Chapter V

Post-childbirth Celebrations: Resurgence of Cultural Practices

The previous two chapters explored women’s negotiations with patriarchal structures and ideologies within the cultural and biomedical discourses during their pregnancy and childbirth. Women negotiated cultural control over their bodies when there was an alternative source of knowledge available to them. During pregnancy and childbirth, younger women considered biomedical services and knowledge as a medium to help them achieve their objective of safe pregnancy and safe delivery. This also coincided with the aim of the state, manifested through biomedicine, to decrease maternal mortality rate in order to have a ‘healthy’ population through institutional deliveries. Once the objective of the state was achieved, it withdrew its support from women’s lives and shifted its focus from women’s health to child health. The only service it extended to women post-childbirth was related to providing contraceptives to increase the gap between the children and to avoid unplanned pregnancy. With no biomedical focus on women in the post-childbirth period, they returned to the cultural discourses that celebrated and glorified motherhood. Therefore, women’s power negotiations in the post-childbirth period are minimal, as compared to the two stages of pregnancy and childbirth where the biomedical and cultural systems competed to assert their authority. The present chapter focuses on women’s experiences of post-childbirth period – negotiations and, or compliance with patriarchal structures.

This chapter will explore the way urban context has influenced post-childbirth practices. It will analyse how shift in the site of delivery, marketisation of practices and rituals along with nuclearisation of households influence social relationships in the post-childbirth period. The chapter will also explore women’s experiences of the reduced role of biomedicine during this period.

Institutional Deliveries and Post-childbirth Practices

Traditionally, post-childbirth was marked by rituals and practices. However, with change in the site of delivery, from home to hospital, some of these rituals could not
be practiced. Women who gave birth at natal or conjugal households were closely monitored by older women, especially mothers, mother-in-law, women within the community and also dais. The situation is more complex in the case of women who deliver at biomedical institutions since they are placed at the intersecting discourses of cultural knowledge and biomedical knowledge and also the authorities that represent these discourses. The number of children, outcome of delivery—healthy baby and the sex of the baby, would influence the attention women received with respect to their diet. Diet in the post-childbirth period, like during pregnancy, is a point of contention between older women and the young mothers, and also between cultural and biomedical understanding of managing women’s health.

**Food Intake**

With a shift in the site of delivery to hospitals, women were discharged from the hospital after two to three days. This led new mothers to follow diet that was given at the hospital, which was not in accordance with the cultural knowledge around post-partum food intake.

**New Mother’s Health.** The older women, as discussed in the previous chapter, went to the natal home for their delivery. Gomati, an older Dalit woman, mentioned one of the prescriptions for post-childbirth period that jachcha should be given water from the same source as before childbirth:

> In our times, we used to only give water from one well or else, changing wells could increase the chances of contracting jaraoli [jaundice]. After coming to an urban area it is said that one should stick to only one tank, since there is no well, in which corporation water comes. Bore well or hand pump water should not be used.

This explanation also ‘justified’ the practice of women to stay back at the natal place after childbirth so that the chances of falling ill reduce. These were cultural practices to make sure that the infant and maternal morbidity and mortality rates were under control.

It was seen that after delivering in the hospital, younger women were told to stay back for three days under ‘normal’ delivery and for five days to a week in case of a caesarean. Older women found that in hospitals, rituals along with food and diet were not followed according to the cultural knowledge. Krishna, an older Baniya woman,
believed that jachcha should not have cereals or anything cold within the first five
days of delivery. She mentioned that her daughter-in-law delivered at a public
hospital in the evening and they gave her curd, dal and rice for dinner! She believed,

Jachcha should be given roti after five days of birthing. She should have lots of dry
fruits, ghee ke ladoo, almond juice, asli ghee ka halva. All this is given with paat
which is a mixture of sauf, saunth, ajwain and ghee. But now-a-days doctors tell
them to not have any ghee!... I think it meant that after delivering such a big baby,
the stomach becomes useless from inside because of which it is not able to digest
cereals. In those days, stomach can only digest laddos made up of dry fruits and lots
of ghee.

Jachcha is told to sip through ota hua pani... is made of saoanth, saunf, ajawain
water. One should have the least amount of water after delivery. This water is given
for one month to prevent stomach from bloating. After delivery, the whole body,
especially the stomach loosens up and saunth and ajawain water help in expelling
dirty blood.

Bina, an older Baniya woman, mentioned that before the sixth day, jachcha
should be given ghee and dry fruits, since these are believed to be of heat producing
nature which would help in cleansing the stomach and harira (a mixture of dry fruits,
sauf and sauth cooked in a lot of ghee) help in opening the nerves of the body,
(relaxing the body).

Kaveri, an older Dalit woman, believed that cold natured things and baadi wali
(acidic) food items like rajma, chole, kadhi, besan, urad ki daal, laal mirch,
cauliflower and similar stuff should be avoided as this leads to formation of pus in the
intestine and also affects bones of jachcha which might create problems in her next
delivery. She went on to mention, ‘...but now-a-days, doctors don’t abide by it since
these food items are given in the hospital, why blame daughters-in-law alone!’

Ghee for baby’s health through lactation. Pushpa, an older Dalit woman, also
maintained that ghee is the most important component of diet for four to five days
after childbirth. She said, ‘it makes jachcha’s milk richer and thereby makes the
health of new born better along with helping in removing placenta and bad blood
easily’.

Having ghee in the post-delivery period was also mentioned by other Dalit
women. Shakuntala mentioned that chhuani, a mix of dry fruits, jaggery, black pepper
and almonds roasted in ghee helps in improving the quality of milk and baby’s health.
She went on to say that black pepper is very good for eyes. Dry fruits are also given to
jachcha to improve her milk quality. Also, porridge with milk was something that was
given to mothers to improve the quality of milk that the child will have. This was also
given to lactating buffalos, back in the village. ‘This increased the milk production
[doodh zyada taadaat mein banta hai]. A buffalo usually is milked for two years on a
regular basis, if harira is given to her. This is the same thing that we give jachcha’,
she mentioned. Perhaps, the same cultural explanation was used in order to improve
the quality of milk of a new mother. Also, the focus was on the health of the child,
health of a woman was just a medium to make sure that the child, especially the son is
well fed and well kept.

**Competing Demands of Ghee.** Baniya and Dalit women had different takes on
consumption of ghee, while the Baniya women considered it to be a matter of status to
be fed ghee post childbirth, Dalit women avoided ghee to maintain their figure.
Sumana, a young Dalit woman, who stayed close to her natal house, said that her
mother had made asli ghee ke laddoo, ‘I was very careful and avoided all these heavy
food items. Doctors had also told me to avoid excess ghee. I was very scared what if I
put on weight!’ Madhuri, who stayed close to her mother’s house, also mentioned that
her mother had prepared gond ke asali ghee ke laddoo. Madhuri used to give them
away to her younger sister. On the other hand, taking ghee in the diet of young
Baniya, during pregnancy and post-delivery, was related to the status of the
household. Within Baniya household, consumption of ghee was also related to the sex
of the new born.

Pushpa commented, ‘now-a-days, daughters-in-law don’t listen to their elders!
They want to maintain their figure’. Body weight was often mentioned by Dalit young
women to remain in shape and old women for having a body that could continue to
work. Among young Dalits, there was a lot of emphasis on getting back to the original
size, before pregnancy, once the baby was delivered. This was seen in the way
younger women perceived consumption of ghee during pregnancy and post-delivery.
Among younger Dalit women, during both pregnancy and post-childbirth ghee was
avoided.

A strikingly different view was expressed by some of the young women
regarding consuming ghee. Garima, a young Baniya woman, mentioned that making
daughters-in-law feed ghee was an expression of pampering. Society keeps a watch
on all mothers-in-law whether they are feeding their daughters-in-law well or not.
Women were generously fed ghee, especially if she had given birth to a son. As Garima stated,

*My mother-in-law did not make anything special for me, but for my devrani [younger sister-in-law], she had bought a five kilo ghee can from the market and had made asli ghee ke laddoo and harira by adding extra ghee on her roti only because she gave birth to a boy and I gave birth to a girl.*

To reinforce this point, Yashoda, another Baniya woman mentioned how she loved to eat harira. She mentioned that her mother-in-law used to give her harira when she delivered a son. She jokingly said, ‘main to khoob ladke janu, agar saas khilati pilati rahe!’ (I would love to keep getting pregnant to deliver sons), if my mother-in-law will pamper me with harira!) She also went on to mention that harira was an expensive affair which was made only when a woman gave birth to a boy and usually mothers-in-law used to cook a little more to feed some relatives who used to come home to see the jachcha. The Baniya women also sometimes borrowed money from their neighbours to buy ghee or dry fruits in order to make sure that after delivering a boy, a jachcha eats a lot of ghee which is also going to the baby through lactation. The entire emphasis on making jachcha have ghee was to help her to regain strength and resume work. The findings of Patel (2006) in her study conducted at Mogra, Rajsthan, also mentioned that women enjoyed being pampered with food in the post childbirth period. Apart from the aspect of diet, women in Mogra also enjoyed the period of secluded rest post childbirth.

Baniya women also mentioned that ghee formed an important part of the diet post-childbirth. Doctors’ advice to not consume too much ghee after delivery for a month especially after having a caesarean was contested by older Baniya women. She believed, ‘earlier, ghee was given after birth so that mother’s milk becomes rich and enhances child’s health’. Madhavi, another Baniya woman said that ghee is good for giving warmth to the stomach, and strengthening bones, thus, helps in getting the body back to normal. Radhika, another Baniya woman said that badam ka seera (sweet mixture of almond wheat flour) made in aata (flour) is also given. She emphasised on it by stating, not sooji (rava) because aata is of hot nature. It was also stressed that cereals in terms of roti, poori should be avoided till the sixth day.
Badparhezi: not following culturally prescribed diet. With coming to Poorvinagar, there was a variation in the way precautions were taken as far as diet was concerned.

The older women, both Baniya and Dalit, believed that young women after delivering indulged in badparhezi, which meant not adhering to cultural norms regarding food after delivery. Gomati mentioned that her daughter, who had delivered in a hospital had eaten bread, rice, curd and also cold juice and was therefore suffering from joint pains:

She [her daughter] has become twice my size. This is only because she did badparhezi! This is not considered good for body. Her stomach has not gone in. [She whispered into my ears] Even her mother-in-law didn’t tie her a duppatta around the stomach so that the stomach goes in after childbirth. Now the stomach will remain the same size, as when she was pregnant. She jokes with me and says “Ma, look at your stomach, it seems like a flat chapatti. Give me your stomach and take mine!” I tell her, “take it!” My stomach is flat because I followed all that my mother had told me to eat after delivery!"

Gomati’s narrative showed the importance of adhering to mother’s instructions regarding diet after delivery. There is also a hint of the relation between mother and mother-in-law, mother blaming mother-in-law’s lack of care for her daughter. Taking care of her daughter was the duty of the mother-in-law. This also reflected the unequal relationship between the mother and mother-in-law of the daughter since it was believed bride givers are inferior to bride takers.

Amma, a Dalit woman, also from Uttar Pradesh, believed that ota hua paani helped to keep body in shape. It was emphasised that ajwain helped in cleaning the stomach of bad blood. If the bad blood remained in the stomach then there was a possibility of having a bloated stomach even after giving birth to a child. Amma further raised a concern that with institutionalised births, it was not possible to have ota hua paani, or to avoid any solid food when in hospital since they gave khichadi, bread and rice in meals. She believed that this also became one of the reasons for putting on weight after delivery among young women, since women at hospitals had cold water and cereals that they should avoid according to the cultural knowledge.

The concern of badparhezi due to hospital deliveries were considered equally important by older Baniya women. Gayatri commented on badparhezi in hospitals by looking at a larger issue. She believed that biomedical system was like a vicious cycle. She believed that once you avail services from there, for instance in delivery, one will keep going back to it, later for arthritis or other joints related diseases.
Further, she mentioned that it was the hospital that made women engage in *badparhezi*; older women also expressed their worry regarding delivering in a well-lit room that too under a fan or in a cold environment. Radhika and Balasubriamaniyum (1990) in their analysis of *dais’* practices mention that *dais* find it objectionable to deliver in bright light because the baby is not used to light as soon as s/he is born, getting exposed to such bright light as soon as the baby is born might have adverse effect on her/him. Adding to this objection was another one which was expressed by older women regarding massaging *jachcha’s* stomach and thighs right after delivery. Shakuntala mentioned that due to hospital deliveries, all customs have taken a back seat, ‘*Jachcha comes home only after three to four days, by then it is too late to massage to make sure that the body is not stiff, because she has already eaten cereals and cold natured food which should have been avoided’.

The NMCH biomedical staff partly supported the cultural knowledge with scientific logic and partly debunked it. Poornima, an NMCH staff, tried to provide logic to the cultural dietary practices:

*Giving high calorie food items to mothers, especially in the country like India, where most of the women are malnourished is not a bad idea. This has got nothing to do with the expulsion of placenta. But since delivery is a very exhaustive process for mothers, giving them high calorie food is not a problem. I don’t think patient will put on weight so suddenly but I feel that nutrition at this point is important.*

This is similar to Van Hollen’s (2003) findings of biomedical staff’s approval of certain traditional practices as ‘scientific’, where she argues that women adhered to certain practices that biomedical staff asked her to carry out. Some of these practices based on cultural knowledge were not followed by women since they wanted to experience modern practices promoted by hospitals. However, women were seen to follow certain practices that were popularised by doctors but had roots in cultural knowledge. This was due to the fact that instructions were coming from doctors, who were seen as the carriers of modern knowledge.

**Rest and Work**

Like in the period of pregnancy, ‘work’ too was a topic of contention. Older women maintained that adhering to the cultural knowledge, taking rest after birthing is a must and a secret to have a good health. Lakshmi maintained,
Now there are medicines, I can’t comment on this. After operation, now daughters-in-law start climbing stairs in 3-4 days! In earlier times, they used to stay at home for 40 days after a ‘normal’ delivery. Earlier they used to believe that if you rest well after delivery, your body will be healthier. One should give rest to these muscles for 40 days. After delivery, muscles become very loose. We were not even allowed to fan ourselves because of weak and loose muscles.

Daughters-in-law are becoming ‘modern’ by following what doctors ask them to do. Kaveri, an older Dalit woman mentioned,

In our times, women used to work a lot, now they only sit at home and watch television. Lifestyle has become like this where no one wants to work. Now they even eat ant-shnt [junk food] chowmein, momos, Maggie. They don’t listen to their saas. Even in winters they don’t cover their heads. It is very important to do so after delivery or else women could catch a cold. If they catch a cold, it will be harmful for the baby also. Now-a-days even the room of delivery has a fan!

Gomati, an older Dalit woman, also mentioned that she was confined to the room for initial six days and was not allowed to step out for another forty days. ‘Resting was very essential for initial six days but still we used to wash baby’s nappies and our own dirty clothes. Who else would do that for me!’, claimed Gomati. On the other hand, there has been a change in principles regarding working after delivery among younger women. It was seen that women took rest for just a couple of days and started working again. This also signified that work, outside the house, was considered important as economic aspect was related to it. Madhuri and Archana mentioned that they were scared that if they had not resumed work after their deliveries, then they could have lost their jobs. This was more due to the prevalence of nuclear households, where there was an absence of other family members to take care of the household and help jachcha take rest. Jeffery et al (1989) discussed the role of sister-in-law (husband’s married sister) to come to her maika in order to help her mother-in-law who would be burdened with all the chores, since the daughter-in-law needed to rest after delivery. This aspect will be discussed in the next section.

Changing Social Relationships in the Post-Childbirth Period

The influence of the urban context of Poorvinagar, the nuclearisation of households and the growing consumerism are reflected in the exchanges of gifts post-childbirth. This section will explore these influences as reflected in the social relationships between the conjugal and natal household, and between daughter-in-law and nand.
Conjugal and Natal Household Dynamics

The present section discusses the conjugal and natal household dynamics in the post-childbirth period by maintaining that the ideology of considering bride takers superior to bride givers was prevalent among older as well as younger women. This has been explored through narratives and sohars, songs sung to celebrate birth of the new born. Gayatri, an older Baniya woman, recalled one of her experiences of post-childbirth period:

Munna [son] was born at my sasural. The next day of being born, Munna’s dada, tau, chacha had gone to my natal house to give chap which consists of sweets, fruits, clothes for my brothers and father. My father had given them milni which is given to daughter’s conjugal family members [when they come home for the first time post-childbirth] and it is said that ladki wale hamesha zyada dete hain [bride-givers’ always gives more gifts to bride-takers on the occasion of childbirth].

The exchange of goods between daughter-in-law’s conjugal and natal family is seen to be a regular event, which started with marriage and ended only once she completed her reproductive cycle (Jeffery et al. 1989). Krishna, another Baniya woman, reinforced the exchange of goods between two households by stating, ‘celebrating chatti is like giving dowry’. This also emphasised on the bride-takers–bride-giver relationship. This aspect is also seen through sohar songs:

Pano ke veede chabori anmol pyaari jachcha, anmol pyari jachcha,
Vo khade sasurji jhagade, holar ka neg humkoji anmol pyaari jachcha,
Tum kahe sasurji jhagado, tum kaahe jeth ji jhagado pyaari jachcha,
Holar ki dadi tumko di, holar ki tai tumko di anmol pyaari jachcha.

This sohar portrays a scene where the sasurji (father-in-law) of the jachcha is unsatisfied with the milni (natal family members give cash to conjugal family members when they visit daughter-in-law’s natal family post-childbirth) and neg that the natal family offered them. The song is in the voice of natal family members who are requesting their daughter’s conjugal members to not argue with them, as they have given the conjugal family their anmol (priceless) and pyaari (adorable) daughter in form of new mother who has given birth to a son. This could symbolically mean that since the natal family had given the conjugal family their daughter, who has proved not only her fertility but also the fact that she can reproduce a son, there should not be any worry as the conjugal family will prosper with many grandsons.
Sheela, a young Baniya woman maintained that *sohars* were still sung depicting the dynamics of conjugal and natal household,

*Madhuban bag lagaye, bag bade sundar hove,*  
*Baahar se aaye sasurji, bahu kaun se phal khaye,*  
*Khaya sirf ek gola, laal bade sundar hove,*  
*Bahar se aaye jeth ji, bahu kaunsi mithayi khaye,*  
*Khaya sirf ek rasgulla, laal bade sundar hove,*  
*Bahar se aayi nand ji, bahu kaunsa meva khaye,*  
*Khaya sirf ek kaju, laal bade sundar hove.*

The first line of the *sohar* is a simile that has been located in the context of nature, indicating that a tree has been planted or is (re) produced in a garden, and the tree is very beautiful. This unfolds as a garden or a field symbolising woman’s womb. Dube (2001b) argues that the way field has to go through the pain of bearing trees, similarly, women also have to undergo pain of bearing a child. Ploughing, the essential act for *madhuban* (field) to be more ‘fertile’, is a metaphorical expression for sexual intercourse. The first line of the song symbolises that a woman has given birth to a good looking boy. This is sung by the natal family, taunting the conjugal family members that despite not treating *jachcha* to good portions of food to satisfy her cravings, she gave birth to a good looking child, that too a boy. Laying out the context, where in conjugal family members wanted to satisfy *jachcha*’s cravings. In order to do that, *sasurji, jeth ji, nand*, although got food items for her but following the way patriarchal order of serving food, with women eating at the last, *jachcha* only got a small portion to eat. This is seen by the line *khaya sirf ek gola, khaya sirf ek rasgulla, khaya sirf ek kaju.* Also, it can be seen that all these food items are white in colour. This also reflects at the way the conjugal family members wanted *jachcha* to consume white coloured food items to reproduce a fair boy. Food items mentioned in the *sohar* also denote socio-economically comfortable context to be able to afford cashew nuts and expensive sweets.

Even though the practice of going to the natal house for delivery has been discontinued, the natal family had to sponsor the post-childbirth ceremonies. This was influenced by consumerism which intensified the economics of exchange. Gifts were not just restricted to the expecting daughters, but to the entire conjugal family. It was also seen that consumerism influenced the demands of the conjugal family members who demanded the gifts to include mixers, television, sofa set etc. Sheela pointed out
to the mixer and asserted that her mother has gifted this on the birth of her first girl. She also mentioned that if she would have given birth to a boy, then her mother-in-law would have demanded a flat television. The urban aspect also added to consumerism in modifying the form of conjugal and natal dynamics. Among the younger Baniya women, there was more emphasis on exchange of goods, especially from the natal family side and hence more influence of urban life and marketisation of every ritual. Thus, the class aspect was reflected in the exchange of gifts.

The urban life and consumerism also influenced the conjugal and natal family relationships among young Dalit women as they tried to adapt to the Baniya women’s way of celebrating birth of a son which was elaborate and not prevalent among Dalit women before moving to the resettlement area. Shanti Devi, an older Dalit woman mentioned, ‘now-a days there is more of exchange of goods after birth of a son. Also, birth of daughters is also celebrated...maike se khoob cheez jati hain. [Daughter-in-law’s natal family members give gifts on the occasion of birth of the first child.] We had gifted washing machine to our daughter when she delivered a boy’.

The narratives of younger women do not show any disapproval of such practices, rather, they went along with the changes.

**Jachcha-Nand Relationship**

During the post-childbirth period, it was seen that jachcha-nand relationship had changed over a period of time with nuclearisation of household, after shifting to Poorvinagar.

Kusum, an older Baniya woman described that bachcha’s bua or jachcha’s nand played an important role in celebrating chatti among Dalit and Baniya community. On this occasion, bua got new clothes, toys for him along with najariye, to ward off evil spirit. Padora, a yellow towel is considered to signify birth of a son. This was followed by nand by making him wear kajal in his eyes. She was to put teeka to the new born and tie kala dhaga (black thread) to protect him from evil spirits. Bua got her neg in the form of gifts and cash.

Madhavi, an older Baniya woman, mentioned that there were songs that were sung by women on the occasion of birth of a son. This is usually in a female voice and is a way through which women try to resist their situation, the patriarchal order in which relationships are woven, patriarchal structures that constrained women to
experience their desires and give in to the structures that define their various roles. Vidya Rao (2006) maintained that sohar songs portray another perspective on relationship between jachcha and other household members. They reflect the way women claim power, mock, taunt and express their desires through singing sohar songs.

The nand-bhabhi relationship will be explored through sohars songs. These songs are sung on the occasion of birth of a boy in a family.

\[
\text{Jachcha ne bachcha jaya hai,} \\
\text{Din aaj khushi ka aaya hai,} \\
\text{Jachca bibi tumhari aayegi,} \\
\text{Vo charva chadayegi, neg mangegi,} \\
\text{Unko gale ka harva de dena,} \\
\text{Nahi jhagada hum se thanegi.}
\]

This sohar is sung by mother-in-law and other older women, neighbours and relatives. In this sohar, birth of a son is being celebrated (khushi ka din). Elders are informing jachcha that her nand (bibi) will perform rituals, charva chadana, charva is a mixture of ajwain, and saunf mixed in hot water for jachcha to drink so that all the dirt in the body is expelled. In return, the older women are informing jachcha to give her neg, a cultural token in return. They went on to say that the jachcha should give her a necklace, or else, the nand will fight with her mother to give her more neg. This song signified the meaning attributed by Jeffery et al. (1989) and Dube (2001a) to neg, since they mentioned that the significance of neg is seen through the fact that daughters were not given immovable property and in lieu of that, they were given neg, a form of movable property. Giving neg was also related to the fact that it was a way to make a married woman understand that she is not forgotten at her natal home. Kusum, an older Baniya woman believed, ‘it is a way to make a daughter feel that she is still remembered after being married off. In chatti, jachcha, her saas-sasur give neg to the nand who plays an important role in these celebrations.’

Depicting the relationship between nand and bhabhi, where it was seen that the nand played an important role in the birth of a boy. On the sixth day, or usually when daughter-in-law’s family decides to celebrate the birth of a son, it was then that the nand is called and she is expected to get kurta and topa (clothes) for new born and laddoo and peda (sweets) for everyone. Laddoo signified celebrating birth of a son
along with *peda*, is also widely distributed to celebrate birth of a son since they are yellow, a colour symbolic of having a son.

Another *sohar* that Yashoda, a younger Baniya woman sang also depicted a scene where the daughter-in-law is expected to give *neg* to her *nand*, who has got clothes, sweets and has performed other rituals for new born’s good health. In this scene, *nand* is asking for a *kangan* (bangle) as *neg* from the *jachcha* on the occasion of celebrating birth of a son. *Jachcha*’s father-in-law is sitting on a sofa, here sofa depicts that ‘modern’ words were also incorporated in *sohar* which eventually became a colloquial word. The father-in-law is asking his daughter-in-law, *jachcha* to give his daughter, *nand*, a bangle. The *jachcha* is seen to resist it by voicing that the bangle has been given to her by her natal family and she expresses dilemma regarding giving away a bangle with which she is emotionally attached. She is seen to ultimately give in to her father-in-law’s instructions of giving the *kangana* (bangle). Her resistance with giving the bangle away is seen when she puts a condition in front of her *nand* that she will give the *kangana* to her *nand*, only if she danced in the *angina* (balcony), to celebrate the birth of *jachcha*’s son. This portrayed that in spite of her verbal resistance, new mother is seen to give in to the instructions of father-in-law.

*Maange nandbai kangana, lalana huye ka,*
*Sofa pe baithe uske sasur ji samjhaye,*
*De do bahu rani, kangana, lalla ke huye ka,*
*Ye kangana main to peehar se layi,*
*Kaise de dun main kangana, Bibi ye kangana tumhe,*
*leke jane na dungi, nacho hamare angina.*

Narrating her experience, Pushpa, an older Dalit woman, mentioned that for her second delivery, she was at her conjugal home. Her mother-in-law fell very sick during her birthing period. She and her mother-in-law were the only two women in the house:

*It had become very difficult for us to manage the household, because after giving birth, jachcha is not allowed to enter the kitchen. She is napaak. In this situation, my mother-in-law had asked my nand’s mother-in-law to allow the nand to come for a month, since the workload on the mother-in-law was too much. Only under such situations did the nands come to their natal house. Otherwise no one used to come. Who would allow their daughter-in-law to go to her maike for one month!*

The principle of purity and pollution is seen from the narrative of Pushpa, who mentioned that she was *napaak*, or impure after her childbirth and consequently could not enter the kitchen. It was seen that coming to Poorvinagar had made some
modifications in the ritual of chatti due to the urban context. These were seen in terms of the weakening relationship between jachcha and nand as nand only came to jachcha’s nuclear household to perform rituals. This was mentioned by Sumana, a younger Dalit woman, who mentioned that her elder nand stayed in Noida and she had come to attend her chatti, took her neg and left for home the same day. It was seen that Dalit women were also observing the principle of purity and pollution in the context of childbirth. This was a temporary state of pollution.

Thus, while discussing the relationship between jachcha and nand, it was seen that the household composition played an important role. In a conjugal household, nand was an important support system to jachcha and her mother-in-law. Apart from this, nand also carried out rituals of post-childbirth. This relationship between nand and jachcha was seen to transform due to nuclearisation of households among Dalit women. It was seen that without the presence of mother-law, nand didn’t stay with jachcha to help her out with her dai daily chores. She only came for jachcha’s chatti, performed rituals and took neg in return. Thus, their role in the post-childbirth period had become ritualistic.

Celebrating Motherhood: Post-childbirth Rituals

This section traces various cultural practices associated with celebration of motherhood from the sixth day of childbirth. With all the changing context, that is, with a shift from rural to urban area, change in the household composition, emotional support, city exposure, and availability and accessibility of biomedical facilities, the ideological core of the rituals (rasam) and practices valorising motherhood were maintained. Such celebrations reinforce patriarchal ideologies and structures. Unlike in pregnancy and childbirth period, in post-childbirth period, women’s resistances were seen minimal although sohar songs and certain rituals provided women a platform to express their feelings of being dominated over. Among both Baniya and Dalit women, it was the traditional cultural discourse comprising of cultural practices, rituals and ideologies that pampered them and provided them the space where they could assert their patriarchal identity of a ‘mother’ to then negotiate other forms of patriarchal ideologies and structures. The celebration and glorification of motherhood
commences with the day of the birth but the intensity of these celebrations varies with the sex of the child.

**Chatti ki Rasam**

*Chatti* is celebrated on the sixth day after birth of a boy. It is the day when Bemata is invoked to give blessings to the new born, and ward off evil spirits. Madhavi, an older Baniya woman, mentioned about worshipping Bemata, the goddess of childbirth. She said,

_She is believed to help jachcha give birth. She makes sure that jachcha and bachcha are healthy and that they stay away from any bad spirit. Bemata is drawn on a sheet of paper along with a pair of feet. In front of that, halwa, poori, cooked vegetables, other sweets, rice, kadhi... everything is kept and one asli ghee ka diya is lit. The new mother is supposed to eat everything that is there in the thali [plate]._ 

She mentioned that sixth day post-childbirth is the first day when a new mother can eat anything because it is said that she would have Bemata’s hand on her to ensure that she does not fall sick. It is believed that Bemata visited the family at midnight to write the new born child’s future on a paper which is kept near a lamp along with a pen. No one sleeps that night and sohars are sung to celebrate the occasion of birth of a boy.

**Bemata: the goddess of childbirth.** It was seen that across regions and generations, the concept of Bemata remains the same, with various names— Shosti ma, Jwala ma, Bi ma. These names suggested a regional variation in the concept of a Goddess who was associated with childbirth and post-childbirth. Bemata, as mentioned by one of the participants of a study conducted by Janet Chawla (1994) is ‘...an old wise woman who may appear in a neighbourhood woman’s dreams to indicate that birth is immanent’ (Chawla 1994: 63). Bemata ensured that no evil spirit haunted either the new born or the new mother. Pushpa, an older Dalit woman, mentioned that evil spirits were ghosts of women who had died during childbirth, ‘One has to be extremely careful right after childbirth, because that is the prime time when a bad spirit can haunt you, or possess you’. Janet Chawla referred to evil spirits as _churel_ and goes on to explain that ‘...churel is a particular form of female bhut who is the unsatisfied ghost of woman who dies in childbirth’ (Chawla 1994: 15).
Chawla (1994) drew out a close resemblance of *chatti* with ‘*chatt*’ pooja. This is a festival celebrated six days after Diwali. In this ritual, women fast and dress in yellow, red saris walk barefooted to a source of water, asking for blessings of the male members of the family. Women apply *sindur* line from the hair to the tip of the nose. This, along with a dawn sun rise symbolised crowing child. *Panjiri*, same food that is given to *jachcha* post-delivery is distributed as prasad.

A major change was observed among younger women, on the occasion of birth, a priest or pundit was expected to make *janamkundali* of the new born to see and predict the future, which was once only restricted to Bemata or Shosti ma on *chatti*. Among older women, *dai* used to decide when which ritual would take place—*chatti, naamkaran, kuanpoojan*. This gradual shift from female to male practitioners indicated sidelining of women from ritually important roles of practitioners. The reason for men entering women’s domain perhaps, was related to increase in marketisation of rituals and practices. With a shift in the context from rural to urban, there was a shift from non-Sanskritic to Sanskrit rites. This was seen by the way *dai* as a ritual practitioner was replaced by the priest and consequently there was an emphasis on astrology, which was again a male dominated upper caste science. Another reason that appeared to be important is lower class and lower caste’s desires to imbibe the way of life of the upper class/caste, to claim upward mobility in the neighbourhood.

Arjun Appadurai’s (1996) work on modernity’s influence on cultural dimensions in the context of globalisation is relevant here. He maintained that instead of reducing the intensity or replacing tradition with logic and science, modernity reinforced cultural practices. This was seen as against the principles of modernity which was assumed to have resulted into decreased intensity of or replacement of culture with science, superstition with rationality. In the present context, going by the assumed manifestation of modernity, cultural discourse around pregnancy and childbirth should have been replaced by biomedical discourse. However, Van Hollen (2003) maintained that modernity seemed to reinforce cultural practices and rituals. This led to reproduction and modification of certain structures and ideologies. Modernity through marketisation reiterated the cultural practices of dowry, *neg* and also reliance on astrological and religious aspects along with presence of priest in women’s child birth.
There were no stark differences between Baniya and Dalit women’s celebration of chhati, only the food items which were made on the occasion of chatti differed. Prema, a young Dalit woman, mentioned that only when she gave birth to a boy, after giving birth to two daughters, did her mother-in-law celebrate her chatti. On the sixth day, chatti was observed, where the neighbours came together, sang songs and a grand feast was organised by Prema’s mother-in-law. The feast included kadhi pakodi, rice, roti, vegetable and mutton and halwa. Prema recalled that she was made to eat a lot. Kadhi was an essential food items for chatti, probably because it is yellow in colour, signifying prosperity and celebrations. Prema mentioned that Kadhi pakodi is made to treat Bemata who is worshipped that day to take care of the jachcha, since it is usually the first day when she stepped out of the room.

Sumana, a young Dalit woman, mentioned that she was at her conjugal home during her chatti. She was made to wear yellow and red bangles, along with a yellow sari which had come from her natal house. She said that Bemata, along with the kul devi were both worshipped to make sure that the health of the baby was taken care of and that all evil spirits are kept at bay. Relatives and neighbours were invited for a feast.

Garima, a young Baniya woman, on the other hand, also mentioned that the first male child in an extended household was celebrated the most. She mentioned, ‘...since my son [second child] was not the first boy child in the family. My devrani had already given birth to a son’. This also indicated that although birth of a son is celebrated, but birth of the first son is celebrated on a larger scale, since it enhanced the position of the mother-in-law in the society and also becomes first one to inherit property.

Thus, chatti was observed by both Baniya as well as Dalit women belonging to both older and younger groups of women, by maintaining the ideological core of celebrations, songs and food. With shifting to an urban area, there have been modifications, especially in the role of dais along with certain change in the lyrics of sohars by maintaining the latent meaning of celebrating chatti. The importance of Bemata is not completely erased by the urban modern and market oriented interventions, but there are indications of a ritual take over by male brahmin priests through the introduction of astrological practices. This would be discussed later in the chapter.
Celebrating birth of a son through sohar songs. Anjali Capila (2002) refers to sohar songs, as songs sung in the Hindi speaking states in the post-childbirth period. She went on to state that they are seen as embodiment of motherhood. Some of the songs are:

Charpaiya pe khel raha lalana mera,
Le lo lelo ji saasuji lalana mera,
Tumko dadi kahega, lalana mera,
Le lo le lo ji jethani ji, lalana mera,
Tumko kaki kahega, lalana mera,
Le lo le lo nanad ji, lalana mera,
Tumko bua kahega holera mera.

Sung in the local Bhojpuri dialect, the song is contextualised in Bihar. It is sung in the voice of a new mother, who performs on the sixth day of her delivery when all the relatives are gathered to attend the function and feast. Jachcha refers to her son as lalana or holera, who is playing (khel) on a charpaiya (bed). She calls upon all her conjugal relatives and urges them to ‘take him’, the literal meaning of ‘le lo’. In the song, the jachcha is calling her conjugal family members, by terms of reference, saasuji, jethani ji, nand ji and referring to them as what her son would call them, dadi, kaki, bua respectively. This symbolised that the new mother is singing out of joy since she had not only been able to prove her fertility but also had given birth to a son. One of the probable reasons for asking everyone to hold the son could be that the woman viewed herself from a patriarchal lens that the son was for the family, more than for her. By this she objectified herself by internalising the patriarchal structures and ideologies of being treated as a mere medium to reproduce a son. She also asserted her identity of being a mother of a son. By referring to her conjugal female members she was establishing the fact that she had been able to reproduce a son, who would be a part of their lineage. Mera (mine) in every line of the song also suggested the assertiveness on the part of the jachcha after reproducing a son. This assertiveness was a consequence of giving birth to a son that helped her gain and establish a status in the conjugal household as well as her in the society.

Another sohar, which Prema mentioned, which was very popular back in her village, where she delivered two daughters. ‘My chatti was not celebrated, [since she had given birth to two girls] but usually such sohars are sung on chatti’. By mentioning ‘such’ sohars, she meant sohars with the aspect of migration was prominent. With a trend of men moving to a city for livelihood purposes, women
tended to express their longing especially on the occasion of a birth of a son. This indicated that sohars were also getting modified with men moving to an urban area and included the feeling of birha (longing to meet). She is aspiring how it would have been if her husband would have been there.

Dhan dhan bhaag lalanava tu lehan janamva ho,
Lalana utaran humare aanganava, gaganva ke chanva ho,
Mai akele sajave babu ke khilavele ho babua,
Babua tohara ke anchara mein bhari ke, sohara sunavele ho,
Aaji ke din tohra babuji rahit je gharva ho,
Lalana banigayite sarad ke jaisan ghar sansaarva ho.

Here, jachcha is comparing her son to moon and repenting that she is playing all by herself with the son She is taking him in her aanchal (sari ka pallu) and is singing sohar to him. She wishes how her husband was there with her. In a dialogue with her son, she mentioned that if his father would have been there, then he would have taken care of him and played with him. She also goes on to sing that without the presence of her husband, she doesn’t feel the warmth in life.

These sohars depicted dynamics of various relationships which had a common thread passing through them. This thread was the patriarchal ideology of celebrating the birth of a son. Emphasising on the ideology of preference of a son was originally seen to be associated with the higher castes. The reason for this was related to transference of property. This was seen due to the fact that daughters married outside the lineage and hence giving her property would mean giving it to another lineage. Thus, only movable property in terms of dowry and neg was given to daughters.

Kuan Poojan ki Rasam
Kuan poojna was considered to be the last ritual of the post-childbirth period, marking daughter-in-law’s entry into the public spaces. It was celebrated only after birth of a son. The intensity of celebrations decreased with the birth order of sons. This was usually carried out after a month or after forty days of giving birth to a male child. It was also believed that once the kuan poojan was done, the jachcha could lead a roz-marra ki zindagi (everyday life). For the occasion of kuan poojna, jachcha and bachcha’s clothes were sent from her maika. This included yellow or red clothes, sollah sringaar (sixteen things that is supposed to enhance the beauty of a woman)
since it was the first time that the *jachcha* would be dressed after her *godbharai* without the fear of evil spirit possession.

Shanti Devi described, *satiye*, a symbol made of *haldi* and *aata* or cow dung. *Nand* had to draw *satiye* on the ground, where *pooja* was to be performed, on a *lota* (a utensil) and also on the two sides of the door of the room in which *jachcha* resided for the first six days of confinement. It was believed that *satiya* would help in protecting *jachcha* and *bachcha*. Women carried a *lota* decorated with *satiya* along with a red string. The *nand* also carries a *thali* in which soaked grains, *roli, mouli* (used in *pooja*) and a mixture of *haldi* and *maida* are kept, mentioned Pushpa, an older Dalit woman. The *jachcha* along with other women walk to the well singing and dancing, celebrating birth of a son. Following is one of the songs that is sung at the time of *kuan poojan*, that Shanti Devi sang,

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Kuan poojan chali bhabhi kuan poojan mein,
Piliya odhi chali re bhabhi kuan poojan mein,
Sir par gagar dhar ke chali re, bhabhi chalva poojan mein,
Kadam dheere se, gati tham tham ke, Mukhade pe bijali si chamake,
Gond panjiri khari re bhabhi kuan poojan mein,
Angna mein baangi thali re bhabhi kuan poojan mein,
Raaj kavar sa pyaara chora, laado baante bhar bhar ke katora,
Chora janake ganga nahali re, bhabhi kuan poojan mein
```

This *kuan poojan* song narrated the way *jachcha* usually got ready, wearing *piliya odhni* (yellow dupatta) with a *gagar* (a utensil with neem leaves). Neem leaves are also carried in a *lota* since neem leaves have medical properties. This signified that the *jachcha* and *bachcha* are kept at bay from diseases since they were stepping out for the first time. The song is sung by *nand*, who advises her *bhabhi* (*jachcha*) to walk slowly. She describes *bhabhi*’s health by mentioning that there is a glow on her face due to the fact that she was treated well to *panjiri*, a mixture of *gond*, jaggery, dry fruits, wheat flour made in *asli ghee* fed to a *jachcha* after birth of a son. The *nand* further indicates beating of a plate in the balcony, symbolising birth of a son. *Chora janake ganga nahali* is a phrase where giving birth to a son is equated with doing the ‘purest of the pure thing’, which according to the Hindu ritual is, bathing in the Ganges. Thus, by signing this song, the family is announcing and celebrating birth of a son. The role of *nand* is again seen prominent in celebrating the birth of her nephew. This saw the way rituals emphasise the patriarchal kinship ties.
Janet Chawla (1994) mentions that *kuan poojan*, also marked sending off the goddess, Bemata, to other *jachchas* to take care of them, the same way that she did for the *jachcha* who is going for *kuan poojna*. This featured women dancing and singing and requesting goddess to protect the *jachcha* and *bachcha*. Krishna, an older woman, mentioned that rice or *chana* daal was soaked overnight and offered to the goddess. Seven heaps were made and a drop of mother’s milk was also added to each of the heap. This symbolised that the *jachcha* was thanking the goddess by offering her milk along with cereals. Pushpa further narrated the way the ritual is carried out:

*An earthen pot is kept on the head. It has a pipe too. Water is taken from the well and then it is used to cook khichadi. This khichadi becomes prasad and is distributed. Uncooked rice and moong dal is tied on the stomach of the jachcha.*

*Kora ghada [empty pot] is taken and satiya is made on that. Four rice kalash are kept- each one for one goddess- Kul devi, Bhole Bisaro, Bemata and Durga Ma. We pray for better health and well being of the child.*

It was seen from the narratives among both Baniya and Dalit older women that pulses and rice were offered to Bemata and other goddesses at the well who have taken care of *jachcha* and *bachcha* during childbirth and post-childbirth period. The importance of pulses and rice is seen in the context that these comprise of the staple food along with water that is symbolised by a well. Rice also known as *akshat* (that can not be destroyed), along with pulses and water were worshipped to symbolise the basis of life, the asset of a household, which is compared to birth of a son. It was believed that like rice and pulses, son will become an asset for the family monetarily and ritually.

Even after shifting to Poorvinagar, the younger Baniya and Dalit women still carried out these rituals. However, the urban context led to some transformation and modification in the ritual. An aspect that was related to celebrating *kuan poojan* in Poorvinagar, an urban resettlement area, was the unavailability of a well in the vicinity. The absence of a well in the city led to the worship of any source of water. Krishna mentioned,

*...for instance, there is no well in Poorvinagar, so we worship a tank or kheenche wala nal [hand pump]. In case that is not accessible or possible, women can worship any source of water, it could also be a tap at home.*

With a shift from rural to urban setting, rituals are modified to suit the urban context. The procedure of worshipping the well differed with community but the
ideological aspect remained the same and this indeed reinforced the patriarchal ideology of desiring for a male child since *kuan poojna* was not performed in case a girl child was born.

There are other changes too. Tanu, a young Baniya woman mentioned that young women were now accompanied by men to the source of water, if it was far. These were unmarried men, younger brother-in-law and younger brothers of a new mother, who sang and danced along. This could be due to the unsafe character of urban spaces where presence of men with women would make a difference by sending a message in the public sphere that women were not alone and hence not vulnerable. This could also be seen as new forms of male control. V. Geetha (2007) draws from the concept of ‘kinship contract’, advocated by Suad Joseph, and contextualises in India arguing that it is a contract among men that women should always be protected and controlled. In India, she argues, kinship network extends beyond household, even in the public space. Thus, in both private and public sphere women are subordinated by patriarchal ideologies.

Janet Chawla offers another interpretation of well worshiping. According to her, a well symbolised woman’s womb, ‘her physical identity as a woman with a sacred womb is enhanced by this rite’ (Chawla 1994:65). She further maintained that worshipping a well is like, worshiping the source of water, symbolise that the way there was always water in the well, woman’s womb was worshipped so that it keeps on ‘yielding’ male children, assets of the house. This was also a form of objectification of women’s reproductive functions, where her existence was recognised in the family as a mother of a son (Jeffery et al. 1989; Patel 2006). Deshmukh-Ranadive (2005) related birthing of a son to an increase in a woman’s socio-cultural space in the household with regard to her decision taking and assertiveness in the household chores. Allendorf (2012) also observed that women would have more ‘agency’ after birthing a boy.

**Ahoi ki rasam**

*Ahoi* was a ceremony celebrating motherhood that was observed on a yearly basis. The rationale of the ceremony itself was very patriarchal since it was observed by mothers of son for their long life. Agrawal (1997) and Kandiyoti (1998) draw upon Amartya Sen’s work on intra-household dynamics and mentioned that he referred to
women as having altruistic nature of being selfless and taking decisions in the interest of the family, even if it was her personal loss. Later, both Agrawal (1997) and Kandiyoti (1998) mentioned that it was not because of the altruistic behaviour but that women were active agents and aware of the reality of both men and women. Thus, birth of a son added to their negotiation power, decision making in the household and also a support system in women’s old age. This also led women to continue and reproduce desire for a male child. Thus, Ahoi is observed to pray for long life of their sons. Observed on the eighth day of waning moon in the month of kartik, it was seen more among the Baniya community as compared to the Dalit.

Bina, an older Baniya woman, said that Ahoi mata takes care of every mother’s son. She narrated a story of Ahoi mata,

*Once upon a time, there was a sahukar ki biwi [Baniya’s wife] who lived in a village. She had seven sons. In order to renovate her house, she went to the forest to collect soil. She started to dig and in the process killed Sehi or Syaahu- Myaahu [Sahumaata’s children]. She returned home and saw that her sons had fainted and gradually they all died. She cried so much that she invoked Ahoi maata or Saahumaata to make a bhavishyavaani [announcement]. Saahumata mentioned that because the woman had killed her sons, the goddess also took her sons away and gave her a curse that she will not be able to become a mother of a boy. The goddess also said that if she wanted to get rid of the curse, she had to go to Ahoi’s sister, Surabhi, a cow, and take care of her. The woman readily agreed and started taking care of the cow. Surabhi was considered to be a holy cow, who fulfilled desires. The cow got impressed by the way the woman took care of her and conveyed it to her sister, Ahoi who made her curse-free. Surabhi also told the woman to keep a fast on every karthik shukla paksha asthma. This is the day of Ahoi. She started doing that and soon had sons.*

This mythical story is very popular among Baniya women. It was also seen that Ahoi was celebrated among Dalit women as well. One of the probable reasons for Dalit women to celebrate Ahoi was seen as a result of brahmin story-teller’s hidden motive. The story is moulded in such a way that a Dalit woman would feel that if a Baniya woman (Sahukar ki biwi), who was ritually superior to her in caste and class could face such an atrocity for killing goddess’s children, then it could happen with them as well. In order to overcome the insecurity of losing sons, women were required to keep a fast and please the goddess. It was seen that men do not play a role in the story anywhere and thus, reinforced a patriarchal ideology that sex of the child was in the hands of women, and she was to be blamed if she didn’t deliver a son. To add to the intensity of prevalence of these rituals, marketisation played an important role. Coming to urban areas saw access to Ahoi mata calendars, books, pictures and
other artefacts seen at their houses, were sold in the market which intensified and reproduced the rituals and beliefs related to Ahoi mata.

Amma, a Dalit woman, mentioned that mothers (of sons) fast the whole day and then they wait for the moon to appear and then only eat something. A calendar, where Ahoi mata is made with Surabhi cow was readily available in the market. This is put up on a wall and a lota (utensil) of water with molly (red string) tied to its waist is kept on one side. The molly has manaka (small balls made of white metal) followed by a knot. This also symbolised sons in the family. As the sons increase, manakas are added. Sweets, poori, halwa are made and kept in a thalai which is offered to the goddess. Once the pooja is done, then the prasad is given to children. Pushpa mentioned, now-a-days, prasad is accompanied with money. This hinted at increasing consumerism in an urban resettlement colony. It was also inferred from the narratives of older as well as younger women that it was the birth of the first son that was celebrated the most, with a lot of vigour and elaborate rituals. In the second delivery of a boy child, rituals are observed but it was done on a lower scale. In case a woman gave birth to a girl child first, followed by a boy child, the girl was considered to be a lucky charm for the family and the birth of the boy was celebrated (Dube 2001a).

There has been a continuity regarding the significance and essence of following Ahoi, although the way it was practiced might get modified due to change in the, urban context and economic status which had made rituals more intensified.

**Purification Rituals**

This section will explore the way patriarchal ideologies are reinforced in an urban context. This is analysed through the way purity and pollution is associated with women’s bodily changes. This is different from the purity and pollution based on the caste system. The birthing pollution cuts across caste, class, ethnicity and is associated with ‘temporary pollution’.

**Dhulai ki Rasam**

One of the rituals that was maintained by older women among both Baniya and Dalit communities was dhulai ki rasam or washing breasts before first breast-feeding. Shanti Devi, an older woman, mentioned that the sister-in-law washes the first milk,
which is yellow in colour with a few strands of wet grass. If sister-in-law is not present, then she is replaced by a *dai*. This thickened milk symbolised *ruka hua doodh*, or stagnant milk and it is believed that it should be washed away before starting breast feeding. To add to that, Kamala, another older woman, also mentioned that the new born child should be made to have *janam ghutti* (gripe water) even before starting with breast feeding. *Janam ghutti* should be given to the baby so that the baby’s digestion is taken care of.

The prevalence of biomedical services at Poorvinagar through NMCH led MPHWs to visit their houses and encourage women to make their new born have colostrum. Babulal mentioned that a child must have the mother’s first milk, or colostrum as it contains anti-bodies which are required to build immunity. Babulal gave an analogy with people finding the first milk of a cow or buffalo to be very nutritious. He referred to it as *khees* and said that the first milk of cattle is taken and is consumed by people since it is considered to be very nutritious. Similarly, women’s first milk has the highest level of nutrition and it should be given to a new born child. Babulal also mentioned that it was important to give examples that are rooted in lives in villages for them to understand the meaning of certain things that they are doing are ‘wrong’.

### The Ritual of Bathing

The ritual bath after childbirth was considered important across communities. It was a practice which marked a woman to be ‘pure’ after being ‘polluted’ due to childbirth. It was seen that different communities celebrated bathing ritual differently with varied span of ‘pollution’ attached to *jachcha*. Krishna, an older Baniya woman mentioned that bath marks daughter-in-law’s entry into the kitchen, ‘If a girl is born, then the daughter-in-law will bathe on the following amaavasya night. Amaavasya is a no moon night’. It can be argued that the darkness of the night signified the fate of the family after birth of a girl child. On the other hand, if a boy is born, then the daughter-in-law is made to bathe on a *poornima* (full moon) night. *Poornima* signified light, that a boy had brought happiness and brightness in the family.

There were regional variations regarding when a woman is made to bathe. For instance, according to Shakuntala, a Dalit woman from Himachal Pradesh,
Post-childbirth, a woman is bathed after two days. If a woman is bathed the same day, then there are very high chances of her catching cold which will eventually get transferred to the baby through lactation and he will fall sick. It is seen that the body of the woman, right after delivery, becomes very weak and exposure to cold would not do good to her body.

To add to this, Basanti Devi, a young Dalit woman, also from Himachal Pradesh, elaborated on her experience where the woman is expected to ‘...bathe at the river shore with hot water for eleven days, irrespective of the weather. Apart from that she is also expected to wash her soiled clothes... We get a bhagona [large utensil] full of warm water from home.’ This depicted how within the same regions and within Dalit communities, the notion of pollution and purity was implemented differently. This flags the intersections of gender and caste related ‘pollution’.

Ramu, husband of a young Dalit woman, mentioned that he had to cook his own food because his wife was napaak after giving birth to the second child. ‘I used to cook food for myself, since my wife was in her ashuddh period. She could not have entered the kitchen for forty days... my mother had told me to follow this very strictly’, claimed Ramu, who stayed in a nuclear set up in Poorvinagar. Temporary pollution of childbirth made men stay away from women until her ‘purification’ ceremony was not performed.

Naamkaran ki Rasam

Naamkaran ceremony or the naming ceremony was celebrated among Baniya and Dalit women belonging to U.P., Haryana, Rajasthan, Bihar, Uttaranchal, Himachal Pradesh. From the day of delivery till the day naamkaran takes place, both mother and child were considered to be impure due to pollution attached to birthing. With shifting to Poorvinagar, due to marketisation of ritual, there was another marker of attaining ‘pure’ status. This was a hawan ceremony along with naamkaran ritual. This reinforced patriarchal notions of purity and pollution and also saw new forms of male control in the once all women’s domain.

Gomati, an older Dalit woman, believed that naamkaran was the first occasion when a child is made to wear new clothes. It was believed that the rationale behind delayed naamkaran ceremony was high infant mortality rate. Naamkaran, was seen as a ritual to mark membership of a new member to the lineage. Gayatri, an older Baniya woman described rituals of naamkaran ceremony, ‘the mother wets baby’s hair with a paan [betel] leaf and hands it over to the paternal grandparents. She further
mentioned the importance of a betel leaf’. Gayatri narrated a mythological story of the time when samudra manthan\(^5\), where the leftover amrit (nector) was kept in an earthen pot. In no time, a plant had emerged from the pot. This was a betel plant. Dhanvantari, an Ayurvedic scholar was then asked by Vishnu to study the plant to reveal its properties. Dhanvantari maintained that the plant had medicinal value and since then it started to be used for purification purposes, since it emerged from the remains of amrit. Apart from this, it is a prevalent belief that also believed that betel leaf is associated with the Hindu God, Vishnu, the God of upper caste men. Since then betel leaves are used in pooja to symbolise purification.

The act of jachcha wetting the head of her new born symbolised that the child has been purified and then handed over to the older family members. Handing over reflected that women were medium to reproduce family’s lineage. Once the boy is born, he belonged to the family, and mother’s role was limited to being a reproducer. Shivati, an older Dalit woman mentioned,

*The sister-in-law usually whispers the name of the baby in her/his right ear thrice. This ends the ceremony which is followed by a feast. Not only the conjugal but also natal family members and neighbours are called for the feast. The sister-in-law also gets neg for this in terms of clothes and jewellery.*

The ceremony, naamkaran, in Sanskrit meant whispering the name of the child in her/his ears. This symbolised that the new born is officially part of the patriarchal lineage. It was seen in some communities that naamkaran is celebrated on the tenth or twelfth or fortieth day of delivery, and in some cases after three months of marking a shift to the pure status. This could be related to high infant mortality rate where the family gave the infant a particular time frame to see if it survived. Chawla (1994) mentioned that initially dai was the ritual practitioner who conducted all the ceremonies and got neg in return. In the absence of sister-in-law, dai performed the naming ceremony and bathing rituals, where a ritual bath marked her ‘pure’ and allowed her to carry the mundane household chores.

Among the younger women, naming ceremony was celebrated in a similar way, with sister-in-law playing an important role and getting neg in return. There was seen to be an addition of organising a havan as a part of the naming ceremony. Havam reinforced the notion of purity and pollution and added another marker to attainting

\(^5\) Samudra manthan was an event in the mythology which had happened to separate amrit (nector)from vish (poison). It was believed that whoever will have amrit will become amar and ajar (immortal).
‘pure’ status. *Hawan* also added presence of priest in the post-delivery practices of women, which was once considered to be an all women’s affair.

As discussed before, replacing *dais* with pundits, it was seen that Sumana, a young Dalit woman said, ‘*on the tenth day, the whole house is cleaned properly and a hawan is organised to purify new mother and child. This is the shudhdhi hawan*’. With priest entering this domain, there was a focus on astrology, seen through making *janampatri* (horoscope) and deciding when all the rituals should take place. The *janampatri* was made at the time of the birth of the child and a priest indicated when *naamkaran* and other rituals should take place. The name of the child was also kept according to the *raashi* (astrological term), which was decided by the planetary movement at the time of birth. On the other hand, Garima, a Baniya woman, believed that it was very essential to call a pundit who will help to reduce the *moola bhav* of a child who has been born in the *Moolanakshatra*. Being born in *Moolanakshatra* meant that the child would be *bhaari* (heavy) on parents, which might lead to their divorce or death of either of the parents. This could be curbed by performing a *pooja*, and gifting various things to the pundit. Often, the weight of the items should be equal to the weight of the infant. Garima believed,

> ...jachcha is impure, so all the pooja take place only once the naamkaran hawan is performed, which is on the tenth or the eleventh day. But in case there are mool on the new born, then it takes about one to two months to reduce its effects... mool is the influence of the planetary movements on you. The new born is made to sit on a balance against weights...just that in place of weights, food items are kept... that weighs the same as the newborn... it could be pulses and it is given to Shani Maharaj. The priest then gives a kanthi [a blessed object which is worn in black thread] to the baby... all this is told by the pundit of the family after going through the janampatri.

Not only in Garima’s narrative, but also in the case of a young Dalit woman, Jyotsana, who emphasised on observing all the rituals according to the dates the pundit had given for the occasions to be celebrated for the new born. It was seen that the importance of astrology had increased among the younger women. Although *naamkaran* was a prevalent practice among Baniya and Dalit community but adhering to *janampatri* and reliance on pundit, especially for Dalit community was peculiar to younger women. One of the reasons could be that in the absence of immediate family staying with them, astrology was taken to be a support system, a guideline, which would make them less anxious regarding the future of the child. It was also seen that...
consumerism played an important role in the lives of the residents of Poorvinagar which was seen in the way residents tried to improve their *janampatri*, *moolabhav*, by giving out more goods and money to the pundit. Pundits were seen to demand for goods which also hinted at consumerism. This was seen through the goods that were given to pundits as *dakshina*, another form of *neg*. These goods usually consisted of raw food items, like wheat grains, pulses along with money. Pundits, who belonged to the upper caste did not accept any cooked food items from lower caste communities. It was also seen that the notion of *neg*, a cultural symbol was influenced by consumerism since most goods were given along with some cash money as well. This reflected a shift from *neg* as a cultural symbol to a commercialised materialistic meaning attached to it. Pundits who conducted *hawans* and *naamkaran* ceremonies belonged to upper caste brahmins. Sushma, an older Baniya woman, mentioned,

*This hawan is performed to purify the daughter-in-law, child and the atmosphere as since childbirth is considered ashudhdh. After the hawan is carried out, there will be a pooja at home. Not before that. It is only after one month that the daughter-in-law will go to a temple with the baby, offer money and sweets there and then will come home and cook something sweet irrespective of the sex of the child since first thing that she will make has to be something sweet and then only she gradually starts cooking.*

*But now-a-days anything can happen! When you are staying alone [nuclear household], then you have to cook within 15 days also. One should not work for a month. She [jachcha] should protect herself from cold winds. But now-a-days doctors make you do everything. Oh! And it is also believed that after delivery, women’s teeth become very weak. Earlier they used to say, instead of massaging the gums or teeth with finger, one should only rinse the mouth. And, if possible chew paan leaves.*

Gayatri, an older Baniya woman, mentioned that she didn’t have any ceremony of *hawan* after giving birth:

*...but now that everybody is carrying it out, my daughter-in-law told me to have one for her as well. If I don’t have it then the neighbours would taunt me and my daughter-in-law will tell her parents that I am not doing this because I am miser... So, when the pundit indicated, a hawan and naamkaran were carried out followed by a feast.*

This reflects how urban lifestyle, and the market are reworking the cultural prescriptions. It also shows how these influences are internalised by younger women. Pushpa, an older Dalit woman, mentioned,

*We didn’t have any hawans, my father-in-law was illiterate, that is why. My husband is eighth pass, he would ask me to do all these for our children. My father
never got our janampatris made. I will not let that happen with my daughters. So, their janampatris were made and their naamkaran was also done by a pundit. We have got them married only after matching the janampatris with the respective groom. We had gone to our pundit to show and see if all the gunas were matching.

This indicated that astrological inclination among younger women was not prevalent only in the case of birth of a son, but also in case of daughters. Along with drafting a janampatri, there was focus on hawan, even after the birth of a girl child, since the jachcha was considered to be impure. This also indicated an intensified degree of the notion of pollution that a hawan was supposed to be performed to lessen the intensity of pollution attached with childbirth.

A feminine culture around childbirth, where women were in control, saw a shift with men entering and dictating the rituals and playing a significant role in the arena of childbirth. This was intensified by the process of marketisation, which is also a product of modernity.

The Influence of Urban Context on Cultural Practices: Japa Bai

This section explores the status of dai in urban context in the post-childbirth period. With prevalence of institutional deliveries as the trend of the urban resettlement colony, dai-tradition took a back seat. In the urban and modern biomedical contexts, with the deskilling and delegitimisation, the services of traditional dais have been severely eroded. In a few situations, they have been reinvented as hospital dai, as discussed in the earlier chapter on childbirth. Japa bai, is a reinvented, although severely limited form of ‘dai service’ in the urban environment.

Some of the dais who stayed in the urban resettlement area of Poorvinagar, were popularly known as ‘japa bais’. Japa bais were women belonging to Dalit communities who stayed either in slum areas of urban Delhi, or they were employed from villages. Some of these women were dais themselves, and some of them were roped in by attracting them with high monetary gain. Japa bais was a concept which was created to cater to needs of the upper class and upper caste post-delivery women, who mostly resided in nuclear households. Post-delivery, urban upper class and caste women needed somebody who could help them with the child caring practices. Unlike younger women’s experiences of post-childbirth in urban resettlement area, where mother-in-law, mothers or sister-in-law played an important role, it was seen that
among young upper caste and upper class women, familial support had weakened and was increasingly being influenced by market forces. This resulted in commercialising social support which was seen through prevalence of agencies where post-childbirth support could be bought in the form of *japa bai*. *Japa bais* were seen as a social and cultural support that was usually carried out by elders in the family. She was seen as a replacement of mother-in-law’s role without being authoritative and controlling, since her background of belonging to a Dalit community and poor socio-economic status, led employers to maintain their authority over *japa bai*. *Japa bai* portrays dependence relations, where caste and class divisions overlap. Apart from this, *japa bai* also provided a platform where an exchange of upper caste and upper class and lower caste and class cultures was possible. *Japa bai*, were either contacted through agencies, such as, Trust Foundation in this case, or through word of mouth. In this section, two *japa bais* will be discussed, showing the two above stated situations.

*Japa bai* may be seen as a way of reviving indigenous *dai* culture, that has been marginalised since pre-colonial period. However, feminist scholars like Janet Chawla (1994, 2002, 2006,), Mira Sadgopal (2009) argue that despite their marginalised status, *dai* tradition is still prevalent. The present study also makes a contribution to their efforts and argues that apart from the rural area, *dais* are prevalent in urban context as well but their knowledge and skills are undermined and devalued, like another category of ‘maids’ in the urban context. Urban context, in this section, is not only restricted to resettlement colony, but extends to include upper class and upper caste localities, where women from Poorvinagar are employed as *japa bais*.

Mr Sen, the owner of Trust foundation mentioned that usually a *japa bai* went to an employer’s house for forty days and got around fifteen to seventeen thousand:

*We make contracts with women, who serve as either aayas, or japa bai. These contracts are for a specified period. It varies from three months, to six months to one year. This includes our commission of 5000 rupees per family. We pay for the travel of japa bai from her native place to the assigned house. We also have a website, where people can see the profile of women, who they want to take. If these women know cooking as well, then it adds to their worth. These women are usually aged between 35-55 years and are experienced as far as child rearing is concerned. We are a big name in this industry, women contact us. Most of them are either from Bengal or Bihar. Some of them are now staying in urban areas as well, so they contact us and we ask our regional office to get in touch with them and enrol them on our network.*
In the context of *japa bai*, her employer (new mother), who is generally an upper class and upper caste woman, could pick and choose from a list of services performed by *japa bai*. The new mother maintained their status in the household, even when *japa bai*, who was more mature in age and experience in the sphere of dealing with new born children, took the role of social support in post-childbirth period. Ritually as well as economically, the employer was ‘superior’ to the *japa bai* and thus had a say in the work carried out by her.

Surekha, a Dalit woman who belonged to Muzzafarpur, Bihar had been in Delhi for more than thirty five years, ever since she got married. She had three children, one girl and two boys of which one boy was married and had a son. Surekha lost her husband seven years back in an accident. After his death, they moved to Poorvinagar and she started to work in a nearby upper middle class colony as a domestic maid. This income was not sufficient for a household of six to survive comfortably since a lot had been spent on Surekha ‘s husband’s treatment at the hospital for which loan was also taken from various people. Surekha was approached by a friend asking her if she was interested in going for a night duty job. Gradually, Surekha started to realise her worth, because she could stay back at night. She was told about Trust Foundation, which she eventually joined. On asking her about the differences in the cultural practices due to differences in the region to which she and the employer (new mothers) belonged, she mentioned,

*They used to follow whatever I used to ask them to do. Although I am from Bihar and the family was from Rajasthan, there weren’t any drastic differences as such. Apart from this, in one of the houses, I had asked them to get a bosri, an earthen pot and I had put *ajwain* in it which is burnt on *koyla* [coal] to reduce the chances of infections in the air. We used to burn it for days together by placing it just outside the room of the *jachcha*. But the new mother couldn’t stop coughing the first day and told me to not do this. I was told not to burn it at all.*

Another such instance was when new mothers did not allow Surekha to give *hing* or a mixture of mustard oil, *ajwain* and *lesun* to a new born baby, although culturally this was a well known remedy for stomach upset and cold respectively. One of the reasons for expressing unassertiveness of *japa bai* despite being a source of cultural knowledge was that she was hired and her cultural knowledge and experience was bought by a rich household for a stipulated time. Surekha, discussed the type of work she was engaged in:
It was not something that was new, we all know it since we have given birth and raised our children. I had witnessed my mother and mother-in-law taking care of babies and I had myself reared my sisters since they were ten years younger than me and of course three of my own children.

I was supposed to massage the child and mother, make the child bathe, assist mother in her day to day work. Apart from massaging and bathing them, I am supposed to change baby’s soiled clothes, wash clothes and iron baby’s clothes. It takes about an hour to massage jachcha, since I ensure that every muscle is massaged and is relaxed. One has to massage in such a way so that the bachchedani [uterus], which had slipped down due to childbirth should be brought back to its place.

At night, take care of the baby. Make the baby have mother’s milk which was extracted and kept in a bottle. After making the child have milk, make him/her burp. That is the most important thing was to ensure that there is no gas in the stomach. I used to cut fruits for the new mother. Now-a-days women don’t even know how to hold a baby in their arms. Also, they are staying only with their husbands, there is no older person to take care of the mother, so they wouldn’t know what is to be done and how! Doctors can only tell you to come for vaccination, but other things, like how to massage a baby, only elders can teach.

Kunti, another japa bai, was friends with an old dai’s daughter-in-law who used to go for japa to rich people’s houses on a regular basis. When she was overburdened, she also asked her friend, Kunti to go for it. Kunti had readily agreed since it didn’t require any special skill. She said, ‘there was nothing new in this. I have reared so many children, my own, my sister-in-law’s and sister’s as well’. She also mentioned that there were home remedies which the upper caste and upper class women didn’t know. This became a reason for them to rush to the hospital for small things:

There is no need to run to the hospital for everything; we used to handle some of these things at home. There were some home remedies regarding baby’s well being which she used to abide by. She went to say that one should heat some water and add hing. This mixture should be brought to room temperature and then it is put inside the naval button of the infant. Some of this could also be put on her/his tongue. In winters, or even otherwise, if a child caught a cold then mustard oil is taken and ajwain, methi dana and lesun is added to it. This is heated and is put in infants’ ears and nose. Sometimes it is put on the tongue as well. But now-a-days mothers don’t do that, because doctors ask not to make the baby have anything from outside, [...].

Japa bai provided an avenue where different cultures met and were exchanged. There was an exchange of an upper caste and class trend of celebrating birth of a girl child. The upper caste ideology of preference for son was prevalent among lower caste as seen in Poorvinagar. Japa bais were also called when the new born child was a girl. This showed that among the upper caste in the metropolitan cities, birth of a
girl was also celebrated. The exposure of media, state-funded awareness also made women in Poorvinagar to speak about considering boys and girls as equals.

Archana and Madhuri, young Dalit women, expressed that they wanted to have a female child. A desire of having a daughter was shown by these women who already had two sons. Madhuri went on to say, ‘I wanted a daughter to dress her up, make her wear frocks and nicely plait her hair’. On the other hand, Archana mentioned that she had studied in her school that girls and boys are of equal importance. She went on to say, ‘if you only have boys and no girls, then how will the lineage grow? Girls are also very important. I am a girl, and I am in this world because of my mother, who is also a girl.’ On the other hand, there were women who spoke against having a daughter and were content to have two boys. Jyoti mentioned, ‘I have two boys, and I am glad that both are boys, otherwise it is very difficult to raise daughters in this environment [of Poorvinagar]’. A similar response was also made by Laolita, an older Dalit woman who said that she had two small daughters when she had shifted to Poorvinagar. Due to its unsafe environment for girls, I decided to leave my daughters to my sister’s house, in West Delhi, since she was the only one I knew in Delhi. Two of my daughters have been staying there since then. ‘Our village is hundred times better than the urban resettlement area. Girls should stay far away from this place.’

Women belonging to the upper strata of society learnt the importance of lullabies and Surekha mentioned teaching her employer a Bhojpuri lullaby which she used to sing out to the new born. Apart from this, employer got an exposure to cultural knowledge and home remedies for new born due to nuclear household composition; women didn’t have any other means to cultural knowledge. This reflected an exchange of culture across not only regions but also caste and class.

The prevalence of japa bai among upper caste and class reflected on the need for a cultural support system which had declined due to the emergence and prevalence of nuclear households. Upper caste and upper class women also adhere to cultural discourses post-childbirth in order to get the best from both the discourses. A parallel can be drawn among lower class women in Poorvinagar when they invoked and adhered to dai practices post-delivery – which involved massaging the new mother and new born post-delivery. This supported the prevalence of dai system seen through ‘private dai’– restricting dais to post-delivery services.
The Role of Biomedicine in the Post-Childbirth Period

This section explores biomedicine’s instrumentalist approach towards women during the post-delivery period, once they had already met their target of institutional deliveries. They continued to be instrumental to achieve another target, family planning, by encouraging women to use contraceptives without informing them about their side effects and precautions to be taken. By doing this, biomedicine provided another avenue for patriarchal ideologies to be reinforced. Apart from this, there were no PNC services offered by the NMCH or government hospitals focusing on poor women.

The biomedical intervention of NMCH had adjusted their services keeping in mind the post-childbirth services, said Ranjan:

*We know that women have a culture of not stepping out in public for about forty days. Therefore, this aspect [post-childbirth services] is covered by the domiciliary workers, the MPHWs of the NMCH. They go to every house and give them cultural knowledge along with reminders regarding breastfeeding, avoiding janam ghutti and other ill practices.*

Women also preferred to use biomedical services during their pregnancy and childbirth and then, once their aim of safe delivery, and good health of the new born was achieved, they shifted back to cultural domain. This was seen through the way women adhered to various rituals and practices post-childbirth. NMCH had adapted itself to the needs of women. Post-delivery, they shifted their focus to new born child’s vaccination, weight and growth measurement along with taking care of lactating women’s diet—all related to child’s health. The role of government hospitals and NMCH intervention programme in the post-childbirth period was limited to providing contraceptives to married women to control their fertility.

**Sterilisation**

Mostly women’s conjugal family members, mother-in-law or husbands, took decisions regarding sterilisation once they thought the daughter-in-law had given birth to the desired number of children.

Shivati, an older woman, who had six daughters and two sons, mentioned that the couple kept trying for a son,
I got pregnant for the last time when my daughter was also pregnant. It was very embarrassing. What must she be thinking of me! I expressed it to my husband. That was the time when we stayed in a nuclear household. It was difficult to keep seven children and both of us in one room but we managed. My husband agreed to get me sterilised only after delivering another boy.

It was after achieving the desired number of sons that husbands permitted wife’s sterilisation. Tulsi Patel (2006) also mentioned that sterilisation was availed once a woman stepped into the role of mother-in-law. She also went on to mention that the family planning programme, through usage of contraceptives, reinforced patriarchal ideologies of producing a son.

Rina, a young Dalit woman, who stayed in a nuclear household in Poorvinagar, close to her conjugal household, negotiated with the conjugal family regarding getting herself sterilised. She was unable to conceive for six years after getting married. Her conjugal family members used to taunt her. It was her husband who accompanied her to a biomedical centre and it was found that she had fat deposits in her uterus. After getting treated at NMCH for six months, she conceived four times and had three sons who were alive. After delivering her third son in a government hospital, she mentioned to her husband that she wanted to get herself sterilised. Her husband discussed it with his parents who were not in favour. Rina tried to convince her parents-in-law since she didn’t want to undergo the process of pregnancy and delivery again. Her father-in-law wanted her to have two more sons, which Rina saaf inkaar kar diya (simply refused). She later spoke to her husband and told him that she would be going for sterilisation, irrespective of what others have to say. Her husband, who was convinced that his parents were right in instructing her not to go for sterilisation tried to convince her as well. ‘I told my husband that I will go for operation, if you want you can come with me, or else I will go by myself’ she asserted. Rina’s natal family stayed in Delhi and she was very close to her mami (mother’s brother’s wife), who was of her age. She had confided in her mami regarding going for sterilisation. mami had supported her through her decision:

One day I called up mami and informed her that I was going to the hospital for getting my operation done. I went to the hospital alone, stood in the long queue and she joined me later. The doctors asked me the number of children I had, I told them three boys. Then they gave me an injection, I became unconscious and then when I got back to senses, I was told to leave. That time everything was numb, so couldn’t feel much. I was helped by a nurse there who helped me walk where my mami was sitting. After resting for sometime, I went at the counter, where I had got myself registered for the nasbandhi [sterilisation], collected rupees two hundred jo sarkar
deti hai [as state incentives for women to avail more of family planning method]...
I used this money for myself...no restrictions were to be maintained apart from resting for a few days...I told my husband to inform my parents-in-laws regarding my operation. I didn’t care if they spoke to me after that or not. I was not able to take recurrent pregnancies.

Rina’s context of being a mother of three sons, along with staying in a nuclear household and the availability of hospital services gave her power to assert herself and take a decision regarding going for a sterilisation even when her conjugal family members, including husbands, were not in the favour. Rina relied on support networks among younger women. Her mami’s, support was also seen encouraging. Husband’s interest lay in her conception and not in her health post-delivery. Rina drew upon her patriarchal identity of being a mother of three sons to encounter conjugal family’s expectations from a daughter-in-law. Rina’s agential powers were also seen through the fact that she used the money which she got for getting sterilised for her personal use.

Sterilisation in a way reinforced the tradition of women taking the blame of getting pregnant again or reproducing girls. It could also be seen as a way to control women, as they were considered to have Strībhava, the innate nature of women as sexual beings which is considered as a negative trait of women and hence there is a focus on controlling her sexuality (Chakravarti 2003). Thus, having more children or less children or being unable to bear children was seen as a responsibility of women and this further reinforced the patriarchal ideology of considering women only as reproducers.

**Temporary Birth Control**

**Condoms.** Condoms although considered to be simplest contraceptive that is free of side effects, its usage was low among the husbands of young women residing in Poorvinagar. The only contraceptive that was used by men, condoms, was not very popular among men, although it was readily available. Garima, a young Baniya woman, who stayed in a nuclear household, near conjugal family members, mentioned that women, who usually asked for condoms from the lady MPHW, only ask because, probably they want their husbands to use. ‘...main poochati hun [I ask aloud] whose husbands would say, I will use a condom because my wife has arranged for it? no one!’ She went on to mention that men didn’t believe in using condoms, so it was futile to even ask anybody to arrange for them. Geetha (2007) referred to this as
‘normalisation of the norms of masculinity’. She goes on to mention that by naturalising it, women are giving in to their subordinate position which further intensified patriarchal control. Suman mentioned that her husband used condoms only during her menstruation because that blood is considered to be very dirty.

Irrespective of the communities to which young women belonged, they expressed that they wanted their husbands to use condoms. This was due to their city exposure, awareness, easy accessibility of condoms at their door steps, where NMCH staff provide them free of cost. It was seen from the narratives that men were still not very open to the idea of using a condom. NMCH staff’s distribution through women did not seem to work. Both the biomedical staff and the women have not succeeded in getting men to use condoms despite the fact that condoms were freely available.

*Copper-T*. Copper-T was one of the most widely used contraceptives among these women since it was propagated by both, family as well as biomedical institution. The familial structure perceived copper-T as a way to increase the gap between children and by biomedical institution as a way to reduce fertility rate and control unwanted pregnancies.

Basanti Devi had given birth to a son after a gap of eleven years. She mentioned that the reason for not having a child for so long was that all sons she gave birth to, kept dying after being born, while the daughters survived. She was told to get copper-T inserted by her neighbours, thinking that inserting a copper-T would delay further conception:

*After eleven years everybody told me that I should at least have one son. There was so much pressure on me to produce a son. I was very sceptical of conceiving after so many years. For ten years, I had put a copper-T to gain some time for the curse to subside. It started to pain and itch a lot after five years. My back started to hurt so much that it was becoming difficult to even lie down straight. I used to also get menstruation for long duration and it was also becoming an obstacle to carry out household chores. Then their father said that it is better if we get it removed. So we went to a private clinic to get it removed. I got to know that it was only for five years I had to go to a private hospital because public hospitals only believe in inserting it, not removing it.*

This reflected that biomedicine institutions didn’t rightly inform Basanti Devi about the duration of copper-T and that public hospitals only offered services of insertion, but not for removal. This also reflected at the target approach of biomedical staff to control women’s bodies.
Yashoda, a young Baniya woman, who stayed in conjugal household, mentioned that she was scared of getting a copper-T inserted, ‘I am scared what if it goes up to my lungs and choke me!’ This reflected that the biomedical staff at hospitals were not spreading awareness about usage and side effects of using contraceptives appropriately.

Among younger Dalit women, Suman, who stayed in a nuclear household on the floor above her conjugal family, mentioned that her mother-in-law wanted her to put a copper-T after giving birth to a son so that there is enough gap between two children, She wanted me to put a five year copper-T so that I have my second child after five years. Who does that! My bhabhi had both her children within three years and got done with it. My elder sister-in-law had three children in three years. She used to deliver, come home and within a month get pregnant again. Usne to ek hi baar mein bache karna apna pind chudaya [She finished her duty of reproducing children in one go] then why should I put a copper-T? Even for one instance if I think of putting a copper-T, it will be so shameful to breastfeed another child in front of a five year old boy.

Sumana mentioned that the reason why she didn’t want to get a copper-T inserted was because she wanted to have another child within a couple of years. She resisted her mother-in-law’s view and conceived within two years of delivering the first child. It was seen that Sumana’s proximity and support from natal family along with being a mother of a son enabled her to resist her mother-in-law’s instructions. Resisting the usage of copper-T led her to conceive for the second time within two years.

A similar response regarding having the second baby within two-three years were also expressed by Rinky, a young Dalit, who was expecting twins after her first child, a boy that had passed away within two-three days of being born. Rinky expressed that she wanted to have two children, preferably one boy and one girl to complete a jodi:

The doctors have told me that I have twins. I want only two children. Suppose I would have not had twins, then I would have had another child within two to three years. My mother-in-law prefers that there should be a gap of at least four to five years.

In the case of Sumana and Rinky, one of the reasons why their mothers-in-law wanted to have a gap of five years between two children could be explained through the fact that a five year old child is old enough to manage his basics. Or else, mother-in-law would have to carry out household chores since a new mother is impure to enter kitchen premises. On the other hand, younger women felt that it was more
convenient for them to conceive and complete their reproducing responsibility. This was seen evidently from the narrative of both Sumana and Rinky, who preferred to complete their ‘reproductive duties’ within two-three years. Adding to this was also the initiative of the state of asking women to space their children. The notion of two years of gap between children was spread by NMCH awareness building programmes along with state-sponsored advertisement on television and posters on bus stands.

**Mala-D.** Oral pills were the only contraceptives that could be consumed without taking the husband’s consent or approval. It was perceived to be ‘liberating’ and gave women control over deciding when to conceive.

Jyoti, a young Dalit woman also mentioned, ‘it is time we women realise that men will not use contraceptives’. She said, ‘if you want to take care of yourself, then start using Mala-D.’ Women had come to terms with the fact that men will not use contraceptives and as indicated by Jyoti, women have to take initiatives themselves for planning and having a child. Uma Narayan (2003) refers to this as ‘epistemic advantage’ where women are conscious of the reality – reality of men and their own reality. This made women use oral contraceptive, in most cases without informing their husband, to make sure that they do not experience an unwanted pregnancy.

Anju, a young Dalit woman, mentioned that after having one jodi (a boy and a girl), she had started to take Mala-D. In spite of staying with her husband in a nuclear household, she expressed that it was difficult to convince him to use a condom.

> My husband didn’t want to use a condom, so I thought I should use something so that I don’t keep getting pregnant. I already had two children and didn’t want to get pregnant again. I asked my friend Jyoti, who used Mala-D and she told me that by using this, husband will also not get to know and you will also not get pregnant. Once I started using it, I started to put on weight and my husband started to taunt me. This also affected our sexual relations. After continuously asking me the reason for becoming fat, one day I revealed that I was taking Mala-D. He got so angry and started hitting me. I tried to tell him that it was not hindering his pleasure, but he didn’t listen to me. Now he has got me sterilised.

This excerpt portrayed that Anju’s husband started to taunt her regarding her weight, since she didn’t fit into the image of the ‘desired’ body, affecting sexual relationship between the couple and leading to domestic violence. Her context of residing in a nuclear household, with no relatives residing in the vicinity, increased interactions with her neighbours who became her support system along with being an
earning member of the family enabled her to take a decision to not conceive again. However, she could not prevent the violence, a consequence of her actions. Her narrative also represented Deshmukh-Ranadive’s (2005) concept of mental space, where she referred to the association of women neighbours that became source of knowledge and gave encouragement and motivation that others were also facing similar situation. Other women’s experiences of a similar issue also made Anju opt for Mala-D by concealing it from her husband. Geetha (2007) also states that masculine desires were concerned about its own fulfilment. It didn’t consider female needs as important.

**Conclusion**

The post-childbirth period, unlike the pregnancy and childbirth periods, is celebrated by both Baniya and Dalit communities. Like pregnancy, post-childbirth practices are also influenced by consumerism and marketisation. There was reinforcement of rituals and celebrations of motherhood. Women adhered to the various cultural practices in post-childbirth period that glorified motherhood and celebrated birth of a son, thus contributing to the reproduction of patriarchy. In the urban context of Poorvinagar, where due to the state’s focus on institutional delivery, the dai tradition had taken a backseat not only in the childbirth but even in the post-childbirth period. The urban context had also influenced the social relationships in the post-childbirth period that offered support system for the new mother. Although the ideological aspect of the social relationships exist, but the support that it provided had declined and thus, had become more ritualistic in nature. With nuclearisation of household and marketisation of rituals in the post-childbirth period, women seemed to have a consumeristic approach towards carrying out cultural rituals and practices, where sometimes the earlier meanings were reformulated and reworked.

The role of biomedical institutions in the lives of women is restricted to providing women with contraceptives in order to ‘control’ women’s bodies to achieve their population ‘targets’. Availing these contraceptives on one hand enabled women to negotiate patriarchal structures and ideologies, and on the other hand lead to reinforcement of these structures and ideologies.