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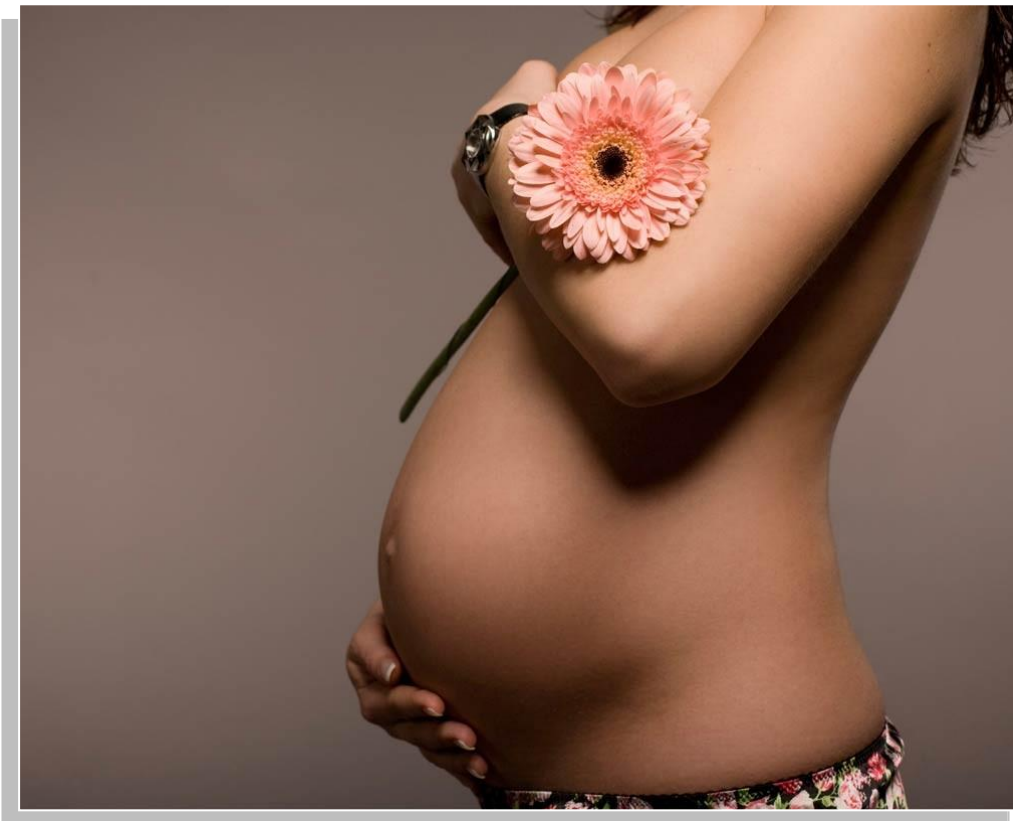## Bachelor Thesis

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[A COMPARATIVE STUDY ON MOTHERHOOD AND PREGNANCY STRATEGIES]

The influence of cultural perceptions and local practices of motherhood on pregnancy strategies in Dehradun (North-India) and the Harpan Valley (Nepal)

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by

Lalma Rashad & Dieuwertje Visser

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1. Acknowledgments

We could not have written this thesis without help. In the first place, we would like to thank our (key) informants. In special, we are grateful for Nirmala's, Eila's, Eta's, Mahadevi's, and Aarushi's time and honest answers. Also, we were very pleased we could live with different guest families. We enjoyed their hospitality and this made sure we could do our research in a comfortable atmosphere. We could not have done research without the help of our translators Renuka, Reika and Eesha. Without them, we could not have done several semi-structured interviews. These interviews became very important for our data gathering. We want to highlight the next persons. They made sure we had secure and trustworthy access to our research field and provided us with knowledge about Nepal and India in general. We would like to give a special thanks to Dr. Singh and Rene Voss. Throughout our research, which lasted almost a year, we were guided by our tutor Nienke Muurling. We would like to thank her for her time and feedback. Lastly, our parents' support cannot be forgotten and we are grateful they were there for us.

2. Introduction

> The importance of the concept of motherhood lies in the fact that it catches one of the most amazing paradoxes: that the sex gifted with the power of producing and reproducing human life itself became the least powerful sex in a socio- political sense during human evolution (Schrijvers, 1985:17).

Schrijvers (1985) proclaims a sharp statement and opens up the debate surrounding the concept of motherhood. However, we believe the correlation between power and motherhood is far more complex than Schrijvers (1985) states in this quote. Is the sex gifted with the power of producing and reproducing human life itself truly the least powerful sex in a socio-political sense? We will take a close look into mothers' lives and find out how they exert their position as a mother to feel at ease. Through Schrijvers' (1985) contribution we consider motherhood locally constructed rather than a natural phenomenon.

In numerous societies, when a woman does not achieve the status of motherhood, it is perceived as a failure because the woman fails to meet gender role expectations (Daniluck, 1998:159). Motherhood is due to its cultural implications, a fascinating social concept. Mothering appears to be the greatest significant feature for women's secondary status; it is seen as a feminine character (Juschka, 2001:45).

We have studied motherhood in two different locations and it is a comparative study. Based on our findings we hope to discover similarities and differences in these locations. Dieuwertje Visser went to the Harpan Valley which is located in Nepal. Lalma Rashad went to Dehradun situated in Northern India. First, we investigated how local cultural perceptions and practices about motherhood are experienced. We have listened to "who says what". Secondly, we observed how women behaved. We hope to find the connection between "what is said" and "what is done". Within this framework, we try to uncover how different pregnancy strategies are formed. These strategies will show how women act on their position (as a mother) within the boundaries of their leeway (in a family household).

It is important to mention that (within this research) the concept motherhood is an overarching construct for the concepts: reproduction, pregnancy and birth. Consequently, if the aforementioned concepts are used in our thesis, then they are directly associated with motherhood.

Pregnancy, birth and motherhood are usually regarded as women's issues. From this

standpoint, motherhood could be interpreted as a structure that is imposed upon women, and that the essence of a woman's identity is to provide and to care for her children. Our aim is to explore to what extent this structure is made by the women themselves and by their social networks. Therefore we will try to discover the leeway women use to obtain/maintain their favored status as a mother and their preferred method of childbirth.

Within the discipline of feminist anthropology there exists extensive literature on motherhood. We hope that our research will provide supplementary information on earlier findings and strengthen the empirical foundation on motherhood. We will argue, as other feminist anthropologists have done in the past, that motherhood is a cultural construct.

Our research does not only have a theoretical relevance but also, to a certain extent, a social relevance. As previously indicated motherhood has a ubiquitous role and is part of every society, obviously this applies to Nepal and India too. We hope to clarify what women consider to be necessary when they become mothers.

Our aim is to illustrate how cultural perceptions on motherhood become internalized and how this influences the undertaken pregnant strategies. In order to research the cultural perceptions and local practices of motherhood, we intend to approach motherhood as a structure. Structure should not been seen as something static, but rather as an internalized way of behaving. Thereby we use Bourdieu's refinement and use of the notion of the concept habitus and "(…) he (Bourdieu) describes (…) 'structure'; as a 'way of being' or as a 'habitual state'" (Jenkins, 2000:76). Structure influences women's leeway when they make decisions considering pregnancy and birth. In order to investigate these elements we have formulated the following main question: *What are the cultural perceptions and local practices of motherhood in Dehradun (India) and the Harpan Valley (Nepal), and how do these views influence pregnancy strategies?*

We have jot down practices and perceptions surrounding motherhood (and pregnancy and birth) during our fieldwork in order to make sure that our findings are more or less comparable. We don't have the intention to generalize and stigmatize. However, in order to compare, we need to structure the perceptions of motherhood in forms of gender expectations. Hereby, we use concepts developed by Bourdieu. Pregnant bodies are social bodies (Van der Sijpt, 2011), thus social networks play a key role in determining the structure wherein pregnant women behave. Therefore, it is important that we study the networks around pregnant women. Even though, we speak of structures, we would like to imply that structure only exists in conjunction with agency. This view is built on Giddens' theory (1979) about structure and agency. In the paragraphs, critics on the use of agency, agency as conduct in

time and space and Holten's view on pregnancy strategies, we elaborate the concept agency as an actor's conduct. Before these paragraphs we study the theoretical view on habitus by using Brand's (2001) considerations.

Methodology

In our preparation, before going to the field, we planned to use: observation, participation observation, informal conversations, open interviews, semi-structured interviews, free listing and pile sorting, focus group and mapping. This proved to be too much. It was difficult to operationalize every method during our ten weeks of research. Luckily, we both faced the same difficulties and we decided to drop or change some of the methods. First, we intended to use the technique body mapping. This proved to be a very difficult challenge for our informants. Also, we felt embarrassed to continue asking our informants to draw their vision of a pregnant body[1]. Lalma experienced her informants became very uncomfortable. They repeatedly told her they cannot draw; they became shy and insecure about their knowledge. They felt like it was a test and were afraid to disappoint if they would draw wrong. Even though, Lalma explained there is no right or wrong. While the conversation was otherwise open and fluent, this method would abruptly change the atmosphere. Dieuwertje faced the same shyness and she could not completely convince why it mattered. Conversations would turn into an awkward situation. These are the reasons why we dropped this technique. We altered the method free listing and pile sorting. This method was intended to find out the reasons why women would go to the hospital or health post. However, our informants did not seem to have had many options. They all considered going to the hospital is the best option without discussion. It is considered the best healthy and smart decision during their pregnancies. We did use this method to find out what is considered the most important tasks of a mother. We asked our informants to rank their tasks. We also asked men/husbands/brothers/fathers to do this. This created discussions and showed us the differences and similarities in perceptions about motherhood. Thus, the method did work for us after we changed its application.

The following methods proved to be successful. We carried out many observations. We both lived with multiple guest families. This gave us the opportunity to jot down the daily life (actions, practices and behavior) of different mothers and family households. By this method we recognize the conjunction between what people say and what they do. Our second

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[1] We wrote a self-reflection about this dilemma. Thus, more information can be found in the appendices.

semi-successful method was participant observation. We participated in household chores like; dish washing, cutting grass, getting wood, washing clothes, taking care of the younger children and cooking. However, it was not possible to fully participate in the role of a mother. First of all, we are not married and secondly we are not mothers. Usually, the identity of daughter/girl was attributed to us. We both were definitely not considered as women. We gathered interesting data about their perceptions considering gender and womanhood in relation to our presence. However, to be critical, we probably did not get the full information and understanding about motherhood because of our ascribed identity as a girl.

The methods informal conversations and open interviews were very useful if the women and men could speak English. During these methods, we obtained to some extent sensitive information. We felt we got open and honest answers, because we were talking to our informants as friends/family. Therefore, the atmosphere during the conversation was relaxed. We were just another element in their daily lives. This stimulated easy conversations and less social desirable answers. The semi-structured interview method was very important during both our researches. We did not speak local languages, therefore we needed a translator[2] and conducted planned interviews, in the first place, to clarify our purpose being in their lives, and secondly it gave us the possibility to ask enhanced questions to obtain more layered data. Sometimes, we could plan a focus group discussion. However, this discussion was usually chaotic and slow. Also, we got socially desirable answers because in a group there were different women with different statuses present. This gave us information about power relations. We figured out which actors (example: mother in-laws) relating to gender perceptions had more power than others (example: daughter in-laws). To finalize our methodology usage, Dieuwertje used the method life stories. In Nepal, she noticed motherhood is connected to growing up as a girl and to marriage. It was easier to talk about motherhood when women first could talk about their own parents and their marriage. The social interaction between a mother and other actors could be explained better if women could refer to their past (and reflect on their present situation). It showed that a gender identity is created over time; therefore it also helped Dieuwertje to better understand the concept of habitus.

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[2] Dieuwertje's translator: Renuka Kunwar. Lalma's translators: Reika and Eesha

<u>Structure of our thesis</u>

The upcoming section contains our theoretical foundation, where we identify and define the used concepts and theories. We begin with a chapter on Feminist Anthropology. From there onwards, are Bourdieu's habitus (1977), Giddens' agency (1979) and Schrijvers' (1985), Den Uyl's (1992) and Holten's (2007) intake on motherhood explored. The following section contains the description of our contexts and the locations in detail. Here, we elaborate who we want to study and why Harpan valley and Dehradun are our research locations.

After our theoretical framework, we amplify our empirical findings. This section consists of four chapters. During our fieldwork, we focused on answering four sub-questions. We set out to discover which socio-cultural factors determine motherhood, how the local practices of motherhood/pregnancy are formed, which networks play an important role during pregnancy, and what pregnancy strategies consist of. In order to make our study coherent, we merged these four sub-questions into two chapters. The first chapter focuses on the cultural perceptions and local practices of motherhood. We describe mothers' surroundings and environment in order to explain the local practices. The findings from our informal conversations and interviews provide us with data to interpret the cultural perceptions and local doxa about motherhood. Herein, we look for the correlation between what people say and what they do. In the second chapter, we focus on the pregnancy strategies. Our key concept is the networks which women mobilize during their pregnancy and delivery. This section sets forth the idea that (pregnant) women maneuver within the boundaries of the cultural perceptions. How they act on and care for their pregnant body will be framed as pregnancy strategies. This is a comparative research, therefore we both write our own empirical chapters. In total, we have four empirical chapters. We both write a chapter on motherhood and one on pregnancy strategies. The last chapter contains our conclusion/discussion. In this chapter we compare our research findings. We search for similarities and differences, in order to answer our main research question.

3. Theoretical framework

Feminist Anthropology [Lalma]

> "Feminism was an intellectual revolution which shook the entire academic world to its foundations" (Barrett, 1997:163).

According to the feminist Simone de Beauvoir (1976) you are not born as a female, but made into a woman, this means that the notion "woman" is a cultural construct. On the basis of this development gender is being introduced as a construct. We want to explore the views and experiences of women; therefore we need a clear understanding of gender.

Feminist Anthropology restored the focus on women, and pointed out the neglect of women. Within the broader field of anthropology, Feminist Anthropology indicated that the imagination of women is influenced by viricentrism (Nagel, 2003)[3]. According to Janet Saltzman Chafetz (1999) the following three elements of feminism are important:

> (1) a (not necessarily exclusive) focus on the inequities, strains, and contradictions inherent in gender arrangements; (2) an assumption that gender relations are not immutable but rather changeable social creations; and (3) a normative commitment that societies should develop equitable gender arrangements (Chafetz, 1999:4).

Through the theorizations of gender, feminist scholars provided a different angle on gender. "Gender is itself now understood as a dynamic process, one that West and Zimmerman (1987) have called 'doing gender' and others have referred to as 'gendering'" (Rosenberg & Howard, 2008:680). Feminist Anthropology has enabled the notion of "women's roles" and has given status to the construct: gender.

Gender [Lalma]

This section will briefly explain the concept of gender. We know, through Feminist Anthropology, gender is embedded in the cultural perceptions of a society. These perceptions form a way in which women should behave according to social script. It is important for our research, because we want to explore the cultural perceptions of motherhood.

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[3] According to Schrijvers, viricentrism means that men's actions and ideas are implicit implemented as standard of behaviour.

Gender studies include women as well as men; gender is a cultural notion; it provides power, disparities and sex-related ideologies as well as material imbalance and it is a structuring[4] principle of social life rather than simply an attribution of individuals. Thus, gender is a principle which is built upon relationships between different gendered people. Gender is an important tool to discover the male-female disparities (Greenhalgh, 1995:24). Childbirth was for a long time measured as a woman's issue; reproduction remained long on the boundaries of anthropological theory and research. Since the 1960s the feminist studies enabled the movement, whereby women in anthropology took leadership in the study of childbirth and redefined it as a biosocial occasion, worthy of analysing in a social cultural context (Davis-Floyd& Sargent, 1997:1). The contents and meaning of gender roles and gender bodies vary over time and space (Nagel, 2003). We agree with scholars who highlight that the agency of a woman is not only shaped by gender but also by other social elements (i.e. class or ethnicity) (Brettel, 2002:6)[5]. Gender is expressed and experienced (or performed) in combination with other social identities such as ethnicity and sexuality.

Gender (i.e. cultural categories of masculinity and femininity) is constructed by people (Brügmann, 1987). Gender is a social ordering principle and a means by which power relations are expressed and accomplished. Power relations are revealed but also constructed by gender. A power relation is a mechanism based on inequality of actors (members of the relationship) wherein one or more can exert his/her/their will on the other(s). This can continue for as long as the influential and powerful actors succeed in making this unequal power relation appear neutral. It is particularly enlightening in the framework of gender, because gender "(…) goes without saying because it comes without saying" (Brand, 2001:24). Gender as a social construction is a complex process. The above mentioned characteristics prove that gender is a layered concept.

It is essential to mention that according to us, gender is also constructed when certain characteristics are allotted to women and mothers. These assigned characteristics (i.e. caring, nurturing, and submissiveness etcetera) are based upon cultural perceptions. Therefore, gender is an important tool in the process of studying motherhood.

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[4] We will elaborate the concept structure in the section habitus.
[5] But gender is in our research a premises.

<u>Networks [Lalma]</u>

Gender is a part of identity that exists in relation to another[6], an identity vis-à-vis the "Other". This mechanism can create certain expectations, which can become a structure. An actor (therefore also a mother) makes choices with regard to others. According to us, a mother's partner, family and in-laws are important actors during the decision making process. Many women in Nepal and India move-in with their husband's family after the marriage. This patrilocal system (Kottak, 2008:464) ensures women get a broad network, but it also creates more actors to account for.

Made-choices can confirm gender roles in a relation. These expectations and gender roles are influenced by cultural perceptions. Confirmation of gender roles and expectations are influenced by the network of the mother. When expectations are met, it can strengthen and broaden the network of the mother which in turn forms and enriches the social capital. The strength of social capital influences how choices and pregnancy strategies are made. Brand defines social capital as

> The sum of existing or potential resources that result from the possession of a more or less institutionalized durable network of relations of mutual acquaintance and acknowledgement- or of group membership-, providing the members with the backing of its collective capital, credentials that make them creditworthy in the broadest sense (Ibid, 2001:25).

Norms expand when actors, who are in a given social structure placed in comparable network positions, assess their own options vis-à-vis the alternatives of similarly situated others. Like Risman states: "(…) both norms and feelings of relative deprivation or advantage evolve. The social structure as the context of daily life creates action indirectly by shaping actors' perceptions of their interests and directly by constraining choice" (ibid, 2004:432). In our research, we expect that the local pregnant women use networking as a strategy to enhance their social capital. For example, many households in the Harpan valley (Nepal) do not have a car or other means of transport. This can hinder pregnant women in their movements. When they have a complication or go into labor, it is difficult to reach the clinic/hospital/midwife. When a pregnant woman invests in a relationship (read: network)

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[6] This can be linked with the concept habitus, because habitus also exists in relation to other. The concept habitus will be elaborate in the following section.

with someone who has a car, this enhances her access to resources and therefore also her social capital. Thus, it is a strategy which improves the delivery's conditions.

Habitus [Dieuwertje & Lalma]

In this paragraph we explain the concept habitus and link it with motherhood. Bourdieu designed the concept habitus to understand the relationship between the "inner" self and the "outer" social (Grenfell, 2008:50). Bourdieu (1977) presupposes that habitus is an "internalized social" and "the social embodied". The habitus underlies people's social identity and daily actions. In a complex way, Bourdieu defines habitus as

> Systems of durable, transposable dispositions, structured structures predisposed to function as structuring structures, that is, as principles of the generation and structuring of practices and representations which can be objectively "regulated" and "regular" without in a way being the product of obedience to rules, objectively adapted to their goals without presupposing a conscious aiming at ends or an express mastery of the operations necessary to attain them and, being all this, collectively orchestrated without being the product of the orchestrating action of a conductor (Bourdieu, 1977:72).

Simply put, habitus is the way people act, behave, feel, think, decide etcetera. People behave according to the "subjective self" under the conditions of the "objective social" without being obedient to rules. The self (the agent) and the social (the structure) exist in conjunction with each other; both are not static but rather durable, changeable and fluid. People's habitus is different from each other; everybody internalizes the social structure differently. Here, the social structure is built upon an individual's political, ethnical, educational, social, familial, economic, nationalistic history (Grenfell, 2008; Brand, 2001).

Since everybody acts on their own habitus, there is a space for people to move in and behave vis-à-vis the local doxa. This space is what we call "leeway". Pregnant women (in the Harpan valley and Dehradun) make decisions upon their internalized social structure. To understand this social structure, we need to explore the cultural perceptions of motherhood (i.e. expectations from the mother and other's), describe the local practices (i.e. the mother's daily situations and actions), and lastly we need to interview the most important people (i.e. family, neighbours, friends etcetera) from the mother's social network. To give birth

successfully and to maintain the status as a mother, the pregnant women practice their leeway vis-à-vis the local doxa. Therefore, we want to find out which strategies they use under the full understanding of their local doxa and their habitus.

In order to research the scope of women's leeway, we need to understand the domain of doxa: "that part of the social world which is entirely beyond debate, even beyond discourse, because it is experienced as natural" (Brand 2001:24).[7] Brand (2001), emphasizes on the doxa because: "Through an analysis of "who says what" one can trace contested issues and subversive (opposed to conservative) groups within a given field[8], which (…) helps to identify those areas that are subject to change" (ibid:24). Hereby, Brand (2001) exposes power relations. In our research we are not searching for power differences, however we should not forget its existence because it is tied to doxa. Doxa helps us understand the cultural perceptions and local practices of motherhood, in order to discover, how views are internalized into the self, whereupon the pregnant women make decisions concerning their pregnancy.[9]

Bourdieu states that habitus is a "socialized subjectivity". This means identity and personality are shaped on a social base. This interlinks with the previous section, where gender is discussed as an identity shaped by the expectations which are influenced by networks. These expectations are the outcome of the cultural perceptions. Habitus as an underlying concept influences the cultural perceptions which creates expectations. Habitus only exists in a two way relationship, because expectations come from the self and from others. Nonetheless; it is significant to mention that habitus is not restricted from change, it modifies norms and values. Reproduction of notions does occur, but it will not occur uniformly. Habitus "does not determine a pre-constituted subject: rather, it generates the human subject *qua* subject. Certainly, this subject is agentic: s/he acts, decides and chooses: to do otherwise would be to not be a subject" (Lawler, 2004:112). We emphasize that habitus is not imposed and decisive, but actors have a choice in how they act.

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[7] The people, who come across a different and better state of affairs, conceive the local doxa as unbearable and turn to heterodoxy. Evidently, in reaction the powerful from the contested doxa, defend their system because it is no longer taken for granted. This is what Brand calls orthodoxy.

[8] Brand used the "field" as theory to discover power relations during her research in Mande, Mali. The field consists of a network of relations between actors in certain positions. In every field, a specific game is played. The stake of the game is the division of power (capital). The people in a less powerful position try to alter the field practice to strengthen their position.

[9] Academic meanings and knowledge of concepts are in practice often perceived in a different form. Description of concepts and theories are not comprehensive but it is the production of the context. Therefore we consider that the theories we discuss in our theoretical framework are not always visible in our context or it manifest itself differently (including Giddens' and Bourdieu's theory).

> People are not fools; they are much less bizarre or deluded
> that we would spontaneously believe precisely because they
> have internalized, through a protracted and multisided
> process of conditioning, the objective choices they face
> (Bourdieu and Wacquant, 2002:130).

This idea is closely linked with the theory of Giddens. Giddens' theory about structure and agency is called structuration. His major theme beholds that all actors are professionals in the social systems which they make and replicate in their demeanour. We would like to elaborate on agency in the upcoming paragraphs.

Agency [Dieuwertje]

Critics on the use of agency [Dieuwertje]

In this paragraph, we try to understand the complexity of agency. We look at how agency is seen in literature and we criticize some definitions. At the end, we have operationalized the concept agency. This is important, because we want to study how local women practice their leeway and how they form their preferred pregnancy strategy.

Agency is defined in many different ways. This construct is sometimes understood as an active, empowering, emancipator or even rebellious concept. In this sense agency is used as a measurement; when one individual has a lot of agency or a little is similar to being active/dominant or passive/submissive.[10] Some scholars confuse agency with practical decision-making. "In Nepalese culture, women are brought up to play passively, subservient, unassertive, gentle, sacrificial role, so they rarely communicate their own desires or comments on the clinical decisions" (Acharya & Ritmal, 2009:137). Even though, in a lot of households in Nepal and North-India the man has by social script the decision-making power, it does not make the woman unassertive. We want to discover the local doxa and how women manoeuvre, justify and use their roles as a mother. Which strategies do they use during pregnancy? We believe these are the questions concerning agency. We consider it to be too short-sighted to describe women (in general) as submissive and voiceless, because we believe submissiveness is not the same as being powerless.

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[10] Mistakes are often made within (anthropological) literature itself, words and meanings are linked in a wrong way making the concept agency hard to grasp. "She minimized (…) her agency in this situation in order to follow her understanding of the social script of being a good woman and daughter-in-law" (Brunson, 2010:1724). This example tells the story of a woman who finally gave in to her husband's family to go to the hospital while she was in labor. Though, she didn't minimize her agency, she used her agency intentionally to maintain her role, status and above-all self-image as a woman.

Of course, there should be awareness about (structural) violence against women's bodies within different kinds of (gender) relationships. However, Abu Lughod (2008) stresses the biased view of a researcher. Our research lies within the domain of feminist anthropology, according to Abu Lughod (2008) it means that we are sensitive towards every kind of domination towards women. We need to be aware of our own internalized views on gender and how this influences our research. The concepts of power, voice and decision-making intersect with the construct of agency; however they are not one and the same. That is the reason we use the concept agency and not empowerment or/and voice.

Agency as conduct in time and space [Dieuwertje]

As discussed above, agency discourse is sometimes understood as unilateral. Mothers can be misinterpreted as agents who are inadequate to speak up and therefore they are seen as powerless. We believe this comes from the idea that characteristics like nurturing and caring are seen as less empowering. Hence, it is important to understand agency as Giddens (1979) puts it "agency (…) does (…) refer to a continuous flow of conduct" (1979:55). Only through reflection agency can be 'broken up' into actions. Agents behave constantly, thus agency is part of daily life. People have intention to act, explain and give meaning to one's agency. By defining act and a rule, agency and structure, one can consider these concepts as contradictory, but they don't have to have an antagonistic relation. "(…) Rules and practices only exist in conjunction with one another" (Giddens, 1979:65). Therefore structure is not a barrier to agency; they are complementary for each other's existence.[11]

When we problematize motherhood as a structure, it means that, the pregnancy strategies women choose are shaped by this structure. However thoughts on strategies alter the cultural perceptions which form the structure: motherhood. It is an on-going process.

To make Giddens' definition of agency complete, the understanding of time/space, as an intersection of structure and agency, needs to be added. It is important to highlight the complexity of agency. Action can be different when it is situated in another framework of time and space, even though the circumstances are the same. This means structure and agency are socially situated in time/space as a part of flow of conduct (Bates, 2006:147). If structure is ever relational, it also applies for agency. As Bates (2006) describes, the passing of time for

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[11] Hence, structure and agency don't follow each other up. Bates therefore argues that the focus of scholars should not be on change as the equivalent of agency but it should be on the direction of change. A question as 'how did one react?' instead of 'did one react?' grasps the direction of agency. There's a continuous flow of conduct and change, but in which direction? Thus, agency and structure exist and emerge along each other, at the same time, and operates as a framework for the flow of conduct in time and space.

human beings, so also for researchers, seems linear and cyclical, however time should be understood as an asymmetrical repetition. Asymmetrical repetition is described by Bates (2006) as"(…) night follows day follows night (…) as winter follows autumn follows summer (…). However, no two days are ever the same as no two winters are" (ibid.:155).

We will use Bates' (2006) time/space framework, to explain differences in women's actions. Two women may experience the same difficulties during pregnancy, but their reactions and strategies can be different. We are going to explore why and how it comes about, by using Bourdieu's habitus.

Holten's view on pregnancy strategies [Dieuwertje]

To conclude our discussion on agency Holten (2007) gives us a good intake on the different dimensions of the concepts gender, agency and structure. Gender relationships are certain kind of networks. "Networks are based on personal ties between individuals, but they are also a form of structure (…)" (Brettell, 2002:441). Gender expectations are constructed through behaviour as a structure, which is constantly changing through agency. Like Bourdieu states people are not subjected to structure as servants are to the rules, but they make their own choices. Holten (2007) describes in her research that within the gender discourse of pregnant women in Farabako 'doing nothing' was the best strategy to cope with the limited (modern) healthcare options. This demonstrates the complexity of agency (and structure). Agency sounds too active to cover their strategy however it is the intentional behaviour in contrast to the local gender discourse and health care options. With the help of Holten (2007), we are aware of the different (and maybe invisible) strategies concerning pregnancy.

Motherhood [Lalma & Dieuwertje]

Motherhood emphasized by Feminist Anthropology [Lalma]

"Perhaps only a mother's heart can feel it" (Callister & Khalaf, 2009:36).

Motherhood is an exclusive category; only a mother can understand what it means to be a mother. The above mentioned quote, illustrates that only a mother knows how it feels to give birth. This section will briefly explain the concept motherhood and we will justify how we perceive motherhood. The section interlinks motherhood with feminist anthropology, because this bifurcation ensured that motherhood became a social cultural concept. Feminist studies redefined childbirth, but feminist studies also redefined other subjects and concepts

surrounding childbirth, such as body, sexuality and procreation (Greenhalgh, 1995:4). In our main question, like feminist anthropologists such as Martin (1987; 1991), Ginsberg and Rapp (1991), Schrijvers (1985) and Den Uyl (1992) have argued before us, motherhood is an overarching concept for pregnancy and birth.

According to scholar Martha McMahon (1997) the concept motherhood is not only an individual and secluded matter but is also connected to the dogmatic discussions about family life. Thus motherhood as an identity is shaped by the self and the social. The core issue of motherhood is according to McMahon (1997) a feminist battle about gender and egalitarianism. According to us this battleground can form a structure, whereby we conclude that motherhood can be viewed as structured concept. Fundamental to the political and theoretical disagreements there awakes a question;

> (...) the question of whether motherhood is, in some essential way, an expression of feminine identity or "natural" womanhood (in other words primarily a biological relationship) or whether it is socially structured, an identity produced rather than expressed, and hence historically and culturally variable (Ranson, 1997:400).

Whenever something is perceived as normal or natural (read: doxa) the powerful actors are able to maintain their position, because it is beyond discussion. We believe motherhood is locally constructed, but internalized by men and women as something biological and therefore neutral. This can create friction when someone does not agree with the ascribed status, but it is hard to go against the local doxa.

A feminine status

Birth is seen as a rite of passage into femininity (Callister & Khalaf, 2009:36). In many societies motherhood is related to enduring commitment, care, tenderness and compassion. These assigned characteristics can be viewed as culture. Feminine character derives itself, in relation and linking to another individual, more than masculine personality does (Juschka, 2001:44). This feminine feature is according to us enhanced when a woman becomes a mother, because in numerous societies a mother defines itself in relation to her child(eren). The social relations and personality of an individual (female/male) is not only influenced by a person's behavior, but also by cultural notions and cultural expectations (Juschka, 2001:46). Cultural attitudes and customs affect woman's experience and how motherhood is conducted

(Choudhry, 1997:536). When a woman fails in achieving the role of motherhood, this disturbs her awareness of herself, since the failure to reproduce embodies a failure to meet gender role expectations[12] (Daniluck, 1998:159). Having children for women is most imperative to accomplishing a social status and obtain respect from their husbands, families and communities. From this perspective women are perceived to have natural urges to give birth. This urge is constrained with the female body (Bos, 2007:83). This perspective emphasizes the idea of woman as a biological machine. By becoming a mother a woman achieves the ultimate status of femininity.

"It is believed in many cultures that during pregnancy the other's emotional state can affect the unborn child. There are many beliefs related to pregnancy which influence women and their unborn children" (Callister & Khalaf, 2009:34). The habitus' development, which is a social identity, starts during pregnancy. The unborn child's gender influences the mother's pregnancy strategies, which is based on local doxa.

Cultural expectations [Dieuwertje]

The next two sections explain how we operationalize motherhood. As mentioned, motherhood is going to be emphasized upon as cultural role. Schrijvers (1985) problematizes motherhood by stating it as "(…) one of the key institutions through which women are discriminated against" (1985:118). Motherhood is legitimized by two discourses which follow each other up. First, by nature women can give birth. Second, the gender ideology based upon the biological determinism legitimizes a division of labor[13]. Women's behaviour is set into a cultural, natural and almost universal accepted model which gives them responsibility for tasks such as caring, nurturing and raising children. In our research we try to understand how this structured motherhood comes about, and how this institution of motherhood creates responsibilities, expectations, perceptions, norms and values which form a structure. These expectations are supported by the local doxa and enhanced by women's networks. We asked questions, which seemed redundant to local people, about the daily practices of a mother to find out what these expectations are. Therefore, we needed to speak to women and men, because habitus (read: the social identity motherhood) is formed by the mother herself and the surrounding actors. This identity, shaped vis-à-vis local doxa, influences the way women behave. Therefore, we expect to find a link between self-identity (as a mother) and the strategies women decide upon concerning their pregnant bodies.

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[12] This does not apply to every society; however it is a strong argument which applies for many women.
[13] Schrijvers uses the Marxists approach.

In the back of our minds, we always have to consider that identities are fluid; motherhood is an ambiguous concept; it can shape women's behaviour but also legitimize it.

Strategy as agency [Dieuwertje]

Motherhood is like any structure relational, it influences people's actions but it is also constructed and emphasized upon by the people themselves. And like any other structures it exists in relation with agency (Bates, 2006). Because motherhood is gendered, it intersects with the status of a woman. To be a good woman a female needs to be a good mother. Herein, the structure/agency discourse is entangled. Den Uyl (1992) describes how women intentionally act to maintain their status as the female head of the household by arranging the marriages of their daughters, building houses, and maintaining networks with other women from the village to support each other during a crisis. Men do not play a big role in maintaining their households. Being a mother can demand and at the same time legitimize certain female behaviour (Bos, 2007; Den Uyl, 1992). Their household is the leeway they have and use it to justify their behaviour. We have researched the leeway in the Harpan valley and Dehradun; and we hope to be able to explain how decisions concerning pregnancy are made upon this space of movement.

Schrijvers (1985) describes how women have informal power and authority. Informal power is understood as manipulation or indirect strategy, used by members in a minority position, which according to Schijvers (1985) could be women in any given community or society.[14] Thus, Schrijvers (1985) analyzes these "hidden forms" of power to show women use strategies, resistance, conflicts and emotions to gain authority and exert their own will. We are going to operationalize Schrijvers (1985) informal power into agency. We are going to look at agency as intentional behaviour to discover the leeway women have and use, when they decide upon the favourable situation of being pregnant.

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[14] Manipulation and indirect strategies are however also used by the powerful. Schrijvers explains that powerful and authoritative persons also manipulate in situations where they cannot achieve their goals through formal methods.

4. Context

In the next section I (Dieuwertje Visser) will explain why I did research on motherhood in the Harpan Valley in Nepal. Therefore, I need to elaborate on Nepal's stratification and gender differences.

Nepal's stratification

Nepal is a country, below Tibet (China) and above India, in central Asia. Since 2006 (after the communist era) there has been a republic state. It is trying to embrace a cosmopolitan lifestyle as a new discourse in the cities such as Kathmandu and Pokhara (Pigg, 1996). Because Nepal is a mountainous country facing 'modernity' is a difficult task. While the cities, especially Kathmandu, are industrialized, globalized and "modernized", the country sides, especially the people who live in the high mountains, are lacking access to this lifestyle (Pigg, 1996). Hereby, literature showed there are differences in practices surrounding birth and pregnancy between the cities and the mountainous villages. Social inequality (read access to "modern" health care, increasing personal wealth, access to clean food and drinking water) makes it hard to be pregnant and to raise children well in the mountains of Nepal (Sharma & Subedi, 2008; Craig 2009). As a result, many (young) villagers are moving from the country sides to the cities. Also many men (and to some extend women) try to find a different job than the farming life (Bhagawat, 2012).

I went to the Harpan Valley which is situated in the mountains close to the Annapurna Mountain range and the city Pokhara. There are different villages in the valley; some are easy but most of them are hard to reach. I lived in two villages: Serachour and Adhikaridanda.

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[15] http://www.mahamata.nl/over_ons/stichting%20Werkgebied%20Nepal.htm

They were relatively close to Nagdana where the bus-station to the city Pokhara is situated. It is too expensive for many families to own a car or motorbike. Thus, almost everything is done by foot and public transport. Almost every family practices Hindu religion. It has a constant presence in the villages, but the older generation practices it more than the younger generation. The caste system is abolished officially, but in the villages people still talk about the cast differences. It still plays an important role during marriages; most of the people wants their children to marry with the same caste.

[16]

Gender and motherhood

The gender roles in the Harpan valley are stratified; women need to take care of household tasks, raising and taking care of the children, and work on the local land with the domesticated animals to gather food for their family. After marriage, the new wife starts living with her husband's family. She stays home and cares for the household while the husband tries to find a job or already works abroad. Remittances are a very important source of income.

When a woman is menstruating she has to follow certain practices concerning social script. She is not allowed to enter the kitchen or touch the family's drinking water. It is believed blood from the female body brings bad luck to the animals and to the land products which are important to the economic status and wealth of a household. Pregnancy and giving birth are a "woman's domain" in rural villages in Nepal (Acharya & Rimal, 2009). Because of

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[16] Serachour

the minimum access to local healthcare, local midwives (a midwife is called a Sudeni[17]) and female family-members are the women who have the knowledge in supervising pregnancy. When there are complications the mother can try to call for the midwife or go to the nearest health clinic/hospital. These clinics or hospitals are usually far away and the roads are hardly paved.

The family-line in the Harpan valley is passed through sons. Patrilineal descent and patrilocality (Kottak, 2008) are very important in the villages. Boys are therefore preferred and if a family has too many girls, it is seen as an economic burden (Acharya & Rimal, 2009).

In conclusion, the above mentioned literature has shown that there is a discrepancy in the gender expectations between women and men. I believe this is restricting women in making choices and decisions about their pregnancy. However, the women (my informants) should not be seen as powerless and/or submissive. Within every structure people (and therefore pregnant women) act through different strategies to support the self-vis-à-vis the local doxa. I will describe these gender expectations, which arise from cultural perceptions and local practices, and explain how these views influence the pregnant strategies in the Harpan valley of Nepal.

Guest families[18]

I stayed with three different guest families. The women (but also the husbands and their family members) became my key informants. Their names have been figured to protect their privacy. I stayed with Mahadevi's family for five weeks. Her husband and she

have three children. Her husband works in Pokhara and is only home (in Serachour) in the weekends. For two weeks I lived with Aarushi "own" family. She just gave birth to her little girl and she stays with her own parents, brother and her brother's wife in Adhikaridanda. Her husband's family lives in Serachour. Her husband visits her when he has spare time. The last

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[17] www.stichting-maya.nl

[18] Picture: I am helping with beating the grain. After the beating, it becomes flower whereupon bread is made. So far, I have only seen women do this task.

weeks, I lived with Nirmala. She has a daughter and a son. Her husband works abroad and has not been home for a couple of months.

Dehradun (North-India)

This section focuses on Dehradun. It will give some information about Dehradun's structure, gender differences, motherhood and delivery practices. At the end, I (Lalma Rashad) will explain my position in the field.

Dehradun

Dehradun is relative prosperous in regarding to other states in India (Bourai et al., 2009:202). Approximately ten years ago, Dehradun became the capital city of Uttarakhand; this has created a situation whereby a lot of people of the surrounding villages have moved to Dehradun city. Dehradun is more crowded than ten years ago[20].

The citizens of Dehradun have diverse religions (Hinduism, Islam, and Christianity) and for many people is religion an important element of life. They practice their religion daily, thus also during pregnancy and after birth. Within these boundaries a pregnant woman and young mother practices her leeway.

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[19] http://www.euttaranchal.com/uttaranchal/uttaranchal_tourist_maps.php?id=dehradun
[20] Office of the Registrar General and Census Commissioner

<u>Gender</u>

The North-Indian woman has regularly been portrayed as a woman who is covered, mute in front of her relatives and the one who unquestioningly accepts her inferiority. Such a homogeneous representation of female submissiveness in India has an exceptionally long history (Raheja & Gold, 1994:4).

India's nationalism has influenced the ideological image of gender. Nationalism created an image that portrays women as guardians and keepers of traditions. This portrayal is also notable in Dehradun. Many women, especially young women, are considered as a group that must be controlled and monitored. This has implication on how motherhood is experienced and formed. This controlling and monitoring is linked with security. There exists some fear about the security of women among locals in Dehradun. By controlling women and therefore also mothers, the surrounding (mothers, fathers, husbands and in-laws) thinks they can shelter women from danger.

It is important the women in Dehradun are not portrayed as helpless and mute but there must be a focus on "(…) the processes by which women are rendered 'mute' or manage to construct dissenting genres and resisting discourses" (Raheja & Gold, 1994:23). "(…) The discourses in which they are constructed and negotiated, may subtly but distinctly alter the widely ramified networks of relationships in which both men and women live their lives" (Raheja & Gold, 1994:20).

<u>Motherhood</u>

In Dehradun parenting reinforces someone's status. Parents are considered riper and proper than a childless couple of a similar age[21]. It is believed that having children make people more accountable and credible in the family and the community. This idea is stronger associated with women than men and this notion also exists about marriage. Women in Dehradun are informed about the glory of motherhood and most women want to pursue this notion. In Dehradun there is mutual monitoring of people's performance, including the most important, fertility performance (Patel, 1999:443). If a couple does not conceive a child, then the surroundings have the impression that there is something wrong with this particularly couple.

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[21] This shown in the following quote of a father that I have interviewed; "becoming a father is a blessing. If you are a parent, it is seen as an honor for us. Children are a gift from god. It is an honor for me and for my wife that we have a child. We will grow as a family; children are the future (…)."

<u>Delivery</u>

Pregnant women's position in Dehradun, depends upon where the delivery takes place (in a government hospital or private hospital). In a private hospital a woman has more choice in whether certain practices surrounding birth will be performed. There exists a big stratification between a government hospital and a private hospital. The government pays a big portion of the bill if a pregnant woman goes to a government hospital; in contrast to a private hospital where she has to pay the bill by herself. Thus, most of the underprivileged people go to the government hospital.

"In India, birth remains a woman's issue, and the role of men is minimal" (Choudhry, 1997:536). This is also the case in Dehradun. I observed this phenomenon; the husband is present during the delivery (in the waiting room), but he is not present during the actual birth (by this I mean present in the delivery room).

<u>Fieldwork</u>

22

My main contact in Dehradun was dr. Singh. I came in contact with her through a relative. She is a genealogist in the Doon hospital. This is a government hospital. Dr. Singh helped me with finding an interpreter (Reika). I used two interpreters. I found my second interpreter (Eesha) through the help of a family member of the guest family I was staying with. I often went with Reika to the hospital and she also went along during interviews with the Aasha's who helped me. Eesha also helped me to contact women outside the hospital. This helped me broadening my informants population. Finally, it is important to know I figured all informants' names except for Dr. Sing.

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[22] O.P.D of Doon hospital

5. Empirical chapters

Socio-cultural factors of motherhood (Dehradun)

Here we want to outline a genuine portrait about motherhood in Dehradun. Therefore it is important that pregnant women and young mothers are not considered as submissive and powerless. I have encountered numerous women who act within and outside "the boundaries" of existing cultural perceptions (whereby sometimes doing nothing is the best option). Some women, who behave outside these boundaries, go against what others perceive to be "good" behaviour.

> "Family is from the old time and at that time this kind of facilities where not available, so their advice (is) also from the old times" (24 year old mother).

Nowadays, our informants have access to hospital facilities. This quote is an example how existing facilities shape women's agency concerning their pregnancy and therefore do not have to conform to their family's advice.

Life transitions

During conversations and observation in Dehradun, I have tried to capture the life transitions of a woman. Throughout ten weeks of research, these transitions became apparent. We emphasize on the three main life transitions in a woman's life: going to school, marriage and becoming a mother.

The first important element in women's young life as well as for young men is education. Many informants emphasized on the importance of education for their children. The people, who can afford education for their children, will ensure their children go to school (boys as well as girls). During this first life phase, the gender discrepancy seems to be less visible.

Marriage is the next most important and in certain cases fixed life transition, especially for a woman. As a young single mother said; "in India, every girl gets married, if you do not get married you probably have family problems or personal problems. Your parents will find you a partner, the education and family status of the partner is important." Many informants told us they cohabit after they were married with their in-laws. Many young women

emphasize life before marriage as "quite normal", "you can go anywhere", "you do not have to ask for anyone's approval/permission", but after marriage they have to ask permission from their husband or his family. However, this contradicts with some of mine observations. I have observed that many girls (who were not married) had to ask permission from their parents and they were regularly checked upon by their parents. This elucidates the cultural notion that a woman should be constantly protected, monitored and controlled. Throughout my research, everybody wanted me to be safe. I was considered a young girl, who did not have enough knowledge about India. I had to be protected and therefore I was constantly advised on how I should behave; what to do, what not to do, when I could go out and when it was not save to leave the house.

Family member's approval is very important during marriage and responsibilities for women increase. I noticed, informants interconnect marriage with parenthood. The use of the identities "wife" and "mother" interfaced. A mother/wife has to care for the child's activities. She controls what the child is doing. She has to feed her child, look after his/her clothes, clean the house, but she also has to look after other family members (including her life partner). Faiza, a teacher from an all-girls elementary school, said during an informal conversation:

> "A good mother does not only take care of
> her child and her child's education, but also
> looks after her family, her mother in-law and
> sister in-law and invest in these relations; this
> is also an important issue."

This quote gives a reflection of the existing gender expectations. These gender expectations are beyond discussion and this can be seen as local doxa (Brand, 2001). It is expected from women to do household chores, to become a mother and to maintain a good relationship with family members. Local doxa influences the expectations which arise by others and the mothers themselves during married life and motherhood. These perceptions are based on the characteristics that are allotted to mothers. Mothers should have nurturing and caring qualities. Every mother internalizes these qualities differently (Grenfell, 2008; Brand, 2001). Even though, every actor has a different internalization behaviour is always shaped vis-à-vis local doxa. Mothers' actions are constructed through the interaction with herself and her family members, like Giddens (1979) states there exists a two-way relationship between structure and agency.

I have also encountered women who do not have contact with their in-laws and in a

few cases also not with their own family[23]. These informants have turned to heterodoxy, because the current doxa does not suit them or they have found a different and better state of affairs for themselves (Brand, 2001:24).

For many informants (women as well as men) is becoming a parent a transition which each individual must experience in her or his life. Parenthood is considered to be the next phase after the wedding day and during marriage. The women I have spoken told me, when a couple cannot conceive the husband and his family will blame the wife/daughter in-law. I encountered a young woman in the Doon hospital who could not conceive. She had been married for two years and she was not able to become pregnant. She told me how much she dislikes not having children and she and her husband spent all their money on treatments to get pregnant. She expressed she felt an ambient pressure, because it is natural for a woman to become a mother. Her self-image is disturbed, since the failure to reproduce embodies the failure to meet gender expectations (Daniluck, 1998:159). Her story reveals the hierarchal positions within family life. Motherhood represents a higher position than a young daughter in-law without children. This also reflects Martha Macmahon's idea (1997). If a daughter in-law cannot conceive a child she fails to reach ultimate womanhood. She can ensure her position within her family household by giving birth to a daughter or son. Motherhood as an identity is shaped through expectations from family members. Thus, the concept of motherhood is not only an individual and secluded matter, but it is connected to the dogmatic discussions about family life.

Inherited knowledge

> "(…) before doing anything I think about
> my daughter, she is my primary concern.
> Whatever I do I put her in my mind (…)."

For many women their whole adult life is about their children. Their children are their first priority. The child's well-being is more important than the spouse and other (in-law) family members. The nurturing aspect of parenting is usually carried out by the mother. These nurturing tasks becomes a knowledge only women know. Thus, some informants highlighted their inherited knowledge[24]. "(…) the very basics of culture, the practical taxonomies of the habitus, are imprinted and encoded in a socializing or learning process which commences

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[23] This was especially the case when women went against the existing cultural notions, e.g. marrying below your caste or marrying someone from another religion.
[24] This knowledge is mostly inherited by the mother in the household.

during early childhood (Jenkins, 1992:76). What has been said about motherhood during their upbringing has an influence on how motherhood is evaluated and constructed. Motherhood is evaluated as something "good" and "important" in life. This constructs pregnant women's conduct. Eila is pregnant with her first child and said during an interview:

> "It is a big opportunity to become a mother. It is my first child and my husband is very happy. I am happy. My mother said that when a woman becomes a mother then a girl becomes a woman. Her life is then meaningful and the circle of life is then rounded."

Her emotions show her subjectivity which is based upon the general evaluation of motherhood. The crux of the matter is that Eila is happy about her pregnancy, this demonstrates her "subjective self", but this happiness is to a certain extent influenced by the notions that she inherited during her upbringing. This inherited notion can be seen as the "objective social" (Grenfell, 2008:50). Many informants expressed happiness about their pregnancy. This emotion finds its foundation from reactions from family members. Hence, motherhood as a social identity is created through a process of conditioning. Edha articulated on this notion and explained in what way motherhood is considered normal:

> "(…) I think for a girl or for any female being a mother is an experience itself and whatever you hear from others when you become a mother yourself it is absolutely a different feeling. It comes from inside, you don't think about it or learn, it happens by itself. I thought making her bath would be very difficult but when I started it was so simple for me. Doing everything was very simple for me and when I saw someone else doing it I thought how will I be able to manage. It just came all of a sudden, teaching her, learning her poems (…)."

Concluding, motherhood is linked with strong emotions like happiness and it also confirms a woman's status within family life. For some women becoming a mother is a way to ensure that their husbands will stay with them, but also to satisfy their family in-law. Therefore, having children is an imperative way to accomplishing a social status and obtain

respect from their family. Moving on, we presume that gender expectations is strongly influenced by the characteristics that are allotted to mothers. Within this framework we state that becoming a mother is one of the most important ascribed characteristics of a woman. To maintain a good status within family life, women have to fulfill the expectations which come from her social surroundings.

<u>Household tasks</u>

Mothers are always to certain extent busy with the household, even if they have a maid and have a job outside the house. Most of the mothers always cook and they are most of the time helped by the girls or women who also live in the same house. There is a gender difference prominent in the household, because the girls of the house are helping with household tasks and boys do not usually help. Most men do the outside chores like the grocery. I have also seen exceptional cases where the husband does help with the household tasks. In most cases whereby the husband does help with the household chores, the mother has a job outside the house.

I have observed that most mothers take on the task of feeding the children and ensuring that the children and other family members have enough to eat. They also wash everyone's clothes and they clean the house. We recognized in this household task distribution the existing doxa about gender expectations and the characters that are allotted to gender. This illustrates how women's behaviour is set into a cultural, natural model which gives them responsibility for tasks such as caring, nurturing and raising children. Such gender ideology is based upon the biological determinism which legitimizes this kind of division of labor (Schrijvers, 1985:118).

Pregnancy strategies (Dehradun)

In this section, we discuss the medical options, local practices and network for pregnant women in Dehradun. These are determining elements for the framework wherein a pregnant woman can shape her strategies. Medical options give an indication of what kind of options the women have. Local practices create boundaries for women. Networks give an indication on what kind of help the pregnant woman can have and how she can use this in forming her pregnancy strategies. Sometimes networking itself is used as a form of pregnancy strategy. This gives a display on how much leeway a woman has, how a woman can manoeuvre within the boundaries and how she uses the medical options, local practices and networks to form her pregnancy strategy.

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Medical options

There are several hospitals and clinics in Dehradun. There are private and governmental hospitals in Dehradun. Private hospitals are very expensive compared to government run hospitals. If a woman is not able to pay the fee, the government pays for the checkups and a large portion of the medication. It is therefore not surprising that most of the underprivileged women go to the government hospitals. Consequently the medical network of these women is limited compared to with an average or high income.

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[25] Poster at Doon hospital. It shows the medical information women get in a governmental hospital.

During our research some of the informants said that private hospitals have more facilities and is a lot calmer. Through my observation in the Doon hospital (a government hospital) I also noticed that it was very crowded and the staff does not have enough time for every patient.

By the entrance of the hospital the gynaecologist was waiting for me. She said: "walk with me", and I followed her. We surpassed a kind of garden where many people (men, women and children) were sitting, standing and some were lying down. It felt like an outdoor waiting room. We passed many rooms and then we stopped in a room that was crowded, there were not enough seats for the people a lot of people were standing. It was evident to me that the populations within the waiting room where young, there were a lot of young (average age was 20 years) men and women. After the gynaecologist talked to a nurse we entered another room, there a woman was sitting, who had a white coat on. The gynaecologist introduced me and said that I can sit on a chair in the room. Sitting in the chair, I noticed many women came into the room, they had forms with themselves and the two physicians had a short talk with the women, filled the form and sometimes checked their bodily development. Every time the doctor was finished with a patient, the doctor pressed a button and a number was called out by a nurse in the waiting room and then a pregnant woman would enter the room. The room of the examination was filled with pregnant women, two doctors, sometimes there entered few men to sell medicines to the doctors (they carried flyers with them and gave this to the physicians) and at the door the women's husbands were waiting. It was obvious the pregnant women were impressed and intimidated by the doctors, because the women would whisper while giving answer to the doctors.

At one moment there entered a woman the room, one of the doctors was filling the forms, when she looked up she saw the woman. She looked at the other doctor and whispered

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[26] Left picture: Doon hospital's waiting room. Right picture: Doon hospital's ambulance.

something to her; the other doctor looked worriedly at the woman. Then one of the doctors asked the woman to take off her scarf so she can examine her. The woman was coughing while walking towards the doctor. When the doctor was finished with examination she asked the woman few questions, and the pregnant woman answered. The doctors talked to each other and then one of the doctors looked at the pregnant woman angry and said "I remember you. You have given birth here before". The physician looked at the other doctor and said we had such a hard time delivering her baby, we said to her that she must never get pregnant again and if she did get pregnant she must go to a bigger hospital, because we do not have the facilities for this kind of problematic pregnancy and birth. When the doctor was finished with explaining the situation to the other doctor, she looked at the pregnant women and asked her to call her husband. The nurse exited the room and came back with a short man. The man was quiet and sat down on a bench next to his partner. While sitting there he did not look at the doctors and one of the doctors was giving him a lecture, during this period the man shrank and looked at the floor and said nothing to the doctor.

Women do have medical options, but if a family does not have a regular income then they have to go to governmental hospital. These hospitals are not able to help every patient sufficiently. Pregnant women can either choose to go and have this kind of help or give birth at home. Thereupon, they decide to go to the hospital. I felt that the doctors and nurses tried their best, but the government has not invested enough in hospitals to care for all pregnant women in Dehradun. Sometimes, it made me uncomfortable because some pregnant women were in lots of pain without being listened to.

However, the governmental hospitals were also visited by locals with a high income. This shows that the reasons people have to go to a governmental hospital are subjective. Firstly, my informants thought that the doctors in the governmental hospital where more experienced, and they said that in governmental hospitals the nurses and doctors help and advice more. Secondly, the private hospital's bill is sometimes even too high for locals with an average income.

One of the ways the governmental hospitals try to help the pregnant women is by designating an aasha to a neighborhood. An aasha is a traditional birth attendant who operates as a care provider. She is assigned to a certain neighborhood. Every pregnant woman in this particular neighborhood will be approached by the assigned aasha. They accompany women during their pregnancy and the first weeks after birth. They go along with the controls, inform pregnant women and help when a woman is in labor. An aasha is trained by the government

and she will be paid extra if the woman, whom she has to care for, gives birth in a governmental hospital. The doctors, I have spoken to, say that the government stimulates women to give birth at a hospital by appointing an aasha to a neighborhood. "The government tries to avert homebirths", Dr. Singh said in a conversation. She added that there were many midwives, but these numbers are decreasing and they are replaced by the aasha's.

I met an aasha in Doon hospital. Eta has been working as an aasha for two years and she helped me with getting in touch with pregnant women. She is an example of an average aasha, she lives in the neighborhood where she is active. This proved to be convenient. Eta knows her neighbors personally and therefore she is always informed about the latest development. Thereby, she has her own children and therefore she has experienced pregnancy and birth. Her personal experience with birth and her active membership of her neighborhood made her a suitable to become an aasha.

Local practices

We illustrate in this section that there are many practices during pregnancy and after birth. These local practices can have two effects for a pregnant woman. Local practices can sometimes obstruct space of movement for pregnant women; but local practices are also occasionally used to enhance the position of a pregnant woman. When we asked about local practices many informants linked it with a religion. Therefore the local practices that are discussed are often linked with a religion. Religion is visible in daily life and practiced by many locals.

The medical options that pregnant women have are not the only factor that influences the pregnancy strategies; local practices also have a large impact on how women form their pregnancy strategy. Local practices as an overarching term set (like medical options) a framework with boundaries wherein the women manoeuvre and form their pregnancy strategies.

There exist different ideas about taking in food during pregnancy. Hot food is for the first three months avoided, because it is believed that this can cause a miscarriage. Hot food grows under the ground (garlic and onions), grows in the winter or is eaten in winter; this reinforces emotion, passion or temperament. This practice is common for the Hindus. On the sixth day after birth (this differs for everyone, it is not fixed) people go to the priest. The priest sets the horoscope of the baby and provides the first letter of the name which would be given. On the eleventh day the priest comes along and holds a ceremony and the baby is given

a name (a naming ceremony)[27]. The Christians[28] in Dehradun also have a naming ceremony like the Hindus but they also have baptism and this is considered a very important ceremony. A woman we have spoken to articulate the importance of baptism very beautifully. She said:

> "We have a name ceremony, it depends on the person whether they will hold this within one month or two months or six months after the birth. But the baptism ceremony is very important for us. We do this after one, two or six months; some people do it during the first birthday. You bring the baby to the church; the father prays for him/her and sprinkles holy water on the child. In the prayer the parents are thankful for giving them their children. Baptism is important because we thank god. We say this is through you and because of you the baby is for you (god) you have to take care of it, the baby will grow the way you want him to grow, the baby is yours and we pray that God keeps the wrong away from the child and make him develop through you. Some do baptism after birth but some do it when the child gets mature, like 15 or 16, when the child comes to know what the religion means and what has Jesus Christ done. The baby has to have the blessing and grow in the name of god and follow his path."

For Muslims it is a custom when a baby is born to distribute sweets to share/show their happiness with others. This indicates that having a child is a social event, and that it is significant that everyone should know. It is also a practice that the baby should not leave the house for 40/45 days. Because the mother provides for to the baby, it is expected that she also stays at home. After this period there is a "mundane", the hair of the baby is shaved and then the baby can go outside. This illustrates that taking care of the baby is considered a task of a mother. When the baby is born at home there is, on the sixth day after birth, a prayer. Prayer is over the bed and the midwife is invited and she gets gifts. The mother is dressed as a bride, and then the brother in law grabs her by the arms and walks with the mother and the child outside. The brother in law shows them the stars; it is believed that this brings happiness. From these practices, one can conclude that the brother in law is an important actor within the family.

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[27] This is the hidden name; one does not speak that name out. People call the child by another name. Al the people who attend the ceremony know the name. There are five names given, with the letter that the priest proposed. The hair of the child is also shaved. This is done because it is not considered clean. The hair is shaved and strewn in the Ganges River. The combed hair should not be dumped. It must be kept and together with the shaved hair sprinkled in the Ganges River. This river is considered holy. One bath in the river is believed to purify one of all sins.

[28] According to a lot of my informants Christians do not have traditions during pregnancy. But after talking with my informants I think there is evidence of some traditions during pregnancy, like Baptism.

All the above mentioned practices exemplify the importance of religion during pregnancy, after birth and in their daily life. Women are expected to manoeuvre within this constructed framework to form their pregnancy strategy.

A woman's menstrual period has also an impact on the daily life of a woman. A Christian young mother said in an interview:

> "One thing I have noticed in India and I do not know if it is true about other countries. During your period you are not allowed to enter a kitchen and I was not aware of this, after the tenth day after delivering. I said okay mama I am going to prepare this; she said no you cannot prepare anything because you are bleeding. After the delivery you cannot touch anything until 11 days or 21 days we have then a prayer and then you can prepare food. During the prayer family members are present and we distribute sweets among our friends and relatives. This ritual is everywhere in India. I felt like my mama is giving me rest so I just spend my time reading and watching TV and talking with friends."

Reika informed me that the menstrual cycle can also have an impact on a Hindu woman's daily life. During the menstrual cycle, women are not allowed to go to the temple and touch a cow; this is because women are not considered pure during their menstruation. Women are also not allowed to enter the kitchen, because the kitchen is considered as a sacred place. Because many women suffer from bleeding after childbirth this practice makes that the women have limited access to particular areas and therefore they are also limited in their movement and leeway. However, it is important to note that this practice does not apply to everyone.[29]

When asked about whether our informants had any expectations about the gender of the child, the usual answer was that it does not matter if it is a boy or a girl. Many Hindu informants said that they want a girl, because a girl can bring happiness and prosperity in the family. She is then associated with the goddess Lakshmi. This goddess represents wealth and beauty. But from the informal conversations I had with Dr. Singh, I concluded that some of the answers were socially desirable. The importance of gender is sometimes very subtly expressed. I recognized this during delivery, when the doctor said to the mother that she had

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[29] An informant said during an interview that she only found out about this practice after her delivery. She was not allowed to enter the kitchen after the birth of her daughter. She was before this not aware of this practice, thus it is not a decisive and always visible local practice in Dehradun.

delivered a girl, most of the mothers expressed disappointed. There is another subtle difference according to dr. Singh. When parents have given birth to a boy they say we have a son, but when they give birth to a girl they often say we got a girl. This shows the importance of the child's gender. Parents appropriate a boy to be their son and thus their child, but if they have a girl the ownership of the child is not emphasized. The importance of the baby's gender prevails according to us because of existing cultural perceptions. Many parents contemplate that a girl will leave the house when she is married and a boy stays at home, so they attach great value to the child's gender. Also a boy carries the family's name and he ensures that it continues to exist. This notion affects how the mothers experience pregnancy and how much pressure they feel during pregnancy to give birth to a boy. This pressure comes from the social environment, but most women also maintain this notion themselves.

Another important local practice is to avoid heavy work. This practice is based on doctor's advice. Husbands must help their wives; his family and he take over physical tasks. Most of the time the mother in-law or the sister in-law will help out the pregnant woman with the household chores, because a lot of married women live in a joint family. This means that during pregnancy women have more leisure time and leeway in terms of household chores. This illustrates why and how a woman accepts local practices and how they sometimes can benefit from this and use it as a pregnancy strategy.

Networks

> "Your in-laws will help you with the upbringing of the child and during pregnancy. They will be helpful if you have a close relationship with them. It is a mutual relationship. You must do something for them, so they will pay back by helping you" (Faiza).

During our research it was noticeable that the pregnant women are mostly accompanied by their sister, sister in-law, mother and mother in-law during the controls. During the delivery husbands and aasha's are almost always present. As one woman said during an interview at Doon hospital, "my aasha has helped me a lot during my birth she has ensured that I was helped immediately and I got a bed." This clarifies that female relatives, husband and aasha's (if the woman goes to a government hospital) are important actors within the networks of pregnant women in Dehradun. The elderly women in the family also assist the pregnant woman by helping and guiding her during her first pregnancy and also during the first weeks

after birth. Many women we have encountered mentioned they live in a joint family and help their in-laws. This is how women in Dehradun can ensure they have networks during defining moments, this includes pregnancy. "Networks are based on personal ties between individuals, but they are also a form of structures (…)" (Brettell, 2002:441). These mutual relationships consist of expectations (structure) and therefore also gender expectations. When these expectations are met by pregnant women, the women can broaden and strengthen their network and activate it when they need it.

It is significant to state that I have noticed and marked a difference among educated and non-educated women. Non-educated women are mostly housewives, thus their husbands work. When the woman is educated both partners usually work and the husband usually helps. This is shown in the following quote of a teacher that I have interviewed; "when I am busy and he sees this then he helps me by cooking for us or changing diapers or giving the kids a bath". An explanation for this is that everybody internalizes the social structure in a different way. Here, the different internalization of the social structure may be due to a socioeconomic difference and access to education.

<u>Leeway</u>

Many women did not have any information about pregnancy, before becoming pregnant. But during the pregnancy most women are informed and advised by elderly women (mother in-law or mother), their ashaa or their doctor. An example of the advice that pregnant women received is illustrated in the following quote:

> "Before pregnancy I did not know anything but after I became pregnant my mother and my mother in law said to not to do that and to do this. They said I must not pick have weight items, you have to take care of how you sleep, the sleeping position also matters, do not sleep much and you have to work it is not like that you stop with everything. My doctor advised me to get vaccinated after three months. After five/seven moths my doctor advised me to take and an ultrasound. They do this to know whether the child is healthy, the food supply is proper. What the mother eats that goes to the baby so you have to take care and be sure that everything is fine."

Pregnant women's networks are therefore very important in obtaining information about pregnancy. By acquiring general knowledge about pregnancy, a pregnant woman is more capable of forming pregnancy strategies. We assume that keeping actors within her

networks satisfied is also a form of pregnancy strategy. As mentioned before, some of the women vision their relationship with their in-laws as a "mutual relationship", by satisfying their in-laws the women can ensure they have more leeway. However, in some cases the elderly women sustain a male dominance in the household, senior women often adopt male like positions of influence and authority, which sometimes can be used to subjugate less powerful women in the family (usually the daughters in-laws). In an exceptional case in which I have encountered this, the mother in-law was not satisfied with my informant Farzana as her son's partner. This dissatisfaction of the mother in-law tightens the boundaries of Farzana's movement and therefore also influences the pregnancy strategy options that Farzana has.

Many women go for regular controls and get an ultrasound. However dr. Singh mentioned in an informal conversation, that the underprivileged women do not have always the time to go for controls during their pregnancy. Most of these women do not work, but their husbands are working and the women have to take care of their other children, so they do not have the time go to the hospital. This interfaces an important concept within our research: social capital. These women have less social capital than the privileged pregnant women and this has implication on the amount of pregnancy strategy options that these women have.

I have been informed that during the delivery some women cannot speak out what will happen to their body. The women cannot make choices about their own bodies. If the doctor asks whether the woman wants a caesarean, most of the women are not entitled to make the choice about whether the caesarean will happen or not. The in-laws usually determined what happens. Dr. Singh said that many women are seen as a mean to get a baby. Thus, the baby's health is more important than the mother's health in the eyes of her in-laws. This shows that the in-laws and the partner are important actors during the decisions-making process. These choices can confirm gender roles in a relation.

As mentioned in the section local practices, many pregnant women do not do heavy physical tasks. They let their spouse, their mother-in-law or their own mother do these jobs for them. Heavy household chores are often associated with damaging the baby. The pregnant women predominantly use the avoidance of heavy tasks as a pregnancy strategy. After all they benefit, because they obtain more leisure time.

Socio-cultural factors of motherhood (Nepal)

"Everybody can manage and take the job of motherhood. You will lose your free life. You can't go anywhere. But you can do it" (Aarushi).

"Mothers live for others, for children" (Bhoomi).

Being a girl

The water always runs because Serachour lays halfway down a mountain. There are multiple water taps in the village. They can be used by any family. Some families have their own tap, but most women wash their clothes alongside the road at the communal taps.

Three women have squatted down in a big concrete sink beneath a running tap. Their colorful saris are hanging in the water. They don't mind their clothes are getting wet. "Taato?" I ask. "Taato, taato" one of the women replies. I can see the sweat drops on their forehead. Once again the sun is hanging in the middle of the sky burning its way down. It is hot today, but the daily tasks have to be done.

All three women brought their own bowl filled with a pile of dirty clothes. One of the women throws a big red sari into the water. It falls down as a flat football making a plump noise when it reaches the bottom of the sink. Their heels are touching the ground while they squat down and rub the clothes back and forth. They use strong hand movements to wash the saris. Further down the path, another woman is washing her hair under a different tap. Washing clothes is a daily activity, but it is done by women and girls only.

[30] Left picture: an example of the local water taps. Right picture: an example of the houses in Serachour, the Harpan Valley.

The construct motherhood does not start with the birth of a child. The child's presence is necessary to be named a mother, but the mother's behaviour as a social role is created before she enters actual motherhood. The social construction of motherhood finds its foundation in the "creation" of gender roles; growing up as a girl and entering marriage. The social construction of gender, in terms of leeway and division of labour, shows how meaning and identity is given to "being a woman" (as well as "being a man") (Den Uyl, 1992:33).

I have observed how Mina washed all of her family clothes many times. Mina is hardly ten years old. Usually, she is carrying her little two year old sister on her hip. Aarushi told me while she was growing up she was always conscious about her own mother's behaviour. She knew that her mother's tasks were going to be her tasks. Mahadevi has two daughters. One is almost 20 years old and studying to become a nurse. She is living in Pokhara and not in Serachour with her mother. Mahadevi's second fourteen year old daughter still lives at home and when she does not have to study, she is obliged to help with the household activities. She has to cut the grass or cleans the dishes, and once I caught her hiding from her mother, because she was fed up with doing these tasks. While growing up girls are expected to do these tasks. This can be seen as the objective social that becomes internalized. The habitus is being formed as the social embodied (Grenfell, 2008). So, when the girl becomes a woman (mother) she knows what to do to maintain the most favourable status within a household as the daughter in-law. However, everybody internalizes this differently.

When Nirmala is having her menstruation her daughter Manisha has to do the cooking. Nirmala has two children; a daughter and a son. Even though, Nirmala wants to change "women's positions" in the villages[31], it seems like she automatically asks her daughter to clean and cook instead of asking her son. Nepali women are not allowed to cook (or even enter the kitchen) when they are menstruating. One day, Manisha and Nirmala both got their menstruation. Samu had to do the cooking but did not want to. Thus, Nirmala asked her sister (who also lives in Serachour) to make us dal bhat[32]. Samu told me he asked his mother once why she could not cook during her menstruation. She shouted at him: "That is our culture."

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[31] Nirmala is a very active member in the local women's group. She helps women (and couples) by giving them advice about marriage and relationships (for example: the daughter in-law and mother in-law relationship). The women's group focuses on three different subjects: justice, health and agriculture. The women of the justice group focus on domestic violence, drug abuse, and relationships within the families. The health group gives advice about healthy drinking water and food (for example: the right nutrition for babies). The agriculture department focuses on the development of the farming life. They want to stimulate a market so people can sell their surpluses and make some extra money.

[32] Dal bhat is the meal which Nepali people eat twice a day, in the morning before ten o'clock and in the evening around nine o'clock. It consists of rice, a vegetable curry, pickles and a lentil soup. Usually, it is served as a vegetarian dish. For special occasions, or if someone in the village slaughters a goat, dal bhat will be served with a little bit meat.

Practices which are believed to be beyond discussion and explained as "that is normal" reflect local doxa (Brand, 2001). Cooking is considered a woman's task. When her son confronts her with the fact she is actually able to cook, then Nirmala uses her menstruation to "get out" of this task. She considers it a relief that she does not have to cook three days a month. The reproduction of notions (not cooking while menstruating) occurs, but it does not occur uniformly. Nirmala as an agent decides to do otherwise (Lawler, 2004:112); she enjoys not having to cook. At the same time she confirms local doxa by asking her sister (another woman) to cook for them when she is not allowed. Even though, she is not obedient to rules, women's tasks like cooking are the internalized objective social (Grenfell, 2008; Brand, 2001; Bourdieu, 1977). Like Giddens' (1993) theory about structuration: all actors are professionals in the social systems they make and replicate in their demeanour.

Marriage

"There are two things certain in life: marriage and death" (Aarushi).

"Marriages, social institutions par excellence, are possible when the human libido is controlled and social form is given to it. The division of labor between the sexes contributes to this. (…) it means that specific personalities for men and women are created" (Den Uyl, 1992:32, own translation)[33]. In the Harpan Valley (as for the rest of Nepal) marriages are arranged. Family members, but usually the parents, decide who is going to marry their child[34]. After marriage it is considered normal for the new bride to move-in with her husband's family[35]. Vajra explained to me that the family's wellbeing, in terms of economic and social status, is very important, therefore parents want to have decision-making power in this process. Children are allowed to refuse a proposal, but usually they conform to their family wishes. This shows the importance of family (as a network). I asked Vajra about her feelings towards her marriage[36]. She felt scared and uncomfortable at the time of the wedding. While I was doing this interview[37], my translator and I found out that Vajra's daughter just got

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[33] "Huwelijken, sociale instituties bij uitstek, zijn eerst mogelijk wanneer de menselijke libido beheerst wordt en er sociaal vorm aan wordt gegeven. De arbeidsverdeling tussen de seksen draagt hieraan bij. (…) houdt in dat er specifieke sociale persoonlijkheden, mannen en vrouwen, gecreëerd worden" (Den Uyl, 1992:32).
[34] Inter-caste marriages are allowed, but most parents want their child to be together with somebody from the same caste.
[35] Sita told me it is expected for the bride to cry during her wedding. As a woman, you are leaving your own parents' home. This home represents safety. You were being cared for by your parents. After marriage, you become part of a family which you have to care for, because you are the new daughter in-law.
[36] Vajra got married at 18. Her father's family decided upon her marriage. She got comfortable with her husband after the birth of her first child. She had the feeling her husband takes care of her like a mother.
[37] My translator, Renuka Kunwar, was present during this interview.

married, which was arranged for by her parents. Vajra's daughter was present during my conversation with her mother and I asked her if she was excited about her marriage. She replied she was not. Vajra's daughter is still living at her mother's house, because she rather wants to focus on her study than on her married life at her husband's house. Vajra explained that her daughter's husband now pays for her daughter's education. As Aarushi told me: "to marry means to lose a little freedom." Many women feel restricted to their husband's house, because household tasks are expected from them after the wedding. However, Aarushi did also advise me to get a good and caring husband. Nirmala explained me that she wants her children decide for themselves whom they marry. The substance of marriage is discussed among women in the Valley, but marriage itself is beyond discussion.

I felt conflicted to hear many women consider marriage as something boring[38], difficult[39] and uncomfortable[40]. Married women have to reckon with gender related expectations which they usually do not feel like doing. However, marriage also improves social capital, because these women's networks expand by taking on their husband's family. That is why Aarushi advised me to get a "good" husband. Then I will be able to reach goals for myself. Thus, marriage is a structure (as the objective social which influences an individual's behaviour) and the women are agents (the subjective self) in using their husband's economics[41] and family members to feel at ease. This touches Mcmahon (1997) critics on motherhood. It is an identity which is socially constructed and produced rather than expressed from femininity. To feel at ease, these women have to satisfy their husband family's wishes. These wishes reflect the household activities. Then, the family in-law's resources prove to be very useful during women's pregnancy. It can enhance their leeway. We elaborate on networking in our chapter about pregnancy strategies.

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[38] Kopula and I were lying on a bed together. We were trying to make small talk (her English is not good and my Nepali is even worse). She took a deep breath, yawned and said: "marriage is boring."

[39] Mahadevi said her married life was very difficult. She had many miscarriages and she always has to work on her husband's land by herself, because her husband has a job as a teacher in Pokhara.

[40] Ekantha told me it took a year before she actually could have a comfortable conversation with her husband.

[41] Vjara's daughter's education is paid for by her husband. Also, Sunita's husband pays for her English classes and her clothing.

The household life in the Valley

The space wherein these mothers behave is somehow always close to the three (out of four) natural elements: land, water and fire (Den Uyl, 1992). These three elements are very important in their lives. It does not only provide economic welfare of their household, but it also shapes their identities. The socio-cultural factors which determine motherhood (as the "internalized social") are connected with these elements. The land represents their jobs; they are all farmers. The water and fire mirror their household activities. Even though, sometimes a man (usually a male family member) helps with cooking and cleaning, this work is commonly agreed upon to be women's task. The kitchen is the undisputable place of a woman in the Harpan Valley.

When Kopula, Nirmala, Mahadevi and Aarushi got married, they had to move in with their husband's family. Their new family expected that they would behave as a proper wife and woman by fulfilling the household activities.

In Kopula's case, this went completely wrong. Grishma (her mother in-law) and she fought so much about their joint household activities that Ganashyam (Kopula's husband) was forced to separate them. Grishma cooks and cleans for her husband (Ganashyam's father) and Kopula cooks and cleans for Ganashyam. Even though, they live on the same property in Adhikaridanda.

In Aarushi's case, she uses her husband to get out of household tasks. After dinner, her

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[42] Nirmala and her son are working on their land. The field needs to be plowed, then it can be sowed again.

husband, Yamir, would call her into his room: "Aarushi come fast, you have to come here, fast." Aarushi did not have to do the dishes, because the oldest son's wishes go above his mother's wishes, for Aarushi to clean the pots and pans. Herein, the gender relations and the appropriated tasks are shown. After the birth of Yuniba (Yamir and Aarushi's daughter), Aarushi decided to stay and live with her own mother for a couple of months. In this household, she does not have to take care of the household activities, because her mother is doing them. Now, Aarushi can focus on her study and her new baby girl. Aarushi is planning to return to her husband's house (and family) in two or three months. When she returns she has to pay "koshily". She needs to bring presents[43] for every family member of Yamir. Aarushi and Yamir believe this is "bad culture". "If you believe this is bad culture, then why do it?" I replied. Aarushi answered: "it is hard to fight alone against everyone else; sometimes it is just better to go along." It is social script to bring presents upon arrival in a family[44], but Aarushi feels like she has to pay for her absence. Here, the battleground of motherhood is shown. Local doxa entails Aarushi should pay "koshily", however she feels local doxa is unfair and turns to heterodoxy[45] by complaining about this practice.

In Nirmala's case, her husband works in India, but when he is home he expects Nirmala prioritizes her daily activities. Nirmala is a very active member of the local women's group. If there is a fight between husband and wife, then she is the one who tries to solve this by mediating between them. Even if there is an emergency, her husband still wants her to do the dishes first. If she replies: "why can't you do the dishes?" then he answers that it is her job, not his.

The cleaning and cooking even intensify when a baby is born. It is normal for a mother to breastfeed the baby up to two years. Everywhere the mother wants to go the baby comes with her. I asked Aarushi to list all the tasks of a mother. She started the list with feeding her baby Yuniba. She is very happy she gave birth to a child. It brings good fortune and happiness to her (husband's) family. She does feel blessed, but motherhood drives her crazy as well.

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[43] The presents are usually clothing.

[44] I exchanged reciprocity in the beginning of my fieldwork. It is polite to bring something, like fruit, upon arrival. I stayed with three different families, thus I had to bring several gifts with me. It was very much appreciated.

[45] Yamir and Aarushi have turned to heterodoxy before. During the wedding ceremony it is appropriate for the bride to kiss every family member's feet. Yamir made sure Aarushi did not have to do this. They feel this is denigrating for Aarushi. Also, after Yuniba's birth Aarushi did not have to sleep on the ground. Usually, the name of the baby is giving after eleven days. During those eleven days the new mother is not allowed to sleep in a bed. Yamir and Aarushi did not follow this practice as well, but they told me Yamir's mother still had to do this.

Yuniba[46] is put into a bamboo basket, which functions as a cradle, to sleep. Aarushi studies until the baby needs to be fed. Sometimes, she would fall asleep while reading. An hour later Yuniba starts to cry. Aarushi picks her baby up, out of the basket and puts her in her lap. She squatted into a half lotus position and the baby is lying on her back facing upwards. The baby starts to quarrel. Aarushi tries to press her nipple into the baby's mouth, but the baby girl refuses to drink. Yuniba screams so loudly, it sounds like she is being killed. "She never wants to take my milk. She is a little nakarti[47]" Aarushi says to me. Little nakarti is only five months old and already persuasive. Her bubbly body shakes uncontrollably when she does not like the situation. A deep breath is released, when baby girl starts drinking. Aarushi looks at me and says: "sometimes she drives me crazy, Shanti." She concludes: "Motherhood is giving up freedom. My husband can go away (i.e. to his job), but I cannot."

The Nepali women in the Valley are in charge of the households activities. These activities are expected from women and the allotted characters, like nurturing and caring, are created (Schrijvers, 1985). Since their household is connected to their farm, they also take care of the animals, rice, vegetables etcetera. When business is not going well for husbands and fathers, they can count on their wives to keep "life's continuity" in their households going (Den Uyl, 1992). The mothers work on the land and take care of the children by feeding and clothing them. When I asked Ganashyam's mother if I could help carry a very heavy bag of rice, Ganashyam told me not to worry: "this is normal for her. She is used to it." The division of labor shapes gender personalities (Den Uyl, 1992). Nepali women in the valley know what to do in order to be a good wife and mother.

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[46] Picture: Yuniba and I.
[47] Nakarti is Nepali for naughty girl.

Changes; motherhood as a construct

The women I interviewed found it important to succeed in "being a good woman/wife/mother" and at the same time they search for space to feel at ease, because motherhood is a hard and difficult job. Many Nepali people made it clear I already failed in the first step: womanhood. Ganashyam told me (after I told him I am single): "If you do not have a boyfriend, you are a lazy girl." This shows the internalized objective social. I am not punished by a conductor, but I do not fit in the "structuring of practices and representations which can be objectively "regulated" and "regular" (Bourdieu, 1977:22). This exemplifies how womanhood is constructed. However, women as agents within this construct "(…) are not fools" (Bourdieu & Wacquant, 2002:130). They act upon the local doxa, which has been taught through a multisided process of conditioning. They grew up with certain expectations from others and themselves, and try to manoeuvre vis-à-vis the gender-related practices.

Nepal is (rapidly) urbanizing, therefore its labour market is changing.[49] People are

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[48] Left picture: my Nepali mother has cut leaves to feed her buffalo. Buffaloes are holy animals in Nepal. Their milk provides nutrients, but they are also a reflection of the family's wealth. It is "good" to be able to serve your family members and guest tea with buffalo milk. Right picture: Nirmala's buffalo.

[49] Cities are developing and more and more people from villages have the intention to sell their houses and land. They want to start a living in the cities where everything is more closely together. The women I interviewed are the ones who are "left behind". Their husbands are able to work in the cities and their children have the

moving away from the country sides. They leave the farmer's life behind and pursue a different job in the cities or even in different countries. Also, mothers and fathers stimulate this by prioritising their children's education. Parents want to earn money to send their children to school. Usually, the mother stays at home and takes care of the household while the father tries to get a job that is different from the farming life. Parents want their children to study on after elementary and secondary school (regardless their children's gender). This changes the job perspectives of their daughters and sons. They do not have to become a farmer like their parents had to be. It also changes the daughter's social space (out of the villages), leeway and self-perception. Consequently, the content of gender is constantly revised and challenged. It is already challenging Nepali mothers from the Valley to reflect on their position as a woman and a mother, because they observe the options their daughters have. This brings to surface motherhood is something fluid and changeable, because these women find themselves in a changing social context. This also supports Lawler's (2004) ideas about how the habitus becomes internalized. In a fluid context, it makes sense actors, individually, internalize the outer social differently. If the job opportunities change, motherhood as an identity will change as well.[50] Different surroundings mean different norms and values which become internalized.

Mahadevi's husband works as a teacher in Pokhara. He is home during the weekends. He counts on Mahadevi to take care of the land. Nirmala's husband[51] works abroad in the Indian army, while Nirmala stays in Serachour to take care of their children and the land. Nirmala's husband makes lots of money in contrast to Mahadevi's. Consequently, Nirmala finds it less important to work on the land than Mahadevi. Nirmala can spend more. She can buy fruits and vegetables. This gives her more time and space to invest in different activities, like the local women's group[52]. Even though, Nirmala has more time to invest, her husband still wants her to be a "good wife". This means, she has to stay in her own household and she is not allowed to interfere with problems of other families. Once, Nirmala went against her husband saying and helped a couple who were fighting. When she returned home, her husband had locked her out of the house. She had to scream for him to open the door.

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opportunity, if their parents can afford it, to study in the cities. The women I spoke to keep life's continuity going. They always make sure there is enough food and clean clothes.

[50] Here, I refer to the socio-cultural factor, land/job, which determine the cultural perceptions of motherhood.

[51] Many husbands, from the Harpan Valley, work abroad. Most of them work for the Indian army. They sent money home and visit their families once every two years approximately.

[52] Time and space are not the only reasons why Nirmala joined the local women's group. However, money does provide her with spare time which some other women do not have. Nirmala believes the concept of marriage should be changed. Children should be able to choose their own future husband/wife. Also, she thinks people should be free to marry out of their caste.

Nipa lives with her husband's family. Her husband's parents have three sons and one daughter. The two oldest sons, their wives and children live together in the same house. This household contains ten family members. Nipa is married to the second oldest son. She and her husband are both teachers. However, when they both get out of work Nipa has to do household activities, like the dishes or washing the cloths. She often asks her husband to help, but he usually does not want to. Both, Nipa and Nirmala, find themselves as McMahon (1997) calls it the dogmatic discussion about family life. This discussion is about egalitarianism. These two mothers feel they are not equal compared to their husbands.

Pregnancy strategies (Nepal)

> Q: what exactly do you have to do as a Sudeni?
>
> A: it's about nutrients. Our work starts when the woman is pregnant and we give suggestion about the nutrients; drink a lot of water, take rest. If she is weak, we check the eyes, mouth. These are the things we can do, before there was no hospital (read: access to hospital) so then we had to do the deliveries ourselves. However, nowadays we sent the pregnant women in hospital when they have to deliver. During the pregnancy, we check four times, we give suggestion to go to the hospital, but in case if there is a strike, then we can do the delivery at home.

There is a small health-post in Serachour. Serachour is one of the most centered village in the Harpan valley. However, this health-post does not provide medical or skilled help for pregnant women. If they need a check-up or the doctor's advice they have to walk up to Nagdanda. It takes 30 minutes to walk up the steep mountain. There is a small health-post in Nagdanda, where pregnant women can get some medical aid. Most women prefer to go to the hospital in Pohkara. It takes 45 minutes by bus to go from Nagdanda to Pohkara. There are different hospitals in Pokhara; government hospitals (sponsored by oversees NGO's) and private hospitals. The private hospitals are relatively expensive compared to the government hospitals, while the treatment is almost the same. If a pregnant woman decides to give birth in a hospital, then the government pays her 1200 rupees (twelve euro) to make it back home afterwards. This is the government's initiative to push, convince and support pregnant women to give birth in a hospital. In the hospitals, the decisions concerning the birth are made by the doctors and nurses. All deliveries are done without medication. In cases of emergencies, the doctors will decide upon a cesarean-section.

The women of the Harpan valley are connected to their healthcare options through public transport and their family, friends and neighbors. Usually, around a week before they are due, a pregnant woman and her husband rent a room in Pokhara. They can also stay with family members[53]. Now, they are close to the hospital facilities. According to Serachour's midwife, around 80% of all pregnant women give birth at a hospital in Pokhara. Almost all women prefer giving birth in the government hospitals, because it (only) costs 25 (25 eurocent) rupees to get a bed. During the pregnancy check-ups women get urine and blood tests, and sometimes an ultra sound. They check the baby's heart and health and advice the women to take it easy. The only thing the midwives can do is to give advice, but usually this advice is received from family members.

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[53] If they do not have family in Pokhara, then people from village usually take a taxi from Nagdanda to the hospital when the woman is going into labour.

[54] I took the left picture in a school in Sirjana. Sirjana is situated in the Harpan Valley. The picture shows how children are thought to go to the hospital during the delivery. It is considered more safe to go the hospital. The right picture shows an example of Dal Bhat.

Networks; family members

We argue that, motherhood starts when a woman gets married and enters her husband's kin. Motherhood cannot be seen without marriage, household, and her (husband's) kinship. By motherhood we mean the social tasks, expectations, features, norms and values a woman has to conduct until she actually becomes a mother. Then, the woman's gender status is accomplished and (re)affirmed. If a woman is not able to give birth (to a son) her husband is, according to social script, allowed to re-marry. Mother or no mother, nurturing and household tasks are inherent to women's personality. Her place within the family is replaceable, because her nurturing tasks are also replaceable. Therefore, a woman's social position in the family is affirmed by giving birth. The woman's femininity is expressed and their position as a woman/mother is re-affirmed and strengthened in their households. Like Juschka (2001) feminine characters have a stronger link to personality than masculine characters. However, feminine character does not derive itself from one's personality but is represented through these nurturing tasks, because it is a "woman's job".

If it is not possible or desirable to go the hospital, the women from the Valley walk up to Nagdanda, because there is a local health post. Hospital doctors travel to Nagdanda to give advice and check the pregnant women. This meeting is only once every two weeks. However, when women feel secure during their pregnancy, they do not see the need or possibility to attend these meetings or to "do or learn" something extra about their pregnant body. It strongly depends on the family members' opinion and advice what women decide during their pregnancy. Like Brand argues, networks form a social capital that is creditworthy, because it is "(…) providing members with the backing of its collective capital" (ibid, 2001:25). Family members form a network. The strength of social capital depends on the relationship between the woman and her husband and family in-law. The daughter in-law is living with them and needs to compel her position vis-à-vis her husband's kin. If they are supportive and open for discussion the pregnant daughter in-law will have more leeway in making decisions during her pregnancy. However, since the relationship between wife, husband and husband's kin starts with an arranged marriage, the general atmosphere, at the beginning of marriage, is uncomfortable.

The family in-law's reaction towards the daughter in-law's pregnancy is shaping the pregnant woman's leeway. She, of course, shapes it herself as well, but this is always vis-à-vis her family. This is an ongoing process, which works both ways. We started to see a form of agency that we did not considered before our fieldwork experience. Agency sounds something

individually; to conduct your own behavior in space and time (Bates, 2006:147), but (even though every person can be seen as an individual) these women's agency is to act within the joint family. It is agency to not think about yourself but about yourself and the family you are living with. Like Yamir said: "We love family and wife equally."

Remarkably, Manik is one of the few women who gave birth at home (twice). Her oldest son is thirteen years old, and then it was more accepted that women gave birth at home, however she also gave birth to her youngest daughter at home. Her daughter is four years old, but by then it was already "normal" to give birth in the hospital. Local doxa had changed, which is possible when the majority of people turn to heterodoxy (Brand, 2001). Still, this does not mean everybody complies to this, since everybody internalizes the habitus differently (like Manik) (Lawler, 2004). She explained during her interview that she did not need to go to the hospital, because her husband's aunt had been giving birth to four children at home and everything went well. Manik felt this information supplied for her situation as well: if her aunt could give birth at home, she could do it as well. Also, during the interview her husband dropped by. I asked him as well why they chose to give birth at home. He replied: "Nowadays, it is fashion to go to the hospital." According to him, giving birth is not very painful and it is very expensive to go to the hospital. He added: "She is a strong woman, she could do it." When he left I asked Manik again the same question. She replied with a lot of laughter. It was very painful and an insecure situation, especially the first time. Luckily, her mother in-law and sister in-law were there to help her. Her story shows the importance to have a husband who supports and thinks along. Manik and her husband do not agree upon the heaviness of pregnancy and birth. Manik could count on the support of her family in-law:

> "They love me so much, because I work a lot
> and before I did not know how to work. When I
> started to work I learned how to. I worked a lot
> and they were impressed" (Manik).

Manik knows what is expected from her; she has embodied her social surroundings (Bourdieu, 1977). She needs to fulfill her place within her family in-law to affirm her status as daughter in-law and a good wife by working hard. This made sure she invested in her social capital, which helped her during her pregnancy and delivery. Networks prove to be the most important pregnancy strategy. Family enhances pregnant women's social capital and therefore also their leeway.

<u>"Ké garné?" ("What can you do?")</u>

Pregnancy is seen as something natural[55], but when women make the "wrong decisions" during their pregnancy it is seen as an uneducated decision. Since local doxa entails wisdom to go to the hospital, Nepali people tend to look down on the women who do not. Therefore, women feel the need to travel to and spent money on a doctor's appointment. If somebody did something wrong, Aarushi would tell me: "It is uneducated behavior."

However, this presumption, about uneducated behavior, is subjective. Sometimes, women wait a long time to tell family members that they are pregnant. I asked Serachour's local midwife why, and she replied that this is un-education but also shyness. This shyness is formed by the women's position within her household. Since, every woman marries her husband's family, she steps into an unknown relationship. The commitment starts without any trust and comfort. Like Ganga said to me: "I'm not looking forward seeing my husband again. I only know him for fifteen days." Ganga is 18 years old and just got married. Fifteen days after their wedding day her husband left for his job in Qatar. If the family is not supportive it is hard to make "the right decisions" during pregnancy. This can bring a lot of sadness and insecurity.

In general, the Nepalese people from the Harpan Valley consider the future very uncertain. As a result, peoples' reaction to negative events is sometimes rather passive. This passiveness can be seen as Holten's (2007) discovery during her research. In Farabako "doing nothing" was for pregnant women the best way to cope with the limited (modern) healthcare options. In the Valley, usually "the future" got blamed. Nobody knows what the future may bring, so there is no reason to "act" upon something that is not happening (yet). My informants would respond with: "we will see what happens" or with "what can you do? (ké garné?)." This is the same during pregnancy. If the due date is near but not too close, women and their families do not feel the need "to take action". Like Ekantha said: "if my baby comes earlier than planned, then we will see what happens." Also Aarushi told me that a woman's body is made to give birth. So there is no need to worry.

We discovered that pregnancy strategies consist of letting the future decide, getting check-ups, be advised by your family in-law, trusting your own body, eating well and rest well. Aarushi was not feeling well during her pregnancy. However, this was before her due date. She felt painful cramps, but her husband did not believe her. She shouted and screamed

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[55] Procreation is seen as a part of life.

at him that it was serious and they went to the hospital. Aarushi was using her personal emotions to convince her husband that is was necessary to act instead of to wait. Also, Aarushi mother in-law advised her to take rests and eat well. Dal bhat is according to her very unilateral. She ate more meat and fruits during her pregnancy.

Ekantha's husband advised her to take it easy during her current pregnancy. I lived with Nirmala for three weeks and Ekantha's home is right across Nirmala's. If I would sit on Nirmala's porch I could see Ekantha's. She is walking around; she drinks some tea and eats some grapes. Besides that, she is doing minor farmer work. She cuts the seeds from the hay, which can be done sitting. Her husband makes and brings the tea. During her first pregnancy Ekantha's husband was abroad and her family in-law was not as considered as he is. Now, she is using her husband's support to maintain good health. Her husband is Ekhanta's pregnancy strategy. She does not have to work on land and can take some leisure time, which is believed to be good for the baby, while her husband does her work.

These two examples show taking leisure time and "see what happens" are the important pregnancy strategies we encountered.

 "When you work hard, the baby will come out faster."

> "My family gave me an order; work hard. They said to me that I have to work hard; it is very easy for the baby to come out. On the time of 21 I gave birth to five babies and on that time during the pregnancy, I didn't have any relax time. I had a busy life, during pregnancy or whatever. I always had a busy life. After fifteen days, when the baby was born I had to go to the field and cut the grass" (Bhoomi).

There are still women who give birth at home, but it is commonly agreed upon that it is better to give birth in a hospital. However, this is a recent change. Before, a lot of women gave birth at home with help from their female family members, and sometimes a midwife. This is the same for the pregnancy. Even the midwives suggest the women go to the hospital for check-ups. Before, the women needed to keep on working on the field, therefore there was not enough time to get check-ups. Nowadays other female relatives or the husband takes the pregnant woman's place on the field or in the household. I discovered this big difference when I did interviews with different mothers of different ages. I talked to Nipa and Bhoomi. Bhoomi is Nipa's mother in-law and grandmother of Nipa's two sons. They live together in the same household in Adhikaridanda.

Q: how do you feel about the fact it is changing?

A: now this is like a dream, before it was very hard time, now it is very comfortable. It (delivery) was totally different. People were away from people. They (women) were not even allowed to wash. The girls who gave birth, when their clothes were covered in blood, they had to wash it themselves. Now, anybody can wash their clothes. It became more comfortable. I'm happy for other women it is changing (Bhoomi).

The interviews with Bhoomi and Nipa showed women are happy when other people (husband and family in-law) view pregnancy as something more serious and painful than they did before. Even though many women and men told me the birth of their children is one of the happiest moments in their lives, pregnant women feel more at ease if they are supported during this period of their life. This is exactly what Schrijvers (1985) tries to problematize. Motherhood is legitimized by two discourses: by nature women can give birth and the gender ideology, based upon biological determinism, legitimizes a division of labor. Emotions have showed me women are happy, they have more access to healthcare and more support from their families than their mothers had. This pulls the younger generation of women out of the position of women who should always care for others. However, this is hard to stigmatize and generalize. There are women as Sunita, who refuses to live with her family in-law, because they do not treat her well. She does not want to do household activities and in her own mother's house she does not have to. Sunita can be seen as an actor in the heterodoxy field (Brand, 2001). However, there are also women as Nipa, who comes home from work (she is a teacher just like her husband) and starts helping with the household activities. Nipa sticks to her household activities moving vis-à-vis local doxa, while at the same time she has a different job besides "being a housewife". Abu-Lughod (2008) warned for the biased view of the researcher. I am sensitive towards every kind of domination towards women, however pregnant women do feel more at ease during their pregnancy if they can speak up their mind when they are not feeling well or need to rest. The recent change in local doxa about pregnancy has helped. Of course, women from the Valley need to consider their husband and family in-law's wishes, because they want to maintain a good status within the household, but because of this change Aarushi told me less women die during pregnancy and birth.

6. Conclusion/discussion

Contextual differences

Five months ago, we set out to explore the cultural perceptions of motherhood in a rural area of Nepal and an uprising city in India. Our aim is to seek whether or not there is a correlation between the internalized social and the preferred pregnancy strategies. We use motherhood as an overarching construct for the concepts: reproduction, pregnancy and birth. Motherhood as a social identity creates certain behavior, expectations and practices. "(…) structures produce habitus which determine practices, which reproduce structures (…)" (Robins, 2000:18). We argue that motherhood as a social identity can be seen as a social structure. This structure is formed by the gender expectations. These expectations become internalized and influences women's conduct during pregnancy. In order to understand this internalization we formulated our main research question: *what are the cultural perceptions and local practices of motherhood, and how do these views influence pregnancy strategies?*

As noted, we have done research in two different places. We elaborate our findings and compare these in the next paragraphs. It is decisive to know Lalma did her research in Dehradun (Northern-India), which is developing into a city. There are different hospitals and clinics present in this area. Lalma focused on the space and people surrounding Doon Hospital. She lived with a guest family. This family became her key informants in giving her information about local practices. Besides, Lalma became close with a doctor who works at Doon Hospital. Lastly, she conducted multiple interviews with different mothers. Dieuwertje went to the Harpan Valley (Nepal), which is located in the mountainous area of Pokhara city. Women from the village are not as close to hospital facilities as Lalma's informants are. Dieuwertje stayed with three different guest families. All three had a different family structure. The mothers within these families became her most important key informants. Lastly, she conducted interviews with a midwife and mothers who were active in the local women's group. These are contextual differences which obviously affects our analysis and comparison.

The key elements of motherhood

From our empirical chapters it becomes obvious the construction of gender plays a very important role in life in general. We, as researchers, encountered the field as single young women. In our field, we were referred to as "girls". Through the ascribed identity as a girl many aspects of gender expectations became visible to us. Also, the different identities

ordered in a specific hierarchy within gender became apparent. We identified three stages in a woman's life. Gender appeared to be a very important, maybe the most important, conversation subject in ordinary life. The discrepancy between boy and girl is emphasized in such a way that pregnant women make decisions based on their unborn child's gender. In the section about pregnancy strategies, we take a closer look on the decisions women make during pregnancy.

The unborn child's gender is like a rolled-up red carpet. After the ultra sound, the carpet is rolled out. However, there are two different carpets. The rolling out represents the expectations during life which are based on the child's gender. Obviously, there are different carpets for boys and girls. This exemplifies how gender is constructed. Different behavior, aspirations, tasks, attitude, clothing are expected from girls and boys. We found this construction of gender the foundation of the existing cultural perceptions we initially set out to explore. Birth is the first stage of a Nepali and Indian woman. First, she is defined as girl. After marriage, she enters the second stage which is womanhood. Lastly, by giving birth the woman becomes a mother. Between the different stages, marriage and pregnancy can be seen as a rite of the passage (Callister & Khalaf, 2009:36). All three stages contain different status and different expectations. For example, school performance is an important aspiration during childhood and adolescence, while maintaining good relationships between family members is a very important aspect during married life (read: womanhood). Hence, we observed an intensification of gender expectations in the different stages of a woman's life. After every transition, the prospects for and from women enlarges. With motherhood the nurturing kind of a woman is emphasized, because of the perceived biological difference between a woman and a man (Ranson, 1997:400). Our informants explained this notion, by telling us that their children always come first. This means for them that they must take care of their children. This value/view is internalized and legitimized by saying "there is no other way" and by thinking that it is "normal". This is what Bourdieu (1977) means by habitus. Within the above mentioned three stages, the household activities play an important role.

We encountered clear similarities between the distributions of household chores. Dieuwertje observed within one of her guest families that the daughter is expected to swipe the porch and cook when the mother was not able to do this. Lalma visited a guest family wherein the daughters divide the household tasks among themselves and the father does the groceries, which is a task outside of the house. Thus, in both research areas the daughter is taught to act as a girl by stimulating nurturing and caring characteristics. These characteristics show the cultural perceptions which are based on gender discrepancy between male and

female. By highlighting the three different stages in a woman's life, we noticed this nurturing aspect is inherent to a woman's identity. The next transition we identify, after being a girl, is womanhood.

Arranged marriage is a common way to start a relationship in Nepal and India. This form of marriage is still important, since the family name is inherited through sons. This is the main reason why the new bride has the move in with her new in-laws, because the husband does not only inherit the family name but also his family's property. After moving-in, the daughter in-law has the lowest status in the household hierarchy. During a focus group discussion, Lalma observed how the youngest daughter in-law did not get space during the discussion. Her mother in-law and her elderly sister in-law had the overtone. Furthermore we have found that many mother in-laws and daughter in-laws have friction about the distribution of household tasks. The relation between the daughter in-law and the mother in-law influences to a certain extend the daughter in-law's leeway. This works both ways, sometimes the conformation to the in-laws wishes' enhances the leeway. Other times the friction or discussion can ensure that the view of the daughter in-law is heard, which can also enhance her leeway.   `

Concluding, the construction of motherhood does not start when the baby is born, however birth as a new rite of the passage intensifies the nurturing attitude. Hereby we end the three stages we focused on during our research. By becoming a mother the woman has achieved a more apparent female status. We have noticed that there still is another state to go through. A mother can become a grandmother which can enhance her female status within her household. Thus, gender is an ongoing social process, which proves that this construct is fluid and everything but static.

Throughout the three stages we focus on the nurturing tasks (embodying the gender expectations) are visible. However, during motherhood these chores become the most significant. This is logical, because the children are considered to be the most important actors in and out the household. Our informants emphasized the important of having children there for they find it obvious to care for them. Usually, fathers try to make enough money to pay for the upbringing of their children while mothers are more in charge of the nurturing aspects. Within this division of labor (Schrijvers, 1985), a significant feature of motherhood is to maintain inter-relationships with family members. This proves to be the foundation for the different pregnancy strategies we encountered.

<u>Agency and leeway</u>

Every woman experiences pregnancy different, therefore the undertaken strategies are very diverse. We have been able to generalize, because some patterns became visible to us. However, as in every anthropological research, we discovered a partial truth. This truth does contain value, but it is situated within our perspective and that of our informants.

There exist many forms of local practices during pregnancy, birth and after birth in Nepal and Northern India. These practices influenced by cultural perceptions form a framework which influences leeway the women have. The general consensus about pregnancy lies between the domains "women" and "medication" which can be seen as collaboration between the private and the public sphere. Basically, women are the ones who become pregnant. Therefore, knowledge about pregnancy is experienced and shared by women. Elderly women, aunts and mothers are a source of knowledge, because they have a higher position in the household and they already experienced pregnancy. Nonetheless this private knowledge is complemented with medical knowledge. Because of urbanization and modernization the medical options have broadened and are more accessible. Thus, women obtain more medical knowledge; therefore the advice of doctor is conceived by women as essential. Many of the local practices we encountered are formed by private and public knowledge. When private knowledge contradicts medical knowledge most of our informants will probably follow the advice of their doctor, because the doctor proclaims a high position in the Nepalese and Indian society.

The local practices that are influenced by medical advice are to not lift heavy objects and eat healthy during pregnancy. These strategies are manifested in both locations; it is a clear similarity. The importance of food is exemplified in the Indian custom of hot food and cold food. The doctor as well as family members' advise about taking food during pregnancy. This has an impact on the daily life of a pregnant woman and therefore also influences her leeway. In Nepal, dal bhat is mainly vegetarian, however during pregnancy women try to obtain meat from family members and neighbors or they get invited by family members when they have the possibility to serve their pregnant family member meat. Meat is associated with good nutrients and something that is eaten during special occasions. Furthermore, not lifting heavy things are also mentioned by both Dieuwertje's and Lalma's informants. But this is practiced different in the two locations. Since the Harpan Valley is a rural area most of the informants are farmers and Dehradun is an upcoming city and therefore most of the informants are professionals or housewives. The women in the Harpan Valley need to find

replacement for their farmer's chores as well as for their household tasks. Most of Lalma's informants emphasized on their household tasks when this practice was mentioned and their substitute for these tasks are their mother in-law, sister in-law or their husband. Many women use this practice as a pregnancy strategy to ensure more leisure time. This strategy is used to enhance their position. After all, pregnant women want to feel at ease during their pregnancy.

We found a notable difference between our empirical chapters. Where Lalma emphasizes on religion in her analysis, Dieuwertje does not. We believe there are several reasons for this. Dehradun's citizens follow different religions; therefore it is possible religious practices are more visible. In the Harpan Valley almost everyone is Hindu, while Lalma encountered in Dehradun Hindus, Muslims and Christians. However, it is also possible there is a difference between the research instruments. Unconsciously, it could be that Lalma has more affiliation with religion then Dieuwertje and therefore paid more attention to it. Nevertheless, the following strategy is a clear similarity.

Most of our informants became conscious about the implications of pregnancy at the moment they realized they were pregnant. Therefore, networks are crucial during pregnancy. The advice that flows from these networks is complementary to the basic knowledge women have. To have a network means to have more knowledge and more social capital (Brand, 2001:25). It ensures women have access to facilities they want and need to have. We found that the extended family is very important in both Indian and Nepal society. This importance builds on many reasons which are debatable[56]. This existing cultural perception outlines a framework, however because of urbanization and modernization the government replaced some of the tasks from family actors. The government in Nepal as well as in India stimulates delivery in the hospital, check-ups and ultrasounds; this ensures that the public sphere has more influence during pregnancy and that the private sphere is not decisive anymore. However, this is relative. Family members are not fully replaced by the government. The shift from home birth to giving birth at hospitals influenced a change in local doxa about pregnancy and delivery. This "new" local doxa is forming a "new" framework. It changed pregnant women's leeway in a way that almost everybody finds it necessary to stimulate the access to hospitals. The Aasha's in Dehradun are a good example of this new development. We have observed the high level of importance of family members as a network. Everything becomes easier; questions about pregnancy can be asked, access to facilities is enhanced,

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[56] Like in the Netherlands; the government supplies many facilities, therefore the nucleair family is still important while the extended family became obsolete. In Nepal and India however, people need their family to have more social capital. However, love and compassion cannot be excluded from the debate around family.

good nutrients are provided, physical work can be done by someone else, and networks contain emotional support.

Networks are based on reciprocity "rules". As argued, networks built social capital, but it can also form a structure wherefrom expectations arise. These expectations are namely based on gender. Women, pregnant or not, compile to the gender division of labor within a household to obtain the social capital they need during pregnancy. Families' demands, wishes and advices are still met by pregnant women. Like Manik explained how her family in-laws' love is based upon her hard work on the farm. Lalma's informant told her that the relations between the in-laws and the daughter in-law exist of mutual contribution. This brings us to our main research question. The connection between the views on motherhood and pregnancy strategies is found through the understanding of the relationships within the extended family. Cultural perceptions form gender expectations. These expectations create an image about what a woman supposed to be. This influences what motherhood entails. It determines her place, her space, her job, her attitude and movements. Therefore, motherhood is a layered concept. We build our argument upon the fact that motherhood is not something biological but it can be measured as cultural construct, because the outer social becomes internalized at a young age (Bourdieu, 1977). Motherhood can therefore be considered as a structure for women constructed by others and themselves. However we want to emphasize that not every woman marries or becomes a mother. Women are agents within this constructed concept. Nevertheless, this agency is influenced by the outer social (Giddens, 1979).

The concept agency, we discussed in our theoretical framework, is explained as a continuous flow of conduct (Giddens, 1979:55). We agree upon the fact agency and structure work in conjunction with one another. We want to emphasize that agency is not something to be seen as empowerment, because actors can be silent and conforming but still be agents. Many women we interviewed stayed within the boundaries of the household space and the motherly tasks; however they would never regard themselves as submissive and powerless. Also, we never felt a sphere of suppression in the households we participated in. Motherhood, as we argue can be a structure, but structure is not a barrier to agency. Structure and agency are complementary to each other's existence. Therefore, mothers are not submissive, but always in dialogue with their surroundings.

"(...) the habitus only exists in, through and because of the practices of actors and their interaction with each other and with the rest of their environment: ways of talking, ways of moving, ways of making things, or whatever. In this respect, the habitus is emphatically not an abstract or idealist concept. It is not just a manifest in behaviour; it is an integral part of it (and vice versa)" (Jenkins, 1992:75).

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8. Appendices

Self-reflection

During our field work, we tried to use the technique body mapping. However, we felt embarrassed to use this technique. We had an uncomfortable feeling when we asked our informants to draw for us. The atmosphere during the interviews changed, when we asked them to draw. It felt like we would test and judge them. It would seem they could draw right or wrong, even though we explained there was no right or wrong. We were researchers in our field. In the eyes of our informants, this position gave us to a certain extend authority and prestige. However, we did not feel this authority and expertise on the subject body mapping. It felt we would judge something we were not supposed to judge.

We realize we could have gathered different data from the technique body mapping besides the other methods we used. However, we would rather have conversations about their pregnant bodies. Conversations and discussion were a more fluid way of gathering data, than looking over somebody's shoulder when a formant would draw her pregnant body. We dropped this technique to avoid this feeling and awkwardness. In respect to our informants' shyness, we continued to have informal conversation wherein our position as researcher was not that much emphasized.

Summary

In numerous societies, when a woman does not achieve the status of motherhood, it is perceived as a failure because the woman fails to meet the gender role expectations (Daniluck, 1998:159). Motherhood is due to its cultural implications, a fascinating social concept. We believe motherhood is locally constructed, but internalized by men and women as something biological and therefore neutral. In our opinion, mothers' behaviour is heavily influenced by gender expectations. The foundation of these expectations lies within the cultural perceptions of motherhood.

We set out to explore the cultural perceptions of motherhood in Dehradun (Northern India) and the Harpan Valley (Nepal) and this is a comparative research. Based on our findings we hope to discover similarities and differences in these locations. From different literature (Acharya & Rimal, 2009; Raheja & Gold, 1994) we notice a certain attitude towards women and mothers in Nepal and India. Many times they are portrayed as submissive, powerless and voiceless. Rather looking at powerlessness, we want to find out how these women use their position as a mother to exert their own will. Our aim is to illustrate how

cultural perceptions on motherhood become internalized and how this influences the undertaken pregnant strategies. We intend to approach motherhood as a structure and as an overarching construct for the concepts reproduction, pregnancy and birth. Thereby we use Bourdieu's refinement and use of the notion of the concept habitus and "(…) he describes (…) 'structure'; a 'way of being' or a 'habitual state'" (Jenkins, 2000:76). This structure comprises women's leeway when they make decisions considering pregnancy and birth. To investigate these elements we have formulated the following main research questions: *What are the cultural perceptions and local practices of motherhood in Dehradun (Northern India) and the Harpan Valley (Nepal), and how do these views influence pregnancy strategies?*

In total, we spend ten weeks in our research area. During our fieldwork, we implemented different qualitative methods and techniques in order to obtain data. The structure of our thesis is built upon the use of different theories and concepts. We start with a chapter on Feminist Anthropology. From there onwards, are Bourdieu's habitus (1977), Gidden's agency (1979) and Schrijvers' (1985), Den Uyl's (1992), and Holten's (2007) intake on motherhood explored. After our theoretical framework, we amplify our empirical findings. We both write a chapter on motherhood and one on pregnancy strategies. The last chapter contains our conclusion/discussion wherein we compare our research findings.

We know, through Feminist Anthropology, gender is embedded in the cultural perceptions of a society. These perceptions form a way in which women should behave according to social script. Gender is a part of identity that exists in relation to another, an identity vis-à-vis the "Other". According to us, a mother's partner, family, and in-laws are important actors during a decision making process throughout pregnancy. Networks are important during pregnancy because it enriches social capital.

The social relations and relations of a mother are not only influenced by a person's behaviour but also by cultural notions and cultural expectations (Juschka, 2001:46). When a woman fails in achieving the role of motherhood, this disturbs her awareness of herself, since the failure to reproduce embodies a failure to meet gender role expectations (Daniluck, 1998:159). These gender role expectations become internalized and a part of "subjective self". Bourdieu presupposes that habitus is an "internalized social" and the "social embodied". This concept explains how people act, feel, behave, decide, think etcetera. Since everybody acts on their own habitus, there is space for people to move in and behave vis-à-vis the local doxa. This space is what we call "leeway". We want to find out which pregnancy strategies our informants use under the full understanding of their local doxa and their habitus. Agency and structure exists in conjunction with one another (Giddens, 1979:65). We try to comprehend

the decisions women make concerning their pregnant body in context of the local gender discourse on motherhood.

During our field and data analysis we discovered different stages in our informants' lives. We make a division between 'being a girl', 'married life' and 'motherhood'. We focused on these three stages; however there are always more stages and variables to consider. After all, everything is connected and an on-going process. Between the different stages there are two rites the passages. Between 'being a girl' and 'married life' is marriage itself. In India and Nepal women are wed by arranged marriages and after the wedding day the new bride moves in met her family in-law. Between the stages 'married life' and 'motherhood' lays pregnancy and birth. Throughout these stages the nurturing kind of women is emphasized and this attitude intensifies after every rite the passage. Such gender ideology is based upon the biological determinism which legitimizes this kind of division of labour (Schrijvers, 1985:118). Women, pregnant or not, compile to the gender division of labour within the household to obtain the social capital they need during pregnancy.

To conclude, we found several similarities and some differences. In general, the consensus about pregnancy lies between the domains "women" and "medication" which can be seen as collaboration between the private and the public sphere. We both encountered two important strategies. Firstly, pregnant women are advised not to lift heavy objects. Secondly, pregnant women and their families focus on eating healthy nutrients. We faced two differences; the access to medical facilities and the focus on the importance of religion. Where Lalma's informants have easier access to hospitals, Dieuwertje informants faced more obstacles to get medical advice.

Networks, using networks as a strategy, are crucial during pregnancy. To have a network means to have more knowledge and more social capital (Brand, 2001:25). Networks are based on reciprocity "rules". Networks built social capital, but it can also form a structure wherefrom expectations arise. Motherhood can be considered as a structure for women constructed by others and themselves. Women are agents within this constructed concept. Nevertheless, this agency is influenced by the outer social (Giddens, 1979). Therefore, mothers are not submissive but always in dialogue with their surroundings.