

Being Pregnant in a Rural  
South Indian Village

Bodily Experiences and  
Socio-Cultural Constructs of  
Pregnancy

Iris Josephina L. Verstappen



# Being Pregnant in a Rural South-Indian Village

Bodily Experiences and Socio-Cultural Constructs  
of Pregnancy

Iris Josephina L. Verstappen

Bachelor Thesis  
Cultural Anthropology & Development Sociology  
Student number: 3475697  
Contact: [ij.l.verstappen@students.uu.nl](mailto:ij.l.verstappen@students.uu.nl) // [verstappen.iris@gmail.com](mailto:verstappen.iris@gmail.com)  
Supervisor: Nienke Muurling

Department of Cultural Anthropology  
Faculty of Social Sciences  
Utrecht University

2013

Photo on cover: © Suzanne Lee, Documentary Photographer.

In loving memory of my beautiful father. This work is dedicated to him: the man who was generous to celebrate and share love. The man who was eager to offer his entire being to give life to two new human beings, and raised them until his last breath.  
A man who was strong and believed in me from the first second I came out of my mother's womb and entered this Earth - 2 months early, but eager to survive and full of zest for Life.

Thank you for believing in me, dad.  
I believe in you too.  
Always.



# Contents

Acknowledgements	11
Maps & Tables	14
Introduction	17
<b>Chapter 1 <i>Theoretical Framework</i></b>	<b>21</b>
Medical Anthropology	21
Anthropology of the Body	22
Anthropology of Reproduction and Birth	24
From Girlhood to Womanhood: Rites of Passage or Vital Conjunctures?	25
The Pregnant Body and Motherhood in a Socio-Cultural Context	27
Concluding	28
<b>Chapter 2 <i>Setting the Scene</i></b>	<b>31</b>
Being Pregnant in Rural South India	31
Sevapur	33
The Mothers and Mothers-to-be	34
Concluding	35
<b>Chapter 3 <i>Becoming a Mother in Sevapur: a Changing Body in a Personal and Social Context</i></b>	<b>37</b>
A Changing Body, a Moving Body	38
The Individual Experience of a Pregnant Body	39
Pregnant Bellies in the Neighbourhood	43
Concluding	44
<b>Chapter 4 <i>Female Family First: Networks of Women during Pregnancy and the Postpartum Period</i></b>	<b>45</b>
First and Second Trimester	47
Third Trimester, Delivery and Post-Partum Period	48
<i>Third Trimester</i>	48
<i>Delivery</i>	48
<i>Post-Partum Period</i>	50
Concluding	51
<b>Chapter 5 <i>Silent Prayers, Loud Ceremonies and the Role of a Belgian Mother</i></b>	<b>52</b>
Ceremonies Related to Pregnancy	53
The Meaning of Giving Birth from a 'Religious' Perspective: God, Mother Lea & Hinduism	55
Concluding	57
<b>Chapter 6 <i>Conclusion</i></b>	<b>58</b>
References	62
Appendixes	66



*An endless interest and admiration for everything that grows: food, trees, flowers, animals..gave birth to the realization of this thesis. The ultimate and most ever-beautiful example of this, to me, is a child that lovingly grows in a woman's body. The respect and love I feel for this very miracle, and the admiration for the physical and emotional processes itself, have led me eventually to a small rural village in South-India. There I have conducted my bachelor's Anthropological research among pregnant women and young mothers.*

“The birth of any human being is significant, as it is the starting point of a new history.”

(Dr. M.P. Gurusamy - Mother Lea Provo: The Light of Sevapur)



# Acknowledgements

First of all, I want to thank my mother Corrie Kooremans, who endlessly supported me from the moment I arrived on this Earth. For the past years, during my whole Anthropology bachelor, she firmly believed in me and encouraged me in everything I did, even though this meant that I wouldn't come home for months because of travelling. I would like to thank my little sister Carlijn Verstappen who always shows her interest and admiration for what I am doing, and supports me like only little sisters can do.

I would like to thank my beloved, Marlon Penninkhof, because his love reached the remote areas of beautiful India where I resided. Your incredible presence and love have saved me from fully drowning in a reverse culture shock when I got back from fieldwork. Thank you for your endless support, thank you for taking care of me like you do, thank you for accepting me as I am, thank you for your wisdom and being my teacher, every day. Thank you for believing in me and my writings. I love you.

I couldn't have finished this thesis without my supervisor, Nienke Muurling, who supported me all the way and gave me strength and courage, and who was a great inspiration to create the theoretical work that has helped me to frame this research. I admire the humanness with which you approach academics.

All my teachers, tutors and professors both at Utrecht University and UCLA: thank you, because for the past 4 years, you have taught me so much about the amazing field that is Anthropology.

I thank my beautiful friends Aischa Schut and Anne Wonders, who joined me on this anthropological journey. You are amazing. Thank you for your endless inspiration, your critical eye, cosy writing afternoons, coffee dates, yoga classes to relax in between writing sessions, your love for this Life and infinite support. What would I have done without you, little monkeys?

Joseph Chavez, your admiration for Indian classical music, that you have lovingly shared with me, has undoubtedly led me to the Holy land of Ganga Ma. Thank you.

I express my gratitude to my friend Pierre Morton, who helped me when I lost the way, who encouraged me to believe in myself and my own writings, who corrected my English, and who pulled me out of my busy pattern for some quiet time on the countryside.

I would like to thank SaWeS, and especially Mieke van der Auwera and Grete Belis who were so generous in their enthusiasm when I asked whether I could work with them.

Also, I want to express my endless gratitude to the board of Inba Seva Sangam. I want to say special thanks to mr. Velushamy, mr. Andyshamy, mr. Paneer, because they helped me so much with my research. I would also like to thank mr. Jakes Jayakaran who was the first one to make me feel comfortable about the idea that it was really possible to conduct my research in Sevapur. I also would like to thank Malathy for helping me so generously with my interviews.

Many thanks to the sweet women in the kitchen at the ISS Guesthouse, who triggered my senses every day with their delicious dishes, that were healthy fuel to continue working.

Endless gratitude to Vimi and Subhash, who took me in their home in Mumbai. I couldn't have imagined a more amazing first day in India.

I thank the beautiful women and families I have worked with, for taking me into their lives as a sister, a daughter, an auntie: Mahalakshmi, Reakupillai, Jothimani, you are all amazing women! Also endless thanks to the children I played with and the babies I got to hold..I have learned so much from you. You are all little potential Buddhas and I feel so blessed that I have seen some of you swimming out of your beautiful mothers.

My sweet friend Selvi, you taught me about bio-dynamic farming, God and Life. Thank you for helping me with my interviews. You are a true inspiration for this world!

I thank Jan, Imen, Irena, Andreas, Kaisu, Alan, Pontus, Melchior, Tone, Flor, Paul, Jeroen, Ward for the hugs, the laughs, the support, and the love. It was so nice to live with you guys as one big family in the ISS guesthouse. And special thanks go to my beautiful friend Baja. You are my favorite hippy and I admire your lust for Life. Thank you for your open heart and mind, for your beautiful soul, for the lovely evenings moongazing, for the fact that you are a Goddess Grandmother and make me feel like a Goddess too.

I bow my head to my Guruji Ajay Kumar. Thank you for the amazing week of teachings in Ashtanga Yoga in Mysore. Through you I learned to restore the energy and continue my fieldwork. Thanks to my dear friend and fellow Ashtangi Leah. What would Mysore have been without you? Thank you for your wisdom and love.

Thanking people in particular always comes with the 'risk' of forgetting to mention those who should have been included; friends, family., therefore: a great big thank you to them too! The greatest acknowledgement, is that this thesis isn't solely my own. It is the result of social, academic and spiritual interactions that go far beyond my home in Holland, that have stretched all the way to vastness that is India, where I have found several homes far from home, and where I carefully and lovingly left scattered pieces of my heart, that can be revisited any time.

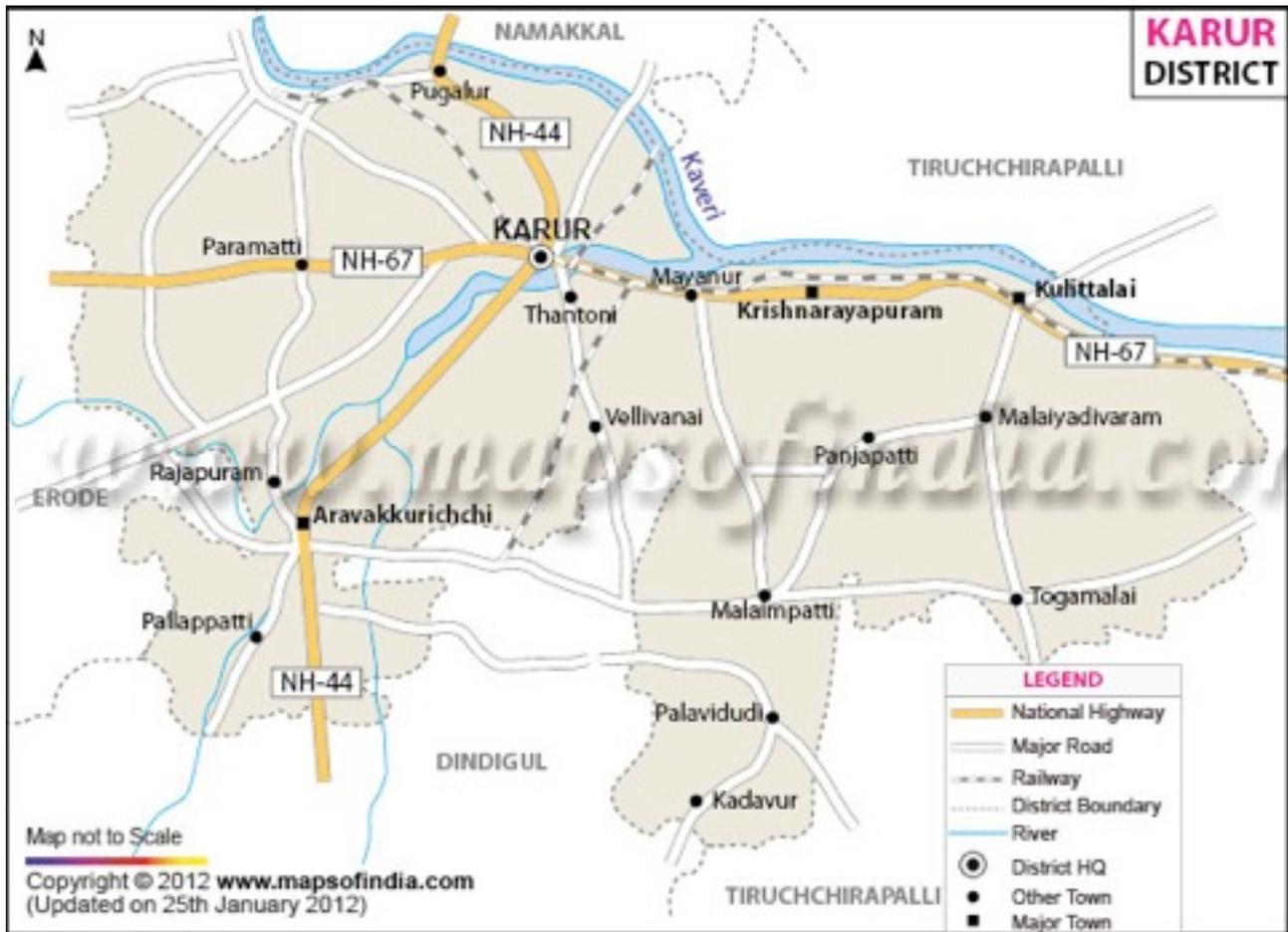


# Maps



Map 1: the districts of Tamil Nadu, 2013.<sup>1</sup>

<sup>1</sup> © [www.mapsofworld.com](http://www.mapsofworld.com)



Map 2: the Karur District, 2012.<sup>2</sup>

Gender	Amount
♀ females	290
♂ males	267
TOTAL ♀ + ♂	557

Table 1: Demographic Data of the Population of Sevapur

These numbers are provided by the Integrated Child Development Scheme (IDCS) or “balwadi” of Sevapur, where all the quantitative data about the village are kept and updated.

<sup>2</sup> © [www.mapsofindia.com](http://www.mapsofindia.com)

Note: Sevapur isn't on the official maps of India yet, but it is located at about 4 kilometers from Kadavur.



# Introduction

*Chaos. I have arrived in Trichy and as soon as people notice I found my backpack on the luggage claim, they run up to me to ask whether they can help me carrying it. I thank them politely and say that I am fine. As I walk out of the airport, a warm wet breeze of tropical wind greets me. A man in a uniform asks me whether I am looking for taxi and points to one of the many vintage-looking white cars that are parked in front of the airport. We discuss the prize, agree, and then he brings me to the central busstation. As we drive through a chaos of cars, rickshaws and trucks, Tamil music is blasting through his speakers and the little man, who can barely look over the steering wheel, sings along with the song that is on. We arrive at the busstation, and in broken English, my driver tries to explain to me that it is very difficult to take a bus, since they have no numbers most of the time, and everything is written in Tamil - in other words: it would be impossible for me to find out which bus I would have to take in this chaos of a hundred buses. He carries my backpack and asks around for the bus to Ayyalur. After about 5 minutes we have found the right bus. I thank him and pay him hundred rupees. He nods his head from right to left, smiles brightly and says "No problem!".*

*When I enter the bus, all eyes are on me. At least four people offer me their seat. I squeeze myself into the most strategical seat - close to the door, and with a little bit of space in the hallway for my backpack. As the bus leaves, I notice the door doesn't close so I have to hold my backpack very tight. I worry about how bumpy the road is going to get, and whether I will manage to hold my backpack the entire ride when people are getting in and out of the bus. In the meantime, I still feel uncomfortable because I strongly sense that people are still staring at me and talking about me.*

*After about half an hour, the bus stops and the girls next to me have to get out. I try to tuck in my belly and lift up my legs so that they can pass. As I lift up my legs with my hands, my t-shirt accidentally slips off of my shoulder. All of a sudden, the women sitting*

*behind me go mad and start yelling. I don't know what's going on but things become clear soon enough: all three of them reorganize my t-shirt at the same time and start wrapping my scarf around my neck and shoulders. They pull the scarf so tight that I can barely breath and keep raising their voices. At one point I am afraid they are going to strangle me. I feel almost like crying...All of a sudden I don't remember anymore why this was the place where I wanted to conduct my research...One question kept spinning in my head for the rest of the bus trip: what did I get myself into??*

(Iris' diary, January 2013)

This is an excerpt of my diary that I wrote on the first day of my stay in “the field”. Luckily, the answer to my question came to me quiet quickly: I got myself in to this chaos because I am passionate about Anthropology, pregnancy and motherhood.

Being pregnant, giving birth and becoming a mother are universal processes and common denominators that connect, or even unite women all over the world. These processes are part of female biology, but anthropologists have argued that they are not only to be labeled biological (Davis-Floyd & Sargent, 1997: 1). One of the pioneers of this mindset, was the anthropologist Brigitte Jordan, who stated that “[...] birth is everywhere socially marked and shaped” (Jordan, 1993: 1). In this thesis, and through the fieldwork I have conducted, I would like to show, in the same line as Jordan, that pregnancy is not only a physiological phenomenon, but that it is equally important to consider that pregnancy, as well as motherhood, are socially marked and that the meanings, ideas and experiences of these processes are constructed within a socio-cultural context.

This thesis, which is the result of dedicated literature study and a three month long fieldwork research in a small-scale rural society in the utter south of the state Tamil Nadu (India), is an attempt to describe and analyze how pregnant women and young mothers in this particular context experience pregnancy and motherhood. I have taken a closer look at physical changes as well as socio-cultural changes (especially concerning networks and habits) that take place when the time has come for a woman to become a mother.

It has been my attempt to explore whether being pregnant and becoming a mother can be interpreted as a journey towards adulthood/womanhood, and whether pregnancy and motherhood are to be seen as clear vital conjunctures in the individual and social lives of women living in a small rural South Indian village. I explore these issues through trying to understand how women understand their changing bodies and social constitutions; I

focus on the layers of the surfaces of lives and peel them off to get to the core of the central question I have attempted to answer: “How are bodily/emotional experiences of pregnant women connected to the socio-cultural constructions of both pregnancy and motherhood in the rural area of Sevapur, Tamil Nadu, South India?”

Once in the field, I followed four steps to get to the bottom: first, I have tried to get a general overview of who the pregnant women in my field are; secondly, I zoomed in on how the physical and emotional experiences of both pregnancy and motherhood can be described among the women I have worked with in the village of Sevapur; thirdly, I have wondered about the socio-cultural constructions and notions that determine the reproductive field in which women manoeuvre; and fourthly, the networks of pregnant women have been investigated. In chapter 2, I have summed up the four most important sub-questions, and the research questions that are of importance to answer each particular sub-question.

The methods I have used to gather my data were mostly ‘being there’, participant observation, informal conversations, semi-structured interviews and open interviews. When I first arrived in the field, people were hesitant about my presence and the only methods I could use were ‘being there’ and participant observation, and sometimes informal conversations too. But it was only more towards the second, even third month of my fieldwork that I seemed to have gained trust and be able to ask more in-depth question; take semi-structured interviews, and eventually open interviews. These last phases of the research have, therefore, led to the most useful data.

The following techniques seemed most beneficial during my fieldwork: taking jot notes or head notes, photographs, voice recording, and body mapping.

In the beginning stages of my research, it seemed weird to take notes -both for my informants and for me-, because most of the time the people kept asking me what I was writing down; and I also had the feeling I was missing out a lot while writing intensively, so I eventually decided to take head notes most of the time and record them with my voice recorder immediately after I went into the field, on my way back to the guesthouse where I had my temporary residence. Photographs have also been very useful because they have helped to recall important details I might have missed while taking head notes, and people mostly liked it very much when pictures of them were being taken. Another technique that has been very helpful is body mapping. Through this technique, I have learned a lot about how to interpret how women experience their pregnant bodies.

This thesis is divided into six chapters. In chapter 1, I will give an outline of the theoretical framework, and the most important concepts that mainly have formed the

foundation of my research. In chapter 2 we will set the scene and give an overview of the setting where the research took place. Chapter 3 then, focuses on what it means to become a mother in Sevapur, and how this can be reflected upon from both an individual and social perspective. Chapter 4 explores the networks and surroundings of women before, during and after their delivery. Chapter 5 focuses specifically on the religiously infused field and outcomes of the specific history of the village, that both are inevitably connected to the daily lives and physical spaces in which women in Sevapur manoeuvre. In chapter 6 I present my conclusions.

It is my hope that this small study can, to some extent contribute to the field of Anthropology, and more specifically to the fields of Medical Anthropology, the Anthropology of Birth and perhaps also, to some extent, Migration Studies.

Subsequently, I deeply hope that my writings can provide what anthropologist Clifford Geertz has called a “thick description” of the world, as seen through the bodies, hearts and minds of pregnant women<sup>3</sup> in an exceptional small-scale rural village, located in the Karur Valley in South India, that is, even though it is recognized by the Indian authorities, not even on the map yet.

---

<sup>3</sup> It has to be mentioned that all I have changed the names of the people I have worked with. I have done this as a matter of respect, safety and privacy for them and their families.

# I Chapter 1

## Theoretical Framework

### Medical Anthropology

In the context of a research on pregnant women, it is necessary to focus first on the broader subfield of anthropology, which will form the basis out of which the whole ethnographic argument in this thesis has arisen. This subfield is medical anthropology.

There are many definitions that attempt to explain medical anthropology, and there are even suggestions of anthropologists who claim that naming this subfield “medical” implies that the proposed focus will only lie on Western interpretations. Fortunately, this is not very often the case, because “many medical anthropologist’s work has nothing to do with “medicine” as it is technically defined. For them, and even for many anthropologists working in biomedical settings, the term “medical” is used in a more generic, universalistic sense. It is understood to refer to any system of curing or healing - no matter what specific techniques are involved.” (Sobo in Ember & Ember, 2004: 5).

The most useful description, however, is given by a section of the American Anthropological Association, called Society for Medical Anthropology (SMA). Firstly, it is stated that “medical anthropologists examine how the health of individuals, larger social formations, and the environment are affected by interrelationships between humans and other species; cultural norms and social institutions; micro and macro politics; and forces of globalization as each of these affects local worlds.”<sup>4</sup> While contributing to the field of medical anthropology, I will focus on the following issues suggested by the Society for Medical Anthropology, as these will help to form the fundamental framework for the study I will be conducting : “popular health culture and domestic health care practices, local

---

<sup>4</sup> <http://www.medanthro.net/definition.html> accessed on Sunday, December 3rd, 2012.

interpretations of bodily processes, changing body projects and valued bodily attributes, the cultural and historical conditions shaping medical practices and policies”.<sup>5</sup>

## Anthropology of the Body

*“An anthropology of the body provides an excellent forum to reflect not only on theoretical dilemmas, but also on the politics of practice of anthropology and its use beyond the confines of the discipline.” (Lock, 1993: 148).*

In the field of medical anthropology, ‘the body’ became a significant object of study from the mid-1980s on. Anthropologists argued that many issues that were to be studied by scholars “could not be addressed without first challenging ideologies that naturalized sex, gender, and racial difference through discourses and representations of the body.” (Mascia-Lees, 2011: Introduction). At the same time, anthropologists started to problematize “the body”. We can think here, for example of Scheper-Hughes and Lock and their ‘mindful body’, which will be further discussed below.

As Mascia-Lees has stated, within the field of medical anthropology and beyond, “The body has come to be understood as simultaneously subject and object, meaningful and material, individual and social [...]; as text, symbol or habitus, the body has proved a fertile site from which anthropologists have mounted refutations of abstract, universalizing models and ideologies and interrogated operations of power, systems of oppression, and possibilities for agency and political change.” (Mascia-Lees, 2011: Introduction).

Since the birth of the anthropology of the body, there have been two dominating insights in this field. On the one hand, there is the suggestion that ‘the body’ (as a construct), “reproduces assumptions about universality and normativity.” (Mascia-Lees, 2011: Introduction) This means that ‘the body’ must be either specified (focusing on one specific kind of body, for example: the *dead* body) or pluralized (focusing on multiple bodies and their interactions). On the other hand, there is the view that “bodies cannot be divorced from their lived experiences, requiring a focus on embodiment”<sup>6</sup> This argument has indicated an epistemological shift within the anthropology of the body.

As I observe these two suggestions, I argue that these views do not have to be disconnected from one another. When zooming in on the first insight, there can be a focus

---

<sup>5</sup> Cf. footnote 4

<sup>6</sup> “a way of inhabiting the world as well as the source of personhood, self and subjectivity, and the precondition of intersubjectivity” (Mascia-Lees, 2011: Introduction)

on one specified kind of body, for example: the *female pregnant* body, which is interesting for this research. This female body can, on its turn, be connected to the second insight, and be put into the context of lived experiences and embodiment.

Two interesting concepts that can be associated with and applied to this construct of ‘the female pregnant body’, are Lock’s ‘cultivated body’ and Scheper-Hughes ‘mindful body’.

Lock argues that the body can be seen as biological base upon which culture plays, and that this body can be conceptualized as the living product of a specific social, cultural and historical context (Lock, 1993: 134). Further in her argument, Lock points out that “bodily practices mediate a personal realization of social values” (Lock, 1993: 137). In other words: the body and how it is used also reflects social values, which on their turn can be connected to the broader context of the society in which that specific body moves around.

Scheper-Hughes’ concept of the ‘mindful body’ focuses on three perspectives from which a body can be viewed and observed: 1) the body self; 2) the social body; and 3) the body-politic (Scheper-Hughes, 1987: 7). I argue that each of these can be connected to the concept of ‘the female pregnant body’, which will form the central focus of my research.

The individual body-view can be “understood in the phenomenological sense of the lived experience of the body-self” (Scheper-Hughes, 1987: 7), which implies that the body can be seen as an individual body, existing on its own, and very often seen in relation to society as a “individual/society opposition” (Scheper-Hughes, 1987: 13). The body of a pregnant woman, I argue, can be seen as an *individual pregnant body*.

The social body-view refers to “the representational uses of the body as a natural symbol with which to think about nature, society, and culture” (Scheper-Hughes, 1987: 7). Here, the body of a pregnant woman can be seen as a natural symbol which can be used as a tool that represents how to think about nature, society and culture. One can observe the way the pregnant body is used, dressed, and presented in general and find out how this pregnant body and the social area in which it moves, thinks about nature, society and culture.

The body-politic, then, refers to “the regulation, surveillance, and control of bodies in reproduction and sexuality, in work and leisure, in sickness and other forms of deviance and human difference” (Scheper-Hughes, 1987: 8), and which, is presented as the “most dynamic [of these three] in suggesting why and how certain kinds of bodies are socially produced” (Scheper-Hughes, 1987: 8). This third view is clearly connected to the concepts of reproduction and sexuality, under which the pregnant body can also be categorized.

But even though it seems as if only this third view is (at least in a direct way) the most applicable to the pregnant body, I will also consider the other two levels of the ‘mindful body’ as useful while focusing on bodies of pregnant women, for in the world which we observe as anthropologists, these concepts cannot be separated.

Both Scheper-Hughes’ threefold ‘mindful body’ and Lock’s argument about a ‘cultivated body’ will serve as the base to compass the central idea from which I will view the pregnant bodies I will be studying. I will thus see female pregnant bodies as individual bodies, that are part of a socio-cultural context, and as entities that interact with the society and smaller communities<sup>7</sup> in which they find themselves.

I argue that the viewpoints from which a body can be seen<sup>8</sup>, are changeable. One can rely upon the core ideas of what these viewpoints are, but the socio-cultural context to which they can be applied, is never continuous but always dynamic and subject to change.

## Anthropology of Reproduction and Birth

*“The anthropology of reproduction is a relatively new subfield within medical anthropology. It comparatively explores both reproductive processes and their sociomedical treatment.” (Gaines & Davis-Floyd in Ember & Ember, 2004: 101)*

I have decided to not separate the anthropology of reproduction from the anthropology of birth. They are inextricably connected to each other, as reproduction implies a pregnant female body, birth and eventually motherhood. Here I will focus on the constructions of the pregnant female body, childbirth and motherhood in a socio-cultural context. I will start with an important theoretical idea, proposed by Brigitte Jordan, who, by Davis-Floyd and others, is considered “the midwife to the anthropology of birth”, and thus has been of great influence for the development of this anthropological subfield. (Davis-Floyd & Sargent, 1997)

Brigitte Jordan stated that practices of birth are a reflection of “largely uncontested patterns”, but more recent studies see birth more as “an arena within which culture is produced, reproduced and resisted, and to situate culture historically within the context of particular political and economic relations” (Van Hollen, 1994: 501).

---

<sup>7</sup> Kins and other networks.

<sup>8</sup> As presented by Scheper-Hughes.

Following Van Hollen's reflections on Jordan's work, and having learned that "[...] anthropologists paid particular attention to how pregnancy, labor, and the postpartum period are managed both physically and socially and to the degree to which these practices are symbolic or biologically based. In short, they established the central tenet of the anthropology of reproduction: reproduction and the management of reproductive processes are not simply biological; they are also always culturally constructed in unique ways in diverse historical contexts." (Van Hollen, 2003: 11), I argue that it can be said that there is no aspect of reproduction, the bodily experience of the woman, etc. that can be generalized or seen as a unified or universal experience. In other words: every context in which a pregnancy takes place is unique, and every female body is unique too. In every context there are different socio-cultural constructions concerning pregnancy, and women's experience of their pregnancy will be greatly influenced by the socio-cultural constructs and ideas that exist in the particular society in which she lives and the socio-cultural context in which her pregnant body moves around. Adding to this, Ginsberg & Rapp state that reproduction, pregnancy, etc. cannot "[...] be understood apart from the larger social context that frames them." (Ginsberg & Rapp, 1991: 330), and I guess the historical context can also be connected with this, since history is also mainly socially constructed.

As the threefold concept of 'mindful body', as proposed by Scheper-Hughes already showed, the body can be seen from different viewpoints or perspectives. She did not specify a certain kind of body so I assume that this concept is also applicable to the 'pregnant body', as well as to the body of a mother<sup>9</sup>, and motherhood in general. Sheila Kitzinger stated that "A great deal of what we take for granted as 'natural' in mothering is not natural at all, but a product of culture. It is only when we go back to the first moments and hours of life and the interaction of mother and baby which starts then that we are really at the level of the purely natural and instinctive. And that first meeting [...] is controlled by society [...]." (Kitzinger, 1978: 20). So motherhood, as pregnancy and childbirth, can be said to be influenced by the socio-historical context of a society, and is dependent on the socio-cultural constructs that exist about motherhood.

---

<sup>9</sup> In this sentence, I use this word to imply "a woman who has given birth".

## From Girlhood to Womanhood: Rites of Passage or Vital Conjectures?

Zooming in into the more specific socio-cultural context and then focusing on the microlevel, and the way people give meaning to their personal lives, we can add two more concepts here, that will help to understand the experiences and socio-cultural constructs of pregnant female bodies. These concepts are 'rites of passage', as presented by Arnold van Gennep, and 'vital conjectures', as explored by Jennifer Johnson-Hanks, that can be interpreted as a critique to the previous.

A rites of passage are considered by Van Gennep as "rites which accompany every change of place, state, social position and age." (Turner, 1969: 94). Another definition was given by Kottak, who states that rites of passage are "culturally defined activities associated with the transition from one place or stage of life to another."<sup>10</sup>

Mostly, I assume, they can be seen as a transition from one stage in someone's life to another, a clear bridge perhaps, between one stage of life and the other. These rites or activities, however, seem to imply that the stages on both sides of the 'rite de passage'-bridge are universal, or perhaps they even seem to insinuate to be stable and continuous. There have been anthropologists who had their doubts about this idea, and I follow them in their critical dubiety. One of them is, as mentioned, Johnson-Hanks, who came up with the term 'vital conjectures'<sup>11</sup>, that point to the idea that the different stages through which one goes in his/her life aren't stable at all, but instead contestable, negotiable, changeable and also nonsynchronous (Johnson-Hanks, 2002: 865). She even states that "[...] the life stage model will almost always obscure more than it clarifies." (Johnson-Hanks, 2002: 878).

I argue, when observing these two constructs, that there exists a duality in the view on life stages. On the one had they are considered stable and clear, on the other hand they

---

<sup>10</sup> Source: [http://highered.mcgraw-hill.com/sites/0072500506/student\\_view0/chapter12/key\\_terms.html](http://highered.mcgraw-hill.com/sites/0072500506/student_view0/chapter12/key_terms.html) (Accessed December 14th, 2012)

<sup>11</sup> She borrowed the term 'vital' from the demographic term 'vital event', "which refers to any occurrence related to "an individual's entrance into or departure from life, together with changes in civil status" (International Union for the Scientific Study of Population 1982: 211), such as birth, death, marriage, and change of residence" (Johnson-Hanks, 2002: 872). And 'conjecture' is taken from Bourdieu's "conception of the conjuncture of structure and action" (Johnson-Hanks, 2002: 866).

are ambiguous, and I believe that the term ‘vital conjuncture’<sup>12</sup>, which emphasizes this ambiguity, is actually more applicable to my research.

As I have been focusing on pregnant women, the link to rites de passages is easily made. Pregnancy is often times depicted as a rite de passage for woman to go from girlhood to womanhood, but again: this transition can impossibly be seen as stable, or continuous, since every individual resides in her own specific context. This is agreed upon by Erica van der Sijpt, who explains that “First pregnancy and entry into motherhood are good examples of vital conjunctures; they are characterized by extreme uncertainty, potential for the radical transformation of life trajectories or precious pathways, and new orientations into the future. Johnson-Hanks calls the possible future scenarios that people imagine in such ‘critical durations of uncertainty and potentiality’ *horizons*. These horizons motivate social action, influencing the choices people make and the possibilities they seize. Thus allowing examination of both the specific options and the general patterns of decision-making that appear within these ‘socially constructed zones of possibilities’, vital conjunctures are ‘manifestations at once of recurring systemacity and of unique possibility and future orientation.” (van der Sijpt, 2006: 22-24).

During my research, I planned to investigate whether (mainly first) pregnancy and motherhood can be seen as ‘vital conjunctures’ instead of ‘rites of passage’ in the lives of women I worked with. And I have followed Johnson-Hanks idea that states that “giving birth for the first time is not a standardized transition into female adulthood but, rather, a nexus of potential social futures [...]” (Johnson-Hanks, 2002: 871). Thus, a vital conjuncture. And since this refers to a socially constructed zone basically, I argue that it can be viewed from both an individual as more social perspective, since individuals manoeuvre in a social field, and are therefore both active actors<sup>13</sup> and passive subject in the area in which they move around.

---

<sup>12</sup> I am aware of the fact that the concept of vital conjunctures isn’t that easy to understand, therefore I will add some additional information as provided by Johnson-Hanks in an article she wrote on vital conjunctures.

“When taken as the assumption of research, the life stage model will almost always obscure more than it clarifies. In its place, I have suggested a model of vital conjunctures. These are the moments when seemingly established futures are called into question and when actors are called on to manage durations of radical uncertainty. Conjunctures are navigated in reference to their horizons - the imaginable futures that are hoped for or feared. Although the conjunctures and their horizons are variable, actors’ orientations to them are often systematic; imagined futures may be idiosyncretic, but the forms of imagination belong to the social field.” (Johnson-Hanks, 2002: 878)

<sup>13</sup> This can be connection to the notion of “agency”. Carter for example, has explained agency like this: “Human agency is not a sequence of discrete actions of choice and planning, but it’s a reflexive monitoring and rationalization of a continuous flow of conduct in which practice is constituted in dialectic relation between persons acting and the settings of their activities.” (Carter in Greenhalgh, 1995: 19)

## The Pregnant Body and Motherhood in a Socio-Cultural Context

As has become clear by now, the construction of a body, and more specifically: the construction of a pregnant body and the subsequent motherhood, are intrinsically connected to the socio-cultural context in which the body moves around.

I would like to discuss two aspects of the pregnant body and motherhood in a socio-cultural context. On the one hand, I focus on perceptions and experiences of the pregnant body and motherhood in a specific context; and on the other hand I investigate women's roles and the changes of these roles that are connected to the changing body of the woman in a socio-cultural context. I will take a look at the constructs that exist about this changing body, both by society or the community, and by the women themselves, as individuals. In this light, Jeffery et al. can be mentioned, for they state that herewith, *concepts of the body*<sup>14</sup> are crucial ingredients of fertility practices; i.e. "[...] the culturally constructed body is among the elements of activity in the setting; among signs that may be deployed to assert claims to agency or personhood." (Jeffery et al 1988: 66).

When we talk about bodies and individuals moving around in a society or community, and constructs that exist about these particular bodies and individuals, we cannot ignore the fact that the physically moving about in this society, is connected to social connections. When we consider the process from pregnancy to motherhood as a social construction towards family, one can also consider this as a political process over time. Greenhalgh has noticed the political aspect of family making and states that it is political because "relations of power in a society both *shape* reproductive practices and are *shaped by* reproductive practices. They are also seen as dynamic because the social management of family already begins prenatally." (Greenhalgh, 1995: 15)

Social management of family indeed, begins already prenatally. An important factor to mention here is the issue of *migration*. For my research it is very important to mention a continuous moving between rural and urban areas, since this is the physical reality in which women manoeuvre. Through practices as marriage, women may be socially forced to move between spaces and therefore will be confronted with different socio-cultural constructs of the body, (and especially after marriage, a potential pregnant body may most likely become more important), and this, I argue, undoubtedly will contribute to the way women experience their body and becoming a mother (Ferguson, 1999; Zhang 2001).

---

<sup>14</sup> Put in italics by Iris Verstappen

Considering the previous, I would like to clarify the view, perspective and most important questions with which I went into the field.

As presented in the introduction, the central question, that I have attempted to answer, is “How are bodily/emotional experiences of pregnant women connected to the socio-cultural constructions of both pregnancy and motherhood in the rural area of Sevapur, Tamil Nadu, South India?”. To answer this question, I have focused on several subfields and -questions to gather my data systematically. These questions have been the following:

1. Who are the women in Sevapur?

-Who are the pregnant women in Sevapur?

2. How can bodily experiences of pregnancy and motherhood in Sevapur be described?

-How does a woman in Sevapur see her pregnant body?

-What meaning does a pregnant belly have for her?

-What does she feel? [physically, as well as emotionally -- during pregnancy, delivery and post partum period]

-What is the meaning of the sex of the unborn/born child?

3. What are socio-cultural constructions and notions that determine the reproductive field in which women manoeuvre in Sevapur?

-Which cultural ideas play a role in the experiences of pregnancy/delivery/motherhood?

-What kind of ideas did Mother Lea<sup>15</sup> have about motherhood according to the pregnant woman?

-Do pregnant women in Sevapur identify themselves with Mother Lea?

-What influence does Mother Lea have on the experience of pregnancy of women in Sevapur?

4. What do the networks of pregnant women in Sevapur look like?

-Who are important people during her pregnancy?

-Where does giving birth take place and who is there during delivery?

-Who surround the woman in the postpartum period?

---

<sup>15</sup> In the following chapter this will become more clear.

## Concluding

In this chapter, I have attempted to explain the theoretical concepts of the 'cultivated body', the 'mindful body', 'rites of passage' and 'vital conjunctures', and how they have formed the theoretical foundation for the research I have conducted. I have tried to make clear that it has been argued before me, that perceptions and experiences of the pregnant body and motherhood are intrinsically connected to, on the one hand, the socio-cultural context in which the women find themselves, and on the other hand, to the constructs and ideas that exist about pregnant bodies and motherhood. These ideas can be interpreted culturally, as well as socially, politically and perhaps even economically too, but this will be not discussed here. It has to be mentioned that of course, every context is different, and every individual too. It is therefore my hope that I have made clear that it is not my intention to convey that everything written here is to be considered a general truth; but rather to be seen and interpreted a guideline for my empirical data, which are elaborated in the following chapters.

# I Chapter 2

## Setting the Scene

### Being Pregnant in Rural South India

It is difficult to say something about a phenomenon like being pregnant that would hold true for all the different areas and peoples of a vast country like India. Therefore, I will mainly focus on South India, and more specifically, on the state of Tamil Nadu, since I have conducted my research there. This state is often considered a “model state” concerning maternal-child health care. On the World Bank’s website, the following is said: “Tamil Nadu has made major progress in improving health care for mothers and young children by setting up a network of specialist medical centers and providing free ambulance services from anywhere in the state. Between January 2005 and October 2007, 80 health facilities in Tamil Nadu were fully-equipped with skilled staff, equipment, and blood bank facilities to provide emergency medical care to expectant mothers and their babies. More than 99.5 percent of deliveries in Tamil Nadu now take place in health facilities and the infant and maternal mortality rates in the state have fallen significantly.” (World Bank<sup>16</sup>)

There is an aspect of being pregnant in India that has to be mentioned, and that is already stated by several anthropologists: being pregnant and becoming a mother are inextricably connected to certain *roles* a woman has to fulfill. Petitet & Pragathi have noted that “In India [...] motherhood is expected of every woman.” (Petitet & Pragathi, 2007: 1) and “Procreation, in India, takes place in the framework of marriage. The first purpose of the union of a man and a woman through this bond is the procreation of a child. [...] It also implies the perpetuation of the family defined as the primary group of society.” (ibid, 2007: 2)

---

<sup>16</sup> Website: <http://web.worldbank.org/WBSITE/EXTERNAL/NEWS/0,,contentMDK:23192777~menuPK:141311~pagePK:34370~piPK:34424~theSitePK:4607,00.html>, accessed May 2013

An example that illustrates the importance of the explicit 'roles'<sup>17</sup> I mentioned above, is given by Seymour, who has stated that "Shifts in women's roles are dramatic in India and are associated with significant changes in status and responsibility. At marriage, [...], a girl leaves her natal family and comfortable position as a daughter to become a wife and daughter-in-law in her husband's household. She must abruptly switch from a relatively high status and relatively carefree position in a familiar setting to a potentially low status and heavily work-laden position in a strange household. It is motherhood that marks a significant improvement in her position and a rise in status, particularly if she produces sons. Furthermore, with sons a woman will someday become a mother-in-law with authority over a set of daughters-in-law, and she will become a grandmother to her son's children. Familiar roles are particularly critical to a woman's identity and status in India." (Seymour, 1999:10).

I argue that entering a new role - whether this happens consciously or unconsciously, and whether it is abundantly celebrated or considered as not momentous at all - is always connected to a certain set of socio-cultural constructs on which people's lives are built, and based upon a certain range of ideas that people have about themselves and the society in which they live. In the rural areas that I have visited, Hinduism was a recurrent factor that played an important role in people's lives. But not only the Hindu religion has played a role in the socio-cultural constructs that exist in Sevapur. There are several aspects of life there, that can be seen as direct consequences of early development projects, that make this particular village so unique, and distinguish it from other rural villages in southern India. It has been the presence of an exceptional Belgian woman, that makes this place so peculiar. She and her motherly presence and status, pacific ideas and abundant material support have had an innumerable impact on how the village is organized nowadays, and herewith, I assume, it perhaps even also influenced how people living there think and act, and how they give meaning to their daily lives.

---

<sup>17</sup> I would like to emphasize here that I do not blindly assume that the women with whom these anthropologists have worked, distinguished all these specific roles themselves, or that these specific roles exist separated from one another. For example: when one is a mother, one still can be a daughter when one manoeuvres in another socio-cultural context.

## Sevapur

*"[...] in July 1943, Lea had to undergo a surgery that would take all hope for further motherhood away...for her, who would have loved to have many children."* (1987: 35)<sup>18</sup>



Several hours from city called Trichy, lies Sevapur<sup>19</sup>: a small rural village, located in the valleys of the Karur District. Sevapur is founded in the 1960s, by a Belgian woman named Lea Provo, better known by the villagers as *Mother Lea*. She was touched by injustice and poverty among different castes when she first visited the land where her hero Mahatma Gandhi grew up. She decided she wanted to help, worked out a plan and

eventually founded the organization Inba Seva Sangam (which literally means “joyous service”) in 1968. Ultimately, she realized her silent dream that was already born when she visited India for the first time: to build a village. Dr. M. P. Gurusamy, whom I have met several times during my stay there, has written a book about Mother Lea. In this book, the following is said: “The aim of creating Sevapur<sup>20</sup> was to free 140 poor enslaved families and make them self-sufficient, partly through agriculture and partly through village industries. It would promote a spirit of mutual respect and cooperation and grow towards an integrated society where no discrimination or distinction will exist. It will become conscious of universal love and brotherhood. It will help the development of all in

---

<sup>18</sup> Translated from an excerpt from *Mortselse Heemkundige Kring*: “[...] in juli 1943 moest Lea een operatie ondergaan waardoor haar alle hoop op verder moederschap ontnomen werd, zij die zo graag vele kinderen had gekregen.” (Jaarboek 1987: 35)

<sup>19</sup> See photo on the left

<sup>20</sup> “It means a village of service, by service and for service.” (Gurusamy, 2009:84)

Sevapur and the broader area in all levels. [...] She [Lea] aimed to provide all basic needs of life. [...] All houses were built in blocks of 4 houses each. There was one cattleshed which could accommodate 16 big animals in each of the block. [...] In every block, houses were allotted to families of different castes<sup>21</sup>. So, the people of different castes were expected to move closely with the sense of brotherhood without any discrimination.” (Gurusamy, 2009: 85-86).

In the early 1970s, Sevapur was established and Mother Lea got support from a Belgian community back home, and SaWeS<sup>22</sup> was born. This is the sister organization, located in Belgium, with whom I have been working with the most.

Sevapur is a small-scale rural village where Tamil is the main spoken language. Most of the people are farmers or shepherds, but some work in other sectors in neighbouring villages or small cities. On the fields they grow rice, a wide variety of vegetables, and fruits like coconuts, guava, mangoes and limes. All the fields have been established by Mother Lea, and it took a very long time before they were culturable. In all of the families I worked with, there was at least one person who used to work on the land.

The coming of a Belgian woman who fulfilled motherly roles, has also influenced how people think about certain topics and how they perceive the world around them. This, I assume, also holds true for topics as pregnancy, delivery and motherhood.

## The Mothers and Mothers-to-be

It has to be mentioned here, that I, as an anthropologist, also have played an active role in the context where I conducted my research. The very fact that I myself am not married, never experienced how it feels to be pregnant nor what it's like to give birth or to be a mother, has somehow, I assume, influenced my data. Due to this, it took me a little longer to gain trust of the women I wanted to work with. However, when they felt that I was genuinely interested in their stories, and considered myself their 'student', someone who could learn from their experiences, and someone whom they could give tips, they were more than generous with the information they provided. I still wonder, though, what it would have been like if I had been married with children myself, and whether I would have gathered different data.

---

<sup>21</sup> Before leaving on fieldwork, I had heard that Sevapur was a village in which solely "Untouchables" would reside. When I got there though, I discovered that this wasn't the case. Only people of lower castes live there, but they are not all Untouchables.

<sup>22</sup> Abbreviation for *Samenwerking Sevapur*, translation: Collaboration Sevapur

There were three women who eventually were more than informants to me. I gained their (and their family's) trust and was considered a sister, daughter, auntie; part of the family. I will briefly present these three women here:

### *Lakshmi*

Lakshmi is a 22 year old woman who grew up in Sevapur. When I met her she was 9 months pregnant of her first baby, and staying at her mother's house, awaiting her child to be born. When she got married, she moved to her husband's place in Coimbatore and she came back to Sevapur after her *cimantām*<sup>23</sup>. She gave birth to a girl in the Primary Health Center in Kadavur, and I joined her during the whole delivery. She stayed in a bigger maternity/hospital in Dindigul after her delivery because there were some complications with her daughter. When the baby will be several months old, she will move back to Coimbatore and try to finish her studies as an English teacher.

### *Priya*

Priya is 29 years old and she also grew up in Sevapur. She gave birth to her first child in January 2013. She is the only one of my informants who had a caesarean in a private hospital because it was determined through an ultra sound that umbilical cord was around her baby's neck. Her husband didn't want to take the risk and wanted his wife to give birth in a good hospital. Her husband lives in Karur, and it is here that she gave birth. When the baby is old enough, she will move there again.

### *Parvathi*

Parvathi is 28 years old and the only one who didn't grow up in Sevapur, but in Valaipatti. At the time I visited her, she was living with her husband's family while she was 6 months pregnant. She only went to primary school (until the 5th grade) and works on the fields of her joint family. For her delivery she will go back to her native place, and she wants to give birth in the hospital in Madurai. She will come back to Sevapur after having lived several months with her family in her native place.

---

<sup>23</sup> This is a practice that usually takes place during the seventh month of pregnancy. I will discuss this topic more broadly in the chapter 5.

## Concluding

In this chapter I have attempted to set the local scene in which my research took place. I tried to give the reader an idea of what the village looks like and what has contributed to the way the village is constructed nowadays, and especially how I got to experience it when I visited it from the end of January 2013 until April 2013. In the following chapters I will present the data I have gathered, mostly on the basis of personal stories of women (and their surroundings) that I have heard during my stay there.

# Chapter 3

## Becoming a Mother in Sevapur: a Changing Body in an Individual & Social Context

A mother is a lady who hugs the children and teaches the children what is right and what is wrong but not in a aggressive way. She likes for the child to stay healthy. Only the mother can feed the milk. When the baby is crying he is always calling his mother.

-Yogaraj, Parvathi's father-in-law

### January, 2013

*In front of a light-yellow painted house with fern green shutters, two women are sitting in the shade of a tree to which several goats are tied. I walk up to them and greet them with a polite “vanakkam”<sup>24</sup>, while I put my hands together in front of my heart and slightly bow my head. They greet me and continue their activities. They are peeling fruits and chat. One of the women is wearing a bright pink nighty<sup>25</sup> with black flowers on it, the other woman is older and is wearing a blue with bright pink saree that matches perfectly with the other woman's outfit. The woman in the nighty is visibly pregnant, probably in her third trimester. Both women -a mother and her daughter Lakshmi- are peeling tamarind, which looks like the inside of a date turned inside out, and then wrapped around a seed of the size of a bean. Both women carefully squeeze the peels of*

---

<sup>24</sup> “Vanakkam” in Tamil means “hello” or “welcome” (translation by Iris Verstappen)

<sup>25</sup> A *nighty* is a long night gown (to the ankles) for women and girls in India. It is also worn at home during the day. Most of my informants (pregnant women and young mothers) were wearing a *nighty* when I visited them. Only when they had to go to the Primary Health Center for checkups or other places, they put on a *saree*. One of the reasons young mothers wear a *nighty* is that it is easy to open it to nurse their babies.

*tamarind, take out the fruits and then pull out the small stick that is attached to the tamarind. They are talking and laughing while four children play around the tree next to them. On one side they have tied a doti to a branch, on the other side a saree. In turn, they use each doti and saree as a swing. The goats are bleating, the children are singing, and the women laughing. The pregnant woman calls the children. Two kids jump out of their hammocks, and then run towards the women. Lakshmi gives the children each a piece of tamarind that she has just peeled.*

*A little bit further down the street, another pregnant woman in a yellow nighty, who is most likely in her second trimester of pregnancy, carries two big jerrycans to a communal tap. After she has filled the jerrycans, she lifts one onto her head, and holds the other one against her left hip while she supports the heavy weight with her arm. She stops shortly to chat with the women who are sitting under the tree.*

This is an excerpt taken from my fieldnotes, that describes the context and environment in which the women I have encountered, live their daily lives. A “normal” day of an average woman usually consists of taking care of the children, cooking, washing and cleaning, and sharing with other women. This also holds true for pregnant women.

Getting pregnant and becoming a mother are a considered universal processes that hit almost all women who are living in the small village of Sevapur. As already mentioned in the previous theoretical chapters, this process can be observed physiologically as well as socially.

This chapter will focus on the interconnectedness of bodily and emotional feelings during the different stages of the first pregnancy of a woman in Sevapur. When I say “stages”, I do not only mean the three trimesters of pregnancy as a solely biological or physiological process, but also physical movements over spaces that women have to go through from the moment they get married and from the moment they become pregnant. I will focus here specifically on an individual as well as a social context, while using the concepts of an individual and social body, as suggested by anthropologist Nancy Scheper-Hughes, and thus reflect on being pregnant as an individual, and being pregnant in a social context.

## A Changing Body, a Moving Body

It has to be mentioned that the pregnant women and new mothers I have met in Sevapur can be roughly divided into two groups: one group consists of the women who are in their

earlier stages of pregnancy (the first trimester) up until end of the second trimester. These women are living in with their joint families, with their husband, his parents, brothers (and their wives and children) and unmarried sisters. Another 'group' of pregnant women that can be distinguished, consists of the women who are either in their third trimester of pregnancy and are waiting for their child to be born, or recently give birth. These women moved to their native homes again at about their seventh month of pregnancy.

A lot of women of the village got married to a man who lives in the city. Due to this, these women encounter a physical movement between spaces and places. This points towards rural-urban dichotomy and shows that many women in Sevapur are to some extent confronted with migration. Zhang, for example, has stated that "kinship ties and native-place networks played a significant role in sustaining migratory flows [...]" (Zhang, 2001: 47). In this light, I can agree that most women I have encountered in Sevapur experience a similar dichotomic, fluid life, which starts at marriage and continues in their further lives, and usually knows its peak when a woman becomes pregnant.

I assume that this physical movement between places and spaces, also has an influence on how women experience a changing pregnant body.

## The Individual Experience of a Pregnant Body

When a woman conceives, she most likely lives in with her joint family. She experiences her changing body in a quiet non-familiar setting and this can potentially bring certain tensions with it. Even though she is respected very much in her own nuclear family, in this new nuclear family to which she belongs from now on, she must start in a lower position, and has to "prove" herself. Her task is to show that she is a good daughter-in-law and a good wife for her husband. This can be done through the physical work; like washing, cooking and cleaning, but the most important thing she can do to prove herself to be a good woman, is to conceive and carry the child that is the bloodline of her -but more importantly: her husband's- family. One woman told me the following, when I asked her how she could show her joint family whether she is a good woman:

"Bearing a child is the ultimate thing a woman can do, the ultimate gift a woman can get. A woman gives the family children." (Parvathi)

Lock argues that the body can be seen as biological base upon which culture plays, and that this body can be conceptualized as the living product of a specific social, cultural and

historical context (Lock, 1993: 134). Further in her argument, Lock points out that “bodily practices mediate a personal realization of social values” (Lock, 1993: 137). In Sevapur, I have noticed that the more a woman’s body changes, and becomes more visibly pregnant, the more she seems to be respected by her husband’s family, for she is the symbol of the expansion of a family, the bearer of posterity.

Another concept that can be tied to this view is the ‘body politic’<sup>26</sup> as presented by Scheper-Hughes & Lock. It is socially and culturally expected from a woman that she will use her body for reproductive purposes, so: to become pregnant, bear a child for 9 months, give birth to it to eventually become a mother and use her body as a tool to take care of the children she has beared; for this is considered the highest goal of a female body, a woman.

But even though other people value her growing belly, and ascribe meaning to it, the actual physical changes in her body are experienced by the pregnant woman alone. As I have noticed before, in work by other anthropologists, especially Van Hollen, van der Uyl, Jeffery et al. and Seymour, it is not very common in India that people talk about their bodies, or what happens in one’s body. In Sevapur, it is remarkable that women barely have an idea about what happens in their bodies while being pregnant<sup>27</sup>, during the delivery, and in the postpartum period. It is also not common that one shows one’s naked body to other people. A situation that points that this “rule” of not showing one’s body is less important, is when a woman goes to the hospital for a check up. I joined several women to the Primary Health Center<sup>28</sup> for an ultrasound, and noticed the changes in social rules concerning revealing the female body in a “medical” or “professional” setting. Nevertheless, even though the implicit social rules changed, it could still be noticed that women seem to feel quiet insecure and uncomfortable when they visit the PHC for checkups during pregnancy.

### **March 2013**

*Parvathi is sweating a little on her nose and sips some water from the green bottle she brought with her. We left Sevapur at 9am, and at around 10:35am we are finally called by the nurse. I follow Parvathi, who takes off her shoes first. I do the same. We go inside*

---

<sup>26</sup> This term can be described as: “How certain bodies are socially produced” (Scheper-Hughes, 1987)

<sup>27</sup> I mainly discovered this when I asked women to make ‘body maps’. I drew female bodies and asked them to draw what happens in their bodies each month of their pregnancy. In the appendixes, some of these drawings can be found.

<sup>28</sup> This is a small-scale governmental hospital that is usually the only medical facility in rural areas. Minimal help and support can be offered, and deliveries are usually only assisted by nurses. (I will abbreviate this term in the rest of this thesis with “PHC”)

*the consultation room. There is another pregnant woman sitting on a wooden bench, the ultrasound machine is in the middle of the room, and the gynecologist is sitting next to it. The nurse enters the room a couple of minutes later and puts a little booklet on the ultrasound machine, using it as a table. The woman who was inside before us lies down on the wooden bench she's sitting on. She seems hesitant to pull the fabric of her saree up to both sides so that her pregnant belly becomes visible and uncovered, naked. The nurse moves her saree further up towards her stomach and puts some gel on her belly. Next, the gynecologist spreads the gel with the transducer. She moves it from the left to the right side of the woman's belly. She then starts to explain what she sees but doesn't point on the screen; she mentions how many weeks/months the woman is pregnant, the level of hemoglobine in her blood, and how the placenta is doing. After about 5 to 7 minutes, the gynecologist is ready with the first woman. She gets dressed again and now it's Parvathi's turn. She looks at me and hesitantly uncovers her pregnant belly and lies down on the bench. She looks a bit uncomfortable, she then looks at me again, a little bit worried. I smile and nod my head from left to right - letting her know it's okay. She then smiles too, and the nurse puts some gel on her belly. She doesn't say or explain anything. The gynecologist pushes some buttons on the ultrasound machine and then starts Parvathi's checkup. My informant appears to be 6 months pregnant (instead of 7, as she told me). The nurse says that the placenta and blood are good, and the gynecologist explains that the baby is moving and growing well. I am not sure whether Parvathi has understood everything the nurse and gynecologist told her, since they were using so many medical terms in English, and Parvathi barely speaks a word of English.. After about 5 to 7 minutes, my informant is ready and we leave the room. We take our shoes we left at the doorstep and try to make our way out of the building, which is packed with over 30 people by now. After a little squeezing, we make it outside. Parvathi's husband isn't sitting on the benches where we left him anymore, and my informant gestures that we have to wait for him because he is still inside. While I sit down on the chairs at the entrance of the health center, Parvathi partly takes off her saree, quickly looks around to see whether people are looking at her, and seems to make sure her body is still fully covered. By then, her husband arrives and asks her what she is doing. She shouldn't be uncovering herself in the middle of all these people...*

This excerpt illustrates that there also exist a slight dichotomy of the private and public spheres concerning the pregnant body of a woman. It is not expected of a woman to show

her body in public. In the private sphere, this is less the case. In a “medical” setting it seems less of an issue to show naked body parts, but still it seems to make people feel uncomfortable.

Considering the previous example, I assume it can be said that with her changing physical body of a woman, her emotional state also changes. This happens due to hormonal changes in the body, but I assume a woman’s emotional state is also influenced by the way she is treated by the people among whom she lives, and the fact that these people are (at least for the first seven months of pregnancy) other than her own nuclear family and close relatives, towards whom most women I have talked to express great value and attachment. Some women have told me that the most difficult thing during their pregnancy, were not so much the physical changes in their body, but rather the fact that they were not able to be close to their relatives, especially their mothers and sisters. The feelings that were mostly expressed, were feelings of loneliness. In an interview with Priya, this became very clear.

*Interviewer:* Can you tell me something about your emotional feelings during your pregnancy?

*Priya:* Sometimes happy, sometimes sad..both. Happy because baby is moving.

*Interviewer:* Why were you sad sometimes?

*Priya:* No family...[my] sister [is] living in Bangalore, no parents..my parents [are] living in Sevapur. Only husband.. So husband is going to job, in the morning, then come back in the evening..eight or nine..so single people..so....me alone....all day alone in the home....feeling so sad...

*Interviewer:* So you were sad because you were alone most of the time? How did that feel to be alone? And what did you think?

*Priya:* Yes..alone....but not always sad! No! Call on the phone! Not always alone. Calling mom and dad..so...when calling..more happy!

*Interviewer:* When did you go back to your parent’s place? How did it feel to be back in Sevapur after so long?

*Priya*: After the bangle ceremony. [At] seven months pregnant, I had my *cimantām*, all people came..Elmathi, Gomathi, Shiva, Sanju, mom, dad, everyone! Then back to home, Sevapur. Then also more happy! Yes more more more happy! You know..caring....My mom, all of my sisters, friends, dad..[there were] more persons to care [for me] and [I was] not alone all day.

It is almost impossible to focus on the individual experiences of a changing body, because the social configurations a woman finds herself in, are so utterly important, that it seems as if they don't even see themselves as entire individuals, but always part of a bigger whole, that usually is their nuclear family and the village they live in. At the same time it is noticeable that they always talk about their own nuclear family first, even though they are living in with their in-laws, the members of her husband's family.

### Pregnant Bellies in the Neighbourhood

As hopefully is becoming clear by now, women cannot live and experience their pregnancies only "in" their bodies, all by themselves, but also "out" of their bodies, in their neighbourhood, while interacting with other people in a social context. In Sevapur, I have noticed that pregnant women and women who recently gave birth, can be a support for one another. The pregnant women and young mothers I have encountered in Sevapur were living in the same street, and the fact that they were pregnant at the same time, visibly created a connection. They were often times sitting together and chatting. It was noticeable that it were mostly women who grew up in Sevapur were connecting more strongly like this. The pregnant women who lived in with their in-laws, had less contact with other women of the village. The reason for this is probably because all the other women have known each other for all their lives.

While looking at a woman and her pregnant body from this perspective, we can mention Scheper-Hughes social body, which can be explained as: "the representational uses of the body as a natural symbol with which to think about nature, society, and culture" (Scheper-Hughes, 1987: 7). Here, the body of a pregnant woman can be seen as a natural symbol which can be used as a tool that represents how to think about nature, society and culture. One can observe the way the pregnant body is used, dressed, and presented in general and find out how this pregnant body and the social area in which it moves, thinks about nature, society and culture. Scheper-Hughes only creates this particular concept in a one-way manner, but I assume it is also possible to be used in a

two-way pattern. Scheper-Hughes states that the body can be used to think about nature, society and culture, but the very fact that this body moves around in a certain context, makes true that this specific body is observed and reflected upon by other people, other individuals moving around in this specific context.

The women I have talked to, always expressed that from the moment they became visibly pregnant, they noticed that people started to treat them differently than when they were not pregnant, and that it made them feel happy that many people showed their respect. From now on, the pregnant women has become a symbol, a metaphor for the highest goal a woman can fulfill in her life, and people value this. My informant Parvathi talked to me about this in an interview:

*Interviewer:* What did you notice in the way people were treating you when your pregnancy developed?

*Parvathi:* People [are] changing..When the baby is growing, the belly will be big...yes the belly will be so big. If you go to any place, by bus, then a pregnancy lady who take a bus will sit..okay sit. [the] Belly is big so [the woman is] not standing.

*Interviewer:* How did you notice people in your surroundings were treating you differently?

*Parvathi:* People are more kind, more caring..people say the pregnancy lady [has to] walk slowly, not run, and take a variety of food. Pregnancy ladies cannot take papaya fruit, and pineapple fruit during the first two months because [it will] induce abortion. People give good food.

## Concluding

In this chapter, I have attempted to illustrate what it means to become a mother in Sevapur and how women experience this - both through experiencing their changing body and accepting this transforming body in the context in which they live. This context consists out of other people, who might be of importance for the pregnant women during the different stages of her pregnancy. In the next chapter, I will focus more detailed on the surroundings and networks of women during their pregnancy, delivery and post partum period, and how these networks influence the bodily and emotional experiences of the pregnant women or women who recently gave birth.

# Chapter 4

## Female Family First: Networks of Women

### February 2013

*Last night, Lakshmi's labor pains have started, and around 8:30am this morning she left to the PHC with her mother, brother and sister. I have just arrived at the PHC and see that Lakshmi sits down next to her mother on the benches in front of the PHC. I go and sit next to her and ask how she is doing. She smiles, but her face looks entangled and she says "Lots of pain, sister..Baby is coming."*

*The nurse informs Lakshmi that it is not good to sit down, but it is better to keep on walking; because this will help for the baby to descend more quickly. Lakshmi follows the advice and starts walking. Her younger sister walks with her and holds her hand. Her mother sits on the benches in front of the PHC and never loses sight of her daughters. When her oldest one tells her that she is in pain, her mother explains to me in Tamil, and with non-verbal signs and sounds, that she has bore four children and that they were all born at home. That's how it happened in the "old days". She explains that women were very strong back in the days. Now these things have changed. Now everyone gives birth in the hospital. While she is showing me how she had to give birth, she says "Mukhe<sup>29</sup> mukhe mukhe!" and makes loud pushing sounds. In the meantime, Lakshmi's brother lets us know that he will leave to Ayyalur to pick up Lakshmi's husband, who arrived from Coimbatore, to support his wife for the delivery. When they arrive about 30 minutes later, her husband immediately asks the nurse for information. She tells him*

---

<sup>29</sup> "Push...push...push!" (Translation by Iris Verstappen)

*that it is good for his wife to keep on walking. He follows the advice very carefully and supports his wife while he makes her walk around at a pace twice as fast as she was walking before. In no time, Lakshmi's face is covered in sweat. The drops of sweat on both sides of her head reflect in the sun, that is burning at this time of the day. After having walked for about half an hour, the contractions have become stronger and Lakshmi tells me she is in pain and becoming tired. She stops walking and stands still for a while. The whole family is surrounding the pregnant woman now. When the pains become more heavy, Lakshmi wraps her arms around her mother's neck, and leans with all her weight on this woman, who is a lot tinier than her daughter. "Amma<sup>30</sup>....amma..... ammaaaa...amma..amma.." my laboring informant mourns, while her younger sister puts her hand on their mother's shoulder. Her father and husband stand about half a meter behind these three women. Her husband softly tries to touch his wife's back, but Lakshmi almost brutally hits his hand off of her body....."Ille<sup>31</sup> ..illei.. amma..amma...." she utters.*

With this fragment, I would like to show how important other people become when a woman discovers she is pregnant. From the first months until the moment a woman goes into labor, and the months after. This chapter explores the networks and surroundings of women before, during and after their delivery. The presence or absence of certain people also has played a role in how the women I talked to felt physically as well as emotionally during her pregnancy, delivery and postpartum period.

Since community life is an everyday fact in Sevapur, it is inevitable that a pregnant woman is surrounded by other people -family, neighbours and other villagers- who are of importance during her pregnancy, her delivery, the post partum period and the months after (and eventually her whole life as a mother). In Sevapur, people basically live together like a big family, even though they are not related through bloodline - but everyone does call one another by names that are used to address close kinship members: brother, sister, auntie, etc.

As pregnancy develops and the body changes, these social surroundings of women change as well. Each trimester of pregnancy is marked by specific people, specific relations that are important for the pregnant woman, or play a significant role. Below, I will discuss

---

<sup>30</sup> "Mother...mother...mother...mother..." (Translation by Iris Verstappen)

<sup>31</sup> "No...no...mother...mother...." (Translation by Iris Verstappen)

each trimester of pregnancy and which people are of importance for the women during this specific part of pregnancy.

It also has to be mentioned that a woman's physical transitions during pregnancy are marked by certain cultural events in which the presence of other people is also of importance. These events will be discussed more elaborately in chapter 5.

## First and Second Trimester

A woman moves to her husband's native place right after she gets married and lives with her joint family. It is here that she will most likely conceive and spend the first and second trimester of her pregnancy. Often times, she will be surrounded by her husband's nuclear family members, that is: her mother-in-law, her father-in-law, her husband's unmarried sisters, her husband's unmarried and married brothers with their wives and children, and sometimes elders (the parents of the husband's parents).

During her first and second trimester, a woman most likely doesn't know the people she lives with, and is surrounded by, well enough to share experiences with, and most women (implicitly) told me that they did not feel very comfortable while living with their joint families. This can be noticed in the excerpt in chapter 3, in which Priya talks about how she felt quiet lonely during her pregnancy, and missing her own nuclear family very much while she was living in with her husband and his family. Most women I spoke to all longed for their *cimantām*, an event that marks the fact that they could return to their native place, and live with their mothers, instead of being with their joint families.

Another thing that is at stake here, and this probably forms an explanation for the reason most women I spoke to felt lonely and not at ease in their new setting after marriage. The issue I am addressing here, is the rural-urban dichotomy, which counts for both "groups" of women I have distinguished at the beginning of chapter 3. Women who have been living their lives in a small rural village, with lots of people, whom they know very well, surrounding them, oftentimes have to get married to a man who lives in the city and move there with him. They are confronted with a forced migration to a place they don't know at all, and that is considerably bigger and more grandiose than the small place they are used to. The other way around is also possible: when women are living in the city and they have to get married to a man in Sevapur, they are forced to move to his nuclear family. It can be imagined that it is hard for women to adapt and interact in their new setting, since they are not used to it and at the same time, are experiencing physiological

and hormonal changes in their bodies with which they have to deal.

## Third Trimester, Delivery and Postpartum Period

### Third Trimester

The third trimester is marked by the celebration of the *cimantām*, also known as bangle ceremony, which takes place at the seventh month of pregnancy - sometimes a little bit earlier, or sometimes later due to auspicious or inauspicious<sup>32</sup> times, but most of the time at around 7 months. After this celebration, which usually takes place at the husband's house, the woman will move back to her native place to live with her nuclear family. There, she will be surrounded by her mother, her father, unmarried sisters, unmarried and married brothers, their sisters-in-law and their children, and sometimes elders (the grandparents of the pregnant woman).

Not only joint family and family are important for a woman during her pregnancy: it has hopefully become clear by now that most people in Sevapur live together as a community: all the people in the neighbourhood (of a women's native house) are of importance during the pregnancy of the woman. I have noticed that it specifically are the female members of the village that are of most importance. Women often come over to just check up on their pregnant neighbour and ask how she is doing.

### Delivery

As Cecilia Van Hollen has stated, births in rural areas in Tamil Nadu, usually take place in Primary Health Centers. In Sevapur, this was also the case for the women who had moved back there because it's their native place. Most women I spoke gave birth in a PHC and went home a couple of days after giving birth. Some of them encountered some complications and went to a government hospital in the closest city after giving birth, and one woman gave birth in a private hospital. The overall custom, however, is that women in Sevapur give birth in the PHC, or, if they are living in with their joint families in Sevapur, but originally are from the city, it is most likely they will give birth in the city, since they most likely will be living in their native house at the moment their labour pains start.

I have noticed that going to the hospital to give birth (as well as family planning), is associated with being "developed" or "modern". This is agreed upon by Van Hollen, who states that "Choosing" to deliver a baby in a hospital, like "choosing" to limit the number

---

<sup>32</sup> It is best for the *cimantām* to be celebrated on an auspicious day, for this is beneficial for both mother, unborn child, and their families.

of babies one has, was a way of identifying oneself and/or one's family as modern [...]" (Van Hollen, 2003: 210). But she also states that "Lower-class women were told to come to the hospital in order to be modern, but upon entering the hospital doors they were viewed as unmodern, and sometimes treated with condescension, derision, and disrespect because of their "backward" status and their "backward" practices." (Van Hollen, 2003: 211). This is also what happened to *Lakshmi* when she gave birth. Nevertheless, the hospital (either Primary Health Center or government hospital, and even private hospitals) and the people who are working there, are considered to have a high status; the building, the equipment and the staff are blindly trusted, no matter what, just because they happen to have studied a more Western approach of medicine, and the building looks like a Western one, and is therefore valued higher in status.

I have noticed this very clearly during my research. This is, from the side of the hospital staff, an issue of authoritative knowledge<sup>33</sup>: they claim to have knowledge and a high position. However, even though people expressed no doubt about going to the hospital to give birth, it can be said that many women I spoke to, *did* express certain fears when the topic of giving birth in (or just visiting) the hospital came up. In chapter 3, I described a visit to the PHC with *Parvathi* for a check up, in which it became clear that she seemed very uncomfortable because the staff did not clearly share with her what would happen to her during the check up. *Lakshmi* expressed to have "bad memories" when she revisited the PHC after the delivery. The same can be said about one of my informants who gave birth in a private hospital. She expresses clear fears and insecurities during the time of delivery (which was a caesarean section):

"The doctor told they will give me an injection...back side...back side...in the spinal cord. When they put the injection [I felt a] little bit pain. That's what the doctor said. Little bit pain. [...] Later..noooo. No feeling! No reaction! [From the] hip to the legs down..no feeling! I was afraid...My sister was touching [my leg]..no reaction. It was a shock. During the delivery I was scared..More more more fear. So much fear...And no feeling in my belly, legs..nothing. Then [the] baby is born..okay..but three days after [the delivery], I had many more pain and I was scared. In the morning [I had to take] an injection pain killer, and [in the] evening a tablet in the hospital.

---

<sup>33</sup> The knowledge that is important, on the basis of which decisions are being made and actions are taken. (Davis-Floyd & Sargent: 1997).

I was happy again when my baby was born..when the baby was crying..After, I was so tired. But happy. [...]. Now two months after the delivery, [I am] sometimes tired, when I feed my baby; after five or ten minutes feeding, then I am so tired. [My] back hurts, [because of] sitting in one position, no moving..and then [I have] back pain.”(Priya)

When a woman’s labor pains start and she is about to give birth, it is most likely that her closest family joins her to the hospital. At this point she resides in her native place so this means that members of her own nuclear family will join her. The births that I have heard stories about and the deliveries I have attended, were marked by the steady presence of the mother and sisters (if there were) of the woman who was about to give birth. Brothers, husbands and fathers might also join to the hospital and stay there during the whole delivery, but only the mother and sisters actually go inside the delivery room. Also, other women of the village (most of the time neighbours) sometimes come to the hospital and go into the delivery room to see what’s happening. I noticed that only older women and women who already gave birth are allowed to witness the delivery. I was told that this is “tradition”.

### Postpartum Period

It is common that women stay at the hospital (either PHC, government hospital in the city or private hospital) for a couple of days after the delivery. All women I have talked to mentioned they were in pain for up to one week after the delivery; both women who gave birth naturally, and those who had a caesarean section. *Lakshmi*, who gave birth in the PHC, had to be transported to the hospital in Dindigul right after the delivery because her daughter didn’t get enough oxygen. When I visited her, she told me that she felt happy that her baby was born, but that she felt a little bit sad because her baby was still on the intensive care and she herself was still in pain from the delivery. After about ten days she could go home and finally feed her baby.

All women expressed enormous happiness when they were telling me about when they could leave the hospital and go home to their native place. There, they, and their newborns would be taken care of by their mothers, sisters, and sisters-in-law. When the new mother just arrives home, she only has to breastfeed her newborn; all the rest of the work (quieting the baby when he/she was crying, changing cloths, washing, cooking, etc.) is done by the other women in the house.

## Concluding

In this chapter and the previous, it has hopefully become clear that pregnancy, which culturally marks a transition into womanhood and is sometimes considered as a rite of passage, isn't actually a very stable process. There is much more of importance than merely the physiological process. I would like to emphasize here that being pregnant, and the process of becoming a mother is better to be seen as a vital conjuncture, which "refers to a socially structured zone of possibility that emerges around specific periods of potential transformation in a life or lives. It is a temporary configuration of possible change, a duration of uncertainty and potential." (Johnson-Hanks, 2002: 871).

There are so many factors that play a role in during the whole pregnancy of a woman, and it is not just one single "rite", as Van Gennep has suggested, that marks the fact that she is in the transition to become a mother, rather, it is a range of different factors that mark the journey from married woman to mother. And it is important to notice that other people play an important role during this journey.

# Chapter 5

## Silent Prayers, Loud Ceremonies and the Role of a Belgian Mother

[Being a] mother is a good job. Because I gave my baby a spirit. This is God's gift. That's why I feel so happy.

-Lakshmi

### **March 2013**

*We are sitting in front of the Primary Health Center, while the sun is burning on our heads. Lakshmi holds her baby girl tight, and talks to some women who are surrounding her and who want to look at her one-month-old daughter. Several women put some ten rupee bills in the little hand of the baby. This is a symbol for wishing the baby prosperity. We are waiting for our turn to sign papers that state that Lakshmi and her husband have the right to receive money because they gave birth to a child. All of a sudden Lakshmi hooks her eyes into mine...She looks worried and shares: "Sister...this place is bad memory..very bad memory..". I take her hand and look her in the eyes. She then mentions that she is "Proud of me" because I stayed with her all the time during the delivery. I tell her I am proud of her and say that she did a really good job. I then ask whether it are really only bad memories that she has now that she revisits the PHC, since she had her baby there and she told me earlier that she was very happy that her baby is here now.*

*"No, no, not all bad memories...also pain..bad memories..but because of baby I am happy. But at delivery, of course I pray. I pray to God, and Jesus, and Murugan [Ganesha's brother]. And to Mother [Lea]. Yes. I pray a lot for Mother. Mother is God."*

This chapter focuses specifically on the religiously infused field - which is, as I assumed before going on fieldwork, inevitably connected to the daily lives and physical spaces in which women in Sevapur manoeuvre. The experience and meaning of daily life and the physical spaces in which women in this specific small village move around, can be infused with an extra, even more meaningful, aspect, namely that the whole village (the fields on which people work as well as the houses in which they live) are cultivated and built by the initiative of a Belgian woman, Mother Lea Provo, who has offered all the village consists of, as a gift to the people. It can be noticed that in almost every single ritual performed in Sevapur, this woman also plays a profound role. This chapter will also focus on the role of this woman in the lives of the new mothers I have worked with.

## Ceremonies Related to Pregnancy

Getting pregnant and becoming a mother, is considered the apotheosis of an Indian woman's life<sup>34</sup>. Throughout her life and before she actually becomes pregnant, she already goes through several stages<sup>35</sup>, from girl to woman who is ready to become pregnant, and eventually a mother. Priya and her husband explained these stages to me and said it was the oldest Tamil system that is known to describe the different stages from baby to woman: Mangai (age 0-3), Madanthai (age 4-6), Arivai (age 7-9), Thelivai (age 10-12), Parilam (age 13-15), Penn (age 16-18); at the stage of Penn she is considered ready to become a woman; a mother. Each different stage is entered through a rite of passage, which my informants called "ritual". I haven't encountered any of these, because all the women I spoke to were adults (either pregnant women or new mothers). As most women are likely to go through these stages, I have also noticed that the order isn't always strictly followed. Rather, each stage can be considered a 'vital conjuncture'<sup>36</sup>, since every family I spoke to, has pointed out different truths about the rites of passage they performed during each transition to another stage. A similar thing happens with rituals that are performed as a woman

---

<sup>34</sup> I am relying here on the information my informants gave me; this particular sentence is a paraphrase of what informants told me, the way they see the life of an "Indian woman", with which they mean: a woman like them. They could only reflect and look at the world from their own perspectives. I am not assuming that every single woman in India is bound to become a mother, rather I would like to state that the women in Sevapur I talked to, told me that they think and have been taught that the goal of every Indian woman is to get pregnant, give birth and become a mother.

<sup>35</sup> The people who explained this to me, spoke of "stages" themselves.

<sup>36</sup> The term 'vital conjunctures' is a term by Johnson-Hanks, which points to the idea that different stages through which one goes in his/her life aren't stable at all, but contestable, negotiable, changeable and nonsynchronous instead (Johnson-Hanks, 2002: 865).

becomes pregnant. Most rites, events, etc. carry the same name in different families, but the specific practice unique for every family, because everyone gives his own interpretation to the practice. Sometimes some ceremonies aren't even performed since they are considered not important enough.

The different "stages of life" of a woman that are important for the process of becoming a mother and being a mother, are: marriage (as already explained in previous chapters), the *cimantām* ritual for the (first-time) pregnant woman, the delivery itself and the name-giving ceremony of the child they bring into the world, which takes place one month after birth. All these events contribute to a woman's experience of becoming a mother, and also: these events form a social confirmation for her surroundings that she is truly a mother. This, however, isn't specifically mentioned or emphasized, it just happens and people accept it. What *does* happen however, is that when a celebration is considered important, like the *cimantām*, they are usually loud and present. Perhaps this is because "[...] the major issue in the celebration of events in life [...] is the maintenance or improvement of the social status of the families." (Petitet & Pragathi, 2007: 4).

I will now briefly discuss the *cimantām* celebration, for I have noticed it has been mentioned by many women and they all considered it to be an important event in their lives.

*It is a very hot day and when I arrive at the house where the festivities will take place, the pregnant woman is in the bedroom of her husband's house, getting dressed. Her mother-in-law guides me inside and I meet Sanju. She is sweating all over her face because the temperatures have risen over 40 degrees Celcius and she is wearing a special saree of extra thick fabric for the celebration. When she is ready, her husband and the rest of the guests go inside. Everyone is squeezed into the bedroom of the house, where the shrine is located. The entire floor is covered with small plates on which a banana, a bangle, red and yellow powder, and a leaf are put. Yogaraj<sup>37</sup>, who is dressed in an orange doti<sup>38</sup> lights sandalwood incense and says mantras to the gods on the pictures on the shrine. A moment of silence and inner prayers follows. Yogaraj then lets us know that everyone can put kunkumam<sup>39</sup> on the foreheads of Sanju and her husband, and tells the women who are present that they can put a bangle around Sanju's wrist. When the most*

---

<sup>37</sup> The father of Parvathi, who is considered the "priest" of the village and who leads all important ceremonies celebrated in Sevapur.

<sup>38</sup> A *doti* is a big piece of cloth that is worn by men as a long or short skirt.

<sup>39</sup> Yellow and red powders people put on their foreheads.

*important family members have put the powder on their heads and the bangle around the woman's wrist, we all move outside. Sanju and her husband sit on a chair in the middle of everyone. People continue putting powder on Sanju and her husband's heads and sliding bangles around Sanju's wrist, which is, by now, almost filled up until her elbow. Every woman who has put a bangle around her wrist, receives a little plate with the banana and other items on it, as a gift. As I observe the happening, my friend, who came with me, explains to me that the bangles wear off the drishti<sup>40</sup> for the pregnant women in the last trimester of her pregnancy and delivery.*

*After the ceremony, everyone moves to the big community hall in the middle of the village. Five varieties of rice are served: tamarind rice, tomato rice, curd rice, lemon rice, and plain white rice. My friend explains I have to try each variety, because these are special items eaten during this specific celebration. I talked to Sanju and asked her what she likes the most about her cimantām. She tells me that she has been looking forward to move to her mother's house again, and stay there until the baby is born.*

As all the women I have spoken, Sanju is no exception to share with me that she has been looking forward to her *cimantām*, because it is a very important part of her pregnancy, for she will finally be moving back home to her native place. She shares that she loved to have her family around during the festivities, and that from now on until the baby is born and the months thereafter, her family will be close. Another topic that has been mentioned during this celebration, is the fact that the woman who is about to give birth, will be reborn herself during the birth of her child. This particular celebration is a preparation for both the birth of the baby and the rebirth of the mother.

## The Meaning of Giving Birth from a "Religious"<sup>41</sup> Perspective: God, Mother Lea & Hinduism

*"There is a widespread saying in Tamil that the woman approaches death at the time of delivery, and after giving birth, she assumes new life." (Petitet & Pragathi, 2007: 8).*

---

<sup>40</sup> The evil eye.

<sup>41</sup> I used this term because it is associated with God in mainstream literature; the issues I will be discussing here are addressed by my informants as having something to do with "believing" and "God" as they said it themselves. I have no intention to point towards great discussions on this topic. It is my aim to express the fact that giving birth, among the women I have spoken, has, besides physical and emotional aspect, religious aspects.

When a woman gives birth, it is said that she is “reborn” into a mother. One of my informants really kept emphasizing how important her own “rebirth” during the delivery of her daughter has been. She explained that that was the only thing she thought about when she went through the last stages of heavy labor pains.

“I think...I am also born..rebirth...you understand? The mother is born when baby is born. When I had pain, I was thinking about me [being] reborn. And thank God!” (Lakshmi)

This rebirth is the final push (literally), that makes a woman into a mother. This process is intrinsically connected to what the women I have talked to call “God”, for all women I spoke revealed to me that they were praying during their delivery, and asking for help, and good health for them and their babies. Some of them expressed that it makes them feel comfortable and grateful. In the beginning of this chapter, it can be read that a woman addresses Mother Lea as “God”. This Mother, who founded Sevapur, still is vividly present in the daily lives of people. People ask her for favors and pray to her like they pray to other gods, and have put her photograph in their homes on their shrines. Here is another excerpt of a conversation with a woman on this topic:

“Every day I make prayer to Mother. Every day for all my needs, I pray to Mother. Also when baby came, I had sooooo much pain...So much pain...I said God you have to save and protect me, give me strength to bear pain. Also after baby was born, I had pain and prayed to Mother.” (Vani)

It can be noticed that she infused the village with her religious (Christian) and Gandhian views, which has led to a great tolerance towards allowing other religious views into their lives.

In the way people (who grew up in Sevapur) talked about her, I could sense an immeasurable gratitude towards this woman. Some people not even idolized her, but even deified her, as the women in the excerpt at the beginning of this chapter. Some women, but actually more their parents, expressed the importance of Mother Lea during pregnancy. She is an important person to whom one can pray. She is equalized with Jesus, Mary, Murughan, Ganesha and other deities that are displayed on the shrine that is present in people’s homes. At the same time, she is also seen as a person, a human being,

an inspiration for everyone<sup>42</sup>. All women I spoke to said Mother Lea could be seen as an example. All the people in the village were her children and she would take care of everyone.

## Concluding

In this chapter I have attempted to show that the religious field in which people in Sevapur find themselves forms an important basis. I illustrated this with a certain cultural and religious events that is related to pregnancy, birth and motherhood. Another important factor is Mother Lea, whose presence, material gifts, ideas and values have played an important role in the constitution of the village, and how people in Sevapur interact with one another. Mother Lea has mainly broadened the religiously infused horizon of people, which has led to a certain tolerance towards allowing other religious (mainly Christian) into their lives. I could sense an immeasurable gratitude towards this woman, and some people did not even idolize her, but even deified her. She is an important person to whom one can pray. She is equalized with other deities that are displayed on the shrine that is present in people's homes. I have assumed that this will also, to some extent, influence women's experiences of pregnancy, birth and their post-partum period.

---

<sup>42</sup> A cute example here, which touched me when I heard it, is something a sweet grandfather told me when he was swaying his newborn granddaughter and calling her "My dear". He shared that he always calls her "My dear" because Mother Lea used to call the children like that, and treated everyone with so much love. Saying this specific thing to his granddaughter, he said, implies "lots of love".

# | Chapter 6

## Conclusion

Pregnancy never solely is a physiological or biological process. Anthropologists have pointed out that pregnancy and birth are socially constructed and reside in a socio-cultural context that forms the basis for the meaning that can be ascribed to these processes. I have assumed that also the post-partum period might be socially constructed and dependent on a specific socio-cultural context.

I have focused on this topic from an anthropological perspective, trying to hold on as closely as possible to the anthropological tradition, as I have been taught. In this thesis, I have attempted to write down my findings on the topic of pregnancy, birth and motherhood, guided by on the one hand, an in-depth literature study, and on the other hand the personal stories of women I have encountered in a small rural village in the very South of India. Through my literature study, it became clear to me that a lot has been written about the idea that becoming a mother is an ultimate affirmation of womanhood in India. All the time, I have been aware of the fact that India is a vast country with a numerous amount of peoples and belief-systems, and I would like to emphasize, therefore, that it is my uttermost intention to not generalize India as one homogenous whole. Rather, this specific village I visited, is merely to be seen as the subject of a case study to help me to get a better understanding of pregnancy, birth and motherhood in general, and to reflect upon these topics from an anthropological perspective.

My aim was to find out whether and how bodily and emotional experiences of women are connected to socio-cultural constructions of both pregnancy and motherhood. Zooming in to these socio-cultural constructions, it can be said that it has been my attempt to explore whether on the one hand, being pregnant and becoming a mother can be interpreted as a journey towards adulthood/womanhood, and on the other hand, I have tried to look at whether pregnancy and motherhood are to be seen as clear vital conjunctures in the individual and social lives of women living in a small rural South Indian village.

Once in the field, I followed four steps to get to the bottom: first, I have tried to get a general overview of who the pregnant women in my field are; secondly, I zoomed in on how the physical and emotional experiences of both pregnancy and motherhood can be described among the women I have worked with in the village of Sevapur; thirdly, I have wondered about the socio-cultural constructions and notions that determine the reproductive field in which women manoeuvre; are pregnancy and motherhood to be seen as vital conjunctures?; and fourthly, the networks of pregnant women have been investigated.

In chapter 1, I have presented the theoretical framework that has formed the basis of my fieldwork, in chapter 2 have given an idea of what the village of Sevapur looks like. I have also illustrated the history of the village, and the importance of Mother Lea. The following three chapters are an attempt to present the most relevant data I have gathered during fieldwork, and that have helped me to answer to above mentioned central question.

Chapter 3 has illustrated what it means to become a mother in Sevapur. I have tried to show as clear as possible how women experience what it's like to become a mother. Two aspects were central here: I focused on the experience of the changing body, and on the acceptance of this body in the socio-cultural context in which these women found themselves. What plays a role in these experiences, is the fact that women know several "migrations" in their lives, more specifically after marriage. These migrations have an influence on the emotional state of being of women, and combined with their changing bodies and emotions that accompany this, this might lead to certain tensions - inner tensions with oneself, or either slight tensions with the people surrounding them.

Chapter 4 has focused on the networks of people that are of importance when a woman is pregnant, when she has to give birth and when she recovers during the postpartum period. Since the village where I conducted my research is very community-based, it is most likely that women would be surrounded by other people and they form an important aspect of the woman's pregnancy. These networks influence the bodily and emotional experiences of the pregnant women or women who recently gave birth. It is my hope that through this chapter, it also became clear that pregnancy, which culturally marks a transition into womanhood and is sometimes considered (by anthropologists as well as "the people themselves") as a rite of passage, actually isn't a very stable process when we dive deeper into it. There is much more of importance than merely the physiological process. I would like to emphasize here that being pregnant, and the process of becoming a mother are better to be seen as a vital conjuncture, which "refers to a socially structured zone of possibility that emerges around specific periods of potential transformation in a

life or lives. It is a temporary configuration of possible change, a duration of uncertainty and potential.” (Johnson-Hanks, 2002: 871). There are so many factors that play a role in during the whole pregnancy of a woman, and it is not just one single “rite” that marks the fact that she is in the transition to become a mother, rather, it is a range of different factors that mark the journey from married woman to mother. It is true that every woman will eventually (most likely, if she doesn’t have physical disabilities to become pregnant) reach the “stage” of motherhood. It has to be mentioned here, that every woman has her own personal story - for example, the first three women I spoke to, all gave me a different kind of hospital (Primary Health Center, government hospital in the city, private hospital) when I asked where they had given birth. This, to me, is a reflection of how scattered the field of pregnancy is, and the way women experience this emotionally and physically, all in a different way. Every step that is taken during a woman’s pregnancy (and thus her experience of motherhood, or at least the time in preparation of motherhood), contributes to her experience, and the same holds true for the people she is surrounded by and encounters. I have divided this chapter into different parts: the first and second trimester, and the third trimester, delivery and post-partum. Each trimester, and eventually delivery and post-partum period are marked by different people who are of importance for the woman. Each different part of the process is marked by and adds to physically as well as emotional feelings of the woman who is on her way to motherhood.

I have learned and attempted, as said, to show that it might be better to state that the journey towards motherhood, with physically as well as emotionally experiences of pregnancy, can be considered a vital conjuncture. It is true that this whole process is a vital one in the woman’s life, with a very clear goal: bearing a child and becoming a mother. But then the conjuncture comes into play. It focuses on how this vital process doesn’t hold true in exactly the same way for every woman, how they experience this. It a very ambiguous field and different factors may play a role.

In chapter 5 I have attempted to illustrate how important the religious field is in the lives of pregnant women and their families, and how this field is expressed in certain cultural events that are related to pregnancy and birth. Here, I have taken a closer look at one specific ceremony, called the *cimantām*, which, for many women I have encountered, formed a very important moment during their pregnancy. I have also briefly discussed the issue of “praying”. Another important factor is Mother Lea, whose presence, material gifts, ideas and values have played an important role in the constitution of the village, and how people in Sevapur interact with one another. Mother Lea has mainly broadened the religiously infused horizon of people, which has led to a certain tolerance towards allowing

other religious views (mainly Christian) into their lives. I could sense an immeasurable gratitude towards this woman, and some people not only idolize her, but even deified her. Some women, and their families, expressed the importance of Mother Lea during pregnancy. She is an important person to whom one can pray. She is equalized with Jesus, Mary, Murugan, Ganesha and other deities that are displayed on the shrine that is present in people's homes.

With these three religiously inspired activities, I have attempted to show that these too, will influence how women experience their pregnancy, delivery and post-partum period.

Lastly, I would like to emphasize that all of my findings and conclusions are the result of of my own interpretations of and interactions with both literature and people before and during my fieldwork. I hope it is clear that I do not intend to generalize any of my findings and hold them true for all of India. Anthropology in itself is an ambiguous field, and it is my hope that this tiny case-study can, to some extend, contribute to the bigger field of anthropology.

# References

- Browner, C. & Sargent, C.F.  
1996 *Medical Anthropology: Contemporary Theory and Method*. Westport, CT: Praeger.
- Caplan, P.  
1985 *Class and Gender in India: Women and their Organizations in a South Indian City*. London: Tavistock.
- Davis-Floyd, R. & Sargent, C., Ed.  
1992 *Birth as an American Rite of Passage*. London: University of California Press (2003)
- 1997 *Childbirth and Authoritative Knowledge: Cross-cultural Perspectives*. Berkeley: University of California Press.
- Den Uyl, M.  
1992 *Onzichtbare Muren: Over de verinnerlijking van seksuele grenzen: een onderzoek in een dorp in Zuid India*. Utrecht: Van Arkel.
- Ember, R. & Ember, C.R. (Eds.)  
2004 *Encyclopedia of Medical Anthropology: Health and Illness in the World's Cultures*. New York: Kluwer Academic/Plenum Publishers.
- Ferguson, J.  
1999 *Expectations of Modernity: Myths and Meaning of Urban Life on the Zambian Copperbelt*. Berkeley/Los Angeles/London: University of California Press.
- Ghadially, R. (ed)  
1988 *Women in Indian Society: A Reader*. New Delhi/Newbury Park/London: Sage Publications.
- Ginsburg F. & Rapp, R.  
1991 The Politics of Reproduction. *Annual Review Anthropology* 20: 311-343.
- Greenhalgh, S.  
1995 *Situating Fertility: Anthropology and Demographic Inquiry*, Cambridge: Cambridge University Press.
- Gurusamy, M.P.  
2009 *Mother Lea Provo: The Light of Sevapur*. Inba Seva Sangam.
- Hiltebeitel, A. & Erndl, K.M. (Eds.)  
2002 *Is the Goddess a Feminist? The Politics of South Asian Goddesses*. New [2000] Delhi: Oxford University Press.
- Hutter, I.

- 1991 *Being Pregnant in Rural South India: Nutrition of Women and Well-Being of Children*. PDOD Publications: Amsterdam.
- Inhorn, M.  
2006 Defining Women's Health: A Dozen Messages from More than 150 Ethnographies. *Medical Anthropology Quarterly* 20(3): 345-378.
- Jeffery P. et al  
1988 *Labour Pains and Labour Power: Women and Childbearing in India*. London & New Jersey: Zed Books Ltd/New Delhi: Manohar.
- Jejeebhoy, S. & Ramasubban, R. (eds)  
2000 *Women's Reproductive Health in India*. New Delhi: Rawat.
- Johnson-Hanks, J.  
2002 On the Limits of Life Stages in Ethnography: Toward a Theory of Vital Conjuncturs. *American Anthropologist, New Series* 104(3): 865-880.
- Jordan, B.  
1983 *Birth in Four Cultures: A Crosscultural Investigation of Childbirth in Yucatan, Holland, Sweden and the United States*. Montréal/London: Eden Press.
- Kaufman, S. & Morgan, L.  
2005 The Anthropology of the Beginnings and Ends of Life, *Annual Review of Anthropology* 34: 317-341.
- Kay, M.  
1982 *The Anthropology of Human Birth*. Philadelphia: F.A. Davis.
- Kinsley, D.R.  
1988 *Hindu Goddesses: Visions of the Divine Feminine in the Hindu Religious Tradition*. Berkeley, CA: University of California Press.
- Lakshmi, L.S.  
1990 Mother, Mother-Community and Mother-Politics in Tamil Nadu. *Economic and Political Weekly* 25(43): 72-83.
- Lock, M.  
1993 Cultivating the Body: Anthropology and Epistemologies of Bodily Practice and Knowledge. *Annual Review Anthropol* 22: 133-155.
- Martin, E.  
1987 *The Woman in the Body: A Cultural Analysis of Reproduction*. Boston: Beacon Press.
- Mascia-Lees, F.E.  
2011 *A Companion to the Anthropology of the Body and Embodiment*. West Sussex: Blackwell Publishing Ltd.
- McCourt, C. (Ed.)  
2010 *Childbirth, Midwifery and Concepts of Time*. New York: Berghahn Books.

- Meyers, D.T.  
2002 *Gender in the Mirror: Cultural Imagery & Women's Agency*. Oxford/New York: Oxford University Press.
- Naraindas, H.  
2009 A Sacramental Theory of Childbirth in India, in *Childbirth Across Cultures* by Selin, S. (ed), pp 95-106.
- Petitot, P.H. & Pragathi, V.  
2007 Ethnographic Views on the Valaikāppu. A Pregnancy Rite in Tamil Nadu. *Indian Anthropologist: Ethnography of Healing* 37(1): 1-24.
- Ram, K.  
2007 Untimeliness as Moral Indictment: Tamil Agricultural Labouring Women's Use of Lament as Life Narrative. *The Australian Journal of Anthropology* 18(2): 138-153.
- 2009 Rural Midwives in South India: The Politics of Bodily Knowledge, in *Childbirth Across Cultures* by Selin, S. (ed), pp 107-122.
- Scheper-Hughes, N. & Lock, M.  
1987 The Mindful Body: A Prolegomenon to Future Work in Medical Anthropology. *Medical Anthropology Quarterly* 1(1): 6-41.
- Seymour, S.C.  
1999 *Women, Family, and Child Care in India: A World in Transition*, Cambridge University Press.
- Shahaduzzaman & A. Mustaque R. Chowdhury  
1998 Exploring women's perceptions of reproduction through body mapping: A research note from Bangladesh. *Medische Antropologie* 10(1): 69-75.
- Turner, V.  
2008 [1969] *The Ritual Process: Structure and Anti-Structure*. New Jersey: Rutgers.
- Vance, C.S.  
2002 Anthropology Rediscovered Sexuality: A Theoretical Comment, *Social Science & Medicine* 33(8): 875-884.
- Van Gennep, A.  
1909 *Les Rites de Passage*. Paris: Emile Nourry.
- Van Hollen, C.  
1991 Perspectives on the Anthropology of Birth. *Culture, Medicine, Psychiatry* 18(4): 501-512.
- 2003 *Birth on a Threshold: Childbirth and Modernity in South India*. Berkeley/London: University of California Press.
- 2003 Invoking Vali: Painful Technologies of Modern Birth in South India, *Medical Anthropology Quarterly* 17(1): 49-77.

- 2007 Navigating HIV, Pregnancy, and Childbearing in South India: Pragmatics and Constraints in Women's Decision Making. *Medical Anthropology* 26: 7-52.
- Zhang, L.  
2001 *Strangers in the City: Reconfigurations of Space, Power, and Social Networks Within China's Floating Population*. Stanford/California: University of Stanford Press.

World Bank

accessed May 2013

<http://web.worldbank.org/WBSITE/EXTERNAL/NEWS/0,,contentMDK:23192777~menuPK:141311~pagePK:34370~piPK:34424~theSitePK:4607,00.html>,

# Appendixes

## Appendix 1 Reflection

The ten-week fieldwork experience I had in Sevapur, has given rise to the anthropological wonder. It has taught me that it is really an advantage that anthropologists in the field learn to pick up cultural habits that are ‘normal’ or ‘ordinary’ for the people we are studying. We are not expected to ‘go native’, and it is important to keep a critical eye out to prevent to be soaked up too deeply into a culture, but I had a strong feeling that after ten weeks, I was ‘adapted’ enough to dive deeper and be able to ask more in-depth questions. However, ten weeks of fieldwork is not sufficient to really get fully sensitised. But nevertheless, I am incredibly grateful for all that I have got to learn, as an anthropologist, but also as a human being. I am mostly grateful to have learned endless generosity and hospitality, that felt so natural for the people I have worked with.

The fact that one can be in a community as a social *scientist*, to realize that we all are actually incredibly *human*, no matter which label we are putting on to ourselves or others. Anthropology is a reciprocal profession - we are studying people and at the same time, the people we study, are studying us. We are studying one another as human beings, and learning from one another as human beings. Every experience we share with people that are part of our “research population”, enriches our lives as anthropologists, as social scientists, but most of all, they enrich us as human beings. They also remind us of the fact that we actually know very little about who we *really* are. While stepping out of our own cultural, societal, economic, political, educational patterns, we learn that there is actually not so much that we really *know*. Therefore, it is not so much about *what we know*, or not know, but it is about *who we meet* along the way.

Sarah N. Davis has written that “To get close to relevant cultural information, we have to stretch out our boundaries, our conceptions of reality, and our expectations and beliefs. This kind of stretching is not simply an exercise in hypothesis testing or data analysis;

rather, it is an exercise of our own humanity, pushing and pulling all that we take for granted in our own humanity.” (Being There, 2011: 4-5). I could not agree more with her.

## Appendix 2

### Summary in Dutch

Zwangerschap is nooit een strikt fysiologisch of biologisch proces. Antropologen hebben laten zien dat zwangerschap en geboorte sociaal geconstrueerd zijn, en zich altijd bevinden in een socio-culturele context, die de basis vormt voor de betekenissen die toegeschreven kunnen worden aan deze processen. Ik ging ervan uit dat de post-partum periode ook, naast biologisch, ook sociaal geconstrueerd zou zijn, en afhankelijk is van een socio-culturele context.

Het doel van deze thesis was een antwoord te vinden op de vraag: “Hoe zijn lichamelijke/emotionele ervaringen van vrouwen verbonden aan de socio-culturele constructies van zowel zwangerschap en moederschap in Sevapur, een ruraal dorpje in Tamil Nadu, Zuid-India?”. Daarbij keek ik ook naar de mogelijkheid of zwanger zijn en moeder worden gezien kunnen worden als een pad naar volwassenheid/‘vrouw zijn’, en of zwangerschap en moederschap gezien kunnen worden als ‘vital conjunctures’ (eerder dan ‘rites of passages’) in de individuele en sociale levens van vrouwen in Sevapur. Ik heb me hierbij gefocust op vier verschillende velden: ten eerste heb ik geprobeerd een beeld te krijgen van wie de zwangere vrouwen in Sevapur zijn; ten tweede zoomde ik in op hoe de fysieke en emotionele ervaringen van zowel zwangerschap als moederschap beschreven kunnen worden onder de vrouwen waar ik mee samen heb gewerkt; ten derde vroeg ik me af welke socio-culturele constructen en noties er bestonden, die het reproductieve veld waarin vrouwen zich bewegen, bepalen; en tot slot onderzocht ik de netwerken van zwangere vrouwen en jonge moeders.

Deze scriptie is verdeeld in zes hoofdstukken. In hoofdstuk 1 geef ik een overzicht van het theoretische raamwerk, en de belangrijkste concepten die voornamelijk de basis van mijn onderzoek hebben gevormd. In hoofdstuk 2 schets ik een beeld van de setting waarin het onderzoek heeft plaatsgevonden. Vervolgens laat ik in hoofdstuk 3 zien wat het betekent om moeder te worden in Sevapur, en hoe hierop gereflecteerd kan worden vanuit zowel een individueel als sociaal perspectief. Hoofdstuk 4 onderzoekt de netwerken van vrouwen voor, tijdens en na de bevalling. Hoofdstuk 5 focust het religieuze veld en de gevolgen van een nogal specifieke geschiedenis van het dorp, die beiden verbonden zijn

aan zowel het dagelijkse leven van de vrouwen in Sevapur, als de fysieke ruimtes waarin zij zich bewegen. In hoofdstuk 6, tenslotte, presenteer ik mijn conclusies.

Ik hoop van harte dat deze kleine studie tot op een bepaalde hoogte kan bijdragen aan het studieveld van de Antropologie, en meer specifiek: de velden van Medische Antropologie en Antropologie van Geboorte, en misschien Migratie Studies.

Vervolgens heb ik geprobeerd om in mijn werk te laten zien wat antropoloog Clifford Geertz een “thick description” van de wereld heeft genoemd, zoals deze gezien wordt door de lichamen, harten en gedachtegangen van zwangere vrouwen in een uitzonderlijk klein ruraal dorp, in de Karur vallei in Zuid-India, een dorp dat erkend is door de Indische autoriteiten, maar nog steeds niet op de kaart staat.

# Appendix 3

## Body Maps

