that could have been avoided. One cannot miss the explanatory power of religion when it concerns interpretations of diseases and death. Events are predicted if certain measures are not taken to control the situation. However, there are alternative ways for interpretations allowing varied actions to be taken.



The matrilineal kinship structure among the Papel gives the mother, together with her lineage members, a central role in seeking care and evaluating the consequences of death. This is in line with Sered, who argues that "women's religions teach that individuals have a great deal of control over their own and their children's destinies ... they provide many different rituals designed to ensure children's well-being" (1994:83). According to Sered, women in nineteenth century United States converted as a response to the death of their children. She maintains that women's religion offers consolation to mothers who grieve the death of a child, and tends to give meaning to the death, emphasises that the child has a pleasant life in another world and encourages communication between worlds. In contrast, the Papel religion does not help mothers cope with grief.

Papel religion attributes negative meaning to child death. Further, children do not belong to the other world, and they do not have access to an eternal place, although their temporary conditions may at best be acceptable. The Papel religion offers alternative interpretations that allow mothers to argue against suggestions that their child might be a spirit child, and it helps them to keep hope in cure. However, there is no comfort given to mothers, who surely grieve for their children whatever the cause of their death and condition of their life.

## References

- Aaby, P. et al. 1997. *Estudo de Saúde de Mulheres em Idade Fertil e os Seus Filhos. Dados de 1990-1995*. Bissau: UNICEF/Projecto de Saúde de Bandim, Bissau.
- Douglas, Mary. 1966. *Purity and Danger: An Analysis of Concepts of Pollution and Taboo*. London: Routledge and Kegan Paul
- Einarsdóttir, J. 2004. *Tired of Weeping. Mother Love, Child Death and Poverty*. Second edition. Wisconsin: Wisconsin University Press.
- Einarsdóttir, J. Forthcoming. Child survival in affluence and poverty: ethics and fieldwork experiences in Iceland and Guinea-Bissau. *Field Methods*.
- Gunnlaugsson, G., M. C. Silva & L. Smedman. 1993. Age at breastfeeding start and postneonatal growth and survival. *Archives of Disease in Childhood* 69:134-37.
- Horton, R. 1993. *Patterns of Thought in Africa and the West. Essays on Magic, Religion and Science*. Cambridge: Cambridge University Press.
- Masmas, T.N., H. Jensen, D. da Silva, L. Hoj, A. Sandstrom & P. Aaby. 2004a. Survival among motherless children in rural and urban areas in Guinea-Bissau. *Acta Paediatrica* 93(1):99-105.

- Masmas, T.N., H. Jensen, D. da Silva, L. Hoj, A. Sandstrom & P. Aaby. 2004b. The social situation of motherless children in rural and urban areas of Guinea-Bissau. *Social Science & Medicine* 59(6):1231.
- Peek, P. M. 1991. Introduction. The study of divination, present and past. In P.M. Peek, ed.. *African Divination Systems: Ways of Knowing*:91-100. Bloomington & Indianapolis: Indiana University Press.
- Scheper-Hughes, N. 1992. *Death without Weeping: The Violence of Everyday Life in Brazil*. Berkeley: University of California Press.
- Sered, S. S. 1994. *Priestess Mother Sacred Sister: Religions Dominated by Woman*. New York/Oxford: Oxford University Press.
- UNDP. 2005. *Human Development Report 2005. International cooperation at a crossroads. Aid, trade and security in an unequal world*. New York: United Nations Development Programme.
- Whyte, S. R. 1997. *Questioning Misfortune: The Pragmatism of Uncertainty in Eastern Uganda*. Cambridge: Cambridge University Press.

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