CHAPTER 4

REPRODUCTIVE BEHAVIOUR

Reproductive behaviour refers to the cultural patterning of the different stages that a woman goes through namely, puberty, conception, pregnancy, post partum and limiting of family size which fall within the domain of reproductive health. Reproductive behaviour therefore includes the study of the beliefs and practices surrounding these stages of reproductive career of a woman. However, it has to be mentioned that the process through which particular culture structures the reproductive behaviour of the people, reflects its core belief structure engrained in the social organization, but very rarely such interlinkages have been explicated in the existing literature in anthropology. The present study, therefore, endeavours to show that the life course approach to reproductive health, wherein the successive stages are interlinked provides a more holistic picture of the reproductive life of the people of the village. The life course of an individual organizes the events in a time and developmental framework, thereby facilitating a deeper understanding of reproductive behaviour (de Brujin 1999, Abeles 1990). Such a study would therefore act as a powerful lens to view the broader social processes of a given culture. It not only bridges the gap between the biological and the cultural, but also links the gender roles with the socio-political dynamics of the village.

Reproduction is a deeply gendered phenomenon as it is evident from the behaviour of the people at different stages of their reproductive career (Greenhalgh 1995). Biologically speaking, both men and women are required to produce children but it is only women who are engaged in the process of childbirth. Further, it is women who are assigned the task of nourishing and bringing up the children. The role of men

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becomes apparent only when the child is grown up and the process of socialization begins. As a result of this intertwining of social and biological facts, reproduction has come to be understood as encapsulated in gender relations, relations of social organization, structuring of beliefs and practices, allocation of resources, and distribution of power.

Research on biological aspects of reproductive health has been dominated by medical and health-related concerns, such as identifying the nature of normal and abnormal reproductive processes (Annis 1978). Recent attention has been devoted to the unraveling of the psychological, social and cultural factors that may contribute to the so-called deviant or abnormal reproductive behaviour (Hofferth and Heyes 1987, Phipps-Syona 1980, Jones et. al. 1986, Ooms 1981, Ward 1990, Gibb 1984, Lewin 1985). However, there is a dearth of literature on the study of reproductive behaviour from an anthropological perspective that makes use of belief structure and social organizational factors affecting the demographic processes at macrolevel (Greenhalgh 1990, Handwerker 1990).

Thus, in hindsight, research on reproductive behaviour has come a long way ever since certain notable works like that of Ashley Montagu (1949) that dealt with Australian Aboriginal notions of conception and fetal development, Bronislow Malinowski’s (1932) account of Trobriand Islander’s understanding of human reproduction and Margaret Mead’s (1935) exposition on *Sex and Temperament in Three Primitive Societies* that provided the emic perspective on reproductive behaviour for the first time. However, even the works of Malinowski, Mead and Montagu fail to provide depth and detail seen in the subsequent research on reproductive behaviour. Works by Margarita Kay (1977), Arthur Rubel, Carl O’Nell, and Rolando Ardon (1975), Michele Shedin and Paula Hollerbach (1978), Clarissa Scott (1975),
Loudell Snow (1974), Gisele Tucker (1986) and Carol McClain (1975) demonstrate that majority of cultures of the world possess well-developed understanding about puberty, conception, pregnancy, child birth, post partum and limiting of family size. These anthropologists have shown that indigenous notions of reproduction can have practical applications when it comes to the reproductive behaviour of the people. But, most of these studies focus on singular aspects of reproductive health like maternity, or pregnancy or limitation of family size (contraception) without taking into account the life course approach that bring to the fore the vital interlinkages that inform their decision making process at the end of the reproductive career.